

Queensland Home and Community Care (HACC) Program

Multicultural Services Development Strategy

February 2006

QUEENSLAND HOME AND COMMUNITY CARE (HACC) PROGRAM MULTICULTURAL SERVICE DEVELOPMENT STRATEGY

PURPOSE

The need for HACC services to be accessible and responsive to people from culturally and linguistically diverse (CALD) backgrounds has been identified as an issue at both the National and State levels for a number of years. People from CALD backgrounds have been identified as a special need group in the HACC National Program Guidelines.

The purpose of this paper is to provide future direction and development of services funded by the Queensland HACC Program to support people from culturally and linguistically diverse backgrounds.

The paper is based on information drawn from demographic and HACC service delivery data combined with key principles derived from a range of current National and State policy documents. The paper provides direction for the development of currently funded services as well as for services that may be funded in the future. Although some of the data and analysis in the paper refers specifically to older (over 65 years) HACC eligible CALD clients the document is intended to cover CALD clients of all ages.

This paper specifically identifies:

- The current situation in Queensland with regard to the distribution of people from CALD backgrounds and HACC-funded services for this client group; and
- The policy context relating to the provision of HACC funded services to people from culturally and linguistically diverse backgrounds;
- The broad future direction for HACC funded services in Queensland relating to people from CALD backgrounds and their carers.

BACKGROUND AND CONTEXT

DEMOGRAPHIC ANALYSIS

Identifying changing demographic patterns and demand for service provision plays an important role in understanding and planning for HACC funded services that meet the needs of older CALD people in the overall HACC eligible population.

The numbers of older people from culturally and linguistically diverse backgrounds are projected to increase more quickly. As a group, CALD populations are expected to age more rapidly in comparison to Australia's overall older population (65 years and older). In 1996, 18 per cent of Australians aged 65 and over (392,800 people) were from CALD backgrounds. By 2011, this population is projected to increase to 23 per cent (653,800 people). This is a 66 per cent increase over the 15-year period, compared with a 23 per cent increase in the older Australian-born population.¹

¹ Gibson et al (2001) cited in AIHW: *Diversity among older Australians in capital cities 1996-2011* Bulletin Issue no.18 Sept 2004 p.4

The 2001 Census found 182 languages other than English spoken in the general population of Queensland. Of these, the three main languages other than English were Chinese, Italian and German.

Queensland has one of the most geographically diverse populations of all the states. In 1996 it was reported that Queensland had one of the highest proportions of ethnic aged living outside of a metropolitan area. While this trend is set to continue, there will at the same time be an increasing concentration of CALD populations in the south-east corner of the State.

Over the next 15 years to 2011, South East Queensland's CALD population is expected to increase by 57 per cent, experience a more rapid increase in the ration of older people than the general population and represent an increasingly wide range of birthplaces.²

The increasing number and range of people from culturally and linguistically diverse backgrounds in Queensland's older population (65 years and older) have implications for the future provision of HACC funded services to support culturally inclusive care particularly in regard to:

- Identification of organisations to meet the concentrated and increasing diversity within South East Qld of small and emerging CALD groups.
- Addressing geographical diversity through the delivery of cost-effective and appropriate services across a wide geographic distribution.
- Understanding the needs of specific cultural groups according to the geographic distribution and concentration of communities along with age structure, English proficiency and timing of migration that will influence the capacity to network to and access local HACC service providers.
- Ensuring a consistent, flexible service response model across HACC funded organisations.

POLICY FRAMEWORKS

There are a number of policy frameworks, as well as other reports and activities that have been undertaken, relating to the equitable provision of services to people from culturally and linguistically diverse backgrounds.

The principles identified in the *Charter of Public Service in a Culturally Diverse Society* are incorporated into a number of these policy frameworks. The *Charter of Public Service in a Culturally Diverse Society* has been endorsed by Ministers at the Commonwealth and State/Territory levels and by local government leaders.

The policy frameworks and principles of the Charter provide an overarching framework to inform the broad future direction of HACC funded service provision for the older CALD population of Queensland.

The principles outlined in the Charter are:

- *Access* – Government services should be available to everyone who is entitled to them and should be free of any form of discrimination irrespective of a person's country of birth, language, culture, race or religion.
- *Equity* – Government services should be developed and delivered on the basis of fair treatment of clients who are eligible to receive them.
- *Communication* – Government service providers should use strategies to inform eligible clients of their services and their entitlements and how they can obtain them. Providers

² AIHW *Diversity among older Australians in capital cities 1996-2011* Bulletin Issue 18, September 2004

should also consult regularly about the adequacy, design and standard of government services.

- *Responsiveness* – Government services should be sensitive to the needs and requirements of clients from diverse linguistic and cultural backgrounds and responsive as far as practicable to the particular circumstances of individuals.
- *Effectiveness* – Government service providers should be ‘results-oriented’ and focused on meeting the needs of clients from all backgrounds.
- *Efficiency* – Government service providers should optimise the use of available public resources through a user responsive approach to service delivery which meets the needs of clients.
- *Accountability* – Government service providers should have a reporting mechanism in place, which ensures they are accountable for implementing Charter objectives for clients (for example, by reporting on these in annual reports or other types of reports).

The other key National and State policy frameworks that are most directly relevant for the purpose of this paper are.

- *A New Agenda for Multicultural Australia* (December 1999) and *Multicultural Australia: United in Diversity – Updating the 1999 New Agenda for Multicultural Australia: Strategic directions for 2003-2006*;
- The draft *National Framework for the Development of Culturally Inclusive HACC Services*;
- The *Multicultural Queensland: Making a World of Difference 2004*;
- The *Queensland Government Language Services Policy*;
- The *Queensland Health Multicultural Policy Statement* (March 2000).

REVIEWS AND REPORTS

At the National and State level there have been a number of reports since 1998 relating to the provision of services to people from CALD background:

- *Report on the National Stocktake of HACC Policy and Service Provision for People with a Diverse Cultural and Linguistic Background* (Department of Health and Aged Care) – February 1999;
- *Evaluation of Strategies for Diversity Intervention Projects* report (S & S Consultants) – April 1998;
- *Report on the Culturally Appropriate Resources for the Elderly Project* – March 2002; and
- *Review of Existing Market for HACC Eligible Clients from CALD Backgrounds* (Gibson Consulting) – September 2003.
- The draft *Report on the Review of the implementation of the Queensland Health Multicultural Policy Statement and the Queensland Health Languages Services Policy Statement* (February 2005)

CURRENT HACC CALD SERVICES & KEY ISSUES

SUMMARY

Historical funding decisions have produced the existing pattern of Queensland HACC Program service provision composed of ethno specific (single community), ethno specific (multiple community) and generic service providers with differing capacities to provide a multicultural response in delivering services to HACC eligible CALD clients.

