# Valuing and managing diversity

## Cultural diversity strategic framework 2010–2013

April 2012

NSW GOVERNMENT | Family & Community Services
Ageing, Disability & Home Care

# Foreword

## Leading change in diversity and cultural competence

Ageing, Disability and Home Care (ADHC), Department of Human Services NSW recognises that our cultural and linguistic diversity is our greatest asset. It has enhanced the wealth, vitality, resilience and productivity of our society. This diversity should be harnessed in our workforce, and act as a central consideration in the provision of services if we are to effectively meet the needs of our community.

Our increasingly diverse population provides ADHC with the opportunity to improve our practice and increase service responsiveness, especially in relation to our ageing population, ageing clients and ageing carers. We are investing in preparing our employees, reviewing our systems and forging closer links and partnerships so our clients and communities receive services that are respectful, relevant and efficient.

As research and approaches to cultural diversity practice develop, we see an increasing shift from a compliance or affirmative action approach to one of valuing and managing cultural diversity and working with it as a strength.

In order to move from valuing diversity to managing diversity we need to ensure that we embed our diversity into decision making and service planning and delivery at all levels of our business.

International research demonstrates that cultural diversity leadership can result in across-the-board improvement in clients' perceptions of high quality care, irrespective of their cultural, linguistic and religious background. To achieve this we must all be leaders in this process. It is not the job of just some people in the organisation, but the job of all of us.

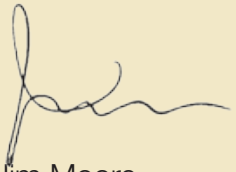
*Valuing and managing diversity: Cultural diversity strategic framework 2010 – 2013* sets the state-wide strategic priorities and directions for ADHC in policy and service delivery processes. These are:

- integrate cultural and linguistic diversity into planning, monitoring and evaluation
- build organisational capacity to work within culturally diverse communities, and
- provide culturally and linguistically responsive services and programs.

This framework has been aligned with current agency initiatives *Better Together* and *Stronger Together* and new approaches in delivery of person-centred planning.

This framework has been designed so that it can be flexibly applied to deliver outcomes in a range of contexts. For example, some geographical areas have high concentrations of culturally and linguistically diverse communities, other areas are less dense and more isolated. The strategies used to reach these communities might be different, but the outcomes should be the same: accessible services that are responsive to need.

A very important part of this framework is planning for the future. Increasing and changing patterns of immigration and settlement will impact on how we provide services. We need to understand and plan for this now to ensure our services are responsive in the future. I look forward to seeing this framework's intentions reflected in actions and results to make this agency a leader in delivering effective and culturally responsive services.



Jim Moore
Chief Executive
Ageing, Disability and Home Care

# Contents

| | | | |
|---|---|---|---|
| **1.** | **Introduction** | | **2** |
| | 1.1 | Purpose | 6 |
| | 1.2 | Principles | 8 |
| | 1.3 | Background | 10 |
| | 1.4 | Policy context | 16 |
| **2.** | **Strategic priorities** | | **18** |
| | 1 | Integrate cultural and linguistic diversity into planning, monitoring, reporting and evaluation | 18 |
| | 2 | Building organisational capacity to work with culturally diverse communities | 24 |
| | 3 | Provide culturally and linguistically responsive services and programs | 28 |
| **3.** | **Implementation, reporting and evaluation** | | **34** |
| **4.** | **Acronyms** | | **35** |
| **5.** | **Glossary** | | **36** |
| **6.** | **References** | | **38** |
| **7.** | **Endnotes** | | **39** |

# Introduction



Australia is one of the most culturally and linguistically diverse nations in the world and one of the highest migrant receiving countries. In Australia today, there are 300 languages other than English spoken in addition to 250 Aboriginal languages, more than 100 religions and people from 230 countries of origin (DIAC 2008).[1] In NSW, 42% of people have one or both parents born overseas, and 20% speak a language other than English at home (ABS 2008) making cultural diversity a defining feature of ADHC client base and therefore integral to its core business.

*Valuing and managing diversity: cultural diversity strategic framework* (the framework) aims to affect change at a systemic, organisational and service level. It embraces organisational reforms such as the person-centred approach, which acknowledges that each person is complex in terms of needs, experiences and expectations and responds to individual needs. For services to be appropriate and effective, they need to be delivered in a way that recognises the impact of culture, language, religion, age, gender, migration and settlement experience on individuals' health and well-being.

The framework also draws on the directions underpinning *Stronger Together* in relation to the importance of early intervention and prevention, strengthening the capacity and well-being of families from Culturally and Linguistically Diverse (CALD) backgrounds, improving access to mainstream supports, community networks and resources, and maximising people's skills and independence.

This framework builds on the experience, good work and successes of ADHC in providing services to people from culturally, linguistically and religiously diverse backgrounds. It sets out ADHC's policy parameters that reinforce the strong message that cultural diversity needs to be truly integrated into core business. For this to occur, the framework articulates a set of strategic priorities that will guide ADHC on *how* this message can be effectively translated into practice. The aim is to deliver responsive services to people with a disability, older people and their families and carers who are from culturally, linguistically and religiously diverse backgrounds. A focus on improving service delivery, building cultural capabilities of the workforce, and developing innovations will be fundamental to achieving this.

# 1.1 Purpose



The purpose of this framework is to identify the outcomes and strategies that build internal capabilities and a culture of inclusion. It will also act as a guide to inform regional and business unit activities in the area of cultural diversity. This can only be achieved by informed leadership and advocacy at all levels of ADHC supported by systemic, organisational and individual commitment and capacity.

This framework will support the ageing and disability service system to meet its obligation under whole-of-government reporting on cultural diversity. It will also set an action agenda to better equip ADHC to meet the needs of clients from CALD backgrounds through person-centred approaches.

This framework sets out three strategic priorities developed in line with the Community Relation Commission's Multicultural Planning Framework (MPF)[2] to enable streamlined planning, implementation and reporting for ADHC regions and directorates. These are:

- integrate cultural and linguistic diversity into planning, monitoring and evaluation
- build organisational capacity to work within culturally diverse communities, and
- provide culturally and linguistically responsive services and programs.

ADHC is implementing the Framework to achieve:

- improved service access and quality for ADHC clients from culturally and linguistically diverse CALD backgrounds
- meaningful reflection of cultural diversity in all ADHC polices and practices
- a diverse and culturally competent workforce which provides high service satisfaction to clients from CALD backgrounds
- better communication and more effective interaction between ADHC staff and clients from CALD backgrounds
- increased awareness of ADHC services among CALD communities
- improved and more consistent data collection about the services used by CALD clients
- an enhanced evidence base that drives continuous service improvement within ADHC and the funded sector
- greater accountability to CALD clients their families and carers by ADHC for service outcomes.

