



**ethnic
communities'
council of
victoria**

A Proposal for a Multicultural Aged Care Strategy

For Victorian Political Parties in the lead up to the 2006 State Election

Ethnic Communities' Council of Victoria Inc.
Statewide Resources Centre
150 Palmerston Street, Carlton VIC 3053
T 9349 4122 F 9349 4967



Table of Contents

Foreword.....	1
A Note from the Executive Officer	2
Executive Summary	3
Introduction	4
1. Residential Aged Care	7
2. Home and Community Care (HACC)	9
3. Positive Ageing.....	13
4. Elder Abuse	15
Conclusion	17



Foreword

At a time when there is much discussion about our ageing population we need to remind ourselves that around 38% of Melbourne's seniors will soon be from culturally and linguistically diverse backgrounds. Therefore, in the interests of decent service and welfare planning it makes good sense for our State Government to develop a *Multicultural Aged Care Strategy*.

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. We must acknowledge that the lack of accessible information, in relevant languages, is a major factor in the isolation of older individuals from smaller communities, particularly when community members are widely spread across Victoria.

The lower than average use of aged care services by multicultural seniors due to language and cultural barriers highlights the difficulties that older people from non-English speaking backgrounds face during their more vulnerable years.

A carefully developed *Multicultural Aged Care Strategy* will enable older Australians from non-English speaking backgrounds to have equal opportunity in accessing the variety of aged care services at a time when they need those services most.

On behalf of Ethnic Communities' Council of Victoria, I urge the Government and Opposition parties to adopt a bipartisan approach in the development of a *Multicultural Aged Care Strategy*. This will ensure that our older multicultural population will receive decent, equitable and culturally competent aged care in their time of need.

Marion Lau, OAM, JP
Immediate Past Chairperson, ECCV
Chair, Aged Care Committee, ECCV



A Note from the Executive Officer



ECCV is proud to present our proposal for a *Multicultural Aged Care Strategy* to Victoria's political parties in the lead up to our State Election. With our post-war immigrants now entering their senior years, there has never been a more urgent need for a specific government policy that addresses the needs of this large cohort of our ageing population. Many post-war immigrants helped build the economic, social and cultural fabric of Victoria and now is the time to reward their efforts.

The Multicultural Victoria Act 2004 states that all of Victoria's citizens are entitled to access and participate in Victoria's social services. A *Multicultural Aged Care Strategy* providing for culturally competent aged care in areas where the Victorian Government is a key player, such as HACC, residential aged care and positive ageing, would be an important step in ensuring our multicultural seniors get their fair share.

I would like to thank Mai Pham of the University of Melbourne, Jaya Manchikanti, ECCV's Aged Care Policy Officer, ECCV Aged Care Committee, and Ania Sieracka, Michelle Jones and Donna Eynon for their collective work in assisting with the completion of this strategy. We hope our work will guide and influence future government policy.

Peter van Vliet
Executive Officer



Executive Summary

Victoria is experiencing a rapidly growing culturally and linguistically diverse (CALD) ageing population. By 2011 38% of seniors in Melbourne will be from culturally and linguistically diverse backgrounds (Howe 2006). The need for a comprehensive Victorian multicultural aged care strategy has never been greater.

This paper puts forward some key policy recommendations for aged care in Victoria including residential aged care, home and community care (HACC), and positive ageing. It is important to note that this strategy relates to aged care services provided by the Victorian Government in the context of the forthcoming November 2006 election, although there are of course ideas that could be used at the highly important Commonwealth level. The *Multicultural Aged Care Strategy* makes recommendations to:

- improve the quality of care and support for CALD seniors and their carers
- make residential aged care more culturally responsive
- streamline and strengthen culturally appropriate service responses in HACC
- strengthen the capacity of ethno-specific service providers
- increase positive ageing campaigns aimed at CALD seniors
- give CALD elder abuse prevention more prominence and
- support the undertaking of more research into CALD seniors.

Ethnic Communities' Council of Victoria (ECCV) as the peak advocacy body for multicultural communities in Victoria commends this *Multicultural Aged Care Strategy* and calls on the Victorian Government and opposition parties to collectively commit to such a strategy in their pre-election policy statements.



Introduction

Victoria has a rapidly ageing culturally and linguistically diverse (CALD) population as the post-war migration boom matures in age. Many of Victoria's post-war migrants are moving into a period of their lives where they are likely to require aged care services. By 2011 in Melbourne the population of CALD seniors will reach 38% of all seniors, up from 29% in 1996 (Howe 2006). This equates to nearly 200,000 Victorian senior CALD people. Victoria has the highest percentage of CALD seniors in Australia.

