

Review

Examining and Working Across Differences—Older People from Culturally and Linguistically Diverse Backgrounds in Australia

Soumitra Das ^{1,2,*}  and Seshadri Sekhar Chatterjee ³¹ Western Health Mental Health and Wellbeing Centre, St Albans, Melbourne, VIC 3021, Australia² Department of Psychiatry, University of Melbourne, Melbourne, VIC 3010, Australia³ Department of Psychiatry, Queensland Health, Rockhampton, QLD 4700, Australia; s.chatterjee@uq.edu.au

* Correspondence: soumitra.das@unimelb.edu.au

Abstract: Australia's older population from culturally and linguistically diverse (CALD) backgrounds presents unique challenges for aged care and public policy due to their varied migration histories, cultural practices, and language barriers. This essay explores the demographic trends, historical migration perspectives, intergenerational dynamics, and health system interactions among older CALD Australians. Cultural nuances significantly influence attitudes towards caregiving, independence, and aged care, highlighting the necessity for culturally competent care models. Policies like the National Ageing and Aged Care Strategy emphasize inclusion, empowerment, and culturally appropriate service delivery. Key challenges include combating ageism, addressing healthcare access disparities, and fostering community engagement. Effective strategies involve culturally tailored interventions, enhanced communication, and proactive policy frameworks. The findings underscore the importance of a collaborative approach between communities, healthcare providers, and policymakers to ensure equitable and inclusive care for CALD populations, promoting dignity, well-being, and cultural preservation among Australia's diverse elderly communities.

Keywords: culture; elderly; diverse; health



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1. Introduction

Working with a culturally and linguistically diverse (CALD) population is challenging. Specifically, the older Australians from the CALD group come from diverse backgrounds, where “one size fits all” solutions do not apply. Each ethnic community might have faced different obstacles before settling in Australia. Difficulty assimilating due to cultural and language barriers often complicates the situation [1]. This essay will focus on broad demographics, historical perspectives, cultural nuances, policy implementation, and contemporary challenges. We aim to develop a comprehensive record of scientific development and provide reference information for researchers and the public interested in accurate and advanced knowledge of culturally diverse elderly individuals.

2. Demographic

Australia is a rapidly growing multicultural country where at least 1/5 of the population speaks another language at home. The 2016 census shows that 20% of Australians are born overseas, and there are 300 ethnic groups and languages in Australia. According to the 2016 census conducted by the Australian Bureau of Statistics (ABS), around 37% of older Australians are born outside Australia. The commonplace of birth of older migrants

was Northwest Europe, Southern and Eastern Europe, and Southeast Asia. However, there is a declining trend in migration from European countries and an increasing trend from Asian countries. Several factors, including shifts in immigration policies, global migration trends, and domestic economic needs, drive the changes in Australia’s immigration patterns and demographic composition. Australia’s growing demand for skilled labor and the introduction of points-based immigration systems prioritized younger, more educated migrants, mainly from countries like India and China. Additionally, geopolitical events, economic opportunities, and family reunification programs have encouraged migration from Southeast Asia, the Middle East, and sub-Saharan Africa. These factors, combined with Australia’s relatively high quality of life and political stability, have solidified its status as a desirable destination, leading to a dynamic and continually evolving demographic profile [2].

Most migration (65%) occurred between 1960 and 1999 in New South Wales, Victoria, and Western Australia. More than 50% had attained higher education before coming to Australia, which probably influenced economic migration. The CALD group perceives better social support if they speak English [3].

CALD (culturally and linguistically diverse) is defined heterogeneously across Australian states and organizations, leading to inconsistencies. The Australian Institute of Health and Welfare defines CALD as individuals with at least one parent born overseas and speaking a language other than English. The Department of Foreign Affairs and Trade extends it further, incorporating cultural traditions, values, and beliefs. CALD groups are highly diverse, and grouping them often overlooks their cultural uniqueness [4].

An oversimplistic definition might mask the socioeconomically disadvantaged group due to various migration-related obstacles. Depending on the year of arrival, the most common occupations among recent migrants are managers and professionals. Around two-thirds of the CALD older population do not intend to work. Like locally born Australians, many receive aged pension and disability support [5] (Table 1).

Table 1. Key themes and findings on CALD older Australians.

Section	Key Topics Covered	Key Findings
Demographics	Population statistics, migration trends, social integration	20% of Australians born overseas; 37% of older Australians are migrants; increasing migration from Asia; socioeconomic disparities based on language proficiency.
Historical Perspective	Migration policies, societal attitudes, multiculturalism evolution	Earlier migration policies favored Caucasian groups; post-war policies shifted to attract a diverse workforce; multiculturalism officially adopted in the 1970s.
Attitudes Towards Aging	Family structure, intergenerational dynamics, perception of aged care	Older migrants prefer familial support over residential aged care; tension between traditional values and Australian norms; strong social cohesion within CALD communities.
Challenges Faced	Ageism, healthcare access, financial barriers	Cultural stigma, language barriers, affordability of care, and lack of culturally appropriate services remain key barriers to access.
Public Policies	Aged care strategies, government support initiatives	National Ageing and Aged Care Strategy emphasizes inclusion, empowerment, and equity; focus on culturally appropriate care delivery.
Healthcare Needs	Barriers in healthcare, mental health, healthcare utilization	CALD populations face difficulties navigating healthcare systems, experience high psychological distress, and underutilize mental health services due to stigma and cultural factors.
Housing and Living Arrangements	Homeownership trends, accommodation preferences, policy recommendations	CALD older adults more likely to rent or live in family settings; challenges in securing culturally appropriate housing; need for government support and policy improvements.
Recommendations	Policy improvements, cultural competency training, technology integration	Promote culturally competent care models; increase interpreter services; strengthen community engagement; develop specific policy frameworks to meet the needs of older CALD Australians.

