Building on Current Strengths, Reducing Duplications, and Maximising Effectiveness: A Coordinated Approach to Meet the Needs of Older Australians from Culturally and Linguistically Diverse Backgrounds

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A Submission to the Productivity Commission's Inquiry: Caring for Older Australians

A joint submission from the Multicultural Access Projects in Cumberland/Prospect, Nepean, and Northern Sydney.

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1. Introduction

The older Australian population is a culturally and linguistically diverse (CALD) group that has a lot to offer society. Over one million (1,083,816) Australians aged over 65 years were born overseas (41.00%), and 16.50% (436,198)[1] of them speak a language other than English at home. The social and economic contributions of older people as grandparents, neighbours, volunteers and educators are increasingly recognised. This submission aims to highlight effective practices that engage and utilise this invaluable workforce as well as a range of cost effective and sustainable solutions to address the needs and issues of these older people, their families and carers.

This joint submission is developed by the Cumberland/Prospect, Nepean, and Northern Sydney Multicultural Access Projects. The three Multicultural Access Projects are funded by the Ageing, Disability, Home Care, NSW Human Services Department Metro North Region to enhance the responsiveness of the Home and Community Care (HACC) system to the current and future needs of older people, people with disability and their carers from culturally and linguistically diverse (CALD) backgrounds; and to enhance the knowledge and understanding of HACC and other related services in CALD communities.

The Metro North Region covers a total of 6,287km^2, with a total population of over 1.8 million (9.1% of the Australian population). Within which, 211,789 persons are over 65 years of age (8.0% of the total 65+ years population in Australia), 46,158 speak a language other than English at home (10.6% of total 65+ speak a LOTE at home population), and 17,424 person speak English not well or not at all (10.7% of the national total).

The three local planning areas in the Metro North Region are very different in terms of demographics and geographic characteristics. The Cumberland/Prospect Local Planning Area is highly populated with a significant CALD population; the Nepean Local Planning Area covers both an urban population centre as well as semi-rural areas. The Northern Sydney Local Planning Area is somewhere in between the other two areas and has the most rapidly ageing population. The three areas illustrate how areas with differing characteristics can work together to maximise the effectiveness of limited resources and outcomes for older people, their families and carers from CALD backgrounds (refer to Appendix 1 for demographics profiles and cultural diversity characteristics of each local planning area).

The submission includes three major components, including:

- a discussion on the strengths of the current aged and community care service structures;
- an overview of the issues and needs of older Australians from CALD backgrounds; and
- potential strategies to carry the 'system' into the future where a growing proportion of older Australians are from CALD backgrounds and speak a language other than English.

[1] *Among those who speak a language other than English at home, 37.42% (163,210) speak English not well or not at all (ABS, 2006).*

As the title of this submission subjects, the focus of the submission is about building on current strengths, reducing duplications, and maximising effectiveness through better coordination of resources and services.

This submission is supported by the Multicultural Health Service in Northern Sydney Central Coast Health, and Multicultural Health Service in South Eastern Sydney Illawarra Health.

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Disclaimer:

This submission acknowledges the many effective resources, strategies and solutions that have been developed in different states and territories which are not reported in this document. The aim of this submission is to use information that is readily accessible to the authors to support its proposals for better coordination and partnerships across states and territories, rather than limiting practices to those reported in this document.

This submission focuses on the care of older people in the home and community settings. The Multicultural Access Projects in the Metro North Region acknowledge that the roles and functions of Multicultural Health Services are vital in the continuous improvement in the acute and clinical care settings.

2. The Strengths of the Current Systems

Older people from CALD backgrounds are often categorised as a special needs group due to a range of factors, including their lack of knowledge about the different systems and language barriers. However, services which have been able to engage and support these older people in their service delivery regard their contribution as invaluable (NSMAP, 2010). This section highlights the strengths of the current aged and community care systems and discusses how these strengths could be carried forward through the current health reform and into the future.

2.1 Capitalising Community Strengths

Older people from CALD backgrounds are invaluable resources for communities. Older people from CALD backgrounds have initiated a range of activities, including education programs, social groups, activity and exercise groups, for people across different geographical areas. Some of these initiatives are cultural specific, but many also provide an opportunity for older people from different backgrounds to learn new skills, meet new people, and share new interests. Many of these groups attract people close and afar to where the activity is held as they provide a rare opportunity for older people to socialise with like-minded people who speak the same language and are from the same age group (BAMN, 2007; NSMAP, 2010).

Many older people from CALD backgrounds also provide formal and informal voluntary services to others in their communities. Many older people from CALD background support others from their community by providing transport, accompaniment to appointments, friendly visiting, and cultural food. These informal supports are most common within religious groups and established social groups. Some older people also volunteer formally across a range of organisations and in a diversity of roles. These older volunteers contribute to the output hours of aged and community care services and, most importantly, to the cultural responsiveness and competence of these services (NSMAP, 2010).

> ***Recommendation 1:*** *The values and contributions of older volunteers from CALD backgrounds to be recognised, encouraged, supported and celebrated by governments and services.*

It is important to acknowledge the role of local governments and local community organisations, including community health centres, neighbourhood centres, and religious groups in facilitating and supporting these communities. Their knowledge and understanding of local demographics and community structures is vitally important to sustain local communities. Geographic distance and transport are the main barriers restricting older CALD people from volunteering in their communities, and in the aged and community care sector. Therefore, it is important to strengthen the capacity of local small organisations to engage and support CALD volunteers[2].

[2] *Resources and trainings are available to support aged and community care service providers to better engage and support CALD volunteers, including the 'Enriching HACC Services: the Kit' (BAMN, 2008),*

2.2 CALD Specific Services

Although older people from CALD backgrounds are underrepresented across a range of funded service structures, they are well represented, or some may argue overrepresented, in services specifically funded for CALD communities. These services include language specific and multicultural Community Aged Care Packages and Extended Aged Care at Home Packages, as well as HACC funded centre based day services, social support services (individual and group), domestic assistance, persona care, dementia monitoring, and 'counselling, support, information, advocacy' services (NSMAP, 2010; ADHC Metro North, 2010).

Older people from CALD backgrounds have reported to service providers that they are more likely to use a service that specifically targets their communities, and has workers and/or volunteers who speak their languages and understand their cultural needs. This is particularly important for older people who do not speak English well, although cultural awareness and understanding is extremely important for older people from CALD backgrounds who also speak English well[3] (NSMAP, 2010).

CALD services that are auspiced and supported by organisations with strong existing connections with local CALD communities are most likely to succeed in achieving required outputs and outcomes, for example the SydWest Multicultural Services Inc (formerly known as Blacktown Migrant Resource Centre) and Nepean Migrant Access Inc. Many of these organisations have evolved services based on local needs and demographic trends over time, and offer a mixed range of community and social support services. Therefore, it is very important to sustain and expend existing local cultural specific and multicultural networks and services[4].

