



Australian Government

Department of Health

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An Australian Government Initiative

Care Finder Program

Template for Once-off Report on Supplementary Needs Assessment Activities

In accordance with Item E.6 of the Aged Care Schedule, PHNs must use this template to submit the Once-off Report on Supplementary Needs Assessment Activities due by 31 August 2022.

Brisbane North PHN

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Section 1 Narrative

1.1 Actions to determine additional activities

The Care Finder program is intended to identify the distribution of hard-to-reach populations across the Brisbane North PHN area, and to link these individuals with appropriate referral and care pathways. By the nature of a 'hard-to-reach' cohort, there exists limited quantitative data on the populations that fall into this category. Further, any data that does exist needs to be treated cautiously, as it is likely under-representative of the full cohort. As such, the Supplementary Needs Analysis has primarily been developed through a consultative approach, with the intent of gaining qualitative insights from the community and peak bodies. Quantitative data is used to supplement and set the scene for the qualitative findings (see Appendix).

To be eligible for aged care services, people must:

- need help with one or more everyday tasks
- Be aged:
 - 65 years or older (50 years or older for Aboriginal or Torres Strait Islander people) OR
 - - 50 years or older (45 years or older for Aboriginal or Torres Strait Islander people) on a low income and homeless or at risk of being homeless.

The care finder target population is people who are eligible for aged care services and have one or more reasons for requiring intensive support to:

- interact with My Aged Care (either through the website, contact centre or face-to-face in Services Australia service centres) and access aged care services and/or
- access other relevant supports in the community.

Examination of populations with the following characteristics have been used to identify areas within the region where populations eligible for care finder services are most likely to live:

- Aboriginal and Torres Strait Islander people over the age of 45
- Older persons, more broadly, over the age of 50 living in the community
- Individuals who reported not speaking English well
- People experiencing housing instability including homelessness
- Individuals holding a pension and/or concession card
- People living with severe or profound disability
- Households that do not have access to personal transportation (car).

1.2 Additional activities undertaken

The key activities undertaken for the purpose of the Supplementary Needs Assessment included the following:

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- Review of the current Health Needs Assessment (2022/23 - 2024/25) (HNA) to identify information relevant to local needs in relation to care finder support and to explore data gaps or areas for further probing.
- Undertake additional data analysis specifically to build on the profile and needs of the local population.
- Engaging with peak bodies and local service providers who deliver services to one or more of the priority populations identified.

Data analysis undertaken to understand the profile and needs of the local population in relation to care finder support

Data analysis was undertaken by reviewing the current HNA and identifying key data sources within the existing document. Deeper analysis of the priority populations and geographic regions of interest was undertaken using key data sources:

- Australian Bureau of Statistics (ABS) Census, 2021
- Queensland Government Statistician's Office (QGSO), 2021
- PHIDU Data Set, Torrens University Australia, 2021
- Socio-Economic Indexes for Areas (SEIFA), ABS, 2016.

Please note, a range of data sources have been used to conduct the quantitative component of the needs assessment. Analysis was conducted prior to formal notification of care finder target population age eligibility. As such, mixed age group categories have informed Brisbane North PHN's quantitative analysis.

Health Needs Assessment (2022/23 – 2024/25)

Brisbane North PHN's three-yearly Health Needs Assessment (2022/23 – 2024/25) was submitted to the Department of Health in November 2021. It has subsequently been approved in its entirety. The HNA contains overall demographic and location-specific information, offering key insights about where hard-to-reach populations are most likely to reside.

Key findings from the HNA yielded the following information relevant to the Care Finder Supplementary Needs Assessment:

- There is comprehensive evidence which demonstrates that Aboriginal and/or Torres Strait Islanders experience significantly higher rates of disease and poorer health outcomes, in comparison to their non-Indigenous counterparts. There are an estimated 26,381 Aboriginal and Torres Strait Islanders who reside in the Brisbane North region as at December 2020 (QGSO, 2021).
- In 2016, there were an estimated 3,744 people experiencing homelessness within the Brisbane North region (ABS, 2017). Between 2011 and 2016, the number of people experiencing homelessness increased by over 1,000 people, from 2,589 people in 2011. Of the population experiencing homelessness in 2016, the most common form of living arrangement was 'persons living in boarding houses' (28.8%), followed by 'persons living in severely crowded dwelling' (23.6%), and 'persons in supported accommodation for the homeless' (22.6%).
- One in eight people in the region (12.2%) reside in areas considered as the most disadvantaged (bottom quintile of the Index of Relative Social Disadvantage). These areas fall disproportionately in the northern parts of the region, particularly Moreton Bay North and Redcliffe – North Lakes sub-regions (QGSO, 2021).
- One in five people residing in the Brisbane North region were born overseas (23.5%), a higher proportion of the population when compared with Queensland

(24.1%) (QGSO, 2021). Further, 1.5% of residents in the region speak English not well or not at all. This equates to approximately 15,000 individuals.

Quantitative Analysis Findings

The tables in the Appendix have informed the analyses of care finder target population sub-groups below.

Aboriginal & Torres Strait Islander people

The majority of Aboriginal & Torres Strait Islander people over the age of 50 years reside in Moreton Bay – North, in particular, Caboolture, Redcliffe and Narangba - Burpengary. The number residing in the Moreton Bay – North region is almost double that of the next closest region Brisbane – North.

Source: PHIDU, 2021

Older People

The Moreton Bay – North SA4 has the largest population of older people (defined as 50 years and above) in the Brisbane North region. Of note, Moreton Bay – North has considerably more people over the age of 75 years than other SA4s in the region. At the 75-year cohort, Moreton Bay – North SA4 approaches double the number of people living in the region than other SA4s. This trend continues to the 85+ cohort.

Source: PHIDU, 2021

People with a Disability

In the Brisbane North catchment, it is estimated that almost 19,000 experience life with a disability. Of this cohort, the majority reside in the Moreton Bay – North region and are evenly distributed across SA4 sub-regions (with the exception of Caboolture Hinterland). The number of people living with a disability in Moreton Bay – North is 150% greater than that of the next closest region, Brisbane – North.

Source: NDIS, 2021

People living with dementia

Data outlining the location-specific prevalence of dementia is limited. According to one estimate, the Metro North Hospital and Health Service region – which largely represents the Brisbane North PHN catchment – had 3,621 people living with dementia in 2011 (Alzheimer's Australia QLD, 2011). Forecasts from the same report time indicates that this is now above 5,600 people.

Another estimate suggests the number is much higher than that: over 12,000 by 2016 (QGSO 2016, cited in Brisbane North PHN Regional Dementia Strategy 2019–22).

Pension/Concession Card Holders (including DVA)

Different types of pension and concession card types indicate certain priority needs within the population. Assessment by sub-type is appropriate in order to clearly define the need, however overall trends are still helpful for indicating where resources will be required. Across three types of concession and pension cards, Moreton Bay – North region is significantly overrepresented (people receiving an age pension, people receiving a DVA age pension, people receiving a disability support pension).

This is in keeping with the previously discussed findings about the older age and persons living with a disability in Moreton Bay – North SA4. On the other hand, Senior Card holders are relatively evenly distributed between the three highest SA4s – Brisbane – North, Brisbane – West and Moreton Bay – North.

Source: QGSO, 2021

People with Poor English

Individuals who lack English speaking skills are less likely to access services, in particular mainstream services, due to difficulty gaining referrals, conversing with treatment teams and communicating their needs.

As evidenced in the current HNA, approximately 1.5% of the Brisbane North region population speaks English poorly or not at all. The highest proportion of these people are disproportionately located in the Brisbane – Inner City SA4. These are centred around the City, Kelvin Grove, Spring Hill and Fortitude Valley – likely reflecting high student populations in these regions. Other university regions such as Indooroopilly, St Lucia and Taringa also feature in the top fifteen SA2 proportion counts.