# 1.2 Principles

The principles adopted in this strategy are derived from ADHC's core values of client focus, equity, integrity, performance and valuing people. When working with culturally diverse communities, ADHC will be guided by the following principles:

**Integration** – cultural and linguistic considerations are integrated into all aspects of planning, policy and service delivery.

**Valuing cultural diversity** – the cultural, linguistic and religious diversity of NSW is recognised as a valuable asset to our community.

**Sharing responsibility** – the commitment to cultural competency should be sector-wide.

**Mutual learning and respect** – all staff, communities and services acknowledge that learning is a two-way process and is based on mutual respect.

**Strengths-based** – the strengths of individuals, families and carers, staff, services and communities are recognised and built upon.

**Accountability** – we are all accountable for the cultural responsiveness and accessibility of our services and programs.

# 1.2 Principles

These principles are reflected in this framework through the following components.

**Consultation** – engaging clients, carers and communities to provide advice and/or participate in consultative and decision-making processes.

**Partnerships** – developing and maintaining internal and external partnerships is critical to building responsive and accessible services and support for a diverse population.

**Research** – identifying and creating evidence including data, good practice models and research to improve service delivery.

**Monitoring and review** – enabling continuous quality improvement.

**Knowledge transfer** – sharing success (what works and what doesn't) and expertise.

**Encouraging sustainability** – making things work for the long term.

**Leadership** – encouraging everyone to take responsibility for managing cultural diversity.

**Person-centred approach** – considering a person as a whole including their cultural, linguistic and religious background.

**Cultural competency** – developing a culturally competent workforce with the confidence to address complex and diverse needs in the community.

**Early intervention and prevention** – focus on anticipating and planning for individual and personal life events at any stage of the life span, to prevent the development of problems arising or where they exist, to minimise their impact.

# 1.3 Background

## Demographics

The following provides a brief overview of the changing demographics of NSW and some of the main issues and experiences affecting people with a disability, older people and their carers from CALD backgrounds.

People from culturally and linguistically diverse backgrounds are making up an increasingly large part of the Australian population. According to the last Australian Bureau of Statistics Census in 2006, approximately 24% of the population of NSW (around 1.5 million people) were born overseas and approximately 16.8% of this group were born overseas in non-main English speaking (NMESC) countries, compared to 16.1% in 2001.[3]

Twenty percent (around 1.3 million people) speak a language other than English at home. Of those, 18% (around 236,000 people) do not speak English well or do not speak it at all.[4]

Changes in settlement trends and global issues will bring changes to the demographic profile of the state. These changes will need to be monitored and responded to accordingly. The increasing cultural diversity of NSW provides opportunities and challenges for ADHC and its funded agencies to embrace innovative, flexible, sustainable and responsive practice. This framework responds to these challenges by harnessing the strengths of our culturally, linguistically and religiously diverse community and ensuring that they are at the centre of service planning and delivery.

## Access issues

At present, people born in non-main English speaking countries are three times less likely to use a government funded disability service than a person born in an English speaking country.[5] This is even more pronounced among CALD clients in rural and remote areas, particularly refugees and humanitarian entrants. The rate of access to accommodation support services by people born in non English speaking countries has not significantly changed in the last six years according to Australian Reports on Government Services.[6]

The available literature indicates a broad range of issues and barriers experienced by people from CALD backgrounds that impact on service delivery in general. These can be divided into cultural, structural and service-related barriers. They are usually interrelated and may be exacerbated by issues specific to a family's situation and/or specific service systems.

# 1.3 Background

Cultural barriers may include:

- language and communication, including low English proficiency
- cultural norms, understanding of and attitudes towards illness, disability and ageing across the community that are different from service principles and provision
- issues relating to ageing and disability exacerbated by factors such as ethnicity, religion, language and migration and settlement experiences
- different perceptions of the 'carers' role
- impact of pre and post migration and settlement experience on a person/family
- prejudice and feelings of inadequacy for needing help
- reluctance to deal with government agencies due to negative experiences of war, conflict, trauma and state-sanctioned persecution in their country of origin.

Structural barriers may include:

- practical barriers accessing services such as social and geographical isolation among CALD clients in rural and remote areas, particularly refugees and humanitarian entrants
- limited information and knowledge about services and eligibility and assessment criteria
- limited information on culturally relevant good practice models of service delivery
- organisational barriers to integration of cultural diversity considerations in policy and planning processes
- lack of qualitative and quantitative data on the met and unmet needs of people with a disability, older people and their carers from CALD backgrounds for service planning and evaluation
- a dearth of research in the area of CALD communities and disability
- low level recruitment of bilingual/bicultural staff to build internal capacity to meet the needs of the regional demographics
- level of client and community engagement and consultation strategies.

Service-related barriers experienced by people from CALD background may include:

- need for increased number of culturally appropriate models of service provision and more flexibility in service choices
- lack of information and understanding about rights and complaints processes
- lack of understanding of the health, community care, aged care and disability systems
- lack of understanding and ability to negotiate the complexity of the disability and aged care systems
- inadequate access to interpreters to facilitate client/staff interactions
- lack of trained interpreters and translators for some of the new emerging community languages
- lack of multicultural and multilingual services and resources (including multilingual information).

Service-related barriers experienced by service providers may include:

- level of provision of culturally competent services and the need to build organisational capacity to work cross-culturally
- inadequate use or under-utilisation of interpreters and other language services
- limited understanding among service providers of the impact of torture and trauma upon refugees and humanitarian entrants
- need for enhanced evidence based practice and ethnicity data profiles
- lack of access to information, guidelines and tools in relation to cultural diversity issues for staff
- lack of awareness or confidence to address the needs of people from CALD backgrounds.[7]

The strategies outlined in this framework aim to address these issues and barriers by identifying service improvements and innovations to increase service access and responsiveness.

## Disability

It is estimated that 20% of people in NSW (1.2 million people) have a disability, and that 25% of this group (306,200 people) were born overseas.[8] 27.9% of all people in NSW with a disability are from CALD backgrounds.[9]

People from a CALD background who have a disability often experience 'double disadvantage' in achieving and maintaining access to appropriate support services.[10] Children with an intellectual disability and their families 'often perceived services as unresponsive to their needs and cultural differences'.[11] This research also found that they had a varied understanding of the terms 'disability', 'delayed' and 'intellectual disability'. The findings also pointed to the problem that 'intellectual disability is often identified later in children of non-English speaking background'. The stigma associated with having a family member with a disability, and lack of community understanding, can lead to social isolation and a breakdown of family supports.

