

Home and Community Care (HACC) Program Diversity Plan Eastern Metropolitan Region 2012-2015

health

The Home and Community Care Program is jointly funded by the Commonwealth and Victorian Governments

1. Summary

The Eastern Metropolitan Region (EMR) diversity plan will inform the local approach to maximising access to services for the HACC special needs groups, inform the allocation of resources for improved service access and outcomes for diverse people, and influence the diversity plans developed by individual HACC funded agencies.

The EMR will experience significant growth in its aged population over the next ten years. The Inner East (comprising the Local Government Areas of Boroondara, Manningham, Monash and Whitehorse) already has the highest number of people aged over 70 years of all the Department of Health Primary Care Partnership (PCP) catchments and this will increase in 2022 by a further 27.1 per cent to around 90,000 people. The number of people aged over 70 years in the Outer East will increase by 85 per cent by 2022, representing around 65,000 individuals.

The EMR is characterised by reasonably wealthy neighbourhoods with high levels of good health as well as areas of significant economic disadvantage. The concentration of services and transport in the inner urban areas contrast with the lack of transport and difficulty accessing services across the mostly rural Shire of Yarra Ranges.

Strengthening diversity planning and practice must be underpinned by a service system which can identify individual needs and have the tools and/or knowledge to ensure that these needs can be met. The overarching priority of this EMR diversity plan is to acknowledge diversity as an integral part of implementing a client centred service within the Active Service Model framework. We would hope that this provides the foundation for ensuring appropriate and accessible assessment, service planning and referral. Ensuring that our services also have the knowledge and capacity to provide appropriate responses gives the HACC program a foundation to better meet the needs of the community regardless of diversity or disadvantage.

With the increasing ageing population comes a significant increase in the number of people experiencing dementia. The region is interested in undertaking planning to support improvements in service delivery to meet this demand into the future. From a diversity perspective there are particular challenges in providing HACC services to people with dementia, including a capacity to improve the way services respond to the person's changing needs, such as needing to be more culturally sensitive in service delivery. There are also challenges in ensuring that services are culturally responsive to the needs of carers.

EMR boasts a number of ethno-specific HACC services which can and do provide a wealth of information and expertise in meeting the needs of HACC eligible people born in non-English speaking countries. However, the cultural profile is slowly changing with immigrants from China and Asia becoming older. This change is also reflected in the backgrounds of those providing unpaid assistance. In addition, immigration over the last five years - particularly from China, India, Malaysia and Sri Lanka for humanitarian and family reasons is changing the profile of HACC users including people under 65 years.

It is assumed that appropriate and culturally sensitive access to HACC services by Aboriginal people remains an issue. We assume that the Australian Bureau of Statistics (ABS) data under reports actual population figures and that many people continue to not identify as Aboriginal¹ when presenting to services. This is supported by the utilisation data which shows that on average 4.5 per cent of people are either not being asked or not providing this information. It is highest in the Maroondah LGA where 8.97 per cent of clients did not provide this information.

The 2006 ABS Census data suggests a relatively even distribution of older Aboriginal people across much of the region, which does not match the general distribution of the Aboriginal population or where Aboriginal specific services are located. There is also significant variation in the use of HACC services by Aboriginal people, varying from 60.4 per cent of the target population (50+) in Maroondah to 18.9 per cent in Whitehorse. We need to look at how we improve our response and explore options for access to services and service delivery.

Programs such as Supported Accommodation for Vulnerable Victorians Initiative (SAVVI) and Community Connections Programs (CCP) have highlighted gaps in service provision in low cost accommodation and the importance of assertive practices in identifying older people who may be at risk of homelessness and assessing and responding to their needs. However, there is not a good understanding across the EMR of the issues or even the presence of older people who may be at risk of homelessness - such as in private rooming houses and caravan parks. Older person's public/community housing stock is also increasing and we need to consider how we support tenants to maintain independent living. While it is expected that the numbers of HACC eligible people at short to medium term risk of homelessness are relatively small there is a need to ensure that their needs are being met. An exploration of these issues may also uncover factors, such as isolation and how this may be impacting on access to HACC services.

