Joint Regional Health Needs Assessment

Multicultural

phn DARLING DOWNS AND WEST MORETON
An Australian Government Initiative

Darling Downs Health

West Moreton Health

We acknowledge Aboriginal and Torres Strait Islander peoples as the Custodians of this land, the Jagera, Giabal and Jarowair People of the Wakka Wakka nation. We pay our respect to Elders past, present and emerging, and commit to a future with reconciliation and renewal at its heart.

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Acronyms

ABS – Australian Bureau of Statistics

AIHW – Australian Institute of Health and Welfare

AOD – Alcohol and other drugs

CALD – Culturally and linguistically diverse

CAMS – Community Action for a Multicultural Society

CHA – Community Hubs Australia

CNOS – Canadian National Occupancy Standard

COPD – Chronic obstructive pulmonary disease

DD – Darling Downs

DDH – Darling Downs Health

DDWMPHN – Darling Downs West Moreton Primary Health Network

ECCQ – Ethnic Communities Council of Queensland

ED – Emergency Department

FASSTT – Forum of Australian Services for Survivors of Torture and Trauma

GPs – General practitioners

G11 – The Brisbane Refugee Health Advisory Group

HHS – Hospital and Health Service

HNA – Health Needs Assessment

KTD – Kitchen table discussions are a method of consumer engagement and form part of the PHN's TALK ABOUT program

LGA – Local Government Area

LGBTQIA+ Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Asexual

MHCP – Mental health coordinator program

MMHC – Multicultural Mental Health Coordinator

MRCCC – Mater Refugee Complex Care Clinic

MyQ – Multicultural Youth Queensland

NAATI – National Accreditation Authority for Translators and Interpreters

NGO – Non-government organisation

OHP – Offshore Humanitarian Program

PBS – Pharmaceutical Benefits Scheme

PHIDU – Public Health Information Development Unit, Torrens University

PHN – Primary Health Network

PPH – Potentially preventable hospitalisation

QPASTT – Queensland Program of Assistance to Survivors of Torture and Trauma

QTMHC – Queensland Transcultural Mental Health Centre

RACGP – Royal Australian College of General Practitioners

RHC – Refugee Health Connect

SA2 – Statistical Areas Level 2

SETS – Settlement Engagement and Transition Support

SHS – Specialist Homelessness Services

SOA – Standing Offer Arrangement

TIS National – The Translating and Interpreting Service

WM – West Moreton

WMH – West Moreton Health

Introduction

Australia is a multicultural society experiencing rapid immigration from diverse countries. The term 'multicultural' is used to describe people from culturally and linguistically diverse backgrounds, including people from refugee and asylum seeker backgrounds and those who accessed humanitarian entrant and settlement programs.

Research indicates that multicultural communities, particularly those from non-English speaking backgrounds, face health disparities, distinct health conditions, language barriers, and discrimination in health care. Their challenges include difficulty accessing interpreting services, low health literacy, concerns about cultural safety and service appropriateness, experiences of stigma and discrimination, and socio-economic and systemic factors within the Australian healthcare system[1].

Over 56,000 people in Darling Downs and West Moreton region were born in predominantly non-English speaking countries. The most common communities in our region include people from India, Philippines, Samoa, Germany, Sudan, Malaysia, Italy, Papua New Guinea, Congo, Fiji, China, and Vietnam[2].

We are committed to enhancing health care access and outcomes for multicultural communities. We recognise the significance of understanding the unique health needs and challenges encountered by individuals from diverse cultural backgrounds.

As partners, Darling Downs Health, West Moreton Health and Darling Downs and West Moreton PHN, we have embarked on a journey to better understand and address the unique health needs of our communities. This is one of the first Regional Health Needs Assessment reports produced jointly in collaboration between Darling Downs Health, West Moreton Health and Darling Downs and West Moreton PHN.

This *Joint Regional Health Needs Assessment: Multicultural* provides us with a baseline understanding of the needs and concerns facing this group in our community to use as the basis to enhance our healthcare planning and service provision to better support them.

This document explores patterns of health care usage, accessibility and barriers to provision of care for people who are from culturally and linguistically diverse backgrounds. We will be using this document to improve and increase our understanding about:

- primary care access for people from culturally and linguistically diverse backgrounds. This includes refugee and migrant communities.
- the efficiency and effectiveness of primary healthcare services for people from culturally and linguistically diverse background, and
- what planning, coordination, and support is required for primary healthcare services to better care for these communities.

[1] Khatri RB & Assefa Y. Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. May 2022 https://doi.org/10.1186/s12889-022-13256-z

[2] Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia, based on 2021 Census data. Data by PHN/PHA. Release date: September 2023.

We hope that other agencies and organisations, both within and outside of the healthcare system, might also learn and benefit from its findings.

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1. Executive summary

About the joint regional Health Needs Assessments

Darling Downs and West Moreton PHN (PHN), West Moreton Health (WMH) and Darling Downs Health (DDH) partnered to develop this Joint Regional Health Needs Assessment (HNA), which represents the primary health care needs and interests of people from multicultural communities across the region, including people from refugee and asylum seeker backgrounds and those who accessed humanitarian entrant and settlement programs.

The HNA aims to identify service gaps and key issues, as well as establishing joint regional priorities.

Methodology

The HNA was completed through the implementation of an evidence-based methodology for understanding need and determining priorities. The process was conducted according to the PHN Program Needs Assessment Policy Guide[3] and considered needs from multiple perspectives as outlined in Bradshaw's Taxonomy of Need[4].

A working group and steering committee consisting of members from the PHN, WMH and DDH were established to oversee the delivery of the HNA. These groups met regularly throughout the project, with increased frequently during the project set up period.

The Darling Downs and West Moreton Region

In 2022, the total population of the Darling Downs and West Moreton region was estimated to be 606,588[5]. The region is one of the fastest growing areas in Australia and predicted to grow by 20% to 2030.

The responsibility for provision of health care and health services in the region is shared between the PHN, DDH and WMH. Aboriginal Community Controlled Health Organisations in the region include Carbal Medical Services, Cherbourg Regional Aboriginal and Islander Community Controlled Health Services (CRAICCHS), Goolburri Health Advancement Corporation, Goondir Health Services and Kambu Aboriginal and Torres Strait Islander Corporation for Health.

The region covers 99,000 km^2 and spans 12 local government areas (LGAs). The major communities in the region are Ipswich and Toowoomba, plus the surrounding communities located in the Lockyer Valley, Scenic Rim, Somerset, South Burnett, Cherbourg, Southern Downs, Goondiwindi and Western Downs. The region also includes communities located in the Banana Shire and Brisbane.

[3] Australian Government. (2021). PHN Program Needs Assessment Policy Guide. Department of Health and Aged Care. https://www.health.gov.au/resources/publications/primary-health-networks-phns-needs-assessment-policy-guide?language=en

[4] Bradshaw, J. R. (1972). The taxonomy of social need. In R. Cookson, R. Sainsbury, & C. Glendinning (Eds.), (2013), *Jonathon Bradshaw on social policy: Selected writings 1972–2011*. York: University of York.

[5] PHIDU (2023). Social Health Atlas of Australia 2023. Based on ABS 3235.0 Population by Age and Sex, Regions of Australia, 30 June 2022.

Multicultural communities in the Darling Downs and West Moreton Region

In 2021, 9% of people living in the region (or 53,295 people[6]) were born overseas in a non-English speaking country compared to 13% of people living in all areas of Queensland.

- A total of 5,886 people (1.1%) reported being born overseas and having poor English proficiency[7].
- People born in a non-English speaking country living within the region were most likely born in India, the Philippines, China, Vietnam and Germany[8].

The greatest number of people born in predominantly non-English speaking countries live in:

- Ipswich (27,517 people or 12%)
- Toowoomba (15,753 people or 9.1%)
- Lockyer Valley (3,287 or 8%)[9].

In 2021, the main languages spoken at home by households within the region included:

- Ipswich – Samoan (1.9%), Punjabi (1%), and Vietnamese (0.9%)
- Toowoomba – Kurdish (1.1%), and Mandarin (0.7%)
- Lockyer Valley – Mandarin (1.3%)
- Western Downs – Filipino and Tagalog (0.6%, 1.1%)
- Somerset – Tagalog (0.6%, 0.7%)[10].

The people who reported being born overseas and having poor English proficiency live predominantly in Ipswich (2,655 or 1.3% of those living in Ipswich), Toowoomba (2,176 or 1.3%) and Lockyer Valley (545 or 1.4%)[11].

Since 2000, 3,937 permanent migrants under the Humanitarian Program have settled in the region. These refugees are largely of the Yazidi and African communities who settle in Ipswich (27,517 people or 12%), Toowoomba (15,753 people or 9.1%) and the Lockyer Valley (3,287 or 8%)[12].

Health needs across the region

Multicultural consumers and stakeholders identified access to affordable health care, including access to bulk billing and the Pharmaceutical Benefits Scheme (PBS) as a key need across the region. Other health access issues identified include:

- long waiting times to access health care
- insufficient access to primary health outside of business hours
- difficulty in accessing health care close to where they live.

[6] PHIDU, Torrens University Australia. Social Health Atlas of Australia, based on 2021 Census data.
[7] PHIDU, Torrens University Australia. Social Health Atlas of Australia, based on 2021 Census data.
[8] PHIDU, Torrens University Australia. Social Health Atlas of Australia, based on 2021 Census data.
[9] PHIDU, Torrens University Australia. Social Health Atlas of Australia, based on 2021 Census data.
[10] ABS (2021). Census Data. Release date: September 2021.
[11] PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.
[12] PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

This underpins the following health needs identified by stakeholders, consumers and the literature:

- mental health concerns (complex trauma among refugee populations, risk factors other than trauma, stigma)
- chronic health conditions (diabetes, kidney, liver, heart and asthma)
- child development concerns (intellectual disability, trauma and brain injury)
- health system literacy (knowing what service to attend and how to book appointments)
- preventive health (vaccinations and sexual health).

Service needs

The key service need suggested by stakeholders, consumers and the literature is **better access to culturally safe and appropriate health care**. More specifically, this need includes better access to:

- culturally safe spaces, particularly for refugee communities (places that people from multicultural communities are comfortable attending)
- culturally safe and appropriate mainstream health services
- translators (in general) and with health and mental health knowledge and skills in particular
- a larger multicultural workforce (a more diverse workforce within mainstream services, more workers in multicultural communities or organisations and more female health workers where culturally appropriate)
- health care in rural and remote communities
- awareness of available health services.

Strengths and challenges

What is working well

A number of system strengths were identified by stakeholders. These included:

- community hubs in primary schools (that provide co-location and in-reach) – known and trusted places within the community where people gather
- community centres (that provide co-location and in-reach) in a trusted place where people can gather
- multicultural services and generalist services that employ health workers to meet the needs of multicultural communities
- cultural support workers who assist people to navigate the health system and link to the supports they need
- collaboration with service partners
- collaboration with community leaders
- provider networks.

What could be better

The literature, consumers and stakeholders identified a range of challenges or barriers to accessing health care.

They include:

- a lack of culturally appropriate and culturally safe health care

- the need for better access to interpreters with knowledge of health and mental health
- concerns about experiencing discrimination or racism within the healthcare system
- sociocultural values that may conflict with health behaviours and practices in the local area
- difficulties using digital health platforms
- challenges navigating a complex and fragmented health system
- social and cultural determinants of health.

The barriers stakeholders faced on the pathway to receiving health care are summarised in Figure 1.