The tables below illustrate firstly the top ten older CALD communities (by language preference) in Victoria then the ten CALD communities with the highest proportion of over 65s within their communities and finally the top ten older CALD communities by country of birth.

CALD 65+ by language 2001

Rank	Number	Country
1	39,129	Italian
2	19,194	Greek
3	7,576	German
4	5,177	Polish
5	4,779	Cantonese
6	4,545	Dutch
7	4,523	Maltese
8	3,520	Croatian
9	3,024	Macedonian
10	3,024	Vietnamese

Proportion of 65+ in community, 2001

Rank	Number	Country
1	41.4%	Dutch
2	36.6%	German
3	26.3%	Polish
4	26.1%	Italian
5	20.9%	French
6	19.2%	Russian
7	15.6%	Greek
8	15.5%	Spanish
9	13.7%	Croatian
10	10.2%	Macedonian

Source: *Cultural diversity, ageing and HACC: trends in Victoria in the next 15 years, Table 2.4, p.47 (Anna L Howe 2006)*

CALD 65+ by country of birth 2001

Rank	Number	Country
1	41,126	Italian
2	19,249	Greek
3	9,540	German
4	9,212	Polish
5	8,796	Dutch
6	5,887	Maltese
7	5,771	Chinese
8	3,988	Croatian
9	3,904	Vietnamese
10	3,759	Indian

Source: *Gibson, D., Braun, P., Benham, C. & Mason, F., 2001, Projections of older immigrants in Australia: People from culturally and linguistically diverse backgrounds 1996 - 2026, Australia, Canberra: AIHW*

*JewishCare estimates the number of Jewish older people as around 11,000 but they are not included in the above tables as they do not have a distinct country of birth or language group.



The Italian and Greek communities are presently the largest CALD older communities numerically, with the Greek older community set to significantly grow in number in coming years. The Dutch, German, Polish and Italian communities have the highest proportion of older people in their communities, with 41% of Dutch-born Australians being over the age of 65. These figures indicate that the first wave of Victoria's post-war migration boom is entering old age. The second wave of migrants from countries like Greece is following closely behind and the ageing of later Indo-Chinese and Asian migrants will also peak in coming decades.

The further tables below show the estimated top ten Victorian CALD elderly populations by country of birth and language group in 2021. In coming years there will be rapid ageing in the Greek, Maltese, Croatian, Vietnamese and Sri Lankan populations among others.

Estimated CALD 65+ in 2021 by language (top ten)

<i>Rank</i>	<i>Number</i>	<i>Language</i>
1	46,841	Italian
2	38,406	Greek
3	12,780	Cantonese
4	10,227	Vietnamese
5	9,809	Macedonian
6	8,922	Maltese
7	8,327	German
8	8,036	Croatian
9	7,248	Arabic
10	6,486	Spanish

Estimated CALD 65+ in 2021 by country of birth (top ten)

<i>Rank</i>	<i>Number</i>	<i>Country</i>
1	47,529	Italy
2	36,341	Greece
3	14,139	Germany
4	14,089	Vietnam
5	13,217	Netherlands
6	12,977	Malta
7	9,769	China
8	8,524	Macedonia
9	8,449	Sri Lanka
10	8,385	Croatia

Source: Gibson, D., Braun, P., Benham, C. & Mason, F., 2001, Projections of older immigrants in Australia: People from culturally and linguistically diverse backgrounds 1996 - 2026, Australia, Canberra: AIHW

The Victorian Government's aged care policy is reflected in a number of documents including: *Victorian Home and Community Care (HACC) Program Manual*; *Public Sector Residential Aged Care Policy*; and the *Forward Agenda for Senior Victorians*. Specific multicultural initiatives are found within Home and Community Care (HACC) and include the *Culturally Equitable Gateways Strategy (CEGS)* and *HACC Cultural Action Plans*. These programs were implemented in response to data which showed that multicultural seniors' populations were significantly underrepresented in HACC usage. While these programs assist in responding to the increasing CALD aged population in HACC, there is a need for a holistic multicultural aged care strategy covering all Victorian aged care services.



