



Submission to the Senate inquiry into the future of Australia's aged care sector workforce

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1. Introduction

Thank you for the opportunity to contribute to the Community Affairs References Committee's inquiry into the future of Australia's aged care sector workforce. Older age is a normal phase of life like any other and affects us all – either now, in future, or as family members of older people. The ageing of the Australian population is a triumph in terms of medical, social and economic advancement and it offers many opportunities. But it also presents social and economic challenges for individuals, families, communities and governments.

The Benevolent Society has supported older people since the beginnings of the organisation in the early 19th century. Today, The Benevolent Society supports older people through:

- community care services for frail older people and those with disabling health conditions who need assistance with activities of daily living
- services for carers of older people (many of whom are older themselves)
- supported housing for older people on low incomes
- community development, social re-engagement projects, information services and education
- research, evaluation and advocacy.

2. Recommendation

The Benevolent Society Recommends that governments work collaboratively with stakeholders and the aged care and disability sectors to develop and implement a comprehensive, national workforce strategy to address the urgent need to attract and retain significantly more workers in both sectors. Such a strategy should include:

- promotion of aged care as a positive and meaningful field in which to pursue a career, highlighting the broad variety of roles within the sector and opportunities for career progression
- a plan to ensure that the significant social and economic contribution of aged care work is recognised, and that workers are valued and paid fair and competitive remuneration
- tactics such as flexible workplace practices and support for continuing professional development to attract both younger and older workers to join the aged care workforce
- a greater focus on aged care in nursing and allied health degrees
- regulation of registered training organisations to ensure that certificate courses in aged care include mandatory units of competency and pre-qualification work placements
- harnessing the use of emerging technologies to improve service delivery and allow staff more time in direct contact with clients and less on administrative and other routine duties.

3. About The Benevolent Society

The Benevolent Society is Australia's first charity. We're a not-for-profit and non-religious organisation and we've helped people, families and communities achieve positive change for 200 years.

We help people change their lives through support and education, and we speak out for a just society where everyone thrives.

The Benevolent Society helps the most vulnerable people in society, and supports people from all backgrounds including Aboriginal and Torres Strait Islanders and people from culturally and linguistically diverse communities. We believe that building stronger communities will lead to a fairer Australia.

Our focus is to foster wellbeing throughout life – from infancy to older age – with services that:

- prevent problems or reduce their negative impact
- tackle problems early before they become entrenched
- help people use their strengths to solve their own problems
- give priority to people experiencing social and financial disadvantage.

The Benevolent Society delivers a diverse range of community aged care and disability services across the Sydney metropolitan area and regional NSW including Home Care Packages, Commonwealth Home Support Program services such as domestic assistance, personal care, respite, Assistance with Care & Housing for the Aged (ACHA), specialist disability supports for children and young people and support for people with mental health issues.

Snapshot

- The Benevolent Society is a secular non-profit organisation with 912 staff and 588 volunteers who, in 2014/15, supported more than 75,270 children and adults primarily in New South Wales and Queensland.
- We deliver services from 62 locations with support from local, state and federal governments, businesses, community partners, trusts and foundations.
- We support people across the lifespan, delivering services for children and families, older people, women and people with mental illness, and through community development and social leadership programs.
- 10% of our services are aged care and disability programs, employing 267 staff.
- Our revenue in 2014/15 was \$108 million.
- In 2014/15, 79% of our income came from government sources. Private fundraising, trust and foundation grants provided another 4%, client fees generated 7% and investment income contributed 10%.
- The Benevolent Society is a company limited by guarantee with an independent Board.