Figure 1: Barriers on the healthcare pathway

Opportunities

To overcome some of the barriers to accessing health care as summarised in Figure 1, the following opportunities could be considered.

Health needs of refugees across the region

The refugee population is one that has been identified by stakeholders as a priority. Refugees are described as having a high level of need in both physical and mental health. Toowoomba is the primary settlement area with Ipswich (and the Lockyer Valley) providing secondary settlement in areas for predominantly the Yazidi and African communities. There is an opportunity to work collaboratively across the region to improve access to services for these communities.

Potential focus areas

The potential focus areas below are relevant to both refugee communities and multicultural communities more broadly. Stakeholders participating in the consultations were invited to a workshop and online meeting to prioritise the opportunities for the region. An overview of the priorities identified through this process is described in Table 1.

Table 1: Opportunities and relevance across the region

Opportunity	Relevance across the region
Develop education resources and provide education sessions for community leaders and community members	Relevant across the region – with a focus on the refugee populations within Ipswich and Toowoomba – **stakeholders considered this a high priority across the region**
Expand the existing Refugee Health Officer (RHO) positions funded at SSI and Multicultural Australia	Relevant across the region – with a focus on the refugee populations within Ipswich and Toowoomba – **stakeholders considered this a high priority across the region**
Identify and resource refugee-ready general practices that can complete newly arrived refugee health checks particularly in West Moreton	Relevant across the region – with a focus on the refugee populations within Ipswich and Toowoomba – **stakeholders considered this a high priority across the region**
Enhance access to interpreters for consumers receiving primary health	Relevant across the region **– stakeholders considered this a high priority across the region**
Develop community transport within the region	Relevant across the region **– stakeholders considered this a high priority across the region**
Build cultural competency with GPs, mainstream services, university students or volunteers with an interest in providing health care to multicultural communities	Relevant across the region **– stakeholders considered this a high priority across the region**
Join the Refugee Health Connect partnerships with the Mater (currently only available in Ipswich)	Relevant across the region – with a focus on the refugee populations within Ipswich and Toowoomba

Opportunity	Relevance across the region
Provide a warm handover to providers at the end of the five-year Settlement Engagement and Transition Support (SETS) program	Most relevant to providers within the Toowoomba region connecting with those in Ipswich
Increase access to mobile health services, telehealth or outreach workers	Relevant across the region
Increase the pool of community connectors/peer support workers	Relevant across the region
Identify and map multicultural health and mental health professionals within the area	Relevant across the region

2. Multicultural communities in the region

The multicultural population

Multicultural refers to the group of people other than those from Anglo-Celtic backgrounds and Aboriginal and Torres Strait Islander peoples. Australia's multicultural population includes those who have travelled to Australia on various visas, and their children and grandchildren. However, identifying people from multicultural communities in available datasets is difficult and complex – often multicultural communities are invisible in many data sets.[13] No one indicator provides a complete picture of the number of people within multicultural communities.

A regional overview is presented in this chapter. For more details, please see 'Breakdown of population across LGAs' in Appendix 1.

People born overseas

Table 2 describes the proportion of people born overseas who live in the region, compared to those who live in Queensland overall. The region has a smaller proportion of people from multicultural communities relative to Queensland. In 2021:

- Of the people living in the region, 9% were born overseas in a non-English speaking country (compared to 13% of people living in Queensland).
- Of the people living in the region, 7% were born overseas in an English-speaking country (compared to 10% of people living in Queensland overall).

A total of 1% of people reported being born overseas and having poor English proficiency. These people live predominantly in Ipswich and Toowoomba.

Table 2: Population breakdown in the region compared with Queensland overall, 2021

Population group	DDWM		Queensland overall	
	n	Percent of total population (%)	n	Percent of total population (%)
Total population	597,763	100	5,156,138	100
People born in Australia	465,543	78	3,680,014	71
People born overseas (English speaking countries)	41,544	7	524,705	10
People born overseas (non-English speaking countries)	53,295	9	645,625	13
Resident in Australia for more than 5 years, born in a	40,712	7	502,491	10

[13] World Wellness Group (June 2023). Think Piece 1 – PHN Needs Assessments.

Population group	DDWM		Queensland overall	
non-English speaking country				
Resident in Australia for less than 5 years, born in a non-English speaking country	11,317	2	120,900	2
People with poor proficiency in English and born overseas	5,886	1*	67,843	1*

Source: Public Health Information Development Unit (PHIDU), Torrens University Australia. Social Health Atlas of Australia, based on 2021 Census data. Data by PHN/PHA. Release date: December 2023. *Percentage of total population older than five years.

The greatest number of people born in predominantly non-English speaking countries live in:

- Ipswich (27,517 people or 12%)
- Toowoomba (15,753 people or 9.1%)
- Lockyer Valley (3,287 people or 8%).

As illustrated in Table 3, people born in a non-English speaking country were most likely to be born in India, the Philippines, China, Vietnam and Germany.

Table 3: Breakdown of top 10 non-English speaking initial country of residence in the region, compared with Queensland overall, 2021

Country	DDWM		Queensland overall	
	n	Percent of total population (%)	n	Percent of total population (%)
Total population	597,763	100	5,156,138	100
India	7,359	1.2	71,819	1.4
China	1,682	0.3	55,762	1.1
Philippines	5,977	1.0	51,529	1.0
Vietnam	1,811	0.3	24,455	0.5
Malaysia	1,063	0.2	16,618	0.3
Italy	543	0.1	13,217	0.3
Sri Lanka	991	0.2	12,009	0.2
Nepal	1,137	0.2	10,806	0.2
South Korea	890	0.1	19,658	0.4
Germany	1,684	0.3	20,981	0.4

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia, based on 2021 Census data. Data by PHN/PHA. Release date: September 2023.

People speaking a language other than English at home

In 2021, 15.6% of Queensland households reported speaking a language other than English at home (291,137 people). Table 4 illustrates the percentage of people in each local government area (LGA) in the region who speak a language other than English at home (see Appendix 1. Demographic data tables for more detail).

In Ipswich, the main languages spoken at home include:

- Samoan (1.9%)
- Punjabi (1%)
- Vietnamese (0.9%).

In Toowoomba, the main languages spoken at home include:

- Kurdish Kurmanji (1.1%)
- Mandarin (0.7%).

In the Lockyer Valley, the main languages spoken at home include:

- Mandarin (1.3%).

In Western Downs and Somerset respectively, the main languages spoken at home include:

- Filipino (0.6%, 1.1%)
- Tagalog (0.6%, 0.7%).

Table 4: Language (other than English) used at home by LGA

LGA	Total number of people who speak a language other than English at home (ABS, 2021)	% of residents in the LGA (ABS, 2021)
Ipswich	12,772	16.4
Toowoomba	5,962	9.2
Lockyer Valley	1161	8.2
Southern Downs	855	6.1
Western Downs	628	5.3
South Burnett	548	4.3
Somerset*	447	6.1
Scenic Rim*	243	5.4
Goondiwindi region	178	4.7
Banana Shire*	20	6.0
Cherbourg	2	2.0

*Area partially falls within the DDWM region. Numbers adjusted to reflect the proportion that falls within the DDWM region (Scenic Rim – 29.2%; Banana Shire – 6.5%; Somerset – 80.1%. Brisbane has been excluded because Lake Manchester/England Creek is the only area within the Brisbane LGA that falls within the DDWM region, but has no residents)

Refugees from multicultural populations

Australia's Refugee and Humanitarian Program[14] helps refugees and people in humanitarian need who are:

- outside Australia (offshore) and need to resettle to Australia when they do not have any other durable solutions available
- already in Australia (onshore) and who want to seek protection after arriving in Australia.

The offshore component of the Humanitarian Program prioritises humanitarian entrants and refugees of nationalities from three major regions:

- the Middle East, such as Iraq, Syria and Iran
- Asia, such as Myanmar and Afghanistan
- Africa, such as Burundi, the Democratic Republic of the Congo, Eritrea, Ethiopia, Somalia, South Sudan and Sudan.

Between 2000 and 2016, nearly 4,000 people settled in the region under the offshore humanitarian program (see Table 5). In these years, people predominantly settled in Ipswich (2,149 or 55%), Toowoomba (1,624 or 41.2%) and the Lockyer Valley (152 or 4%). Most people settle initially in Toowoomba. Toowoomba is a designated refugee and humanitarian settlement area and has been for many years. Toowoomba is also one of the areas in Queensland piloted for the Women at Risk refugee scheme. Stakeholders report that many people move from Toowoomba to Ipswich (a secondary settlement area) when their time on the resettlement program is complete, possibly for better access to work in an area that has until recently been relatively affordable. In general, refugees and humanitarian entrants are at risk of poor health outcomes due to exposure to trauma, challenges of the migration experience and barriers to accessing health care pre- and post-arrival.[15]

Table 5: Breakdown of permanent migrant entries under the Offshore Humanitarian Program (OHP) in the region, compared with Queensland overall, 2016

		DDWM		Queensland overall
	n	Percent of total population (%)	n	Percent of total population (%)
Total population	544,734	100	4,703,136	100
Permanent migrants under the Humanitarian Program (2000–2006)	1,620	0.3	7,614	0.2
Permanent migrants under	1,080	0.2	8,736	0.2

[14] https://immi.homeaffairs.gov.au/what-we-do/refugee-and-humanitarian-program/about-the-program/about-the-program

[15] Australian Institute of Health and Welfare (2023). Health of refugees and humanitarian entrants in Australia, Summary. www.aihw.gov.au/reports/cald-australians/health-of-refugees-and-humanitarian-entrants/contents/summary

		DDWM		Queensland overall
the Humanitarian Program (2007–2011)				
Permanent migrants under the Humanitarian Program (2012–2016)	1,231	0.2	7,626	0.2
Permanent migrants under the Humanitarian Program (total)	3,937	0.7	23,968	0.5

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia, based on 2021 Census data. Data by PHN/PHA. Release date: December 2023.

The full breakdown by LGA and region can be found in Appendix 1 (Breakdown of permanent migrant entries under the Offshore Humanitarian Program across LGAs, 2016).

3. Multicultural communities' health needs

Outlined below are the key health needs identified by stakeholders, consumers in the Kitchen Table Discussions (KTD) and responses to the TALK ABOUT[16] survey. More detail about the strengths and challenges associated with these health needs is provided in Section 4.

Access to affordable health care was identified as the key need of multicultural consumers by stakeholders participating in the consultations. Multicultural consumers participating in the KTD also mentioned several barriers they experienced in accessing health care, including:

- access to bulk billing and PBS
- long waiting times to access health care
- insufficient access to primary health outside of business hours
- difficulty in accessing health care close to where they live.

> *There are also not enough beds at the hospital. Sometimes we are waiting for seven hours in an emergency. Most of the time they do not have any translators. There was no translator and I translated for someone just about to go into surgery. (Consumer)*
>
> *I have been in Emergency and there have been people who have walked out, they cannot wait any more. I also see a lot of people who end up being aggressive, but if they did not have to wait so long, they wouldn't be. (Consumer)*
>
> *Usually, a sick person needs to see a doctor during the first or second day of illness, but booking an appointment with a doctor in Toowoomba takes 3 to 5 weeks. The patient either recovers or dies during this period. Going to the Emergency Department has become a nightmare because Toowoomba has one hospital, and if you happen to go to the Emergency Department you will sit in the waiting area for a period that may extend to nine hours. (Consumer)*
>
> *It is painful when you find your child is sick but you are not able to see a doctor for a week. Booking an appointment with a doctor in Toowoomba has become difficult and takes a long time. (Consumer)*

The theme of accessible and affordable health care underpins the more specific health needs below.

