

A Demographic Profile of Elderly People From Culturally and Linguistically Diverse Backgrounds



Developed by Katherine Wositzky for the
"Ageing and Disabilities in NESB Communities"
Project - March 2000



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While every attempt has been made for complete accuracy of data, we are unable to accept responsibility for any misinterpretation.

The Department of Human Services Eastern Metropolitan Region includes the Local Government Areas of: Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Yarra Ranges.



The Eastern Metropolitan Region Profile is one of five regional profiles developed as separate documents.

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ACRONYMS

ABS	Australian Bureau of Statistics
ADEC	Action on Disability within Ethnic Communities
AIHW	Australian Institute of Health and Welfare
CHPE	Centre for Health Program Evaluation
COB	Country of Birth
C&LD	Culturally and linguistically diverse (person born in NESB or speaks a LOTE at home)
CSDA	Commonwealth State Disability Agreement
DHS	Department of Human Services
DSP	Disability Support Program - includes: Congregate Residential Care, Community Care, Community Based Accommodation Support, Community Access, Case Management and Brokerage, Specialist Behavioural Services and Respite Services)
EMR	Eastern Metropolitan Region
FYR	Former Yugoslav Republic
HACC	Home and Community Care
LGA	Local Government Area
LOTE	Language other than English
NES	non English speaking
NESB	Non English speaking background (Individual NES and one or more parents NES)
NESC	non English speaking country
NESCs	non English speaking countries
OLDER / ELDERLY POPULATION –	
	for the purposes of this profile refers to the population that is 65 years and over
PDSS	Psychiatric Disability Support Services

EXECUTIVE SUMMARY

The Australian population is ageing and this trend is expected to continue for at least the next 20 years. Victoria will have an increasingly diverse aged population with an increase in the number and proportion of people over the age of 65 years who were born in non English speaking countries. These changes are of particular relevance for aged care providers, planners, policy makers and services.

Regional demographic profiles developed through ADEC and the CHPE's "Ageing and Disability in NESB Communities" project on elderly people from culturally and linguistically diverse backgrounds make an invaluable contribution to understanding the cultural diversity and needs of a significant "elderly population". The data highlights the macro and micro view of cultural diversity with the inclusion of smaller population numbers and smaller ethnic communities.

The profiles serve the purpose of identifying cultural background and linguistic diversity within a region and within a local government area. This information can stand on its own or contribute to current and/or future research findings on this targeted population. Whilst demography identifies some aspects of cultural and linguistic diversity, acknowledgement is made of the diversity within and across cultures or linguistic groups.

Although a significant number of Victorians are predicted to maintain independence and health during their ageing, a particular focus of the profiles is on elderly people from culturally and linguistically diverse backgrounds who are ageing and acquiring a disability as a result of their ageing. This focus on elderly people, cultural and linguistic diversity and disabilities at regional and local levels is unique. It presents practical, accessible information relevant for the range of stakeholders involved in aged care and disability services planning, consultations and service response.

The Eastern Metropolitan Regional Profile highlights a changing population structure with significant growth in the elderly population. Over the next two decades, the number of people over the age of 65 years in this region is expected to increase to account for 18% of the total regional population. This elderly population increase has significant implications for aged care and disability services planning such as:

- increased demands on services due to increased volume of older people;
- increased number of people in frail, higher need, dependent situations increasing the demand for “high complex needs” services.

Although population projections are not available for the culturally and linguistic diverse older population at a detailed level, it is reported that the number of elderly people from these backgrounds is increasing more rapidly than the Australian born, due to the “ageing” of the post war immigrants. It is estimated that by 2001, one in four elderly Victorians will be from culturally and linguistically diverse backgrounds. This growth increases the demand for appropriate service response and challenges service planners to respond to access and equity of service provision for all elderly people.

At the 1996 census, the Eastern Metropolitan Region was home to 23% of metropolitan Melbourne’s elderly people born in non English speaking countries. Although there are large differences in the total elderly population between the regions, differences in the number of elderly people born in non English speaking countries are relatively small between the metropolitan regions.

The Eastern Metropolitan Regional Profile also highlights the rich cultural diversity of the region’s elderly people with almost a quarter of elderly people born in non English speaking countries (1996 census). Elderly people born in non English speaking countries have a diversity of birthplaces, a diversity of languages (65) and significant language communication needs.

Considerations and implications raised for aged care and disability service provision in the profile include the challenge of responding to the diversity of small language groups and cultures distributed throughout the region as well as the more prominent groups. A significant number of people who reported English communication difficulties also require appropriate service planning and response, particularly given the impact communication and information has on the uptake and use of services by this target group.

The Profile also reports the projected growth in disabilities acquired through the ageing process as providing new challenges for aged care and disability services both individually and collaboratively. Specific data on the incidence of disability in birthplace groups obtained by ADEC also highlights the prominence of disabilities for the elderly from culturally and linguistically diverse backgrounds and the potential increase in demand for specific services.

The service usage data presented in the Profile continues to highlight the under-usage of services by elderly people from culturally and linguistically

diverse backgrounds. The Profile also reiterates the need for accuracy and consistency in data collections on the cultural and linguistic diversity of clients. This needs to be implemented across all program areas to effectively inform service development and planning.

The provision of culturally appropriate care and service response is a challenge and responsibility for those involved in service provision to the elderly. Demographic details that may have been a barrier to this service provision can now be evidenced at local, regional and metropolitan levels. The demographic detail presented in the Eastern Metropolitan Regional Profile resources and supports service planners and providers in their role of ensuring an accessible and equitable service system for all elderly people.

SOME FEATURES OF OUR GROWING ELDERLY POPULATION

The number of elderly people (65+ years) from culturally and linguistically diverse backgrounds is increasing more rapidly than the number of Australian born.

Older people (65+ years) from culturally and linguistically diverse backgrounds will, by 2001, comprise nearly one in four older people in Victoria.

Disability is strongly related to age with incidence rates increasing rapidly after the age of 45.

The proportion of people with one or more disabilities will increase with age.

In 1998, 20.3% of Victorians aged 65+ who had a disability were born in non English speaking countries. (ADEC, from *ABS Disability, Ageing and Carers Survey* data)

As with disability, handicap rates are strongly related to age. By age 60-64 years, the handicap rate is approximately three to four times that for 35-45 year olds. By age 75 years and over this ratio increases to a sixfold difference. (AIHW derived from *ABS Carers Survey*)

Older NESB born people are also more vulnerable to isolation than people born in English-speaking countries or in Australia, due to language difficulties and the geographic dispersion of some language groups, limited social and family networks, and value shifts between generations. (The Victorian Government *Creating a Victoria for all Ages*, 1999)

“The health of people from non English speaking backgrounds is likely to be affected by barriers preventing or limiting access to health services. These include poor awareness of community based services, inappropriate information and assistance, and inadequate knowledge of English.” (Family and Community Development Committee, *Report Upon the Inquiry into Planning for Positive Ageing*, 1997)

1. INTRODUCTION

Developing regional demographic profiles of elderly people from culturally and linguistically diverse backgrounds became a major focus of ADEC and the CHPE's "Ageing and Disability in NESB Communities Project". The Project developed four metropolitan profiles and one rural profile.

The profiles are developed through project funding made available during the International Year of Older Persons and embrace the Victorian Government's directions and policies as outlined in "Labor's Plan for Older Victorians". The profiles have been developed within the context of access and equity for all Australians reported in numerous Commonwealth, Victorian and Regional legislation, policies, service standards, service directions, service plans and service developments (see Appendix 2: List of Policies).

The profiles are also within the context of ADEC's charter of promoting access and equity for people of non English speaking background with a disability and/or their carers.

1.1 PROFILE AIM

The combination of ageing, disability and diverse cultural and linguistic background is explored demographically in the profiles. Such a presentation is intended as a tool to assist future planning and service provision to this target population, and to meet an identified gap in demography and planning information for the targeted population.

The profiles respond to the need for comprehensive information on the cultural diversity of the ageing population as a fundamental ingredient to planning adequate and appropriate aged care and disability services.

1.2 PROFILE STRUCTURE

The profiles have developed detailed data on elderly people from culturally and linguistically diverse backgrounds in a user friendly format. Details can be identified at either the regional and/or local government level. Where the data is presented as statewide however, it has been left in this format, as a smaller area count would be statistically invalid.

The profiles have regional and local government area summaries in the body of this report. Full details of regional and local government demography are given in the demography attachment section.

1.3 PROFILE SOURCES

Population Projections

The population projections used in the profiles are the most recent projections available from the Department of Infrastructure. The methodology used takes into account a range of assumptions about future levels of overseas and interstate migration, births and deaths, land and economic development information. The methodology applies a “top down” approach which produces projections at the local level within the context of the region and the state as a whole. This approach avoids the overestimations that often occur with one-off projections for a single local area. As there is no historical information for the new Local Government Areas, forecasts are made for the Statistical Local Areas which existed before local government restructuring and were in use at the time of the 1991 census. These Statistical Local Area forecasts are then converted to the new Local Government Areas. (Department of Infrastructure Methodology Notes)

The Department of Infrastructure is in the process of updating the population projections based on 1996 census data. At the time of writing this profile the Department could not state when these updated projections would be available, although it is estimated to be in the year 2000. The updated projections are not expected to have any significant changes with regard to the older population projections. The movement of older people away from the city (along with retirement, as evidenced in the current projections) is expected to continue.

ABS demographic data

The population data used in this profile comes from two main ABS sources: the most recent population census of 1996, using the Cdata 96 product, and the most recent *Disability, Ageing and Carers Survey* 1998.

The next census will be undertaken in August 2001. However it is estimated that data from this census will not be available until late 2002.

In discussing the results of the *ABS Disability, Ageing and Carers Survey* it is important to note that data collected from the Survey may have underestimated the number of people with one or more disabilities. This results from:

- disability being a difficult concept to measure because it depends on the respondent’s perception about their ability to perform a range of actions associated with daily living.
- information given in the survey was based, wherever possible, on the personal response given by the respondent. However, in cases

where information was provided by another person, some answers may differ from those the selected person would have provided.