> ***Recommendation 2:*** *Existing programs that are proven to be effective for older people from CALD backgrounds to be maintained, promoted, and supported.*

2.3 Culturally Competent Services

Older people from CALD backgrounds are believed to access mainstream aged and community care services at a lower rate. They are more likely to turn to their family members, relatives, friends, and members of their community for support and assistance. However, many older CALD people are increasingly aware of, and worried, about the pressure caring for and supporting places on their adult children and have indicated they would access culturally appropriate services. There are formal aged care and community services to meet these needs, including domestic

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which was originally developed for the Bankstown, Liverpool, Fairfield areas in NSW, and will be implemented in the Cumberland/Prospect, Nepean, and Northern Sydney regions in 2010/11.

[3] *Older people from CALD communities with high English proficiency, for example older people from the Hindi, Tamil, Malaysian and Singaporean communities in the Northern Sydney region, are very underrepresented in the community care services system. As it is often service perceived these communities have few language problems, and a relatively small population, CALD specific services tend not to target their communities. There is also a strong opinion among older community members that mainstream services needs to be more aware of and sensitive to their cultural needs (Northern Sydney Multicultural Access Project, 2010).*

[4] *These networks and services may look quite differently in different areas. It often depends on the size and characteristics of the culturally diverse population in the areas. Some areas would have both cultural specific and multicultural services, and some areas require multicultural services to support a range of CALD communities.*

assistance, personal care, shopping assistance, and more, across a range of communities (Bankstown Area Multicultural Network, 2007; Northern Sydney Multicultural Access Project, 2010). Therefore, culturally competent services are extremely important where services cannot be delivered by cultural specific or multicultural organisations.

In the aged and community care system it is not always possible or feasible to find a worker whose language and cultural background is the same as the older person. , it is therefore essential to have communication strategies in place that meet the needs of the client while working within the limitations that may be imposed upon the service. Moreover, the necessity of having appropriate bilingual workers is dependent upon the service type. For example, where assessment and service planning is taking place, service providers should utilise language support services and engage older people and their families in the process. Being aware of the older person's needs and utilising the best communication strategies available reduces conflicts or challenging situations that may arise

Cultural and multicultural services may not always have the expertise to deliver specialist services. There are many culturally sensitive and competent practices which specialist services can implement to improve service delivery including identifying and involving other cultural specific and multicultural services early in the service delivery process. These partner organisations can then share their cultural and language knowledge and expertise as well as their connections with local community groups. Such a partnership approach will result in better outcomes for the target group as well as building capacity in the partner services. However, it is important that the support and services cultural specific or multicultural services provided are not taken for granted, and their expertise and contributions are recognised and rewarded[5].

Recommendation 3: *Cultural competence training and support to be provided to aged, community, health and other service providers working with older people from CALD backgrounds.*

2.4 Access to Health Care Interpreter Services

Language and communication issues are the most frequently raised barriers for people from CALD backgrounds to access community support structures and services. The provision of language support services, such as face-to-face and telephone interpreting services is vital for effective service provision.

In the Metro North region, HACC funded services are eligible to access the Health Care Interpreter Service (HCIS)[6] for both face-to-face and telephone interpreting services. Trainings on working effectively with interpreters are also provided to

[5] *Many cultural specific and multicultural services struggle to survive. Many receive little or no funding, and rely on self funded workers and volunteers, or small grants to sustain their support to their communities. Their support and services to their communities often fill important gaps in service systems. Therefore, it is important that funded services assist them to sustain their organisations and services.*

[6] *Health Care Interpreters are specially trained to provide interpreting services to health issues as well as handling complex and sensitive situations. The management of health care interpreters includes supervision and debriefing after a complex or challenging session and access to professional development opportunities including interpreting in aged care settings. Access to this support and training is beneficial when working in the aged care and community service providers.*

service providers on a regular basis in this region. HACC services are encouraged to use onsite interpreters for interviews, assessments, and care planning; on site interpreters for group promotion and education sessions; and telephone interpreters for simple enquiries or when it is not possible to find an onsite interpreter.

The access to the HCIS allows HACC service providers in the Metro North region to better connect with and to promote their support and services to their local CALD community groups. Having face-to-face contacts and being perceived as making an effort to reach out to their communities are important factors that influence the decision of whether to use or not to use a service for many older people from CALD backgrounds.

Aged and community care service providers, including CACP and EACH providers have reported the importance of accessing trained Health Care Interpreters for effective service provision. The provision of interpreter services to HACC service providers is an important enabling factor that contributes to increase access to services for CALD communities. It contributes to duty of care, the ability to obtain informed consent for services, improved communication and care planning, and a reduction in misunderstanding and conflicts between service providers and CALD service users. Access to Health Care Interpreters also enables service providers to have a more holistic approach and involve their non-English speaking service users in care planning and decision making, which will help to identify the service users' strength, weaknesses and goals. It is particularly important for service users with complex needs.

> ***Recommendation 4:*** *Interpreters trained in aged, community and health care issues be accessible to all service providers working with older people from CALD backgrounds; and the use of professional interpreters, particularly in assessment, care planning, complaint handling, and other sensitive issues, be recognised as a standard practice.*

2.5 The Multicultural Access Projects

In the Metro North Region, the Multicultural Access Projects are an integral part of the solution to local cultural diversity issues. The Projects are an important conduit for a wide range of service providers, including aged/community/health care and specialist services as well as cultural specific/multicultural organisations working with older people from CALD backgrounds. These service providers recognise the knowledge, expertise and connections the MAPs have with CALD communities, understanding of the different systems, and capacity to provide individualised support.

The MAPs work with a diverse range of cultural groups to advocate for designed local or geographically accessible cultural specific and multicultural services for older people from CALD backgrounds. The Project Officers consult with CALD community groups in the local area and conduct research to identify needs, trends, and strategies, and represent the target groups in different planning and service development processes.

The MAPs contribute to the development of culturally competent services by providing a range of cultural competence and diversity training[7] to aged, community

[7] *For a list of training provided by the MAPs, go to: www.cnet.ngo.net.au*

and health care providers. The training is developed or adapted to suit local needs and characteristics. The MAPs are often the connections between the different service sectors, particularly for the Cumberland/Prospect and Northern Sydney regions where the MAPs are auspiced by the Multicultural Health Services in local Area Health Services. This provides direct links to a range of health resources and services. The MAPs also produce a range of resources to assist services to better understand and support the needs of older people, their carers and families from CALD communities[8].

In the Metro North region, the MAPs manage the provision of interpreting services to HACC services, including the budget for interpreting services. This arrangement simplifies the administrative workload for both the HACC and the HCIS services. The MAPs are in regular contact with HACC services, and can provide update and support to facilitate better access to interpreting services.. HACC services are able to provide feedback and raise issues directly with the MAPs. The MAPs are also able to provide updated information about services to the HCIS and assist with the monitoring of service usage, and facilitating training to services on how to access and work with the HCIS.

Another important function of the MAPs is to enhance the knowledge and understanding about HACC and related services (including other aged, community and health care services) in CALD communities. This is achieved by guest speaking to groups about HACC and related services; organising targeted information events for older people from specific CALD backgrounds; producing information resources in community languages; and, occasionally, partnering with CALD services to promote aged/community services through ethnic media.

