



ethnic  
communities'  
council of  
victoria



Policy Proposal

# AGEING AND CULTURAL DIVERSITY STRATEGY



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## Foreword

Victoria has a significant multicultural ageing population. Almost half of our older people and their families come from culturally and linguistically diverse backgrounds. In the last few years we have seen some initiatives that focus on culturally responsive support and improve access to aged care services for our multicultural seniors. It makes sense for the Victorian and Commonwealth Governments to strengthen and expand these programs to enable all older people, including those from culturally diverse backgrounds to enjoy active and productive senior years.

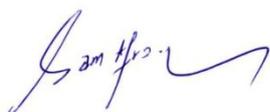
It is time that all governments treat our ageing multicultural population as an important public policy issue that needs to be addressed in its own right to ensure that aged care services will be culturally responsive now and in the future. Our multicultural seniors have made significant contributions during their working years in building up the prosperity that many of us enjoy now.

We are in a climate where older people are either praised for their high levels of wellness and social engagement activities or are considered an economic burden on society as non-productive consumers. We must acknowledge that the lack of accessible healthy ageing information in community languages is a major factor in the isolation and failing health of older people from non-English speaking backgrounds. We need a culturally responsive action plan that engages older people from non-English speaking backgrounds in the broader community.

What we need is a stronger focus on diversity in ageing. A person's wellbeing, self-esteem and empowerment are closely linked to their positive feelings of belonging as culturally diverse people in Victoria. It is important for aged care services to provide genuine choices in relation to their cultural preferences.

A carefully developed *Ageing and Cultural Diversity Strategy* will enable Victorians from culturally diverse backgrounds to have equity of access to aged care services.

It is with pleasure, as well as a sense of urgency that eccv invites the new Government to commit to the development of an *Ageing and Cultural Diversity Strategy*. This will ensure that our older multicultural population will be able to contribute to, and participate in, an age-friendly society in the decades to come.



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## Abbreviations

|        |   |
|--------|---|
| ACFI   | Aged Care Funding Instrument                            |
| ASM    | Active Service Model                                    |
| CACP   | Community Aged Care Packages                            |
| CALD   | Culturally and Linguistically Diverse                   |
| CAP    | Conditional Adjustment Payment                          |
| CPP    | Community Partners Program                              |
| DOHA   | Department of Health and Ageing (Australian Government) |
| EACH   | Extended Aged Care Package                              |
| EACH D | Extended Aged Care Package – Dementia                   |
| eccv   | Ethnic Communities' Council of Victoria                 |
| ESL    | English as a Second Language                            |
| HACC   | Home and Community Care                                 |
| LGA    | Local Government Area                                   |
| MMS    | Multicultural Multiactive Seniors                       |
| MAV    | Municipal Association of Victoria                       |
| PAG    | Planned Activity Group                                  |
| PICAC  | Partners in Community Aged Care                         |
| SAPP   | Supported Access Pilot Project                          |

## **Executive Summary**

In Victoria the increasingly multicultural ageing population presents a significant policy challenge. It is imperative that the government and Opposition parties commit to an Ageing and Cultural Diversity Strategy. This strategy sets out key policy recommendations across a range of aged care areas including community care, residential aged care, workforce diversity, ethnic carer support, elder abuse prevention and positive, active ageing.

Older non-English speaking people prefer to stay living at home but many do not access services. Others may find themselves socially isolated in residential aged care facilities that cater mainly for English speakers. This strategy would be of significant benefit to people from non-English speaking and culturally diverse backgrounds as they become older and frailer. It is designed to assist decision makers develop cultural diversity policies and provides a cost-effective and quality continuum of care for older people from culturally diverse backgrounds.

## **Key Recommendations**

The eccv recommends that the Victorian Government:

- a) Builds on the HACC bilingual Supported Access Program to assist seniors and carers from culturally and linguistically diverse backgrounds navigate the aged care system.
- b) Allocates a wider range of aged care services within ethnic and multicultural community organisations, not as 'special programs' but rather as a common sense effective avenue for the delivery of services to older people from non-English speaking backgrounds.
- c) Mandates culturally responsive training, resources and tools in residential aged care facilities and community aged care.
- d) Provides information on health and wellbeing, aged care services and senior's rights in community languages.
- e) Focuses more on the ethnic media for health and aged care promotion.
- f) Ensures diversity workforce incentives are implemented across all areas of aged care.
- g) Increases transport support for older people from culturally diverse backgrounds.
- h) Adequately funds volunteer coordination programs in ethnic and multicultural organisations.
- i) Provides incentives for researchers to develop industry partnerships with the ethnic sector and mandates diversity inclusive evidence-based research in aged care.