In this context, service providers can be placed along a continuum indicating the level of specialisation to deliver HACC services to CALD clients. Categorically, service providers are described as:

- A generic service
- A generic multicultural service with culturally inclusive service provision reflecting the range of CALD communities in the area where the services are delivered,
- A specialist ethno-specific (multiple communities) service targeting a number of CALD communities in the area where the services are delivered; and
- A specialist ethno-specific (single community service targeting a single CALD community in the area where the services are delivered).

There are currently 19 HACC funded ethno specific service providers delivering direct services targeted toward clients from CALD backgrounds. Additionally there is one service providing information and education across a number of regions to support improved service delivery to clients from a CALD background.

Of the 19 funded ethno specific services for direct service provision, nine are ethno-specific (single community) and receive 41.3% of the total HACC funding for all ethno specific service providers. These nine ethno-specific (single community) providers deliver services to people from the specific cultural backgrounds of; Greek (2 services); Finnish/Scandinavian; Islamic; South-East Asian groups; Chinese; Italian; Polish; and Australian South Sea Islander clients. Most of the ethno-specific (single community) services are located in the Brisbane metropolitan area.

In 2003/2004 the Queensland HACC Program Minimum Data Set (MDS) reported a total of 89 languages other than English spoken by people receiving HACC services across Queensland. Italian and Greek languages were the most common alternative to English, accounting for 15.7 per cent and 8.1 per cent respectively. The next most common languages other than English were Danish (5%) and Polish (4%). Importantly, it must be noted there are ongoing concerns regarding the accuracy and consistency of the MDS data being reported by providers.

KEY ISSUES

An overview of current delivery of funded HACC services to people from CALD backgrounds has revealed the following findings and issues that have also been considered in developing this position paper. These are:

Under-representation of frail aged CALD clients accessing HACC services

There appears to be under-representation of the frail aged from ethnic communities accessing HACC services. In the Queensland general population, the 2001 Census found 253,629 people from CALD backgrounds.

Of this total CALD population only 5,392 (2.13%) were reported through the 2003/2004 HACC Minimum Data Set as accessing HACC services. This figure is significantly less than the four per cent³ of the total Queensland population that received HACC services during the same period.

While this indicates a trend, it is necessary to qualify this figure by noting that there are significant limitations with the MDS reporting of CALD status in terms of accuracy and completeness. Furthermore, the number of CALD people with disabilities accessing services (especially younger people with a disability) compared to the general population remains

³ 2003/2004 HACC MDS reports around 4% of total Qld population used HACC services. A comparative estimate for each HACC Region was made by dividing the number of CALD HACC clients by the total CALD population within each Local Planning Area. This method assumed that the percentage of the total CALD population who are likely to be HACC eligible remains constant across all LPAs. This figure should be taken only as a broad indicator and is possibly an under representation.

uncertain and is speculated to be lower in view of the immigration policy where stringent medical screenings of potential migrants is undertaken by the Department of Immigration and Multicultural Affairs⁴.

This data can give only a broad indicator of service access. Further analysis will be undertaken for CALD people over the age of 65 as this gives a more realistic comparison to the broader HACC eligible population.

Regional variance in reported use of HACC services

The 2003/2004 Minimum Data Set indicates that the levels of access to HACC services by people from diverse cultural and linguistic backgrounds differ widely across the HACC Planning Regions. These figures are indicative only. Further investigation and analysis is required of factors that may influence the variance in the uptake of HACC services by CALD people.

The highest level of access by older CALD clients to HACC services was reported in the Northern Region (3.13%). In contrast, Central Region constituted the least number of CALD service recipients, indicating a possible significant level unmet need among the older CALD population in that Region (1.26%).

Table 1: Distribution of CALD population and their reported access to HACC services throughout Queensland

HACC Planning Region	CALD HACC clients ⁵	Total CALD Population ⁶	% CALD population accessing HACC
South Brisbane	1,848	81,534	2.26%
West Moreton/South Coast	1,018	62,715	1.62%
North Brisbane/Sunshine Coast	1,017	54,475	1.87%
Peninsula	770	25,160	3.06%
Northern	474	15,154	3.13%
Central	111	8,823	1.26%
Darling Downs/South West	154	5,768	2.67%
Queensland Total	5,392	253,629	2.13%

There is also variance between the individual Local Planning Areas (LPA) within the HACC Planning Regions. Details of usage of HACC services by Local Planning Area are contained in Appendix 2. The highest reported usage levels of HACC services by CALD clients in any LPA is in Burdekin LPA (10.03%), followed by Hinchinbrook (7.72%), Southern Downs (7.17%), Tablelands (5.87%) and Innisfail (4.57%). Again these figures should be considered as broad indicators only.

Proportion of funding allocations by HACC Service Types

There is some question as to whether the current funding for ethno specific services is being effectively targeted to those service types that are likely to ensure the maximum impact to people from CALD backgrounds. Funding for ethno-specific services is not consistently targeted toward the service types that could be considered to have a higher cultural sensitivity

⁴ Black and Maples (1998) cited in 2003 *Carers Research Project Report*. Western Australia: Ethnic Disability Advocacy Centre.

⁵ HACC Minimum Data Set 2003-2004

⁶ Australian Bureau of Statistics 2001 Census

such as Social Support, Centre Based Day Care, Case Management and Counselling, Support and Information,

20 ethno specific service providers receive a total annual funding of \$6 million direct service funding that is distributed across a range of HACC service types. The most predominant service types currently delivered through ethno specific services is Centre Based Day Care, Domestic Assistance and Social Support. These service types, in particular Domestic Assistance and Centre Based Day Care have been identified through the consultation process as being of high relevance to people from CALD backgrounds.

Table 2 provides details of the number of services funded for the various service types and the amount and percentage of the total funding allocated to each service type.