Of note, a particularly high count of people with poor English reside in Caboolture – South and Caboolture – East.

Source: QGSO, 2021

People from culturally and linguistically diverse backgrounds

Mandarin speakers represent the highest proportion of people from culturally and linguistically diverse backgrounds, and are particularly concentrated in Brisbane – West and Brisbane – Inner City SA4s where they account for over 3% of the population. The two Moreton Bay SA4s (North and South), have the fewest non-English speaking residents.

Source: QGSO, 2021

People who are currently experiencing homelessness

The Brisbane – Inner City SA4 has clearly the highest number of people without stable accommodation – both by count and rate per 100,000 people. The SA2s of Spring Hill, Fortitude Valley and New Farm are disproportionately represented in these counts. Services intended to support people who are homeless are best targeted in this SA4 region.

Source: QGSO, 2021

People without personal transportation

People who do not own a motor vehicle can find it hard to access services without a direct method of transportation. Naturally, this is impacted by the number of healthy and well who choose not to own a motor vehicle. As such, the figures presented below should be interpreted with caution.

The data indicates that the Brisbane – Inner City SA4 is home to the most people who do not have access to a car. While this corresponds to the number of individuals experiencing housing insecurity, it is also reflective of the high proportion of students and city-workers who choose to live in the inner-city regions for proximity to their place of work or education.

Of note, Moreton Bay – North SA4 has a high number of people without a motor vehicle. Triangulating this with the known at-risk and older demographic profile of the region, this can be used as supporting evidence for reduced access to services for people living in the region.

Projected changes over time within the Brisbane North region

Over the seven-year period from 2019–26, the population over 65 years old is expected to grow by 23% across the Brisbane North PHN catchment. Northern regions of the catchment – Moreton Bay North, Pine Rivers, and Redcliffe – North Lakes – are expected to see the greatest growth in older people. The table below provides an overview of the expected seven-year growth across the catchment.

Table 1: 2019–26 expected growth of 65 years and over population

Region	Over 65 years population		2019–26 growth
	2019	2026	
Brisbane Inner City	21,708	26,369	21%
Brisbane North	32,439	37,200	15%
Brisbane West	19,368	22,227	15%
Pine Rivers	17,526	22,318	27%
Redcliffe – North Lakes	29,603	37,698	27%
Moreton Bay North	31,476	41,168	31%
Total	152,120	186,980	23%

Target population changes over time is broken down using a range of data and statistics sources. Where data is available on the Brisbane North region and/or older adults, these trends have been reported. Otherwise, data sources demonstrate indicative trends using state level figures. These trends are expected to apply broadly to the Brisbane North PHN region, however, must be treated with caution.

Target population changes – Aboriginal and/or Torres Strait Islander people over the age of 50

Over time, there is a projected increase in Aboriginal and/or Torres Strait Islander Queenslanders aged 55 and over from 22,494 in 2016, to approximately 47,637 Aboriginal and/or Torres Strait Islander Queenslanders aged 55 and over in 2031¹.

Target population changes – People from Culturally and Linguistically Diverse backgrounds

Over time, the percentage of people in the Brisbane North region born in Australia has grown from 73.2% in 2011 to 79.1% in 2021. Non-English speaking households (households where two or more languages are spoken) in Brisbane North was 14.2% rising to 19% in 2021².

Target population changes – People experiencing housing instability including homelessness

Specialist Homelessness Service data indicates that 41,200 people were assisted with homelessness in Queensland during 2022. Older people (over 55) seeking assistance with housing in Queensland has risen from 653 in 2017 to 1,092 in 2022³.

Target population changes – Individuals holding a pension and/or concession card

Over time, the number of age pension recipients in Queensland has increased from 440,476 in 2014 to 511,372 recipients in 2022. Pension Concession card holders also steadily increased from 772,355 in 2014 to 928,447 in 2022⁴.

Target population changes – People living with severe or profound disability

Over time, the number of people living with a disability in Queensland has risen from 859,000 in 2015 to 938,000 in 2018. At a national level, in 2018, one in every six older adults (15.9% or 3.9 million people) is aged 65 years and over. This is an increase of 35% from 2009 (2.9 million Australians over 65)⁵, reflecting an indicative trend expected to broadly apply across the PHN region.

Stakeholder and community consultations undertaken to identify local needs in relation to care finder support

The PHN has built on the quantitative needs assessment and ongoing engagement with the sector and community, to define and deliver targeted consultation activities over an intensive period in August 2022. The PHN conducted stakeholder mapping activities to

¹ Source: Population estimates and projections, Aboriginal and Torres Strait Islander Queenslanders, 2006-2031, retrieved [here](#)

² Source: Australian Bureau of Statistics 2021, retrieved [here](#)

³ Source: AIHW Specialist Homelessness Services: Monthly data, retrieved [here](#)

⁴ Source: Australian Government DSS Payment Demographic Data retrieved [here](#)

⁵ Source: ABS Disability, Ageing and Carers Australia: Summary of Findings, retrieved [here](#)

ensure this process was strategic and comprehensive, and took a sample across target care finder populations, as well as the entire stakeholder landscape of care finder ‘feeder’, ‘finder’ and ‘provider’ organisations (please refer to the ‘Overall service landscape’ section on page 18 of this report for further detail on this approach).

Key stakeholders across the Brisbane North PHN region included Brisbane North PHN’s Clinical Council, navigation services, local councils, ACH providers, community hubs, aged care providers, health services and professionals, GPs, peak bodies and community groups/organisations, other organisations relevant to the care finder target population, service providers and target population consumers.

To reach the care finder target population, a snowball sampling methodology was undertaken where known stakeholders (e.g., community and aged care service providers, community hub providers, local councils etc.) were engaged and then asked to invite consumers they were in touch with who may be interested in participating. To maximise this participation, engagement activities were carefully tailored to different groups of stakeholders to generate buy-in and capture the range of perspectives required throughout this assessment. This meant providing flexibility around consultation days/times (e.g., during non-work hours) and modes of engagement (e.g., offering individual or group engagements, offering phone, virtual, in-person consultations and/or a stakeholder survey) to suit the different needs of stakeholders. Additionally, applying a sensitive and ethical approach to engagement was paramount to maximise the physical, psychological and cultural safety of all engaging in consultations. Engagement materials were developed to facilitate accessibility (i.e., visual with pictures, words were plain English) again to maximise participation of consumers in the care finder target population. Where appropriate, consultations included third party support (including interpreter, support person and or familiar case manager/representative) to ensure clear communication and a safe and positive experience.

A total of 43 stakeholders across 31 stakeholder organisations, and 6 consumers participated in consultation activities, with 120 respondents (77 complete and 43 partially complete) to the survey.

Table 2: Stakeholders engaged by stakeholder category

Stakeholder category	No. participating in consultations
Aboriginal Community Controlled Organisation	1
ACH providers	2
Aged care	9
Community organisation	3
Councils	3
GPs	1
Health Services and professionals	6
Navigation services	2
Peak bodies and representatives of target population groups	12
Service providers	5
Consumers	6

The aim of engaging with each stakeholder group was to achieve one or more of the following objectives:

- Understand the needs, requirements and issues experienced by the target population consumers and potential consumers (vulnerable older Australians), overall and for individual sub-groups.
- Understand the barriers to engaging with the target population and sub-groups and how to best overcome these barriers.
- Understand solutions and enablers to address local needs across the Brisbane North region for the target population consumers.
- Understand the current state experience and perspectives of service providers who currently support the target population consumers in navigating the aged care system. Experiences were drawn from the spectrum of service providers (including service provision for: LGBTIQ+, Aboriginal and Torres Strait Islanders, Disability, culturally and linguistically diverse backgrounds, Forgotten Australians, housing and homelessness).
- Consider and identify what would be required for the program to be successful for Care Finder organisations and the network in the Brisbane North region.
- Map the existing services relevant to care finder support in the PHN's region (including ACH providers who will be offered a contract as care finders, aged care navigation supports and the broader service landscape).
- Identify local care finder workforce considerations.
- Identify how PHN boundaries may impact care finder services.
- Identify opportunities in the PHN's region to enhance integration.

