

**Speech by the Hon. Kevin Andrews MP  
Minister for Ageing  
'Culturally Appropriate Aged Care in the New Millennium'  
Summit on the Provision of Culturally Sensitive Aged Care  
Australian Multicultural Foundation  
Melbourne  
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**CHECK AGAINST DELIVERY**

The Hon Sir James Gobbo AC CVO,  
Mr Hass Delall,  
Mr Greg Mundy,  
Richard Gray,  
Ms Helen Kurincic,

Chairperson, AMF  
Executive Director, AMF  
CEO ACSA,  
Catholic Health Services Australia,  
CEO Anglicare.

Distinguished guests, ladies and gentlemen

I am delighted to have this opportunity to speak to you on 'Culturally Appropriate Aged Care in the New Millennium'.

In Australia, immigration has given us the benefit of many different cultures in our society, providing a great richness in our community life.

As a Member of Parliament, I have had the pleasure of meeting and knowing many people who live in my electorate here in Melbourne, who also have strong cultural or linguistic associations with other lands.

Now, as Minister for Ageing, the portfolio responsibilities have broadened from aged care, and I am conscious that our older population comprises a mix of cultures, religious affiliations and languages —

people who deserve our understanding and affirmation as vibrant and significant contributors to our society.

The cultural composition of our community has special implications for the needs and aspirations of our older population.

We are also on the threshold of major demographic changes due to a falling birthrate, increased longevity and the fact that the great baby boomer generation is about to enter retirement.

These cultural and demographic factors cannot really be separated in considering the needs of older Australians, and I find it helpful to take a statistical snapshot and tease out the issues that way.

When we take a current snapshot we find that:

- ❖ Our birth rate has declined dramatically, from 3.5 births per woman per lifetime in 1961 down to 1.7 births now;
- ❖ Life expectancy has increased dramatically over the past decades, and is now 76 years for men and 81 years for women;
- ❖ There are 2.4 million people aged 65 years or over — equivalent to 12% of the population;

- ❖ Women comprise 56% of people aged over 65 with only 44% being men;
- ❖ And 1 in 5 older Australians was born in a non English-speaking country.

(So very approximately, our typical older person might be an Australian-born widow in her 70's, with 3 children and 5 grandchildren!)

When we look more closely at the cultural composition of the older population in Australia, we find that in the 1996 Census, nearly 400,000 people or 18% of Australians aged over 65 came from a culturally and linguistically diverse background.

This comprises predominantly people from Italy, Poland, Germany, Greece, the Netherlands, China and India.

About 16% of this group of older immigrants were aged 80 and over, compared to 23% of the Australian-born older population.

This means there is something of a bulge between 65 and 80 in the population of people from a culturally and linguistically diverse background.

Perhaps we can make sense of this when we think of the Snowy River Scheme recruiting heavily overseas in the post-War years, when people of European descent came out to work on the Scheme.

If they were 20 in 1950, they would be 72 now.

So overall, we have an older migrant population that tends to be dominated by people of European descent.

What is really interesting is what will happen in the years to come.

We need to keep in mind that the older population in general will increase substantially — from 12% of the general population now, up to around 18% of the population in 2021.

Firstly, the Australian Institute of Health and Welfare has projected that the number of older Australians from a culturally and linguistically diverse background will increase by 66% between 1996 and 2011.

This is substantially greater than the general increase in the population over 65.

So as a group, our older population will include proportionally more people with diverse cultural associations — 25%; up from 18% in 1996.

If we take a snapshot 50 years hence, we find that in 2051:

- ❖ there is expected to be 6.6 million people aged over 65 years or 26% of the population, as opposed to 12 % of the population now;
- ❖ 2.3 million of these people will be over the age of 80 years or 9% of the population;
- ❖ there will be substantially more women than men in this age group, unless life expectancy increases for men;
- ❖ and the newer migrant groups such as people from Vietnam, China and the Philippines will be strongly represented in our older population.

What are we to make of all these statistics?

The key points are that in the next decades, we will see:

- ❖ a large increase in the population aged over 65 in Australia;
- ❖ a substantial increase in the proportion of our older population with a culturally and linguistically diverse background;
- ❖ and the current dominance of this group by European cultures will give way to people with Asian cultural associations.

These trends have important implications for how we provide aged care for people of culturally and linguistically diverse backgrounds.

Firstly, there will be a greater requirement for culturally-appropriate aged care, at the same time as there is a general increase in aged care needs.

This is borne out by other analysis which shows we are already seeing an increase in the proportion of people from culturally and linguistically diverse backgrounds receiving aged care.

And secondly, the communities currently at the peak of the ageing cycle will vary over the next decades — requiring flexibility in our planning and activities.

An additional point is that the groups which dominate the need for culturally-sensitive aged care are also usually more established in terms of social and capital infrastructure.

They tend to have linkages to mainstream services, including aged care, and also the capacity for support and care within their cultural group.

Yet there are smaller communities such as from Africa, South America and Oceania that lack the same infrastructure and so require extra support to ensure their needs are met in a culturally-sensitive way.

From the Federal Government’s perspective, assisting these smaller groups is very important in terms of equitable provision of services.

For instance, we recognised that the health of our rural and remote communities was measurably worse than in the cities, and so have invested heavily and provided for more doctors and additional services in those areas.

In similar ways, older Australians with a culturally or linguistically diverse background can face barriers in obtaining the care they require.

Indeed, we find this group is under-represented in residential aged care facilities, compared to the general population.

The reasons for this under-representation may seem obvious — such as language difficulties or religious preferences — but they are not clear-cut.