4. Our responses to the Inquiry's Terms of Reference

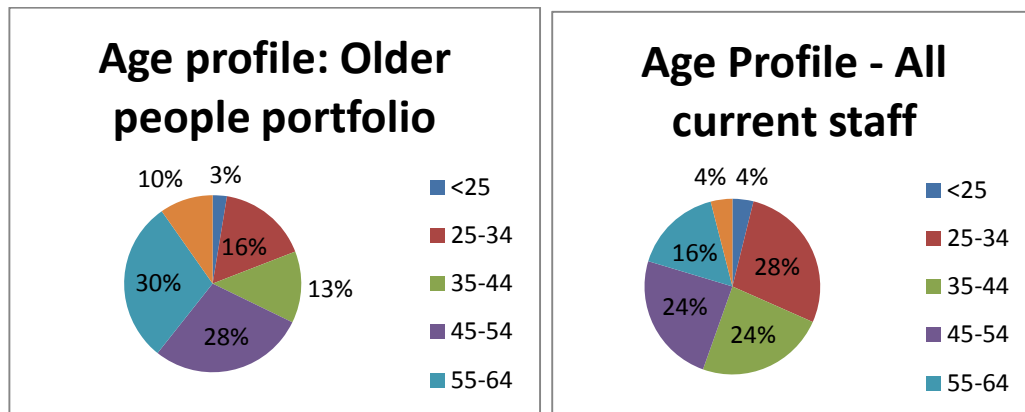
(a) the current composition of the aged care workforce

Currently, around 1.3 million older people in Australia receive aged care services from about 305,000 aged care workers (2.7% of the total workforce).¹ Of these, 90% are female and most are over the age of 45 years. About half of these workers are expected to retire in the next 15 years.

Personal care workers account for 68% of staff in residential aged care facilities and 81% of the workforce in community care settings. Of these, only around one quarter work full time hours, but 25-35% would like to work more hours.²

Around two thirds of the aged care workforce service metropolitan areas.

The Benevolent Society's aged care workforce is consistent with these averages. Of the 267 people we employ in this portfolio, 91% are women and 68% are 45 years of age or older. A breakdown of our aged care workforce compared to our entire workforce by age is shown in Figure 1.

Figure 1: Age profile of The Benevolent Society Staff

- (b) **future aged care workforce requirements, including the impacts of sector growth, changes in how care is delivered, and increasing competition for workers**
- (c) **the interaction of aged care workforce needs with employment by the broader community services sector, including workforce needs in disability, health and other areas, and increased employment as the National Disability Insurance Scheme rolls out**
- (d) **challenges in attracting and retaining aged care workers**
- (e) **factors impacting aged care workers, including remuneration, working environment, staffing ratios, education and training, skills development and career paths**

Future aged care workforce requirements

It is anticipated that, as the Australian population ages, the older care recipient population is expected to increase to 3.5 million people by 2050.¹ This means that the number of care workers required by 2050 will more than triple to one million, at the very time that around half of the existing workforce will reach retirement age.

There is therefore an urgent need to attract more skilled workers to significantly boost the size of the aged care workforce.

However, the necessary growth in the workforce is unlikely to occur without dedicated strategies to retain existing and attract new staff alongside significant improvements to pay and working conditions.

Recommendation

The Benevolent Society recommends that governments work collaboratively with stakeholders and the aged care and disability sectors to develop and implement a comprehensive, national workforce strategy to address the urgent need to attract and retain significantly more workers in both sectors. Such a strategy should include:

- promotion of aged care as a positive and meaningful field in which to pursue a career, highlighting the broad variety of roles within the sector and opportunities for career progression
- a plan to ensure that the significant social and economic contribution of aged care work is recognised, and that workers are valued and paid fair and competitive remuneration
- tactics such as flexible workplace practices and support for continuing professional development to attract both younger and older workers to join the aged care workforce
- a greater focus on aged care in nursing and allied health degrees
- regulation of registered training organisations to ensure that certificate courses in aged care include mandatory units of competency and pre-qualification work placements
- harnessing the use of emerging technologies to improve service delivery and allow staff more time in direct contact with clients and less on administrative and other routine duties.