A sample of the key questions asked of sector stakeholders:

1. How do older people in Brisbane North region who are members of target population groups currently find services to meet their needs?
2. What currently works well in supporting older people to interact with My Aged Care and access the services and supports they need?
3. What barriers or difficulties do older people in the Brisbane North region, particularly those in target population groups, experience in understanding their options and accessing aged care services and supports?
4. What would make the most difference in helping older people in the target populations in our region to be able to access the aged care services they need?

In addition to direct engagement activities the PHN distributed a survey

A sample of the key questions asked in the stakeholder survey:

1. What type of support would best assist people to access in-home aged care services and supports?
2. A care finder service can help people interact with My Aged Care and access aged care services, and to access other relevant supports in the community. Which types

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of services and organisations do you think should be involved in the Brisbane North care finder network?

The care finder consultation survey was distributed to approximately 120 stakeholders on 4 August 2022 and had a response period of 18 days. Stakeholders were also encouraged to disseminate the survey amongst their networks. As at 26 August 2022, a total of 120 responses were received (77 complete and 43 partially complete).

Analysis undertaken to understand the local service landscape as relevant to care finder support

In addition to the consultation activities, the PHN built on previous service mapping and analysis activities and conducted desktop research to document the current service landscape.

Characteristics of the target population

Brisbane North region includes both inner city urban and regional, sparsely populated settings of South East Queensland. The region is home to a growing ageing population that is becoming increasingly diverse. This includes a significant representation of those sub-groups that may need intensive support to interact with and access aged care.

The sub-groups in the region who may need more intensive support include Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds, who may need specialised and culturally safe service navigation processes. Forgotten Australians are people who experienced institutional care as a child, for example in an orphanage, and may fear and distrust aged care services due to experiences of institutional trauma. People who identify with Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) communities may be reluctant to engage with health and aged care services due to past experiences of stigma and discrimination. People experiencing or at risk of homelessness often have additional health and support needs and may fear stigma from service providers.

Collectively, those within this target population either face additional barriers in accessing and navigating the aged care system, or require specialised support to do so.

The table below outlines a summary of the geographic distribution of key care finder target population sub-groups.

Table 3: Overview of geographic distribution for key target population sub-groups

Care finder target population sub-group	Geographic distribution of sub-group
Aboriginal and Torres Strait Islander peoples	Higher number of Aboriginal and Torres Strait Islander people aged 50 and above live in Moreton Bay – North, and some sub-regions in Brisbane – North.
People who identify with Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) communities	Stakeholder engagement did not indicate any areas of the region having higher representation than others.
Forgotten Australians	Stakeholder engagement did not indicate any areas of the region having higher proportions than others.

Care finder target population sub-group	Geographic distribution of sub-group
People experiencing homelessness or at risk of being homeless	Over half of the region's population currently experiencing homelessness live in Brisbane Inner City.
People from culturally and linguistically diverse backgrounds	The highest populations of those with little or no English proficiency live in Brisbane Inner City and Brisbane – North.
People who are socially isolated	Stakeholder engagement did not indicate any areas of the region having higher representation than others, however regional settings such as Caboolture Hinterland carry inherent geographical isolation.
People living with severe or profound disability	The highest populations of people with disability live in the Moreton Bay – North region.

Specific issues experienced by the target population

The care finder target population shares similar core issues experienced by the broader population of older Australians. These centre around:

- lack of familiarity with the aged care system, processes and services
- increasing intensity of care needs over time
- changing, shrinking support networks
- relatively lower digital literacy and capability compared to younger populations.

However, these issues are more pronounced in the care finder target population, which requires more deliberate consideration when implementing the care finder program.

Additionally, there are a range of issues unique to the care finder target population and its sub-groups. The specific issues experienced by the Brisbane North care finder target population are captured in the table overleaf, along with considerations for how this will influence care finder service provision and support.

Table 4: Overview of issues experienced and considerations for care finder support

Issue experienced	Considerations for care finder support
Target population overall, or related to multiple sub-groups	
Limited understanding of the aged care system, including: <ul style="list-style-type: none"> • Available services • Access and navigation • Understanding the terminology • Understanding eligibility 	<ul style="list-style-type: none"> • Care finder staff need to have broad understanding of service landscape, funding changes and eligibility criteria changes.
Issues surrounding use of My Aged Care, including: <ul style="list-style-type: none"> • Computer and internet access • Consistent phone access • Digital literacy requirements 	<ul style="list-style-type: none"> • The care finder service model funded and commissioned provides adequate time for care finders to work through the My Aged Care application alongside consumer and any required follow-up. • Where appropriate, care finders could gradually build consumer independence through digital literacy capability development. • Care finder staff provided with internet-enabled mobile devices when conducting outreach.

Issue experienced	Considerations for care finder support
Service waiting times arising from workforce shortages	<ul style="list-style-type: none"> • Significant workforce shortages across the aged care sector are contributing to reduced service provider capacity and delays in accessing services for new clients. Care finders will need to be aware of these potential delays and how to manage expectations and maintain contact with clients while they are waiting for services to become available.
Increasing social isolation	<ul style="list-style-type: none"> • Care finder connects consumers into relevant supports in the community.
Limited previous engagement with health and community services	<ul style="list-style-type: none"> • After long periods without seeking treatment, care or help, the care finder may also serve as a pseudo triage service, connecting consumers with a number of different types of services on top of aged care services.
Emotional and mental wellbeing issues surrounding the stigma of being <i>aged</i> and the increasing reliance on other people and services	<ul style="list-style-type: none"> • Capable and appropriately trained care finder workforce that can express compassion for consumers (e.g., trained in trauma-informed approaches).
Feeling confronted or uncomfortable due to the immediacy of having to divulge sensitive personal information to strangers	<ul style="list-style-type: none"> • The care finder service model funded and commissioned considers true time taken to build rapport with consumers and establish a safe environment for information sharing.
Co-occurring health and social problems which may require urgent and/or prioritised attention compared to aged care services	<ul style="list-style-type: none"> • Ensuring robust referral pathways to care finder service through other health care providers, including GPs, hospitals, ambulance and social workers. • Multidisciplinary care finder teams. • Ensuring that care finder engagement complements existing health and social services – ensuring consumers don't disengage with treatment for health and other support services.
Diversity within and across sub-groups	<ul style="list-style-type: none"> • Consumer-centred care finder support, focused on the needs and context of the individual rather than the group or groups they may belong to.
Members of care finder target population residing in regional settings. This has associated issues including social isolation, distances to service providers, issues with availability of services, no or unreliable internet access, limited public transport options	<ul style="list-style-type: none"> • Care finder provision offers place-based support and services for those in regional settings.
Potentially unsafe environments for care finder staff (e.g., hazardous conditions of consumers' homes)	<ul style="list-style-type: none"> • Commissioning process recognises the need for care finders to operate in potentially unsafe environments and requiring care finder organisations to have measures in place to reduce the risk to staff. • Inclusive and accepting care finder staff. • Access to other services (e.g., hoarding and squalor) in preparation for other care needs.