Table 2: Service types funded – whole of Queensland (2004/2005)

Service Type	No of services funded	Funding allocated
Centre Based Day Care	11	\$1,449,352 (22.9%)
Domestic Assistance	10	\$1,804,676 (28.6%)
Social Support	10	\$ 790,157 (12.5%)
Counselling/support, Information etc	9	\$ 224,108 (3.6%)
Information, Education & Training	6	\$ 537,100 (8.5%)
Case Planning	7	\$ 359,063 (5.7%)
Respite Care	7	\$ 323,504 (5.1%)
Case Management	6	\$ 260,012 (4.1%)
Assessment	6	\$ 214,241 (3.4%)
Personal Care	5	\$ 119,164 (1.9%)
Transport	5	\$ 86,937 (1.4%)
Other food services	3	\$ 38,597 (0.6%)
Home maintenance	2	\$ 38,383 (0.6%)
Allied Health	2	\$ 34,303 (0.5%)
Nursing Care	1	\$ 18,667 (0.3%)
Home modification	1	\$ 10,171 (0.2%)
Meals	1	\$ 3,217 (0.1%)
Total		\$6,311,652

FUTURE DIRECTION FOR THE PROVISION OF HACC FUNDED CALD SERVICES

SERVICE PLANNING

The identification and prioritisation of the needs for additional services for all HACC eligible people including people from CALD communities should be incorporated into the overall HACC Planning process in each Local Planning Areas across the HACC Regions. The need for additional HACC services will be identified and prioritised as part of this process through a mix of quantitative and qualitative data and within the context of available resources.

In addition to identifying the service priorities for the broad HACC eligible population, some Local Planning Areas may also identify specifically a particular need for some service types specifically within the CALD community. The HACC Program will continue to refine the planning process including improvements in the collection of qualitative and quantitative data to develop a clearer understanding of the needs of HAQCC eligible people from CALD communities.

Once needs and priorities have been identified, consideration is given to the most appropriate purchasing strategy. appropriate mix of service delivery options and purchasing strategies. Existing ethno-specific services are encouraged to make an application to deliver additional services either. All applications are considered according to ability and capacity to provide service. Because of costs involved in establishing a new HACC service, any request for a new service, has to be carefully considered against evidence of the nature and volume of need.

SERVICE MIX

Direct HACC services to people from CALD backgrounds will continue to be delivered through the mix of service models endorsed by the *Draft National Framework for the Development of Culturally Inclusive HACC Services*. As such, the HACC Program will continue to fund “both culturally inclusive service provision by generic service providers and services targeted at single or multiple ethnic communities in the future mix of service provision.”⁷

The intention of the HACC Program is to support the development of a range of appropriate service delivery models. However it is assumed that due to the population numbers and diversity, a significant portion of future services will need to be delivered through generic service providers.

This approach aligns with other policy and programs at a national and state level specifically designed to promote and facilitate increased access to services as well as build capacity to providers to deliver culturally appropriate care. Such programs include the *Partners in Cultural Appropriate Care (PICAC)* and the *Community Partners Program (CPP)* funded by the Australian Government Department of Health and Ageing and community-based strategies including the *Multicultural Access Project (MAP)* workers established by the NSW Department of Ageing, Disability and Home Care and *Multicultural Community Worker Program (CWP)*, *Local Area Multicultural Partnerships (LAMP)* funded by Multicultural Affairs Queensland (MAQ).

The HACC Program holds the view that wherever possible, existing services should be encouraged to develop and work collaboratively to meet the needs of all HACC eligible people including people from CALD backgrounds within each Region. Therefore the HACC Program needs to work actively to further develop the capacity of all HACC funded services, but particularly generic providers, to develop services that best meet the needs of CALD clients.

The focus on generic providers is not at the expense of growth and development of existing ethno specific providers. Ethno-specific services perform a key role within the HACC Program by providing cultural expertise and effective, meaningful and appropriate care to people from CALD backgrounds as well as contributing to capacity building across the generic services.

Generic Multicultural Services

The HACC Program will support generic HACC services to develop an increasingly multicultural approach to service provision as the primary, but not the only, means of meeting the needs of multiple CALD communities within each HACC Planning Region across the state. Given the anticipated increasing number, diversity and geographic distribution of the CALD population in Queensland, the HACC Program views this as the most effective long term approach to increasing access to appropriate HACC services for CALD communities.

⁷ Department of Health and Ageing *Draft National Framework for the Development of Culturally Inclusive HACC Services* p.4

This approach aims to develop the multicultural capacity of the generic HACC funded service providers and is viewed as the most effective way to ensure key principles of access and equity are achieved by supporting expertise within the established HACC environment.

Supporting the multicultural capacity of generic HACC funded services provides an integrative and flexible service model for an older population identified with:

- A changing composition,
- Increasing diversity,
- A wide geographic distribution across HACC regions, and
- Demographic projections to increase more rapidly than other groups in the population (Rowland 1997 cited in *National Framework*)⁸

Ethno-specific Services (single and multiple communities)

As noted above, Ethno-specific services are an important component in the delivery of HACC services to CALD communities. It is anticipated that these existing services will continue to grow over time in locations of increasing need. Existing services are encouraged to apply for additional funding through the annual HACC Funding Round where they wish to deliver the additional services identified through the HACC planning process as priorities in the Local Planning Areas in which they operate.

Existing ethno-specific services may consider expanding to deliver services to small and emerging communities that may have been identified through the planning process as having limited or no access to HACC services.

New ethno-specific services

As noted above, the HACC Program wishes to develop existing service providers to meet needs of HACC eligible people. New HACC services are only considered where it is clear that the existing range of providers is unable to meet identified need. In relation to ethno-specific services, it would need to be clearly identified that there were a number of significantly large, geographically concentrated ethnic groups not currently accessing HACC services within a geographical area combined with a lack of capacity or ability in existing services.

If the existing range of providers are unable to meet identified need, the HACC Program considers a range of demand and capacity issues as 'evidence of need' when considering the establishment of any new HACC service. In relation to establishing new ethno-specific services for HACC eligible people from CALD backgrounds, such evidence would include:

- A capacity to develop and/or operate and sustain an ethno-specific service,
- The circumstances of the ethnic community – stating particular barriers to joining an existing service that would make it necessary for the establishment of a separate service,
- Demographics and demographic projections – the increase or decline in the size and composition of particular ethnic communities requiring the same service,
- The size and concentration of ethnic groups within a geographical area or,
- The range of service types required, and
- The potential client numbers and whether these were sufficient to ensure viable services for the development of an ethno-specific program or service (small newly emerging communities).

⁸ Rowland, DT (1997) cited in Ethnicity and Ageing in A Borowski, S Encel and E Ozanne (eds) *Ageing and Social Policy in Australia* pp.75-93 Melbourne: Cambridge University Press cited in Australian Government, Department of Health and Ageing *Draft National Framework for the Development of Culturally Inclusive HACC Services*

SERVICE DEVELOPMENT

The Queensland HACC Program aims to develop sustainable partnerships and improve the capacity of all HACC funded services to respond to the differing needs of HACC clients from CALD communities.