Recommendation 5: *The Multicultural Access Project Model to be adapted to build service provider's capacity and competence to support older people from CALD backgrounds in the local/regional level; and to establish and facilitate connections with CALD communities to enhance their access to information and services.*

[8] *For a list of resources produced by the MAPs, go to: www.cnet.ngo.net.au*

3. Issues and Needs of Older Australians from CALD Backgrounds

Consultations with older people, their families and carers from CALD backgrounds have been conducted in different areas, region, states and territories. There is a range of common issues and needs that come up in almost every consultation regardless of the cultural or linguistic backgrounds of the participants or their geographic areas. This section highlights these common issues and provides cost effective and sustainable options to address these issues. This submission regards the Health Reform as an opportunity to better utilise resources across the nation, which would particularly benefit rural and remote areas where their older CALD population is highly diverse but small.

3.1 Active and Healthy Ageing

There is a strong emphasis on active and healthy ageing in many CALD communities. There is also a strong willingness to learn and adopt preventative strategies on a wide range of health issues, including dementia, depression, diabetes, heart disease, high blood pressure, etc. However, some CALD communities, especially the small, emerging, ageing communities, have very limited access to relevant information in appropriate languages (Northern Sydney Multicultural Access Project, 2010). Moreover, these communities often do not have the capacity to develop health information in their community languages due to a lack of infrastructure and relevant funding.

The positive impact of physical activities on the health and wellbeing of older people has been well established and includes improving function, muscle strength, balance and a reduction in falls. However, older people from CALD backgrounds are at greater risk for health consequences resulting from physical inactivity due to higher rates of sedentary behaviour (National Ageing Research Institute, 2008). This may be a result of both a lack of knowledge and a lack of opportunities to participate in programs specifically designed for older people.

> *"I did not know that I can still exercise even though I have difficulties to move around, and that exercise can help me improve my condition"*
> *Comment from a Spanish lady in an information event, 31 March 2010*

> ***Recommendation 6:*** *Meeting the needs of older people from CALD backgrounds to be the core business of all health promotion[9] activity and education programs.*

Strongly linked with the notion of active and healthy ageing is the availability of age and culturally appropriate activity and support groups. Being able to meet, have a chat and share an interest with friends is reported as an important factor contributing to the health and wellbeing of older people (Bankstown Area Multicultural Network,

[9] *There is a range of multilingual health promotion resources and culturally responsive strategies developed by health services in different areas, states and territories. Sharing of these resources and strategies would be a cost effective way to maximise value for existing resources as well as reduce duplication.*

2007; Northern Sydney Multicultural Access Project, 2010). There are well established groups in some communities, and older people, particularly those from small, emerging, ageing communities, are willing to travel to attend a cultural and language specific groups. However, these groups are currently experiencing two major challenges. Many of the group leaders are becoming frail and face difficulties in continuing to support the group. Identifying someone to carry on their good will is also difficult[10]. Secondly, some of the group members are becoming frail and can no longer travel distances to attend group activities. These people are at risk of social isolation, and have become a concern to their friends (Northern Sydney Multicultural Access Project, 2010).

> ***Recommendation 7:*** *Local governments, other government agencies, and funded services to recognise and support local cultural and language specific activity and social groups.*

3.2 Access to Information

The lack of access to information is one of the major barriers for older people from CALD backgrounds in everyday life (BAMN, 2007;NSMAP, 2010; South East Sydney Illawarra Health, 2009). The needs for multilingual resources can be broken down into three levels:

- The first level is basic information about an illness or a condition, including the identification and diagnosis process. At present, basic information is available for a wide range of conditions and in a range of languages.
- The next level is about the course and management of specific health conditions. This type of information is available for some conditions, including diabetes and dementia, and in some languages.
- The third level of information focuses on complications and caring issues, which is very limited in both conditions and languages.

At present, the development of multilingual resources relies on specialist organisations or services to identify needs, apply for funding, select the most common languages, and deliver the product in a short time frame. As a result, smaller communities are unlikely to be selected despite the rapid rate of ageing in these communities. Such information is vital to close the gaps in health inequality, reducing incidents of preventable illnesses and conditions, and enhancing health care management in CALD communities.

A lack of coordination in the development of multilingual resources often creates duplications across health issue areas. For example effective management of medication, diet and nutrition, exercise and physical activities are relevant to a wide range of health issues, and the core information is similar. Although individual aged care and community services may design and deliver their services differently depending on the level of resources available and the characteristics of their communities, core information on the aims of the services or programs, client's rights

[10] *The lady who coordinates the Seniors' Group for a language specific seniors is in her 80's and also cares for her husband. She has tried to find someone to take over her role for over two years through word of mouth, and advertising on community newspapers, but has no success. A walking group for senior Malaysian/Singaporean men has ceased as the gentleman who coordinated the group could no longer support the group (Northern Sydney Multicultural Access Project).*

and responsibilities, is similar. Better coordination and use of technology will enhance cost effectiveness in developing multilingual resources.

> ***Recommendation 8: :*** *Existing resources, including multilingual materials, education materials and cultural information to be shared and utilised across different service sectors, and states and territories where appropriate.*

It is important to note that the availability of translated or multilingual materials alone does not address the information need in CALD communities. Although most translated resources are sufficient in providing basic understanding of health conditions and issues, many older people from CALD backgrounds require someone to talk them through the information and to talk to about their own personal situation and experience. As many older people in CALD communities are illiterate in their first language, other strategies to disseminate information are required such as audio-visual resources and the use of ethnic media.

3.3 Access to Culturally Responsive Services

Lack of awareness and knowledge about services, including health, aged and community care services is the major barrier to accessing these services. Older people from CALD backgrounds tend to access services when their conditions have become critical, and miss out on early intervention and prevention opportunities. It is well established that older people from CALD backgrounds have little knowledge about aged and community care services; however, their knowledge about allied and community health services is even more limited.

> *A lady attending an information session revealed that she recently burnt her feet when she put them into burning hot water, and was unable to walk for a few weeks. She was diabetic and did not know her condition could affect the sensation on her feet. She was also unaware of podiatry and other services that might help reduce the risks and identify any problem at an early stage. (2008)*

There is a range of allied health services that can assist older people to restore their health after an illness and to maintain their wellbeing. However, older people from CALD backgrounds are not aware of these services or how to access them (BAMN, 2007). It is important that information on these services is available to CALD communities, and critical that information is provided to older people after an incident.

> ***Recommendation 9:*** *Provision of information to support services in relevant community languages be a standard practice for acute and rehabilitation health services.*

Many older people from CALD backgrounds do not have private health insurance for a range of reasons. Some of them do not have access to income support, and are reliant on their children to support them financially. The current Chronic Health

Management Scheme is highly regarded by many older people from CALD communities. It is extremely important that affordable, accessible and culturally competent allied health services are available to older people regardless of their geographic locations or cultural backgrounds.

Similarly, aged and community care service providers need to be aware of the issues unique to older people from CALD backgrounds. Their values, expectations on younger generations, and understanding of the ageing processes affect their decisions to use or not use services. The current HACC funded CALD specific 'Counselling/Support, Information and Advocacy' services[11] provides an opportunity for older people from CALD backgrounds and their families to become more aware of their issues and options, and to make informed choices. It also assists to build resilience in families and communities. However, the effectiveness of the service depends upon local knowledge and networks as well as geographical accessibility of the service to its target group. Therefore, these services must be locally based and have a network of support from local service providers.