- a number of people may not have reported certain conditions because of their sensitive nature, episodic or seasonal nature of condition, or lack of awareness of the condition.(ABS *Disability, Ageing and Carers Survey*, 1998, explanatory notes)

A further ABS publication *Older People Australia: A Social Report* was not available at the time of writing this profile. This report has a national focus and the data will generally not be available for a local area.

DHS Service User Data

Two main sources of data were used to identify the cultural and linguistic backgrounds of aged care and disability services clients. These data sources are:

- *Who Gets HACC*, 1998, which provides some cultural diversity data on the HACC population, and
- Commonwealth / State Disability Agreement Minimum Data Set, 1998, which provides client details for Disability Support Services provided under the Commonwealth / State Disability Agreement.

Improvements to the HACC Program data introduced since the 1998 survey under the National Minimum Data Set are expected to assist identifying the cultural diversity of clients.

2. CULTURAL AND LINGUISTIC DIVERSITY OF THE EASTERN METROPOLITAN REGION'S ELDERLY POPULATION

2.1 PROJECTIONS

Population projections provide an understanding of the likely future trends in the overall growth, age structure and location of populations. They are an essential tool for good planning and investment decisions and assist in anticipating future goods and services...Population trends are indicative of the future and need to be used in conjunction with other monitoring and forecasting tools for effective decision-making.

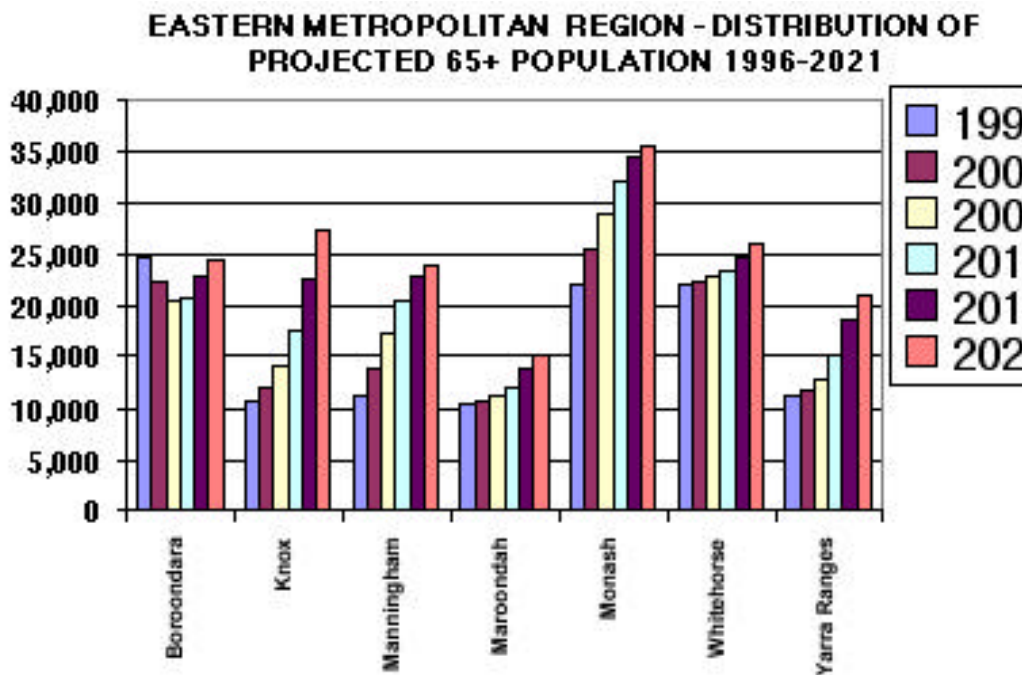
(Victoria in Future. Dept. of Infrastructure, 1996)

The Eastern Metropolitan Region's (EMR) population is ageing and, as for the whole of Australia, this trend is expected to continue for at least the next twenty years. Along with a substantial growth in the older population overall, there is an increasing number of "older elderly people" as a result of people living longer.

The EMR's population in the next twenty-one years will be considerably different to the present population structure. It is projected that the older population, those 65 years and over, will increase to account for 18.8 % of the total population in the year 2021. In 1996 the 65 and over population was recorded to be 12 % of the population.

Significant population change will occur in most of the LGA's of the region, however, the population change is most significant for Knox, Manningham and Monash LGA's. Knox's older population will increase from 7.8% of the total population in 1996 to 19.3% of the total population in 2021. Manningham will have a similar growth with the older population accounting for 9.9% in 1996 and 21.2% in 2021, and Monash, 13.6% and 23.2% respectively.

Boorondara LGA is projected to have a decline in the 65 and over population until the year 2021 where it is projected that the population will increase to much the same levels as in 1996.



Source: ADEC from *Victoria in Future* data, Dept. of Infrastructure 1996

Along with a growing proportion of an ‘older population’ there will be an increasing number of older people living longer. The number of people in the 85 and over age group in the region, for example, will almost double with an increase from 11,539 in 1996 to a projected 20,415 in 2021.

Eastern Metropolitan Region: Population Projections, 65+ population

YEARS	1996	2001	2006	2011	2016	2021
65-69	35,032	33,795	38,781	45,744	51,829	49,200
70-74	29,586	30,709	29,753	34,306	40,721	46,341
75-79	21,224	24,419	25,359	24,720	28,853	34,602
80-84	14,895	15,654	18,129	19,081	18,931	22,500
85-89	7,728	9,030	9,651	11,372	12,158	12,381
90+	3,811	4,604	5,511	6,178	7,259	8,034
TOT 65+	112,276	118,211	127,184	141,401	159,751	173,058

Regional population projections for specific ethnic communities or specific languages are not available. However, statewide projections do record the older population from culturally and linguistically diverse backgrounds to be increasing more rapidly than the Australian born population. This is due to the ageing of the migrants who arrived in Australia during the 1950's and 60's. It is predicted that in 2001, one in four older persons in Victoria will be from culturally and linguistically diverse backgrounds.

The ageing of the Australian older population from culturally and linguistically diverse backgrounds will “occur in a series of “waves”, with rapid increases in the proportion of elderly from a specific origin followed by sharp decreases. Estimates of future peaks in ageing for some communities are: Poles around 2001-2006; Italians around 2006-2011; Greeks around 2006-2016; and Indians, Maltese, Egyptians and Chinese around 2021-2026 (Commonwealth Department of Human Services and Health, 1995).

With the current EMR population structure having significant proportions of people from culturally and linguistically diverse backgrounds recorded for all age groups, an assumption can be drawn that the region’s projected older population will have significant proportions and numbers of people from culturally and linguistically diverse backgrounds.

CONSIDERATIONS FOR AGED CARE AND DISABILITY SERVICES PLANNING

- Increased demands on services due to increased volume of older persons.
- Increased numbers of people in frail, higher need, dependent situations increasing the demand for “complex high needs” services.
- Greater number and proportion of elderly from culturally and linguistically diverse backgrounds increasing the demand for culturally and linguistically appropriate services.
- Some LGA’s older population within the region will increase at a greater rate, having implications for resource distribution.

Further details of population projections for the region and each LGA in the region are in the Attachments section.

2.2 BIRTHPLACE

The Eastern Metropolitan Region features the cultural and linguistic diversity of the Australian population and is home to a significant number of Victoria’s non English speaking country (NESCC) born population.

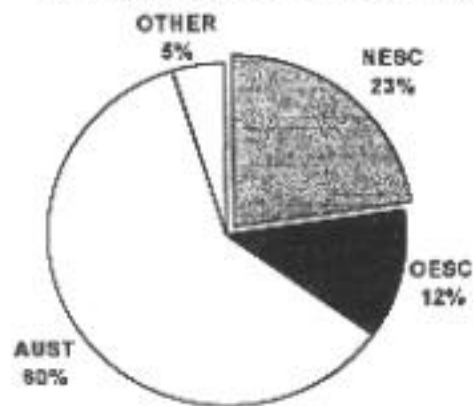
This cultural diversity will continue to be a feature of the region with the settlement of immigrants from a range of countries. Monash and

Boroondara featured as areas where Victoria's recent arrivals were settling. Monash and Boroondara between 1991 and 1996 had 11.8 % of Victoria's recent arrivals.

The cultural and linguistic diversity of the overall regional population is reflected in the region's older population. Twenty-three percent or 23,716 of the 65 and over population in the EMR at the 1996 census were born in non English speaking countries (NESC). The majority of these were in the 65-69 years age group (39%) followed by those 75 years and over (33%) and 70-74 years age group(28%).

A calculation of people from non English speaking backgrounds (which includes individual NES and one or more parents NES) would give an even higher proportion of the population. At the 1996 census 31% of the total EMR population were from non English speaking backgrounds.

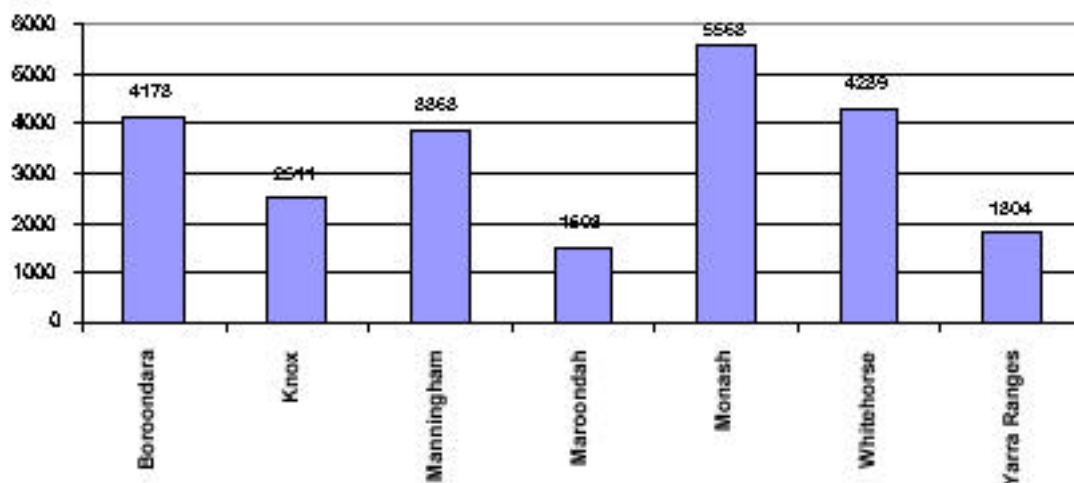
**EASTERN METROPOLITAN REGION
COB OF POPULATION 65+ 1996**



Source: ADEC from ABS 1996 census.
(Note: NESC includes "born elsewhere overseas"
OTHER includes "not stated" and "overseas visitors"
OESC - Other English Speaking Countries)

It is important to look at both the distribution of the “65 and over” population born in NESCs throughout the region, as well as within each LGA of the region. The 65 and over population born in NESCs are recorded throughout the EMR, with higher concentrations in the LGA’s of Monash, Whitehorse and Boroondara.