Other factors that may contribute to the under-utilisation of disability services are: need for improved disability awareness; need for greater consultation and inclusion of CALD people with a disability, families/carers and their communities; and cultural competence of staff to work with people with a disability from CALD backgrounds.[12]

## Older people

While our population is becoming increasingly diverse, it is also ageing. The migrant population is ageing even more rapidly. In 2006, 12% of the NSW population (around 409,300 people) was aged 65–84 years while 1.6% (around 111,200 people) was aged 85 years and over.[13] By 2011 it is predicted that nearly 23% (or over one million) of Australians aged over 65 will be from a CALD background.[14,15]

A large number of CALD clients have limited understanding of the community care system, which restricts access to much needed services. Additionally, older people from CALD backgrounds tend to remain at home longer, living independently and/or with the support of family, carers and their community. 'This often means that when they are unable to continue living in the family home, they require acute, high needs care, which can be very difficult to access, particularly if they are not already *part of the system*'.[16]

Older people from CALD backgrounds, particularly those who are not able to access appropriate care are at risk of isolation, withdrawal, depression and poor health outcomes.[17] Low proficiency in English remains a significant barrier for many older migrants.[18] Other factors impacting on the lives of older people from CALD backgrounds include: limited English language proficiency, breakdown of traditional family unit, loss of family and social supports.

The rapid ageing of the CALD population has seen increased prevalence of dementia. For some older people who have experienced war related trauma, loss of short term memory associated with dementia has led to loss of acquired English language skills and reversion to their first language.[19] This has had a significant emotional and psychological impact at both an individual and family level.

Of the refugees and displaced people who resettled in Australia since World War II, 170,000 arrived straight after the war, so many are now elderly or approaching old age. While many may not have been formally recognised as refugees, their experiences are similar or the same as those who arrived as refugees. Because experiences of war and persecution can have lasting impacts, older refugees have a higher risk of poor psychological health than the mainstream population. Disruption to memory such as dementia can trigger painful suppressed memories; problems with short term memory can revive old memories such as torture or time in concentration camps. This can manifest in challenging behaviour that carers and aged care services may not understand.[20]

## Carers

In NSW, it is estimated that 12.5% (798,300 people) are performing a caring role, and 27% of these carers (211,900 people) were born overseas with 66% (143,900 people) born in mainly non-English speaking countries.[21] Of overseas born carers, 17% (36,200) were primary carers.[22]

A number of key issues have been identified in recent research on CALD carers by Cardona et al.[23] The term 'carer' is not easily accepted or identified by many people from CALD backgrounds, which means these 'hidden carers' do not access services. A lack of understanding of health, community care and aged care, and disability systems causes a significant barrier to service access.

Limited knowledge of services as well as eligibility and assessment criteria can also lead to under-use of services. The lack of appropriate respite options for carers and the sense of duty to care for a family member can lead to physical, emotional and financial stress and social isolation. The issue of ageing carers is also significant – the health and wellbeing of many ageing CALD carers is often compromised due to the stresses of their caring role and the lack of culturally appropriate services and supports.

## Refugee and humanitarian arrivals

A large part of our population growth and increasing diversity can be attributed to migration and humanitarian arrivals.[24] In 2007-08, NSW received 34,660 migrant and humanitarian arrivals. Of this, 8% (2,777) were humanitarian entrants; 77% of whom were from countries with low English proficiency. The top countries of birth for humanitarian arrivals during this period were Iraq, Burma, China, Sri Lanka, Afghanistan, Iran, Sudan, Sierra Leone, other Central and West African countries and Thailand.[25]

The top languages spoken by new arrivals included Arabic, African languages, Dari, Cantonese, Mandarin, Hindi, Tagalog, Assyrian, Tamil, Dari, Burmese/Myanmar and Farsi (Persian).

Some new arrivals, especially those entering under the Australian Government's humanitarian program, may have additional disadvantages that limit their access to appropriate services. These include experience of torture and trauma and low levels of education and literacy in own language.[26] The Ethnic Disability Advocacy Centre (EDAC) has stated that 'torture and trauma and physical debility are increasing due to the increase in violent global conflicts from where many of these people come.[27] Frequently, new arrivals suffer from a 'triple jeopardy' of culture, disability and mental health'. The social, physical and emotional well-being of these communities can be exacerbated by greater barriers to service access as a result of geographical isolation, fewer service options, lack of community supports and infrastructures and lack of access to interpreting services.

# 1.4 Policy context

This framework is underpinned by Federal and NSW Government anti-discrimination legislation, including:

- the *Commonwealth Disability Discrimination Act 1992*, the *NSW Anti-Discrimination Act 1977*, and the *NSW Disability Services Act 1993*, which aim to eliminate discrimination on the grounds of disability and to promote the rights of people with a disability to equality of opportunity
- the *Anti-Discrimination Act 1977* requires equitable access to services for people from culturally and linguistically diverse backgrounds and people with a hearing or other disability
- multicultural legislation enshrined in the *Community Relations Commission and Principles of Multiculturalism Act 2000*, which states that public sector agencies and services funded by those agencies should provide equitable access to people from culturally and linguistically diverse backgrounds
- the *Home Care Services Act 1988* established Home Care as a corporation. Home Care provides housekeeping, personal care and a range of ancillary services for individuals and families within their own homes. The purpose of the *Home Care Services Act 1988* is to ensure that Home Care services are delivered equitably and in accordance with the *NSW Disability Service Act 1993*, enabling people to lead independent lives in the community.

# 1.4 Policy context



Other important documents guiding this framework include the:

- Charter of Public Service in a Culturally Diverse Society (1998). The purpose of this Charter is to ensure that Government services meet the particular needs of people from diverse linguistic and cultural backgrounds so they can participate fully in economic, social and cultural life
- *Stronger Together: A new direction for disability services in NSW: 2006–2016* refers to 'promoting community inclusion and building a more diverse range of community supports', identifies that people from culturally and linguistically diverse backgrounds have faced needless barriers in obtaining access to services and aims to improve service access by developing more culturally appropriate services so that all people, irrespective of their background, have fair access based on functional need
- *Better Together: A new direction to make NSW Government services work better for people with a disability and their families: 2007– 2011*, requires human services agencies to consider carers' needs in their policies and programs, including the needs of carers from a culturally and linguistically diverse backgrounds
- ADHC Employment Equity and Diversity Plan (2010 – 2012). This plan underpins annual reporting on Equal Employment Opportunity (EEO) strategies to the Department of Premier and Cabinet and covers a range of specific EEO programs including disability, CALD and discrimination
- NSW Government's State Plan (2006). The State Plan requires ADHC to provide opportunity and support for the most vulnerable. In particular, to increase employment and community participation for people with disabilities
- National Disability Agreement (NDA) (2009). This agreement establishes a reform agenda that places people with a disability, their families and carers at the centre of service across Australia. All aspects of the NDA aim to enable people with a disability and their carers to have an enhanced quality of life and participate as valued members of the community
- United Nations Convention of the Rights of Persons with Disabilities (2006). Australia ratified the Convention on 17 July 2008. The purpose of the Convention is to promote, protect and ensure equal enjoyment of all human rights and fundamental freedoms for all people with disability and to promote respect for their inherent dignity.