Mental health concerns

Good practice suggests that mental health services should be accessible, inclusive, safe and responsive to the unique and diverse needs of individuals, families and communities.[17] Throughout the consultations, stakeholders consistently highlighted mental health concerns as the primary health issue. While relevant to multicultural communities generally, mental health concerns are of particular relevance to **refugee communities.**[18] These mental health concerns included:

[16] TALK ABOUT is a community engagement program run by Darling Downs and West Moreton PHN to seek input on local experiences with healthcare in the region. www.ddwmphn.com.au/TalkAbout
[17] Nous (2023). Strengthening the State Funded Mental Health, Alcohol and Other Drugs (MHAOD) Service Response for People from Culturally and Linguistically Diverse (CALD) Communities. Report for Queensland Health.
[18] www.health.qld.gov.au/public-health/groups/multicultural/refugee-services/refugee-health-and-wellbeing-policy-and-action-plan

- Trauma:
    - complex trauma
    - psychosomatic pain (such as headaches and back pain)
    - psychosis
    - impact of undiagnosed mental health concerns on antisocial behaviour
    - concerns about families/loved ones overseas
    - mental health concerns specific to young people.

- Risk factors (other than trauma) for mental health concerns:
    - social isolation and lack of belonging
    - marginalisation and discrimination
    - lack of recognition of skills and qualifications, making meaningful employment, pride and supporting family more difficult
    - gambling, alcohol and other drugs.

- Stigma around disclosing and seeking mental health support.

Trauma concerns were raised as issues for multicultural communities generally (for example within the Pasifika community). The complex trauma associated with refugee communities was mentioned in particular. This included the Yazidi and African communities, and refugee youth.

Consumers in the KTD mentioned the following:

> *Well, I think there should be more rehab clinics. (Consumer)*
>
> *Definitely needs work on mental health and believing the person does need that help. So many of us get turned away when we go up there and they are like 'you're … not telling the truth.' And then you wind up dead. Something seriously going wrong, and you have been sent home with the wrong diagnosis. (Consumer)*

Chronic health conditions

The prevention, early intervention and treatment of chronic conditions (for example, diabetes, heart, kidney, liver and asthma concerns) were also mentioned by stakeholders as key health needs of multicultural communities.

The literature suggests that multicultural communities in Australia experience a range of health concerns that vary from the general population.[19] Initially, people from multicultural communities may have better physical health compared to their Australia-born counterparts (the healthy migrant effect). However, over time, multicultural communities may be exposed to risk factors due to changes in diet and lifestyle – such as increased consumption of high-energy takeaway foods and sedentary behaviours – leading to weight gain and obesity.

While not specific to the region (data was only available for Queensland overall[20]), country of birth data illustrates that people born in particular countries have higher rates of some potentially preventable hospitalisations (PPH) stemming from chronic conditions, compared to people born in Australia. For example:

[19] Khatri, R.B. and Assefa, Y. (2022). Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. BMC Public Health 22 (880). https://doi.org/10.1186/s12889-022-13256-z
[20] Queensland Health (2023). Exploring the Health of Culturally and Linguistically Diverse (CALD) Populations in Queensland: 2016–17 to 2019–20.

- people born in Syria (Middle East) were observed to have the highest rates of PPH stemming from chronic conditions such as congestive cardiac failure, diabetes, urinary tract infections and dental conditions
- people born in Sudan (North Africa) have the highest rates of PPH stemming from acute conditions, pelvic inflammatory disease, convulsions/epilepsy, and ear nose and throat conditions
- people born in Serbia (Southern and Eastern Europe) had the highest rates in chronic obstructive pulmonary disease (COPD), hypertension and gangrene.

Child developmental concerns among young people

Development or disability concerns among children and young people were noted within multicultural communities. For example:

- suspected brain injury not diagnosed or disclosed
- suspected intellectual disability not diagnosed or disclosed
- determining the difference between a physical and mental health concern among some populations
- relatively low awareness of and knowledge of child development.

Health system literacy

A need for better health system literacy was a key theme throughout the consultations – among both stakeholders and consumers. This included:

- not knowing where to attend for what issue (GP, hospital or elsewhere)
- not knowing how to make health appointments
- varying perspectives about what good GP care looks like (expectations about receiving medications at each GP visit)
- lack of understanding about private health insurance
- lack of access to resources in language
- for consumers, improved access to their health information.

Multicultural health consumers sought better access to their own health information:

> *Easy access to our health records through online portals, by ourselves, whenever we want. If we have our health records with us, we can access a second opinion wherever we want, even overseas. Otherwise, we need to pay for every visit to the GPs. (Consumer)*

> *I agree, I think there should be a patient portal where we can access our own information and prescriptions. (Consumer)*

> *Yes, I think a patient portal is very important. We cannot access our health records or our prescriptions, we get e-scripts or a refill. (Consumer)*

> *I would like to ask them to make it easier, to allow access to personal records and prescriptions and basic results, so if you can't see your GP immediately at least you know your results or get your medications. (Consumer)*

> *Also, I would ask doctors to make sure that they have access to reports like radiology. My doctor did not have that and I had to wait. (Consumer)*

Preventative health

The key issues mentioned within preventative health included:

- Vaccinations (for example for influenza[21] or COVID-19[22]):
    - people born in Somalia (Sub-Saharan Africa) had the highest rates of all vaccine-preventable conditions, including vaccine-preventable influenza and pneumonia and other vaccine-preventable conditions, compared to the Australia-born population
    - recent Australian COVID-19 mortality data showed that over the course of the pandemic, those born overseas had a higher death rate when compared to those born in Australia.[23]
- Sexual health (particularly for farm workers/seasonal workforce).

Service availability

Based on a desktop review of services available within the region, the greatest number and range of services available for multicultural and refugee communities are in Toowoomba and Ipswich. Please see Appendix 2. Multicultural service availability for a list of services.

The available services were categorised into:

- mental health
- health education
- service navigation
- psychosocial
- health assessments.

These services are shown on an interactive Google Map, with each of the above categories available as a toggle-on or off layer. Services in red and pink are youth specific.

As shown in Figure 2 and Figure 3, health services and wellbeing programs specifically designed to support the multicultural and refugee communities are clustered around Toowoomba and Ipswich, with more services available in Toowoomba as it is a Refugee Welcome Zone.

The Ethnic Communities Council of Queensland (ECCQ) Multicultural Advisory Service provides health education across the region, especially around healthy ageing (service zone not mapped).

[21] Queensland Health (2023). Exploring the Health of Culturally and Linguistically Diverse (CALD) Populations in Queensland: 2016–17 to 2019–20.
[22] ABS (2022). COVID-19 mortality by wave. www.abs.gov.au/articles/covid-19-mortality-wave
[23] ABS (November 2022). COVID-19 mortality by wave. Cited 03 March 2023. www.abs.gov.au/articles/covid-19-mortality-wave#deaths-from-covid-19-by-country-of-birth

Figure 2: Services for multicultural communities available in Toowoomba

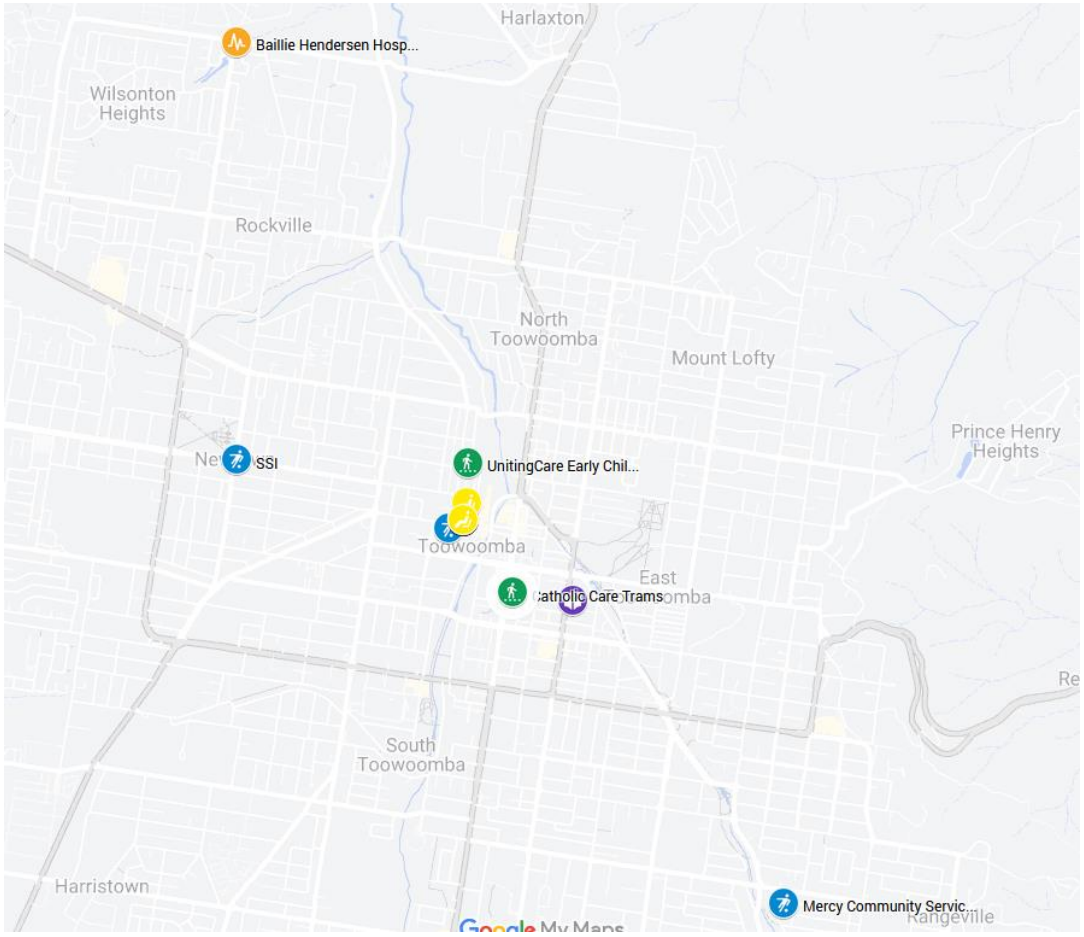

Figure 3: Services for multicultural communities available in Ipswich

Multicultural community service needs

Outlined below are the key service needs identified by stakeholders, the KTD with consumers, and the TALK ABOUT survey. More detail is provided in Section 4 about strengths and challenges associated with these service needs.

Equitable access to culturally safe and appropriate health care

Stakeholders reported a need for more **culturally safe spaces** where people from multicultural communities are comfortable attending. This is to ensure that people feel respected, safe, valued and understood when receiving health care sensitive to their gender, and receive care that is sensitive to their presenting health and social issues. It is also important that people know where they can receive health care and can access transport to attend the healthcare setting. The need for equitable access to culturally safe health care was echoed by consumers responding to the KTDs. Consumers noted the following:

> *Doctors to be culturally safe and knowledgeable about my background. (Consumer)*
>
> *Non-judgmental and understanding my health needs. (Consumer)*
>
> *Lack of written information available in specific languages. (Consumer)*
>
> *Having doctors with same cultural background for feeling safe and confident. (Consumer)*
>
> *I would also prefer a woman but there are some things that I can't just share with anyone. It is very sensitive. I need someone who understands my culture. (Consumer)*
>
> *Some people from my community don't feel comfortable being touched or removing their clothes for an x-ray and people don't understand that it's a cultural thing. It would be very helpful to have a female GP. It would be better if people are asked their preference about things. (Consumer)*
>
> *Respectful care would mean a lot to me. Sometimes women need women to understand you and a man doesn't get what you are struggling with. I think the service is overall respectful. Most doctors know the Yazidi community now and doctors are starting to understand us. They are respectful of what we don't feel comfortable with and we really appreciate this. (Consumer)*
>
> *For me, I think they are very respectful of me and my culture and what I feel comfortable with, what is appropriate for me. If I am respected, I feel so good, it makes me happy, and I feel safe. (Consumer)*

Stakeholders also thought that **mainstream services** need to be more culturally safe and appropriate. That is, healthcare providers required more training to enhance their cultural awareness and sensitivity, enabling them to deliver care that is respectful of and tailored to the cultural backgrounds of their consumers. Specifically, there is a need for refugee ready general practices which can complete newly arrived refugee health checks particularly in West Moreton (Ipswich) area.