¹ Aboriginal refers to people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander.

2. Summary of evidence

Quantitative data	Data source
<p>Aboriginal There is a concentration of Aboriginal people in the Knox and Yarra Ranges LGAs, with the 50 plus age group comprising 16% of the population. However, the numbers of older Aboriginal people (aged 65 – 69 years) are more evenly spread across the Region (with the exception of Boroondara and Manningham where recorded numbers are very low).</p> <p>The 2006 census did not record any Aboriginal people aged over 70 years.</p>	ABS Census Data 2006. HACC MDS 2010-11
<p>Dementia The rates of dementia are expected to increase across all LGAs, increases are in the rate of around 500 - 1,000 people per LGA by 2020.</p>	Projections of dementia, prevalence and incidence in Victoria 2010 - 2050: Alzheimer's Australian Access Economics for Alzheimer's Australia May 2010
<p>People who identify as gay, lesbian, bisexual, transgender or intersex (GLBTI) There is no data available regarding GLBTI statistics within the region. However, in 2003 an Australian survey found that 2.2 per cent of women and 2.5 per cent of men surveyed identify as non-heterosexual, rising to 15.1 per cent and 8.6 per cent when sexual identify, attraction and experience were taken into account.² There are fewer people who are intersex or transgender than who identify as gay, lesbian or bisexual, but people who are intersex or transgender nevertheless have important health needs³ and may experience barriers to accessing services.</p>	Gay and Lesbian Health Victoria Report.

² Smith, A, Rissel, C, Richters, J, Grulich, A& de Visser, R 2003, 'Sex in Australia: Sexual identify, sexual attraction and sexual experience among a representative sample of adults', Australian and New Zealand journal of public Health, Vol. 27(2), pp. 138-145.

³ Diversity planning guide (draft), Victorian Department of Health, Melbourne

Quantitative data	Data source
<p>Cultural Diversity</p> <p>The profile of cultural diversity across the region is slowly changing. While people born in Greece and Italy have a significant presence, the cohort is decreasing. Language issues are also expected to decrease.</p> <p>The German and Dutch communities are significant in the Outer East, however, there are few language issues amongst these communities.</p> <p>The Chinese community - both Mandarin and Cantonese speakers - are the next largest group aged over 65. The significant level of Chinese migration across all age groups means that the 2006 Census data will under-represent this population. Most (upwards of 90%) of the older Chinese migrants have poor or no English proficiency. Those under age 65 are also showing up in the HACC utilisation data.</p> <p>A similar pattern is evident for those born in India and Sri Lanka, although English proficiency appears to be less of an issue. In general, the data suggests that services are probably being appropriately accessed by people from different backgrounds. The challenge across the region is to identify new groups, and ensuring appropriate responses to small groups with high needs - for example, people under 65 years of age from the Middle East and Egypt. Further investigation of access to services by the relatively smaller numbers of younger people born in Vietnam and Malaysia, particularly in the Outer East, may be warranted.</p> <p>The changing cultural mix is also being reflected in information about carers. In the LGAs of Monash and Whitehorse there are more people born in China, than in Italy and Greece, providing unpaid care.</p> <p>In the Manningham, Whitehorse and Knox LGAs, people born in India providing unpaid care, and in the LGAs of Boroondara and Whitehorse people born in Vietnam providing unpaid care, are represented in the top five (non English speaking) countries of birth. As these communities are not well represented in the over 65 age group, it may suggest that they may be caring for younger people with a disability (who may have been born in Australia).</p>	<p>ABS Census Data 2006 - language spoken and proficiency - Country of birth</p> <p>Migration Data 2006/7 - 2009/10. Department of Immigration & Citizenship (DIAC)</p> <p>HACC MDS 2010-11</p>