Migrants bring their own health profiles to Australia, and the Australian Institute of Health and Welfare has identified the ‘healthy migrant effect’, due to our stringent health screening for migrants.

This means that immigrants to Australia tend to rate better than the Australian-born population on some health indicators — such as death rates and hospitalisation.

Having said that, there clearly are many potential barriers concerning mainstream aged care for older population groups from different cultures, including:

- ❖ Language and communication;
- ❖ Religious and dietary issues;
- ❖ And even family reluctance to change the practice of care.

The Federal Government's commitment to overcoming or reducing these barriers is shown in our Aged Care Act of 1997, which specifically identifies older people from culturally and linguistically diverse communities as a special needs group.

Not surprisingly, this is one of the largest special needs groups identified in the Act.

Each year in our Aged Care Approvals Round, we specifically target a proportion of new places to meet the needs of culturally and linguistically diverse communities.

In the 2001 Budget we allocated an additional \$6.1 million over four years to assist in the provision of culturally appropriate care.

We currently support 160 ethno-specific services in Australia, covering 34 communities.

These are often the preferred choice of larger communities, as they offer community control over care provision, and these larger communities have the infrastructure to support the service.

For small groups, we support clustering, with at least 3 clients from the same community being housed together.

There are currently 125 clusters in Australia, covering 31 communities.

Our Community Visitors Scheme support residents who have limited family and social contact and may be at risk of isolation from the general community.

There are about 160 community-based organisations throughout Australia which auspice the Scheme, of which 23 are ethno-specific.

And more than 1000 of our Community Aged Care Packages to deliver care in the home are provided to culturally and linguistically diverse community organisations.

Many of you will have heard of the Ethnic Aged Care Framework, which is a key means of improving access to services for this group, by working with mainstream providers and the community.

Within the framework, we fund:

- ❖ Training, information and resource development;
- ❖ Encouragement of best-practice;
- ❖ Improved choice and access to aged care services;
- ❖ Culturally sensitive assessment of aged care needs;
- ❖ and Ethnic Aged Services Grants.

One of our flagship programs under the Framework is known as Partners in Culturally Appropriate Care.

Through this initiative we aim to work with aged care providers and the culturally and linguistically diverse communities to ensure their special needs are addressed.

We are funding six organisations around Australia with the aim of creating culturally appropriate aged care facilities, with objectives including:

- ❖ Improving choice and participation for clients, based on their identified needs;

- ❖ And providing information and training for the aged care workforce and industry about high-quality, culturally-appropriate care.

To give you an idea of the organisations involved, we are working with:

- ❖ Anglicare, here in Victoria,
- ❖ Multicultural Aged Care Services in Western Australia
- ❖ Transcultural Aged Care Services in NSW,
- ❖ The Migrant Resource Centre in Tasmania, and so on.

I am hopeful that these projects will provide a firm platform for the expansion of culturally-sensitive training and care practices in the aged care workforce.

I mentioned the Ethnic Aged Services Grants distributed under our Ethnic Aged Care Framework.

These grants assist in building stronger linkages between mainstream aged care providers and culturally and linguistically diverse communities.

I have asked my Department to review these Grants to ensure we are using Federal Government funds as effectively as possible and identifying strategies to improve coordination of services and flexibility.

The current program management, delivery practices and procedures will also be examined.

This Review is timely as the Department of Immigration, Multicultural and Indigenous Affairs is also reviewing their grants program, known as the Community Settlement Services Scheme.

This Scheme aims to address the most pressing settlement needs for immigrants, including for new and emerging culturally and linguistically diverse communities.

Together, these two Reviews should ensure that we have well-targeted and effective settlement and aged care grants schemes to support Australia's culturally and linguistically diverse communities now and in the future.

At the same time, non multicultural specific aged care providers need to have the capability and flexibility to provide services to a diverse older population.

The planning and operation of culturally-specific aged care has to be flexible enough to re-design care practises for a specific cultural group — as demand from that group increases or declines.

This is an issue that concerns all aged-care providers in Australia, since the actual numbers and proportion of the older population requiring culturally-specific aged care is increasing rapidly.

I am also considering giving more recognition to providers who take into account the specific needs of our culturally and linguistically diverse communities in the Minister’s Award for Excellence in Aged Care.

It is important that the aged care sector to builds upon its capacity to meet the needs of distinct cultural groups — both existing and emerging.

Our challenge is also to support these clusters, while working in partnership with the aged care industry to meet the needs of smaller or geographically-spread populations with the mainstream aged care setting.

A mix of mainstream and culture-specific services is required to meet the needs of our culturally diverse aged population and I welcome your views on how we can achieve these goals.

## **Conclusion**

As I hope I have indicated, I see the provision of culturally-appropriate aged care services as one of the key challenges facing both governments and aged care providers now and over the decades to come.

This is not necessarily an easy task — I believe it requires a high degree of sensitivity, openness and flexibility.

When Sir James wrote to invite me here, he stated that:

‘Having accepted the benefits of diversity, we must also accept the ongoing responsibility to ensure a cohesive future.’

I believe this highlights very well that cultural harmony, aged care and ageing issues are not the sole preserve of migrants, people over 65, or other specific groups or interests.

These issues embody challenges for the whole community, including the aged care industry and governments.

There are substantial implications in terms of training for our aged care workforce, and a refocussing within the aged care industry as a whole.

As demographic and cultural change occurs over the next decades, we have an opportunity to recognise and value the diversity of our community — in aged care and more generally.

I ask everyone here to work cooperatively with me in moving forward to achieve the goal of culturally-appropriate aged care services.

ENDS