# Strategic priorities

## Priority 1

### Integrate cultural and linguistic diversity into planning, monitoring and evaluation

This strategic priority aims to achieve systemic change by embedding principles of cultural and linguistic diversity into ADHC governance, policy, planning, monitoring and reporting processes. This will ensure that ADHC provides targeted and relevant services to make provisions for the cultural, linguistic and religious diversity of people within our community. Leadership at all levels of the agency is required to ensure responsive services, improved accountability, continuous quality improvement and sustained change.

# Priority 1

2

| Key results | Corresponding MPSP criteria stream | Strategies | Performance indicators | Due | Responsibility |
|---|---|---|---|---|---|
| P1.1 Cultural diversity goals are integrated into corporate planning, policy development, monitoring, reporting and evaluation | Integration with corporate planning | i. Incorporate cultural diversity principles and considerations into ADHC's strategic directions, business planning processes and priority documents including change schedules. | Cultural Diversity principles and considerations are integrated into ADHC's management systems, business planning processes, policies, strategic directions and documents as standard practice. | Biannual reporting for business planning and annually for MPSP | All business units<br>Regions |
| | | i. Incorporate implementation of the Cultural diversity strategic framework into annual planning and reporting cycles. | Regional and central office annual business plans reflect and report against CALD initiatives.<br>Progress on the implementation of CALD strategies is reported on in MPSP and annual reports. | Annually beginning 2010 | ADHC Executive Directors<br>Regional Directors |
| | | iii. New ADHC policies to reflect cultural diversity principles across directorates and regions. | Evidence that ADHC policies integrate cultural diversity principles and considerations by 2012. | 2012 | Regions and ADHC business units |
| | | iv. Develop ADHC language services policy and guidelines. | Language Services Policy and Implementation Plan developed and rolled out.<br>Consistent policy and operational systems are established to ensure the effective use of language services. | 2010 – ongoing | Community Access<br>Business Improvement<br>Regions |
| | | v. Develop evaluation framework to review the implementation of the Strategic Framework. | Evaluation framework developed.<br>Review conducted. | 2010<br>2010 – 2013 | Community Access<br>Business Improvement<br>Regions |

| Key results | Corresponding MPSP criteria stream | Strategies | Performance indicators | Due | Responsibility |
|---|---|---|---|---|---|
| P1.1 *(continued)* | | vi. Report against implementation of Language Services Policy and Guidelines. | Implementation of Language Services Plan reported in MPSP reporting processes.<br>Increased use of Interpreter services.<br>Increase in the number of funded services with identified interpreter budget. | Annually | Community Access<br>Regions<br>Business Units |
| | | vii. Integrate cultural diversity requirements for planning and service provision in all program guidelines, service acquisition criteria for assessing funding applications, service specifications and reporting requirements in ADHC programs. | The resources allocation formulas currently being developed ensure CALD variables are included.<br>Data on service provision to CALD clients including: CALD indicators; numbers of clients accessing services; and interpreter use by language – is collected via analysis of the MDS and CIS reports. | 2010<br>Annually | Strategic Policy & Planning<br>Community Access<br>Business Improvement<br>Regions and business units |
| | Planning and performance measurement | viii. Develop and measure performance indicators and use in planning. | Performance data on implementation of ADHC's Valuing Diversity: Cultural Diversity Strategic Framework 2010 – 2013 is collected, used and distributed across ADHC for planning purposes. | 2010 – 2011 | Community Access<br>Regions |
| | and Integration with corporate planning | ix. Develop, implement and resource ADHC Regional Cultural Diversity Strategic Plans aligned with *Valuing Diversity: Cultural Diversity Strategic Framework 2010 – 2013* and the Early Intervention and Prevention approach under Stronger Together 2. | Regional Cultural Diversity Strategic Plans are developed identifying opportunities for improved outcomes.<br>Regions report on progress on implementation of local *Valuing Diversity: Cultural Diversity Strategic Framework Plans.* | 2010 – 2011<br>Annually | Regional Directors |

| Key results | Corresponding MPSP criteria stream | Strategies | Performance indicators | Due | Responsibility |
|---|---|---|---|---|---|
| P1.1 *(continued)* | Planning and performance measures and use of data and analysis | x. Develop internal Multicultural Policies and Services Program (MPSP, formerly EAPS) monitoring and reporting mechanism. | Internal MPSP monitoring framework developed and implemented.<br>All regions and business units report on MPSP outcomes for annual report component.<br>Annual MPSP reports submitted to Community Relations Commission. | 2010<br>Annually<br>Annually | Community Access<br>Regions and business units with support of Community Access |
| P1.2<br>Better evidence, data and research to inform culturally responsive policy, service planning and evaluation | Use of data and analysis | i. Determine and implement a process to improve collection of CALD data within ADHC and funded sector across the state. | More accurate staff completion of ethnicity data fields on all client information systems including CIS and other client information systems. | 2010 – 2011 | Community Access<br>Business Improvement<br>Regions |
| | | ii. Provide advice and leadership for ADHC staff, senior managers and executive on collection and analysis of CALD-related data to inform service planning and evaluation. | CALD data is accessible for service planning and evaluation.<br>CALD indicators have been analysed and used in ADHC service planning, policy development and HR.<br>Service planning and evaluation is informed by accurate, accessible ethnicity data and demographic information. | Quarterly | All regions and business units<br>Community Access |
| P1.3<br>Policy development and service delivery is informed by greater community participation in internal and external advisory bodies | Participation on advisory bodies | i. Consult with external key stakeholders through Cultural Diversity Expert Advisory Group (EAG). | Number of occasions strategic advice provided to ADHC on key cultural diversity related issues.<br>EAG meetings conducted.<br>Log of issues recorded and actioned. | 2010 | Community Access |