3. Historical Perspective

Historically, the migration law has preferred the Caucasian population. The implication of the immigration restriction policy and the effect of the World War significantly

halted the migration of culturally diverse people. The culturally diverse older population often witnessed hostile attitudes such as “enemy aliens” from the existing white colonies. Post-war, there was a rush to increase the population to improve the workforce in Australia; this phase was typically called “populate or perish”. Australia saw many migrations from different European and Asian countries, mainly from middle-to-older-aged populations with their families.

Since the early 1970s, Australia has officially adopted multiculturalism and non-discriminatory migration policies (NSW Migration Heritage Centre, n.d.). However, migration was primarily determined by the host country’s psychosocial well-being and economic status. The presence of war, religious conflicts, minority status in native countries, and negative experiences in a settlement in host countries influenced the older CALD population’s lives [5] (Table 1).

4. Attitude Towards Older Population from CALD Background

4.1. Family Structure

The necessity for solid respect towards the older population is reflected in the perceived need for caring and showing empathy towards the aging population. However, first-generation Australians often find it challenging to adapt to the strict traditional behavior of older CALD groups. Many of them are described as regimented and becoming more conventional than before. Also, the aging population feel responsible for caring for their children and grandchildren; however, they often feel like a burden to their children. Examining and working across differences, especially for older people from culturally and linguistically diverse (CALD) backgrounds, reveals significant nuances in community attitudes towards aging and aged care. CALD participants often described an intense cycle of intergenerational care where they experienced living with grandparents during childhood, received substantial support from their parents during adulthood, and felt a deep obligation to care for their parents in their later years. This practice of familial care is markedly different from the broader Australian society and is often highlighted positively. However, the older generation within these communities is keenly aware of the potential burden this care expectation places on their children and thus desires to reduce it [6].

4.2. Intergenerational Dynamic

The study noted that younger CALD individuals frequently encountered tensions arising from traditional expectations of behavior within the family, which often clashed with the more liberal Australian cultural norms. These intergenerational dynamics are compounded by older family members’ conservatism, challenging adaptation to Australian culture. Despite these difficulties, there is a prevalent respect and empathy for older family members within CALD communities. This respect is demonstrated through continued family support and a strong duty to provide care, which contrasts with the broader community’s approach to elder care [6].

4.3. Attitude Towards Residential Services

The CALD participants articulated a preference for maintaining independence in old age, like the broader population, but they also expected and valued close familial interactions and support. They expressed significant reluctance towards relocating older family members to nursing homes, preferring to have them live within the family home or nearby, ensuring they remain integral to the family unit. This desire is underpinned by cultural expectations and a strong sense of familial duty, which is seen as integral to their identity and heritage [6]. Also, culturally and linguistically diverse (CALD) older adults face significant barriers to accessing aged care services in Australia, rooted in Penchasky

and Thomas's five A's framework of availability, accessibility, affordability, accommodation, and acceptance, with a newly identified sixth dimension—awareness. These barriers include geographical distance, disability-related issues, cultural and language differences, and dissatisfaction with culturally inappropriate care models. Additionally, affordability concerns persist despite government subsidies, limiting access to specific services. Personal attitudes, health beliefs, and low awareness hinder service utilization [7]. Overall, there is a strong social cohesion and a need for caring for each other without showing any sense of burden [6].

5. Ageism Among CALD Group

5.1. Definition

Ageism is stereotypical behavior and discrimination solely based on age. Ageism towards older people is associated with deterioration and death instead of developmental potential. Various theorists have defined ageism; however, Butler's definition is identified as the ultimate one. Butler (1975) defined ageism as "a process of systematic stereotyping and discrimination against people because they are old, just as racism and sexism accomplish this for color and gender" [8].

5.2. Etiology

Ageism arises from a complex interplay of individual, interpersonal, institutional, and cultural determinants. At the individual level, factors such as age, sex, years of education, cultural background, ethnicity, socioeconomic status, marital status, and living environment (urban or rural) influence the degree of age discrimination experienced by older adults. Psychological factors, such as anxiety about aging and fear of death, significantly heighten perceptions of ageism. Research shows that eight out of nine studies identified anxiety about aging as a key factor. At the same time, seven found fear of death to have a strong correlation with the severity of ageism. While demographic factors like education, cultural background, and socioeconomic status play a role, their influence is less pronounced than that of mental and physical health. For example, older adults in better health are less likely to experience self-directed or external ageism, whereas those in poor health face higher levels of discrimination. Interestingly, the perception of ageism does not vary significantly between individuals aged 60 and 70, indicating that age itself is not the sole determinant. Interpersonal and inter-group determinants further shape ageism, with the quality of contact between younger and older individuals being a critical factor. Studies highlight that positive meaningful interactions can reduce discriminatory attitudes, as evidenced by eight out of ten papers on this subject. Similarly, high-quality contact with grandparents correlates strongly with lower ageism, while the frequency of contact alone shows inconclusive results. The framing of older individuals also matters significantly. Positive portrayals consistently reduce ageism, whereas negative representations amplify it. Experiences in caregiving or working with older adults also have mixed effects; when framed positively, they foster empathy, but negative framing can exacerbate discrimination. At the institutional and cultural level, economic resources, the proportion of older people, and cultural dimensions contribute to ageism. The increasing use of advanced technologies often alienates older individuals, creating a generation gap and perpetuating discrimination. Societies with a more significant proportion of older adults also experience heightened intergenerational conflicts, further intensifying ageism. Cultural dimensions, including power distance, individualism, masculinity, and uncertainty avoidance, also play a pivotal role. For instance, societies with high power distance may marginalize older adults due to unequal power dynamics, while those emphasizing individualism may neglect collective

