

## RESEARCH ARTICLE

# Who speaks my language? Linguistic diversity among people living in Australian residential aged care facilities

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## Abstract

**Objectives:** Australia's migration programs mean that an increasing number of people living in residential aged care (RAC) were born in a non-main English-speaking country (NMESC) and have a preferred language other than English (LOTE). This study describes the number of such residents in aged care facilities in Australia and discusses the implications for their care.

**Methods:** This study presents a secondary analysis of the Australian Institute of Health and Welfare (AIHW) National Aged Care Data Clearinghouse 2020–2021 to examine the country of birth and preferred language of people living in RAC in each state and territory and the number of residents who are lone speakers of their language in their facility.

**Results:** Less than half (45 per cent) of the residents born in a NMESC had a preferred LOTE. Of those, 50 per cent spoke Italian, Greek or Cantonese. At least 60 other preferred languages were recorded, the majority with very few speakers. Australia-wide, more than one in five residents with a preferred top 20 LOTE are the lone speaker of their language in their facility. The proportion of lone speakers is highest in Tasmania, the ACT and Queensland.

**Conclusions:** Understanding the extent of language diversity, location and linguistic isolation of people living in RAC is essential for planning to ensure residents with a preferred LOTE receive high-quality, individualised care. There is a need for consistent and timely data collection about the diversity of aged care residents and workers in this sector.

## KEYWORDS

communication barriers, cultural diversity, homes for the aged, patient-centered care, residential aged care facilities

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## 1 | INTRODUCTION

Australia's aged care system offers services along a continuum of needs, from in-home support to personal care in the home, respite and residential aged care (RAC). While most aged care services are provided in people's homes, the bulk of funding is directed towards RAC, which provides the highest intensity of support and care for older Australians who can no longer live independently.<sup>1</sup> There is great diversity within this group of people, particularly regarding culture and language.<sup>2</sup>

In the words of Charlemagne, a 7th Century emperor, 'To have another language is to possess a second soul'. Older people in Australia speak a diverse range of languages. In 2021, at least 720,000 people aged over 65 years spoke a language other than English (LOTE) at home; of those, more than a third (36 per cent) spoke English not well or not at all.<sup>3</sup> For these Australians, access to intensive and high-quality support as they age depends on the capacity of the RAC sector to respond to their cultural and language diversity.<sup>2,4,5</sup>

In Australia, the expectation to provide services and support that accommodate cultural and linguistic diversity among aged care residents exists formally in legislation, the Aged Care Diversity Framework<sup>6</sup> and the recommendations of the Royal Commission into Aged Care Quality and Safety.<sup>7</sup> Still, inadequate systems and significant gaps exist in the care provided to people with diverse and different life experiences.<sup>7</sup> Older people from diverse cultural backgrounds are more likely to experience challenges accessing and receiving quality care and are at higher risk of isolation.<sup>8–11</sup> Those living with dementia are likely to be even more vulnerable.<sup>12</sup> The COVID-19 crisis further amplified the gaps in providing person-centred care to people from culturally diverse backgrounds living in RAC in Australia.<sup>13,14</sup>

Notwithstanding resource constraints across the sector, there remains a common assumption in mainstream models of care that residents and staff share similar backgrounds and needs. This assumption increases the risk of culturally inappropriate care, which has a detrimental effect on older adults' well-being and quality of life.<sup>15,16</sup> Similar experiences are shared in other 'countries of immigration', including New Zealand, Canada, the UK and the United States.<sup>17</sup>

Person-centred care requires understanding the cultural context of a person's preferred language, such as country, region of birth and ethnicity.<sup>15</sup> Variations within groups should also be recognised: for example, speakers of the same language can come from culturally and linguistically diverse countries (e.g., Arabic). Even within geographically small regions, there can be substantial regional linguistic differences among speakers

### Policy Impact Statement

Many aged care residents prefer to speak a language other than English. Understanding language diversity is essential for service planning and delivery and fundamental to person-centred care. The implications of this analysis on countries of birth and preferred language in Australian aged care residents extend to other countries and contexts.

of the same language (e.g., Italy). Therefore, congruence among people with the same preferred language cannot be assumed.