Quantitative data	Data source
<p>Homelessness Numbers of homeless people appear small; however the data may not capture hidden homelessness or people at risk of homelessness.</p> <p>Utilisation data suggests that people living in Supported Residential Services (SRS) and in public housing have reasonable access to HACC services. However, with regard to SRSs it is unclear as to whether access is at the pension level or across all services.</p>	<p>Counting the Homeless Persons by SSD - Chris Chamberlain and David MacKenzie, 2006,</p> <p>unpublished</p> <p>HACC MDS 2010-11</p>
Qualitative data	Data source
<p>Aboriginal Community Mullum Mullum Indigenous Gathering Place and Yarra Valley Community Health receive HACC funding to provide services to Aboriginal people. Eastern Access Community Health (EACH - in Maroondah) has invested in cultural awareness training for staff and reviewing its service model to improve access to Aboriginal people. EACH has worked in close partnership with Mullum Mullum Indigenous Gathering Place. There may be potential for similar models across the region.</p>	<p>Internal regional consultation</p>
<p>Homelessness There is probably unmet demand across the region, including in pension level SRS and rooming houses. New demand may come from the older persons/single bedroom units being built in Ashwood and Oakleigh.</p> <p>The Supported Accommodation for Vulnerable Victorians Initiative (SAVVI) and Community Connections Program (CCP) have provided good models for working and engaging with vulnerable people in low cost accommodation.</p> <p>It could be expected that some of the people living in these forms of accommodation may be younger people with disabilities. This needs further exploration. The referral pathway document for pension level SRS provides client demographic information.</p>	<p>Consultation with SAVVI worker and homelessness team; housing data</p>
<p>People who identify as gay, lesbian, bisexual, transgender or intersex (GLBTI) Very little is known about gay, lesbian, bisexual, transgender and intersex (GLBTI) persons accessing HACC services in the region.</p>	<p>Gay and Lesbian Health Victoria Report</p>

Note: Data and evidence limitations

Summary of data is at [Attachment A](#).

Proficiency in English language includes “not stated” which means that poor or no proficiency may be overstated. However, it was felt that it was better plan on the basis of over statement rather than under statement.

The utilisation data is from 2010/11 while population data is from the 2006 Census. This means that the two data sets are not directly compatible; however it provides some insight into patterns and trends. Migration data is not included in this document but has been used in the analysis.

It is expected that the consultation process will identify further data sources and create an increased understanding of diversity issues across the EMR, and it is possible that the priorities and goals in this document may change.

Supported Accommodation includes SRS and people living in retirement villages and receiving care services. People in caravan parks will be recorded as being in a private residence so it is not possible to gain a picture of whether HACC may already be meeting the needs of this group.

3. Priorities and strategies

All priorities are in line with Victorian Health Priorities Framework - priorities 1 and 2: developing a system that is responsive to people’s needs, and improving every Victorian’s health status and experiences

	Priority/goal	What we want to achieve over the three years	Strategies/actions	Year
1	Enhance opportunities to improve assessment processes, coordination of services and referral pathways for all HACC eligible people - regardless of their diversity or disadvantage.	<p>Increased recognition in the implementation of the Active Service Model (ASM) of diversity and disadvantage issues and understanding how to respond to such issues.</p> <p>ASM working groups are representative of the sector and diversity of the community.</p>	<p>1.1 Utilise the Active Service Model Alliance to discuss and explore issues associated with assessment, service coordination and referral related to diversity and disadvantage and identify areas for improvement.</p> <p>1.2 Review the ASM working groups to enable discussion and action around diversity priorities and other HACC quality improvement initiatives.</p>	<p>1 – 2</p> <p>1 – 2</p>