> ***Recommendation 10:*** *The Counselling/Support, Information and Advocacy (CALD) service model be adapted to provide localised individual/family support to older people and their carers from CALD backgrounds to ensure they are able to make informed choice for themselves and are able to access resources, support, and services that are available in their local communities.*

Older people from CALD backgrounds are often confused by the different aged and community care systems. The 'HACC Consumer and Carer Handbook'[12] has been a popular resource for service providers as well as both English and non-English speaking older people. The handbook provides an overview of information about the range of services available through the HACC Program; how to access these services, particularly when language is a barrier; what to expect in relation to assessment, service provision and complaint management; and the rights and responsibilities of service users.

Another resource, 'Get to know the Australian Aged Care System'[13] has recently been produced by the Cumberland/Prospect Multicultural Access Project in response to confusion regarding the aged and communities care systems among older people from CALD communities. This resource providers an overview of the different aged and community care programs that target different levels of care needs, as well as information on access, assessment, and planning. The resource, including presentation and handouts, has been translated into 16 languages, and can be used or adapted for other areas.

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[11] *This service type may have different names in other states and territories, but reports are also available from the ACT, Victoria and Queensland demonstrating its values and effectiveness (NSMAP, 2010).*

[12] *In the Metro North Region alone, the handbook is available in English and 22 community languages, including Arabic, Armenian, Assyrian, Chinese, Croatian, Greek, Hindi, Indonesian, Italian, Japanese, Korean, Maltese, Persian, Polish, Samoan, Serbian, Spanish, Tagalog, Tamil, Turkish, Ukrainian and Vietnamese.*

[13] *There is also a 'train the trainer' program to train bilingual presenters on delivering the package to their communities. For more information, contact Monika Latanik Monika_Latanik@wsahs.nsw.gov.au*

It is also important to note that many cultural organisations and services have developed a range of resources that aim to enhance the capacity of service providers to support older people from specific cultural backgrounds. For examples, many Community Partners Program workers in NSW have compiled lists of bilingual general practitioners and workers for their communities, and information on cultural values, practices, customs, and recipes for cultural meals. These resources are also very useful in building a culturally competent service system.

> ***Recommendation 8:*** *Existing resources, including multilingual materials, education materials and cultural information to be shared and utilised across different service sectors, and states and territories where appropriate.*

To summarise, many effective practices and quality resources are already available in the community. It is a matter of sharing expertise and resources, reducing duplications of effort, and continuing to build on them collaboratively.

3.4 Transport

Transport is one of the two most commonly raised needs by older people from CALD backgrounds (BAMN, 2007; NSMAP, 2010 St George MRC, 2002). It also relates closely to the other common needs – access to culturally and linguistically specific social and activity groups – and access to other health, aged and community care support and services. Many older people from CALD backgrounds, particularly women, rely on their family members to provide them with transport.

Although some older people require support to move around, others are restricted because they do not speak English and do not know how to use public transport. The public transport system(s) in Australian is often very different to the system in their countries of origin, and many older people have not had the opportunity to learn how to use public transport. There have been local initiatives aiming to help older people to gain confidence in using public transport in order to enhance their mobility. These initiatives are often successful but time limited.

> ***Recommendation 11:*** *Transport training, preferably using a buddy system, be available to assist older people from CALD backgrounds and others who are not familiar with public transport to get around in the local areas and medical facilities.*

Another issue restricting older people from accessing public transport is the cost of public transport. Some older people from CALD backgrounds are not eligible for an Aged Pension, or other types of income support. As a result, they are not eligible for a concession card and are required to pay the full fare for public transport. Although it has been argued that issuing older people with a concession card will increase the burden on the public sector; it is more likely to increase revenue, productivity and reduce reliance on a range of public sector services.

Concession to public transport is likely to increase usage of public transport particularly in off peak hours. This would bring additional revenue to the transport system. It will also reduce the older people's reliance on their working children, and reduce the need for their children to take time off from work to accompany their parents to appointment. It would also encourage older people from CALD backgrounds to:

- attend medical appointments[14], which will reduce their health risks, enhance their health outcomes, and reduce their needs for complex health care; and
- participate in social and activity groups, which will reduce social isolation and contribute to better mental health.

Better access to public transport would also encourage older people from CALD backgrounds to provide formal and informal voluntary support to others in their communities. Access to transport is one of the major issues preventing this large potential volunteer workforce to participate in the aged and community care sector (Northern Sydney Multicultural Access Project, 2010). Moreover, concession to public transport will also encourage informal social support and networks, and reduce the reliance on formal services provided by the home and community care systems.

> ***Recommendation 12:*** *Low income earner or retired people who do not receive an Aged Pension to be eligible for travel concession to encourage informal support and volunteerism among older people from CALD backgrounds.*

It is important to note that improving the public transport system is essential for all older Australians. It is particularly vital for older people from small, emerging, ageing communities. In these communities culturally and linguistically specific social and activities groups and bilingual professionals are not available in their local areas, and community members are required to travel long distances to participate. This raises geographical boundary issue within current aged and community care systems that does not recognise this important need of older people from CALD backgrounds (Newtown Neighbourhood Centre, 2007; Northern Sydney Multicultural Access Project, 2010).

3.5 Interpreting Services

Communication barriers are well recognised as a major factor restricting older people from CALD backgrounds to access and continuously engage with services. There is no standardised system to ensure and enable the use of interpreting services when communicating with older people who have limited English proficiency. For example, in the ADHC Metro North Region, all HACC services alongside with all public health services are eligible to access the Health Care Interpreter Services. However, other aged and community care services are unable to utilise this specialist interpreting service. Some of these other service providers may choose to use other interpreting agencies, which may or may not be able to provide interpreters trained in health and

[14] *Some older people have reported that they are unable to keep their medical appointment due to a lack of transport or unavailability of their children to accompany them to these appointment (NSMAP, 2010)*

community care related areas. Some services, particularly where resource is scarce, may use family members or attempt to communicate with their services users without any language support.

> ***Recommendation 5:*** *The Multicultural Access Project Model to be adapted to build service provider's capacity and competence to support older people from CALD backgrounds in the local/regional level; and to establish and facilitate connections with CALD communities to enhance their access to information and services.*

It is important to note that communication issues are raised by both services providers and community members as a barrier. However, enhancing access to trained interpreters is only identified by service providers as a solution. Older people simply want to have access to interpreters. However, many older people are not aware of their right to have an interpreter and some older people comment that it takes too long to get an interpreter on the phone when they try to access telephone interpreting services.

The Multicultural Access Projects in the Metro North Region believe that it is vital for all aged and community care services to have access to fully trained and supported Health Care Interpreters in order to effectively support older people from CALD backgrounds in their local communities. Moreover, it is important to raise awareness among service providers, including general practitioners and other health professionals, of the importance of using properly trained interpreters and the potential issues and risks when an interpreter is not used.