This study aimed to understand the diversity of aged care residents who prefer to speak a language other than English. In so doing, it expands on a 2019 study by Petrov et al.<sup>18</sup> describing linguistic diversity in aged care. The specific questions addressed in this study are as follows:

- What are the preferred languages of people born in NMESC residing in RAC, and how do they vary between Australian States and Territories?
- To what extent are residents with a preferred LOTE the only speaker of their language within their facilities?

## 2 | METHODS

We drew on customised data on aged care service users obtained from the Australian Institute of Health and Welfare (AIHW). The AIHW also manages the National Aged Care Data Clearinghouse, a repository of assessment and administrative data relating to government-funded aged care programs and the GEN Aged Care website, where reports based on these data are published. On request, in March 2022, the AIHW Aged Care Data Improvement Unit provided the authors with a deidentified dataset of all permanent residents who had lived in RAC in the 2020–2021 financial year. The data included permanent residents' country of birth and preferred language by Aged Care Planning Region (ACPR) and State and Territory. The AIHW also provided the number of speakers of the top 20 preferred languages in RAC and the numbers of those who were the only speakers of their language in their facility, by state or territory.

Descriptive analyses of country of birth and preferred language of aged care residents in each state and territory are provided. The preferred languages of residents were categorised into either English or a language other

**TABLE 1** Permanent aged care facility residents born in a non-main English-speaking country (NMESC) 2020–2021<sup>a</sup> by State or Territory.

State/Territory	Born NMESC	Percent	Total residents
Australian Capital Territory (ACT)	677	23	2994
New South Wales	17,101	22	77,794
Northern Territory	104	17	608
Queensland	5102	11	46,843
South Australia	3814	18	20,702
Tasmania	432	7	6016
Victoria	16,378	26	62,080
Western Australia	4188	20	21,385
Total	47,796	20	238,422

<sup>a</sup> Excluding residents whose country of birth was not recorded.

than English (LOTE). Residents were also categorised as born in a main English-speaking country (MESC) or non-main English-speaking country (NMESC). Main English-speaking country includes Australia, the UK, the Republic of Ireland, New Zealand, Canada, the United States and South Africa.<sup>19</sup> However, a direct link between country of birth and a particular language cannot be assumed: residents born in a MESC may have a preferred LOTE, while those born in a NMESC may prefer to speak English (and it may be their first language). Furthermore, these distinctions do not incorporate the myriad factors associated with cultural and linguistic diversity (CALD) in Australia.<sup>20,21</sup>

Notwithstanding the complexities and nuances of language, distinguishing between MESC and NMESC provides some consistency when examining aspects of migration, cultural diversity and preferred LOTE in RAC. The available data allowed for an analysis of the number of residents who speak one of the top 20 preferred LOTE in RAC and an investigation of the extent of linguistic isolation of permanent aged care residents who are a lone speaker of their language in their facility.

There are limitations to the AIHW data. Collected at the point of initial assessment for community or RAC services, the data do not necessarily reflect whether or how a person's preferred language may change over time, and information was not available on how well residents with a preferred LOTE speak English. Data were occasionally missing or inconsistent, while there were discrepancies in labelling broad language groups (such as Chinese) or specific languages (such as Cantonese or Mandarin). Thus, it was impossible to accurately capture all speakers of each LOTE.

To undertake this secondary analysis of administrative data made available by the AIHW, the researchers were required to sign a deed of confidentiality. All analyses, figures and conclusions in this study are the authors.

## 2.1 | Ethics statement

The initial and substantial development of this paper was undertaken at Benetas ([www.benetas.com.au](http://www.benetas.com.au)). The paper presents a secondary analysis of data in the public domain and additional anonymised data collated by the Australian Institute for Health and Welfare (AIHW) pursuant to the *Australian Institute of Health and Welfare Act 1987 (AIHW Act)*. The authors met all AIHW requirements regarding the use of this data, including AIHW review of the final tables presented in the paper. Institutional ethics approval or waiver was not required as the research did not involve collection or access to any personally identifying information.

## 3 | RESULTS

First, the relationship between country of birth and language was explored. Following this, linguistic diversity in aged care and the location and relative isolation of residents with a preferred language other than English were examined. Up to 7648 residents (three per cent) were excluded due to incomplete or missing data.