| Key results | Corresponding MPSP criteria stream | Strategies | Performance indicators | Due | Responsibility |
|---|---|---|---|---|---|
| P1.3 *(continued)* | Participation on advisory bodies and client and community feedback | ii. Consultation process embedded in HACC and disability planning. | Number of consultative forums that have a cultural diversity focus. | 2010 – ongoing | Community Access<br>Regions<br>HACC Business Unit |
| | | iii. Regions build on local cultural diversity steering groups as appropriate. | Regional Steering Groups established or further supported.<br>Input from regional cultural diversity forums is integrated in planning process and MPSP reporting. | 2011 | Regions |
| | Staff expertise and research | iv. Identify and disseminate research on CALD and disability and ageing issues and share information across the agency | Research on CALD and disability and ageing issues is disseminated to all ADHC workers and uploaded to the ADHC intranet. | July 2010 and ongoing | Community Access |
| | | v. Identify examples of culturally competent good practice from ADHC and funded services and disseminate to relevant staff | Culturally inclusive research and evidence based practices are promoted as good practice across ADHC.<br>Increase in the number of projects and programs targeting CALD communities. | 2010 – ongoing | All regions and Business Units |
| | | vi. ADHC staff input is sought in the development, monitoring and evaluation of the Cultural diversity strategic framework and other relevant Multicultural policies. | Consultation process with ADHC staff and key stakeholders conducted and feedback analysed and incorporated. | October 2009 – ongoing | Community Access<br>Regions, Business Units, Industry Partners<br>ADHC funded services |

## Priority 2

### Build organisational capacity to work with culturally diverse communities

This strategic priority aims to achieve organisational change by developing internal strategies for creating a culture of inclusion and building  cultural capabilities of staff at all levels. This will deliver the most culturally appropriate care and services with confidence and competence. It also aims to facilitate the sharing of information and good practice and develop culturally competent training and practice standards across ADHC and its funded services.

# Priority 2

2

| Key results | Corresponding MPSP criteria stream | Strategies | Performance indicators | Due | Responsibility |
|---|---|---|---|---|---|
| P2.1<br>Leadership and accountability for sustained change | Accountability of senior management | i. Executive and Corporate Management Board members are accountable for implementation of *Valuing Diversity: Cultural Diversity Strategic Framework 2010 – 2013.* | Executive and Corporate Management Board members have designated responsibility for implementing the *Valuing Diversity: Cultural Diversity Strategic Framework 2010 – 2013.* | 2010 and annually | ADHC Executive and Corporate Management Board members |
| P2.2<br>Increased workforce capacity for culturally responsive services | Staff development and support | i. Review existing cultural competency components within current ADHC training programs. | Audit and analysis of cultural competency training conducted in ADHC; training gaps identified. | 2010 – 11 | Learning and Development<br>Strategic Human Resources<br>Community Access<br>Regions |
| | | ii. Develop this information into good practice for cultural competency training to address identified needs at all levels of ADHC. | Identification of good practice and innovative approaches to workforce development to build cultural diversity capabilities across ADHC.<br>Good practice guidelines developed. | 2010 – ongoing<br>2011 – 2012 | Learning and Development<br>Strategic Human Resources<br>Community Access<br>Regions |
| | | iii. Conduct 'Practice Development Workshops' for ADHC and funded-sector on identified CALD-related practice issues in partnership with ADHC regions. | Two regionally based 'Practice Development Workshops' conducted in each year of the strategy for ADHC and funded-sector staff.<br>Staff evaluations completed to assess relevancy of workshops to work with culturally diverse communities.<br>Number of workshop participants.<br>Evidence of L&D training integrating culturally competent practice and principles. | 2010 – ongoing | Community Access<br>Learning and Development<br>Strategic Human Resources<br>Regions |
| | | iv. L&D programs to promote working effectively with CALD clients and in a culturally diverse workplace. | | | |

| Key results | Corresponding MPSP criteria stream | Strategies | Performance indicators | Due | Responsibility |
|---|---|---|---|---|---|
| P2.2 *(continued)* | Staff development and support and cultural and linguistic competence | v. Develop and provide training on effective use of interpreters, Community Language Allowance Scheme (CLAS) Officers and translation guidelines to inform good practice by staff and managers. | Training on effective use of language services delivered in regions in line with the language services policy. | 2010 – ongoing | Community Access<br>Learning and Development<br>Strategic Human Resources<br>Regions |
| | Staff development and support | vi. Identify, develop and share resources, tools, guidelines to support training in culturally competent practice. | Culturally appropriate resources, tools and guidelines are identified, developed and promoted to support and encourage culturally competent practice.<br>Resources available internally and to funded organisations. | 2010 – ongoing | Community Access<br>Business Units<br>Regions |
| | Cultural and linguistic competence | vii. Promote CLAS to ADHC staff based on demographic data about clients and use of interpreters. | Annual promotion of CLAS.<br>Increased numbers of staff registered in CLAS.<br>Languages spoken by CLAS Officers align with local service needs. | Annual<br>2010 – ongoing<br>2011 | Community Access<br>Learning and Development<br>Strategic Human Resources<br>Regions |
| P2.3<br>A more diverse workforce in ADHC | Staffing reflects business needs and staff development and support | i. Advise on the development of ADHC Employment Equity and Diversity Management Plan. | Advice provided to incorporate cultural diversity issues & considerations to strategic HR. | 2011 – ongoing | Strategic Human Resources<br>Community Access<br>Regions and business units |
| | | ii. Staff selection training programs incorporate cultural competency principles and considerations. | Cultural competency considerations included in Merit Selection training programs.<br>Selection panel training provided. | 2011 – 2013 | Learning and Development<br>Community Access<br>Regions |
| | | iii. Assess cultural capabilities where appropriate when recruiting new staff. | Interview questions include a focus on cultural competency relevant to the area for recruitment.<br>Increased number of staff of CALD background. | 2012 | Learning and Development<br>Community Access<br>Regions<br>Business Units |

NSW GOVERNMENT | Ageing, Disability & Home Care

## Priority 3

### Provide culturally and linguistically responsive services and programs

This strategic priority sets out the strategies and key results to translate policy into practice to improve the cultural responsiveness of all ADHC and ADHC-funded services and programs. This priority area will build on past achievements by providing more services and programs in a culturally relevant and meaningful manner. It aims to enhance service access, quality care and achieve more effective outcomes for ADHC clients from CALD background. It focuses on innovative practice, sharing good practice and knowledge, and strong partnerships. It does this to amplify the benefits of other strategies and allow successes to be expanded and taken up across services more efficiently.