> ***Recommendation 4:*** *Interpreters trained in aged, community and health care issues be accessible to all service providers working with older people from CALD backgrounds; and the use of professional interpreters, particularly in assessment, care planning, complaint handling, and other sensitive issues, be recognised as a standard practice.*

3.6 Emotional Support and Counselling

Although getting older may be associated with many positive things; it can also be a stressful time. Older people from CALD backgrounds share a lot of common ageing issues with other older people; but they may also experience additional challenges, particularly challenges relating to lose and traumatic experiences in earlier life (CPMAP, 2007; NSW Refugee Health Service, 2006). Emotional and mental health issues are identified as areas of concern in many CALD communities. For example, both the Korean and Japanese communities have identified the needs to support older people with depression or who are suicidal through the Lifeline telephone counselling model (NSMAP, 2010 unpublished).

In some communities it is common for one spouse, often the husband, to continue to work overseas in order to support their families in Australia. Retirement results in a range of challenges for the whole family, including settlement issues for the older person, changes in family and power relationships (for example, whilst the older person used to have financial power over the family, the other spouse or children

know the systems in Australia better); and many other issues. All these issues will impact on the care needs, decisions and outcomes for the older person. Culturally sensitive and competent emotional support and counselling will help to build strengths and resilience in many families, and assist them to make the best arrangement for the older person.

It is important to note that bilingual counsellors are not always available, particularly for small, emerging, ageing communities. However, some older people prefer to speak to someone who is not from the same or a similar cultural background. Therefore, access to language support services for emotional support and counselling services is also very important.

Recommendation 10: *The Counselling/Support, Information and Advocacy (CALD) service model be adapted to provide localised individual/family support to older people and their carers from CALD backgrounds to ensure they are able to make informed choice for themselves and are able to access resources, support, and services that are available in their local communities.*

3.7 Residential Aged Care and End of Life Planning

Some studies have suggested that older people from some CALD backgrounds prefer to go into residential care when their needs are too great for their families to support. However, it has been the experience of the MAPS that when consulting with the same groups of older people through a community development framework (as compared to a research design) older people report that they do prefer to stay in their own home for as long as possible, and see residential care as the last option (BAMN, 2007). These older people are interested to learn more about and utilise aged and community care services that prevent institutionalisation (NSMAP, 2010). Therefore, promotion of non-residential aged and community care services need to adopt a strength based approach and a focus on staying at home.

Discussions with some of the CALD communities also reveal that there are a lot of assumptions among older people about what will happen to them, their finances and property, and their health and care arrangement as their care needs become more complex, or when they lose the capacity to make decision for themselves. It is not uncommon for older people from CALD backgrounds to give their properties or possessions (or sell them and give the proceeds) to someone, most often their children, and expect them to provide care without seeking proper legal advice. Unfortunately, some of these arrangements do not work out, and the older people were left in very difficult situations (NSMAP, 2009 unpublished). It is equally as complex for older people without any property or valuable possession who have to rely entirely on their children for financial support; or older people who are without families.

Recommendation 5: *The Multicultural Access Project Model to be adapted to build service provider's capacity and competence to support older people from CALD backgrounds in the local/regional level; and to establish and facilitate connections with CALD communities to enhance their access to information and services.*

The vulnerability of older people in these situations is increasingly recognised, and a range of resources have been developed. However, access to these resources and advisory services for older people from CALD backgrounds, particularly those form small, emerging, ageing communities, is very limited. Informing these older people about their options early and supporting them to plan ahead will prevent many of them from ending up in hospital or homeless.

> ***Recommendation 10:*** *The Counselling/Support, Information and Advocacy (CALD) service model be adapted to provide localised individual/family support to older people and their carers from CALD backgrounds to ensure they are able to make informed choice for themselves and are able to access resources, support, and services that are available in their local communities.*

3.8 Carer Support

Family carers have a vital role in the care of older people from CALD backgrounds. Numerous studies have shown that older people from CALD backgrounds are most likely to go to their family members, relatives, and friends and others from their community for assistance and help (Eastern Sydney Multicultural Access Project, undated; NSMAP, 2010). Many studies have also demonstrated the challenges and issues these family carers experience in their every day caring life (Carers Victoria, 2003; Multicultural Disability Advocacy Association, 2007; Sedger and Boyde, 2008; St George MRC, 2002). It is important that CALD carers have equitable access to carer support and services, and are supported to make informed arrangement for themselves and the people they look after.

> ***Recommendation 10:*** *The Counselling/Support, Information and Advocacy (CALD) service model be adapted to provide localised individual/family support to older people and their carers from CALD backgrounds to ensure they are able to make informed choice for themselves and are able to access resources, support, and services that are available in their local communities.*

Carers from CALD backgrounds have also expressed their needs for social support and access to activity and exercise programs (Newtown Neighbourhood Centre, 2007; St George MRC, 2002). Carer support groups are currently funded by various governments in different areas. There is potential for better coordination and sharing of resources and expertise among existing carer groups as well as other types of social and activity groups. For example, language and interest classes for older people may also be suitable for carers.

Recommendation 8: *Local governments, other government agencies, and funded services to recognise and support local cultural and language specific activity and social groups.*

3.9 Special Needs Group

These are some of the special needs groups within CALD communities:

- ***Older people from refugee or refugee-like backgrounds*** need to be recognised as a special needs group within the broader CALD population. They often experience more difficulties accessing services due to previous experiences with government and community groups in their countries. They may also suffer premature ageing or mental health issues that are not part of the experience of other older people (NSW Refugee Health Service, 2006; STARTTS, 2010).

- ***CALD older people with dementia*** also need to be recognised as a special needs group. The effective management of dementia and choices of treatment options are highly dependent on access to information, and sometimes adversely affected by cultural beliefs. Targeted information and better understanding of how dementia is managed in different cultural groups is extremely important, particularly in smaller ageing groups where information is limited (Cultural and Indigenous Research Centre Australia, 2008).

- ***CALD older people with mental health issues*** also experience additional barriers to accessing services. Mental health issues, such as depression and anxiety, among CALD older population is a concern in many communities (CPMAP, 2007; Lower North Shore Multicultural Network, 2007; NSMAP, 2010). Opportunities to engage and support healthy and active older people from CALD communities to educate and support others in their communities should be explored.

- ***CALD older men*** from most CALD backgrounds are underrepresented in most CALD community consultations and projects. The small number of CALD older men participated in consultations highlight their needs for meaningful and physical activities, participation and contribution to their communities (Multicultural Health Service, 2010). However, the current support and service systems might not be effective in supporting these needs when language and communication is a barrier.

4. Responses to Service Provision Challenges

The following cost-effective responses are developed based on the discussions and recommendations from the previous sections. The five responses are interrelated and correspond to five commonly identified issues for older people, their families and carers:

i) Access to information in community languages;

ii) Access to language support services (interpreters);

iii) Access to culturally responsive services;

iv) Access to holistic individual (and family) support; and

v) Access to informal social support.

These responses aim to build on existing strengths, facilitate partnerships, reduce duplications, utilise community resources, and maximise effectiveness and outcomes.