## Introduction

The Ethnic Communities' Council of Victoria (eccv) is a state-wide peak advocacy body that lobbies all levels of government on behalf of multicultural communities in a range of areas such as aged care. This paper represents the views of the eccv Aged Care Policy Committee that consists of aged care providers in ethnic and multicultural organisations and peak bodies with an interest in ethnic aged care.

Growing cultural diversity in Victoria's ageing population is a reality that will persist into the coming decades. In 2011, 40 per cent of Victorians over 65 are from culturally diverse backgrounds (Howe 2006). The older culturally diverse population will grow by 44% in the next 15 years from 2011 to 2026. The proportion of older Australians from culturally diverse backgrounds has been growing more rapidly than the Australian-born population (Gibson AIHW 2001). They are more likely to be under-referred in aged care services, look to their families and friends first for support, and in particular have limited access to services in rural areas (Australia's Welfare 2007).

### FAST FACTS

- From 1996 to 2010 the proportion of over 80s in the culturally diverse population increased from 16.3% to 25.9% compared with 22.9% to 27.5% for the Australian-born.
- From 2011 to 2026 ethnic people over 80 will increase by 59% compared with 29% in the Australian-born population.
- By 2026 one in every four people aged over 80 will be from culturally and linguistically diverse backgrounds. (Gibson AIHW 2001).

People who migrated to Australia from predominantly non-English speaking countries during the mass migration years in the 1950s and 60s are reaching their frail years. Refugees from African backgrounds are starting to reach an age where they can no longer support themselves within the community (Ahmed 2010). For cultural reasons, many are unprepared for concepts such as aged care facilities.

## 1. Community Care

Older people from a non-English speaking background choose to live at home longer than the Australian-born population. They tend to access aged care services when they reach a point of crisis. Research shows that they have a preference for ethno-specific aged care services (Radermacher, Monash University 2010). They have varying levels of English proficiency and yet there is limited appropriate multilingual aged and health care information, and not enough culturally appropriate aged care services available.

### **Bilingual Supported Access**

A positive Victorian HACC (Home and Community Care) initiative is the bilingual Supported Access Pilot Project (SAPP) that assists non-English speaking older people to navigate aged care services. The project's strength is its location in ethnic and multicultural organisations. It would benefit from better inter-agency alliances with HACC assessment and care coordination teams in local government.

### **Recommendation**

1. That the Victorian HACC Program expands and widely promotes the bilingual, bicultural Supported Access model in ethnic and multicultural organisations throughout Victoria.

### **Ethno-specific Social Support and Respite**

The HACC Social Support and Respite Program funds about 55 ethno-specific Planned Activity Groups (PAGs) and same-language Friendly Visiting Programs in Victoria. These are easily customised, along the lines of HACC person-centred care, to suit people's cultural preferences. It is important to recognise the vital role of ethno-specific PAGs that extends beyond the usual social contact of such programs. Ethno-specific PAGs provide frail, older people from non-English speaking backgrounds with:

- Same-language/same culture social contact
- Bilingual health and aged care information
- Referrals to a wider range of aged care services.

The eccv feedback indicates that the community demand for ethno-specific PAGs is far greater than funding allocations. Also, a few 'emerging' ageing ethnic communities, challenged for the first time by their members becoming older and frailer, are seeking avenues to become HACC funded agencies.

### **Recommendations**

2. That the Victorian HACC Program increases the quantity of, and flexibility to customise, ethno-specific Social Support and Respite services.
3. That the Victorian HACC Program creates opportunities for previously unfunded ethnic communities to become HACC funded agencies.

### **Coordination of aged care packages**

Older people from non-English speaking backgrounds lose valuable social contact when they are forced to stop attending HACC social support groups to access higher care DoHA (Department of Health and Aged Care) provided CACPs, EACH and EACH-D packages. They also endure long waiting lists for special needs aged care packages.

### **Recommendation**

4. That the Australian and Victorian Governments improve service coordination and increase special needs allocation of aged care packages.