Cultural competency training[24] includes:

- awareness of one's own cultural worldview: healthcare providers are encouraged to reflect on their own cultural beliefs and biases and understand how these may affect their interactions with consumers
- understanding the cultural context of the consumer: providers learn about different cultural norms, values and health beliefs that may influence a consumer's behaviour and attitudes towards health and health care
- developing cross-cultural skills: training focuses on practical skills for effective communication and interaction with consumers from different cultural backgrounds, including the use of interpreters when necessary
- addressing health disparities: cultural competency training often includes content on the social determinants of health and how they disproportionately affect certain populations, including multicultural populations
  trauma-informed approaches: trauma-informed care is based on the understanding that a significant number of people seeking health care have experienced trauma in their lives and that trauma may be a factor for people in distress, impacting their interactions with people and services. Trauma informed services are based on the following principles:[25]

  - safety – emotional as well as physical, e.g. is the environment welcoming?
  - trust – is the service sensitive to people's needs?
  - choice – does the service provide opportunity for choice?
  - collaboration – does the service communicate a sense of 'doing with' rather than 'doing to'?
  - empowerment – is empowering people a key focus?
  - respect for diversity – does the service respect diversity in all its forms?

Better access to translators who have health/mental health knowledge and skills

Stakeholders reported a need for better access to translators and interpreters, both during core hours and after hours. This includes translators who have sufficient knowledge of health and mental health as the language and concepts for these areas are complex. It is important too that the translators are not known to the consumer/client or from the same community to ensure privacy, confidentiality and cultural protocols are respected. These themes are echoed in the literature.

Consumers also reported a need for better access to interpreters or practitioners who shared their language or culture:

> *It would be very helpful for my family to have an interpreter. And people who understand the culture and do not judge us. It makes a big difference when someone understands you. Once my mum went to a general practitioner who was from my country and she felt very comfortable with her. (Consumer)*

> *I think interpreting is very important, but they need to be face-to-face. Phone interpreters are not so good, you cannot explain how you feel. When the interpreter cannot see the patient, they can't understand their body language or how they are really feeling. The emotion is lost and it is very important. And sometimes the accent is*

[24] Khatri, R.B. and Assefa, Y. (2022). Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. *BMC Public Health 22*(880). https://doi.org/10.1186/s12889-022-13256-z
[25] https://blueknot.org.au

different, so a phone interpreter does not understand, and they translate it wrong. (Consumer)

When the waiting time is too long and when there is no interpreter, it is very difficult. If I go to my appointment and there is no interpreter I will leave and not do it. It is too overwhelming and hard; too difficult. I do feel comfortable when I go there, but I want an interpreter every time. (Consumer)

When I do not get an interpreter, it makes me feel like I don't belong and I don't matter. I want people to know that it affects our mental health and we are already not okay. (Consumer)

Some interpreters don't have a good health vocabulary and there are lots of misunderstandings. I don't need an interpreter myself but for my family it is very important. When I am with my family, I translate for them. It takes a long time to get an interpreter. The more services that are available the better. A lot of people don't understand or speak English. (Consumer)

I did the same [translated] for my mum when she was going into surgery. It's not good. It's not good at all. I am worried about the mistakes that could happen when there are no translators. (Consumer)

A larger multicultural workforce

From the perspective of stakeholders and consumers, better access to a multicultural workforce includes:

- a more diverse workforce within mainstream services
- workers from multicultural communities or organisations.

Specific workforce needs reported included:

- health professionals to offer more mental health services (counsellors and psychologists), particularly for refugee communities
- maternal and child health nurses (midwives, antenatal care) generally, with a priority for the Pasifika community
- nurses working specifically with refugee populations, with Toowoomba and Ipswich being priorities
- access to GPs who use the specific language of the community member
- peer workers/community support workers who can facilitate connections.

Better access to health care in rural and remote communities

The region includes urban, rural and remote communities. Most people from multicultural communities live in Ipswich and Toowoomba. Much like for their non-multicultural neighbours, few services are available, other than satellite hospitals, in the more rural and remote regions.

Awareness of available health services

Stakeholders reported a lack of awareness of health services among multicultural communities and confusion around how to access these health services.

4. Strengths and challenges

What is working well

Community hubs (co-location and in-reach)

Community Hubs Australia (CHA) creates known and trusted places within the community, where people gather. Services can reach into these spaces and provide an array of supports relevant to the needs of each family. Their community hubs[26] are embedded in primary schools and connect families from diverse cultural backgrounds with the wider community.

They receive state and federal government funding. They are based on an evidence-based model[27] that aims to enhance community engagement, early childhood development, English literacy and vocational pathways. The hubs connect women and their young children with each other and their school through a variety of activities and with organisations that can provide health, education and settlement support. The community hubs are located in:

- Toowoomba:
    - Darling Heights State School
    - Harlaxton State School
    - Newtown State school
- Ipswich:
    - Fernbrooke State School
    - Kruger State School
    - Riverview State School
    - Springfield Lakes State School
    - Staines Memorial College.

Visit the Community Hubs Australia website

Community Centres (co-location and in-reach)

Community Centres provide a known and trusted place where people can gather.

For example, the Redbank Plains Community Centre[28] is managed by Multicultural Australia (MA) and funded by the Ipswich City Council. It aims to provide a welcoming and inclusive place. The centre provides a range of services that aim to make a meaningful impact for the Redbank Plains community by creating opportunities, reducing social isolation and developing a sense of welcome and belonging.

Services and workers for multicultural communities

Health workers employed specifically to meet the needs of multicultural communities, or services that work specifically with multicultural communities, were perceived by stakeholders as invaluable. The services below were nominated by stakeholders:

- SSI
- Mater Refugee Health

[26] www.communityhubs.org.au
[27] www.communityhubs.org.au/wp-content/uploads/2024/02/Executive-Summary-2023-SROI-National-Community-Hubs-Program.pdf
[28] www.multiculturalaustralia.org.au/centres/multicultural-services-redbank

- Multicultural workers
- QPASTT

SSI

SSI provides the Settlement Engagement and Transition Support (SETS) program in Ipswich. The SETS program provides newly arrived people with advice, advocacy and assistance related to settlement for a period of up to 5 years. It also assists new and emerging community groups and organisations support their specific communities. This includes:

- child health program
- wellbeing occupational therapist
- refugee health nurse (in West Moreton).

Visit the SSI website

Mater Refugee Health

The Mater provides a range of health services for refugee communities, including:

- The Mater Refugee Complex Care Clinic (MRCCC), a primary care, psychiatry, and paediatric service for people from refugee and asylum seeker backgrounds. Established in 2002, MRCCC provides initiatives to improve the health and wellbeing of communities in south-east Queensland.
- The Mental Health Coordinator Program (MHCP), which focuses on improving health literacy. The team includes clinical nurses, a social worker and program staff who work in partnership with the consumer, their community GP and other health and community services. A pilot program is operating in Ipswich.
- The Refugee Health Network Queensland, established in 2016, facilitates collaboration and coordination amongst health and community services to provide more accessible and appropriate health services for people of refugee backgrounds.
- The Brisbane Refugee Health Advisory Group (known as the G11) includes Health Development Consultants who are all regarded as leaders in their respective communities, from South Sudan, Eritrea, Burundi, Rwanda, Liberia, Somalia, Iraq, Syria, Afghanistan and Burma. The group provides a mechanism through which health services can have access to the voice of refugee communities.
- Refugee Health Connect (RHC) is a partnership between Brisbane South PHN, Brisbane North PHN, MA, Mater Health Services and Metro South HHS. It provides one point of call for assistance with identifying appropriate primary health providers in the Brisbane South and Brisbane North regions. RHC refers to GPs in the community who provide health assessments in partnership with Mater Refugee Health Nurses who provide outreach support to the GP practices. RHC also provides information about ongoing care for all people from a refugee background.

Visit the Mater Health website for information on refugee health

Multicultural workers

- The Refugee Health Outreach Program (funded by the PHN and commissioned to be provided by MA and SSI) provides support and care coordination services to newly arrived refugees. Services include coordinating access for consumers to GP and allied health

services, a refugee health nurse and supporting general practice to conduct Refugee Health Assessments and improve health literacy.

- West Moreton Health Service has a Multicultural Mental Health Coordinator and a Multicultural Coordinator.

  The Multicultural Mental Health Coordinator role focuses on:
  - reducing service access barriers
  - improving mental health literacy
  - supporting service navigation
  - supporting mental health workers and services to provide more culturally appropriate and safe mental health care for people from diverse backgrounds.

  A recent project has involved identifying and mapping mental health professionals who speak another language, to assist referrals. This work also includes developing a referral pathways flow chart.

  The Multicultural Coordinator role includes overseeing the Telephone Interpreter Service.

- The Pasifika Maternity and Child Health Hub (located in Logan, which is an area outside the region, but included here as an example of good practice) provides services to the Pasifika (Polynesia, Melanesia, and Micronesia) communities in Logan to support healthy live births. The clinic runs from Monday to Friday 9 am to 4 pm. Mothers are supported by the same midwife throughout her pregnancy, as well as by a community connector, and an onsite obstetrician (who attends the Centre every Tuesday).

Visit the Pasifika Maternity and Child Health Clinic website

QPASTT

Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) (is a non-government, not-for-profit organisation with no political or religious affiliations that provides culturally responsive services to promote the health and wellbeing of people in Australia who have sought safety from persecution, torture and war related trauma. QPASTT can help people of all ages, no matter how or when they arrived in Australia. To assist children and young people under the age of 16 years, QPASTT needs to get the consent of their parent or guardian. QPASTT provides a range of services, including:

- counselling to support healing and recovery from refugee trauma
- youth work for trauma recovery, community engagement and development of the young person's potential
- group engagement
- community based healing
- community development work
- asylum seeker mental health and wellbeing assessment and support
- Third Queer Culture, a peer social group for LGBTQIA+ people from diverse backgrounds who have an experience of seeking safety in Australia.

QPASTT can provide face-to-face sessions in the office or in locations in Toowoomba and Ipswich. Teleconferencing may be available in other areas, as appropriate.

QPASTT also provides a range of resources for health professionals, service providers, community leaders and schools.

Visit the QPASTT website

Cultural support workers

Cultural support workers, with lived experience, can navigate the health system and link people from multicultural communities to the supports that are available. For example:

- the cultural support worker model in the Ipswich region (funded by MA) was considered valuable by stakeholders. The key benefit was described as linking community members with community organisations – service navigation. The cultural support workers assist with delivering culturally appropriate and responsive support, including:
    - assisting clients to link to essential services and with other people from their culture of origin and build social connections
    - delivering orientation activities, including an introduction to the local area, household safety and public transport
    - assisting with emergency and crisis support, if needed.