	Priority/goal	What we want to achieve over the three years	Strategies/actions	Year
2	Improve cultural responsiveness across generic HACC services to meet the needs of older Aboriginal HACC eligible people across the region, with particular attention to areas which do not have a specific HACC Aboriginal service (for example, Knox, Monash and Whitehorse LGAs and parts of the Maroondah LGA)	Proportional utilisation of services by the Aboriginal population across the region.	<p>2.1 Consult with Mullum Mullum Indigenous Gathering Place and Yarra Valley Community Health Services to identify opportunities to support generic HACC providers across the region to identify and meet the needs of Aboriginal people.</p> <p>2.2 Explore feasibility and value of promoting and supporting a small number of generic HACC services across the region which can be recognised as providing culturally appropriate and welcoming HACC services for the Aboriginal population.</p> <p>2.3 Support access to cultural awareness training for relevant generic HACC providers.</p> <p>2.4 Implement workshops led by Mullum Mullum Indigenous Gathering Place and Yarra Valley Community Health with generic HACC providers to support Aboriginal cultural awareness/understanding.</p> <p>2.5 Develop an Action Plan with Mullum Mullum Indigenous Gathering Place to support transition of HACC funding to direct service provision.</p> <p>2.6 Monitor change in the number of Aboriginal people utilising HACC services.</p>	<p>1 – 3</p> <p>1</p> <p>1</p> <p>2</p> <p>1</p> <p>1- 3</p>

	Priority/goal	What we want to achieve over the three years	Strategies/actions	Year
3	Respond to the increasing number of people with dementia across the region	An improved understanding of dementia services and improved processes and program interfaces for HACC clients with dementia, and their carers	<p>3.1 Map all dementia services, including dementia carer support, available in the region.</p> <p>3.2 As per priority 1.1, utilise the ASM Alliance to identify and respond to the cultural needs of the carer population and the changing needs associated with culture of their clients.</p> <p>3.3 Monitor statewide developments in the area of dementia support and service delivery and identify and act on opportunities to improve the HACC/dementia service interface.</p> <p>3.4 Allocate a proportion of growth funding to promote consistent access to dementia services across the region.</p> <p>3.5 Promote the uptake of the relevant accredited dementia competency units, either as a single stand alone unit or as part of a Certificate qualification, by community care workers and HACC assessors.</p>	<p>1</p> <p>1 - 3</p> <p>1 - 3</p> <p>3</p> <p>1 - 3</p>

	Priority/goal	What we want to achieve over the three years	Strategies/actions	Year
4	Ensure that there are appropriate ethno-specific responses to all CALD communities in EMR - including the emerging Chinese, Malaysia, Indian and Sri Lankan communities.	Appropriate service access by all communities particularly the Chinese, Malaysian, Indian and Sri Lankan communities in line with population data.	<p>4.1 As per priority 1.1, improve assessment processes and referral pathways between ethno specific agencies and generic agencies.</p> <p>4.2 Explore the ongoing role of ethno-specific agencies as a strategy for meeting specific cultural needs and their role and responsibilities in providing support to generic agencies to identify potential barriers and cultural requirements for service provision to their communities of interest. This work will inform the diversity plans for the ethno-specific agencies.</p> <p>4.3 Review HACC access funding currently provided to the Migrant Information Centre with the view to refocusing the funding to provide direct support to HACC clients experiencing difficulties accessing generic HACC services</p> <p>4.4 Monitor changes in access to HACC services by people from non-English speaking communities.</p> <p>4.5 Consult with the EMR HACC CALD network to consider the consolidation of the network into the structure of the regional HACC Alliance.</p>	<p>1-3</p> <p>1</p> <p>2</p> <p>3</p> <p>1</p>

	Priority/goal	What we want to achieve over the three years	Strategies/actions	Year
5	Facilitate inclusive HACC services to respond to HACC eligible people, including people identifying as GLBTI.	Increased number of HACC service providers who have considered and developed GLBTI inclusive practice.	5.1 Identify opportunities for further identification and dissemination of information about GLBTI inclusive service provision and practice, for example, using the expertise of Gay and Lesbian Health Victoria.	1 - 3
6	Improved knowledge and understanding of HACC eligible older people who are at risk of homelessness and who may not be accessing to HACC services.	Gain awareness of where older people who are at risk of homelessness are residing and an increased understanding and utilisation of techniques to engage and provide appropriate services.	6.1 Identify rooming houses and caravan parks across the region where older people may be residing. 6.2 Consult and explore with generic HACC providers their understanding and knowledge of older people who are at risk of homelessness and opportunities to better meet their needs.	2 2