To support this aim the HACC Program will develop a range of existing and new initiatives and projects as noted below. It is anticipated that these initiatives will be of value and accessible to all HACC service providers, but of particular relevance to enhancing the capacity of generic service providers to increase levels of access to HACC services by people from CALD backgrounds. This emphasis is in line with the HACC Program view that generic multicultural service providers will be the primary means of meeting the needs of multiple ethnic communities.

Information, Education and Training Services

The Queensland HACC Program will provide funding for education and information (service type 018) to CALD clients, their carers and service providers working with people from a CALD background. The aim of this is to foster a greater awareness and understanding of issues, resources and options available to enhance access to services by eligible CALD people.

Within each Region, the 018 service(s) will consult with local ethnic communities and HACC service providers to profile and scope the information and resource needs of both groups to assist in developing specific strategies to better target services to CALD populations in their area. It is also intended these services will work with key stakeholders including CALD community representatives to identify barriers and gaps in service delivery to support the HACC Planning process.

Diversicare currently provides this service in a number of regions. The HACC Program will continue to examine the best method of ensuring statewide access to this 018-service type.

HACC Workforce Skills Development Strategy

The *HACC Workforce Skills Development Strategy* has been developed to provide a framework for the skills development of the workforce providing services through the HACC Program in Queensland. It is intended that the implementation of the strategy will lead to an increase in the number of paid and volunteer workers demonstrating appropriate levels of skills in a number of areas identified as a priority for skill development. This includes developing cross-cultural expertise to support the provision of culturally inclusive care by the HACC workforce.

HACC Multicultural Information Strategy

This project aligns to the 2002 *HACC National Information Strategy* by establishing a co-ordinated publicity strategy to develop translated resources that share key messages about HACC services with targeted ethnic communities. The Information Strategy provides multilingual resources to all HACC service providers to disseminate such as translated leaflets, brochures, audio files and internet pages to facilitate greater awareness and higher usage levels of HACC services by people from a CALD background.

Enhanced Planning and Purchasing Process

The Program will continue to develop strategies, particularly in regard to information sharing and consultation, to better understand and reflect the needs and priorities of HACC eligible people from CALD backgrounds within the annual planning process.

The HACC Program is continuing to develop mechanisms for more frequent consumer consultations generally, that will include CALD communities that use HACC services.

Part of the Regional Advisor role is to support the planning process for CALD communities in their Region by facilitating direct dialogue between HACC services and representative groups at the local level and encouragement of greater participation in the formal annual planning process.

The HACC Program will develop and improve Regional Profiles and also look to organisations to provide their local knowledge and data that further reflect the needs of the community.

The HACC Program will also, through the Annual Funding Round, increasingly prioritise growth funding to new and existing generic services that best demonstrate the existence of strategies aimed at improved access to all of their HACC funded services through addressing the needs and preferences of ethnic communities.

Promoting Communication

Communication between generic and ethno-specific services providers will be encouraged and supported to articulate and incorporate strategies and best practice aimed at improving CALD access in the delivery of HACC services within each HACC Planning Region.

Enhanced Client Care Co-ordination

Client Care Co-ordination is defined as a short-term, less intensive form of service delivery than Case Management, to individual clients that require assistance to access more than one service. It involves implementing a care plan; liaison with service providers in the same or another agency dealing with the same client; advocacy to ensure the client has access to the range of services required; and monitoring and reviewing the care plan or service plan. While the expectation would be generally a short intervention for clients to receive a service, the Program acknowledges the length of time may vary according to individual need.

The HACC Program will fund identified service provider(s) in each HACC Planning Region for Client Care Co-ordination activities to facilitate access by special needs groups to HACC services. Both ethno specific, multicultural and generic services are eligible to apply for Client Care Co-ordination funding. These services will work directly with HACC service providers and relevant ethnic communities and groups in each Planning Region to support the uptake of existing generic HACC services within these communities.

APPENDIX 1

POLICY FRAMEWORKS

There are a number of policy frameworks, as well as other reports and activities that have been undertaken, relating to the equitable provision of services to people from culturally and linguistically diverse backgrounds.

The key policy frameworks at both a National and State level relating to this issue include:

- *A New Agenda for Multicultural Australia* (December 1999) and *Multicultural Australia: United in Diversity – Updating the 1999 New Agenda for Multicultural Australia: Strategic directions for 2003-2006*;
- The *Charter of Public Service in a Culturally Diverse Society*;
- The draft *National Framework for the Development of Culturally Inclusive HACC Services*;
- The *Queensland Government Multicultural Policy 2004*;
- The *Queensland Government Language Services Policy*; and
- The *Queensland Health Multicultural Policy Statement* (March 2000).

The policy frameworks that are most directly relevant for the purpose of this paper are the *Queensland Government Multicultural Policy*, the *Queensland Health Multicultural Policy Statement*, and the draft *National Framework for the Development of Culturally Inclusive HACC Services*. The principles identified in the *Charter of Public Service in a Culturally Diverse Society* are incorporated into a number of these policies.

Queensland Government Multicultural Policy 2004

The *Queensland Government Multicultural Policy 2004*, issued by the Department of the Premier and Cabinet, replaces the *Multicultural Queensland Policy* that was issued in August 1998. Through the policy, the Queensland Government's commitment is to uphold the following values:

- Promoting the economic and cultural benefits of diversity – all Queenslanders share the economic and social benefits of cultural diversity.
- Ensuring access – all Queenslanders have equitable access to services and programs regardless of their cultural and religious backgrounds.
- Assisting community development and participation – all Queenslanders enjoy equal rights, responsibilities and opportunities to participate in, contribute to and benefit from all aspects of life in Queensland.
- Promoting community relations and cohesion – all Queenslanders share responsibility for the continuing development of Queensland as a cohesive and fair society.

The policy will be implemented through the following strategies:

- Productive diversity economic strategy – strengthening Queensland's standing as a place that values and wished to attract intellectual capital, overseas investment, and secure further gains through harnessing cultural diversity.
- Supporting communities – funding and investing in Queensland's communities to further multiculturalism.
- Strengthening multiculturalism in the public sector – changing how activities of Government agencies are planned and delivered to ensure that all Queenslanders have access to services.
- Community relations and anti-racism – strengthening the sense of belonging Queenslanders have in their local environment and in the global community.