Issue experienced	Considerations for care finder support
Histories of trauma	<ul style="list-style-type: none"> • Care finder service may need to engage consumers' existing support networks as part of a three-way conversation; work in partnership with these organisations to collaboratively provide wraparound support.
Specific sub-group/s	
<p><i>Aboriginal and Torres Strait Islander peoples</i> Reluctance to engage with government services</p>	<ul style="list-style-type: none"> • The care finder service model funded and commissioned considers true time taken to build rapport and trust with consumers. • Specialist expertise, including Aboriginal and Torres Strait Islander community-controlled service delivery. • Culturally sensitive approaches to completing application system, including minimising perceptions of paperwork.
<p><i>LGBTIQ+ and HIV-positive population</i> History of, or fear of, discrimination (real or perceived) by aged care providers</p>	<ul style="list-style-type: none"> • Care finders could provide information about LGBTI friendly ("rainbow tick") providers where appropriate. • Commission LGBTI-run care finder service that has credibility and demonstrated ability to be trusted by the community. • The care finder service model funded and commissioned considers true time taken to build rapport with consumers and establish a safe environment for information sharing.
<p><i>Forgotten Australians</i> Fear and mistrust of government and/or care institutions</p>	<ul style="list-style-type: none"> • The care finder service model funded and commissioned considers true time taken to build rapport and trust with consumers and establish a safe environment for information sharing.
<p><i>People at risk of or currently experiencing homelessness</i> Homeless older people often enter the medical system presenting with co-occurring health and social problems: chronic health issues, mental health issues and substance abuse</p>	<ul style="list-style-type: none"> • Coordinated approach to support consumers through and out of these health and social problems in conjunction with housing and aged care support.
<p><i>Culturally and linguistically diverse communities</i> Complicated financial barriers and visa issues, including uncertainty around:</p> <ul style="list-style-type: none"> • entitlements with visa/residential status • offshore assets and pensions • language barriers 	<ul style="list-style-type: none"> • Specialist capability, expertise and knowledge, including access to translators and assurance of cultural sensitivity to support culturally and linguistically diverse people.
<p><i>Culturally and linguistically diverse communities</i> Not a homogenous sub-group – these communities represent a large range of cultural and language groups.</p>	<ul style="list-style-type: none"> • Specialist care finders to provide capable, culturally appropriate support to a broad diversity of culturally and linguistically diverse communities. • Strong connections between care finder providers and cultural community groups including translator services.

Issue experienced	Considerations for care finder support
<i>People living with Dementia</i> Impaired or diminishing cognitive function, including decision-making capability.	<ul style="list-style-type: none"> Care finder services should understand and have expertise in supported decision making; be able to take direction from consumers who may have impaired capacity, and ensure they are working according to what the older person would want and not being influenced by family or other informal supports.
Specific locations / sub-regions	
<i>Brisbane Inner City</i> High homeless population and high number of people with little or no English proficiency.	<ul style="list-style-type: none"> Localised presence would support the need for significant outreach and engagement. Integration opportunity with existing community services locations in this area that are aimed at supporting people experiencing homelessness.
<i>Moreton Bay – North</i> <ul style="list-style-type: none"> Very high proportion of the region’s older population High representation of Aboriginal and Torres Strait Islander people Caboolture sub-region: high rates of disadvantage, including homelessness Caboolture Hinterland sub-region (around Kilcoy): high rates of disadvantage and geographic isolation 	<ul style="list-style-type: none"> Priority area for care finder services, including localised support.
<i>Brisbane – North</i> <ul style="list-style-type: none"> Densely populated, with moderate to high populations of all care finder target groups 	<ul style="list-style-type: none"> Priority area for care finder services. Integration with community service organisations for wraparound support, including cross-cultural support.

Barriers to engaging with the target population

The care finder program seeks to overcome the combined challenges of:

- the target population facing difficulty engaging the aged care system
- the aged care system – services, providers – facing difficulty engaging the target population.

The barriers that care finder services in Brisbane North region are likely to face when engaging with the care finder population are captured in the table below. Considerations for overcoming these barriers are also provided.

Table 5: Overview of barriers to engagement and potential approaches to overcome

Barriers to engagement	Overcoming barriers
Target population overall	
Avoidance or lack of understanding or awareness of aged care services driven by misconceptions of what aged care is, including misconceptions that aged care is only residential care.	<ul style="list-style-type: none"> Requires proactive engagement and outreach by care finder service.
Some will have limited touchpoints to health and community services beyond GP.	<ul style="list-style-type: none"> Consider opportunities to build awareness of care finder services with and through GPs, and/or deliver care finder services (pop-up or

Barriers to engagement	Overcoming barriers
	<p>regularly scheduled) within GP offices, aimed at the target population.</p> <ul style="list-style-type: none"> Utilise existing local events as a way of initial engagement and to share information.
<p>Mobility and transportation barriers which limits ability to travel to care finder locations or access services.</p>	<ul style="list-style-type: none"> Roving hubs or outreach activities for initial engagement with the care finder target population, e.g. at shopping centres, RSLs, community centres, other places where the care finder target population may regularly attend. In-home outreach, for the target population for ongoing support.
<p>Varying levels of connection with the community; a symptom of social isolation and/or having limited family and social connections.</p>	<ul style="list-style-type: none"> Requires proactive engagement and outreach by care finder service. Utilise existing local events and regular touchpoints outside of home (e.g., grocery store) as a way of initial engagement and to share information with the care finder target population. Ensuring robust referral pathways to care finder service through other health care providers which may serve as consumer's only public interaction. Provide frequent follow-up and check-in post-engagement with care finder to ensure engagement continues and connection is addressed/maintained.
Specific sub-group/s	
<p><i>Aboriginal and Torres Strait Islander peoples</i> Some older people from Aboriginal and Torres Strait Islander backgrounds may seek help from agencies or health care providers, including aged care, only when urgent care is required.</p>	<ul style="list-style-type: none"> Community outreach and engagement – bringing aged care into Aboriginal and Torres Strait Islander communities. Strong partnerships between care finder providers and Trusted Indigenous Facilitator providers.
<p><i>LGBTIQ+ population</i> Reluctance to reach-out to aged care services driven by fears around emotional safety, including:</p> <ul style="list-style-type: none"> Concerns around having someone in their home Onus on the vulnerable person to out themselves to an unfamiliar organisation and service providers Fear of judgement Lack of trust of the system. 	<ul style="list-style-type: none"> Commission LGBTI-run care finder service that has credibility and demonstrated ability to be trusted by the community. Providers who are apprised of the issues that members of the LGBTIQ+ community are facing, including fear of discrimination, vulnerability and social isolation.
<p><i>HIV positive population</i> Reluctance to reach-out to aged care services for fear of having to disclose their HIV status to a stranger. HIV positive people also require ongoing health care to prevent the development of AIDS.</p>	<ul style="list-style-type: none"> Providers who are apprised of the issues that people living with HIV diagnosis are facing, including compounding health issues and social isolation. Support access to specialised health care services where appropriate.
<p><i>Forgotten Australians</i> Individuals not easily identifiable as members of the sub-group, even on medical records.</p>	<ul style="list-style-type: none"> This barrier was identified by stakeholders as a particularly difficult challenge with no easy solutions. Specialist expertise and knowledge of the Forgotten Australians sub-group would assist.

Barriers to engagement	Overcoming barriers
	<ul style="list-style-type: none"> Proactive outreach into places such as supported accommodation centres can be a way of identifying Forgotten Australians in order to offer tailored support.
<p><i>Culturally and linguistically diverse communities</i> Avoidance or limited awareness of aged care services underpinned by culturally driven conceptions of ageing and aged care.</p>	<ul style="list-style-type: none"> Community outreach and engagement targeted at the care finder target population– bringing aged care into narrative in culturally diverse communities. This includes taking information to familiar, safe meeting places for these communities – e.g., places of worship. Ensure care finder service has cross-cultural capability, including staff who are representative of the communities they serve. Commission culturally and linguistically diverse specialist care finder services.
<p><i>Culturally and linguistically diverse communities</i> Language barriers, including limited English proficiency or limited literacy.</p>	<ul style="list-style-type: none"> Care finder service works in partnership with interpreters. Commission culturally and linguistically diverse specialist care finder service.

