

Eastern Metropolitan Region (EMR) Home & Community Care (HACC) CALD STRATEGIC PLAN 2009 - 2011



Introduction & Background

In June 2005 consultants, Effective Change, completed the Eastern Metropolitan Region (EMR) Home and Community Care (HACC) Culturally and Linguistically Diverse (CALD) Strategic Plan project. The project aimed to:

- Enhance the region's understanding of the issues facing CALD communities relevant to their specific needs;
- Develop options on how to assist these communities to improve access to HACC basic services, and
- Identify strategies and make recommendations that facilitate small ethno-specific communities to develop and build partnerships with mainstream providers¹.

The project collected data through interviews with service providers in the region and consultation with ethno-specific service providers. As a result a three year Strategic Plan from 2005 to 2008 was developed with three goals:

Goal 1: Improve access to HACC services for CALD communities;

Goal 2: Build partnerships and resource the service system;

Goal 3: Enhance the region's understanding of the issues facing CALD communities.

In 2008 the Migrant Information Centre (Eastern Melbourne) Multicultural Equity and Access Program (MEAP) officers met with EMR Department of Human Services (DHS) to discuss the need to review this plan. As a result the original plan was reviewed by the MEAP Officers internally with a draft presented at the HACC CALD Network meeting in November 2008. The new plan fits with the HACC Triennial Planning time frame of 2008 to 2011. Final ratification was sought through the HACC CALD Network Strategic Planning Working Group and HACC CALD Network in February 2009.

HACC Policy Context

National:

- The HACC National Quality Assurance Framework including the HACC National Service Standards
- The Commonwealth Department of Health and Ageing policy *A New Strategy for Community Care: The Way Forward* revised in 2008². Particular relevance to this plan are the actions regarding access to services.

¹ Effective Change 2005, *EMR HACC CALD Strategic Plan*, Department of Human Services EMR, Melbourne, p.4.

Victorian:

- *Victorian Triennial Plan for the Home and Community Care Program 2008-2011 Directions and Expenditure Priorities in Victoria* – outlines “Access and Equity” as one of three priorities “to improve client access to services and address inequity in funding”, especially “measures to improve access to services for CALD and Koori communities”³.
- *Victorian Home and Community Care Program Manual (2003)*
- The DHS *Cultural Diversity Guide (2006)* which provides a framework for the planning and delivery of culturally appropriate human services.

In addition, current key initiatives of the HACC Program to improve access include the Supported Access Program Pilots (SAP) and Access Points Demonstration Projects. In the EMR Chinese Community Social Services Centre Incorporated (CCSSCI) has been funded under the SAP initiative to assist individuals from CALD backgrounds to access HACC services, particularly in the initial contact and assessment phase.

In addition Direct 2 Care has been established at Knox and covers the EMR as a “one stop shop” for first contact regarding access to HACC and other aged care services. This service incorporates the Commonwealth Carelink Centre and includes information, advice and referral for individuals who call or visit the service.

Migrant Information Centre (Eastern Melbourne)

The Migrant Information Centre (Eastern Melbourne) (MIC) operates in the Eastern Metropolitan Region (EMR) of Melbourne covering seven local government areas: Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Shire of Yarra Ranges.

The MIC’s **vision** is to:

“...take a lead role in the coordination of current, relevant information and the provision of services that will strengthen and stimulate opportunities to enhance the lives of new and existing migrant populations of the Eastern Region of Melbourne”.⁴

The MIC’S **mission** is to:

“Build a stronger multicultural community through providing practical solutions to barriers for accessing services and service gaps and establishing quality service delivery for migrants and their families in the Eastern Region of Melbourne”.⁵

While the primary customer group of the MIC is people from culturally and linguistically diverse backgrounds residing in the EMR, opportunities for this group are maximized by the MIC also working closely with local agencies, the local community and businesses operating in the region.

² Department of Health and Ageing, 2008, *Community Care: The Way Forward*, Commonwealth of Australia, Canberra.

³ Aged Care Branch, Department of Human Services, 2008, Victorian HACC Triennial Plan 2008-2011, DHS, Melbourne, p.16

⁴ Migrant Information Centre (Eastern Melbourne), 2008, Annual Report 2007-2008, Migrant Information Centre, Melbourne (Eastern Melbourne), p.1

⁵ Ibid, p.1

EMR Demographics

According to the 2006 Census Data, there is a total population of 956,536 people living in the Eastern Region. 74% of these speak English at home whilst 22% do not speak English at home. Over 180 languages are spoken at home by people residing in the EMR. The largest numbers of people who speak a language other than English at home speak Greek, Cantonese, Mandarin and Italian.