Collaboration between community leaders and partners

Collaboration between partners enables person-centred care and the provision of wrap-around services. Stakeholders provided some good examples of collaboration between partners and expressed interest in further collaboration with the PHN. Examples of collaboration include:

- coordinating care between health and other service providers, for example receiving referrals from GPs, which allows time to have a conversation with the referrer about the needs of the person being referred
- consultation with cultural communities about services/activities that meet their specific needs
- developing relationships with specific mainstream agencies or partners, for example, Range Allied Health, and multicultural specific agencies such as MA and the community hubs (mentioned above).

Provider networks

Provider networks assist with sharing knowledge and skills and connecting parts of the health system. Examples include:

- Multicultural advisory committees to LGAs such as the Toowoomba Regional Council, which build relationships and enable services to be shaped to meet the needs of regional LGAs
- Community Development Officers within Regional Councils
- The Southern Downs Regional Council Interagency Network which includes all community, health and allied health service providers, government agencies and non-government organisations (NGOs) either based in the Southern Downs or providing services to the Southern Downs community. School representatives within the Southern Downs region are also welcome to join. The network connects regularly to promote their services and facilitate information sharing.

Other multicultural services

Translating and Interpreter Services

The Translating and Interpreting Service (TIS National) is an interpreting service provided by the Department of Home Affairs for people with limited English language proficiency and for agencies and businesses that need to communicate with their non-English speaking clients.

Visit the Translating and Interpreting Service (TIS National) website

Queensland Government Translating and Interpreter Services

Queensland has a whole-of-government Standing Offer Arrangement (SOA) for translating and interpreter services that are available to all Queensland Government agencies and other eligible Queensland Government-funded service providers.

The following language service providers are accessible via SOA arrangements:

- 2M Language Services
- Deaf Connect
- Translationz
- Language Loop
- ONCALL Interpreters and Translators

Multicultural Connect Line (1300 079 020)

Provided by the World Wellness Group, the Multicultural Connect Line is a free, Queensland-wide phone service providing support and information to find aid, assistance and mental health services for people from multicultural backgrounds. The phone service can be called Monday-Friday between 9 am and 4 pm. Outside those hours the National Home Doctor Service (13 74 25) is suggested.

Culture Care (accessed via Multicultural Connect)

Provided by the World Wellness Group, Culture Care provides support to carers from multicultural backgrounds supporting people with mental health concerns. Culture Care provides emotional and psychosocial support over the phone (Queensland-wide), or face-to-face (Brisbane area). The team works with multicultural peer support workers and interpreters to provide language, cultural support and lived experience expertise.

Any person from a multicultural background who provides support or cares for someone with a mental health condition is considered a carer.

Culture Care provides support to:

- carers from multicultural backgrounds supporting someone who is experiencing poor mental health (immediate or extended family members, friends, housemates, neighbours)
- community and faith leaders (the traditional family/carer role has been expanded to include community elders and faith leaders as they are key people in multicultural communities who individuals turn to for support)
- carers who may or may not receive a Carer Allowance/or pension from Centrelink

- any carer from a multicultural background regardless of their immigration/or visa status.

The program also facilitates group programs for social connection and education.

Queensland Transcultural Mental Health Centre

The Queensland Transcultural Mental Health Centre (QTMHC) is a state-wide service that provides an information, referral, resource and clinical consultation service. Services are provided free of charge. Services include:

- clinical consultation
- consumer and carer participation
- the state-wide Multicultural Mental Health Coordinator (MMHC) program
- the Mental Ill-Health Prevention and Early Intervention (MI-HPEI) program
- access to a resource library, multilingual resources and publications
- policy and service development
- education and training, access to information and statistics and useful links
- updates about what's on from QTMHC.

The service is available Monday-Friday 8.30 am to 4.30 pm on (07) 3317 1234.

Visit the QTMHC website

Witness to War

Witness to War is a free and confidential multilingual telephone phone service for people in Australia affected by overseas conflicts. It is offered by the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT). Staffed by mental health practitioners and bicultural support workers, Witness to War offers community members incidental counselling, information about available support and connections to other local services. Witness to War staff can speak to callers in Arabic, Hebrew, Dari, Ukrainian and English and in other languages with an interpreter.

Witness to War operates from Monday to Friday across Australia. The available hours in Queensland include: 9 am to 6 pm, free call **1800 845 198**.

Visit the Witness to War page on the FASSTT website

Multicultural Resource Directory

The Queensland Multicultural Resource Directory lists organisations that offer information, advice, support and networking opportunities, including:

- multicultural media outlets and schools
- community, non-government and government organisations and agencies
- consuls
- migrant and refugee service organisations
- bilateral business associations
- interstate multicultural offices.

A multicultural events calendar is also available. **Community groups and organisations can request to be included in the Directory**

Queensland Health *Guide to health care in Queensland*

The *Guide to health care in Queensland* includes general information about the health system for those new to Australia. This information is available in languages other than English. Available for download here:

Access the *Guide to health care in Queensland*

You can also access *Health care in Queensland: A guide for Queensland humanitarian program arrivals* (PDF) **on the Refugee Health Network website**

Ethnic Communities Council of Queensland (ECCQ)

ECCQ is the peak body in Queensland for multicultural communities and provides support and advocacy for the needs, interests and contributions of multicultural communities in Queensland. Their role includes:

- working closely with all levels of government to influence key decisions impacting multicultural communities
- elevating the voices of vulnerable people through engagement networks for women and youth, as well as the Speak My Language multicultural disability podcast
- providing capacity building opportunities to multicultural community groups – from setting up associations through to support writing grant applications
- providing health programs to support multicultural communities to live well
- a dedicated network of bi-cultural health workers to focus on community education to improve their health outcomes
- work with the multicultural sector to strengthen services to reflect the needs of the community, as well as collaborate and partner on research and advocacy.

Visit the Ethnic Communities Council of Queensland (ECCQ) website

Multicultural Youth Queensland (MyQ)

MyQ works towards creating a socially cohesive community where multicultural young people can equitably realise their goals socially, culturally, economically and politically across Queensland. MyQ provides:

- policy and advocacy for multicultural young people, the only Queensland representative voice on multicultural youth issues
- training, advice, information, resources and other support to build and strengthen system, sector and organisational capacity and cultural responsiveness
- training on Youth Leadership to young people to enable them to learn new skills in leadership, project management, public speaking, storytelling, youth facilitation and teamwork.

Visit the My Q website

Services Australia Multicultural Service Officers

Services Australia (formerly Centrelink) Multicultural Service Officers work with multicultural community groups, staff and other government departments. They do this to:

- promote and improve access to Service Australia payments and services
- build relationships in the community and across government
- improve service delivery to culturally and linguistically diverse (CALD) people by understanding their needs
- provide support and assistance in complex cases
- help Service Australia staff to communicate with CALD people through language services
- raise awareness and competency of Service Australia staff in providing services toCALD people
- build and maintain relationships with internal stakeholders to raise the profile of multicultural services.

Services include:

- information provided in multiple language that can be read, heard or watched
- talking to someone in their language Monday to Friday from 8 am to 5 pm
- support with Centrelink payments and services, by calling the multilingual phone service
- support with Medicare by calling the Medicare program line. An interpreter can be arranged for free
- support with Child Support by calling the Child Support Enquiry line. An interpreter can be arranged for free.

Visit the Services Australia website

What could be better

According to the literature, there are a range of challenges and barriers to accessing health care in multicultural communities.[29,30,31] Stakeholders and consumers also identified a range of challenges or barriers to accessing health care. Many of the barriers align with the social or cultural determinants of health and are outlined below. Consumers would prefer better access to affordable health care, with reduced wait times for both GPs and at Emergency Departments.

> *Reintroducing bulk billing for everyone again. (Consumer)*
>
> *Make subsidised medical bills or deferred payment. (Consumer)*
>
> *If health care is free, it would be helpful. Going to the GP costs at least $30 per session out of pocket. (Consumer)*

[29] Khatri, R.B. and Assefa, Y. (2022). Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: issues and challenges. *BMC Public Health 22*(880). https://doi.org/10.1186/s12889-022-13256-z
[30] Federation of Ethnic Communities' Council of Australia (June 2022). *Australian Mosaic*, Issue 56.
[31] Chua, D., Sackey, D., Jones, M., Smith, M., Ball, L. and Johnson, T. (2023). The M-CHooSe pilot: the acceptability and utilisation of the nurse-led, general practice clinic co-located '*M*ater *C*ALD Healthcare *Co*ordinator *Se*rvice' for patients from multicultural backgrounds. *Australian Journal of Primary Health 29,* pp. 175–185.

Home visit doctors, after-hours care services, would help more with our out-of-pocket, or with Medicare. (Consumer)

PBS [Pharmaceutical Benefits Scheme] or generic medicine would be highly regarded for better health outcomes. All medicines should be included in the claimable list. (Consumer)

At least one medical centre in each suburb and one or two GPs should be available at the weekends. Have bookings on weekends too, as well as weekdays. (Consumer)

Appointing more GPs, specialists, build more hospitals, medical centres. (Consumer)

It would be easier to get the care we need if there was a bigger hospital. A bigger hospital will be a great step, because a larger facility will mean more employees and more patients that can be helped. (Consumer)

The health professionals who responded to the TALK ABOUT survey (n=38) ranked their ability to provide health care to meet the needs of multicultural communities. More people ranked themselves in the top half of the scale (n=20, 53%) than the bottom (n=18, 47%). They said that the primary factor affecting their ability to deliver health care to individuals from multicultural backgrounds was the shortage of resources to adequately support the unique care needs of multicultural communities (n=32, 91%).

Health professionals responding to the TALK ABOUT Survey suggested the following things would improve health care for people from multicultural backgrounds:

- affordable allied health and disability support services (62%, n=22)
- more transport services (62%, n=22)
- more culturally safe health services (59%, n=22).

Access to interpreters and language barriers

Stakeholders reported that there is often a lack of culturally appropriate and culturally safe health information available in languages other than English. This makes it difficult for people to understand their health concerns and need for medication or tests. It also makes it difficult for people to be aware of, understand and access the healthcare system.

Stakeholders also reported that:

- it can be difficult to access interpreters who have the specific language skills and the relevant health knowledge and understanding of health vocabulary to be effective in the health or mental health space
- interpreters may also experience a cultural conflict (for example, providing advice to an elder which may be inappropriate)
- it may be difficult (traumatic or triggering) for interpreters to provide translations in some instances
- privacy and confidentiality may also be a difficulty when using interpreters, as the interpreter may know the consumers and/or their family
- there is a lack of Kurdish Kurmanji interpreters in particular
- given the business model of GPs, not all GPs have the time and resources to access interpreters, provide cultural competency training and provide supporting resources in other languages.

For good practice on using interpreters in a GP setting visit the Royal Australian College of General Practitioners (RACGP) website.

Access the Queensland Health Working with Interpreters Guidelines.

The Australian Institute of Interpreters and Translators provides a standards framework and a range of other guidance documents **for working with interpreters.**

More information can be found About NAATI**.**

The Australian Refugee Health Practice Guide is also helpful.

Reducing fear of discrimination or racism

Concerns about experiencing discrimination or racism within the healthcare system can make people feel unsafe to seek health or mental health support. According to the literature, consumers and stakeholders, a general distrust of the health system, or past bad experience can be a barrier to accessing care.