Ethnic Communities' Council of Victoria (ECCV) as the peak advocacy body for CALD communities supports the development and implementation of a *Multicultural Aged Care Strategy* which meets the needs of older Victorians from CALD backgrounds. This would be a carefully researched and developed, high-level strategy that would map the service responses required in the key areas of aged care including residential aged care, home and community care (HACC), and positive ageing. The strategy would also need to give consideration to non-age specific health services used widely by older people like hospital care and ambulatory care, and including community health centres. The paper will briefly analyse current aged care policies in Victoria and provide brief recommendations in some of these areas. ECCV believes a *Multicultural Aged Care Strategy* will ensure that Victoria's ageing multicultural population will receive appropriate care at a time when their needs are greatest.



1. Residential Aged Care

Residential care is an important component of aged care services and supports older people who are frailer or may have an illness or disability. Residential care not only provides accommodation but also appropriate nursing and personal care, meals and cleaning services.

Residential aged care is often used by people aged 80 or over. By 2011 people from culturally and linguistically diverse (CALD) backgrounds are projected to make up 28.6% of the Victorian population aged 80 and over. By 2026 this figure will be around 35%. CALD seniors represent a growing and significant cohort of aged care residents.

The Victorian Government is one of the key stakeholders in the provision of residential aged care services and operates around 20% of residential aged care services in Victoria, making it one of the State's largest providers. It has around 194 residential aged care facilities which are predominantly based in regional Victoria but also include some larger metropolitan facilities.

Although the State Government operates residential aged care facilities, they are regulated by the Commonwealth through the Aged Care Act 1997. This Act aims to provide for equitable access to residential aged care services by older people, including people from CALD and indigenous communities. Although many State Government residential aged care services operate in regional areas, often in areas with very low CALD seniors populations, this makes culturally appropriate care even more important as CALD seniors may be further isolated and marginalised among large non-CALD resident groups.

While ECCV acknowledges the good work undertaken by the Commonwealth funded initiative Partners in Culturally Appropriate Care (PICAC) in sensitising Commonwealth funded residential aged care facilities to the needs of CALD residents, ECCV believes the Victorian Government through its Public Sector Residential Aged Care Policy, should also have a strategic CALD focus.

The Victorian Government policy paper *Public Sector Residential Care Policy: the Victorian Government's Role in Residential Aged Care Services* (2004) states the policy focus of Victorian public sector residential aged care services. In this policy, the State Government commits to: ensuring access for rural Victorians to residential aged care services; improving care and access for client groups with specialised care needs; enhancing the operation of the health and aged care system; responding to changing communities characteristics and care preferences; and developing the sector through initiatives that drive quality of care and good



management and quality outcomes. There is no mention of responding to the needs of CALD residents specifically even though their numbers are rapidly increasing.

The Department of Human Services (DHS) Language Services Policy states that all DHS funded programs must have adequate language service (translation and interpreting) requirements in place for certain client interactions. However anecdotal evidence indicates adequate translation and interpreting services may not be in place in some residential aged care facilities in regional Victoria (not necessarily public sector). The Victorian Government needs to spell out that its residential aged care services will meet their language service obligations and ensure they are doing so.

The Victorian Government public sector residential aged care policy also needs to spell out a vision for appropriately servicing its CALD residents.

Recommendations

Recommendations for better multicultural residential aged care include:

1. More research on CALD aged care residents should be undertaken in order to address the emerging needs of this group. This would assist residential aged care providers to improve their service to the CALD communities.
2. The Victorian Government should update its public sector residential aged care policy to include policies for services to its CALD residents.
3. The Victorian Government should ensure that its aged care facilities are audited according to birthplace and language preferences and that CALD residents are provided with culturally appropriate care, this could be included in the Quality Indicators framework.
4. All Victorian Public Sector Residential aged care services with CALD clients should be required to complete annual cultural action plans indicating how their services are responding to the needs of any CALD residents.
5. DHS should audit its public sector residential aged care facilities to ensure they are meeting their language service obligations through providing translation and interpreting services when key information is provided to residents, and where necessary carers, regarding issues like their care, health, conditions of residency and well being.
6. The Victorian Government should work with the Commonwealth to encourage cooperation and partnership between residential aged care providers and ethno-specific agencies and multicultural providers to enhance the delivery of culturally competent services. This should include lobbying by the Victorian Government to restore reduced Commonwealth Community Partners Program funding.