# Priority 3

2

| Key results | Corresponding MPSP criteria stream | Strategies | Performance indicators | Due | Responsibility |
|---|---|---|---|---|---|
| P3.1<br>Cultural diversity is integrated into service planning, reporting and evaluation | Accountability of funded services | i. Strengthen the inclusion of cultural diversity requirements for planning and service provision in all program guidelines, service acquisition criteria for assessing funding applications, service specifications and reporting requirements in ADHC-funded programs. | Descriptions of Service and Description of Assets include CALD reporting requirements, including number of CALD specific programs or projects.<br><br>Data on service provision to CALD clients including: CALD indicators; numbers of clients accessing services; and interpreter use by language – is collected via analysis of the Minimum Data Set (MDS) and Client Information System (CIS) reports. | 2010<br><br>Annually | Community Access<br>Sector Development<br>Business Improvement<br><br>Community Access<br>Business Improvement<br>Regions |
| P3.2<br>Improved access to services | Responsive mainstream and targeted programming | i. Provide advice on issues and impacts for CALD service users via internal ADHC processes, reviews, reforms, projects, programs aimed at improving access to services. | Number of projects and programs where advice and input was provided.<br>Incorporation of cultural diversity strategies in programs, services, reviews and reforms.<br>Number of CALD clients indicated through data systems.<br>Service delivery models respond to the needs of CALD clients. | 2010 – ongoing | Regions<br>Community Access<br>Business units<br>Funded services |
| P3.3<br>Improved use of language services | Interpreter service use | i. Develop consistent, flexible ADHC language services policy, guidelines and implementation plan. | Language services policy and guidelines implemented. | 2010 | Community Access<br>Strategic Human Resources<br>Business Improvement<br>Regions |
| P3.4<br>Greater awareness of services in CALD communities | Planned communication | i. Promote ADHC services and programs to CALD communities using appropriate communication, marketing, education and information strategies that respond to the needs of CALD communities. | Communication, information dissemination and education mechanisms incorporate culturally and linguistically appropriate strategies to improve their effectiveness. | Evaluated Annually | Community Access<br>Corporate Communications<br>Regions |

| Key results | Corresponding MPSP criteria stream | Strategies | Performance indicators | Due | Responsibility |
|---|---|---|---|---|---|
| P3.4 *(continued)* | Planned communication *(continued)* | ii. Ongoing identification of translated information. | Body of translated material is identified.<br>Update ADHC intranet and internet with information, events and resources to increase staff awareness. | 2011 | Community Access<br>Corporate Communications<br>Regions/Business Units |
| | | iii. Improve availability of community information resources. | Increased availability of quality multilingual and culturally appropriate information in mainstream programs and campaigns – number and types of information. | 2011 | Community Access<br>Corporate Communications<br>Regions/Business Units |
| | | iv. Translate relevant information following internal consultation in accordance with principles of language services policy. | Guidelines developed to support appropriate identification of material for translation. | 2011 and ongoing | Corporate Communications |
| | | v. Promote HACC services and programs to hard-to-reach CALD communities.<br>vi. Work with MAPs to increase cultural competency of NGO HACC services.<br>vii. Work with MAPs to better inform planning processes at a regional and State-wide level. | Production and broadcasting of SBS Homereach Radio series in 9 community languages including English.<br>Partnerships developed with MAP Network to facilitate increased awareness of and access to HACC services.<br>Level of MAPs involvement with local planning forums.<br>Evidence of consideration of CALD client needs in Regional HACC planning processes/allocations. | 2010<br>2010 – ongoing | Community Access<br>Regions |
| | | viii. Promote the Multicultural Access Project (MAP) Network to all ADHC staff, ADHC-funded organisation, and members of the community. | Information on the activities of MAP Officers and their contact details uploaded to the ADHC intranet and ADHC website. | 2010 – ongoing | Community Access<br>Regions |

| Key results | Corresponding MPSP criteria stream | Strategies | Performance indicators | Due | Responsibility |
|---|---|---|---|---|---|
| P3.4 *(continued)* | Planned communication and emerging technology use | ix. Provide input to redesign ADHC intranet/internet to provide current CALD demographics, policy and planning documents, and resources. | Information on CALD service provision, resources, documents are available on the ADHC internet/intranet. | 2010 | Community Access<br>Corporate Communications<br>Regions/Business Units |
| P3.5<br>Improved internal and external partnerships | Building potential through partnerships | i. Form partnerships with community groups, ethno-specific agencies and mainstream sector to increase participation in shaping policies and directions. | Diversity partnerships are identified and developed with business units, regions and sector organisations.<br>CALD consultative and community participation processes improve departmental understanding of and responsiveness to identified needs.<br>Internal and external cultural consultancy services provided by Community Access strengthens services for CALD communities and consumers. | 2010 and annually | Community Access<br>Regions<br>Business Units |
| | | ii. Regional consultation with MAP workers to build organisational capacity of funded NGO sector as outlined in 2008 MAPs Operational Framework. | Quarterly attendance at MAP Network meetings.<br>Regional liaison, consultation and communication with MAP Network. | 2010 – ongoing | Regions<br>Community Access |
| | | iii. Facilitate sharing of knowledge, information, good practice across the organisation. | Process developed to identify and communicate successes. | Ongoing | Community Access<br>Regions<br>Business Units<br>ADHC Advisory Bodies |

# Implementation, reporting and evaluation

3

Achieving cultural competence in an organisation involves an ongoing process of quality improvement. This framework is structured to foster and promote a process of continuous quality improvement through regular planning, monitoring, evaluation and reporting.

The framework will be coordinated and monitored by Community Access in partnership with all ADHC regions and business units. Reporting, monitoring and evaluation of the implementation of the framework will involve:

- regional and business units reporting on progress, client outcomes and changes in service delivery, in line with the planning and reporting arrangements
- review of the framework
- cultural diversity considerations to be included in the Integrated Monitoring Framework (IMF)
- reporting on cultural diversity initiatives in ADHC's annual report and other internal financial and program reporting processes.

The framework's progress will be monitored, reported on and evaluated through consultative, reporting and planning processes within ADHC, and the NSW Community Relations Commission's Multicultural Planning Framework.

# Acronyms

4

| | |
|---|---|
| ABS | Australian Bureau of Statistics |
| ADHC | Ageing, Disability and Home Care |
| CALD | Culturally and Linguistically Diverse |
| CLAS | Community Language Allowance Scheme |
| COB | Country of Birth |
| CRC | Community Relations Commission for a multicultural NSW |
| DIAC | Department of Immigration and Citizenship |
| DofS | Description of Service |
| DofA | Description of Activity |
| EAPS | Ethnic Affairs Priorities Statement |
| EDAC | Ethnic Disability Advocacy Centre |
| EEO | Equal Employment Opportunity |
| HACC | Home and Community Care |
| IMF | Integrated Monitoring Framework |
| LOTE | Language other than English |
| MAP | Multicultural Access Program |
| MPF | Multicultural Planning Framework |
| MPSP | Multicultural Policies and Services Program (previously EAPS) |
| NDA | National Disability Agreement |
| NMESC | Non-main English speaking countries |

# Glossary

5

### Cultural and linguistic diversity

The Australian Bureau of Statistics (ABS) defines cultural and linguistic diversity (CALD) by three variables:

- Country of birth (COB)
- Language other than English (LOTE) spoken at home
- English language proficiency.