> *Give respect to our cultural background. (Consumer)*
>
> *Free from racism, discrimination, gender. (Consumer)*

Sociocultural values

Some people from multicultural communities may hold cultural values or religious beliefs from their country of origin that may differ from or conflict with the health behaviours and practices in their local area. For example, some people may expect to receive a prescription when they visit a doctor, and without that health care may be considered poor. Other stakeholders report that some men may not want to wait to see a GP and that women may prefer a female GP. Some stakeholders also state that it is difficult to complete informed consent documents as the explanation of the risks can be distressing and complex.

Associated stigma and shame may prevent people from seeking help from healthcare services that may not align with their beliefs and practices. Within the context of mental health, people may not acknowledge psychological distress and seek help.

Access to appropriate digital health

People from multicultural communities may face difficulties using digital health platforms due to:

- poor quality internet
- low levels of technological and digital health literacy
- lack of available technology or data (cost)
- a lack of information that is culturally and linguistically appropriate.

> *We need telehealth at least in simple English rather than medical jargons with Australian slangs or else in our same languages. (Consumer)*

Cultural competency in health services

Stakeholders and consumers reported that mainstream health services systems and the health workforce within these services may lack the cultural competency skills that can assist people from multicultural communities to feel safe and welcome when accessing health care.

More empathetic and understanding staff and doctors in the medical centres and in hospitals. (Consumer)

Respectful care means an individual is well looked after, creating that healthy environment regardless of any gender, religion or age factor. (Consumer)

Feel welcome when visiting the emergency department and not feel discriminated. (Consumer)

The biggest thing about respectful care is to be listened to. (Consumer)

Respectful care means to me to be cared for and have supportive interactions. For me, it is not being talked down for your health condition. (Consumer)

Understanding, comfortable and welcomed. (Consumer)

For a receptionist to be more respectful and accepting, look at me as a patient, not of my colour and biased services. (Consumer)

View the Queensland Health's Multicultural Health – Guidelines to Practice

A joined-up health system with more options in rural and remote areas

The health system is complex and fragmented. Stakeholders described Service integration and coordination challenges for everyone in the community when trying to access health care. This is compounded for people from multicultural backgrounds, when considering both English language and the learning of a new system in a new country. For example:

- There may be few primary healthcare services and support in rural areas. While local health services and satellite hospitals may provide good health care, there may be long GP wait times and limited options for bulk billing.
- People may become disconnected from services and supports when the five-year SETS is completed.

Social and cultural determinants of health

People from multicultural communities are described as experiencing multiple barriers to health care. These social or cultural determinants of health can mean that the health system is less inclusive of the needs of multicultural communities, which in turn may contribute to health inequities, reduces health status and less access to health care. Examples of these challenges (which may be experienced more broadly within the region) include:

- the cost of health care, for example lack of bulk billing options for medical appointments or psychiatrists, which may result in people attending hospital as an alternative
- difficulties experienced when approaching the end of 5-year support, as for some individuals the length of the settlement period may vary
- certain visas (for example temporary visas) may limit access to Medicare services (although people seeking asylum in Australia who are not eligible for Medicare can access public hospitals in Queensland for free, as set out in the fees and charges for Healthcare Services.)
- people may not be aware of, or able to afford, private health insurance

- lack of transport to certain locations and at regular times, which makes it difficult for people to access health, social and community services
- lack of employment opportunities if skills from the country of origin are not recognised within Australia
- the cost of accommodation, which people may need to prioritise over health care
- the continued increase in the cost of living, which means people may need to prioritise other expenses over health care.

Consumers said:

> *I have asked everyone to bring my family members here, so we can help each other. So, we don't feel alone … and that way our children could be together also … If my family saw me, they would say how can you live here alone by yourself? And my children are getting worse every day. They always fight at home. They break my wall … it is mental health related. Australia is a safe country but I'm still not feeling safe because I'm alone … (Consumer)*

> *Respectful care would be accessing support even when you are on a temporary visa. I was under a temporary visa when I came to Australia, so I couldn't access any benefits. I paid tax but didn't receive any services. Sometimes kids have dental issues and it's not covered under Medicare, then it's too expensive to fix. (Consumer)*

> *I want them to get a carer for me. I have done all the paperwork with Centrelink and am still waiting. I have so much pain and I am retired now. I have mental health issues and back pain. I am a single woman with children. It is very hard to do everything on my own and my health makes it more difficult. I am on a disability pension … I don't get any mental health support and I don't know how to. I see a lady from [mental health service] every two weeks. She helps me a bit, but I don't get any other support. (Consumer)*

For more information see the Australian Multicultural Health Collaborative

5. Opportunities and priorities

Potential opportunities on which to focus are outlined below. Many of these opportunities are relevant to multicultural communities generally, and refugee health specifically.[32]

Education with multicultural communities

This opportunity is relevant across the region, with a focus on the refugee populations in Ipswich and Toowoomba.

Stakeholders suggested several ways in which education about the healthcare system could be conducted to increase multicultural communities' knowledge and awareness of how to access health care, where to access health care and of particular health topics.

> *One change I would make today is for our community to learn more about how to look after ourselves and stay healthy in Australia. Then we would be able to avoid the hospital. (Consumer)*
>
> *More information about my health needs. (Consumer)*

Developing education resources and providing education to community leaders and community members was considered a priority by stakeholders.

Education sessions could be targeted at both:

- community leaders (who can then share information further)
- community members themselves.

The suggestions included **short educational videos in language** on topics such as:

- human and childhood development
- how to access a GP and the role of bulk billing and private health insurance
- referrals pathways
- screening and vaccination programs
- sexual health
- mental health and wellbeing (psychoeducation and the role of mental health services)
- virtual care and telehealth.

Educational videos were seen to be particularly helpful for the Yazidi community, who do are not generally literate in written Kurdish Kurmanji due to decades of cultural persecution and prohibitions on written text. It was also suggested that preparing videos and providing information sessions could be useful for leaders within the African community who can then share that with their communities. There are many African communities with a relatively small number of people and different languages. However, this approach could be appropriate for many multicultural communities.

Other suggestions included:

- health advertising to inform health system navigation
- provide information in multiple languages
- an online hub with links to services and a search engine

[32] www.health.qld.gov.au/public-health/groups/multicultural/refugee-services/refugee-health-and-wellbeing-policy-and-action-plan

- Mental Health First Aid training for multicultural community leaders and refugee workers.

Join the Refugee Health Connect Partnership with Mater

This opportunity is most relevant to the refugee populations within Ipswich and Toowoomba.

Access to RHC could provide refugee communities with better access to health care (including mental health care). RHC is a partnership between Brisbane South PHN, Brisbane North PHN, MA and Mater Hospital Brisbane. It provides **one point of call for assistance with identifying appropriate primary health providers in the Brisbane South and Brisbane North regions**. RHC refers to GPs in the community who provide health assessments in partnership with Mater Refugee Nurses who work with the GP Practices. RHC also provides information about ongoing care for all people from a refugee background. This could be a valuable service for the PHN to invest in – both in Toowoomba and Ipswich. Perhaps an online component could help connect those in other areas of the PHN with the service.

More generally, information about good practice mental health can be found on the Embrace Mental Health website.

Build cultural competency with collaborative partners

This opportunity is relevant across the region, with a focus on the refugee populations in Ipswich and Toowoomba.

Identify GPs and other health providers with an interest in refugee health, or an interest in working with multicultural communities. Ensure these providers have the necessary tools, training and resources around cultural competency and accessing translation services. This may include providing funding for people to obtain these skills. It was suggested that providing funding to enable GPs to spend time embedded within a multicultural service, and to provide longer appointments, would enable much better provision of primary health care to high priority, hard-to-reach multicultural communities.

Building cultural competency, inclusive of trauma informed approaches with collaborative partners – including expanding on the work of the PHN funded Refugee Health Officers – was considered a priority by stakeholders.

Identify university students and volunteers to assist new arrivals to navigate services and interactions, for example:

- Centrelink appointments
- visiting community centres
- connecting computers to printers
- everyday support
- accompanying people to healthcare appointments.

Warm handover at the end of the five-year SETS program

This opportunity most relevant to providers within the Toowoomba region, connecting with those in Ipswich.

Stakeholders spoke of the challenges that people in multicultural communities experience when the client reaches the end of their five-year settlement period or moves to a secondary settlement area. For example, clients may move from Toowoomba to Ipswich for a range of reasons, although often due to the cost of housing or access to employment. In these instances, people may lose their established support networks, may not receive further support, or may lose the trust that they have developed with a worker over time. Stakeholders report that some people become 'lost in the system', being difficult to locate to better connect with other supports. Better planning to ensure a smooth transition of clients from one provider to another could facilitate continuity of care and support for people. Some people move out of Toowoomba to communities such as Ipswich, Warwick and Chinchilla.

Enhance access to interpreters for consumers receiving primary health

This opportunity is relevant across the region.

Stakeholders and consumers have suggested there is a need to increase access to translation and interpreter services. This could include:

Enhancing access to interpreters was considered a priority across the region.

- Accessing translators with health knowledge in other states, such as Western Australia. The time difference would increase available hours and location in another state would increase privacy and confidentiality in most instances.
- Training people within the community as interpreters, however this may not address the privacy and cultural concerns.
- Upskilling multicultural people within the community to become interpreters.
- The ability to bulk bill the use of interpreters.

Develop community transport within the region

This opportunity is relevant across the region.

Transport was regularly mentioned as a barrier to accessing services and supports. There is an opportunity to explore the development of community transport with other providers, LGAs and state government. This could include transporting young people to sports fields where they can participate in healthy community-based activities and helping people to access appointments, services and supports.

Developing community transport options was considered a priority across the region.

Community connectors/Peer support workers

This opportunity is relevant across the region.

Growing the pool of community connectors and peer support workers will assist with supporting people from multicultural communities to connect with relevant services and supports.

Better Connection with HHS Multicultural Offices to map available health workers who speak a language other than English in the region

This opportunity is relevant across the region, building on the work of WMH and extending to DDH.

Build on the work conducted by the West Moreton Multicultural Mental Health Officer, which involves identifying and mapping mental health professionals (and other health professionals) who speak another language so people can be referred to them or linked to them via telehealth.

It should also be noted that the PHN curates information about local GPs who can speak languages other than English. As at July 2024, they hold records of over 160 GPs in the region who are able to speak a language other than English.

Increase access to mobile health services, telehealth and outreach workers

This opportunity is relevant to pockets of a high concentration of multicultural communities outside Toowoomba and Ipswich.

Provision of primary care to communities and groups who are not able to easily access care could potentially:

- prevent hospitalisations
- result in better general health, mental health and sexual health
- better screening (e.g. BreastScreen)
- increase immunisations.

This could be achieved by increasing access to any existing mobile units or develop a mobile health unit (GP, nurse, screening, and ideally dentist) that can:

- visit smaller towns
- visit farms (with invitation from the farm owners to provide better access to health care for people under the Pacific Island Labour Scheme)
- include an assessment station at a suitable service where GPs can check the blood pressure and heart rate of people in the community and consult remotely
- use telehealth to connect people to a doctor of their culture.

Appendix 1. Demographic data tables

Proportion of LGA situated within Darling Downs and West Moreton PHN

Table 6: Population by LGA

LGA	Estimated Resident Population, 2022 (ABS, 2023)	Proportion of LGA that falls within DDWM region (PHN, 2017) (%)	Estimated Resident Population that falls within DDWM region (ABS, 2023)
Ipswich	242,653	100	242,653
Toowoomba	178,399	100	178,399
Lockyer Valley	41,750	100	41,750
Southern Downs	36,994	100	36,994
Western Downs	34,542	100	34,542
South Burnett	33,789	100	33,789
Somerset*	25,057	80.1	20,596
Scenic Rim*	42,984	29.2	12,945
Goondiwindi	10,410	100	10,410
Cherbourg	1128	100	1128
Banana Shire*	14,513	6.5	961

Source: Australian Government Department of Health and Aged Care, Primary Health Networks (PHN) (2017) – concordance files – Local Government Areas (2021). Released 26 September 2023. Accessed at www.health.gov.au/resources/publications/primary-health-networks-phn-2017-concordance-files-local-government-areas-2021?language=en. *Lake Manchester/England Creek is the only area within the Brisbane LGA that falls within the DDWM area but has no residents (ABS Population by SA2), so has been excluded.