EASTERN METROPOLITAN REGION DISTRIBUTION OF 65+ POPULATION BORN IN NESCs 1996



Source: ADEC from ABS 1996 census.
(Note: NESCs includes “born elsewhere overseas”)

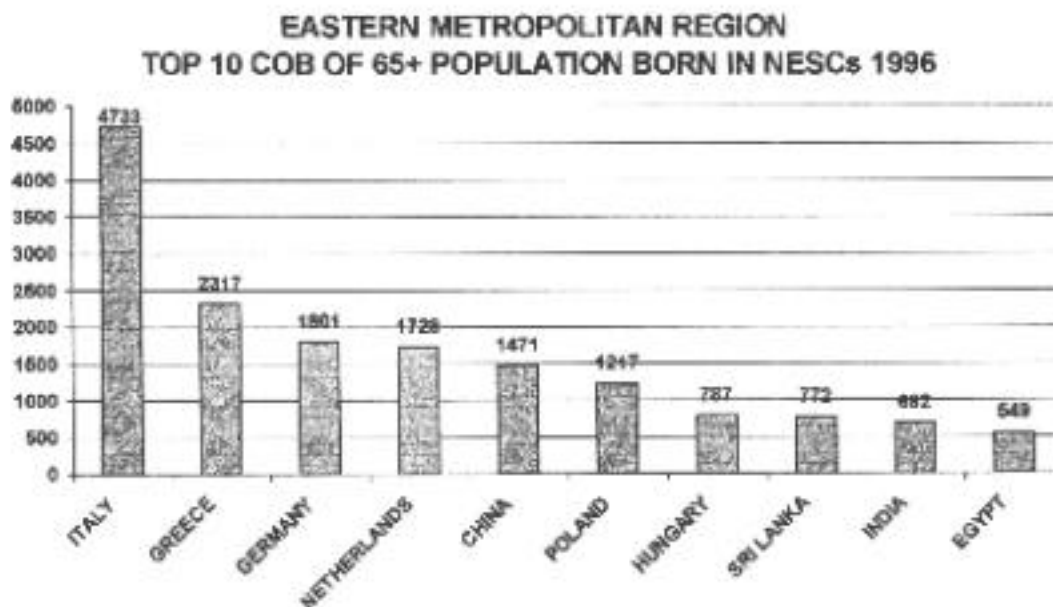
The proportion of the 65 and over population within an LGA who are born in NESCs also varies considerably. For example Manningham has the highest proportion with 37% of Manningham’s older population born in NESCs compared to Maroondah, with the lowest proportion (16%) of their older population born in NESCs.

NESC-BORN PEOPLE AS PROPORTION OF TOTAL AND 65+POPULATION IN EASTERN METROPOLITAN LOCAL GOVERNMENT AREAS 1996

LGA	AREA (sq km)	TOTAL POP	% BORN IN NESC	TOTAL 65+ POP	65+ NESC-BORN	% 65+ NESC-BORN	% of 65+ NESC-BORN IN EMR
BOROONDARA	59.8	144,592	16.9	22,777	4,173	18	17.6
KNOX	113.7	130,790	15.2	10,259	2,511	24	10.6
MANNINGHAM	112.2	103,756	26.9	10,418	3,863	37	16.3
MAROONDAH	62.6	91,324	10.1	9,691	1,508	16	6.3
MONASH	81.1	152,552	27.8	19,587	5,568	28	23.5
WHITEHORSE	63.7	135,479	19.7	20,886	4,289	21	18.1
YARRA RANGES	2,447	130,812	7.7	10,666	1,804	17	7.6
EMR	2,890.1	889,305	18.1	104,284	23,716	23	100

Source: ABS 1996 Census (Note: NESCs includes “born elsewhere overseas”)

The census data records a range of twenty-four non English speaking countries of birth for the 65 and over population. Out of the twenty-four countries the most prominent were Italy, followed by Greece with regional totals of 4,733 and 2,317 respectively. Countries with the smallest numbers are Singapore, Serbia and Montenegro (FYRs), Fiji and Chile, all recording regional totals of under 100.



Source: ADEC from ABS 1996 Census
(Note: NESCs includes persons “born elsewhere overseas”)

2.3 LANGUAGES

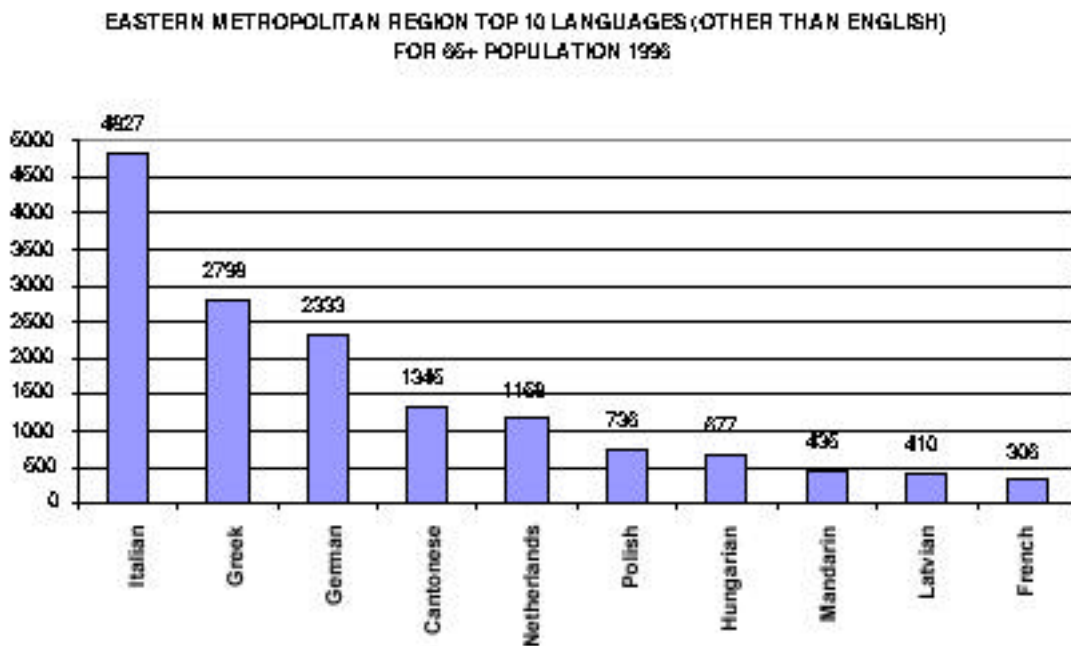
Languages spoken at home, in addition to country of birth data, gives a better identification of cultural and linguistic indicators of a population and of their potential need for service response than country of birth data which exclusively gives limited indication of cultural identity.

- people born in Egypt may speak Arabic or Greek, indicating different histories, religious backgrounds and ethnicity for people born in the same country, or
- a person born in Siberia who since two years of age resided in the Czech Republic would consider themselves Czech in terms of culture and language.

Differences between the top ten NES countries of birth and the top ten languages other than English in the region demonstrate the necessity of obtaining data on languages to clearly identify culture and diversity. Data on languages also may be used for development of language services such as interpreters and translation services.

The 1996 census records 24,816 people or 24% of the region’s 65 and over population speak a language other than English at home. The census also records sixty-five languages other than English for the region’s 65 and over population with some differences between the top ten language

groups and the top ten countries of birth for the region. Language groups which have recorded smaller numbers than the equivalent country of birth population account for the people who have adopted English as their first language. However, for some groups, this situation was reversed with some language groups exceeding the number in the equivalent country of birth. This may result from the desire to maintain cultural identity or from the communication needs of other family members. The following graph lists the top ten languages in the region.



Source: ADEC from ABS 1996 Census

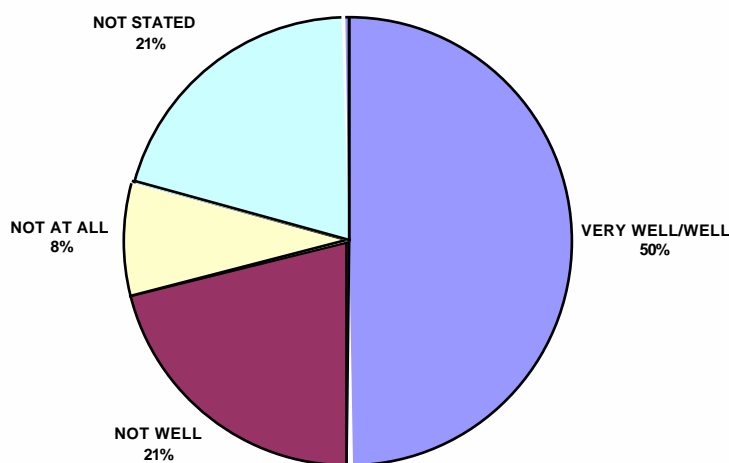
2.4 LANGUAGE PROFICIENCY

“Lack of proficiency in English is the most often mentioned obstacle to the participation of the ethnic aged in the Australian community and in accessing public and community support services. The ability to reach adequate levels of English proficiency is affected by the learner’s age, their initial experience (or lack of) education, their literacy learning skills in their first language, and the extent to which their first language differs in written structures and pronunciation rules from English. A significant proportion of the aged population from a language background other than English arrived during the immediate post war years and went chiefly into manufacturing jobs with low English requirements. “Language regression” in old age, involving loss of knowledge of a second language, is a commonly cited phenomenon, which is compounded by the fact that some migrants never really achieve an adequate command of English. In addition women are more likely to have low proficiency in English”.