Attachment A: HACC Diversity Plan - Regional Data

Table 1: People identifying as Aboriginal - ABS Census 2006

	Total population	50-54 years	55-59 years	60-64 years	65-69 years	Total (50+ years) and % of population	No. utilizing HACC services aged under 50 & prop of under 50 population	No. utilizing HACC services aged 50+ & prop of 50+ population	Proportion information not provided regarding whether Aboriginal
Boroondara	167	16	5	7	9	37 (22%)	* ⁴	25 (67%)	5.3%
Manningham	117	-	*	-	11	15 (13%)	*	*	2.71%
Monash	332	13	*	*	24	44 (13%)	*	7 (16%)	2.82%
Whitehorse	296	20	22	8	24	74 (25%)	5 (2.3%)	9 (12%)	5.47%
Knox	483	18	18	14	23	73 (15%)	6 (1.5%)	19 (26%)	2.05%
Maroondah	337	11	13	6	18	48 (14%)	7 (2.4%)	22 (46%)	8.97%
Yarra Ranges	845	32	27	23	32	114 (13%)	16 (2.2%)	46 (40%)	5.28%
Total	2,577	110	93	61	141	405 (16%)	41(1.9%)	131 (32%)	4.5%

⁴ Indicates less than five Aboriginal people

Table 2: Dementia, Aged Care Places and Unpaid Assistance – ABS Census 2006

	Dementia (estimated)	Aged Care Places per 1,000 eligible	Number of people providing unpaid assistance
Boroondara	2011 - 2,520 people 2020 - 3,058 Higher numbers in the east of the catchment (Camberwell, Balwyn etc)	Low - 55.2 High - 61.7	14,024 (2,770 aged 65+)
Manningham	2011 - 1,774 people 2020 - 2,719 Majority (1,671) are in Manningham West (eg: Bulleen, Doncaster)	High – 29.6 Low - 34.6	10,026 (1,961 aged 65+)
Monash	2011 - 2,636 people 2020 - 3,699 Just under half (1,068 people) are located in Waverley West SLA (eg: Ashburton)	High - 26.5 Low - 48.6	13,609 (2,770 aged 65+)
Whitehorse	2011 - 2,304 people 2020 - 2,820 - reasonably evenly spread across catchment	High - 30.4 Low - 42.6	12,836 (2,559, aged 65+)
Knox	2011 - 1,506 people 2020 - 2,376 684 in Knox - North East (..) Similar numbers in other two SLAs	High - 42.8 Low - 61.1	11,248 (1,405 aged 65+)
Maroondah	2011- 1,254 people 2020 - 1,948 Reasonably evenly spread across catchment	High - 53.1 Low – 50	8,315 (1,334 aged 65+)

Cont.	Dementia (estimated)	Aged Care Places per 1,000 eligible	Number of people providing unpaid assistance
Yarra Ranges	2011 - 1,422 people 2020 - 2,321 751 in Lilydale	High - 30.6 Low - 35.9	12,067 (1,432 aged 65+)
Victoria average		High - 41.3 Low - 46	

Table 3: Type of Accommodation and use of HACC Services ABS 2006

	Type of accommodation*		People using HACC services 2010-11
Boroondara	Homeless	60 - 69 people homeless aged 50+ (ABS 2006)	14 Crisis Accommodation 2 Homeless
	Public Housing	200 1 X bedroom stock (175 elderly) (137 in Hawthorn) 97 elderly person's units being built in Ashwood	277
	Rooming/ Boarding Houses	Known Rooming Houses - Carrical, Hawthorn; Hamer Crt - Kew; Carrington St - Hawthorn	46 people living in Boarding Houses
	Supported Accommodation	No pension level	230
Manningham	Homeless	100+ people homeless aged 50+ (ABS 2006)	1 Crisis Accommodation 1 Homeless
	Public Housing	37 1 x bedroom stock (35 elderly)	47
	Rooming/ Boarding Houses		1 person living in a Boarding House
	Supported Accommodation	~ 27 pension level SRS beds	109
Monash	Homeless	100+ people homeless aged 50+ (ABS 2006)	2 Crisis Accommodation 4 Homeless
	Public Housing	269 1 x bedroom stock (202 elderly) 48 units being built in Oakleigh	205
	Rooming/ Boarding Houses		3
	Supported Accommodation	~ 52 pension level SRS beds	182
Whitehorse	Homeless	100+ people homeless aged 50+ (ABS 2006)	11 Crisis 4 Homeless
	Public Housing	433 1 x bedroom stock (414 elderly)	231
	Rooming/ Boarding Houses	Known rooming houses - Rook Rd, Nunawading	13
	Supported Accommodation	Up to 55 pension level SRS beds	219