2. Home and Community Care (HACC)

The Home and Community Care (HACC) Program in Victoria is jointly funded by the Commonwealth and State Governments of Australia, with further contributions from local government. It provides funding for services which support people who are frail aged or have a physical disability to remain in their own home rather than be inappropriately or prematurely placed in a residential care facility. The HACC program also supports carers through respite programs. HACC services include assessment and care management, domestic assistance, personal care, property maintenance, nursing and allied health care, Meals on Wheels and social support programs like planned activity groups.

The Culturally Equitable Gateways Strategy (CEGS) aims to strengthen the partnership between local government and ethno-specific agencies in order to make HACC Basic services delivered by mainstream providers more accessible and responsive to CALD clients. CEGS is a three and a half year program due to expire in June 2007. The indicators of CEGS success have been positive with a promising uptake in the use of HACC services by clients from targeted CALD communities. Within the initial years of this strategy, there has been an overall increase of 9% of people from CALD backgrounds taking up HACC basic services provided by local councils across metropolitan Melbourne.

The HACC Cultural Diversity Planning Tool is another significant strategy in responding to culturally appropriate service delivery. Initiated in 1996, it provides a framework for improving mainstream service provision for seniors from CALD backgrounds through the provision of annual cultural action plans by providers. In 2004, 94% of HACC agencies in Victoria submitted cultural action plans. While this is a pleasing return, greater work needs to be undertaken in monitoring these plans.

Although these HACC initiatives establish a significant policy framework for equitable access to HACC services, there remain a number of shortcomings. In the Issues Paper, *The Provision of Aged and Community Care Service to People from CALD backgrounds* (2005), VAHEC (now ACCV) has noted the need for further development of service provision models and the need to strengthen the participation of ethnic communities in the aged care planning process.

Of particular relevance to multicultural communities are HACC social support programs which include Volunteer Coordination (VC) and Planned Activity Groups (PAG). These programs aim to reduce the isolation of seniors and enable them to have social interaction either on a one to one basis or in a group situation. They are highly utilised by CALD seniors as they are often delivered in a culturally sensitive



manner by ethno-specific agencies. However, there appears to be no concrete evaluation of the positive impacts of these programs on Victorian seniors and in particular on CALD communities. Anecdotal evidence indicates that CALD elderly people use social support activities as a gateway into other HACC services provided by generalist providers.

The State Government recently committed to an increase of up to 5% of growth funding for planned activity groups for 2006-07 and a research project on social support to inform the next triennial funding round. As a minimum a *Multicultural Aged Care Strategy* should commit to 10% growth in social support funding to meet the huge unmet demand for these services from multicultural communities.

Ethno-specific providers are the missing link in the debate about culturally appropriate home and community care services. The State Government has expended significant energy and resources through both CEGS and cultural action planning to enhance the capacity of generalist service providers to deliver more appropriate care. While this is to be applauded, little effort has been made to address the other side of the equation which is in building the capacity and funding of ethno-specific agencies, and where relevant migrant resource centres, to provide responsive and professional services where their communities are large enough to warrant ethno-specific services. The irony is that generalist providers are increasingly turning to ethno-specific agencies for advice on how to deliver culturally appropriate care because they do not have the expertise themselves.

Ethno Specific Aged Care Service Provision in Victoria

Rank	Community	HACC Basic*	Social Support	ResiCare
1	Italian	x	✓	✓
2	Greek	x	✓	✓
3	German	x	✓	✓
4	Polish	x	✓	✓
5	Cantonese	x	✓	✓
6	Dutch	x	✓	✓
7	Maltese	x	✓	✓
8	Croatian	x	✓	x
9	Macedonian	x	✓	x
10	Vietnamese	x	✓	✓

*HACC Basic includes domestic assistance, personal care, property maintenance, meals on wheels, and assessment and care management. The Italian agency Co.As.It provides limited assessment.

**JewishCare is the only ethno-specific agency providing a range of HACC basic services. As indicated earlier the Jewish older community does not appear in the top ten older CALD communities, as these are defined by language and place of birth, but are estimated to have a significant older population of around 11,000.



The previous table outlining estimated ethno-specific service delivery shows that while most large older Victorian CALD communities can access ethno-specific Commonwealth funded residential aged care services, very few can access ethno-specific Commonwealth and State funded HACC Basic services, excluding assessment and care management.

Clearly communities with large ethno-specific populations should be entitled to deliver services, particularly communities such as the Italian, Greek and Polish communities who have large numbers of seniors with low-level English proficiency. Ethno-specific agencies and migrant resource centres are close to their communities and intimately understand and are able to respond to their communities' needs. A *Multicultural Aged Care Strategy* should commit to supporting ethno-specific agencies and where relevant migrant resource centres as key partners in delivering aged care services, particularly when there is critical mass in those communities.