(Counting on Diversity Bulletin, Multicultural Affairs Unit, Issue 4, July 1997).

English language proficiency for the 65 and over population in the Eastern Metropolitan Region in the 1996 census indicates significantly low levels of English proficiency. Of the 65 and over population who spoke a “language other than English at home”, 29% or 7,342 people recorded speaking English “not well” or “not at all”. A large percentage of people did not answer this question (21%), which could possibly mean that the number of people who have difficulties communicating in English is underestimated.

**EASTERN METROPOLITAN REGION:
PROFICIENCY WITH ENGLISH
PERSONS 65+YRS WHO SPEAK LOTE AT HOME 1996**



Source: ADEC from ABS 1996 Census

“Proficiency with English” data within each LGA gives us further information on the proportion of the 65 and over population who have difficulties communicating in English. This data is particularly relevant for consultation, communication and planning with and for this target group.

ENGLISH PROFICIENCY OF 65+ POPULATION WHO SPEAK LOTE AT HOME 1996

LGA	V.WELL / WELL	% *	NOT WELL	% *	NOT AT ALL	% *	NOT STATED	%*
BOROONDARA	2,247	48.2%	927	19.9%	250	5.4%	1,234	26.5%%
KNOX	1,375	48.2%	430	15.7%	238	8.7%	688	25.2%%
MANNINGHAM	1,989	53.8%	1,007	27.2%	412	11.1%	287	7.7%%
MAROONDAH	882	51.2%	207	12.0%	81	4.7%	553	32.1%%
MONASH	2,604	47.3%	1,494	27.1%	626	11.4%	779	14.1%%
WHITEHORSE	2,199	48.8%	924	20.5%	439	9.7%	941	20.9%%
YARRA RANGES	1,086	54.2%	251	12.53%	56	2.8%	610	30.4%%
EMR	12,382	50%	5,240	21%	2,102	8%	5092	21%%

*% of 65+population who speak LOTE at home. SOURCE: ABS 1996 Census

English Proficiency data, detailing English proficiency by language spoken at home for the 65 and over population in the region, is an important indicator of communication needs of each language group. The following table lists the proficiency with English for the 65 and over population for the top ten languages recorded in the region. To note, however, are the proficiencies for other languages spoken in the region (not included in the top ten languages record) which record very high percentages of people with difficulties communicating in English. For example of the elderly Vietnamese speakers 84% spoke English “not well” or “not at all”, Chinese speakers 74%, Hokkein 69%, and Spanish 56%. Many smaller language groups (recording less than 100 people over the age of 65 years) recorded all of their speakers having difficulty communicating in English. For example, Thai, Lao and Tongan speakers recorded 100% respectively. Teochew speakers recorded 90% with English communication difficulties.

**ENGLISH PROFICIENCY BY TOP 10 LANGUAGES SPOKEN AT HOME
FOR 65+ POPULATION IN EMR 1996**

Language	% Spoke English not well/not at all
Italian	42%
Greek	53%
German	8%
Cantonese	74%
Netherlandic	6%
Polish	28%
Hungarian	21%
Mandarin	72%
Latvian	17%
French	18%

Source: ABS 1996 Census

2.5 SOCIAL NETWORKS AND SUPPORTS

“Loneliness afflicts everyone at some stage of their life, irrespective of age, economic or educational circumstances, or culture. Studies have shown that in old age, losing a spouse or partner or old and trusted friends, the lack of opportunity to make new friends and the inability to keep up with old ones, poor health and low income all contribute to the possibility of loneliness and isolation.”

(Forty Years Later, A Demographic and Needs Analysis Study of Victoria’s Australian Greek Elders. Constantine Tsingas, 1998)

“The family and social networks of the ethnic aged are commonly less extensive than those of the Australian born, largely because of separation of relatives through migration and low levels of English proficiency limiting social interaction...The ethnic aged are more vulnerable to isolation than the Australian born. Factors contributing to this situation include: limited social and family networks, language difficulties, poor health, value shifts between generations, the small size of some language groups and geographical dispersion”.

(Counting on Diversity Bulletin, Multicultural Affairs Unit, July 1997)

A study of Australian Greek Elders in Victoria explores the “extended family” concept that is often held typical for families of NESBs.

“The extended family myth is just a myth. The average family size of respondents (referring to above study) was 1.5 children, comparable with the average Australian family, and ties with extended family members were in many cases irrevocably severed in the process of migration. Elders are aware that their circumstances are not those of their own parents in village Greece, and that there are far fewer children and relatives on whom they may call for support. The prevalence of intermarriage in the younger generations of Australian Greeks is also an issue. Figures made available by the Greek Orthodox Archdioceses in Melbourne indicate that currently nearly 40% of young Australian Greek men and women marry outside the Australian Greek community. Most of these younger people have first generation Australian Greek parents, and they are the offspring who have been expected, and whom the mainstream society appears to continue to expect, to provide both support and the means of communication for the older generation. Yet second generation Greek Australians already have difficulty caring and interpreting for their parents in complex situations, and it is certain that most non-Greek-speaking spouses will not be able to fill the communication and cultural gaps. In fact, to a large extent intermarriage is likely to widen it, causing serious problems for elders”.

(Forty Years Later: A Demographic and Needs Analysis Study of Victoria’s Australian Greek Elders. Constantine Tsingas, 1998)

The Family and Community Development Committee *Report on the Inquiry into Positive Ageing* (1997) also identified changing cultural expectations: “Traditions are changing and it is not always possible for cultural expectation to be sustained indefinitely, and different means of supporting older people from NESBs without undermining this cultural expectation needs to be assessed”.

ADEC’s website (www.adec.org.au/ethnic-hacc) outlines a number of research reports relating to the ethnic elderly population from which further qualitative data and research, specific to ethnic elderly communities, can be obtained.

CONSIDERATIONS FOR AGED CARE AND DISABILITY SERVICES PLANNING

- The cultural and linguistic diversity in services needs to respond to the region's high proportion of the 65+ population born in non English speaking countries.
- A large and rich diversity of small language groups throughout the region, as well as some main language groups requires flexible resources and creative service planning responses to meet the needs.
- A significant percentage of the population who have limited or no English language presents the need for a variety of information and communication strategies to be implemented in order to consult, inform and respond to this population.
- Service response needs to take into account social factors experienced by elderly people from non English speaking backgrounds such as isolation and limited or no social networks.
- The need to ensure that decisions for this population are not informed by assumptions based on myths.
- Service planning and development needs to also take into account that NESC born people are not necessarily a homogenous group and diversity exists within each birthplace or language group as well as across birthplace and language groups.

Further details of population demographics for the region and each LGA are in the Attachments section.

3. AGEING AND DISABILITIES

The projected demographic trends are expected to have a significant impact on the prevalence of profound or severe handicap. The analysis of three consecutive ABS disability surveys (1981,1988,1993) suggests that the age standardised prevalence rates of profound and severe handicap have remained fairly steady since 1981 and that reported prevalence of severe handicap has increased in line with the ageing of the population

(Wen, Madden and Black 1995, in *CSDA Demand Study*, 1996)

Disease, disorder or loss may lead to impairment which in turn may lead to disability, and this in turn may lead to handicap. It is estimated that 19% of Australians are disabled in some way.

The ABS 1998 survey of disability, ageing and carers is the most recent data source that measures the prevalence of disability in Australia and the consequent need for support.

This survey clearly shows the increasing incidence of disability with ageing. The survey recorded for Australia, 54% of people over the age of 65 years had a disability compared to 19%, of the total population. 46% of all older people needed assistance and the need for assistance with everyday activities increased with age regardless of whether or not they had a disability. In Victoria the incidence of disability was slightly lower, with 18% of the total Victorian population recording a disability and 51.1% of the 65 and over population recording a disability.

Of the total Victorian population who were 65 and over who reported a disability 20% were born in NESCs. This is similar to Victoria's elderly population, with 21% of the elderly population in 1996 born in NESCs.

Data reporting the incidence of disabilities by individual birthplace is not available from the *Disability, Ageing and Carers* survey. Unpublished data however, obtained from the Survey by ADEC, gives some detail of disabilities in birthplace groups for Victoria. (Breaking down this data into regions was not possible). This data reports differences in the incidence of reported disabilities by birthplace groups for the 65 and over population with people from South Eastern Europe and Southern Europe recording higher incidence than the Australian 65 and over population.

VICTORIAN 65+ POPULATION: DISABILITY STATUS BY BIRTHPLACE GROUPS 1998

Birthplace	% of 65+ population with a disability	Estimated number with disabilities (3)
Australia and major source countries (1)	53.0%	201,360
Western Europe	35.0%	4,706
Northern Europe	(not available)	-
Southern Europe	54.0%	17,966
South Eastern Europe	58.6%	8,526
Eastern Europe	40.6%	4,602
Other(2)	34.5%	-

Source: ADEC from unpublished data from ABS *Disability, Ageing and Carers Survey 1998*

(1) includes New Zealand, U.K, Ireland, Oceania and Antarctica

(2) includes North Africa, Middle East, Asia, The Americas, Sub-Saharan Africa, Balance of Oceania

For further details of ABS Standard Classification of Countries used in this table see appendix 3

(3) Estimation achieved by using 1996 census country of birth data and applying the incidence of disability in birthplace groups for these birthplaces. This calculation gives an estimated number of NESC born people over the age of 65 with disabilities.

When discussing these outcomes it is important to note the style of survey and the possible under-reporting of disabilities (see discussion in section 1.3). In addition, for the NESC born populations, further considerations when interpreting the data include:

- health screening of immigrants to meet certain health standards
- some birthplaces (particularly birthplaces of recent arrivals) have a very small number of people in the older age groups which would effect the prevalence of disabilities for that birthplace, and
- the survey relied on self-reporting of disabilities, and stigma associated with disabilities, language and service access barriers may result in under-reporting.