Table 3 (Cont.): Type of Accommodation and use of HACC Services

Knox	Homeless	60-69 people homeless aged 50+	2 Crisis Accommodation 7 homeless
	Public Housing	258 1 x bedroom stock (247 elderly - 102 in Bayswater)	151
	Rooming/ Boarding Houses		2
	Supported Accommodation	Up to 101 pension level SRS beds	175
Maroondah	Homeless	60-69 people homeless aged 50+ (ABS 2006)	3 Crisis Accommodation 6 Homeless
	Public Housing	210 1 x bedroom stock (191 elderly - 76 Croydon; 86 Ringwood)	207
	Rooming/ Boarding Houses	Known rooming house - Vinter St, Maroondah	7
	Supported Accommodation	Up to 139 pension level SRS beds	239
Yarra Ranges	Homeless	40-59 people homeless aged 50+ (ABS 2006)	1 Crisis Accommodation 6 Homeless
	Public Housing	132 1 x bedroom stock (123 elderly)	142
	Rooming/ Boarding Houses	Known rooming house - Kalimna House - Healesville	8
	Supported Accommodation	Up to 30 pension level SRS beds	88

NOTE:-Supported Accommodation includes Supported Residential Services, people living in retirement villages and receiving care services in supported accommodation facilities (for example, CRUs). Crisis Accommodation includes night shelters, refuges and hostels for the homeless. Homeless includes sleeping in a public place and temporary shelter.

Table 4: Inner East - Cultural Diversity - People aged 55+ years. ABS Census 2006

	Top 5 (non English speaking) countries of birth people aged 65+	Top 5 (non English speaking) countries of birth aged 55 - 64 and countries from 65+	Language spoken (aged 65+) with no/poor/not stated English proficiency	Language spoken (aged 55-64) with no/poor/not stated English proficiency	Religion (aged 55-64; 65+)
Boroondara	Italy - 1098 Greece - 1056 China - 438 Poland - 233 Germany - 231	Greece - 490 Italy - 480 Malaysia - 385 China - 285 Germany - 254 Poland - 95	Greek - 513 Italian - 371 Cantonese - 238 Mandarin - 164	Greek - 138 Mandarin - 108 Cantonese - 90 Italian - 23	Greek orthodox (1263; 603) Judaism (387; 309) Buddhism (60; 394)
Manningham	Italy - 2024 Greece - 1418 China - 694 Germany - 280 Malaysia - 238	Italy - 1208 Greece - 1094 China - 590 Malaysia - 483 Hong Kong - 361 Germany - 217	Greek - 679 Italian - 603 Cantonese - 501 Mandarin - 187	Cantonese - 316 Greek - 273 Mandarin - 158 Italian - 79	Greek orthodox (1314; 1693) Buddhism (70; 386) Islam (155; 83)
Monash	Greece - 2086 Italy - 1782 China - 644 Germany - 456 India - 367	Greece - 1554 Italy - 812 Malaysia - 638 Sri Lanka - 594 China - 463 India - 356	Greek - 1219 Italian - 732 Mandarin - 348 Cantonese - 322	Greek - 601 Cantonese - 214 Mandarin - 159 Italian - 125	Greek Orthodox (1783; 2453) Buddhism (213; 360) Hindu (286; 213)
Whitehorse	Italy - 1081 Greece - 995 China - 699 Germany - 344 Netherlands - 309	Greece - 584 Italy - 521 China - 378 Malaysia - 361 Vietnam - 235 Germany - 231 Netherlands - 146	Greek - 534 Cantonese - 447 Italian - 384 Mandarin - 298	Cantonese - 213 Greek - 199 Mandarin - 172 Italian - 44	Greek Orthodox (727; 1221) Buddhism (96; 183) Hindu (133; 96)
Inner East	Italy - 5985 Greece - 5555 China - 2475 Germany - 1311 Malaysia - 926	Greece - 3722 Italy - 3021 Malaysia - 1867 China - 1716 Sri Lanka - 1026	Greek - 2945 (53%) Italian - 2090 (35%) Cantonese & Mandarin - 2442 (98%)	Greek - 1211 (32%) Italian - 271 (9%) Cantonese & Mandarin - (92%)	