Queensland Government Language Services Policy (QGLSP)

The QGLSP reflects a whole-of-Government commitment to the development of communications strategies to inform eligible clients of services and their entitlements and how they can obtain them. It incorporates a model *Language Services Policy* that may be used as a tool for the development of agency-specific language policies. Guidelines and suggested performance indicators are also provided.

The Charter of Public Service in a Culturally Diverse Society

The *Charter of Public Service in a Culturally Diverse Society* has been endorsed by Ministers at the Commonwealth and State/Territory levels and by local government leaders.

The principles outlined in the Charter are:

- Access – Government services should be available to everyone who is entitled to them and should be free of any form of discrimination irrespective of a person's country of birth, language, culture, race or religion.
- Equity – Government services should be developed and delivered on the basis of fair treatment of clients who are eligible to receive them.
- Communication – Government service providers should use strategies to inform eligible clients of their services and their entitlements and how they can obtain them. Providers should also consult regularly about the adequacy, design and standard of government services.
- Responsiveness – Government services should be sensitive to the needs and requirements of clients from diverse linguistic and cultural backgrounds and responsive as far as practicable to the particular circumstances of individuals.
- Effectiveness – Government service providers should be 'results-oriented' and focused on meeting the needs of clients from all backgrounds.
- Efficiency – Government service providers should optimise the use of available public resources through a user responsive approach to service delivery which meets the needs of clients.
- Accountability – Government service providers should have a reporting mechanism in place which ensures they are accountable for implementing Charter objectives for clients (for example, by reporting on these in annual reports or other types of reports).

Queensland Health Multicultural Policy Statement (March 2000)

The *Queensland Health Multicultural Policy Statement* adapted the previous *Multicultural Queensland Policy* to the health portfolio and outlines how Queensland Health will respond to the Government's multicultural policy commitments.

The policy statement takes the mandated principles and embeds them into core Queensland Health processes and practices.

The principles from the *Charter of Public Service in a Culturally Diverse Society* (see above) are adopted as principles shaping Queensland Health's response to the challenges of linguistic and cultural diversity.

Roles and responsibilities identified for General Manager Health Services include the incorporation of multicultural health performance requirements in service agreements and inclusion of multicultural issues in quality and accreditation processes in relation to *Health Services Procurement*.

Draft National Framework for the Development of Culturally Inclusive HACC Services

The Draft *National Framework for the Development of Culturally Inclusive HACC Services* was developed by a Commonwealth/State National Reference Group for People of a Diverse Cultural and Linguistic Background for endorsement by HACC Officials in 2000/2001. The framework arose out of a *Report on the National Stocktake of HACC Policy and Service Provision for People with a Diverse Cultural and Linguistic Background* (see below).

Some of the key elements of the framework are as follows:

- There is a strong indication of unmet need for HACC services among the frail aged from ethnic communities;
- Older people from minority ethnic communities are increasing more rapidly than other groups in the population;
- The ethnic composition of the older population will vary over time.

- The HACC program draws on the principles of the *Charter of Public Service in a Culturally Diverse Society* – each of which can be equally applied to “Government services and services funded by Governments”.
- The framework identifies the responsibilities of the Commonwealth and State/ Territory Governments, and expectations of service providers.
- The framework notes that historical funding decisions have produced service provision incorporating a mix of targeted and generic services with varying levels of responsiveness to cultural diversity.
- The framework also notes, in relation to future directions, that the “HACC Program endorses both culturally inclusive service provision by generic service providers and services targeted at single or multiple ethnic communities in the future mix of service provision. Decisions about the choice of service response will be made according to individual circumstances and take into account considerations of quality, effectiveness, cultural appropriateness, sustainability and efficient use of government resources.
- The framework outlines priorities aimed at improving CALD access to HACC services to be undertaken by Commonwealth and State/Territory Governments. Some of these include cross-cultural training, information strategies, effective use of language services, innovative service models and HACC data systems capturing CALD information for planning and management.

OTHER KEY REPORTS AND ACTIVITIES

The following reports relating to the provision of services to people from CALD backgrounds, at both a national and state level, have been produced since 1998:

- *Report on the National Stocktake of HACC Policy and Service Provision for People with a Diverse Cultural and Linguistic Background* (Department of Health and Aged Care) – February 1999;
- *Evaluation of Strategies for Diversity Intervention Projects* report (S & S Consultants) – April 1998;
- *Report on the Culturally Appropriate Resources for the Elderly Project* – March 2002; and
- Consultancy report on *Review of Existing Market for HACC Eligible Clients from CALD Backgrounds* (Gibson Consulting) – September 2003.
- The draft *Report on the Review of the Implementation of the Queensland Health Multicultural Policy Statement and the Queensland Health Languages Services Policy Statement* (February 2005)

Report on the National Stocktake of HACC Policy and Service Provision for People with a Diverse Cultural and Linguistic Background (Department of Health and Aged Care) – February 1999

This report summarises the results of a national HACC “stocktake” of clients with diverse cultural and linguistic backgrounds that was undertaken in late 1998.

The report notes that most States have invested significant resources into materials and research studies into the needs of the target group, however the target group experiences significant barriers to service delivery and many mainstream providers have difficulties in responding to them.

The report notes that there is general agreement as to what constitutes good practice and what issues need to be addressed. However, most States have independently evolved their own policy, strategy, information and training frameworks, resulting in some duplication of effort.

The report makes a total of 13 recommendations. The following is a summary of the recommendations:

1. Establish a national framework for services to people with a diverse cultural and linguistic background developed jointly by the Commonwealth and the State/Territories for the HACC Program.
2. Co-ordinate, document, promote and implement good practice effective and efficient service models to HACC consumers with a diverse cultural and linguistic background.