Further analysis cannot be made from the above data on a regional basis, however the incidence of disability for the South Eastern and Southern Europe 65 and over populations should be noted given the prevalence of the 65 and over population in the region from these areas. For example:

- **Italian born** elderly are included in Southern Europe with a 54% incidence of disability and are the largest NESB born 65 and over population in the region, and
- **Greek born** elderly are included in Southern Europe and have a 58.6% incidence of disabilities and are the second largest NESB born 65 and over population in the region.

In the absence of further comprehensive data specific to birthplace and disability, an assumption from the above data for planning purposes could be: in the EMR there are a significant number of people 65 and over who were born in NESBs who have a disability.

This assumption can also be considered within the context of the significant proportion of the region's 65 and over population who were born in NESBs and the increasing incidence of disabilities with ageing for the 65 and over population.

The Commonwealth/ State Disability Agreement Evaluation *Demand Study* in 1996 examined and analysed available data on demand for accommodation support, respite, day programs and other support services for people with a disability to develop a national perspective of need for these services. Conclusions drawn from the demand study regarding persons from NESBs were that:

“overall, people of NESB were:

- as likely as the rest of the population to report severe or profound handicap (in ABS terms) in the 1993 survey;
- less likely to be using Commonwealth State Disability Agreement (CSDA) services (Black and Madden), possibly related to the likelihood that they are less likely to have an intellectual disability, because of the Australian immigration health screening processes; and
- less likely to report unmet need for help.

Interpreting these findings is complex, not only because of the effects of health screening processes, but also because of frequently voiced doubts about the cultural appropriateness of services, information about services and survey questions”.

(CSDA *Demand Study* 1996)

Velotti (1995) says that ABS data from the *Survey of Families in Australia* have been reported as indicating that “people from non English speaking backgrounds were more likely to receive less help than they need because of the unavailability of family and friends, lack of awareness of existing services, and inability to arrange services”. (*Disability Within Families from NESB: A Focus on Needs and Perceptions of Culturally Appropriate Day Options*).

There have been a number of studies of specific ethnic communities both statewide and within the region that attempt to establish prevalence of disability in ethnic groups. Analysis of these reports is hampered however by numerous difficulties such as: variations in research instruments used to determine prevalence, funding restrictions, and different definitions, concepts and understanding of disabilities between and within ethnic communities. In addition, some of the data collected at departmental level is not easily comparable due to there being different regions for Mental Health Services and other health and disability services.

ADEC's web site, (www.adec.org.au/ethnic-hacc) lists and outlines the research and reports on older people from culturally and linguistically diverse backgrounds. An examination of these reports will give further information relevant to the planning of culturally and linguistically appropriate services for the target population.

CONSIDERATIONS FOR AGED CARE AND DISABILITY SERVICES PLANNING

- The projected demographic trends and the corresponding changes in the number of people with profound or severe handicap have important implications for planning CSDA disability support services. The overall levels of service provision need to be planned in the light of currently unmet need, and of the future projected age and sex profile of people with profound or severe handicap. (CSDA *Demand Study* 1996)
- Increased potential need and demand for assistance from aged care and disability support services from a growing older population from culturally and linguistically diverse backgrounds with disabilities and handicaps.
- The projected growth in disabilities acquired through the ageing process provides new challenges for collaborative planning and service provision between the aged care services division and the disability services division.

4. SERVICE UTILIZATION

Accurate ethnicity data is essential for monitoring whether services and programs reach ethnic communities on an equitable basis. Such data is an essential tool for service planning and projecting future needs.

(Ministerial Taskforce on Ethnic Health, 1991)

“Other than the mandatory ‘country of birth’ data, the collection and /or application of information across DHS on both the use of services by multicultural communities, and on their need for such services, has been inconsistent. Some additional cultural diversity data is collected by most program areas of the Department, but it is not systematically aggregated; nor is there consensus on the most important ‘cultural diversity’ variables to consider in designing information systems.” (*Draft Cultural Diversity Strategy* DHS June 1999)

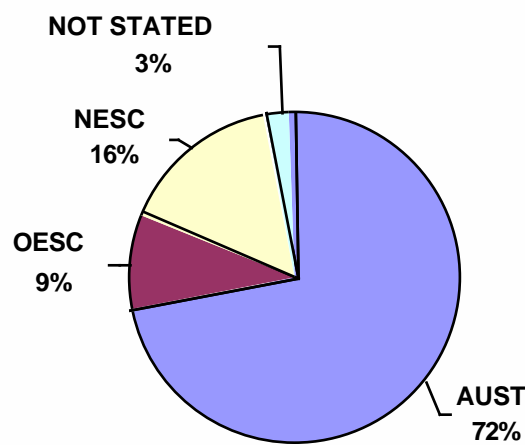
The information on service usage by people from culturally and linguistically diverse backgrounds for this profile has been limited by the time frame allocated for the project and the difficulties in accessing such data. At the time of writing this profile, two main service data collections relevant for the aged care and disability services were accessed and included.

4.1 HACC SERVICES

Who Gets HACC User Characteristics Survey provides descriptive data on the HACC population such as age, gender, country of birth, English language use and proficiency. The Survey is a 10% sample of clients over a two week period which gives a snapshot of clients using HACC services. Difficulties with the data from the survey have included poor returns from agencies such as ethnic- specific agencies. The most recent data (currently unpublished) is for 1998 and is reported below for Victoria. A breakdown of the data in regions is not available.

For the 65 and over population the majority of HACC recipients (72%) were born in Australia, followed by people born in non English speaking countries (16%) then other English speaking countries (9%). HACC user statistics show HACC clients (all ages) born in non English speaking countries, have increased by 3% since the 1996 survey. The highest proportion of clients born in non English speaking countries occurs in the 65-74 year age group.

HACC CLIENTS 65+ VICTORIA 1998

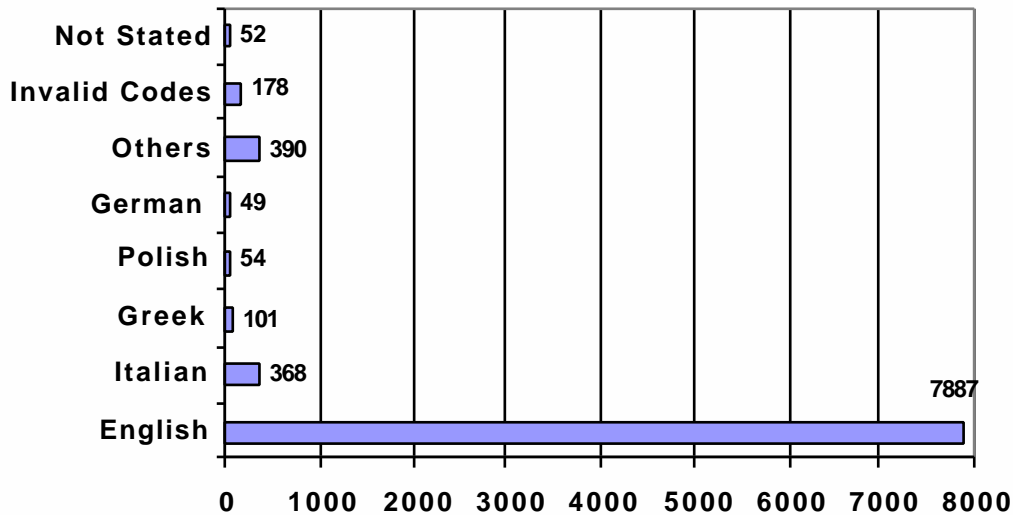


Country of Birth	Clients 65+ Years
Australia	6514
OESC	847
NESC	1485
Not given	233
TOTAL	9079

Source: HACC User Survey 1998

Of the HACC clients who are 65 and over, 87 % spoke English at home. The main languages other than English spoken at home included Italian, followed by Greek, Polish and German.

Languages Spoken at Home, HACC Users 65+ 1998



Source: HACC User Survey 1998

Using the census data for the 65 and over population as a proxy for the HACC target population, HACC User Statistics do not reflect the same incidence of cultural diversity recorded for this population. The 1996 census records 22% of Victoria’s 65 and over population to be born in non English speaking countries and 25% who speak a language other than English at home.

4.2 DISABILITY SERVICES

Service usage data for Disability Services provided under the Commonwealth State Disability Agreement is recorded by “snapshot day”. Apart from a small number of agencies who were surveyed on an alternate day, snapshot day for most services was the 19th of August 1998.

Disability Services relevant to the 65 and over age group come under the Disability Services Program (DSP) and Psychiatric Disability Support Services (PDSS). The snapshot survey in 1998 showed clients in Victoria aged 60 years and over accounted for 14% of DSP clients and 6% of PDSS clients.(Note: this statistic is for the 60+ age group). The survey also reported a “steady increase in the number of clients seen within each age group. This increase is greatest for the 60 years and over age group, where the number of services provided increased by 41% between 1997

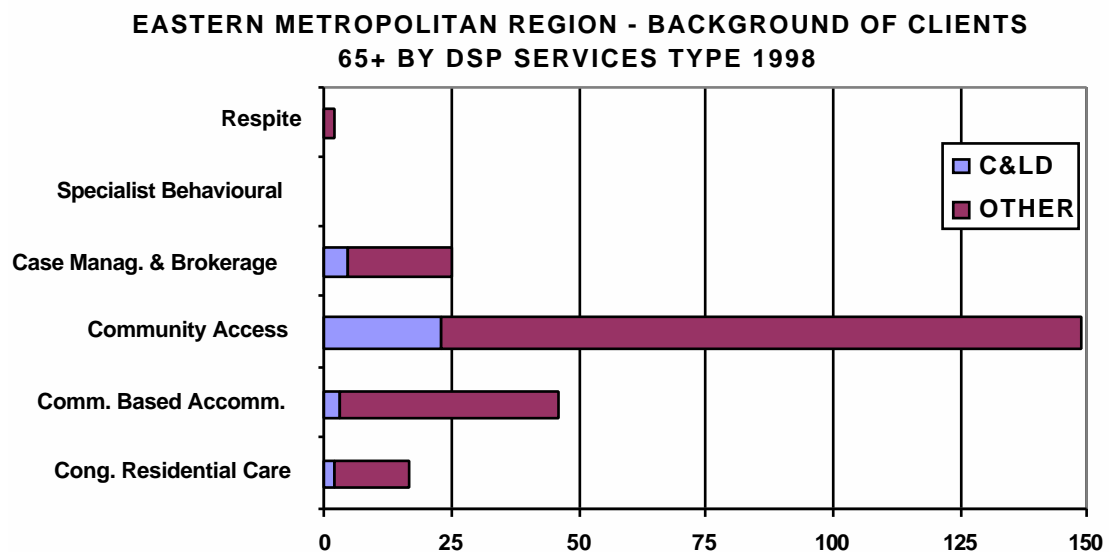
and 1998 and by 72% since data was first collected in 1995" (*Victorian Services for People with Disabilities*, 1998, DHS).