Engagement activities identified potential solutions to address local needs in relation to care finder support

Engagement activities have identified a range of potential solutions to address local needs in relation to care finder support. In many ways, these solutions are common across the target population. However, in some instances, the disparate and unique needs of respective sub-groups also call for tailored solutions for these consumer groups.

Collectively, the potential solutions below are characterised by:

- maximising consumers’ exposure to and access to care finder services
- providing consumer-centred services
- leveraging local communities’ strong existing assets, relationships, and networks.

Location of care finder services

Stakeholder groups indicate that the majority of potential care finder providers and associated supports are located in Brisbane’s northern suburbs (Brisbane – North SA4). While this is one of the larger SA4 areas in terms of density of older adults, older adults who make up the care finder target population are more likely to be living in other parts of the Brisbane North region.

A common theme amongst survey and interview participants was the underrepresentation of services in areas such as Caboolture and Redcliffe, where there are relatively high rates of disadvantage among older people, as well as in the Caboolture Hinterland (e.g., Kilcoy), where residents’ geographical isolation is compounded by a lack of local services.

Stakeholder feedback indicates that commissioning local, place-based care finder services across the Brisbane North region will have both a functional benefit whereby providers are tuned into the local needs and contexts of care finder consumers; and a reputational benefit, instilling confidence for consumers that the care finders understand the community and are 'from here'.

Types of care finder services

In addition to place-specific services, stakeholder groups and consumers have strongly advocated for care finder services with specialist capability, expertise, and knowledge of respective sub-groups within the target population.

Representatives of each sub-group pointed to high levels of mistrust, vulnerability and histories of trauma, which require specialised support, often driven by rapport and trust developed through shared experiences and a sense of belonging.

Network model

Across all stakeholders, there was strong acknowledgement of the broad range of networks, relationships and expertise spread across the Brisbane North region. These assets were viewed as crucial to the success of a care finder service; that care finder providers should be accessing and 'tapping into' the broad range of organisations to leverage the expertise and relationships already established and to form a collaborative community of practice. This solution would inform and enhance service provision as well as connect consumers into relevant supports in the community.

Analysis of existing ACH providers who will be offered a contract as care finders

Two ACH providers in the Brisbane North region will be contracted to deliver care finder services: ACH provider #1 and ACH provider #2. Engagement with these organisations highlighted the current practice and connectedness across Brisbane North, which can be leveraged when transitioning to the Care Finder program.

Service models

Both ACH providers are currently engaged to provide services across the Brisbane North PHN region. While the ACH programs aim to support people who are homeless or at risk of homelessness, this population group is often made up of the broader care finder target population. As such, the ACH providers have working experience supporting people from each of the sub-groups identified in this report.

Referral pathways in the current ACH program are supported by strong connections with the broader health and community services sector across the region. ACH referrals typically come through Queensland Health's Hospital and Health Services (HHS), government agencies (e.g., Office of the Guardian), or through network organisations (e.g., neighbourhood centres). Self-referrals are also common.

Care finder program: Once-Off Report on Supplementary Needs Assessment Activities

ACH provider #2 described its ACH service model in hope that care finder services could draw on the model's success. Within the organisation, three roles support the ACH program: case managers, case workers and lived experience workers – each with unique roles and relationships with consumers.

Local needs

The stresses being caused by the changing housing market was highlighted as an increasing contributor to ACH providers' work and support services. The example of older adults who have had relatively stable housing for decades but are now being given four weeks' notice to leave their rented homes due to upcoming sale or increase in rent was provided as an illustration of the challenges people may find in securing housing. This may be further pronounced by limited or no engagement with aged care services in the past.

ACH provider #1 did not identify specific parts of the region requiring greater support to access aged care services, however it acknowledged that better quality information, assistance to contact, engage and maintain engagement with services would best support the care finder target population. ACH provider #2 identified Caboolture as an area of most critical need. This high demand for support has been driven by greater incidences of disadvantage combined with housing pressures. This ACH provider indicated that staff from a neighbouring PHN are being required to travel into Caboolture to support keeping up with the demand for ACH services.

Market analysis

While the ACH providers are well-positioned to transition to providing care finder support to the broad care finder target population, concerns emphasised the importance to ensure the unique needs of individual sub-groups are met. This concern centred on the potential for a mainstream-only commissioning model which draws away from the focused and specialised support respective organisations provide to respective sub-groups and, in effect, *waters down* priority responses.

Capacity to scale to meet the needs of the care finder program were not identified as a concern. For example, ACH provider #2 described recent rapid expansion due to additional covid relief funding (effectively an additional 10x funding scale) which was enabled by duplicating the service model in each region and then contextualising it to meet local needs.

From a capability perspective, one ACH highlighted the need for care finder staff to undertake common training to ensure trauma-informed practice, with a coordinated approach to build collective practices through the care finder network.

Relationships between services

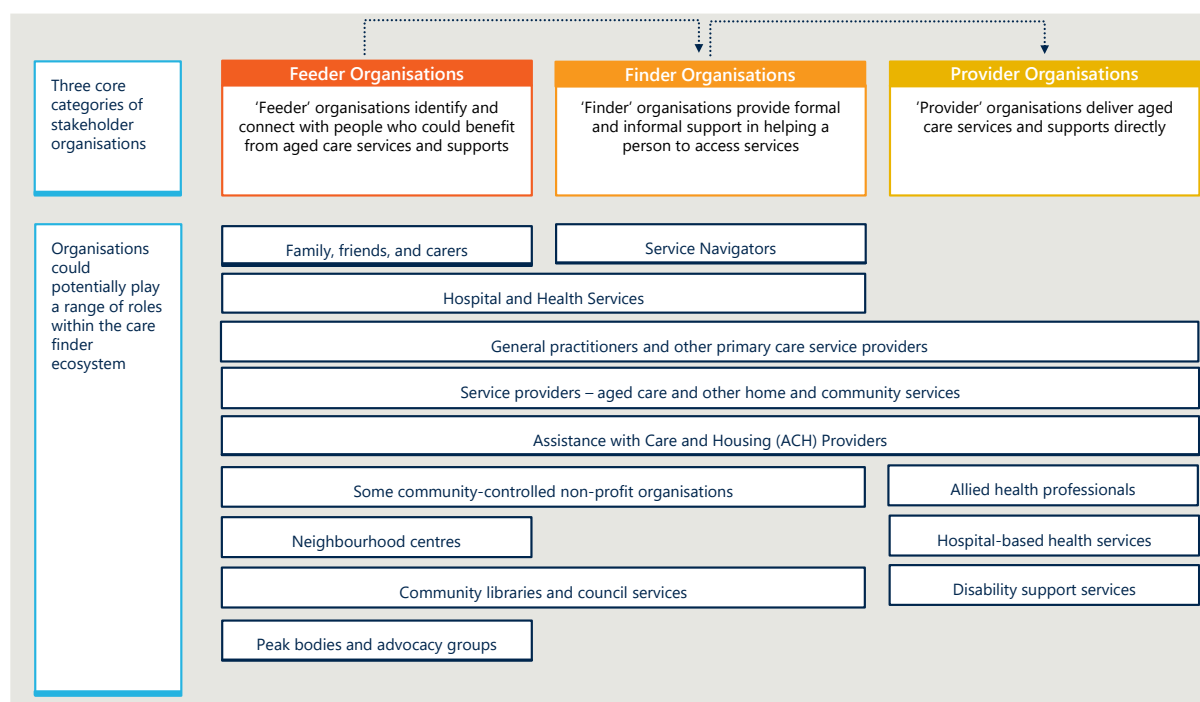
Both ACH providers pointed to high levels of integration between health, aged care, and other key service providers in Brisbane North. Both providers pointed to high levels of integration between health, aged care, and other key service providers in Brisbane North. ACH provider #2 highlighted the current strong referral pathways that enable their ACH

services and suggested that these connections and relationships will be valuable when transitioning into care finder support.