support for older people. Cultural stereotypes portraying older adults as frail or outdated reinforce discriminatory attitudes, further widening the generational divide [9].

5.3. Mitigating Factors

Ageism seems to be moderated with a strong sense of cohesion in culture. The “EveryAge counts” campaign focuses on a few CALD groups, where the perception of government support varies with culture. Social isolation, language barriers, and remoteness can increase the effect of ageism. Good transportation, volunteer work, and group activities help mitigate ageism. However, the older population often felt that the policies gave more concession to the younger than the more aging population. There is poor media coverage of the mistreatment of older people in aged care. There is high travel insurance and fewer work options compared to younger adults. The EveryAge Counts campaign tries to create respect, dignity, positivity, and awareness through group discussion and role modeling [10].

This qualitative study, “Ageism in Culturally Diverse Communities”, reported by EveryAge Counts and FECCA, highlights that strong family and community ties often moderate ageist attitudes, with older individuals playing significant roles in family and community life. The study, conducted through focus group discussions with 61 participants, found that older migrants generally express appreciation for Australia’s healthcare and aged care systems, contrasting with their experiences in their countries of origin [10].

5.4. Strategies

Social isolation and language barriers remain significant, suggesting a need for culturally informed strategies to address ageism and promote intergenerational respect and support. Participants emphasized the importance of broader community awareness and education to combat ageism, suggesting that respect for older persons should be fostered through family upbringing, moral guidance, and conversations within the school system. They also advocated for older persons to maintain a positive and active lifestyle. The study reveals that ageism, as understood in the broader Australian context, is often less recognized within these CALD communities. Participants generally felt respected within their families and communities but acknowledged ageist attitudes in the broader society, particularly in employment and media representation [10]. For example, Greek participants pointed out that while they feel respected within their community, they are aware of age discrimination in the workplace and healthcare settings. Similarly, Chinese participants shared anecdotes of employment difficulties faced by older migrants, highlighting how ageism intersects with language barriers and economic factors [11].

The report also highlights the need to understand ageism through a gendered lens, recognizing that women, who constitute the majority of the oldest old due to longer lifespans, may face unique vulnerabilities. Greek participants explicitly mentioned that ageism affects women more than men, calling for more attention to women’s experiences within CALD communities. Participants across all groups emphasized the importance of broader community awareness and education to combat ageism [12]. Suggestions included fostering respect for older persons through family upbringing and moral guidance, initiating conversations about ageism within the school system, and encouraging older persons to maintain a positive and active lifestyle. Greek participants, for example, advocated for including positive images of older persons in the media and community campaigns to empower them to speak up about their rights and available services [11].

Identifying key influencers within the community was deemed crucial for addressing ageism. Community leaders, religious figures, and ethnic media were recognized as potential champions for change. For instance, Vietnamese participants highlighted the

wisdom of religious leaders and the influential role of the Vietnamese Women's Association in encouraging women to be active in the community [11].

Similarly, Chinese participants pointed to community activists and leaders of various Chinese community groups as effective influencers. The study emphasizes the protective role of social structures and rituals in preserving the dignity and respect of older persons. Older individuals contribute to family well-being by assisting with childcare and household chores, while families, in turn, support and care for their elders. This reciprocal relationship underscores the high regard for older persons in these cultures. For example, Greek participants highlighted how community clubs established by first-generation immigrants have continued to keep them socially active and well-connected. The migrant journey and the context of their countries of origin significantly influence participants' reflections on aging. Many older migrants express gratitude and confidence in the Australian healthcare and aged care systems, often contrasting these with less functional systems in their home countries [11,13].

Arabic participants, for instance, expressed appreciation for the ability to live within their culture and practice their beliefs in Australia, valuing the choices and autonomy available to them. Social isolation emerged as a significant concern, particularly when language barriers impede older persons from engaging in meaningful activities. Chinese participants noted that transportation and language difficulties limit their social interactions, suggesting the need for more senior-friendly public transportation and free community venues for senior activities [11].

Additionally, the Vietnamese group emphasized the importance of translating community information to ensure they do not feel ignored. While participants did not experience ageism personally, they expressed the need for broader awareness and saw the imperative of having the whole community address the issue. The study is a preliminary step towards understanding ageism within CALD communities, emphasizing the need for culturally informed strategies. FECCA recommends a more in-depth approach to capture a broader scope of experiences, proposing a three-stage methodology involving focus group discussions, semi-structured interviews with key informants, and an online survey targeting the next cohort of older persons. This comprehensive approach aims to provide significant and valid contributions to the study of ageism, ensuring that the voices of older persons from CALD communities are heard and respected [11].