Approximately 58 per 1000 people over 70 live in RAC Australia-wide.<sup>1</sup> However, the use of RAC by older Australians varies across the states and territories. Per 1000 people over 70 years, usage is highest in South Australia (62), close to the average in Victoria (59), Queensland (59), New South Wales (NSW) (57), Western Australia (56), Tasmania (55) and the Australian Capital Territory (ACT) (52). It is much lower in the Northern Territory (36). Of the 238,422 residents living in RAC during the 2020–2021 financial year whose country of birth was recorded, 20 per cent (47,796) were born in a NMESC (Table 1). Permanent residents from 185 countries lived in RAC during the 2020–2021 financial year.

Victoria has the highest proportion of people born in NMESC living in RAC (26 per cent), closely followed by the ACT (23 per cent) and NSW (22 per cent). Approximately 20 per cent were born in a NMESC in the other states and territories, except for Queensland (11 per cent) and Tasmania (7 per cent), where relatively fewer aged care residents are born in an NMESC.

### 3.1 | The relationship between country of birth and preferred language in residential aged care

For permanent residents born in a MESC, including Australia, 98 per cent or more people have a preferred language of English. This pattern is consistent in every state or territory except the Northern Territory. While the absolute number of people living in RAC in the Northern Territory is small, a higher proportion than in other states lives in a facility specifically designed to provide a culturally safe environment for people of Aboriginal and Torres Strait Islander descent.<sup>22</sup> In the Northern Territory, 20 per cent of permanent aged care residents born in Australia had a preferred Indigenous LOTE.

Of the 47,796 RAC residents in the 2020–2021 financial year born in a NMESC, less than half (45 per cent) had a preferred LOTE (Figure 1).

More NMESC-born people with a preferred LOTE live in the two most populous states, Victoria and NSW, and South Australia. In all other States and Territories, less than one-third of aged care residents from a NMESC prefer a LOTE.

### 3.2 | Profile of language diversity in residential aged care

Consistent with the country of birth of residents in aged care and older Australians more broadly,<sup>23</sup> the three preferred LOTE most consistently reported were Italian, Greek and Cantonese (Figure 2). Residents who preferred to speak one of these three languages comprised 50 per cent of all residents with a preferred LOTE. Overall, 90 per cent of

residents with a preferred LOTE spoke one of the 20 most frequently reported languages other than English (Figure 2).

While acknowledging different ways of recording language preferences, there were approximately 80 languages preferred by RAC residents born in a NMESC. For each of the top 12 preferred LOTE (of which, as shown in Figure 2, Serbian is the 12th), there are more than 500 aged care residents Australia-wide. Although Netherlandic is the 20th most frequently reported language, fewer than 150 residents have this preferred language. 'All other LOTE' (Figure 2) encompasses 2218 residents with at least 60 preferred languages, of which 25 languages had fewer than 10 speakers among aged care residents across Australia.

### 3.3 | Preferred LOTE by State or Territory

While there are similarities in LOTE across all states and territories, the greatest diversity was apparent in NSW (72 different languages) and Victoria (68 different languages) (Table 2).

In some states where a lower proportion of RAC residents born in NMESC have a preferred LOTE (such as Queensland, Tasmania and the ACT), fewer residents speak one of the top three preferred LOTE.

### 3.4 | Linguistic isolation

Residents speaking one of the languages with 150 or fewer speakers Australia-wide have a higher chance of