Greater consideration should also be given to client choice in HACC services. In many areas of government service provision today, such as residential aged care, clients may choose their preferred provider. Many HACC services seem to have been exempted from this general trend.

Local government, nursing services and community health centres are the main providers of HACC services. While CEGS and cultural action planning have strengthened local government's commitment to multicultural services, more precise research is needed on issues such as the level of multicultural and bilingual staff in local government services and the efficacy of translated materials for HACC services. A *Multicultural Aged Care Strategy* would conduct research to develop key data around how individual local governments and health providers are responding to multicultural clients.

More research also needs to be undertaken about the cultural responsiveness of community health centres and their HACC allied health programs. Further research also needs to be undertaken on ambulatory care and rehabilitation services for CALD seniors. One ethno-specific agency is delivering mostly unfunded rehabilitation services for clients who have had cardiac episodes and are not accessing mainstream health services. Again, this area needs further research.

Finally government policies should ensure that culturally appropriate practices apply not just to CALD clients but also CALD carers and volunteers who are a critical component of both the home care and wider aged care paradigm. In certain CALD communities, carers and volunteers may be used more than in other communities as the main form of care provision, so it is important that carers programs are promoted widely to CALD communities. Strategies to improve and enhance carers funding and services should also target CALD communities and ethno-specific and multicultural providers.



Recommendations

Recommendations for better multicultural Home and Community Care include:

1. The Culturally Equitable Gateways Strategy (CEGS) should be extended and merged with the Cultural Planning Strategy to form a multicultural HACC strategy with five years recurrent funding. The strategy should include a greater role for ethno-specific providers in service delivery where significant sized CALD populations indicate a preference for ethno-specific service delivery. Ethno-specific agencies should be equal partners with government and service providers in such a strategy.
2. The new strategy should include further recurrent funding of ECCV, MAV, ethno-specific providers and local government to further strengthen strategies to improve HACC use by CALD communities.
3. DHS should commit to strengthening the capacity of ethno-specific agencies and migrant resource centres. Greater funding for ethno-specific agencies and programs are needed where ethno-specific providers can demonstrate sufficient client numbers to justify ethno-specific service delivery.
4. DHS should consider providing greater client choice in the provision of HACC services, in line with residential aged care services.
5. Social support delivered by ethno-specific agencies should receive increased funding of 10% to cater for the large unmet demand for these services by CALD communities.
6. More research should be conducted and data collected on the levels of multicultural and bilingual staff in mainstream HACC service providers compared against the communities they serve, and also the levels of translation and interpreting services provided by local governments.
7. Further research is needed into CALD seniors usage of ambulatory care and rehabilitation services.
8. DHS should introduce targeted strategies and increased funding through the flexible service response stream to improve the cultural responsiveness of other HACC funded agencies, such as community health centres and respite agencies.
9. Ethno-specific agencies and multicultural providers should be funded to provide information to families about carers support programs and to develop carer support groups in their communities.



3. Positive Ageing

Positive ageing programs have become increasingly important and popular as a means of promoting active and healthy living and preventing and truncating physical, social and mental decline in older persons. Positive ageing helps seniors to stay healthier longer and addresses early signs of frailty.

As the Victorian Government's *Go for your Life* recognises, active living improves health outcomes significantly. 30 minute exercise sessions can improve bones and muscles, reduce risks of heart disease, diabetes and colon cancer, and increase energy levels and general physical and mental well being. Inactive older people are at greater risk of developing medical conditions and this can be exacerbated when older people are lonely and isolated, perhaps because of the death of a spouse.

In Victoria, many projects addressing positive ageing have been undertaken by the State Government's Office of Senior Victorians (OSV) and also by the community organisation Council on the Ageing (COTA). These projects aim to build the capacity of organisations such as local governments to respond actively to the growing ageing population in the communities.

The Victorian Government's *Seniors Go for your Life*, formerly known as Healthy and Active Living, promotes active living by seniors. This program states that being physically and socially active promotes good health, helps to maintain mobility, independence and a good quality of life. Their strategy includes: promoting physical activity and social participation; providing information on how to be active; supporting older people to become and remain active; reducing social disadvantage; and providing activities that promote exercise and social connection for older people.