### **Transport**

Limited transport makes it difficult for non-English speaking older people to attend appropriate PAGs and ethnic senior citizens clubs especially in rural and regional Victoria. Geographical dispersal makes it cost-effective to provide same-language groups with transport support that crosses Local Government Area boundaries. This would assist non-English speaking older people to attend same-language groups.

### **Recommendation**

5. That the Victorian Government provides easy access to transport and buses for older people from culturally diverse backgrounds that cross local government boundaries and in rural and regional areas.

### **Dementia**

The incidence and prevalence of dementia is predicted to rise significantly amongst older people from culturally and linguistically diverse communities by 2050 (Access Economics 2006). Risk factors that affect the uptake of dementia support services are: lack of English, social isolation, insensitivity to people's cultural needs, and lack of transport (Access Economics 2006).

### **Mental Health**

The eccv Mental Health Working Group notes that stigma and lack of information are significant barriers to access of mental health services by people from culturally diverse backgrounds and their carers. Mental health services also need to become more culturally responsive through the provision of additional bilingual counselling services and cultural diversity diagnostic tools.

### **Recommendations**

6. That the Victorian Government increases dementia awareness programs for ethnic families.
7. That the Victorian Government focus greater resources on the implementation of culturally and spiritually appropriate mental health services.
8. That dementia and mental health services utilise cultural diversity diagnostic tools.

### **Language services in aged care**

The Department of Planning and Community Development reports (2010) indicate that 40 per cent of Victorians over 65 speak English 'not well' or 'not at all'. Victoria's Multicultural Act 2004 requires government departments to report annually on the use of languages services and yet there is still inadequate languages support at various points of access and assessment in aged care provision.

### **Recommendation**

9. That the Victorian Government monitors and expands language services in aged care.

### **Move to HACC Diversity Planning**

The eccv urges the Victorian HACC Program's new Diversity Plans to build on the specialised cultural expertise developed within the ethnic and multicultural aged care sector over 15 years via its Cultural Planning Strategies and Access and Equity coordination. Also the eccv research (Monash University 2010) indicates that ethnic and multicultural organisations are missing out on valuable aged care partnership opportunities which would improve the health and wellbeing of Victoria's ethnic seniors.

The HACC Triennial Plan 2008-2011 indicates that there has been insufficient data collection regarding older people from predominantly non-English speaking countries for equitable planning purposes.

#### **Recommendations**

10. That the Victorian HACC Program mandates the inclusion of a minimum 20 per cent cultural diversity service delivery by HACC aged care providers as part of the new Diversity Planning.
11. That the Victorian HACC Program restructures resources to create effective partnerships with the multicultural community sector, local council and health networks.
12. That the Victorian HACC Program improves data collection regarding utilisation of services by older people from culturally and linguistically diverse backgrounds.

#### **Evidence-based research**

Evidence-based research in aged care does not always reflect Victoria's diverse communities. Significant reasons are ethnic and multicultural community organisations having insufficient resources to become funded industry partners with universities and also many research projects do not include interpreters and translators.

#### **Recommendations**

13. That the tertiary sector mandates the inclusion of research participants from culturally diverse into research projects.
14. That the tertiary sector develops innovative solutions for community groups to partner in research.

## **2. Residential Aged Care**

Residential aged care facilities in Victoria and Australia can expect to see an increase in the cultural diversity of residents in the next two decades. The average age for entering residential care in Australia is 82; and about a third of all older men and half of older women will enter a residential care facility (UNSW 2010). By 2026 one in every four people aged over 80 will be from a culturally diverse and non-English speaking background (Gibson AIHW 2001).

In 2008, there were approximately 800 residential aged care services in Victoria caring for about 50,000 seniors according to the *Victorian Government Residential Aged Care Policy 2009*. There are three types of residential aged care facilities in Victoria:

- Mainstream residential aged care facilities are the majority
- Voluntary clusters of language-specific groups in a few facilities cater for multicultural needs
- Ethno-specific residential aged care facilities represent about 10 per cent of aged care homes.

Older people prefer to live in a facility which caters to their cultural and linguistic influences. Access to ethno-specific residential aged care facilities is limited and even more so for newly arrived, geographically dispersed and smaller ethnic groups (UNSW 2009).