Analysis of broader service landscape within PHN region

There are a variety of organisations which may form the care finder stakeholder ecosystem in the Brisbane North region. These organisations may play one or more of three potential roles within the landscape: ‘feeder’, ‘finder’ and/or ‘provider’ organisations.

Figure 1 Overview of care finder stakeholder ecosystem



‘Feeder’ organisations refer consumers to care finder. These are often trusted community organisations, or more accessible services the target population may already engage with. For example, a consumer may visit the local library to attend an event, go to their local RSL club and/or shopping centre. At these existing community sites and locations, the librarian may promote care finder services, or a roving care finder may be stationed in these community locations to engage with consumers. Consumers may visit their GP or other health care professional, and in this visit are introduced to the concept of care finder.

‘Finder’ organisations provide formal or informal support to help older people to navigate the service landscape and access services. A care finder service would fit into this category, but there are also other finder organisations and services in this role. A finder organisation would discuss with consumers about their individual health, social and emotional wellbeing needs, any concerns or previous barriers to engaging with services, and how they would prefer to access services. Finder organisations would support consumers to identify available services, check eligibility criteria and help consumers with phone calls, filling out forms, explanation of service models and other relevant support as necessary.

A 'provider' organisation delivers services to consumers directly. For a care finder, these services may include services provided under the Support at Home Program, Short Term Restorative Care, the Transition Care Programme, Multi-Purpose Services Program and the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program. The services delivered as part of these programs include aged care services to help consumers live independently at home (e.g., domestic assistance, personal care, meal preparation, social support), specialised dementia support, respite care and transition care after being discharged from hospital.

Larger and more complex organisations may play more than one role. For example, a non-government organisation may have community connections which allow it to identify consumers who would benefit from aged care services, as well as employing a care coordinator who assists consumers to manage their services.

Analysis of existing aged care navigation supports in the PHN's region

There are several service navigation programs covering aged care, social support, housing and community services in the Brisbane North region. While these organisations have limited funding and scope, their experiences can provide valuable guidance for care finder. These programs include:

- EnCOMPASS
- Aged Care Navigator program for Forgotten Australians
- ACH Providers: ACH provider #1 and ACH provider #2, and
- Peer Navigator program (note: trial has ended).

An overview of each organisation as well as its current operation in the Brisbane North region is outlined below.

EnCOMPASS

EnCOMPASS is a pilot care finder program run by the Federation of Ethnic Communities Councils of Australia (FECCA), a multicultural peak body organisation. There are 30 EnCOMPASS sites across Australia. In the Brisbane North region, EnCOMPASS is operated by the World Wellness Group organisation. The EnCOMPASS pilot program is scheduled to end on 30 June 2023. While the World Wellness Group focuses on providing primary care rather than aged care services, primary care is often the pathway into aged care for multicultural populations.

Stakeholders have commented on the success of the EnCOMPASS program in the Brisbane North region, aided by the World Wellness Group's strong links with culturally and linguistically diverse groups. While most referrals to the EnCOMPASS program have come from nurse navigators and other health professionals, there have also been self-referrals and carer referrals to the program, which provides evidence that the program is building trust among older people from multicultural backgrounds. Other enablers of this success have been its specialised service model and cultural capability, having specifically recruited bilingual staff and peer support workers from diverse communities to address language

barriers, and fear and mistrust of aged care services. The cultural capability of the program staff enables different communication for different communities, such as personal connections within the Filipino community and Chinese-language daily newspapers for the Chinese community. The EnCOMPASS program also has strong connections with discharge nurses and other touchpoints in the system, which facilitates the role of the program as a bridge between multicultural older people and the aged care system.

The experience of the EnCOMPASS program also highlights the important role of specialised services and commissioning processes for diverse communities.

Aged Care Navigator Pilot Program for Forgotten Australians

Lotus Place provides service navigation to Forgotten Australians as part of the Aged Care Navigator pilot program. Many people in the Forgotten Australians cohort have experienced trauma and are frightened by the idea of aged care, which they associate with residential aged care facilities and bad experiences in institutions. The pilot program has found that it is important to build relationships of trust slowly with Forgotten Australians, with repeated phone calls and face to face meetings, before they can successfully assist them to access aged care services.

ACH providers

ACH providers help older people in disadvantaged population groups (such as those on a low income at risk of homelessness) to be linked to secure housing and services. They build up supportive and trusted relationships with older people and advocate for their needs with service providers. Examples of ACH provider activities include arranging medical appointments, assistance in filling out forms, and organising referrals to care providers. It is anticipated that some of the roles currently performed by existing ACH providers will be funded as part of a new care finder program.

ACH provider #1 and ACH provider #2 are community organisations currently funded by the Department of Health and Aged Care to provide assistance with care and housing (ACH) services in the Brisbane North region, each with two office locations in the region. Both providers will transition to the care finder program when implemented in Brisbane North.

These providers identified the care finder target population as needing prioritised support, both in terms of their current work in ACH provision, as well as requiring greater support in accessing aged care services. Some of the circumstances and barriers to accessing the services and support these target populations need included: lack of knowledge around available services, reluctance to accept services related to perception of aged care services, privacy issues and financial/cost related issues.

Peer Navigator program trial (ceased)

COTA Queensland, together with Moreton Bay Regional Council and Brisbane North PHN, trialled a peer navigator program at Bribie Island Library, which was then extended to three additional libraries (Redcliffe, Caboolture and Strathpine), the Caboolture Neighbourhood

Centre, and Burnie Brae Chermside. The program, which has now concluded, trained volunteer peer navigators to assist older people to access relevant services and supports, particularly in regard to mental health services, and gain confidence in using technology. Peer Navigators made referrals or recommendations to various programs including: hospital social workers, My Aged Care, Carers Queensland and Carer Gateway (Wellways), courses and social activities at the Library and U3A, Healthy and Active Moreton, and mental health and ageing services, such as My Mental Health.

The program was successful in creating a trusted space, where older people could approach the service for support and social connection. However, transport and mobility were key barriers for older people to be able to access the supports and a program evaluation recommended that a future program be moved to more convenient and accessible locations. Relying on volunteer peer navigators also posed challenges, given the complexity and variety of service information that was required by older people in Brisbane North.

Learnings from an out-of-region Aged Care Service Navigator (ACSN)

The Queensland Council for LGBTI Health is a partner provider delivering the ACSN pilot in Cairns. The organisation provides navigation support for the LGBTIQ+ community and complements the support being provided by COTA for the wider community throughout the pilot.

The Queensland Council for LGBTI Health provided detailed feedback, insights, and advice based on the organisation’s working understanding of a care finder-type initiative – importantly one providing specialist support to a target population sub-group. Key learnings from the organisation’s engagement in the ACSN pilot in Cairns are outlined in the table overleaf.