3. Facilitate through education, training and the sharing and/or development of appropriate resources and improvement in the capacity of those delivering generic HACC services to provide high quality culturally responsive care for the target group.
4. Include in the agenda of an appropriate conference in 1999, a workshop and forum on *HACC Policy and Service Provision for People with a Diverse Cultural and Linguistic Background* to enable service providers and multicultural communities to contribute ideas, initiatives and solutions to the future of community-based service delivery to the client group.
5. Liaise with the Standards Working Group to ensure that they consider the development of appropriate performance indicators for meeting the needs of people with a diverse cultural and linguistic background.
6. Liaise with and provide input to the Assessment Working Group to ensure that issues relating to culturally appropriate assessment are considered.
7. State and Territory HACC areas investigate sources of funding available for the use of language services. Each State and Territory to develop, promote and coordinate practical strategies, models, technologies and training resources to improve the use of language services by service providers and that useful information be shared.
8. Examine the range of current cross-cultural training manuals and other training resources developed by specific State and Territory Governments to identify gaps in the provision of resources and courses. Information on the resources available should be circulated to all States and Territories so that all may benefit from the resources.
9. Liaise and coordinate efforts with the residential sector of the Commonwealth aged program in this area.
10. Develop proposals for a mechanism to enable systematic distribution, sharing and establishment of a central information source on materials relating to HACC services to people with a diverse cultural and linguistic background.
11. Liaise with the Data Reform Working Group and its sub-committees to ensure that the data needs relating to services for people with a diverse cultural and linguistic background are met by the proposed minimum data set and the training for MDS implementation.
12. States and Territories to consider developing proposals for promoting research and development in a number of areas.
13. Maintain strong links with HACC so that HACC Officials will be fully informed about the activities in this area.

The report indicates that there were at least 182 ethno-specific services operating in Australia and that almost all States use ethno-specific projects to deliver specific services while also working with mainstream services to improve access.

Evaluation of Strategies for Diversity Intervention Projects report (S & S Consultants) – April 1998

The primary purpose of this report was to document and evaluate the work carried out under the Strategies for Diversity Intervention Projects. A total of 8 pilot projects were funded under this initiative. The report recommended that the Strategies for Diversity Program be maintained for a further 18 months, during which time it recommended that the following new initiatives be developed:

- Development of an integrated statewide promotional strategy. It was recommended that the strategy should include:
 - Documentation identifying steps to follow to introduce a strategy for change within an organisation;
 - A guide or map which services could use to work through tools, practices, procedures and mechanisms that are available;
 - Model policies, procedures and practices that can be adopted/adapted;
 - Documentation of monitoring tools to assess how well change is being implemented, including improved access to services;
 - A guide to cross cultural training, reviewing and assessing the scope and quality of existing programs and providers;
 - Regular use of media to provide advice, promote activities and advice on meeting national service standards with respect to CALD clients. Could also provide information about particular ethnic communities;

- Promotion may also include a mechanism for rewarding and highlighting the achievements of service providers.
- Development of a trial mentoring or partnership program in which services are linked with other services, with the mentor providing 'in house training', guidance and advisory support. The partnership or mentor relationship might fund a joint venture between a mainstream service and ethnic community group or between a mainstream service and another mainstream service to assist in the transfer of experience.
- Trial the establishment of a part time, joint funded fixed term ethnic health liaison resource workers within the Area HACC Office, Community Health or other unaligned service. The role of the worker would be expected to include such functions as advocate for services or consumers, acting as an agent of change and resource support, and dissemination and support of the Statewide Promotional Strategy.
- Facilitation and support of strategies which are likely to encourage the development of a wider pool of skilled bi-lingual and bi-cultural workers.

Report on the Culturally Appropriate Resources for the Elderly (CARE) Project – March 2002

The CARE project was initiated by a range of service providers in order to increase access to health and aged care information for older people from CALD backgrounds. The project received funding from Multicultural Affairs Queensland. The project report made the following recommendations:

Knowledge of services:

- HACC, Commonwealth Department of Health and Ageing and Queensland Health to provide resources and funding opportunities to assist older people from CALD backgrounds to access information about community care services.
- Funding needs to be provided to community organisations and services to that are best placed to develop and implement innovative grassroots strategies that are effective and culturally appropriate.
- Government and community organisations to incorporate in any information development and dissemination strategies, substantial support to include small and emerging communities with ageing population.
- Commonwealth, State and Local Government to provide resources for older people from CALD backgrounds to have increased opportunities for training and access to appropriate technology as a source of information.

Information delivery

- Divisions of General Practice to work with multicultural and ethno specific organisations and service providers to increase general practitioners' awareness of community care services and to encourage them to deliver information to older CALD background patients.
- Organisations and service providers providing community care to older people to be encouraged to use ethnic media such as ethnic radio and newsletters as a way of information dissemination to CALD older people.
- Consistent mechanisms of communication and networks to be built up between community organisations, service providers and government agencies in local areas, such as Home and Community Care (sic).
- Community organisations and service providers to initiate/resource family/friends support networks through a wide range of culturally appropriate information activities using human resources wherever it is possible in order to reduce a reliance on pamphlets and written material to minimum (sic).
- HACC forums and networks actively ensure that multicultural services and ethnic organisations have opportunities to attend for information exchange.
- The CARE management group to seek opportunities for a funding to follow up and further evaluate and develop the CARE CD-ROM.

Diverse Older Persons on Line

- The report made a series of recommendations regarding internet access for older people from CALD backgrounds.

Consultancy report on *Review of Existing Market for HACC Eligible Clients from CALD Backgrounds* (Gibsons Consulting) – September 2003

The following is a summary of the recommendations identified in the report which reviewed the existing market of service delivery for HACC eligible clients from CALD backgrounds.

Main themes from Consultancy Report

The report recommendations can be summarised by the following themes:

- The HACC Program address the needs of HACC CALD populations through focussing on linguistic and cultural issues in service provision including dietary preferences and dissemination of HACC Program information. This also includes the Program to undertake ensuring needs of CALD populations are better incorporated into the Planning Process with adequate and appropriate evidence; and partnerships are developed with service providers to improve services e.g. linguistic issues. HACC services are to be co-ordinated through the Regional Planning Process and local existing services to develop capacity and ensure inclusive provision of services to all groups in their area.
- The identification and promotion of successful partnerships for service development and planning at the state-wide and local level to ensure the needs of all ethnic groups (larger and small, newly emerging ethnic groups).
- The identification and support of a range of service models across Queensland to address the needs of HACC CALD populations along a continuum (with multicultural generic service provision to ethno specific services) where evidence suggests a particular model would be appropriate and sustainable. The Report supports a continuum with the primary focus being multicultural generic services but allowing for development of ethno specific services.
- The HACC Program to support a capacity-building role for HACC service providers across the state facilitating the provision of training and development (training, information and education) for cross-cultural awareness and sensitivity. These activities are undertaken within each Region but within a consistent state-wide approach and may be delivered through one or more individual service providers and resourced on a state-wide basis.

APPENDIX 2

South Brisbane HACC Planning Region

Of Queensland's total CALD population, 81,534 (32.15%) were counted in the South Brisbane HACC Planning Region. This is 14.2% of the total regional population, which is above the Queensland average of 7.1%. The top five CALD birthplaces in the South Brisbane Region for people aged 60+ years were Italy, Greece, China, Germany and Netherlands.