### **Capital funding for ethnic aged care facilities**

The eccv would like to see more Commonwealth government re-establishment grants go to new ethno-specific providers, with emerging ageing groups, to assist them to move into the residential care sector, especially in the outer metropolitan greenbelt sites and in regional Victoria that has limited aged care services. In the inner city areas of metropolitan Melbourne, eccv advocates for the Aged Care Land Bank initiative to give preference to ethnic communities to establish aged care facilities. If faced with declining single language populations in future decades, ethno-specific aged care facilities are well-placed, as cultural competency specialists, to cater for varying multicultural clusters of language-specific groups.

#### **Recommendation**

15. That the Commonwealth and Victorian Governments assist ethnic communities to secure land and premises to establish ethno-specific residential aged care facilities.

### **Culturally responsive care**

Being a non-English speaking resident in a mainstream aged care facility can be an isolating and lonely experience. Whilst Residential Aged Care and Accreditation Standards include expected outcomes that foster positive cultural competencies, they are not adequately embedded in the day-to-day operations of many facilities.

Ethnic organisations and some ethnic seniors' citizens clubs provide important same-language friendly visiting programs and culturally appropriate meals for isolated non-English speaking residents in mainstream aged care facilities. Nursing home management and staff do not always allocate time to foster such relationships despite the good work undertaken by the Partners in Culturally Appropriate Aged Care (PICAC) programs in sensitising Victorian aged care facilities to culturally diverse needs of residents and by its Community Partners Programs (CPPs) through awareness raising in ethnic and multicultural organisations.

#### **Recommendations**

16. That the Residential Aged Care and Accreditation Agency introduces a regulated cultural diversity framework to be incorporated into the overall operations of residential aged care facilities.
17. That Government expands CPP in Victoria to assist ethnic seniors practice informed choices regarding aged care homes and to improve culturally responsive care.

### **Free interpreter services in residential aged care**

Research (Runci 2005; 2009) in the south-eastern region of Melbourne indicated that 86 per cent of aged care facilities had at least one resident who either 'preferred' or 'needed' to speak a language other than English and that they often do not have access to staff members who can speak their language. The eccv believes cultural competency in aged care facilities requires more time allocation.

### **Recommendations**

18. That the Australian Government provides free interpreter services to aged care facilities.
19. That Australian Government ensures the Aged Care Funding Instrument (ACFI) and Conditional Adjustment Payment (CAP) in residential aged care better reflects the additional work required to arrange culturally responsive support.

### **Multicultural dementia units**

Addressing the dementia epidemic in conjunction with culturally diverse care needs is one of the greatest challenges for aged care facilities in the 21st century. English language deterioration is common amongst non-English speaking people of advanced age and with dementia onset. Global trends in residential care indicate that smaller dementia-specific units improve people's quality of life.

### **Recommendation**

20. That Government provide incentives for establishing multicultural clusters of smaller dementia units within aged care facilities for residents from similar cultural and language groups.

### **End of life care**

End of life issues can be challenging for families and carers of culturally diverse residents. Palliative care practices and options are not well understood in ethnic communities. Culturally responsive, translated information on advanced care planning would improve decision making regarding the health and wellbeing of culturally diverse residents at terminal stages of life in aged care facilities.

### **Recommendation**

21. That the Victorian Government adequately funds education programs and translated information about palliative care and advanced care planning targeted at ethnic communities.

## **3. Workforce Diversity**

The recruitment and retention of bilingual staff is essential to maintain a culturally responsive aged care workforce. Overseas qualified nurses and care staff from predominantly non-English speaking countries bring valuable diversity skills to the aged care industry. Cultural awareness training for local staff and newcomers would improve their workforce transition into the Australian system. There is also a growing untapped market of multicultural Victorians who are attracted to targeted aged care training programs delivered through certified Registered Training Organisations in ethnic and multicultural agencies.

### **Recommendation**

22. That the Victorian Government provides incentives for the recruitment, training and retention of bilingual staff in aged care.

## 4. Ethnic Carer Support

Informal carers play a vital support role in aged care. About 25 per cent of older carers are 'hidden' and unknown to service providers according to the Australian Government inquiry report *Who Cares?* Hidden, 'ethnic family carers' tend not to seek assistance and are at risk of isolation and illness. Extensive eccv consultations indicate that ethnic carers require family-focused, culturally responsive respite programs and better access to information about mental health services.