The need for an integrated, national workforce strategy for the health and community services sectors is not new. In 2014, the then Assistant Minister for Social Services, Senator the Hon Mitch Fifield, called for a national workforce plan for the sector.³ This view was reiterated by the Community Services & Health Industry Skills Council the same year.⁴ Aged and Community Services Australia (ACSA), also called for this in 2015.⁵

A recent call for a national workforce strategy and recruitment campaign supported by the Fair Work Commission, unions and employers came from National Disability Services in 2015.⁶ This was highlighted as one of the most unresolved National Disability Insurance Scheme (NDIS) issues. Recruitment difficulties and the need for more innovative ways of engaging workforces were also mentioned as challenges and opportunities.

Tactics such as targeted immigration, promotional campaigns to attract younger people to the profession, and the introduction and use of technological supports that result in more direct care time (e.g. devices that make administrative tasks faster) could feed into the overall strategy.

Changes in how care is delivered

The past decade has seen a shift away from medical models of care, that treat older people as 'patients', towards models that focus on maintaining wellness for as long as possible and supporting choice. This is reflected in the consumer directed care model around which funding for home and community care is now oriented. This, of course, has significant implications for the workforce, as different skill sets are required to address older people's health holistically, rather than focusing solely on physical care needs or domestic assistance.

In addition, advances in technology mean that some routine aspects of aged care jobs such as monitoring client outcomes, monitoring clinical status and some routine client assessments, and maintaining client information are less time-intensive.

Another implication of the shift to consumer directed care is the need for case managers and care workers to develop an understanding of the sometimes complex nature of this model, and in effect assume the role of marketers as they promote their service to older people. They must also become proficient at assisting older people – who are in some cases quite vulnerable – to navigate the financial aspects of their plans.

While these changes may be challenging for the sector and for individual workers, they nevertheless provide opportunities for staff to expand their skills to better meet older people's needs, and for professional staff such as nurses and allied health professionals to spend more time using their clinical skills rather than on administration and other duties.

Barriers to recruiting and retaining staff

Low pay rates

The Benevolent Society places a strong emphasis on the client-relationship aspects of care workers' role, as well as on the clinical and task-focussed aspects of their work. Our experience is that care workers' relationships with clients is the most rewarding aspect of their role and is a key factor in staff retention.⁷ This has been found elsewhere.⁸

Nevertheless, The Benevolent Society's community aged care services report barriers to not only recruiting new direct care workers, but also in retaining good workers. In 2015 the rate of staff turnover in our ageing portfolio was around 27% (compared to a total of 33% across all portfolios within the organisation), with the highest turnover amongst those who had worked for the organisation for between 6 and 12 months.

The greatest barrier to recruiting and retaining staff in our aged care portfolio is the low rate of pay that our services can afford to offer staff within government funding for the services.

It is widely known that care work – from child care to aged care – continues to be undervalued both socially and economically.

The 2014 ABS Survey of Employee Earnings and Hours showed, among all employees, that the average weekly cash earnings of child carers and aged & disability carers were \$537 and \$679 respectively. These amounts were 55% and 43% lower than the average weekly cash earnings of workers across all occupations (\$1,182).⁹ This is despite the 2012 Equal Remuneration Order for community sector workers, which set pay rises of between 19% and 41% to be phased in via 9 annual instalments from 1 December 2012 to 1 December 2020.⁹

Underemployment

Many care workers are not able to work as many hours as they would like to, for reasons that are set out below. In addition, staff must often travel considerable distances (especially in regional areas) to provide service to a client, which is not provided for in their wages if it is the first or last client of the day, as this is considered ordinary travel to work. When combined, low pay rates, high travel costs and insufficient hours of work mean that in some instances working in community aged care is simply not financially viable.

Anecdotal evidence indicates that many care workers leave community care jobs to take up full time positions in residential aged care facilities that offer them the security of fixed hours, permanent work and predictable income. Others leave to commence study to gain a qualification that will ultimately be better paid than a care worker position, for example, registered nurse.