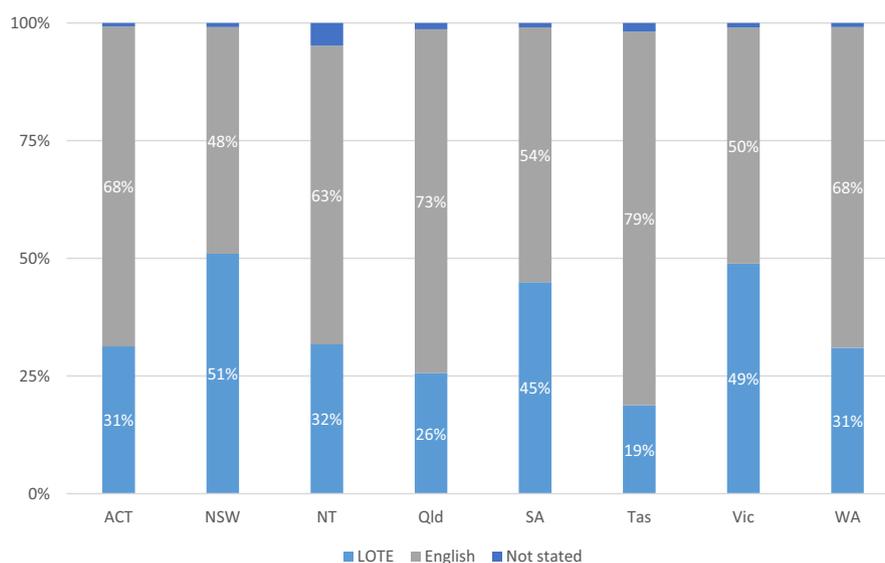
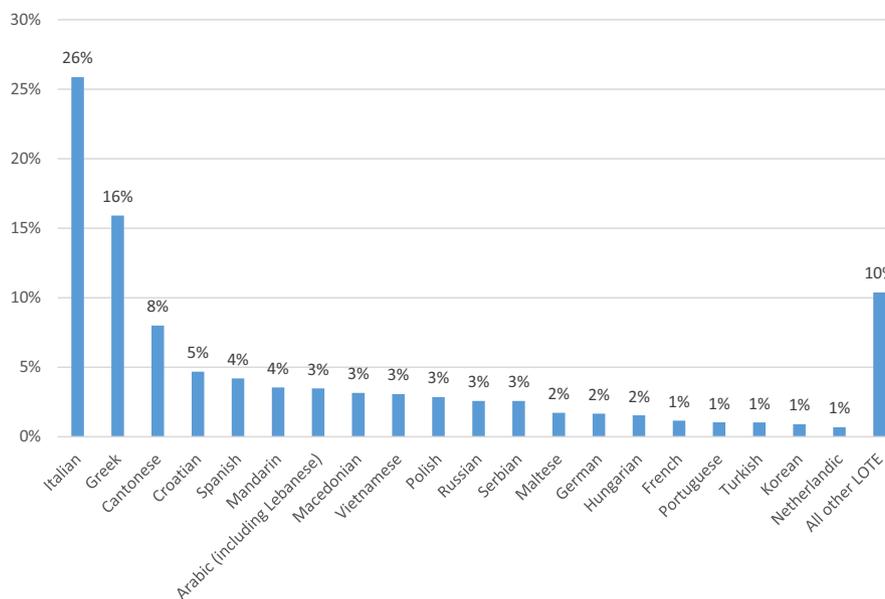


FIGURE 1 Permanent aged care residents born in a non-main English-speaking country 2020–2021: Preferred Language. LOTE, language other than English.



**FIGURE 2** Permanent aged care facility residents born in a non-main English-speaking country 2020–2021: The top 20 preferred language other than English (LOTE).

**TABLE 2** Number of language other than English (LOTE) preferred by residents from non-main English-speaking country and the per cent of residents with a preferred LOTE who speak Italian, Greek or Cantonese<sup>a</sup>.

State/Territory	Number of preferred LOTE	Per cent who prefer Italian, Greek or Cantonese
Australian Capital Territory	36	27
New South Wales	72	43
Northern Territory	13	46
Queensland	60	40
South Australia	53	63
Tasmania	28	32
Victoria	68	56
Western Australia	50	53
Total	81	50

<sup>a</sup> The top three preferred LOTE, Australia-wide.

being a lone speaker, that is, the only speaker of that language in their facility. One in five aged care residents with a top 20 preferred language lives in a RACF where they are the only speaker of their language (Table 3).

Nationally, there were 411 RAC facilities with a single speaker of one of the top 20 preferred languages. By contrast, there were 302 with more than 20 speakers of the same preferred LOTE, some of which are ethno-specific facilities that cater to older Australians from specific cultural backgrounds.

Even if residents can access same-language support from staff or relatives, people who are the only speakers in their facility may be vulnerable to cultural, linguistic and social isolation.<sup>16</sup> However, a common language does not necessarily overcome national, cultural and socio-economic differences between speakers of the same language. Residents with a preferred LOTE living with other speakers may still be at risk of social isolation, particularly when they are from a culturally diverse background among speakers of their language.