Table 5: Outer East - Cultural Diversity - People aged over 55+ years. ABS Census 2006

	Top 5 (non English speaking) countries of birth people aged 65+	Top 6-7 (non English speaking) countries of birth aged 55 - 64 and countries from 65+ column	Language spoken (aged 65+) with no/poor/not stated English proficiency	Language spoken (aged 55-64) with no/poor/not stated English proficiency	Religion (aged 55-64; 65+)
Knox	Germany - 643 Netherlands - 484 Italy - 473 Sri Lanka - 210 China - 206	Italy - 367 Germany - 359 Netherlands - 351 Sri Lanka - 322 Malaysia - 301 China - 146	Cantonese - 159 Italian - 136 Greek - 69 German - 68	Cantonese - 120 Mandarin - 58 Greek - 41 Italian - 28	All numbers very small.
Maroondah	Netherlands - 398 Germany - 302 Italy - 283 Poland - 93 India - 67	Netherlands - 238 Germany - 230 Italy - 186 Greece - 74 India - 62 Sri Lanka - 62 Poland - 38	Italian - 91 Cantonese - 48 Polish - 27 Mandarin - 26	Cantonese - 33 Greek - 17 Mandarin - 17 Vietnamese - 15	All numbers very small.
Yarra Ranges	Netherlands - 716 Italy - 509 Germany - 443 Poland - 92 India - 55	Netherlands - 636 Germany - 373 Italy - 339 India - 66 Malta - 55 Poland - 52	Italian - 191 Dutch - 68 Greek - 15 Polish - 16	Italian - 36 Greek - 12	All numbers very small.
Outer East	Netherlands - 1598 Germany - 1388 Italy - 1265 India - 321 Poland - 310	Netherlands - 1225 Germany - 962 Italy - 892 Sri Lanka - 521 Malaysia - 428 India - 325 Poland - 201	n/a	n/a	n/a

Note: There is negligible immigration due to humanitarian reasons across the Region (1,123 people). The largest group are from Myanmar (702 people, 9 aged over 65 years at the time of arrival. Most of these people have settled in the City of Maroondah). China is by far the dominant category for people migrating for any reason (7636 people), followed by India (3,324 people).

Table 6: Cultural diversity - people under 65 years plus people providing unpaid assistance, ABS Census 2006

	Need for assistance with core activities - under 65 years of age. Top five non English speaking countries of birth	Need for assistance with core activities - under 65 years of age. Language spoken at home. More than 10 people.	Country of birth (non English speaking) providing unpaid care to a person needing assistance for core activities. Top 5-6 non English speaking COB
Boroondara	Greece - 37 China - 28 Italy - 17 Malaysia - 10 India - 10	Chinese - 32 Greek - 22	China - 348 Greece - 313 Italy - 293 India - 189 Malaysia - 182 Hong Kong - 140
Manningham	Greece - 71 China - 46 Italy - 44 Egypt - 19 Lebanon - 14	Chinese - 50 Greek - 26	Italy - 575 Greece - 482 China - 440 Hong Kong - 223 Malaysia - 201 India - 103
Monash	Greece - 159 Italy - 46 Malaysia - 29 Sri Lanka - 25 Vietnam - 24	Greek - 88 Chinese - 43 Italian - 23 Mon- Khmer - 14 Sign Languages - 13	China - 671 Greece - 621 Italy - 434 Sri Lanka - 372 India - 313 Malaysia - 248
Whitehorse	Greece - 53 China - 42 Vietnam - 37 Italy - 24 India - 18	Chinese - 59 Greek - 34 Mon-Khmer -20 Sign Languages - 25	China - 488 Greece - 272 Italy - 260 Vietnam - 203 India - 163 Malaysia - 158
Knox	Italy- 21 Germany -18 Greece - 17 Sri Lanka - 15 India - 14 Malaysia - 26	South Slavic - 16 Chinese - 14	Sri Lanka - 178 Italy - 168 India - 154 Netherland - 137 Germany - 131
Maroondah	Burma/Myanmar - 24 Greece - 13 Germany - 10 Vietnam - 9 Netherlands - 9	Chinese - 32 Sign Languages - 15	Netherland - 102 Italy - 96 Germany - 74 China - 46 India - 45 Sri Lanka - 45
Yarra Ranges	Netherlands - 36 Italy - 20 Germany - 15 Croatia - 9 Malaysia - 6	Sign Languages - 14	Netherland - 276 Germany - 158 Italy - 145 Poland - 42 India - 41