Impact of increasing demand for disability workers on the aged care workforce

The workforce skills required for the aged care sector are similar to those required in the health and disability sectors. In many ways this similarity presents opportunities for both workers and service providers. For example, workers have portable skills that allow for workforce mobility across the sectors, workers have opportunities to work with varied client groups, and service providers can recruit staff from a broader pool of skilled workers.

However, it also means that all three sectors are competing for the same workforce skills that are already in short supply. In addition, the roll-out of the National Disability Insurance Scheme (NDIS) across Australia is predicted to increase the demand for workers. A 2014 report on the roll-out of the NDIS in the Hunter trial site listed workforce issues such as:

- The Hunter roll-out occurred in a location where unemployment is higher and workforce participation is lower than the NSW average
- Despite the above, disability service providers in the area experienced a highly competitive environment with intense competition for skilled staff
- Pay and working conditions were the factors most commonly reported as a barrier to retaining and developing staff
- Senior management was far more enthusiastic about the introduction of the NDIS than frontline workers, many of whom were fearful and/or apprehensive.¹⁰

This is despite the NSW Government investing \$17 million in an Industry Development Fund in 2008.

Similar issues of workforce and skill shortages were found in the South Australian NDIS trial site, despite higher unemployment and lower workforce participation than the national average in South Australia.¹¹ It is clear from these data that the availability of workers is not enough, rather the workers need to have, or be prepared to attain, the right skills. More attractive pay and working conditions would go some way towards achieving this. All these factors point to the need for an integrated, national workforce strategy for the sector, as discussed above.

Evidence presented above on the difficulties of recruiting skilled staff in two of the NDIS pilot sites, is also reflected in the aged care industry. In 2011 the former Department of Education, Employment and Workplace Relations reported that on average there were only 1.8 suitable applicants per registered nursing (RN) vacancy in residential aged care and only 1.6 suitable applicants for every vacancy for personal care workers.¹² Further reports of RN shortages were available in 2014.¹³

Impact of the shift to consumer directed care on the aged care workforce

The Benevolent Society supports the move to give consumers more choice through the shift to Consumer Directed Care (CDC). However, there is still some confusion about what the transition means for both consumers and providers. The Department of Health recently released a summary report outlining the feedback it had received from public consultation on the shift to CDC. Some of the concerns raised by stakeholders during consultation included:

- ‘The removal of allocated home care places will reduce certainty of service volume and income stream. Some stakeholders raised concerns that this may impact financial sustainability. A number of stakeholders have also commented that it may also affect providers’ ability to manage and plan their workforce, which may encourage casualisation of the workforce. A casual or contract-based workforce may be more difficult for providers to monitor consistency of care quality, and to attract and retain staff.
- Some stakeholders commented that small providers, particularly those in rural, regional and remote areas and/or catering to special needs groups, may find it challenging to remain viable as they may have less capacity to market their services and remain competitive relative to larger providers. Contributing factors include the higher costs and resource intensity associated with delivering care to consumers in rural, regional, and remote areas and special needs groups, lack of economies of scale, and limited access to marketing resources. Some stakeholders suggested that this may result in market consolidation.
- Financial support has been suggested to assist providers with the costs associated (e.g. staffing, overhead) with transitioning to the new arrangements.
- The need for assistance with capacity building to operate within a commercial model has been highlighted by stakeholders, particularly for smaller providers.
- Providers have emphasised the need for assistance with planning and managing a flexible workforce.
- Information on changes to provider responsibilities, processes, and compliance requirements has also been requested.¹⁴

Strategies to attract and retain more young workers to the sector

As discussed above, the majority of our aged care workforce is comprised of women over 45 years of age. It is our experience that few young people apply for positions as direct care workers. We would like to see

strategies in place to actively attract more young people to consider working in aged care as a worthy and rewarding career choice.