### Recommendation

23. That the Victorian and Australian Governments improve the quality, quantity and flexibility of culturally responsive respite programs for hidden ethnic carers.

## 5. Elder Abuse Prevention

Elder abuse adversely affects about 5 per cent of Victoria's seniors. The concept of elders' rights and abuse are not well understood by older people from culturally diverse backgrounds. The eccv has been working closely with Seniors' Rights Victoria and the Victorian Government Elder Abuse Prevention Strategy to improve culturally responsive elder abuse prevention strategies. Staff in ethnic and multicultural organisations, as well as in generic aged care and health providers, needs adequate training to identify and handle suspected elder abuse in the context of culturally diverse backgrounds.

### Recommendations

24. That the Victorian Government adequately funds and targets the roll-out of elder abuse prevention awareness programs for older people from non-English speaking backgrounds.
25. That the Victorian Government incorporates culturally responsive training into elder abuse prevention programs.

## 6. Positive Active Ageing

Older people, who remain healthy, physically active and socially connected, are better able to live independently as they age.

### Health literacy

Research on how Australians deal with ageing wellness indicates that people born in non-English speaking countries, and those in remote regions, have significantly lower levels of health literacy (Yates et al 2009; Health Literacy Australia 2006 ABS). Older people from non-English speaking backgrounds are at risk of reaching a health crisis due to higher rates of depression, incontinence and advanced dementia than the average population. Language is the primary barrier to participation in healthy living pathways as well as lack of access to culturally specific care (AIHW 2010:270).

Ethnic radio, TV and newspapers provide an effective avenue for communicating information about healthy ageing and aged care services. Australia's ethnic and multicultural communities broadcast in over 100 languages to around 600,000 non-English speaking regular radio listeners (NEMBC 2010).

### **Recommendation**

26. That the Victorian and Australian Governments conduct media promotions on health literacy and active ageing targeted at people from non-English speaking backgrounds via the ethnic media.

### **Bilingual Exercise Programs**

Completed in 2010, the Multicultural Multiactive Seniors (MMS) Project, as part of the *Go For Your Life* initiative, provided bilingual strength-based exercise classes that positively impacted upon the health and wellbeing of close to 500 older Victorians from non-English speaking backgrounds.

### **Recommendation**

27. That the Victorian Government provides incentives for bilingual, bicultural exercise programs targeted at frail older people from non-English speaking backgrounds.

### **Volunteering and ethnic seniors clubs**

A volunteering boom is predicted as the baby boomer generation reaches 65 in 2012. Social connectedness with the same-language and cultural groups decreases depression and social isolation.

There are about 700 ethnic seniors' social groups throughout Victoria. Many find succession planning for volunteers daunting. Members of established ethnic groups, as well as those in new and emerging communities, find governance processes and compliance increasingly complex. Many need transport support to attend club meetings. Some groups find difficulties in accessing affordable venues.

Bilingual peer volunteers need to be trained in areas of dementia and elder abuse education. Many prospective volunteers in ethnic communities do not have a driver's licence and lack confidence due to limited English. Considerable coordination work is required to match volunteers with clients according to public transport routes.

### **Recommendation**

28. That the Victorian Government provides opportunities for governance training for ethnic seniors citizens clubs.
29. That the Victorian Government funds volunteer program coordinators in the ethnic sector.

### **Mature-age learning**

Taking part in life-long learning is becoming an important aspect of positive ageing. Many people came to Australia as refugees and displaced persons and have limited English and literacy levels. Learning about the Internet, Skype, You Tube and multilingual online podcasts provides them with access to lifelong learning in alternative formats and preferred languages such as the CALD Senior Surfers Project at Vicnet.

Language learning models have shown that older bilingual people have a lot to contribute to other Victorians, for example intergenerational mentoring to teach younger people languages other than English (LOTEs).

**Recommendations**

30. That the Victorian Government encourages Internet kiosks and Internet training targeted at older people from non-English speaking backgrounds.
31. That the Victorian Government provides incentives for programs that encourage intergenerational language mentoring by native speakers of LOTEs.