Because CALD is a combination of factors, it is acknowledged that there is no single definition of CALD and the following descriptions are used:

'In the Australian context, individuals from a CALD background are those who identify as having a specific cultural or linguistic affiliation by virtue of their place of birth, ancestry, ethnic origin, religion, preferred language, language(s) spoken at home, or because of their parents' identification on a similar basis.'

(Department of Human Services Victoria, Multicultural Strategy Unit, 2002)

Cultural and linguistic diversity refers to the wide range of cultural groups that make up the Australian population and Australian communities (Multicultural Mental Health Australia 2005). The term acknowledges that groups and individuals differ according to religion and spirituality, racial backgrounds and ethnicity as well as language. In this report the term 'culturally and linguistically diverse background (CALD background) is used to reflect intergenerational and contextual issues, not just migrant experience.

### Cultural Competence

To note that there is a lack of consensus as to the precise definition of cultural competence, despite a proliferation of cultural competence frameworks, tools and assessments. This term is often replaced by cultural responsiveness in government and departmental language in policy and legislative frameworks.

Cultural competence means having the ability to effectively and respectfully interact and operate within different cultural contexts.

Cultural competence is a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or professions to work effectively in cross-cultural situations (Cross et al 1989 cited in Eisenbruch 2004a). Cultural competence is much more than awareness of cultural differences, as it focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services.

### Cultural responsiveness

Cultural responsiveness refers to health care services that are respectful of, and relevant to, the health beliefs, health practices, culture and linguistic needs of diverse consumer/patient populations and communities. That is, communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home.

Cultural responsiveness describes the capacity to respond to the health care issues of diverse communities. It thus requires knowledge and capacity at different levels of intervention: systemic, organisational, professional and individual.

### Description of Assets

Description of Assets refers to Schedule 2 of ADHC's Funding Agreement that details the property or equipment funded by the Department

### Description of Service

Description of Service refers to Schedule 1 of ADHC's Funding Agreement that outlines the agreed service to be provided, funding level, duration, agreed service outputs and outcomes.

### Knowledge transfer

Knowledge transfer is the development, exchange and use of information within and between groups and organisations within a network of community (Centre for Primary Health Care 2002), including the transfer of learned experience of working across cultures.

### Multicultural Policies and Services Program (Formerly EAPS)

All New South Wales government agencies are guided by the Principles of Multiculturalism which are enshrined in State law. Public sector agencies make these principles and objectives part of their core business through their Multicultural Policies and Services Plan (MPSP).

### New and emerging communities

New and emerging communities are the more recent arrivals in Australia, those which generally have small numbers in any one population centre, lack organized advocacy or social networks, have difficulty accessing government services and may require substantial assistance and time to settle effectively in Australia (Multicultural Affairs Queensland).

# Glossary



**Non-English Speaking Background (NESB)**

NESB is used to describe someone whose first language is not English, or whose cultural background is derived from a non-English speaking tradition.

**Principles of Multiculturalism**
(also referred to as the Principles of Cultural and Linguistic Diversity in this document)

The Principles of Multiculturalism confirm the right of individuals in New South Wales to:

- fully contribute and participate in the life of the state;
- respect the culture, language and religion of others (within a legal and constitutional framework where English is the common language);
- have access to government services;
- have the linguistic and cultural assets in New South Wales recognised and promoted.

**Social inclusion** Social inclusion refers to a situation where all people feel valued and can participate in decision making that affects their lives, allowing them to improve their overall wellbeing (VicHealth 2005)

# References




Access Economics (2006) *Dementia prevalence and incidence among people who do not speak English at home.* Report by Access Economics Pty Limited for Alzheimer's Australia, 24 November 2006. Available at: http://www.accesseconomics.com.au/publicationsreports/getreport.php?report=111&id=146

Amparo Advocacy Inc (2007) *Language and Culture Matter: Remove the Barriers Now*. Position Paper published by Amparo Advocacy Inc, December 2007. Available at http://www.amparoadvocacy.com.au/Downloads/AMPARO_Language&CultureMatter.pdf

Australian Bureau of Statistics (2008) Population Ageing in NSW – 4106.1

Australian Bureau of Statistics (2001) Disability, NSW – 4443.1

Australian Government Productivity Commission (2008) *Report on Government Services, 2008*

Australian Government National Health and Medical Research Council (2005) *Cultural competency in health: a guide for policy, partnerships and participation.*

Bell, J., Vromen, A. & Collin, P. (2008) *Rewriting the rules for youth participation – Inclusion and diversity in government and community decision-making,* National Youth Affairs Research Scheme, DEEWR, Commonwealth of Australia, Canberra.

Cardona, B., Chalmers, S. and Neilson, B. (2006) *Diverse Strategies for Diverse Carers: The Cultural Context of Family Carers in NSW* Centre for Cultural Research, University of Western Sydney. Report commissioned by the NSW Department of Ageing, Disability and Home Care.

Carers NSW *CALD Carers Framework and Strategic Plan 2008/09*. Available at: http://www.carersnsw.asnau/storage/ pdfs/

CarersNSWCALDCarersFrameworkandStrategicPlan 2009%20_Final_.pdf

Carlson et al (2001) *Services for People with Intellectual Disability of Culturally and Linguistically Diverse Backgrounds.* International Journal of Practical Approaches to Disability, Volume 25 (1)

Department of Immigration and Citizenship (2008) *People of NSW: Statistics from the 2006 Census*, Commonwealth of Australia

Ethnic Disability Advocacy Association (2008), *Response to the Disability Future Directions (15-20 years)*. Available at http://www.edac.org.au/pdf/futuredirjul08.pdf

Federation of Ethnic Communities Council of Australia (2007). *Submission of review of Community Aged Care Services*. Available at www.fecca.org.au/submission/2007/submission 2007001.pdf

Hayter, C. (2009) *Cultural and Linguistic Inclusion? Literature Review on Social Inclusion, Cohesion and Culture.* National Ethnic Disability Alliance (NEDA) February 2009. Available at: http://www.neda.org.au/files/cultural_and_linguistic_inclusion_final_report_only.pdf