The 2006 Census Data indicates that people from over 190 countries have settled in the EMR. The largest number of people born outside of Australia or UK were born in China (24940), followed by Malaysia (15078), Italy (14096), Greece (13381), India (13303), New Zealand (11756), Hong Kong (9971), Sri Lanka (9820) and Vietnam (7439).

Number and percentage of population by Local Government Area from non-English speaking countries or speak a language other than English at home (ABS Census 2006)

LGA	Number of population who speak a language other than English at home	% of total population who speak a language other than English at home	Number of population born in a non-English speaking country*	% of total population born in a non-English speaking country*
Boroondara	31281	20%	28527	18.5%
Knox	25653	18%	24488	16.7%
Manningham	39027	36%	30772	28%
Maroondah	8759	9%	9438	9.5%
Monash	61723	38%	54603	33.9%
Whitehorse	36015	25%	32847	22.7%
Yarra Ranges	7086	5%	9352	6.7%
TOTAL EMR	209544	22%	190027	20%

*Excludes UK, Ireland, New Zealand, Canada, USA and South Africa

Top 10 Languages other than English for populations aged 60+ (ABS Census 2006)

Boroondara	Knox	Manningham	Maroondah	Monash	Whitehorse	Yarra Ranges
Greek	German	Italian	Italian	Greek	Greek	Italian
Italian	Italian	Greek	German	Italian	Italian	Dutch
Cantonese	Cantonese	Cantonese	Dutch	Cantonese	Cantonese	German
Mandarin	Dutch	Mandarin	Greek	Mandarin	Mandarin	Greek
German	Greek	German	Cantonese	German	German	Hungarian
Hungarian	Hungarian	Arabic	Polish	Polish	Hungarian	Polish
Polish	Mandarin	Macedonian	Hungarian	Hungarian	Dutch	Croatian
Croatian	Arabic	Croatian	Spanish	French	Polish	French
Macedonian	Latvian	Maltese	Croatian	Tamil	Vietnamese	Cantonese
French	Polish	Polish	Mandarin	Croatian	Croatian	Spanish

22% of all people in the EMR in the age group over 60 years do not speak English at home. The top ten language groups in the EMR are Italian, Greek, Cantonese, German, Mandarin, Dutch, Hungarian, Polish, Croatian and Arabic.

Multicultural Equity and Access Program - MEAP

The MIC receives funding from EMR DHS for the Multicultural Equity and Access Program (MEAP). This funding commenced in 2000 and has been recurrent since 2003. In 2005, after the Effective Change Strategic Plan Project, the funding was increased to incorporate two full-time positions at the MIC.

The aims and objectives of MEAP align closely with those of the MIC in the context of the provision of Home and Community Care services to people from culturally diverse backgrounds in the EMR.

The objectives of the MIC that are relevant to MEAP include:

- Enhance existing links with and between a range of service providing agencies in the region; and
- Identify service gaps and/or shortfalls in relation to migrants by mainstream agencies within the region and to provide advice and assistance related to appropriate service delivery in the development of new, alternative or additional services for migrants to bridge gaps and shortfalls;

This review of the EMR HACC CALD Strategic Plan adopts the original aim of the MEAP and the three goals identified by Effective Change in 2005 as they are still relevant to the program. The EMR HACC CALD Strategic Plan that follows outlines the relevant strategies under each goal, identifies responsibility for each strategy and indicates links with the MEAP operational plan. A more detailed and specific MEAP Operational Plan has also been developed.

Overall aim of MEAP:

The overall aim of MEAP is to increase access to Home and Community Care (HACC) Services by people from culturally and linguistically diverse (CALD) backgrounds in the Eastern Metropolitan Region (EMR) of Melbourne.

Three Goals of MEAP:

- Goal 1: Improve access to HACC services for CALD communities.
- Goal 2: Build partnerships and resource the service system.
- Goal 3: Enhance the Region's understanding of the issues facing CALD communities.

EMR HACC CALD Strategic Plan 2009-2011

OVERALL AIM: To increase access to Home and Community Care (HACC) Services by people from culturally and linguistically diverse (CALD) backgrounds in the Eastern Metropolitan Region (EMR) of Melbourne.

