



Federation of Ethnic Communities Councils of Australia

Committee Secretariat  
Standing Committee on Ageing  
House of Representatives  
Parliament House  
CANBERRA ACT 2600

re: **Inquiry into the long term strategies to address ageing of the Australian population over the next 40 years**

Thank you for the opportunity to make a submission to the Committee's inquiry. I would like to offer the following comments with regard to Australian older people from culturally and linguistically diverse backgrounds (CLDB):

#### **Demographic profile of the Australian CLDB older population**

The Australian Bureau of Statistics *Australian Social Trends 2002* reports that in 2000 approximately one third of Australians over 65 years of age were born overseas, they represent approximately three quarters of a million people. It reports that it is projected that this population group will grow more rapidly in the future, reaching at least one million by 2011 and close to 1.5 million by 2026. The report also notes that older overseas born Australians are a diverse population culturally, linguistically and geographically, with the current population reflecting post-war migration flows predominantly from the UK, Italy and Greece. 2001 ABS Census data for NSW shows that the population aged 55 and over born in non-English speaking countries constitute 22.4% (383,216 persons) of this total age population group (1,711,783 persons). In addition, 30.5% of the CLDB population aged 65 and over reported that they didn't speak English well or not at all. The major older population groups were: Italian, Greek, Chinese, Arabic speaking, German, people from the former Yugoslavia, Maltese, Polish, Vietnamese, Indian. Generally the overseas born population is older than the Australian population with 40-60% of many European communities aged 55 and over compared with 19.3% in the Australian population. Furthermore, the population of non-English speaking background older people is expected to increase by a significantly greater proportion (79%) than the Australian born population (25%).

#### **Specific risk factors affecting the mental health and well being of CLDB older population**

A number of research studies have identified older people from CLDB as being one of the most at risk groups for suicide. A study by McDonald & Steel, 1997, found that the suicide rates of CLDB people aged 65 and over were significantly higher than that of the general population. CLDB males aged 75 years and over had suicide rates 65.6% higher than those for the general community while for older women from CLDB in this age group the rates were 177% higher than for the general community.

It has been found that a number of issues impact significantly on the mental health and well being of older people from CLDB and are major contributing factors to the incidence of depression among these population groups. These include:

- separation from traditional social, cultural and religious networks present in their country of origin. It should be noted that many individual population groups who migrated post WWII have not been augmented by ongoing migration from those particular countries of origin and so have higher proportions of older people, e.g in 2000 45% of those born in the USSR were aged 65 years and over;

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- increased isolation, especially upon the death of a spouse, exacerbated by physical immobility and transportation problems. In extensive consultations conducted by the NSW Transcultural Mental Health Centre in 2000, isolation was identified across the board as the major problem for older people from a large number of diverse non-English speaking population groups consulted. This isolation resulted in a state of increased anxiety and depression;
- breakdown of traditional and family support structures, with intergenerational conflict being a major contributing risk factor;
- barriers to social interaction and also access to services caused by communication problems which are due to low levels of English language proficiency, loss of acquired English language skills with increasing age, or, in a number of cases, illiteracy in their own language;
- pre-migration experience of trauma in the case of survivors of war, torture, persecution, etc, in their country of origin, eg Holocaust survivors.

### Planning for an ageing CLDB population

Despite documented findings, such as those referred to above, there appears to be very little planning for an ageing Australian population that takes the specific needs of the CLDB older population into account. It is absolutely essential that this population group be acknowledged as a significant proportion of the older Australian population and one that is ageing faster than the Australian born. Planning to provide appropriate responses to their special needs has to be afforded due priority in the overall planning context.

### Recommendations

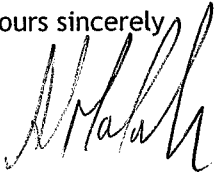
Recommended strategies to address some of the above issues include:

- Establishment of a National Centre for CLDB Aged Care which will provide:
  - a clearing house for research, education and training and resources related to CLDB older people;
  - expertise and consultancy to service providers involved in aged care for CLDB older people;
  - service models of best practice in CLDB aged care.
- A multi-disciplinary team approach in the provision of aged care that would take into consideration, not only medical aspects but also psychological, cultural, linguistic and social factors for older people from CLDB. This would mean the restructuring of some services, e.g. Aged Care Assessment Teams to include psycho-social and welfare professionals;
- Development and application of culturally and linguistically appropriate assessment tools for the diagnosis of mental illness and dementia;
- Allocation of funding to increase the service capacity in HACC, ACAT and mental health services and programs to improve access to and cultural appropriateness of these services for older people from CLDB;
- An interdepartmental collaborative approach in the development of programs and services to address the range of factors which contribute to depression in CLDB older people such as isolation, housing, transportation, etc.
- Training to enhance the skills of health professionals and others working with older people in understanding the needs of and caring for older people from CLDB;
- Ensuring the appropriate utilisation of interpreters for all professionals and service providers working in aged care;
- Special targeting of GPs to raise their awareness of issues regarding older people from CLDB, eg. communication issues, use of interpreters to ensure understanding of medical advice such as that regarding medication, etc;
- Expansion of the nursing home clustering program (NSW) both in NSW and nationally;

- Budgetary provision for development of more culturally and linguistically appropriate counselling and support programs both in the health system and community based welfare services. This would include culturally and linguistically appropriate social activities within a self help, health promotion framework;
- Review of recruitment policies of mainstream health, welfare and aged services to ensure the employment of bilingual staff to reflect the client population. Community access/liaison position to be created within key services to facilitate access for older people from CLDB;
- Establishment of specialist Ethnic Aged Care Officer positions within all Area Health Services;
- Development and implementation of effective multilingual community education campaigns using preferred media identified by older people's groups;
- Development and dissemination of culturally and linguistically appropriate information and educational resources for older people from CLDB;
- Mainstream services to allocate a budget to cover the implementation of access strategies and culturally and linguistically appropriate programs for older people from CLDB, including interpreting and translation costs;
- Establishment of mechanisms to ensure that all strategies planned to address the needs of the ageing Australian population are also accessible and appropriate to older people from CLDB. This could include the establishment of a special committee, including representatives from peak CLDB community organizations, to oversee and monitor the recommendations of the Standing Committee.

Please do not hesitate to contact me on (02) 9840 3800 if you would like further information regarding this submission

Yours sincerely



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FECCA Chair  
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