In conclusion, the report underscores the importance of recognizing and addressing the unique experiences of ageism within CALD communities. By fostering intergenerational respect, promoting positive representations of aging, empowering older persons through community support and advocacy, and educating via mass media, Australia can work towards a more inclusive and equitable society for all ages [11,12]. The United Nations principles of older persons foster the idea of upholding cultural values and fairness in treatment irrespective of culture, gender, and ethnic background [13].

6. Central Beliefs and Views

Italian, Chinese, and Greek are the most common languages spoken in older migrants' houses other than English. In total, 78% of more aged CALD Australians identified their religious background as Christian (commonly Catholic or Anglican) [14]. The preference for aging well is transformed from Anglo Australian to the CALD group throughout the stay. Loss of independence and going to aged care are the biggest fears among the CALD group. Duration of stay, level of acculturation, and strong religious views often impact the quality of life. Retaining traditional culture usually contributes to loneliness, prolonged mourning after a loss, and poorer self-rated perceived health [11,15].

A review by Georgeou et al. shows that aging, technological literacy, and sociocultural networks shape the feeling of belongingness and access to healthcare. Because women in Australia have more rights and independence, some recently arrived older male immigrants were anxious to lose their patriarchal power and respect, particularly over their wives. Some more aging Chinese parents did not feel like leading figures due to a lack of control over finances. The older Greek population is more open to nursing homes; the Bhutanese resist accepting it [15]. The older Greek migrants are hesitant to use technological aids, whereas the Chinese have better digital literacy and often communicate via social media. Technology users frequently find it hard to navigate due to the language barrier. Language barriers, the experience of trauma, and cultural differences can hinder engagement with local networks; for example, many fail to understand the meaning of the evacuation process in remote areas [5,15].

7. Role of Public Policies

Public policies that recognize the varied members of a society's common cultural values and foster cultural identities in those groups improve well-being and resilience. Discrimination and prejudice, whether explicit or implicit, can sabotage successful integration. Migrant identities are formed and negotiated through various contacts, including interactions with institutions, policies, places, and other groups and individuals. Local councils must encourage the freedom to retain, interpret, and express arts, history, heritage, and traditions [15] (Table 2).

Table 2. Challenges and proposed solutions for CALD older Australians.

Challenge	Description	Proposed Solutions
Language Barriers	Difficulty accessing services due to limited English proficiency.	Increase access to interpreters; promote bilingual healthcare services; provide translated materials.
Cultural Stigma	Mental health issues and aged care are often stigmatized in CALD communities.	Public awareness campaigns; culturally sensitive counseling services.
Healthcare Access	Difficulty in navigating healthcare systems and understanding Medicare entitlements.	Healthcare navigation support; community health workshops; training of healthcare providers.
Social Isolation	Older CALD individuals often feel disconnected from mainstream Australian society.	Community support groups; social inclusion programs; volunteer initiatives for companionship.
Financial Constraints	Many older migrants face economic hardship due to limited job opportunities and savings.	Subsidized aged care; financial literacy programs; government support for low-income seniors.
Intergenerational Tensions	Differences in cultural values between older and younger generations leading to conflicts.	Intergenerational programs; cultural sensitivity workshops; family support counseling.
Aged Care Preferences	Resistance to institutional care; preference for home-based or family care.	Development of culturally appropriate aged care facilities; support for in-home aged care services.
Digital Exclusion	Limited access and skills in using technology, hindering healthcare and social engagement.	Digital literacy programs; simplified technology interfaces for seniors; government-subsidized access.
Policy Gaps	Lack of tailored policies addressing the specific needs of older CALD Australians.	Comprehensive review of aged care policies; inclusion of CALD voices in policy formulation.

7.1. Healthcare Needs

The proportion of older persons from CALD backgrounds who require support with fundamental activities (communications, self-care, and mobility) grew as it did for all older people. According to a recent National Health Survey, 13% had excess lifetime alcohol risk, 7% are current smokers, and 68% are physically inactive. More than 40 per cent of older Australians from CLAD groups describe themselves as healthy. In the recent 12 months, almost all senior Australians born overseas had seen a medical practitioner, and approximately half had seen a dentist [3].

Older populations from CALD groups may face multiple barriers when engaging with the healthcare system. The qualitative study conducted by Harrison R. et al. shows that the CALD population feels disempowered and lacks confidence in engaging in a person-centered care model. Language barriers and perceived internal shame also influence

engagement. The few themes identified in the study are difficulty navigating the healthcare system due to a poor understanding of the structure, poor availability of interpreting, lack of respectful communication, high cost of medications, confusion regarding Medicare subsidies, feeling unsafe in a hospital setting, etc. Also, there is a lack of perceived need, need to maintain independence, attitude of resilience, and reliance on self-help, which are a few identified obstacles in a study based on regional Victoria [16]. Moreover, CALD groups face financial stress, low socioeconomic status, poor housing, and unemployment, especially in regional areas, which impact their ability to access healthcare. Many perceive challenges like stigma, embarrassment, fear, racism and discriminatory practices, poor knowledge and understanding of the health system, and difficulties in navigating the systems [17].

From a mental health perspective, there is a high risk of psychological distress among the population, encompassing those who do not speak English as their first language. The older migrant often feels like a “displaced” person due to lack of social connection and missing their families and motherland. Due to a high level of stigma, access to mental health services is significantly lower than local Australians. Often, older CALD Australians present with an advanced state of dementia or progressed mental health issues [5].