GOAL 1: Improve access to HACC services for CALD communities

Strategy – 3 years	Responsibility	MEAP objectives – 18 months
1.1 Promote HACC services and HACC service types to CALD communities	HACC funded agencies in EMR in consultation with MIC MEAP project officers & HACC CALD Network	1.1.1 Conduct or assist with service tours, information sessions and expos to inform CALD communities about HACC and HACC services types.
1.2 Address gaps in knowledge of CALD communities regarding HACC	MIC MEAP project officers in consultation with mainstream and ethno-specific CSO's	1.2.1 Consult with mainstream & ethno-specific service providers and CALD communities to identify gaps in knowledge. 1.2.2 Identify strategies to address gaps, implement and evaluate those strategies. 1.2.3 Promote and inform CALD communities about new HACC initiatives such as the Assessment Framework and Active Service Model. 1.2.4 Provide individual support to smaller CALD community groups and clubs. 1.2.5 Liaise with and facilitate connections between service providers and CALD communities.
1.3 Understand and address gaps in service use of particular HACC service types by CALD communities and promote broader service types.	EMR DHS, MIC MEAP	1.3.1 Seek, understand and disseminate service usage data to identify gaps such as mismatch between the demographics of the catchment area and client usage. 1.3.2 Share learnings from specific working groups and partnerships with agencies to sector eg. Volunteer Working Group, Knox Chinese Senior Wellbeing network. 1.3.3 Establish working groups in each PCP in EMR to develop promotional strategies for targeted communities.
1.4 Promote and provide information about service access issues and cultural competency to organisations.	EMR DHS, MIC MEAP	1.4.1 Attend local and regional aged care and disability services network meetings to raise service access and cultural competency issues. 1.4.2 Convene, facilitate and resource HACC CALD Network and related working groups. 1.4.3 Develop and deliver cultural awareness training in consultation with DHS HACC office for HACC Training Calendar and for individual agencies as required.

		1.4.4 Ensure information and resources are kept up to date
		1.4.5 Identify cultural competency in community care, gaps in service provision and make recommendations to DHS to address gaps.

GOAL 2: Build partnerships and resource the service system

Strategy	Responsibility	MEAP objectives – 18 months
2.1 Facilitate partnerships between ethno-specific and mainstream HACC service providers to provide culturally appropriate and sensitive assessment and care coordination for CALD clients	MIC MEAP, mainstream, ethno-specific providers and PCPs	<p>2.1.1 Provide support and advice to mainstream and ethno-specific organisations about partnership development and development of specific protocols where required.</p> <p>2.1.2 Disseminate learnings from and promote Supported Access Projects to EMR HACC service providers.</p> <p>2.1.3 Share information about learnings, policies, protocols, practices of other organisations to the sector in the EMR.</p>
2.2 Seek and develop partnerships with EMR organisations to promote HACC services and culturally competent service provision to key community groups	MIC MEAP, mainstream, ethno-specific providers and PCPs	<p>2.2.1 Establish working groups in each PCP to develop promotional strategies for identified targeted communities.</p> <p>2.2.2 Report on partnership outcomes to the sector in EMR.</p>
2.3 Provide cultural planning support and advice to HACC funded organisations in the EMR	EMR DHS, MIC MEAP	<p>2.3.1 Assist Central Office with implementation of the outcomes of the Cultural Planning Review in the EMR.</p> <p>2.3.2 Provide advice & assistance to the HACC sector and individual organisations on cultural planning including information sessions, forums and training.</p> <p>2.3.3 Collect, collate, analyse and report on the Cultural Planning Tool Action Plans annually on behalf of EMR DHS.</p>

GOAL 3: Enhance the Region's understanding of the issues facing CALD communities

Strategy	Responsibility	MEAP objectives – 18 months
3.1 Inform the sector of trends, research and activities to improve CALD access to HACC	EMR DHS, MIC MEAP, mainstream and ethno-specific organisations	3.1.1 Attend statewide network meetings. 3.1.2 Keep abreast of current research, data and activities in CALD access to aged care services and HACC. 3.1.3 Report key issues and trends to the sector and HACC CALD Network.
3.2 Identify, monitor and target specific ageing communities as they emerge across the region to assist with service planning	MIC MEAP, Relevant councils, EMR DHS, CHC's, CSO's	3.2.1 Identify and respond to the needs of specific emerging ageing communities as they arise. 3.2.2 Inform the sector about issues and trends.

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