A recent report suggested that young people are one of the most vulnerable groups of workers whose roles may be displaced by technology.¹⁵ This is because young people traditionally enter the workforce via roles in retail, hospitality, administration and labouring - roles which are highly exposed to redundancy as a result of evolving technology and automation. Conversely, community and personal service workers in the ageing and disability sectors are in one of the least likely categories to be replaced by automation as demand grows for care workers as the population ages.

It would therefore make sense to develop strategies to target young people who are considering such traditional workforce entry roles as potential care workers. This would necessarily include adapting the care workforce to incorporate elements that are desirable to young workers, such as flexible work practices and greater use of technology to minimise the time spent on routine and administrative tasks.

Potential strategies to attract and retain workers, particularly young people, could include:

- campaigns to enhance the visibility and value of the work
- traineeships, including school based traineeships and apprenticeship programs
- scholarships and course fee exemptions
- work placement opportunities, programs with careers counsellors
- ongoing training and development in the workplace leading to career progression
- enhanced taxation benefits
- flexible working conditions
- child care offerings, family support services, and other family friendly offerings.¹⁶

Strategies to attract and retain more older workers to the sector

Although the majority of workers in the ageing and disability sectors are older people, increasing their participation further has also been the topic of workforce research. When using the terms 'older workers' or 'mature workers' various ages have been mentioned such as workers over 45 years and those who may already be planning for retirement. The 2015 Intergenerational Report predicts, and indeed urges, increased participation in the workforce for Australians over 65 to maintain higher GDP.¹⁷

Additional to the suggested strategies above to attract younger people, there are strategies which could be more appealing to older workers such as:

- improved superannuation and pension schemes
- removal of age based restrictions on workers' compensation and superannuation
- flexible working conditions which allow for caring responsibilities (e.g. caring for a partner or grandchildren)
- policies and practices supporting wellness at work for older workers
- benefits such as 'work time' exercise programs
- paid pre-work IT and other technology skills training
- paid pre-and during work English proficiency programs.

It is also important to recognise the challenges faced by older workers in performing physically demanding work, such as showering older people, when they may not have the same physical capacity as younger workers. There needs to be more research and implementation of evidence-informed workplace health and safety practices around this issue.

One innovative and successful program run by the Community Services and Health Industry Skills Council (CSHISC) in 2007 to attract workers in their 40's and 50's successfully recruited 94 matured aged workers in the Hunter Valley of NSW.

The CSHISC has recently published an issues paper on the impact of Australia's ageing population.¹⁸ Several recommendations in this paper are relevant to retaining older workers. The paper states that:

As workers age they require a different management approach as they themselves succumb to health issues associated with ageing and other life issues that can take greater precedence over their work leading to the decision to retire. Retaining these workers, adapting to their needs and encouraging workforce participation will become the critical issue.

Further strategies suggested to retain these skilled workers include:

- Investment in retention strategies including research into retirement patterns and critical decision points
- Structuring awards, working conditions and remuneration to provide incentives to encourage older workers to remain in the workforce.

Targeted immigration

Targeted immigration has also been suggested as a strategy for increasing the number of skilled workers in the ageing and disability sectors. A consistent, national approach to overseas skills and qualifications recognition which offers opportunities for practical demonstration of work skills has been recommended by both the Department of Social Services and the Department of Immigration and Border Protection.¹⁹

(f) The role and regulation of registered training organisations, including work placements, and the quality and consistency of qualifications awarded

Most of our aged care services require applicants for an entry level care worker position to have completed a minimum training qualification (usually a Certificate III in either Home and Community Care or Aged Care). However, they have found that, on entering the workforce, some graduates have received such inadequate training that they do not know how to undertake basic tasks. Some training providers do not even require students to undertake a work placement as a requirement of completing the course.