The survey results also show 4% of all DSP clients and 12% of PDSS clients in Victoria were born in non English speaking countries.

For the purposes of this profile, data specific to the 65 and over age group from culturally and linguistically diverse backgrounds was obtained. Data recorded for Eastern Metropolitan Region clients 65 years and over on snapshot day records a total of 238 DSP and PDSS clients.

Of these clients 32 or 13 % were born in a non English speaking country and /or speak a language other than English. The main areas these clients are from include: Western Europe, South Eastern Europe, and Eastern Europe. Almost half of the clients born in NESCs spoke a language other than English at home. The diversity of languages other than English spoken at home include German, French, Slovenian, Italian, Greek, Chinese, Spanish, Hungarian, Norwegian, Polish and Pustu (Source: CSDA Minimum Data Set, 1998).

The bulk of the 65 and over clients from culturally and linguistically diverse backgrounds in the Eastern Metropolitan Region accessed Community Access services. Community Access Services are commonly referred to as "Day Services" and include Day Programs, Independent Living Training, Therapy and Recreation services. The table below records the use of specific DSP services by people 65 and over from culturally and linguistically diverse backgrounds. There were no clients from culturally and linguistically diverse backgrounds recorded for PDSS services in the region.



Source: CSDA Minimum Data Set 1998

Further discussion or details of clients cultural and linguistic diversity at the regional level is not possible due to the possibility of misinterpretation resulting from the small number of clients. The data also only records one day, and may not give a true reading of the diversity of clients. For example, recording of clients from a specific ethnic background may be absent because snapshot day did not coincide with the ethnic worker providing the service to these clients.

Discussion regarding the level of usage of DSP and PDSS services by people over the age of 65 years from culturally and linguistically diverse backgrounds is hampered by a lack of data by birthplace specific to disability type and prevalence. Some assumptions only can be made, using the 1996 census data as a proxy for the 65 and over population, (12% of the region's 65 and over population are born in NESCs) and the data specific to incidence of disability for the 65 and over population in birthplace groups reported earlier in this profile, (20% of the Victorian population 65 and over with a disability were born in NESCs), which suggests that clients 65 years and over from culturally and linguistically diverse backgrounds, are proportionally under-represented in Disability Services in the Barwon-South Western Region.

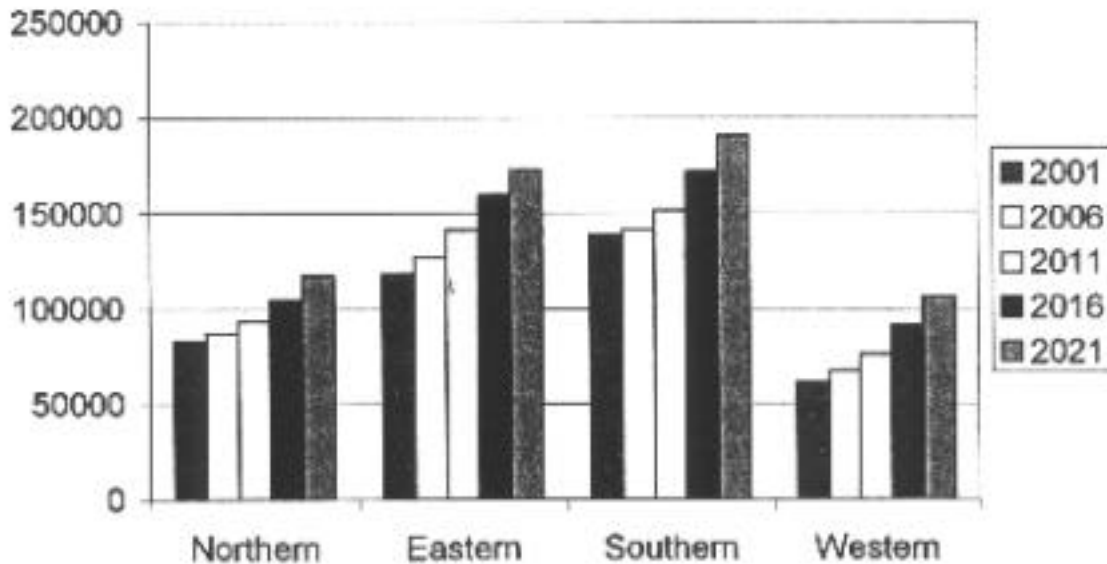
CONSIDERATIONS FOR AGED CARE AND DISABILITY SERVICES PLANNING

- Proportional under-usage of HACC and Disability Program Services is suggested through existing service usage data, indicating the need for accelerated strategies to address these inequities.
- The recording and data collection on clients' cultural and linguistic diversity requires accuracy and consistency across all programs to effectively inform service development and planning.

5. THE EASTERN METROPOLITAN REGION IN METROPOLITAN MELBOURNE

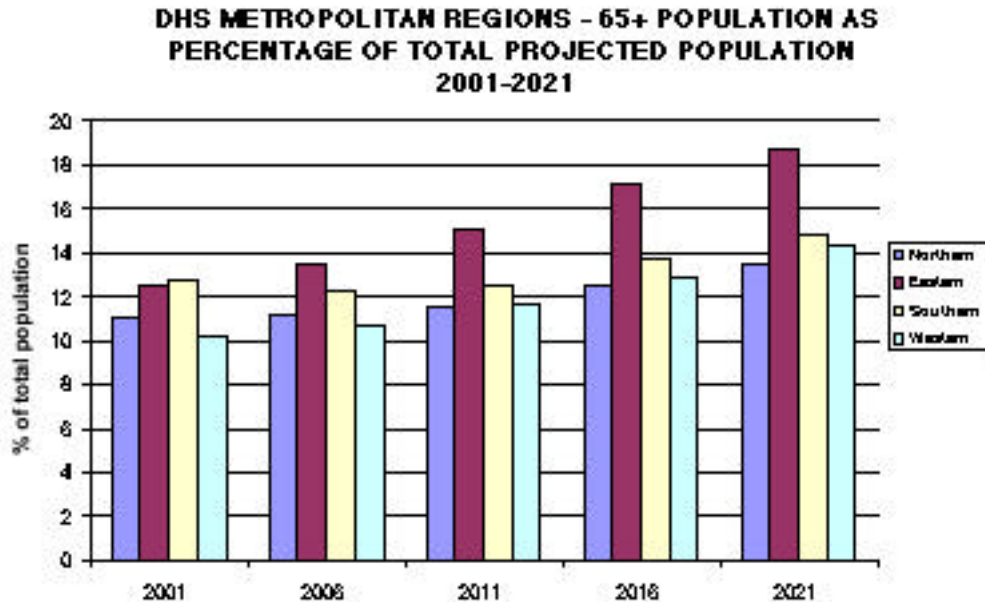
A comparison between the population projections for the 65 and over population in the four DHS metropolitan regions shows the Eastern Metropolitan Region as having the largest projected growth. The Eastern Metropolitan Region's growth is projected to be the largest, both in relative numbers and as a percentage of the total population. The Southern Metropolitan Region however, will continue to be the region with the most 65 years and over population.

DHS METROPOLITAN REGIONS - POPULATION PROJECTIONS FOR THE 65+ POPULATION 2001-2021



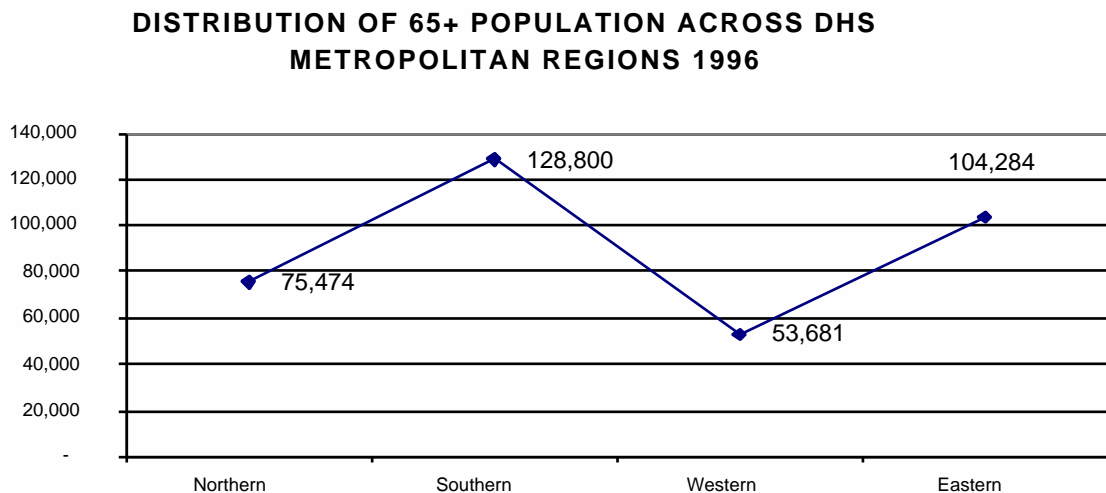
Source: ADEC Source: ADEC from Victoria in Future data, Dept. of Infrastructure 1996

The ‘ageing’ of the population is projected to occur more significantly in some areas. The Eastern Metropolitan Region from the year 2006 is projected to be the region with the largest growth in the proportion of the population who are 65 years and over.