4.1 Enhancing access to multilingual resources

It is recommended that a national wide multilingual resource coordination program be funded to address the information needs of older people, their families and carers from CALD communities. The project would establish an online one-stop shop for a range of multilingual information for aged, community and health care providers, including:

- Information on health and wellbeing issues for older people;
- Facts and management of chronic health conditions, illnesses and diseases;
- General information on health services and how to access them;
- General information on aged and community care services and how to access them; and
- Rights and responsibility of service providers, service users, and carers.

This project would achieve cost-effectiveness by utilising existing quality multilingual resources[15], and reducing duplication of costs and human resources from individual services across different states and territories. It would enable service providers, who might not have the expertise to develop multilingual resources, to focus on service delivery and achieve better outcomes for the service users. It would also reduce confusion in the communities by standardising terminology and maintaining quality of translations; and achieve better equitable share of resources for smaller, emerging, ageing communities.

The capacity of the online one-stop shop that enables service providers to select and print as required would reduce unnecessary printing. It might also have the capacity for service providers to add specific information, for example contact details, or

[15] *A wide range of multilingual information already exists. Some of these resources are more readily accessible for other services. For example the Multicultural Health Communication Service provides access to an extensive range of information on health and services in many languages, www.mhcs.health.nsw.gov.au. The Centre for Cultural Diversity has a range of multilingual resources on aged care, www.culturaldiversity.com.au. Many specialist services, such as Alzheimer's Australia, have also produced relevant materials that may not be readily accessible for other organisations. Translation agencies might be able to adapt and modify their existing work for lower costs so that these resources could be adapted for other usages.*

meeting time and venues, etc. This would particularly benefit small organisations, including many specialist organisations which receive little or no funding, to capture and support people from CALD backgrounds.

4.2 Enhancing communications with older people, their families and carers from CALD backgrounds

It is recommended that interpreters who are trained in aged, community and health care be available to all government funded aged, community and health care service providers in Australia. It could build on existing structures, for example, where Health Care Interpreters or similar services exist. In areas where there is currently no specifically trained health care interpreters, training opportunities can be provided, and existing interpreters be encouraged to participate in the training. In regional or remote areas, or in small, emerging ageing communities, telephone or video conferencing could be used to facilitate access to interpreters, where suitable[16].

Moreover, service providers should encourage family and carers to take part in making care decisions for an older person where appropriate. An interpreter should be provided if one or more of the parties require assistance to participate and communicate in English. This would reduce the risk of one or more of the parties making decisions based on partial or inaccurate information.[17] It would also enable the parties to focus on the older people's needs and to provide the most appropriate services rather than spending their energy on interpreting or making sense of the conversation.

To ensure that service providers are making the best decision for older people from CALD backgrounds, clear guidelines, procedures[18] and training opportunities must be available to all service providers.

4.3 Enhancing capacity and competence of local aged, community, health and other relevant services to support local older people, their families and carers from CALD backgrounds

It is recommended that the Multicultural Access Project Model be implemented nationally to enhance the capacity and competence of aged, community, health and other relevant services to support older people, their families and carers from CALD backgrounds. It is important that these projects are locally/regionally based to ensure the projects can focus on utilising local resources and structures to develop solutions that address local issues and characteristics.

It would be appropriate to expend the MAP (65+) model to support the full range of services across aged, community, health and other service sector that work with

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[16] *There are conditions where telephone or video conferencing is not appropriate, for example, for people with mental illness.*

[17] *The older person and/or the primary carer are often the people who speak English not well or not at all. Relying on their family or relative to relate information to them may potentially put them at risk of abuse or being forced to agree to an arrangement that is not in their best interest. There is also a risk that family members misinterpret the information that adversely impact on the older person.*

[18] *An example of the guidelines is the 'Language Support Policy' produced by the Ageing, Disability, Home Care, NSW Human Services Department (2009), which outlines the roles and functions of professional interpreters, bilingual workers who are employed for specific roles, and bilingual workers in general. It also provides guidelines for situations where the service user refuses an interpreters and where an accredited interpreter is not available.*

older people, their families and carers from CALD backgrounds in the community. It would ensure effective use of resources and enhance partnerships to achieve better outcomes in a local level. Local/regional MAPs would also be able to encourage partnerships between specialist services for older people as well as universal services in the communities. The success of the current MAP model build upon the local/regional networks individual MAP has developed with different service systems, community groups; this local support structure is vital to ensure services are effective in supporting their local CALD communities.

It would also be beneficial to have a more coordinated approach to education and training for the full range of services, and utilise technology, for example e-learning[19] and telephone/video conferencing, to enhance outcomes. Some of the education and training resources are already available across different regions and different states, and many of them are excellent in quality and proven to be effective. The reform in the aged care system provides a great opportunity to encourage sharing of these resources and expertise, which will again reduce duplications and maximise outcomes. Local/regional MAPs could have a main role in implementing, evaluating and monitoring training needs and outcomes, and contribute to adaptation of training to suit local needs and characteristics.

There is also potential for better coordination in outreach programs targeting older people, their families and carers from CALD communities across different regions as well as states and territories. Multilingual resources on a wide range of topics, such as dementia, depression, diabetes, falls prevention, etc. and information on health, aged and community care services are available in many languages in different regions, states and territories. Local/regional MAPs could have a major role in facilitating and coordinating local activities and linking local groups to existing service and support structures.

It is important to acknowledge the significant role of the Multicultural Health Services in strengthening and enhancing the cultural responsiveness of the health system. Stronger partnerships between the MHS's and MAP's will enable more holistic care for older Australians from CALD backgrounds. However, it is not possible for the two structures to replace each other because of the different natures and processes in health and community care practices.

To summarise, it would be cost effective to address the needs of older people, their families and carers from CALD background at a national level with collaborations from different states and territories to implement programs and strategies on a local/ regional level. It would provide better direction for the service sectors, reduce duplications, and enhance outcomes. It would also facilitate better data collection, research, and participations in CALD communities.

4.4 Enhancing preventative practices, and access to early intervention, rehabilitation, and support services for older people, their families and carers from CALD backgrounds

[19] *For example, the "Communicating with Patients from Culturally and Linguistically Diverse Backgrounds" interactive e-learning tool developed by South Eastern Sydney Illawarra Health Multicultural Health could be easily adapted for other settings.*

It is recommended that local governments[20] and services proactively engage and support local CALD senior groups to enhance their access to relevant information on prevention and to early intervention and rehabilitation programs; and to prevent collapse of existing voluntary structures due to burnout or the frailty of group leaders. It would also promote recognition of local talents[21] among CALD seniors; encourage peer support, education, sharing of skills and knowledge; and lead to healthy and positive ageing in a friendly environment.

It is also recommended that the HACC Counselling/Support, Information and Advocacy (CALD) Service model be implemented locally/regionally to support older people, their families and carers from CALD backgrounds to best utilise formal and informal support structures and services in their local areas. These services would be short term and aim to resource and facilitate access for their service users. The services would aim to assist older people, their families and carers to identify and utilise their strengths, identify issues relating to ageing and strategies to manage these issues, and build capacity and resilience in individual, families and environment.