It seems that there is little consistency around the content and/or delivery of certificate courses across various providers, resulting in wide variation in graduates' skills. The variations are so significant that some of our managers are hesitant to employ graduates of specific registered training organisations (RTOs) because of the low level of skills demonstrated by past graduates.

There have been five federal and state government reviews of Certificate III in Aged Care since 2011, including recommendations made by the Productivity Commission in their 2011 report 'Caring for Older Australians, Skills SA'²⁰, the Australian Skills Quality Authority in 2013.²¹ The main issues raised in each review were poor quality training and lack of graduates' job readiness.

The preliminary findings of research undertaken recently at the University of South Australia²² reported that:

- Preliminary research findings indicate poor quality training and lack of readiness for the job
- The Certificate III alone is greatly deficient in preparing staff for the job, and
- National graduate readiness specifications are needed such as those developed by the SA government.

In addition, we have observed that there is very little focus on working with older people or in aged care in the coursework for nursing and allied health degrees.

(j) Challenges of creating a culturally competent and inclusive aged care workforce to cater for the different care needs of Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups and lesbian, gay, bisexual, transgender and intersex people

CALD

Older people from culturally and linguistically diverse (CALD) backgrounds are a significant and growing section of the older population. In some areas they comprise the majority of users of community care services. They bring a diversity of experience to older age shaped by cultural attitudes, family roles and responsibilities, and beliefs about health and disability.

There are a number of barriers to the use of care services by CALD older people. The key barriers have been identified as:

- lack of familiarity or awareness of the care and service system
- communication difficulties related to limited English proficiency
- concerns about privacy and confidentiality, for example, related to use of interpreters or workers from within the older person's community
- attitudes about family roles and responsibilities, such that in some communities caring for an older person may be seen as a family responsibility only, resulting in criticism for those who relinquish it
- culturally inappropriate services and lack of cultural competence among workers
- misperceptions that CALD older people all have support from extended families
- service providers' unfamiliarity with or reluctance to use interpreting services
- lack of information resources in community languages, particularly pertaining to small and emerging communities or lack of knowledge about the existence of such resources
- lack of services for small or emerging communities in both urban and geographically remote areas
- services to CALD clients perceived as posing additional costs to service providers
- intolerance, prejudice and discrimination.

A great deal of literature explores the principles and practice of culturally appropriate community services. The research outlines six over-arching strategies to make services culturally appropriate, including:

1. recognising diversity between and within different cultural groups
2. using strengths-based approaches
3. developing cultural competencies among staff
4. cultivating tolerance and anti-discrimination
5. providing information and improved communication
6. working in partnership.²³

Aboriginal and Torres Strait Islanders

Older Aboriginal and Torres Strait Islanders may have different care needs than what is usually provided by mainstream services. Cultural competence training for staff of mainstream services will increase the likelihood that their services are sensitive to the needs of Aboriginal and Torres Strait Islander people. It enables individual workers to gain skills and knowledge, an understanding of their own culture and how

this affects their practice, and an understanding of how to engage with people from Aboriginal and Torres Strait Islander backgrounds.

LGBTI

Older members of the lesbian, gay, bisexual, transgender and intersex communities have suffered significant discrimination – and in many cases violence - over the course of their lives simply for who they are. Many have lived closeted lives in fear of discovery. Therefore, receiving mainstream aged care services can be challenging. Aged care providers need the skills to provide non-judgmental, compassionate services when working with older people from these communities.

It is also important that diversity be captured in the language used by both governments and services providers – for example including the term ‘partner’ rather than exclusively using the terms husband or wife; and not limiting sex to male or female on forms etc.

In 2012 The Benevolent Society hosted a workshop for ageing and community care practitioners on responding to the needs of clients from the lesbian, gay, bisexual, transgender and intersex (LGBTI) community. The course, designed by the peak body Aged & Community Services and ACON was the first of its kind in NSW.