Multicultural Access Project Network (2009) *A guide for Home and Community Care (HACC) services: enhancing access for diverse cultural communities.* Available at: http://www.cnet.ngo.net.au/index2.php?option=com_docman&task=doc_view&gid=1071&Itemid=66

National Ethnic Disability Alliance & Multicultural Disability Advocacy Association (2008) *Addressing the needs of people with a disability by taking account of culture, community and family, also means addressing the needs of carers.* NEDA and MDAA Submission to Standing Committee on Family, Community, Housing and Youth Inquiry Into Better Support for Carers. Available at: http://www.mdaa.org.au/archive/08/neda-mdaa-carers08.doc

NSW Refugee Health Service (2005) *Caring for Older Refugees in NSW: A Discussion Paper.* Available at: http://www.sswahs.nsw.gov.au/sswahs/refugee/pdf/OlderRefugees.pdf

Sawrikar, P. & Katz, I. (2008) *Enhancing family and relationship service accessibility and delivery to culturally and linguistically diverse families in Australia* Australian Family Relationships Clearinghouse Issues, Number 3, 2008. Australian Institute of Family Studies ISSN 1835-1158 (Online)

The Disability Council of NSW (2005) *Voicing experiences: People with a disability from culturally and linguistically diverse communities and service provision.* Available at: http://www.disabilitycouncil.nsw.gov.au/portfolios/culture/voicing.html

# Endnotes

7

[1] Department of Immigration and Citizenship (2008) People of NSW: Statistics from the 2006 Census, Commonwealth of Australia

[2] Formally known as the Ethnic Affairs Priorities Statement (EAPS) Standards Framework

[3] 70% of people born overseas were born in a non-main English speaking country. The top non-English speaking birthplace groups in NSW include China, Vietnam, the Philippines, India, Lebanon and Italy. The fastest growing overseas birthplace groups include Burundi, Liberia, Guinea, Sierra Leone, Cote D'Ivoire, Congo and the Sudan (DIAC – The People of NSW: Statistics from the 2006 census, 2008, p.53,73 & 74).

[4] According to the Australian Bureau of Statistics there are several language groups in particular where over 60% of the persons aged 75 years and over speak English not well or not at all – these are Assyrian, Cantonese, Korean, Macedonian, Mandarin, Portuguese, Spanish, Turkish and Vietnamese (ABS – Population Ageing in NSW – 4106.1, 2008, p12

[5] Australian Government Productivity Commission, Report on Government Services 2002-2008, p14.34

[6] ibid

[7] Amparo Advocacy Inc (2007) *Language and Culture Matter: Remove the Barriers Now*. Position Paper published by Amparo Advocacy Inc, December 2007. Available at http://www.amparoadvocacy.com.au/Downloads/AMPARO_Language&CultureMatter.pdf

Cardona, B., Chalmers, S. and Neilson, B. (2006) *Diverse Strategies for Diverse Carers: The Cultural Context of Family Carers in NSW* Centre for Cultural Research, University of Western Sydney. Report commissioned by the NSW Department of Ageing, Disability and Home Care.

Sawrikar, P. & Katz, I. (2008) *Enhancing family and relationship service accessibility and delivery to culturally and linguistically diverse families in Australia* Australian Family Relationships Clearinghouse Issues, Number 3, 2008. Australian Institute of Family Studies ISSN 1835-1158 (Online)

The Disability Council of NSW (2005) Voicing experiences: People with a disability from culturally and linguistically diverse communities and service provision. Available at: http://www.disabilitycouncil.nsw.gov.au/portfolios/culture/voicing.html

[8] ABS – Disability – 4443.1, 2001, p7

[9] ABS – Disability – NSW – 4443.1, 2001, p15

[10] Carlson et al (2001) *Services for People with Intellectual Disability of Culturally and Linguistically Diverse Backgrounds* International Journal of Practical Approaches to Disability, Volume 25 No.1

[11] ibid

[12] Website of the Federation of Ethnic Communities Council of Australia www.fecca.org.au

[13] DIAC – The People of NSW: Statistics form the 2006 Census, 2008, p93

[14] Website of the Federation of Ethnic Communities Council of Australia, Submission on Review of Community Aged Care Services p2. www.fecca.org.au/submissions/2007/submissions_2007001.pdf

[15] By 2036 those proportions are projected to climb to 18% and 3.9% respectively. In many cases the age profile of migrants is older than the age profile of the Australian born population. Eg, of the NSW population born in Australia, 11% of males and 14% of females were aged 65 years and over. In contrast, of the NSW population born in Hungary, Italy, Latvia and Slovenia over 50% of both males and females were aged 65 years and over in 2006. The next oldest migrant groups were those born in Austria, Germany, Greece, Malta, the Netherlands, Poland and the Ukraine, where over 30% of both males and females were aged 65 years and over (ABS – Population Ageing in NSW – 4106.1, 2008, p6 & 9

[16] ibid

[17] ibid

[18] The 5 highest ranking CALD population groups in NSW with low English proficiency in the over 65 year age group are: Italian, Greek, Russian, Polish and Armenian. (DIAC – The People of NSW: Statistics from the 2006 Census, 2008, p93

[19] Access Economics (2006) *Dementia prevalence and incidence among people who do not speak English at home*, Report for Alzheimer's Australia

[20] NSW Refugee Health Service (2005) *Caring for Older Refugees in NSW: a discussion paper*

[21] ABS – Disability, NSW – 4443.1, 2001, p41

[22] ibid

[23] Cardona et al (2006) *Diverse Strategies for Diverse Carers: The Cultural Context of Family Carers in NSW* Centre for Cultural Research, University of Western Sydney, Commissioned by the NSW Department of Ageing, Disability and Home Care

[24] Australia's population growth in 2007-08 was made up of 145,500 people through natural increase (births less deaths) and 213,500 through net overseas migration

[25] The main settlement locations for humanitarian entrants in NSW during this period were Fairfield, Liverpool, Blacktown, Auburn, Parramatta, Canterbury, Holroyd, Wollongong, Coffs Harbour and Warringah. (DIAC Settlement Database – extracted on 11 Feb 2009)

[26] Submission by the Ethnic Disability Advocacy Centre to the WA Government's Disability Future Directions – 2025, July 2008

[27] ibid

**Ageing, Disability and Home Care**
**Department of Human Services NSW**

Level 5, 83 Clarence Street
Sydney NSW 2000

Phone 02 8270 2000
TTY 02 8270 2167
www.adhc.nsw.gov.au

© April 2012

ADHC 848 020412