Breakdown of population across LGAs

Table 7: Rate of people born in Australia across LGAs, 2021

Region	Total population	People born in Australia	Proportion that are Australian born (%)
Darling Downs and West Moreton	**597,763**	**465,543**	**77.9**
Darling Downs	**288,775**	**234,094**	**81.0**
Banana – Part A	938	740	78.8
Cherbourg	1,194	1,164	97.5

Region	Total population	People born in Australia	Proportion that are Australian born (%)
Goondiwindi	10,310	8,697	84.4
South Burnett	32,996	26,532	80.4
Southern Downs	36,290	29,522	81.4
Toowoomba	173,204	139,721	80.7
Western Downs	33,843	27,718	81.9
West Moreton	**303,479**	**225,894**	**74.4**
Ipswich	229,208	167,084	72.9
Lockyer Valley	41,101	32,654	79.4
Scenic Rim – Part C	12,734	9,943	78.1
Somerset – Part B	20,436	16,213	79.3

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023

Table 8: Proportion of people born overseas in English-speaking countries across LGAs, 2021

Region	Total population	People born (overseas) in English-speaking countries	Proportion that were born overseas in English-speaking countries (%)
Darling Downs and West Moreton	**597,763**	**41,544**	**6.9**
Darling Downs	**288,775**	**13,599**	**4.7**
Banana – Part A	938	27	2.9
Cherbourg	1,194	0	0.0
Goondiwindi	10,310	288	2.8
South Burnett	32,996	1,859	5.6
Southern Downs	36,290	1,896	5.2
Toowoomba	173,204	8,307	4.8
Western Downs	33,843	1,222	3.6
West Moreton	**303,479**	**27,600**	**9.1**
Ipswich	229,208	22,279	9.7
Lockyer Valley	41,101	2,527	6.1

Region	Total population	People born (overseas) in English-speaking countries	Proportion that were born overseas in English-speaking countries (%)
Scenic Rim – Part C	12,734	1,291	10.1
Somerset – Part B	20,436	1,503	7.4

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 9: Rate of people born in a predominantly non-English-speaking (NES) country resident in Australia for five years or more, 2021

Region	Total population	People born in a NES country resident in Australia for five years or more	Proportion that are born in a NES country resident in Australia for five years or more (%)
Darling Downs and West Moreton	**597,763**	**40,712**	**6.8**
Darling Downs	**288,775**	**13,728**	**4.8**
Banana – Part A	938	27	2.9
Cherbourg	1,194	0	0.0
Goondiwindi	10,310	266	2.6
South Burnett	32,996	1,009	3.1
Southern Downs	36,290	1,403	3.9
Toowoomba	173,204	10,066	5.8
Western Downs	33,843	957	2.8
West Moreton	**303,479**	**26,560**	**8.8**
Ipswich	229,208	23,227	10.1
Lockyer Valley	41,101	1,977	4.8
Scenic Rim – Part C	12,734	499	3.9
Somerset – Part B	20,436	857	4.2

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 10: Rate of people born in a predominantly non-English-speaking (NES) Country resident in Australia for less than five years, 2021

Region	Total population	People born in a NES country resident in Australia for less than five years	Proportion that are born in a NES country resident in Australia for less than 5 years (%)
Darling Downs and West Moreton	**597,763**	**11,317**	**1.9**
Darling Downs	**288,775**	**6,369**	**2.2**
Banana – Part A	938	18	1.9
Cherbourg	1,194	0	0.0
Goondiwindi	10,310	96	0.9
South Burnett	32,996	269	0.8
Southern Downs	36,290	324	0.9
Toowoomba	173,204	5,214	3.0
Western Downs	33,843	448	1.3
West Moreton	**303,479**	**4,974**	**1.6**
Ipswich	229,208	3,377	1.5
Lockyer Valley	41,101	1,167	2.8
Scenic Rim – Part C	12,734	79	0.6
Somerset – Part B	20,436	352	1.7

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 11: Rate of people born overseas reporting poor proficiency in English across LGAs, 2021

Region	Total population aged five years and over	People born overseas who speak English not well or not at all	Proportion that are born overseas who speak English not well or not at all (%)
Darling Downs and West Moreton	**559,807**	**5,886**	**1.1**
Darling Downs	**272,210**	**2,550**	**0.9**
Banana – Part A	877	9	1.1
Cherbourg	1,080	0	0.0
Goondiwindi	9,611	37	0.4

Region	Total population aged five years and over	People born overseas who speak English not well or not at all	Proportion that are born overseas who speak English not well or not at all (%)
South Burnett	31,392	89	0.3
Southern Downs	34,622	177	0.5
Toowoomba	163,004	2,176	1.3
Western Downs	31,624	62	0.2
West Moreton	**282,318**	**3,353**	**1.1**
Ipswich	211,943	2,655	1.3
Lockyer Valley	38,803	545	1.4
Scenic Rim – Part C	12,120	33	0.3
Somerset – Part B	19,451	121	0.6

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Breakdown of top 10 non-English speaking initial country of residence across LGAs, 2021

Table 12: Proportion of population in region whose country of origin is India across LGAs, 2021

Region	Total population	People born in India	Proportion born in India (%)
Darling Downs and West Moreton	**597,763**	**7,359**	**1.2**
Darling Downs	**288,775**	**2,302**	**0.8**
Banana – Part A	938	2	0.2
Cherbourg	1,194	0	0.0
Goondiwindi	10,310	43	0.4
South Burnett	32,996	73	0.2
Southern Downs	36,290	85	0.2
Toowoomba	173,204	1,987	1.1
Western Downs	33,843	112	0.3
West Moreton	**303,479**	**5,065**	**1.7**

Region	Total population	People born in India	Proportion born in India (%)
Ipswich	229,208	4,644	2.0
Lockyer Valley	41,101	373	0.9
Scenic Rim – Part C	12,734	25	0.2
Somerset – Part B	20,436	23	0.1

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 13: Proportion of people in the region whose country of origin is Philippines across LGAs 2021

Region	Total population	People born in Philippines	Proportion born in Philippines (%)
Darling Downs and West Moreton	**597,763**	**5,977**	**1.0**
Darling Downs	**288,775**	**2,772**	**1.0**
Banana – Part A	938	9	0.9
Cherbourg	1,194	0	0.0
Goondiwindi	10,310	86	0.8
South Burnett	32,996	277	0.8
Southern Downs	36,290	262	0.7
Toowoomba	173,204	1,630	0.9
Western Downs	33,843	508	1.5
West Moreton	**303,479**	**3,561**	**1.2**
Ipswich	229,208	2,800	1.2
Lockyer Valley	41,101	203	0.5
Scenic Rim – Part C	12,734	47	0.4
Somerset – Part B	20,436	511	2.5

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 14: Proportion of people in the region whose country of origin is China (Excluding special administrative regions of Hong Kong and Macau, and Taiwan) across LGAs, 2021

Region	Total population	People born in China	Proportion born in China (%)
Darling Downs and West Moreton	**597,763**	**1,682**	**0.3**
Darling Downs	**288,775**	**742**	**0.3**
Banana – Part A	938	9	1.0
Cherbourg	1,194	0	0.0
Goondiwindi	10,310	13	0.1
South Burnett	32,996	26	0.1
Southern Downs	36,290	47	0.1
Toowoomba	173,204	622	0.4
Western Downs	33,843	25	0.1
West Moreton	**303,479**	**938**	**0.3**
Ipswich	229,208	717	0.3
Lockyer Valley	41,101	167	0.4
Scenic Rim – Part C	12,734	18	0.1
Somerset – Part B	20,436	36	0.2

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 15: Proportion of people in the region whose country of origin is Vietnam across LGAs, 2021

Region	Total population	People born in Vietnam	Proportion born in Vietnam (%)
Darling Downs and West Moreton	**597,763**	**1,811**	**0.3**
Darling Downs	**288,775**	**223**	**0.1**
Banana – Part A	938	2	0.2
Cherbourg	1,194	0	0.0
Goondiwindi	10,310	4	0.0
South Burnett	32,996	22	0.1
Southern Downs	36,290	19	0.1
Toowoomba	173,204	158	0.1
Western Downs	33,843	18	0.1

Region	Total population	People born in Vietnam	Proportion born in Vietnam (%)
West Moreton	**303,479**	**1,577**	**0.5**
Ipswich	229,208	1,422	0.6
Lockyer Valley	41,101	84	0.2
Scenic Rim – Part C	12,734	5	0.0
Somerset – Part B	20,436	66	0.3

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 16: Proportion of people in the region whose country of origin is Malaysia, 2021

Region	Total population	People born in Malaysia	Proportion born in Malaysia (%)
Darling Downs and West Moreton	**597,763**	**1,063**	**0.2**
Darling Downs	**288,775**	**399**	**0.1**
Banana – Part A	938	1	0.1
Cherbourg	1,194	0	0.0
Goondiwindi	10,310	6	0.1
South Burnett	32,996	26	0.1
Southern Downs	36,290	23	0.1
Toowoomba	173,204	305	0.2
Western Downs	33,843	38	0.1
West Moreton	**303,479**	**661**	**0.2**
Ipswich	229,208	568	0.2
Lockyer Valley	41,101	62	0.2
Scenic Rim – Part C	12,734	15	0.1
Somerset – Part B	20,436	16	0.1

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 17: Proportion of people in the region whose country of origin is Italy across LGAs, 2021

Region	Total population	People born in Italy	Proportion born in Italy (%)
Darling Downs and West Moreton	**597,763**	**543**	**0.1**
Darling Downs	**288,775**	**355**	**0.1**
Banana – Part A	938	1	0.1
Cherbourg	1,194	0	0.0
Goondiwindi	10,310	5	0.0
South Burnett	32,996	17	0.1
Southern Downs	36,290	184	0.5
Toowoomba	173,204	132	0.1
Western Downs	33,843	16	0.0
West Moreton	**303,479**	**204**	**0.1**
Ipswich	229,208	155	0.1
Lockyer Valley	41,101	32	0.1
Scenic Rim – Part C	12,734	10	0.1
Somerset – Part B	20,436	7	0.0

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 18: Proportion of people in the region whose country of origin is Sri Lanka across LGAs, 2021

Region	Total population	People born in Sri Lanka	Proportion born in Sri Lanka (%)
Darling Downs and West Moreton	**597,763**	**991**	**0.2**
Darling Downs	**288,775**	**483**	**0.2**
Banana – Part A	938	2	0.2
Cherbourg	1,194	0	0.0
Goondiwindi	10,310	3	0.0
South Burnett	32,996	11	0.0
Southern Downs	36,290	14	0.0
Toowoomba	173,204	441	0.3
Western Downs	33,843	12	0.0

Region	Total population	People born in Sri Lanka	Proportion born in Sri Lanka (%)
West Moreton	**303,479**	**518**	**0.2**
Ipswich	229,208	481	0.2
Lockyer Valley	41,101	25	0.1
Scenic Rim – Part C	12,734	7	0.1
Somerset – Part B	20,436	6	0.0