However, there needs to be more work done on positive ageing for CALD people. Ethnic seniors may be more isolated and less tuned into the *Go for your Life* message than other seniors. The lack of extensive family networks of some older migrants can lead to greater loneliness and depression and the need for wider social connections. Barriers to social and physical participation by older ethnic people can include language difficulties, cultural differences, economic barriers, transport issues and a lack of understanding of mainstream systems. The huge popularity of social support activities by ethnic seniors in the HACC program indicates that multicultural seniors value highly and participate in group activities when they can be done with people from familiar backgrounds. HACC however only caters for the frail aged. There is a need to build on the overwhelming popularity of HACC social support for all multicultural seniors. Such a scheme would



also introduce the concept of active living and positive ageing to CALD people in earlier periods of ageing who are not yet eligible for HACC or residential aged care services.

A multicultural aged care strategy should see increased funding and support for ethnic senior citizens clubs to provide regular exercise sessions for ethnic seniors, through appropriately qualified and preferably bilingual instructors.

Recommendations

Recommendations for better multicultural positive ageing programs include:

1. The Victorian government should fund local ethnic seniors citizens clubs to run positive ageing programs auspiced by ECCV. This would ensure that ethnic seniors begin to reap the benefits of positive and active living.
2. The Victorian government should ensure that all positive ageing programs including *Seniors go for your Life*, Victorian Seniors Festival, and 'Living Longer, Living Stronger' are advertised and promoted in community languages through ethnic communities and ethnic media.
3. The Victorian government should conduct an audit of its positive ageing initiatives, including free Sunday public transport, to ensure CALD seniors are taking full advantage of these services.



4. Elder Abuse

There is growing recognition regarding the problem of elder abuse in our community. The World Health Organisation describes elder abuse as a violation of human rights and a significant cause of injury, illness, lost productivity, isolation and despair. Elder abuse is estimated to affect between one and five percent of seniors. Recent incidents in Victorian and Australian nursing homes have brought home the tragic consequences of elder abuse and its affront to human dignity. Older people can be more vulnerable to abuse because of physical and mental impairment. This vulnerability can be increased when language and cultural barriers are added to the equation. Some ethnic seniors may not know the most basic of practical, preventative measures such as understanding how to make contact with the police and legal systems. Standard complaints mechanisms may not be culturally appropriate to some CALD seniors.

The Victorian Government has recently committed to tackling elder abuse through the elder abuse prevention policy *Supporting the Safety and Dignity of Senior Victorians*. This follows on from the considered report into this issue by former Senator Barney Cooney, an advisory committee and the Office of Senior Victorians in 2005. The new policy aims to invest in practical resources to improve community awareness and to better support and respond to those experiencing abuse and neglect. It offers eleven recommendations and responses to this effect.

There is little mention of tackling elder abuse for CALD seniors even though CALD seniors may be even more vulnerable to elder abuse due to language and cultural issues. Clearly the Victorian Government's response to elder abuse also needs to include consideration of elder abuse as it affects multicultural communities.



Recommendations

Recommendations for better multicultural elder abuse prevention strategies include:

1. The Victorian Government should further develop its elder abuse prevention strategy to address elder abuse in CALD communities. This should include further research into the level and types of elder abuse in CALD communities and whether elder abuse prevention needs different approaches in such communities.
2. Ethnic communities and the government should work together to raise awareness about elder abuse within CALD communities.
3. Ethnic communities should be supported to lead a sector-wide strategy to tackle elder abuse in multicultural communities through further education and training of multicultural groups and service providers.



Conclusion

The ageing CALD population in Victoria presents a significant policy challenge. By 2011, 38% of seniors in Melbourne will be from CALD backgrounds. With the increasing number of multicultural seniors it is imperative that the Victorian Government and opposition parties commit to a *Multicultural Aged Care Strategy* prior to the November election.

This strategy paper has put forward some key policy recommendations in different aged care areas, including residential care, HACC, positive ageing and elder abuse. This list is by no means exhaustive but rather serves as a pointer for the incoming Victorian Government to develop a *Multicultural Aged Care Strategy*. A commitment to such a strategy would be of significant benefit to CALD people as they enter their senior years.

The Ethnic Communities' Council of Victoria (ECCV) would like to see all political parties commit to developing a *Multicultural Aged Care Strategy* as core policy. Our multicultural seniors helped build Victoria into the economic, social and cultural powerhouse it is today. They deserve more support in their senior years. A *Multicultural Aged Care Strategy* will ensure that ageing CALD communities receive the quality of care and service to which they are entitled.