Table 6: Learnings offered by the Queensland Council for LGBTI Health

Learning	Explanation
Cross-agency collaboration	<p>At the beginning of the pilot, the two ACSN providers (COTA and Queensland Council for LGBTI Health) operated quite separately. Over time, the work of the two navigators became more and more linked.</p> <p><i>"If only we'd have worked closer together right from the beginning, including developing marketing plans and information sessions together, right from the start, we would have had a quicker uptake of program, a shared and consolidated understanding of the program, a stronger network".</i></p>
Value of care finder that understands specific cohort group	<p>Consumers from the LGBTIQ+ community were visibly relieved upon learning that the navigator was from the LGBTI community – this provided the conditions for more personalised support to meet the consumer’s needs.</p> <p><i>"Sense of belonging when you walk through the door – "I'm from an LGBTI agency" – you can see the relief of the consumer. Without that I couldn't work as effectively with people – getting the door open is really important to getting the picture of the whole person."</i></p>

Learning	Explanation
Consortium service model	<p>The organisation strongly advocated for a commissioning arrangement that engages one lead navigation provider and a series of cohort-specific providers. They suggested that the lead provider would coordinate care finder activities in the region, including:</p> <ul style="list-style-type: none"> • Shared/coordinated training for care finders • Shared information, resources and tools (including agreed practice principles; marketing materials) • Coordinated single referral point with Triage arrangement with other care finder providers – essentially an intake line • Develop a shared system that informs care finders of regional service provider capacity – this would allow the intake load to be shared if necessary • Coordinate case discussions for the most vulnerable clients to better ensure access to services • Facilitate a localised community of practice.
Direct commissioning by the PHN – No sub-contracting	<p>The organisation strongly advocated against an arrangement whereby the lead provider sub-contracts the other providers, instead advocating for separate commissions from the PHN directly. This position is driven by both pragmatic and equitable reasons:</p> <ul style="list-style-type: none"> • Sub-contracting arrangements ultimately dilute funding that could be put towards service provision (due to administrative costs involved). • Direct reporting to PHN opens opportunities for the nuance of specialised cohorts – sub-contracting dampens the voice of specific sub-groups. • Sub-contracting can lead to a lesser sense of responsibility (both contractor and sub-contractor). • Separate commissions promotes autonomy – but still within consortium framework – best of both worlds (shared practice and autonomous practice).
Measuring the success of care finders	<p>Care finder program governance should ensure that success is measured not only by statistics. Success also means: the ability to counter vulnerability; the rate for service access; capacity building; increased sector engagement; understanding and responding to diversity; and increased knowledge of services/system amongst senior target group(s).</p> <p><i>“Care finder should not just be about engagement with My Aged Care, it's about giving [consumers] the capacity to be able to safely exit the care finder service.”</i></p>

A variety of organisations currently provide other formal and informal supports to assist older people to navigate health and aged care services.

In addition to the system navigator programs described in the previous section, a variety of other organisations in the Brisbane North region assist older people to navigate and access aged care services and other services.

In some instances, navigation support is provided by community organisations for a particular population group. For example, EnCOMPASS provides support to people in multicultural communities. While these models of system navigation provide valuable and culturally appropriate support, they are specialised programs and unsuitable for scaling up to the whole population of Brisbane North. Alongside the care finder program, it is

anticipated that the Commonwealth-funded Trusted Indigenous Facilitators program will scale up the provision of culturally safe service navigation for Indigenous elders.

Some navigation support is provided by health service staff, such as HHS discharge planners and social workers and PHN nurses. Stakeholder consultations also highlighted that navigation supports often direct consumers within a single network rather than having an overview of the system as whole. This is due to the complex and fragmented nature of the care system and the fact that few people can stay up to date with changing service availability and eligibility criteria. This means that even consumers who do receive navigation support may not be directed to a service that best meets their needs.

Some services are provided informally. For example, while the core role of librarians is to provide access to books and media, many people also address general queries to librarians about service availability. The informal (and often unfunded) provision of navigation support means that staff may have limited knowledge about service availability and accessibility and lack enough time to be able to help consumers through barriers to access (such as complicated forms and eligibility criteria).

Where the informal navigation support is being provided by community- or population-specific organisations (e.g., Queensland Council for LGBTI Health; Deaf Connect), these stakeholders voiced concern at the level of time- and resource-intensive unfunded support they are providing to meet the gaps in the current provision of funded services. There was strong advocacy that the success of the care finder program should not be contingent on other organisations continuing to provide unfunded support.

The table overleaf provides an overview of the range of organisations providing formal and informal navigation support. This assessment is based on a point in time in August 2022, and is intended as illustrative only based on best information available from organisations and online.

Table 7: Overview of service landscape including key organisations, service model, reach and locations

Organisation name (type)	Service model and scope	Target population groups served	Indicative reach			Other reach and location context
			Brisbane North, West and Inner City	Moreton Bay North and South	Somerset	
Access to Community and Housing (ACH) providers and system navigators						
ACH provider #1 (ACH Provider)	ACH Providers, provide assistance finding suitable housing, transport to view properties, assistance with paperwork, information on tenancy including access to loans, assistance with relocation arrangements, providing referral to links to retain a new tenancy (where required). This is done through: case management, advocacy, liaison and referral to health, community care, welfare and support services, assistance to maintain or build local support networks.	<ul style="list-style-type: none"> Frail older people or prematurely aged people (over 50 years or over 45 for Aboriginal and Torres Strait Islander people) on a low income, who are homeless, or at risk of being homeless. 	✓	✓		<ul style="list-style-type: none"> Per website: <i>Our [ACH] service area includes Brisbane (north and south) and the Sunshine Coast.</i>
ACH provider #2 (ACH Provider and system navigator)	ACH Providers provide assistance finding suitable housing, transport to view properties, assistance with paperwork, information on tenancy including access to loans, assistance with relocation arrangements, providing referral to links to retain a new tenancy (where required) and declutter service and support. This is done through: case management, information and advocacy, and connection to services and community supports.	<ul style="list-style-type: none"> Frail older people or prematurely aged people (over 50 years or over 45 for Aboriginal and Torres Strait Islander people) on a low income, who are homeless, or at risk of being homeless. 	✓	✓		<ul style="list-style-type: none"> Locations in Fortitude Valley and West End. Per 2021 annual report: <i>We operate across Southeast Queensland and are continuing to extend our reach.</i>

Organisation name (type)	Service model and scope	Target population groups served	Indicative reach			Other reach and location context
			Brisbane North, West and Inner City	Moreton Bay North and South	Somerset	
Hospital and Health services						
Metro North Hospital and Health Service (HHS discharge planners)	HHS discharge planners help to organise services for people in hospital to enable them to be safely discharged.	<ul style="list-style-type: none"> Any person who engages with Metro North HHS. This serves as a good point to refer into care finder services, particularly for the target population after accessing health care. 	✓	✓	✓	Metro North Hospital and Health Services include: <ul style="list-style-type: none"> Caboolture Hospital Royal Brisbane and Women’s Hospital The Prince Charles Hospital Redcliffe Hospital Kilcoy Hospital Surgical, Treatment and Rehabilitation Service (STARS)
Primary Care						
GPs and primary care nurses (Information, advice, referral, and care coordination)	General practitioners and primary care nurses have a crucial care coordination role. Their service scope includes assessing patients, referring to other services and supports including (but not limited to) allied health, specialists and aged care services.	<ul style="list-style-type: none"> While the majority of older people visit a GP every year, there are financial and logistical barriers to access for members of target population groups. There is increasing difficulty in accessing bulk-billing GPs in the Brisbane North region. If an older person does not have a regular GP, this can pose a barrier to care coordination. 	✓	✓	✓	

Organisation name (type)	Service model and scope	Target population groups served	Indicative reach			Other reach and location context
			Brisbane North, West and Inner City	Moreton Bay North and South	Somerset	
Navigation and Care Coordination services						
PHN Team Care Coordination (Information, advice, and care coordination)	Provides information, support and coordination of health and community services.	<ul style="list-style-type: none"> • People of all ages with long-term medical conditions. 	✓	✓	✓	
Brisbane North PHN Service Navigator (Information, advice, and service navigator)	A helpline available to health professionals providing information about allied health and hospital services, community and home support, and government health related assistance schemes.	<ul style="list-style-type: none"> • As this helpline is only for health professionals, members of target population groups would need to already be accessing some form of health care to benefit from it. 	✓	✓	✓	
Community controlled and non-profit organisations						
<i>*It is acknowledged that service mapping indicated a further approximately 78 community and/or non-profit organisations operating in the region have varying roles across the care finder, feeder and provider spectrums.</i>						
Institute for Urban Indigenous Health (IUIH – Aged Care Service Navigator)	IUIH staff build relationships of trust with Aboriginal and Torres Strait Islander older people and help them to navigate and access culturally safe health and aged care services.	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people 	✓	✓		<ul style="list-style-type: none"> • Locations in Morayfield, Caboolture, Strathpine, Deception Bay, Northgate, and Margate.