## 4 | DISCUSSION

Older Australians speak a diverse range of languages. This study highlights the diversity of residents from NMESC living in aged care in Australia. The current 80 languages preferred by RAC residents born in a NMESC is a slight increase on the 70 languages reported by Petrov et al. in 2019.<sup>18</sup> Of the 80 languages identified in the current study, approximately 60 have fewer than 150 speakers Australia-wide. Residents speaking these languages may be isolated as one of the few or only speakers of their language in their facility. Even among the 20 most preferred languages, one in five speakers is the only one in their facility. Support for linguistically isolated residents is particularly crucial in Tasmania, the ACT and Queensland, where residents are more likely to be lone speakers of their preferred LOTE.

Research indicates that culturally diverse older Australians and their families prefer ethno-specific RAC.<sup>24</sup> However, this option is not available for most residents with a preferred LOTE. Providing a holistic and culturally

**TABLE 3** Per cent of residents with a top 20 preferred language other than English (LOTE) who are lone speakers of their language in their aged care facility.

State/Territory	Number of lone speakers	Per cent of lone speakers with a top 20 preferred LOTE
Australian Capital Territory	83	46
New South Wales	1397	18
Northern Territory	8	30
Queensland	486	45
South Australia	347	22
Tasmania	48	72
Victoria	1226	16
Western Australia	348	29
Total	3943	20

appropriate service for linguistically diverse populations, many of whom are the only speakers of their language, will require significant innovation and investment.

In aged care settings, families and carers provide significant support to NMESC residents with a preferred LOTE. However, more recognition and better support for family members and carers are needed.<sup>25</sup> For residents without family support, developing programs to facilitate new connections with members of the same cultural community is recommended.<sup>26</sup> For example, residents could be introduced to existing networks in the local community, thereby developing cross-facility connections with other residents and families from similar backgrounds. The many benefits of programs such as Australia's volunteer-based community visitor scheme should also be pursued.

As the crisis caused by the COVID-19 pandemic has shown, a disruption to the support residents receive from their families can have severe consequences for culturally and linguistically diverse communities, especially when they rely on their families for essential communication.<sup>14</sup> Thus, building the capacity of aged care staff is crucial to providing person-centred support to residents with a preferred LOTE.<sup>26</sup> In Australia, efforts to understand and meet the needs of older adults from diverse cultural and linguistic backgrounds are evidenced in programs such as the national alliance of the Partners in Culturally Appropriate Care (PICAC) program ([www.picacalliance.org](http://www.picacalliance.org)) providers, which facilitates information, training and resources to improve culturally inclusive practice.

Another strategy is to leverage the cultural and linguistic skills of the care staff more effectively. The majority of care workers in Australian RAC are born overseas.<sup>27</sup> However, current migration patterns mean that many recent migrant workers in RAC do not necessarily have

the same cultural or linguistic background as residents in their care.<sup>28</sup>

Consistent and timely documentation of the cultural backgrounds, languages and experiences of care staff within and across facilities could increase recognition of their capacity to support residents with a preferred LOTE. This information could also inform the development of systems to facilitate the sharing of the skills and knowledge of multilingual care workers in the same region. To this end, it may be opportune for the Aged Care Award, which is central to wages and conditions in this sector, to include provisions for remuneration based on cultural and linguistic skills, thereby enabling RAC to attract or reward staff who speak relevant languages or have some regional or culturally adjacent experience to those in their care.

Where available and appropriate, the use of interpreters may help to meet residents' needs. However, the dearth of data on the utilisation of interpreters in RAC remains.<sup>18,29</sup> We echo Petrov et al.<sup>18</sup> in calling for a national approach to the timely, systematic, sector-wide collection of data about the diversity of residents and care workers and the effectiveness of interventions to support their care. This information should be used to inform inclusive policy and practice in Australian aged care services.<sup>21</sup> Prompted by the descriptive data presented here, more detailed statistical analysis is needed to inform policy and practice to address the nuances of cultural and linguistic diversity. The AIHW's recent project to review and improve data collection about culturally and linguistically diverse residents living in RAC is an excellent step to improving available data on these topics.<sup>30</sup>

One of the limitations of this type of analysis is the lack of consistent data about the cultural and linguistic preferences of people living in RAC and their care workers. Despite the legislated requirement to provide individually tailored care and support, there has been inadequate research about the level and type of support that are implemented in mainstream RAC for residents who do not speak English well, particularly those who may be linguistically isolated with little contact with others who speak their preferred language. It is crucial to consult with residents and their families about allocating resources to support linguistic diversity to ensure it is appropriate to their specific cultural and social preferences.<sup>9,15</sup>

## 5 | CONCLUSION

There is considerable cultural and linguistic diversity in aged care, with more than 20 per cent of residents from a NMESC with a preferred LOTE living in a facility where they are the only resident with that language.