Source: ADEC from “Victoria in Future” Dept. of Infrastructure 1996

At the 1996 census the distribution of the 65 and over population across the four DHS metropolitan regions shows the Eastern Metropolitan Region

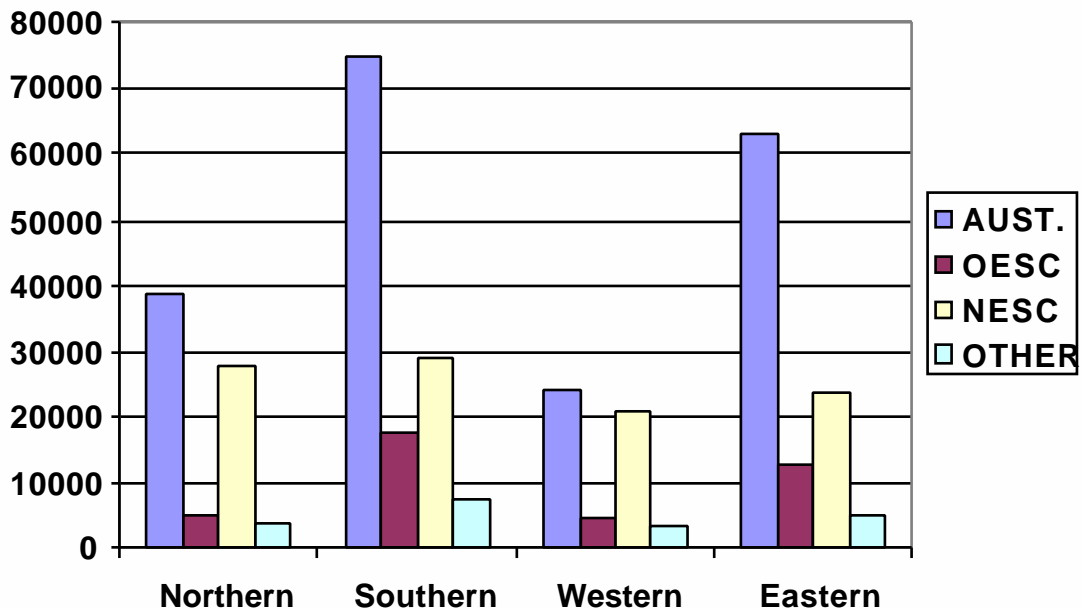


has 104,284 or 29% of metropolitan Melbourne’s older population.

Source: ADEC from ABS 1996 Census

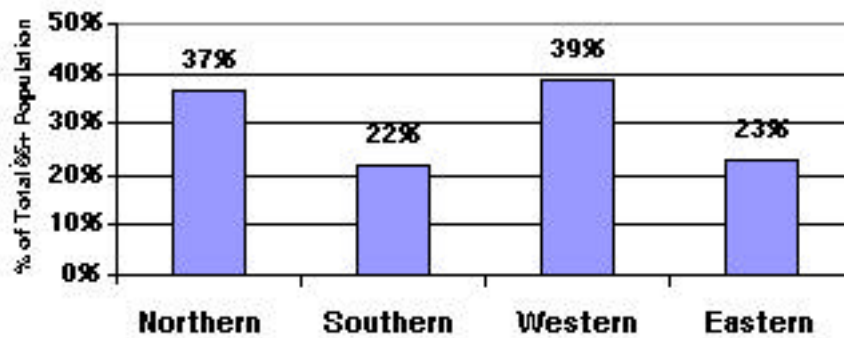
The 65 and over population born in non English speaking countries however does not follow the same metropolitan pattern as the overall 65 and over population. People 65 and over born in non English speaking countries are present throughout metropolitan Melbourne with relatively similar numbers in all of the DHS metropolitan regions. Regional differences however, occur in the proportion of the 65 and over population who are born in NESCs.

COB OF 65+ POPULATION IN DHS METROPOLITAN REGIONS 1996



Source: ADEC from ABS 1996 Census

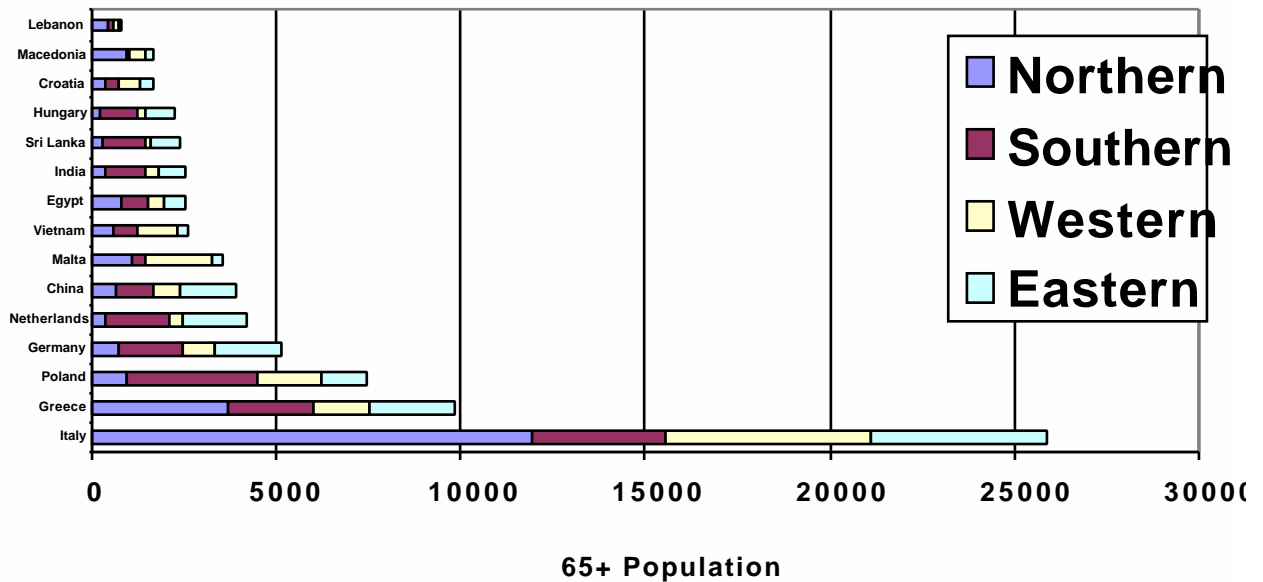
PROPORTION OF 65+ POPULATION BORN IN NESCS DHS METROPOLITAN REGIONS 1996



Source: ADEC from ABS 1996 Census

The top non English speaking countries of birth in each of the four metropolitan regions vary to some extent with groups of ethnic communities congregating in some areas. In all regions and across metropolitan Melbourne however, the 65 and over population born in Italy are the most prominent group, with the majority of Italians (47%) living in the Northern Metropolitan Region. The Eastern Metropolitan Region is home to 18% of the 65 and over population born in Italy. Greek-born elderly are the next most prominent group in metropolitan Melbourne and are again concentrated in the Northern Metropolitan Region (37%), followed by the Eastern and Southern regions, each with 24% of the Greek-born elderly.

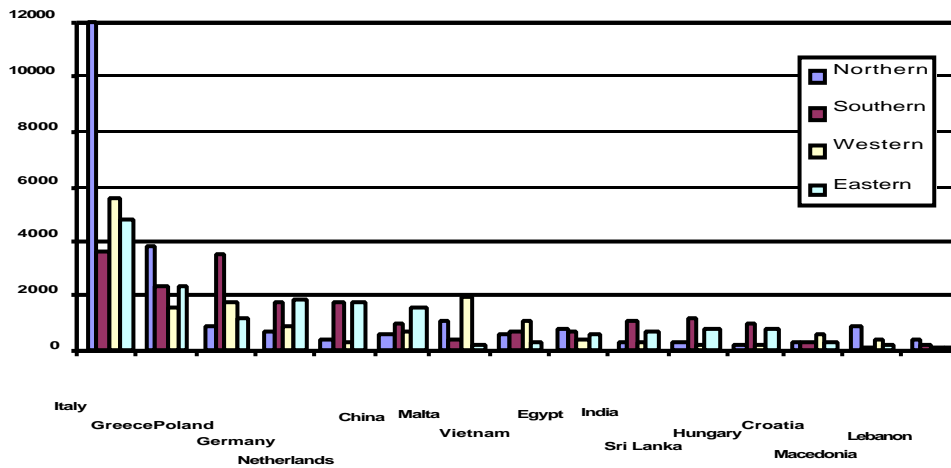
TOP 15 NESCS COBs FOR 65+ POPULATION BY DHS METROPOLITAN REGIONS 1996



Source: ADEC from ABS 1996 Census

The Eastern Metropolitan Region has the highest concentration of metropolitan Melbourne's 65 and over population born in the Netherlands (42%), China (39%) and Germany (36%).