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 19: Proportion of people in the region whose country of origin is Nepal across LGAs, 2021

Region	Total population	People born in Nepal	Proportion born in Nepal (%)
Darling Downs and West Moreton	**597,763**	**1,137**	**0.2**
Darling Downs	**288,775**	**781**	**0.3**
Banana – Part A	938	2	0.2
Cherbourg	1,194	0	0.0
Goondiwindi	10,310	5	0.0
South Burnett	32,996	15	0.0
Southern Downs	36,290	16	0.0
Toowoomba	173,204	726	0.4
Western Downs	33,843	17	0.1
West Moreton	**303,479**	**357**	**0.1**
Ipswich	229,208	348	0.2
Lockyer Valley	41,101	7	0.0
Scenic Rim – Part C	12,734	2	0.0
Somerset – Part B	20,436	0	0.0

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 20: Proportion of people in the region whose country of origin is Korea across LGAs, 2021

Region	Total population	People born in South Korea	Proportion born in South Korea (%)
Darling Downs and West Moreton	**597,763**	**890**	**0.1**
Darling Downs	**288,775**	**365**	**0.1**
Banana – Part A	938	0	0.0
Cherbourg	1,194	0	0.0
Goondiwindi	10,310	7	0.1
South Burnett	32,996	17	0.1
Southern Downs	36,290	70	0.2
Toowoomba	173,204	253	0.1
Western Downs	33,843	18	0.1
West Moreton	**303,479**	**480**	**0.2**
Ipswich	229,208	323	0.1
Lockyer Valley	41,101	104	0.3
Scenic Rim – Part C	12,734	31	0.2
Somerset – Part B	20,436	22	0.1

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 21: Proportion of people in the region whose country of origin is Germany across LGAS, 2021

Region	Total population	People born in Germany	Proportion born in Germany (%)
Darling Downs and West Moreton	**597,763**	**1,684**	**0.3**
Darling Downs	**288,775**	**723**	**0.3**
Banana – Part A	938	1	0.1
Cherbourg	1,194	0	0.0
Goondiwindi	10,310	16	0.2
South Burnett	32,996	124	0.4

Region	Total population	People born in Germany	Proportion born in Germany (%)
Southern Downs	36,290	119	0.3
Toowoomba	173,204	414	0.2
Western Downs	33,843	49	0.1
West Moreton	**303,479**	**938**	**0.3**
Ipswich	229,208	644	0.3
Lockyer Valley	41,101	152	0.4
Scenic Rim – Part C	12,734	62	0.5
Somerset – Part B	20,436	80	0.4

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Breakdown of permanent migrant entries under the Offshore Humanitarian Program across LGAs, 2016

Table 22: Permanent migrants entering Australia under the Offshore Humanitarian Program (OHP) – arrived between 2000 and 9 August 2016

Region	Total population	Permanent migrants under the Humanitarian Program	Proportion of total population that are permanent migrants under the Humanitarian Program (%)	Proportion of total permanent migrants in DDWM from the LGA (%)
Darling Downs and West Moreton	**544,734**	**3,937**	**0.7**	**100**
Darling Downs	**274,344**	**1,652**	**0.6**	**42**
Banana – Part A	926	2	0.2	0
Cherbourg	1,266	0	0.0	0
Goondiwindi	10,628	0	0.0	0
South Burnett	32,186	8	0.0	0
Southern Downs	35,115	15	0.0	0
Toowoomba	160,779	1,624	1.0	41
Western Downs	**33,444**	**4**	**0.0**	**0**
West Moreton	264,270	2,321	0.8	59

Region	Total population	Permanent migrants under the Humanitarian Program	Proportion of total population that are permanent migrants under the Humanitarian Program (%)	Proportion of total permanent migrants in DDWM from the LGA (%)
Ipswich	193,737	2,149	1.1	55
Lockyer Valley	38,603	152	0.4	4
Scenic Rim – Part C	11,873	2	0.0	0
Somerset – Part B	20,057	18	0.1	0

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 23: Permanent migrants entering Australia under the OHP – arrived between 2000 and 2006

Region	Total population	Permanent migrants under the Humanitarian Program (2000–2006)	Proportion of permanent migrants under the Humanitarian Program 2000–2006 (%)
Darling Downs and West Moreton	**544,734**	**1,620**	**0.3**
Darling Downs	**274,344**	**436**	**0.2**
Banana – Part A	926	0	0.0
Cherbourg	1,266	0	0.0
Goondiwindi	10,628	0	0.0
South Burnett	32,186	0	0.0
Southern Downs	35,115	0	0.0
Toowoomba	160,779	436	0.3
Western Downs	33,444	0	0.0
West Moreton	**264,270**	**1,208**	**0.5**
Ipswich	193,737	1,126	0.6
Lockyer Valley	38,603	71	0.2
Scenic Rim – Part C	11,873	0	0.0
Somerset – Part B	20,057	11	0.1

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 24: Permanent migrants entering Australia under the OHP – arrived between 2007 and 2011

Region	Total population	Permanent migrants under the Humanitarian Program (2007–2011)	Proportion of permanent migrants under the Humanitarian Program 2007–2011 (%)
Darling Downs and West Moreton	**544,734**	**1,080**	**0.2**
Darling Downs	**274,344**	**505**	**0.2**
Banana – Part A	926	2	0.2
Cherbourg	1,266	0	0.0
Goondiwindi	10,628	0	0.0
South Burnett	32,186	4	0.0
Southern Downs	35,115	13	0.0
Toowoomba	160,779	486	0.3
Western Downs	33,444	0	0.0
West Moreton	264,270	580	0.2
Ipswich	193,737	534	0.3
Lockyer Valley	38,603	45	0.1
Scenic Rim – Part C	11,873	1	0.0
Somerset – Part B	20,057	0	0.0

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Table 25: Permanent migrants entering Australia under the OHP – arrived between 2012 and 2016

Region	Total population	Permanent migrants under the Humanitarian Program (2012–2016)	Proportion of permanent migrants under the Humanitarian Program 2012–2016 (%)
Darling Downs and West Moreton	**544,734**	**1,231**	**0.2**
Darling Downs	**274,344**	**693**	**0.3**
Banana – Part A	926	1	0.1
Cherbourg	1,266	0	0.0
Goondiwindi	10,628	0	0.0
South Burnett	32,186	0	0.0
Southern Downs	35,115	0	0.0
Toowoomba	160,779	692	0.4
Western Downs	33,444	0	0.0
West Moreton	**264,270**	**538**	**0.2**
Ipswich	193,737	495	0.3
Lockyer Valley	38,603	42	0.1
Scenic Rim – Part C	11,873	0	0.0
Somerset – Part B	20,057	0	0.0

Source: PHIDU, Torrens University Australia. Social Health Atlas of Australia. Data by PHN/LGA. Release date: December 2023.

Languages spoken at home

Table 26: Five most common languages spoken at home other than English for each LGA, compared to Queensland overall, 2021

Top responses for language spoken at home (other than English)	Queensland		Ipswich		Scenic Rim		Somerset		Lockyer Valley		Southern Downs		Goondiwindi		South Burnett		Toowoomba		Western Downs		Banana	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Households where a non-English language is used	291,137	15.6	12,772	16.4	839	5.4	557	6.1	1,161	8.2	855	6.1	178	4.7	548	4.3	5,962	9.2	628	5.3	302	6.0
Mandarin	83,607	1.6	-	-	93	0.2	65	0.3	518	1.3	124	0.3	42	0.4	84	0.3	1,195	0.7	-	-	122	0.8
Filipino	14,698	0.3	-	-	-	-	274	1.1	-	-	92	0.3	31	0.3	81	0.2	-	-	201	0.6	45	0.3
Tagalog*	20,603	0.4	-	-	-	-	178	0.7	-	-	72	0.2	28	0.3	84	0.3	-	-	199	0.6	56	0.4
Arabic	16,171	0.3	-	-	-	-	-	-	118	0.3	-	-	-	-	-	-	883	0.5	-	-		
Nepali	12,060	0.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	760	0.4	-	-	31	0.2
Punjabi	30,873	0.6	2,186	1	-	-	-	-	-	-	-	-	31	0.3	-	-	702	0.4	47	0.1	-	-
Kurdish	2,512	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,957	1.1	-	-	-	-
Spanish	29,642	0.6	-	-	75	0.2	-	-	-	-	-	-	-	-	-	-	-	-	140	0.4	30	0.2

Top responses for language spoken at home (other than English)	Queensland		Ipswich		Scenic Rim		Somerset		Lockyer Valley		Southern Downs		Goondiwindi		South Burnett		Toowoomba		Western Downs		Banana	
Afrikaans	15,009	0.3	-	-	-	-	-	-	-	-	-	-	53	0.5	59	0.2	-	-	116	0.3		
Vietnamese	31,370	0.6	2,115	0.9	-	-	86	0.3	114	0.3	-	-	-	-	-	-	-	-	-	-	-	-
Italian	17,989	0.3	-	-	-	-	-	-	-	-	252	0.7	-	-	-	-	-	-	-	-	-	-
Samoan	16,610	0.3	4,420	1.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

Source: ABS (2021). Census Data. Release date: September 2021. *An Austronesian language spoken in Luzon and neighbouring islands and forming the basis of the standardised national language of the Philippines.

Proficiency in English for commonly spoken languages at home in Australia

Table 27: Proportion of people who used the language at home that have low proficiency in English, across Australia

Language	Persons who used language at home (n)	Persons with low English proficiency (n)	Proportion with a low level of English proficiency (%)
Vietnamese	320,758	97,176	30.5
Mandarin	685,274	175,716	26.6

Source: ABS (September 2022). Cultural diversity of Australia. Note: Out of the 50 largest non-English languages in Australia. Uses other language and speaks English not well or not at all. Excludes people who did not state English language proficiency.

Table 28: Proportion of people who used the language at home that have high proficiency in English, across Australia

Language	Persons who used language at home (n)	Persons with high English proficiency (n)	Proportion with a high level of English proficiency (%)
Afrikaans	49,105	48,374	98.5
Filipino	90,033	87,522	97.2
Tagalog	130,266	126,329	97.0

Source: ABS (September 2022). Cultural diversity of Australia. Note: Out of the 50 largest non-English languages in Australia. Uses other language and speaks English not well or not at all. Excludes people who did not state English language proficiency.

Appendix 2. Multicultural service availability

Table 29: Toowoomba multicultural services

Mental health	Health education	Service Navigation	Psychosocial	Health Assessments
Headspace	Ethnic Communities Council of Queensland	Multicultural Australia	Momentum Mental Health	QPASTT
QPASTT	Multicultural Australia	UnitingCare Early Childhood Approach	QPASTT	Baillie Hendersen Hospital – Kobi Place
-	True Relationships	Mercy Community Services	Multicultural Australia	-
-	-	-	Mercy Community Services	-

Table 30: Ipswich multicultural services

Mental health	Health education	Service Navigation	Psychosocial	Health Assessments
Headspace	Ethnic Communities Council of Queensland	SSI	SSI	SSI
-	SSI	-	-	Mater Multicultural Health Coordination Program
-	Mater Multicultural Health Coordination Program	-	-	-
-	True Relationships	-	-	-

Table 31: Other LGA multicultural services

Mental health	Health education	Service Navigation	Psychosocial	Health Assessments
-	Ethnic Communities Council of Queensland	-	-	-

This document was prepared by ARTD Consultants on behalf of Darling Downs and West Moreton PHN, Darling Downs Health and West Moreton Health in June 2024.

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