7.2. Mental Health and CALD Elderly

The paper “Mental Health Care of Older Adults: Does Cultural Competence Matter?” by Maria D. Llorente and Margaret Valverde delves into the crucial role of cultural competence in mental healthcare for older adults, especially those from diverse ethnic backgrounds. The study highlights the persistent health disparities faced by minority seniors, including higher incidences of mental health conditions like depression and anxiety, compared to their non-minority counterparts. These disparities are often exacerbated by barriers such as lower health literacy, limited English proficiency, and socioeconomic challenges. The authors emphasize that culturally competent care is not merely about understanding patients’ cultural backgrounds but also about respecting and integrating these cultural nuances into healthcare delivery. This involves training healthcare providers to improve their awareness, knowledge, and skills to communicate and engage with patients from diverse backgrounds effectively. Such training enhances patient satisfaction, adherence to treatment plans, and overall health outcomes. Linguistic competence, a critical component of cultural competence, addresses the significant impact of language barriers on the quality of mental health care. Providing services in patients’ preferred languages through bilingual staff or interpreters is vital for accurate diagnosis and effective treatment. The paper also discusses educational strategies, stressing the importance of incorporating cultural competence training in medical and mental health education to prepare providers for the growing diversity among older people. This training helps providers recognize and mitigate health disparities, improving patient outcomes. Additionally, the authors explore various models and best practices for delivering culturally competent care, including using tools like the Cultural Formulation Interview (CFI) to gain deeper insights into patients’ cultural contexts and the involvement of community representatives in service planning. The study presents evidence that culturally competent care can lead to better health outcomes, though it calls for more research to identify the most effective components of such care. The paper underscores the necessity of a culturally competent healthcare system to eliminate disparities and improve the quality of mental healthcare for the increasingly diverse elderly population in the United States. This comprehensive approach aims to create a healthcare environment that meets regulatory and accreditation standards and truly respects and responds to the cultural needs and values of all patients, ultimately promoting equity and enhancing the well-being of minority seniors [18].

The DSM 5 provides the Cultural Formulation Interview (CFI) to improve the understanding of sociocultural factors in older people's mental health. Factors like cultural identities, socioeconomic class, power relations, values, illness explanations, and symptom narratives are influencing factors to determine the outcome of mental illness. The root of any culture often lies in migration and socioeconomic status, housing, employment, residency status, language use, discrimination, acculturation, nostalgia, and biculturality. Hence, using a structured method like the CFI can be significantly helpful in respecting the cultural determinants of illness [19].

7.3. Carers from CALD Elderly

Physical health disability, severe mental illness, dementia, and diagnosis of HIV can cause significant stigma in caregiving. The general distrust, excessive media consumption, lack of cultural and linguistic support, poor literacy, and difficulty navigating a complex health system can create significant roadblocks to providing care. Caregivers from the CALD group often consider the role part of their culture and religious beliefs. The caregiving organization must incorporate migration experiences, family values, spiritual beliefs, and dignity in care to integrate CALD caregivers into the Western system. The document "Engaging with culturally and linguistically diverse (CALD) carers: A guide" produced by Carers NSW provides a comprehensive framework designed to enhance the participation and engagement of CALD carers in various research, consultation, and capacity-building activities, ensuring their unique challenges and cultural nuances are appropriately addressed. Developed with input from sector experts and community representatives, the guide emphasizes the importance of building trust-based relationships, understanding cultural demographics, and maintaining a commitment to ethical engagement and continual learning. CALD carers, who make up a significant portion of the carer population in New South Wales, face unique challenges, including language barriers, low literacy levels, disconnection from mainstream communication, and a lack of culturally appropriate services. These challenges are compounded by stigma related to disability and mental health, cultural pressures to provide care within the family, and a general lack of awareness about available services. The guide outlines strategies for effective community engagement, such as conducting thorough desktop research to understand community demographics, engaging with trusted community representatives to gain insights and disseminate information, and adapting communication methods to be culturally appropriate. For instance, translating materials into relevant languages and using ethnic media channels can significantly enhance outreach efforts. The guide also details the importance of culturally appropriate consultations, including working with professional interpreters and bilingual workers to ensure clear and respectful communication. Addressing stigma and taboos is another critical aspect, with recommendations for creating safe discussion spaces and using a universal human rights perspective to build trust. Ethical considerations are paramount, mainly when conducting research or evaluations involving vulnerable groups, such as refugees or those who have experienced trauma. The guide emphasizes merit, integrity, justice, beneficence, and respect, ensuring that research processes are fair, beneficial, and culturally sensitive [20].

Practical tools and resources are provided, including checklists, templates, and links to translation services, to support organizations in their engagement efforts. By following the guide's principles and strategies, organizations can better involve CALD carers in their activities, fostering inclusivity and equity and ultimately building stronger, more supportive communities. This approach aligns with the broader goals of the NSW Carers Charter and the NSW Carers Strategy: Caring in NSW 2020–2030. It aims to recognize and support diverse carers, ensuring they can access the resources and support needed to fulfill

their roles effectively. The guide offers a roadmap for engaging CALD carers. It highlights the importance of acknowledging and respecting the rich cultural diversity within the carer community and advocating for tailored support that meets their needs and promotes their well-being. Through these efforts, Carers NSW seeks to create a more inclusive and responsive care environment where all carers, regardless of their cultural background, are valued and supported. This guide is a vital tool for organizations working with CALD communities. It gives them the knowledge and resources to engage effectively and ethically, ultimately contributing to better outcomes for carers and those they support [20].