There are 6 CALD services funded in the South Brisbane Region, for a total of \$3,060,800 (47.9% of total CALD funding). Four of the 6 services funded appear to be ethno/culturally-specific, targeting people from Greek (Greek Respite Centre), Finnish/Scandinavian (Finnish Home Care Service), Islamic (Islamic Home and Community Care Service) and South-East Asian (Care Management) backgrounds. Some of these services cover the Brisbane Metropolitan area. Domestic Assistance (36% of funding); Centre Based Day Care (21.9% of funding); and Information, Education & Training (11.3% of funding) are the 3 main service types funded in this region.

Table 4 provides the reported usage of HACC services by CALD people in the South Brisbane HACC Planning Region, giving the number of CALD HACC clients and the total CALD population.

Table 4: CALD HACC clients – Brisbane South

Local Planning Area	CALD HACC clients²	Total CALD Population³	% CALD population accessing HACC
Coorparoo	595	19,025	3.13%
Inala	467	19,124	2.44%
Mt Gravatt	608	34,470	1.76%
Redlands	119	5,385	2.20%
Wynnum	59	3,530	1.67%
Region Total	1,848	81,534	2.26%

The percentage of the CALD population reported as accessing HACC services in this region is slightly above the State average of 2.13%, however there is significant variation within the region, ranging from 1.67% in Wynnum to 3.13% in Coorparoo.

West Moreton/South Coast HACC Planning Region

Of Queensland's total CALD population, 62,715 (24.68%) were counted in the West Moreton/South Coast HACC Planning Region. This is 7.74% of the total regional population similar to the Queensland average of 7.1%. The top five CALD birthplaces in the West Moreton/South Coast Region for people aged 60+ years were Germany, Netherlands, Italy, Poland and Croatia.

There are 5 CALD services funded in this region, receiving a total of \$982,776 (representing 15.4% of total CALD funding). Only 1 of the 5 services funded appears to be ethno/culturally-specific, namely the Greek Respite Centre of the Gold Coast. Greece does not appear in the top five CALD birthplaces for this region. The remaining services appear to be multicultural, and one is reportedly a state-wide service for a single large service provider only (Blue Care Multicultural Liaison Project). Centre Based Day Care (30.7% of funding); Domestic Assistance (22.9% of funding) and Social Support (17.2% of funding) are the 3 main service types funded in this region.

Table 5 provides the reported usage of HACC services by CALD people in the West Moreton/South Coast HACC Planning Region, giving the number of CALD HACC clients and the total CALD population.

Table 5: CALD HACC clients – West Moreton/South Coast

Local Planning Area	CALD HACC clients ²	Total CALD Population ³	% CALD population accessing HACC
Beaudesert	41	1,953	2.10%
Beenleigh	52	2,808	1.85%
Boonah	3	124	2.42%
Esk	3	328	0.91%
Gold Coast Central	214	16,762	1.28%
Gold Coast Hinterland	21	1,953	1.08%
Gold Coast North	76	5,940	1.28%
Gold Coast South	81	7,025	1.15%
Ipswich	112	8,143	1.38%
Laidley	1	279	0.36%
Logan	413	17,400	2.37%
Region Total	1017	62,715	1.62%

The percentage of the CALD population reported as accessing HACC services in this region is below the State average of 2.13%, with only Boonah and Logan showing reported CALD client access above the State average.

North Brisbane/Sunshine Coast HACC Planning Region

Of Queensland's total CALD population, 54,475 (21.48%) were counted in the North Brisbane/Sunshine Coast HACC Planning Region. This is 5.64% of the total regional population and below the Queensland average of 7.1%. The top five CALD birthplaces in the North Brisbane/Sunshine Coast Region for people aged 60+ years were Italy, Germany, Netherlands, India and Poland.

There are 4 CALD services funded in this region, receiving a total of \$1,431,460 (representing 22.4% of total CALD funding). Three of the 4 services funded in this region appear to be ethno/culturally-specific, targeting people from Italian (Italian Australian Access and Support Program), Polish (Polish Social Welfare) and Chinese (Cathay Home Care Services) backgrounds. Centre Based Day Care (27.5% of funding); Domestic Assistance (24.1% of funding) and Social Support (17.0% of funding) are the 3 main service types in this region.

Table 6 provides the reported usage of HACC services by CALD people in the North Brisbane/Sunshine Coast HACC Planning Region, giving the number of CALD HACC clients and the total CALD population.

The percentage of the CALD population reported as accessing HACC services in this region is below the State average of 2.13%, with the level of access appearing to be lower in areas outside of the Brisbane metropolitan area, with the exceptions of Toowong (below State average) and Caloundra (above State average).

Table 6: CALD HACC clients – North Brisbane/Sunshine Coast

Local Planning Area	CALD HACC clients ²	Total CALD Population ³	% CALD Population accessing HACC
Brighton	86	3,813	2.26%
Caboolture	66	3,875	1.70%
Caloundra	57	2,389	2.39%
Chermside	191	8,782	2.17%
Enoggera	119	4,760	2.50%
Gympie	5	633	0.79%
Lutwyche	208	7,865	2.64%
Maroochy	41	4,125	0.99%
Noosa	11	1,731	0.64%
Pine Rivers	71	3,973	1.79%
Redcliffe	26	2,123	1.22%
Toowong	137	10,406	1.32%
Region Total	1,018	54,475	1.87%

Peninsula HACC Planning Region

The Peninsula HACC Planning Region has a CALD population of 25,160 or 9.92% of Queensland's total CALD population. This is 11.05% of the total regional population and above the Queensland average of 7.1%. The top five CALD birthplaces in the Peninsula Region for people aged 60+ years were Italy, Germany, Netherlands, Poland and Croatia.

There is only one CALD service funded in this region, receiving \$85,389 (representing 1.3% of total CALD funding). All of this funding is allocated to Counselling/Support, Information and Advocacy services.

Table 7 provides the reported usage of HACC services by CALD people in the Peninsula HACC Planning Region, giving the number of CALD HACC clients and the total CALD population.

Table 7: CALD HACC clients – Peninsula

Local Planning Area	CALD HACC clients ²	Total CALD Population ³	% CALD Population accessing HACC
Cairns	202 (68)	11,448	1.76%
Cape	46 (42)	1,923	2.39%
Innisfail	120 (22)	2,628	4.57%
Tablelands	190 (23)	3,239	5.87%
Torres	212 (206)	5,922	3.58%
Total Peninsula	770 (361)	25,160	3.06%

The percentage of the CALD population reported as accessing HACC services in this region is above the State average of 2.13%, with only Cairns indicating a level of access below the average. Reported access is particularly high in Innisfail and Tablelands.