Table 7: Need for Assistance and HACC utilisation - Country of birth and under 65 years of age

		Country of birth - need for assistance under 65 years of age (2006)	Occasions of service - HACC utilisation under 65 years of age (2010/11)	Occasions of HACC services per person needing assistance
Boroondara	Australia	1207	1346	1.1
	Greece	37	25	0.67
	China	28	33	1.17
	Italy	17	18	1.05
	India	10	53	5.3
	Malaysia	10	14	1.4
	Vietnam	9	13	1.4
	Croatia	8	<5	0.25
Manningham	Australia	831	730	0.88
	Greece	71	52	0.73
	China	46	31	0.67
	Italy	44	45	1.0
	Egypt	19	15	0.79
	Lebanon	14	n/a	n/a
	Vietnam	12	10	0.83
	Croatia	11	8	0.72
	Malaysia	11	28	2.54
	Hong Kong	14	21	1.5
Monash	Australia	1430	1025	0.72
	Italy	46	33	0.72
	Greece	159	66	0.41
	China	34	19	0.55
	Vietnam	24	9	0.38
	Sri Lanka	25	22	0.88
	India	20	39	1.95
	Malaysia	29	20	0.69
	Poland	18	8	0.44
	Turkey	16	13	0.81

Note: Significant data limitations as comparing different time frames. Census data is 1996; utilisation is 2010-11. The high utilisation of India/Sri Lankan population could possibly be explained by recent immigration. Low utilisation of Greek population probably due to the significant decrease in Greek born people in the younger age groups.

Whitehorse	Australia	1576	1435	0.91
	Italy	24	18	0.75
	Greece	53	20	0.38
	China	42	36	0.86
	Vietnam	37	23	0.62
	India	18	20	1.11
	Germany	14	10	0.71
	Iran	13	n/a	n/a
	Malaysia	12	20	1.67
Knox	Australia	1804	1244	0.69
	Italy	21	22	1.04
	Germany	18	8	0.44
	Greece	17	18	1.05
	Sri Lanka	15	12	0.8
	India	14	11	0.79
	Netherlands	14	9	0.64
	Malaysia	13	6	0.46
	Lebanon	13	5	0.38
	Egypt	13	10	0.77
	China	12	10	0.83
	Vietnam	9	6	0.67
	Maroondah	Australia	1397	1118
Burma/ Myanmar		24	n/a	n/a
Greece		13	<5	0.15
Germany		10	<5	0.30
Vietnam		9	5	0.55
Netherlands		9	<5	0.33
Italy		7	5	0.71
Croatia		6	0	0.00
Malaysia		6	0	0.00
Sudan		6	n/a	n/a
Shire of Yarra Ranges	Australia	2079	1720	0.83
	Netherlands	36	13	0.36
	Italy	20	19	0.95
	Germany	15	12	0.8
	Croatia	9	<5	0.33
	Poland	7	8	1.14
	Sri Lanka	* ⁵	7	1.75
	Russian Federation	*	n/a	n/a
	Afghanistan	*	0	0

⁵ Indicates less than five people