7.4. CALD and Aged Care System

In general, older immigrants from non-English speaking countries appear more likely to rely on home-based community care. There is a compatible rate of residential care utilization among English- and non-English-speaking older CALD groups. The language barrier and cultural insensitivity often represent a higher utilization of high-dependency aged care units. Around 28% of people using home care, 20% of permanent residential aged care, and 20% using respite or transition care were from a CALD background. Even though enhancing access to aged care for people from non-English speaking nations has been a vital government policy goal for the past ten years, culturally responsive and appropriate access remains a problem. The National Ageing and Aged Care Strategy for people from culturally and linguistically diverse (CALD) backgrounds is a comprehensive framework developed by the Australian Government to address the unique needs and challenges faced by the aging population from diverse cultural and linguistic backgrounds. Recognizing the growing diversity in Australia's demographic landscape, where approximately 20% of individuals over 65 were born overseas, the strategy is designed to ensure equitable access to high-quality, culturally appropriate aged care services. In 2021, it was projected that more than 30% of Australia's older population would have been born outside the country, underscoring the urgency and relevance of this strategy. The strategy is built on several core principles, namely inclusion, empowerment, access and equity, quality, and capacity building. These principles serve as a foundation for developing aged care policies and programs that are inclusive of and responsive to the needs of older people from CALD backgrounds, their families, and carers [21].

The principle of inclusion ensures that the needs of older people from CALD backgrounds are continuously considered in the development and implementation of Australian Government aging and aged care policies and programs. This includes ongoing engagement with CALD communities to incorporate their perspectives and feedback into policy-making processes. The strategy also emphasizes the importance of empowerment, aiming to equip older people from CALD backgrounds, their families, and carers with the knowledge and confidence to navigate the aged care system effectively. This involves providing accessible information and support services in multiple languages to ensure that these individuals can make informed choices about their care [21].

Access and equity are critical components of the strategy, ensuring that all aging and aged care services are culturally and linguistically responsive. This includes providing appropriate and flexible care options across generalist, multicultural, and ethno-specific service types to facilitate the maximum number of choices for CALD aged care recipients. The strategy also mandates that all healthy aging policy initiatives consider and address the needs of older people from CALD backgrounds, ensuring they have access to language and support services necessary for engaging with the aged care system. Additionally, the strategy promotes the development of culturally and linguistically appropriate complaint and feedback mechanisms, ensuring that the voices of CALD individuals are heard and addressed [21].

The principle of quality focuses on ensuring that care and support services are tailored to meet the needs of older people from CALD backgrounds. This includes developing service and service standards that embody consumer-directed care principles, which respect and respond to the individual's cultural, linguistic, and spiritual needs. The strategy encourages aged care service providers to build organizational capacity and resources to support culturally appropriate care, including developing workforce skills and knowledge to deliver such care effectively. Furthermore, the strategy supports research and the translation of research into better practices to inform the development of appropriate policies and programs for older people from CALD backgrounds [21].

Capacity building is another key principle aimed at strengthening the ability of CALD communities to articulate their aging and aged care needs and participate in developing services and a workforce to meet these needs. The strategy fosters partnerships between the government, aged care providers, and CALD organizations to enhance the capacity of CALD communities to access aged care services. It also promotes volunteering and employment opportunities within the aged care sector for members of CALD communities, thereby enriching the workforce with diverse cultural perspectives and skills.

These goals (2017) include ensuring that CALD input positively affects the development of aging and aged care policies and programs, increasing the knowledge and capacity of older people from CALD backgrounds to make informed choices and ensuring they can access and use the full range of aging and aged care services. Additionally, the strategy aims to monitor and evaluate the delivery of aged care services to ensure they meet CALD individuals' needs, enhance the CALD sector's capacity to provide these services, and improve research and data collection mechanisms to be inclusive of cultural and linguistic diversity [21].

The Department of Health and Ageing reports annually on the implementation of these strategic goals to ensure accountability and transparency. Progress towards these goals will be monitored, with reports made publicly available and reviewed by key stakeholders to set priorities for subsequent periods. This ongoing review process ensures that the strategy remains relevant and responsive to the evolving needs of CALD communities [21].

In summary, the National Ageing and Aged Care Strategy for people from CALD backgrounds represents a robust and comprehensive approach to addressing the unique challenges faced by Australia's diverse aging population. By embedding principles of inclusion, empowerment, access and equity, quality, and capacity building into all aspects of aged care policy and service delivery, the strategy aims to create an aged care system that is equitable, inclusive, and responsive to the needs of all older Australians, regardless of their cultural or linguistic background. This holistic approach enhances the quality of life for older people from CALD backgrounds and enriches the broader community by fostering a greater understanding and appreciation of cultural diversity [21].

8. Housing and Living Arrangements

Compared to those born in Australia, older Australians born overseas were slightly less likely to own their property outright and more likely to be mortgaged or renting. In the 2016 census, approximately 1.2 per cent of overseas-born older individuals were homeless in some way. In comparison, approximately 2.3 per cent of Australian-born seniors have identical situations. Spatial dispersion influences transportation, care access, and the development of culturally friendly services. On the one hand, remote communities might have less infrastructure, but they can provide better individual connections due to small communities [16].