## References

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| <p>ABS, 2006, Health Literacy Australia Document 4233.0</p> <p>Ahmed, Dr Berhan in Focus – Voice of the Australian-African Community Issue 9, November 2010</p> <p>Access Economics, 2006, “Keeping dementia front of mind: Incidence and prevalence 2009-2050”, produced for Alzheimer’s Australia</p> <p>Australia’s Welfare 2007, Australian Institute of Health and Welfare, cat. no. AUS 93 accessible at <a href="http://www.aihw.gov.au/publications/index.cfm/title/10527">http://www.aihw.gov.au/publications/index.cfm/title/10527</a></p> <p>Australian Institute of Health and Welfare (AIHW), “Australia’s Health 2010”, 12th biennial report, accessible at: <a href="http://www.aihw.gov.au">www.aihw.gov.au</a></p> <p>Deakin University Australia 2010, “Respect in an Ageing Society: a research paper by Benetas and Deakin University”, May 2010</p> <p>Ethnic Communities’ Council of Victoria, 2009, Discussion Paper: Reclaiming Respect and Dignity: Elder Abuse Prevention in Ethnic Communities, accessible at <a href="http://www.eccv.org.au">www.eccv.org.au</a></p> <p>Ethnic Communities’ Council of Victoria (eccv), 2008, “Skilling-Up Senior Volunteers” in Golden Years, Issue Number 95, an ethnic aged care newsletter</p> <p>Gibson, D., Braun P., Benham, C. &amp; Mason, F., 2001, Projections of Older Immigrants: people from culturally and linguistically diverse backgrounds, 1996-2026, Australia AIHW cat. no. AGE 18; pp 283</p> <p>Howe, Anna L., 2006, Cultural Diversity, ageing and HACC: trends in Victoria in the next 15 years; a project commissioned by Aged Care Branch, Department of Human Services, Victoria</p> <p>Language in Aged Residential Care presented at Cultural Diversity in Aged Care Conference, Melbourne. 2005 by Dr Susannah Runci, A/Prof Jenny Redman and Professor Daniel O’Connor, Aged Mental Health Research Unit Monash University accessed 10 August 2010 at <a href="http://www.culturaldiversity.com.au/Portals/0/Susannah_Runci_presentation.ppt">http://www.culturaldiversity.com.au/Portals/0/Susannah_Runci_presentation.ppt</a></p> <p>National Ethnic and Multicultural Broadcasters Council, 2010, “Ethnic Community Broadcasting – a community hub of language, culture, identity” in The Ethnic Broadcaster, Autumn 2010 Edition Journal</p> | <p>Radermacher, Harriet; Feldman, Susan; Browning, Collette, 2008 Review of Literature Concerning the Delivery of Community Aged Care Services to Ethnic Groups – Mainstream Versus Ethno-Specific Services: It’s Not An ‘Either Or’ Prepared for the Ethnic Communities’ Council of Victoria and Partners</p> <p>Radermacher, Harriet, 2010, “Practising Positive Partnerships in the ethnic and multicultural community aged care sector – Networking, Connecting, Collaborating, Coordinating”, produced for Ethnic Communities’ Council of Victoria by the Health Ageing Research Unit of Monash University, Victoria – forthcoming August 2010</p> <p>Runci, Susannah J” O’Connor, Daniel W , Redman, Jennifer R. 2005 Language needs and service provision for older persons from culturally and linguistically diverse backgrounds in south-east Melbourne residential care facilities Australasian Journal on Ageing Volume 24, Issue 3, pages 157–161, September</p> <p>UNSW (University of New South Wales) Australian School of Business New Business Frontiers: Predicting the Future of Population Ageing, published 16 April 2010 in Knowledge@Australian School of Business, accessible at: <a href="http://knowledge.asb.unsw.edu.au/article.cfm?articleid=1108a">http://knowledge.asb.unsw.edu.au/article.cfm?articleid=1108a</a>, accessed 22 June 2010</p> <p>Who Cares ...?: Report on the inquiry into better support for carers, Parliamentary paper: 100/2009 Parliament of Australia, House of Representatives, Standing Committee on Family, Community, Housing and Youth</p> <p>Yates, Christine and Partridge, Helen L. and Bruce, Christine S., 2009, “Learning wellness: how ageing Australians experience health information literacy. The Australian Library Journal (ALJ), 58 (3), pp. 269-285, QUT Digital Repository, accessible at: <a href="http://eprints.qut.edu.au/">http://eprints.qut.edu.au/</a></p> |
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