(k) The particular aged care workforce challenges in regional towns and remote communities

Approximately two thirds of the aged care workforce is located in metropolitan areas.² On the surface this proportion fits with population demographics that show around the same proportion of older adults live in urban areas.²⁴ However, there are additional challenges for the aged care workforce in regional towns and remote communities.

Firstly, the costs of providing support services in these areas is far greater than in urban areas because of the travel costs and time taken to reach clients.

A further issue is limited opportunities for workers to access affordable training and ongoing professional development. One of our services based in regional NSW reports that, while there are a lot of professional development courses available, most of them are run in Sydney, and the travel and accommodation expenses in addition to the significant fees charged for the courses are prohibitive as there are no excess funds available. Similarly, to contract a trainer to deliver training locally is also prohibitively expensive.

¹ Aged Care Services Australia (ACSA). (2016). *Aged Care Industry Facts*.

² Australian Government Department of Health and Ageing (DoHA). (2012). *National Aged Care Workforce Census*.

³ Australian Ageing Agenda. (2014). June edition.

⁴ Community Services & Health Industry Skills Council (CS&HISC). (2014). Environmental Scan.

⁵ The aged care workforce in Australia – February 2015.

⁶ National Disability Services: State of the Disability Sector Report 2015.

⁷ Benevolent Society, Social Policy Research Centre. Research to practice Briefing 1. (2009). Caring for older Australians, Care workers and care practices that support and enable good care

⁸ Victorian Council of Social Services. (2006). Recruitment and Retention in the Community Sector. A snapshot of current concerns, future trends and workforce strategies.

⁹ Australian Institute of Health and Welfare (2015). Australia’s welfare 2015. Australia’s welfare series no. 12. Cat. no. AUS 189. Canberra: AIHW.p 56.

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- ¹⁰ National Disability Workforce Strategy Project. (2014). Hunter trial site profile and findings, June 2 2014 <http://www.nds.org.au/projects/article/179>.
- ¹¹ National Disability Workforce Strategy project. (2014). South Australia trial site profile and findings. July 2014.
- ¹² Australian Government Department of Education Employment and Workplace Relations. (2012): Profile of the aged Care Workforce, Aged Care Sector Forum Central coast – Hunter Region February 2012. Canberra.
- ¹³ Stewart, John. (2014) 'Thousands of nursing graduates unable to find work in Australian hospitals: union'. ABC News.
- ¹⁴ Australian Government. (2016). *Increasing Choice in Home Care – Stage 1: Discussion Paper Feedback*. Summary Report. Department of Health.
- ¹⁵ Angus, C. (2015). *Future workforce trends in NSW: Emerging technologies and their potential impact*. NSW Parliamentary Research Service. Briefing Paper no 13/2015.
- ¹⁶ Aged and Community Services Australia. (2007). *Working Together: Aged & Community Care Workforce*.
- ¹⁷ Australian Government. (2015). 2015 Intergenerational Report. Australia in 2055.
- ¹⁸ CSHISC. Ageing population issues paper. June 2015.
- ¹⁹ Department of Social Services. Pathways to participation for migrants Productivity Commission Inquiry Migrant Intake into Australia. June 2015.
- ²⁰ Skills SA. (2015). Skills for all. Independent validation of assessment industry report – Aged Care Industry. cert III in aged care. May 2015.
- ²¹ Australian Skills Quality Authority. (2013). A national strategic review of registered training organisations offering aged and community care sector training.
- ²² Robinson M. (2015). Preliminary findings: Job readiness of unregulated care workers: concept analysis. Presentation at the Australian Association of Gerontology conference, 5 November.
- ²³ Warburton, J., Bartlett, H. and Rao, V. (2009). Ageing and cultural diversity: policy and practice issues. *Australian Social Work*, 62(2): 168-85.
- ²⁴ Australian Bureau of Statistics.(2013). *Where do Australia's older people live? Reflecting a Nation: Stories from the 2011 Census, 2012–2013*. Cat No. 2071.0.