The National Ageing and Aged Care Strategy for people from culturally and linguistically diverse (CALD) backgrounds is an extensive framework that addresses the housing

needs of older individuals from diverse cultural and linguistic backgrounds in Australia. Recognizing the rapid increase in the proportion of older Australians born overseas, which is expected to exceed 30% by 2021, the strategy underscores the necessity of developing housing solutions that are not only accessible but also culturally appropriate and equitable. Older people from CALD backgrounds often face unique challenges in securing suitable housing, including language barriers, cultural differences, and a general lack of awareness about available services. These challenges necessitate a multifaceted approach to housing that accommodates these individuals' diverse cultural, linguistic, and spiritual needs. The strategy advocates for the creation of housing environments that are inclusive and respectful of residents' cultural identities, such as ethnic-specific aged care facilities or multicultural housing services. These specialized housing options can provide a sense of community and belonging, which is crucial for the well-being of older individuals from CALD backgrounds [16].

Furthermore, the strategy highlights the importance of supporting family carers, who often play a critical role in providing care to older individuals within CALD communities. These carers frequently encounter challenges, including cultural expectations and language barriers, which can limit their ability to access support services. The strategy emphasizes the need for housing solutions that also cater to the needs of these carers, ensuring they have the necessary resources and respite care to continue their caregiving roles effectively. Equitable access to aged care services, including housing, is a core tenet of the strategy. This involves making information about housing options available in multiple languages and accessible formats, thereby enabling older individuals and their families to make informed decisions about their living arrangements. The strategy also calls for the provision of flexible housing options that cater to the varied needs of older people from CALD backgrounds, ranging from community housing to supported living arrangements that provide a continuum of care tailored to individual needs [16].

Quality assurance in housing is another critical aspect of the strategy. It involves developing and implementing standards ensuring culturally and linguistically appropriate housing services. This includes training housing staff and aged care providers in cultural competency to ensure they can deliver services that meet the specific needs of CALD residents. By fostering an understanding and appreciation of cultural diversity, these housing providers can create environments that promote the dignity and well-being of their residents. Capacity building within CALD communities is also essential for articulating and addressing their housing needs. The strategy encourages partnerships between government bodies, aged care providers, and CALD organizations to enhance service delivery and ensure that housing solutions are responsive to the needs of older people from diverse backgrounds. These partnerships can facilitate the development of innovative housing projects and initiatives that address CALD communities' unique challenges [16].

Strategic goals outlined in the strategy include increasing the awareness and understanding of available housing services among CALD communities, promoting language services, and addressing barriers to accessing suitable housing. Specific actions involve developing multilingual resources, supporting community-led housing initiatives, and ensuring that aged care policies are inclusive of CALD perspectives. The Department of Health and Ageing is responsible for implementing the strategy and reporting annually on its progress, ensuring accountability and transparency in meeting the housing needs of older people from CALD backgrounds. This ongoing evaluation process is crucial for monitoring the effectiveness of housing solutions and making necessary adjustments to improve outcomes for these individuals [16].

Integrating the strategy with broader Australian multicultural policies and aged care reforms, such as the Living Longer Living Better package, ensures a cohesive approach to

addressing the housing needs of older people from CALD backgrounds. This alignment leverages existing frameworks and resources, enhancing the strategy's impact and sustainability. In conclusion, the National Ageing and Aged Care Strategy for people from CALD backgrounds represents a comprehensive approach to addressing the housing needs of Australia's increasingly diverse older population. By emphasizing cultural appropriateness, accessibility, equity, and quality and by fostering partnerships and capacity-building efforts, the strategy aims to create an inclusive and responsive aged care system that respects and meets the diverse housing needs of older Australians from CALD backgrounds. Through targeted actions and continuous evaluation, the strategy seeks to ensure that older individuals from CALD backgrounds can access the housing they need to live with dignity and respect, thereby improving their overall quality of life and well-being [3,16].

9. NDIS and Older Australian Migrants

In Australia, individuals with psychiatric illnesses receive disability support services under the National Disability Agreement. The Disability Support Program is outlined in Part 2.3 of the Social Security Act 1991 [22]. The Ethnic Communities' Council of Victoria (ECCV) consulted migrants, refugees with disabilities, their carers, and multicultural disability workers to identify barriers and enablers in accessing the National Disability Insurance Scheme (NDIS) and other disability services.

Findings confirmed that culturally and linguistically diverse (CALD) communities face significant challenges, including limited knowledge about disability services, difficulties navigating the system, and poor support from service providers. Many older migrants struggle with language barriers, low disability literacy, and lack of self-advocacy skills, leaving them vulnerable to being excluded from essential support.

More than 90% of respondents called for improved cultural responsiveness, greater flexibility, and better funding for specialized services tailored to diverse communities. The ECCV recommends stronger support for multicultural disability service providers, as well as enhanced outreach and engagement by the National Disability Insurance Agency (NDIA) to ensure equitable access and better outcomes for older migrants with disabilities [23].