It needs to be noted that Aboriginal and Torres Strait Islander clients whose main language is not English are included in the CALD HACC clients numbers (shown in brackets and representing 46.9% of all CALD HACC clients in this region).

Northern HACC Planning Region

Of Queensland's total CALD population (253,629), 15,154 (6%) were counted in the Northern HACC Planning Region. This is 4.4% of the total regional population and below the 7.4% of the total Queensland population. The top five CALD birthplaces in the Northern Region for people aged 60+ years were Italy, Germany, Netherlands, Malta and Austria.

There are 2 CALD services funded in this region, receiving a total of \$506,183 (representing 7.9% of the total CALD funding). One of these services specifically targets Australian South Sea Islanders, with \$ 74,413 (14.7% of funding for the region) being allocated for Information, Education & Training services. The remaining funding is spread across 11 other service types, including Domestic Assistance (15%); Case Planning (11.2%); Case Management (11.1%); and Social Support (10%).

Table 8 provides the reported usage of HACC services by CALD people in the Northern HACC Planning Region, giving the number of CALD HACC clients and the total CALD population.

As with the Peninsula HACC Planning Region, the CALD HACC Client figures include 54 clients who speak Aboriginal and Torres Strait Islander Languages. The percentage of the CALD population reported as accessing HACC services in this region is above the State average of 2.13%.

However, this region has the largest range in access levels across its various LPAs, ranging from a low of 0% in Flinders/Richmond/McKinlay to a high of 10.03% in Burdekin. Hinchinbrook (7.72%) also reports a very high level of access by CALD clients – these are the 2 highest levels of access reported across the whole of Queensland.

Table 8: Total CALD Population and CALD HACC clients – Northern Region

Local Planning Area	CALD HACC Clients ²	Total CALD population ³	% CALD population accessing HACC services
Bowen	6	682	0.88%
Broadsound	2	328	0.61%
Burdekin	139	1,386	10.03%
Charters Towers	2	170	1.18%
Cloncurry	2 (1)	92	2.17%
Flinders/Richmond/McKinlay	0	42	0.00%
Gulf	18 (17)	537	3.35%
Hinchinbrook	113	1,463	7.72%
Mackay	26	2,182	1.19%
Mt Isa	28 (22)	932	3.00%
Sarina	1	172	0.58%
Townsville/Thuringowa	135 (14)	6,460	2.09%
Whitsunday	2	708	0.28%
TOTAL REGION	474 (54)	15,154	3.13% (2.77%)

Australian South Sea Islander People

Australian South Sea Islander people have been formally recognised as a distinct cultural group in Australia. Census and MDS data make it difficult to illicit figures such as that given for the Aboriginal and Torres Strait Islander people as Australian South Sea Islanders are not noted in these data collections as a specific group.

Mackay is believed to be the home of the largest population of Australian South Sea Islanders (approximately 6,000 people). Given that there is a large population of Australian South Sea Islanders in the Northern region, in particular Mackay, specific HACC services have been set up to accommodate

this group. The Mackay and District Australian South Sea Islander Association has been established to provide a voice for local Australian South Sea Islander organisations and individuals. This group was involved in the establishment of the HACC Linking and Bridging Project (which is now known as the Australian South Sea Islander HACC Liaison Officer located within the Mackay Community Health Centre).

Across the Northern HACC Planning region there is a large population of Australian South Sea Islanders in many areas including Ingham, Halifax, Townsville, Ayr, Home Hill, Bowen and Mackay.

Central HACC Planing Region

Of Queensland's total CALD population, 8,823 (3.48%) were counted in the Central HACC Planning Region. CALD people account for 2.24% of the total regional population, well below the Queensland average of 7.1%. The top five CALD birthplaces in the Central Region for people aged 60+ years were Germany, Netherlands, Italy, Hungary and Poland.

There is only 1 CALD service funded in this region, receiving \$99,867 (representing 1.6% of the total CALD funding for the State). This funding is allocated almost equally for Centre Based Day Care and for Respite for CALD clients living on the Fraser Coast.

Table 9 provides the reported usage of HACC services by CALD people in the Central HACC Planning Region, giving the number of CALD HACC clients and the total CALD population.

Table 9: CALD HACC Clients – Central Region

Local Planning Area	CALD HACC clients²	Total CALD Population³	% CALD population accessing HACC
Banana	5	239	2.09%
Bundaberg	23	2,167	1.06%
Central Highlands	5	548	0.91%
Gladstone	19	1,023	1.86%
Fraser Coast	26 (4)	1,931	1.35%
Livingstone	4	551	0.73%
Longreach	0	75	0%
North Burnett	2	145	1.38%
Outer Central West	1	65	1.54%
Rockhampton	12	1,395	0.86%
South Burnett	14	607	2.31%
Winton	0	77	0%
Region Total	111	8,823	1.26%

Darling Downs/South West HACC Planning Region

Of Queensland's total CALD population, 5,768 (2.27%) were counted in the Darling Downs/South West HACC Planning Region. CALD people account for 2.33% of the total regional population, well below the Queensland average of 7.1%. The top five CALD birthplaces⁵ in the Darling Downs/South West Region for people aged 60+ years were Italy, Germany, Netherlands, Hungary and Poland.

There is only 1 CALD service funded in this region, receiving \$59,275 (representing 0.9% of the total CALD funding for the State). This funding is allocated almost equally for Assessment, Case Management, Case Planning and Counselling/Support, with a smaller amount being allocated for Social Support.

Table 9 provides the reported usage of HACC services by CALD people in the Central HACC Planning Region, giving the number of CALD HACC clients and the total CALD population. There is a significant variance in the percentage of reported HACC CALD clients across the region, with a number of LPAs reporting nil access by CALD clients, while Southern Downs reports one of the highest access rates (7.17%).

Table 10: CALD HACC Clients

Local Planning Area	HACC clients CALD ²	Total CALD Population ³	% CALD population accessing HACC services
Charleville	0	94	0.00%
Cunnamulla	0	35	0.00%
Northern Downs	4	353	1.13%
Roma	1	101	1.00%
Southern Downs	120	1,674	7.17%
St George	0	72	0.00%
Toowoomba	29	3,439	0.84%
Total Region	154	5,768	2.67%