The services could also incorporate bilingual/bicultural volunteers to enhance access to information and services for older people, their families and carers who share the same or a similar cultural and language orientation. Bilingual volunteers could deliver group information sessions in their community languages; provide information at information stalls and over the telephone; and conduct interviews and surveys with support from the service coordinator/manager. There are existing training materials to support bilingual volunteers in these roles, for example, the 'Get to Know the Australian Aged Care System' (2009) package which is a community education tool; the 'Enriching HACC Services: the Kit'[22] (2009) which is a training package to enhance the capacity of services to support bilingual volunteers; and resources developed and used by the Senior Peer Education Centres. These practices would enhance the capacity, resources and resilience within CALD communities to address ageing and caring issues, and contribute to better informal support and volunteerism among older people from CALD backgrounds.

4.5 Enhancing community participation, informal support and volunteerism among older people from CALD backgrounds

Informal support structures and informal volunteerism already exist in some CALD communities in some areas (NSMAP, 2010). It is extremely important that these structures are encouraged, supported and enhanced. There are many low cost ways to ensure their long term survival, and some organisations, such as local councils, have already established a range of initiatives. For example, some local councils and community organisations, including religious organisations, have been providing free or very low costs venues for different CALD groups to meet or run activities. The aged and disability or community care workers in local councils could be actively supporting these groups to gain access to relevant information and resources.

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[20] *There are existing effective models that other local areas could use to assist with setting up. Many of these groups are assisted or run by volunteers from CALD backgrounds, and would be able to assist other groups at a very low additional cost.*

[21] *These may include artistic talents in craft, drawing, painting, music; sporting talents in a range of activities; and specialist skills in the finance, health, legal systems, etc. Many seniors appreciate the opportunity to share their knowledge and skills, and enjoy sharing activities with other 'like-minded' seniors.*

[22] *The package was developed for the Bankstown Area Multicultural Network, and will be adapted and implemented in the Metro North Region in 2010-11 financial year. It is a demonstration of the benefits, including cost effectiveness, of the MAP model and Network.*

Some local councils and community services also provide free or low cost local transport solution to mobilise their older population, such as shuttle buses to connect residents to local shops and medical centres. These initiatives and services could be better promoted in CALD communities to encourage community participation and reduce social isolation. Local community events could be utilised to promote use of public and community transport among older people from CALD backgrounds. Moreover, Community Settlement Grant Projects would also be an invaluable links to engage older people from CALD backgrounds in the wider community.

Concession cards to all retirees and older low income earners, including people who are not eligible for income support schemes, would be another low cost solution to enhance community participation and information support for older people from CALD backgrounds. This would enhance prevention, early intervention, independence among these older people, and contribute to better long term health and social outcomes. It is important to note that many older people, who are currently not eligible for a concession card, simply do not participate in community activities. Enabling older people to participate in community would be an effective strategy to reducing preventable health issues through improving access to health information and initiatives; and promoting greater independent and self-determination.

It is also recommended that the aged and community care system better utilise this large underused voluntary workforce. Many older people from CALD backgrounds are keen to take greater roles in the community. They are willing to give back to the community; to meet new people and make new friends; and to support other older people in the communities (NSMAP, 2010). Examples include providing assistance to keep seniors' group running; organising activities and events; visiting others at home or residential aged care facilities; and many more. There is potential for aged and community care services to better support and utilise their voluntary services to the communities. The older people would benefit from obtaining relevant training in volunteering and; access to professional support to ensure they are effective when supporting others with complex and sensitive issues[23]

The following diagrams illustrates how the aged, community and health care systems could better utilise existing resources and produce better outcomes for the ageing culturally diverse population. Diagram 1 highlights the information, support and services older people, their families and carers need in order to maintain the health and wellbeing, make informed choices, and enhance outcomes for the older people. Diagram 2 focuses on support structures that strengthen current good practices, reduce duplication and maximise outcomes for direct services.

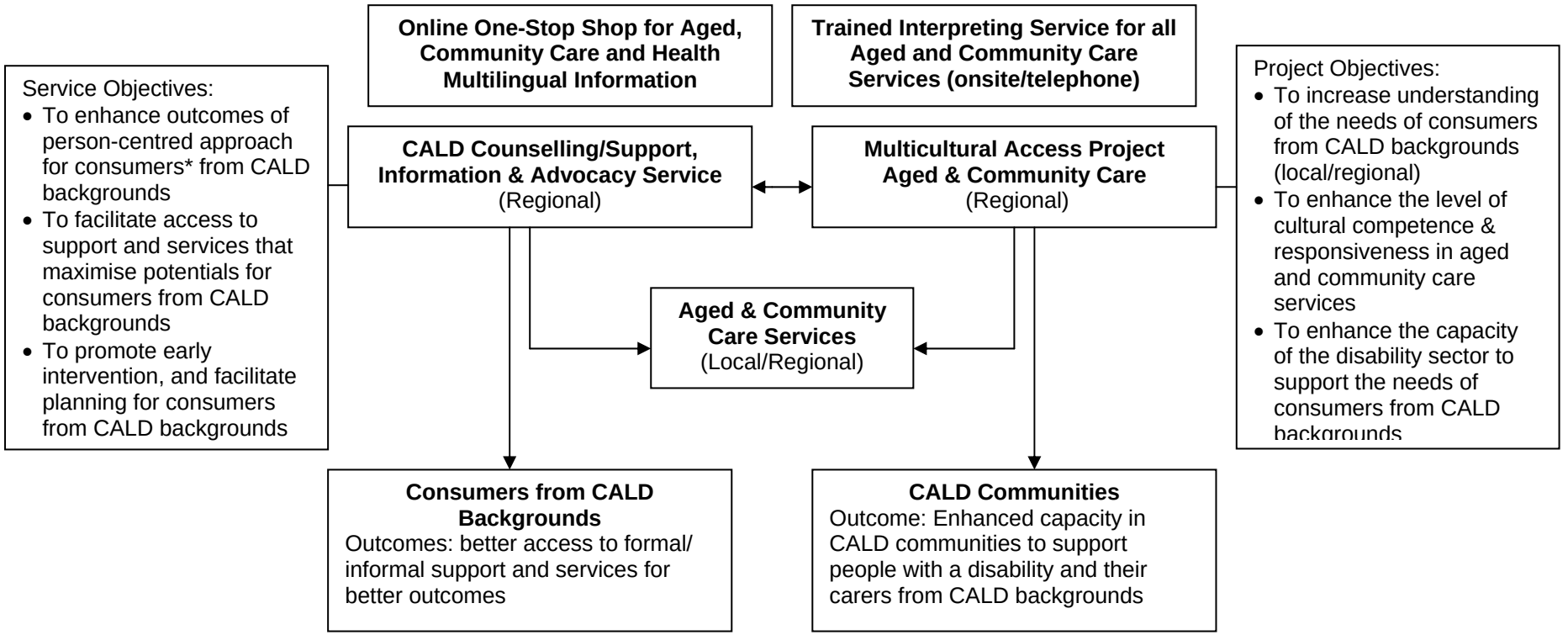
[23] *For example, CanRevive has been able to support their volunteer visitors to provide peer support to cancer patients and their families in the hospital and at home. This model could be utilised by a range of other services and with many communities, which would build greater capacity to support people with health issues in CALD communities.*