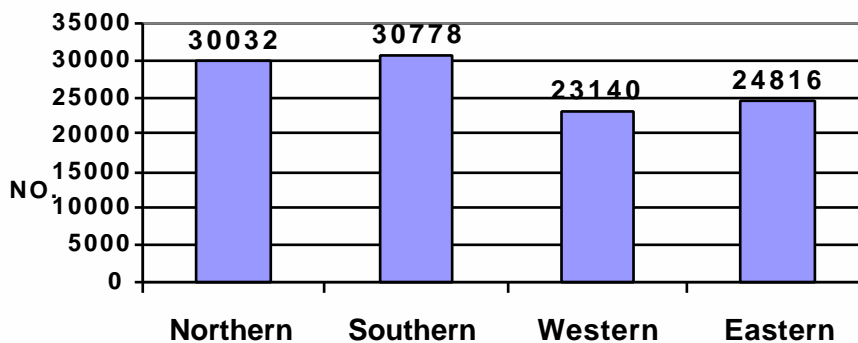
DISTRIBUTION OF 65+ POPULATION TOP (NESC3) COB's ACROSS DHS METROPOLITAN REGIONS 1996



Source: ADEC from ABS 1996 Census

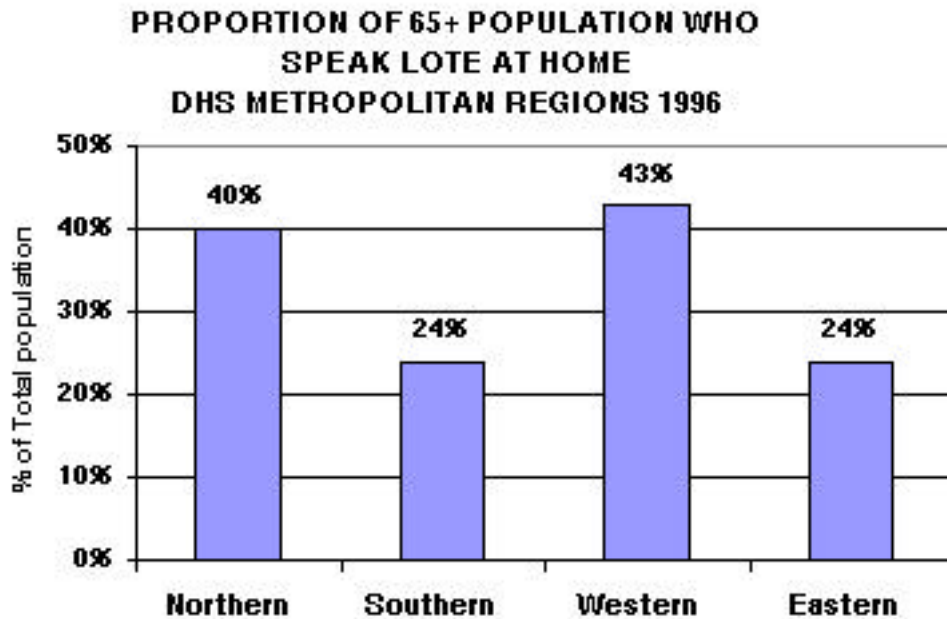
As with the country of birth comparisons between the four metropolitan regions, all of the metropolitan regions have similar diversity in the range of languages other than English spoken at home, and the actual numbers of LOTE speakers in each region are relatively comparable. Differences do occur in the proportion of LOTE speakers in the 65 and over population.

65+ POPULATION WHO SPEAK LOTE AT HOME DHS METROPOLITAN REGIONS 1996



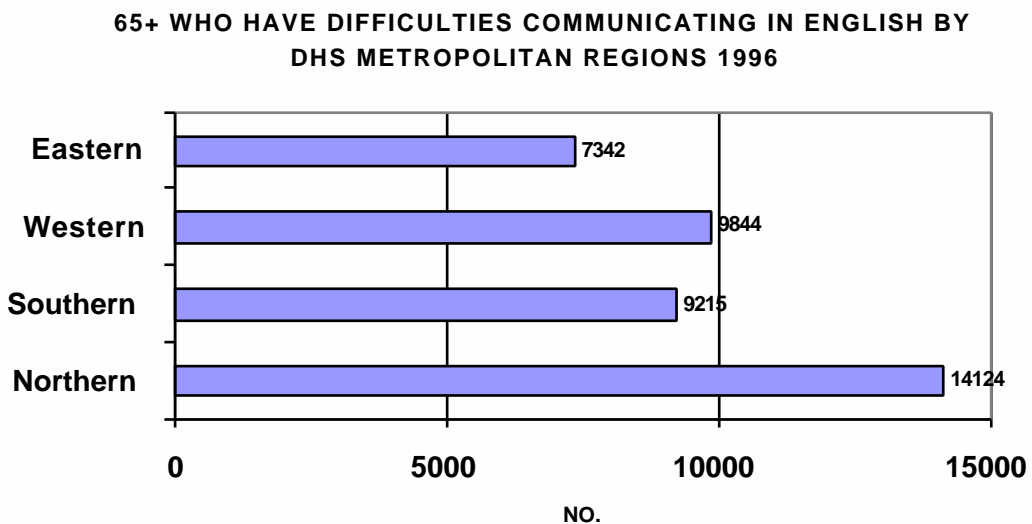
Source: ADEC from ABS 1996 Census

The Eastern and Southern Metropolitan Regions both have 24% of their 65 and over population who speak a language other than English at home.



Source: ADEC from ABS 1996 Census

Of the 65 and over population who speak a language other than English across the DHS metropolitan regions, 37% reported speaking English “not at all” or “not well”. 7,342 or 18% of these people who experience English communication difficulties resided in the Eastern Metropolitan Region.



Source: ADEC from ABS 1996 Census

Further demographic details for the metropolitan regions are in the Attachments section.

REFERENCES

Australian Bureau of Statistics, *Disability, Ageing and Carers Survey: Summary of Findings*. Catalogue 4430.0. 1998.

Australian Bureau of Statistics, *Population Census*. 1996.

Australian Institute of Health and Welfare, *Health in Australia: What You should Know*. 1995.

Australian Institute of Health and Welfare, Commonwealth/State Disability Agreement Evaluation: *The Demand Study*, Paper 2, .1996.

Department of Human Services, *Draft Cultural Diversity Strategy*, .June, 1999.

Department of Human Services, Disability Services Branch, *Victorian Services for People with Disabilities*, 1998.

Department of Infrastructure Research Unit, *Victoria in Future: The Victorian Government's Population Projections for the State's Local Government Areas, 1996-2021*. November, 1996.

Family and Community Development Committee, *Report Upon the Inquiry into Planning for Positive Ageing*. December, 1997.

Health Department Victoria, *Health Services and Ethnic Communities: Report of the Ministerial Taskforce on Ethnic Health*. 1991.

Multicultural Affairs Unit, *Counting on Diversity*, Issue 4, July, 1997.

Victorian Government, *Creating a Victoria For All Ages: An Action Plan For Older Victorians*. 1999.

Constantine Tsingas, *Forty Years Later: A Demographic and Needs Analysis Study of Victoria's Australian Greek Elders*. 1998.

Velotti, M., *Disability from within Families from NESB: A Focus on Needs and Perceptions of Culturally Appropriate Day Options*. 1995.

APPENDIX 1: DEFINITIONS

Disability

The definition of disability used in this report is the Australian Bureau of Statistics definition, commonly used in population research.

A person has a disability if he/she has one of the following conditions which has lasted or is likely to last for six months or more:

- Loss of sight (not corrected by glasses);
- Loss of hearing(with difficulty communicating or use of aids);
- Loss of speech;
- Chronic or recurring pain that restricts everyday activities;
- Breathing difficulties that restrict everyday activities;
- Blackouts, fits or loss of consciousness;
- Difficulty learning or understanding;
- Incomplete use of arms or fingers;
- Difficulty gripping;
- Incomplete use of feet or legs;
- A nervous or emotional condition that restricts everyday activities;
- Restriction in physical activities or physical work;
- Disfigurement or deformity;
- Needing help or supervision because of a mental illness or condition;
- Head injury, stroke or other brain damage, with long term effects that restrict everyday activities;
- Treatment for any other long-term condition, and still restricted in everyday activities; or
- Any other long-term conditions that restricts everyday activities.

Specific restrictions are:

- Core activity restrictions; and /or
- Schooling or employment restrictions.

Core activities are:

- *Self care* - bathing or showering, dressing, eating, using the toilet and managing incontinence;
- *Mobility* - moving around at home and away from home, getting into or out of bed or chair; and using public transport;
- *Communication* - understanding and being understood by others: strangers, family and friends.

Core activity restriction may be:

- *Profound* - unable to perform a core activity, or always needing assistance;
- *Severe* - sometimes needing assistance to perform a core activity;
- *Moderate* - not needing assistance, but having difficulty performing a core activity;
- *Mild* - having no difficulty performing a core activity, but using aids or equipment because of disability.

(Source: ABS *Disability, Ageing and Carers:Summary of Findings 1998*)

Handicap

The ABS Surveys define a **handicapped person** as:

“a disabled person aged 5 years or over who [is] ..limited to some degree in his / her ability to perform tasks in relation to one or more of the following five areas: self-care, mobility, verbal communication, schooling, and/or employment”.

Level of handicap is assessed, for self care, mobility and verbal communication, as severe, moderate or mild. (AIHW *Health in Australia What You Should Know* 1995)

APPENDIX 2:

LIST OF RELEVANT LEGISLATION AND POLICIES

Commonwealth *Access and Equity Strategy*, 1993.

Commonwealth *Disability Discrimination Act*, 1993.

Commonwealth *Disability Services Standards*.

Home and Community Care Program, *National Guidelines*, 1989.

Home and Community Care Program, *National Service Standards*, 1991.

Home and Community Care Program, *Ethnic Policy Statement*, 1993.

Victorian Government *Ethnic Affairs: Policy on Disability Services*, 1992.

Regional HACC Plans.

HACC Strategic Plan, 1993-1994, 1995-1996. Department of Human Services

Cultural Planning Tool, 1996. Department of Human Services, Aged Care Branch

Commonwealth *Racial Discrimination Act*, 1975.

The Human Rights and Equal Opportunity Commission Act, 1986.

Disability Strategy, 1994. Department of Family and Community Services,
Disability Services Branch,

The Charter of Public Service in a Culturally Diverse Society, 1998, endorsed by
Commonwealth, State, Territory Governments and Australian Local Government
Association. Dept. of Immigration & Multicultural Affairs.

APPENDIX 3

ABS STANDARD CLASSIFICATION OF EUROPEAN COUNTRIES

(as referred to in Section 3)

WESTERN EUROPE	NORTHERN EUROPE	SOUTHERN EUROPE
Austria	Denmark	Andorra
Belgium	Faeroe Islands	Gibraltar
France	Finland	Holy See
Germany	Greenland	Italy
Liechtenstein	Iceland	Malta
Luxembourg	Norway	Portugal
Monaco	Sweden	San Marino
Netherlands		Spain
Switzerland		

SOUTH EASTERN EUROPE	EASTERN EUROPE
Albania	Belarus
Bosnia and Herzegovina	Czech Republic
Bulgaria	Estonia
Croatia	Hungary
Cyprus	Latvia
Former Yugoslav Republic of Macedonia (FYROM)	Lithuania
Greece	Poland
Moldova	Russian Federation
Romania	Slovakia
Slovenia	Ukraine
Yugoslavia, Federal Republic of	