Understanding this diversity and the risk of linguistic isolation of people living in RAC is essential to person-centred care. This is particularly critical for residents who are the only speakers of their language. Aged care residents with a preferred LOTE in Queensland, Tasmania and the ACT are likelier to speak a language outside the top 20 preferred LOTE and be the only resident in their facility with their language.

Providing inclusive and individualised care depends on timely and accurate diversity data about residents and care workers. This study supports the call for better evidence-based knowledge and innovation to support person-centred care for aged care residents with a preferred LOTE. The clear need to invest in high-quality, culturally inclusive systems based on accurate data extends to other countries and contexts.<sup>5,7</sup>

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## CONFLICT OF INTEREST STATEMENT

No conflicts of interest declared.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from Australian Institute of Health and Welfare. Restrictions apply to the availability of these data, which were used under license for this study. Data are available from the author(s) with the permission of Australian Institute of Health and Welfare.

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## REFERENCES

1. Australian Institute of Health and Welfare. Gen Aged Care Data: people using aged care. 2023. Accessed March 1, 2023. <https://www.gen-agedcaredata.gov.au/Topics/People-using-aged-care#Aged%20care%20use%20in%20Australia>
2. Radermacher H, Feldman S. Cultural diversity, health and ageing. In: O'Loughlin K, Browning C, Kending H, eds. *Ageing in Australia: Challenges and Opportunities*. Springer; 2017:83-101.
3. Australian Bureau of Statistics [ABS]. Proficiency in Spoken English (ENGLP) by Age in Five Year Groups (AGE5P) 2021 Census of Population and Housing – Census TableBuilder Basic – 2021 Census Cultural Diversity 2022. Accessed February 28, 2023. <https://www.abs.gov.au/statistics/microdata-tablebuilder/tablebuilder>
4. Brooke J, Cronin C, Stiehl M, Ojo O. The intersection of culture in the provision of dementia care: a systematic review. *J Clin Nurs*. 2018;27(17–18):3241-3253. doi:10.1111/jocn.13999
5. Rowley G, Tieman J, Jones K. Steps towards equitable care: creating web pages to highlight diversity for Australia's aged care and end-of-life care workforce. *Aust J Prim Health*. 2022;28(4):338-343. doi:10.1071/PY21084
6. Department of Health. Aged care diversity framework. Australian Government. 2017. Accessed March 1, 2023. <https://www.health.gov.au/resources/publications/aged-care-diversity-framework?language=en>
7. Australian Government. Royal Commission into aged care quality and safety: final report: care, dignity and respect. 2021. Accessed May 1, 2023. <https://agedcare.royalcommission.gov.au/>
8. Al Shamsi H, Almutairi AG, Al Mashrafi S, Al KT. Implications of language barriers for healthcare: a systematic review. *Oman Med J*. 2020;35(2):e122. doi:10.5001/omj.2020.40
9. Georgeou N, Schismenos S, Wali N, Mackay K, Moraitakis E. A scoping review of aging experiences among culturally and linguistically diverse people in Australia: toward better aging policy and cultural well-being for migrant and refugee adults. *Gerontologist*. 2021;63(1):182-199. doi:10.1093/geront/gnab191
10. Ma M, Joshi G. Unpacking the complexity of migrated older adults' lives in the United Kingdom through an intersectional lens: a qualitative systematic review. *Gerontologist*. 2021;62(7):e402-e417. doi:10.1093/geront/gnab033
11. Kirby E, Lwin Z, Kenny K, Broom A, Birman H, Good P. "It doesn't exist...": negotiating palliative care from a culturally and linguistically diverse patient and caregiver perspective. *BMC Palliat Care*. 2018;17(1):90. doi:10.1186/s12904-018-0343-z
12. Cabote C, Salamonsen Y, Trajkovski S, Maneze D, Montayre J. The needs of older people with dementia from culturally and linguistically diverse backgrounds living in residential aged care: an integrative review. *J Clin Nurs*. 2023;32:5430-5444. doi:10.1111/jocn.16617
13. Tierney L, Doherty K, Elliot KEJ. Distressed, detached, devalued and determined: aged care workers' experiences of the COVID-19 pandemic. *Aust J Adv Nurs*. 2022;39(3):45-53. doi:10.37464/2020.393.661
14. Weng E, Mansouri F, Vergani M. *The Impact of the COVID-19 Pandemic on Delivery of Services to CALD Communities in Australia*. Deakin University; 2021. <https://apo.org.au/node/313720>
15. Michael J. Diversity Conceptual Model for aged care: person-centred and difference-oriented and connective with a focus on benefit, disadvantage and equity. *Australas J Ageing*. 2016;35(3):210-215. doi:10.1111/ajag.12313
16. Xiao LD, Willis E, Harrington A, et al. Improving socially constructed cross-cultural communication in aged care homes: a critical perspective. *Nurs Inq*. 2018;25(1):e12208. doi:10.1111/nin.12208
17. Um S, Lee J, Boulos P. *International Review of Seniors Strategies that Support Ethno-Cultural and Linguistic Diversity*. Wellesley Institute; 2020. Accessed May 1, 2023. <https://www.wellesleyinstitute.com/publications/international-review-of-seniors-strategies-that-support-ethno-cultural-and-linguistic-diversity/>
18. Petrov L, Joyce C, Gucciardo-Masci T. Aging in Australia: country of birth and language preferences of residents in aged care facilities. *Aust Health Rev*. 2019;43(1):78-84. doi:10.1071/AH17032