Diagram 1: The Needs of older Australians from culturally and linguistically diverse communities

	Prevention	Early Intervention	On-going Management	Palliative Care
Information & Education	Culturally sensitive information in community languages on: • General health and wellbeing • Preventative health strategies • Specific information targeting high risk communities • Other relevant issues, such as home/personal safety, residential options, etc. Local/Regional community information events to promote health and wellbeing among older people from older people, their families and carers.	Culturally sensitive information in community languages on: • Health conditions and their management • Strategies to delay progression of diseases and illnesses • Support and service options • Other relevant issues, such as home/personal safety, residential options, etc Local educational and peer support group to reinforce management of health conditions and support.	Culturally sensitive information in community languages on: • Potential complications and how to prevent them • Support and service options • Other relevant issues, such as home/personal safety, residential options, etc Education and support delivered by culturally sensitive and competent service providers to individuals or small groups where appropriate.	Culturally sensitive information in community languages on: • Death and dying • Loss and grief • Pain management options • Palliative care and other support and service options Education and support delivered by culturally sensitive and competent service providers to individuals or small groups where appropriate.
Support & Services	Local or geographically accessible support, such as: • Culture/language specific seniors' group • Interest, educational, activity and exercise groups Opportunity to support others in their communities and the wide communities. Specific aged and community care service needs: • Individual & group social support • Transport • Allied health services	Local or geographically accessible support, such as: • Culture/language specific seniors' group • Interest, educational, activity and exercise groups Access to culturally sensitive and competent aged, community, health and other relevant services. Specific aged and community care service needs: • Individual & group social support • Transport • Allied health services • Basic maintenance services	Local or geographically accessible support, such as: • Culture/language specific seniors' group • Interest, educational, activity and exercise groups Access to culturally sensitive and competent aged, community, health and other relevant services. Specific aged and community care service needs: • Individual & group social support • Transport • Allied health services • Full range of support services	Local or geographically accessible professional and peer support. Access to culturally sensitive and competent aged, community, health and other services. Specific aged and community care service needs: • Allied health services • Full range of support services

Note: Older people from CALD backgrounds are often keen to give back to their communities as well as the wide community. They are an extremely underutilise force that could provide much needed support and fill gaps in service provision. Local aged and community care services could utilise existing resources to enhance their ability to engage and support this voluntary workforce.

Diagram 2: A Cultural Responsive Aged and Community Care System



** 'Consumers' refer older people as well as their families and carers where appropriate.*

Note: It is important to separate the 'CALD Counselling/Support, Information & Advocacy Service' and the 'Multicultural Access Project'. The two services require very different skills set, and approaches. However, it is important that the two services have strong connection and compliment each other in a regional basis.

Better strategies to share resources and use of technology would be particularly important for improving equity in access and health and service outcomes in rural and remote areas, where bilingual workers and interpreters are not readily accessible.

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Appendix 1: Demographics and Cultural Diversity Characteristics in the Cumberland/Prospect, Nepean and Northern Sydney Local Planning Areas

The Ageing, Disability and Home Care Metro North Region, NSW Human Services Department covers a total of 6,287km^2, with a total population of over 1.8 million (9.1% of the Australian population). Within which, 211,789 persons are over 65 years of age (8.0% of the total 65+ years population in Australia), 46,158 speak a language other than English at home (10.6% of total 65+ speak a LOTE at home population), and 17,424 person speak English not well or not at all (10.7% of the national total).

Cumberland/Prospect

The Cumberland/Prospect local planning area consists of 5 local government areas, including Auburn, Blacktown, Holroyd, Parramatta, and the Hills Shire. It covers an area of 774km^2 with a significant number of older people from culturally and linguistically diverse backgrounds and recognised areas of socio-economic disadvantage (ADHC,). The total population is 734,146 in the Cumberland/Prospect areas; within which 71,731 persons (9.8%) are aged 65+ years (ABS, 2006).

	Auburn	**Blacktown**	**Holroyd**	**Parramatta**	**Hills Shire**	**Total**
Total pop	64,958	271,708	89,765	148,324	159,391	734,146
Total 65+	5,832	22,236	10,920	18,270	14,473	71,731
***LOTE**	3,091 (53%)	7,822 (35.2%)	4,144 (37.9%)	5,350 (29.2%)	3,489 (24.1%)	23,896 (33.3%)
****Eng not well/at all**	1,868 (60.4%)	2,976 (38%)	1,679 (40.5%)	2,669 (49.9%)	1,133 (32%)	10,325 (43.2%)

Nepean

The Nepean local planning area consists of 3 local government areas, including Hawkesbury, Penrith, and the Blue Mountains. It covers an area of 4,612km^2, including urban populations centred around Penrith and semi-rural population in the Blue Mountains and Hawkesbury (ADHC). The total population in the area is 306,768, and 29,817 persons (9.7%) are aged 65+ years (ABS, 2006).

	Hawkes-bury	**Penrith**	**Blue Mountains**	**Total**
Total pop	60,560	172,140	74,068	306,768
Total 65+	5,873	14,041	9,903	29,817
LOTE	514 (1.8%)	2,829 (20%)	693 (7%)	4,036 (13.5%)
Eng not well/at all	9 (1.7%)	822 (29%)	65 (9.4%)	896 (22.2%)

Northern Sydney

The Northern Sydney local planning area consists of 11 local government areas, including Hornsby, Hunter's Hill, Ku-ring-gai, Lane Cove, Manly, Mosman, North Sydney, Pittwater, Ryde, Warringah, and Willoughby. It covers an area of 901km^2, and a total population of 766,231, within which 110,241 persons (14.4%) are aged 65+ years.

	Hornsby	**Hunter's Hill**	**Ku-ring-gai**	**Lane Cove**	**Manly**	**Mosman**
Total pop	151,326	13,240	101,083	30,428	37,110	26,236
Total 65+	20,237	2,500	16,960	4,011	5,283	3,994
LOTE	3,325 (16.4%)	520 (20.8%)	1,981 (11.7%)	681 (17.0%)	477 (9.0%)	368 (9.2%)
Eng not well/at all	1,248 (37.5%)	142 (27.3%)	493 (24.9%)	194 (28.5%)	79 (16.6%)	57 (15.5%)

	North Sydney	**Pittwater**	**Ryde**	**Warringah**	**Willoughby**	**Total**
Total pop	58,258	54,158	96,948	133,838	63,606	766,231
Total 65+	6,953	8,094	14,099	20,282	7,828	110,241
LOTE	810 (11.6%)	740 (9.1%)	4,081 (28.9%)	2,904 (14.3%)	2,339 (29.9%)	18,226 (16.53%)
Eng not well/at all	219 (27.0%)	156 (21.1%)	1,836 (45.0%)	950 (32.7%)	829 (35.4%)	6,203 (34.0%)

* LOTE: total number of people over 65 years of age who speak a language other than English at home

** Eng not well/at all: Percentage of people over 65 years of age speaking a language other than English at home who speak English not well or not at all.