10. Interaction Between Faith and Health Among Older Migrants

Spirituality and religiousness have a significant role in coping with health issues. Spiritual practices often help in navigating distress by positive coping styles like problem solving, positive reappraisal, and seeking social support [24]. Religious practices help older Latin American immigrants in Australia build community, social support, and cope with life challenges. While religion fosters resilience, some face anxiety when questioning faith, highlighting the need for additional coping strategies like social support and professional help. Barriers to participation include mobility issues and group conflicts, which can reduce the mental health benefits of religious engagement [25]. Older Sinhalese migrants in Melbourne navigate aging and migration by engaging in transnational religious networks and digital media to accumulate merit. Mobility challenges limit traditional religious practices, leading them to seek alternative spiritual connections through technology and community associations. Diasporic networks provide spaces for collective religious engagement, reinforcing their faith and identity. Digital tools help them maintain spiritual well-being, mitigate loneliness, and prepare for the afterlife [26]. Addressing these challenges through education and leadership can enhance well-being and social integration.

11. Working with Culturally Diverse Older Australians

It is crucial to identify barriers and needs through well-conducted research. Person-centered care (PCC) can differ from the Western concept to the CALD group in the health

system. The PCC must integrate the values of the CALD group. The implication of training and education in every service is to understand the person both as an individual and a part of a wider sociocultural and religious community. To enable this, periodic training around cultural competence and humility is essential. Technology, such as real-time apps, can be helpful; however, one must be careful about using them in healthcare. Using language interpreters instead of mobile services is encouraged in a healthcare setting. International collaboration via telemedicine where interpreting services are inadequate are essential to consider. The National Translating and Interpreting Service (TIS) supports unrestricted access to language interpreters in any clinical setting in Australia. Despite such free service, a lack of use and overreliance on consumers' families is ongoing. A mandatory training module on using an interpreter can be implemented in health training. The cost of care regarding medicines and medical appointments is a significant barrier in the CALD group, so policy reviews about asylum seekers or older migrants are essential to improving access [5,27].

The research on social marketing policies relevant to CALD groups is lacking. There is a need for social campaigns that utilize ethnic media in collaboration with the country of origin. The influential antismoking media campaign for the Greek population is "Good Heart, Good Life" (Health Promotion Journal of Australia, n.d.). Even though the CALD older population consumes information from both Western and ethnic media, the latter can be more trustworthy among the CALD population [28].

A study by Wile J et al. shows that befriending services may address loneliness and social isolation among older CALD groups. The model was most successful when the relationship went beyond a transactional "professional-client" relationship to resemble genuine friendship, underpinned by mutual interests and norms of reciprocity and reliability [29].

Before establishing long-term care facilities (LTFs) for the CALD older population, the service needs to emphasize cultural accommodation among residents, healthcare providers, and staff. The CALD older population has different perspectives about LTFs, such as the desire to maintain daily routine and the ability to speak their own language. The integration of such values will benefit a successful LTF [30].

From a mental health perspective, therapists should be aware of the cultural model of illness and the sick role. Not all societies nurture Western values such as individualism, independence, and assertiveness. Hence, culturally modified cognitive behavioral therapy (CBT) can be helpful in understanding the core beliefs related to illness [31].

Understanding one's own cultural values, being open to others, obtaining new perspectives through alternative ways of communication, and fostering awareness and acknowledgement of differences are essential aspects of developing better cultural awareness training among health professionals [32]. Respectful and supportive clinician interactions with the family are pertinent in collaborative patient care [33]. On a micro level, there is a need for continuous professional development on the effects of oppression and ethnically sensitive communication skills with a sense of genuine empathy among social workers who are often involved in navigating health systems for this group. On a macro level, they shall advocate for equal opportunities in housing, strategy implementation, and review processes [16].

12. Frameworks Supported by Dept of Health, Australia for Older CALD Australians

It is essential to provide information in a simplistic format in the preferred language. Translating critical documents, developing policies around translation services, and reflective exercises are crucial aspects of success. Adopting system approaches: Evaluating existing policies and designs to empower the CALD groups is essential. It should involve

CALD consumers and careers to build culturally sensitive service delivery and space for supported decision-making. Accessible care and support: There is a need for ongoing consultation and commitment to providing evidence-based information in a preferred channel. Proactive and flexible aged care system: Engage with local CALD partners to provide updated resources and increase awareness of complaint pathways. Respectful and inclusive services: It is important to involve community leaders in generating a media campaign to make the service more inclusive [21].

Meeting the needs of the vulnerable: The CALD population in palliative and rehabilitation settings needs an integrative approach involving local religious leaders and trauma specialists [21].

There is a significant gap in knowledge about this group. Building trust, engaging with community leaders or elders, encouraging via friends, providing peer support and refreshment, and flexible timing and locations of interventions can be essential steps to engage older CALD groups in healthcare research [34].

13. Psychosocial Intervention

Older culturally diverse Australians face unique challenges, including language barriers, social isolation, and limited access to culturally responsive healthcare. Psychosocial interventions play a crucial role in enhancing their well-being. Incorporating cultural values into medical and social care improves service outcomes and fosters greater acceptance of healthcare interventions. Integrating traditional healing practices can further enhance service engagement and effectiveness [35].

The presence of culturally sensitive language interpreters is essential in building trust between older individuals, their families, and healthcare providers, ensuring clear communication and culturally appropriate care. Lastly, fostering social connections within culturally specific settings helps mitigate loneliness and isolation, ultimately contributing to better mental health and overall well-being [36].

14. Conclusions

Effective care delivery requires collaborative work between providers, organizations, policymakers, and communities. Better sources of information and improved communication systems are crucial to gaining trust among the CALD group. The CALD group contributes significantly to civil society, so it is our responsibility to pay it back. More research is needed to understand the barriers and effective ways to develop holistic community approaches.

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