19. Australian Bureau of Statistics [ABS]. Glossary to migrant data matrices. 2021. Accessed October 4, 2023. <https://www.abs.gov.au/statistics/people/people-and-communities/migrant-data-matrices/latest-release>
20. Pham TTL, Berecki-Gisolf J, Clapperton A, O'Brien KS, Liu S, Gibson K. Definitions of Culturally and Linguistically Diverse (CALD): a literature review of epidemiological research in Australia. *Int J Environ Res Public Health*. 2021;18(2):737. doi:10.3390/ijerph18020737
21. Australian Association of Gerontology. AAG Position Paper: capturing cultural and linguistic diversity in Australia. 2023. Accessed May 1, 2023. <https://aag.asn.au/libraryviewer?ResourceID=91>
22. Australian Government. My aged care: National Aboriginal and Torres Strait Islander Flexible aged care providers. 2023. Accessed May 1, 2023. <https://www.myagedcare.gov.au/support-aboriginal-and-torres-strait-islander-people>
23. Australian Institute of Health and Welfare. Older Australians. 2021. Accessed May 5, 2023. <https://www.aihw.gov.au/reports/older-people/older-australians/contents/population-groups-of-interest/culturally-linguistically-diverse-people>
24. Runci SJ, Eppingstall BJ, van der Ploeg ES, O'Connor DW. Comparison of family satisfaction in Australian ethno-specific and mainstream aged care facilities. *J Gerontol Nurs*. 2014;40(4):54-63. doi:10.3928/00989134-20131219-01
25. Groenvynck L, de Boer B, Hamers JPH, van Achterberg T, van Rossum E, Verbeek H. Toward a partnership in the transition from home to a nursing home: the TRANSCIT Model. *J Am Med Dir Assoc*. 2021;22(2):351-356. doi:10.1016/j.jamda.2020.09.041
26. Xiao LD, Chen L, Han W, et al. Optimising social conditions to improve autonomy in communication and care for ethnic minority residents in nursing homes: a meta-synthesis of qualitative research. *Nurs Inq*. 2022;29(3):e12469. doi:10.1111/nin.12469
27. Department of Health. 2020 Aged Care Workforce Census Report. 2021. Accessed May 4, 2023. <https://www.health.gov.au/resources/publications/2020-aged-care-workforce-census>
28. Australian Government National Skills Commission. Care Workforce Labour Market Study. 2023. Accessed October 1, 2023. <https://www.nationalskillscommission.gov.au/reports/care-workforce-labour-market-study>
29. Wand APF, Pourmand D, Draper B. Using interpreters with culturally and linguistically diverse older adults: what do we need to know? *Australas J Ageing*. 2020;39(3):175-177. doi:10.1111/ajag.12751
30. Australian Institute of Health and Welfare [AIHW]. Gen Aged Care Data: data improvements. 2023. Accessed May 31, 2023. <https://www.gen-agedcaredata.gov.au/Data-improvements>

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