Organisation name (type)	Service model and scope	Target population groups served	Indicative reach			Other reach and location context
			Brisbane North, West and Inner City	Moreton Bay North and South	Somerset	
PHN Navigation support trials and pilots						
EnCOMPASS delivered by World Wellness Group (Aged Care Service Navigator)	A partnership between FECCA and local community organisations to provide access the aged care system and other supports. Navigational support to culturally and linguistically diverse older adults and their communities, to navigate primary care and aged care services.	<ul style="list-style-type: none"> Older people of culturally and linguistically diverse backgrounds and their communities 	✓			<ul style="list-style-type: none"> Stones Corner office location Note: The Islamic Women’s Association of Australia and Inala Community House are EnCOMPASS organisations in the Brisbane South region and likely to also support out-of-region consumers.
ADA Australia (Information, advice and advocacy; Aged Care Service Navigator)	<p>ADA support and help older adults to access care, support and service options, advocate and communicate on behalf of older adults, negotiate care plans, make referrals for assessment and support identification of local aged care providers and aged care facilities.</p> <p>Part of Aged Care Service Navigators pilot (serviced outside of Brisbane North region)</p>	<ul style="list-style-type: none"> Care finder target populations including: Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse backgrounds, people who identify as LGBTIQ+. 	✓	✓	✓	<ul style="list-style-type: none"> The Aged Care Advocacy service extends across all of Queensland. ADA’s ACSN pilot service areas are Brisbane South and Wide Bay regions
Lotus Place (Aged Care Service Navigator)	Part of Aged Care Service Navigators pilot which provides one-on-one support to Forgotten Australians/Care Leavers (people who were in institutional or out-of-home care as children) who need assistance to understand aged care.	<ul style="list-style-type: none"> Forgotten Australians 	✓	✓	✓	<ul style="list-style-type: none"> Lotus Place’s ACSN pilot service area is Queensland-wide

Organisation name (type)	Service model and scope	Target population groups served	Indicative reach			Other reach and location context
			Brisbane North, West and Inner City	Moreton Bay North and South	Somerset	
	Navigators provide support over the phone, or in person on a range of inquiries including understanding the aged care supports available to older Forgotten Australians.					
Queensland Council for LGBTI Health (Aged Care Service Navigator)	<p>Queensland Council for LGBTI Health support the LGBTIQ+ community in Queensland, providing community led and owned health and wellbeing services including supporting older adults through Seniors Visiting Programs.</p> <p>Part of Aged Care Service Navigators pilot (served outside of Brisbane North region).</p>	<ul style="list-style-type: none"> Members of the LGBTIQ+ community 	✓	✓	✓	<ul style="list-style-type: none"> Queensland Council for LGBTI Health’s ACSN pilot service area is Cairns only. Aged care and other support provision is across several regions, some programs are funded under a statewide brief. Consultation with the organisation indicates that they are currently providing unfunded aged care navigation support within the Brisbane North region.

Organisation name (type)	Service model and scope	Target population groups served	Indicative reach			Other reach and location context
			Brisbane North, West and Inner City	Moreton Bay North and South	Somerset	
Local Councils						
Local Councils and Library Services	Libraries run programs to help older people use technology ('Device Advice' programs) and help them use email/phone, access My Aged Care website. Many older people attend community events in libraries and are referred to services through peers or library staff.	<ul style="list-style-type: none"> Libraries have broad reach in the community, including for people experiencing homelessness and financial difficulty. 	✓	✓	✓	
Organisations providing a form of navigation service						
Home Instead (Care coordination service)	Offers a Personal Care Manager to be a single point of contact for care needs, including gathering and collating information on care providers, helping the older person and family/carer/EPOA to develop a tailored care plan, identification, coordination and implementing the management and monitoring of care services. Liaison, education and advocacy is also offered.	<ul style="list-style-type: none"> Over 65s 	✓	✓	✓	<ul style="list-style-type: none"> Franchise offices in Toowong, Margate and Sunshine Coast servicing clients across SEQ.
Golden Years Home transitions (Aged Care Transition & Navigation Service)	Supports older adults, their carers/family/enduring power of attorneys (EPOA) to navigate and transition into aged care services including coordinating ACAT assessments to access Government funded aged care programs. Other navigation services include supporting older adults in transitioning to retirement living, or residential aged care including support with moving if required.	<ul style="list-style-type: none"> Over 50s 	✓			<ul style="list-style-type: none"> Office located in Brisbane CBD.

Organisation name (type)	Service model and scope	Target population groups served	Indicative reach			Other reach and location context
			Brisbane North, West and Inner City	Moreton Bay North and South	Somerset	
Ingenia Connect (Aged Care Navigation Service)	Free service to help connect its residents with support. Staff facilitate this service by working with Approved Care Providers to meet the needs of Ingenia Residents.	<ul style="list-style-type: none"> Available only to residents of Ingenia communities 	✓	✓		<ul style="list-style-type: none"> Ingenia locations in Aspley, Taigum and Burpengary East.
Queensland Positive People (Peer navigation service)	Peer navigation program and case management programs for people living with HIV (no explicit aged care focus).	<ul style="list-style-type: none"> People living with HIV who may also be experiencing homelessness, mental health and other issues. 	✓	✓	✓	<ul style="list-style-type: none"> Queensland-wide service (offered virtually if required).
Services Australia (Aged Care Navigation Service)	Aged Care Specialist Officers provide face-to-face support, including providing information on the different types of aged care services, such as financial eligibility for government- funded services, making a referral for an aged care assessment; helping to appoint a representative for My Aged Care; and connecting to local support services.	<ul style="list-style-type: none"> Service available in select Services Australia locations 	✓			<ul style="list-style-type: none"> Only service location within Brisbane North region is Chermside.
Deaf Connect (Informal, unfunded aged care navigation support)	Deaf Connect deliver ageing well services to those deaf, deafblind and hard of hearing, including supporting with navigating My Aged Care.	<ul style="list-style-type: none"> Deaf community including over 65 	✓			<ul style="list-style-type: none"> Only one office location within PHN (Taigum).

Organisation name (type)	Service model and scope	Target population groups served	Indicative reach			Other reach and location context
			Brisbane North, West and Inner City	Moreton Bay North and South	Somerset	
Peak Body organisations providing a form of navigation service						
COTA Qld (Peak Body and coordinating Aged Care Service Navigator pilot trial)	COTA promote and improve the wellbeing of all older people through advocacy and policy. COTA are coordinating the nationwide trial of Aged Care Service Navigators pilot, and is a service provider of the pilot in some states and regions. The Brisbane North trial participants include Lotus Place and Institute for Urban Indigenous Health (IUIH).	<ul style="list-style-type: none"> Care finder target populations 	✓	✓		
Dementia Australia (Peak Body an Aged Care Service Navigator)	<p>Dementia Australia is the Peak Body for people living with Dementia. They provide services, referral and have staff to contact and discuss appropriate services and support via a National Dementia Hotline.</p> <p>Part of Aged Care Service Navigators pilot (serviced outside of Brisbane North region).</p>	<ul style="list-style-type: none"> People living with dementia 	✓			<ul style="list-style-type: none"> Dementia Australia's ACSN pilot service areas are Hunter Valley (NSW) and Perth (WA) Dementia Australia has one office in BN PHN catchment (Milton)

Service landscape considerations

Stakeholders described the service landscape using terms such as ‘fragmented’, ‘confusing’, and ‘unforgiving’.

Health services are typically found through word of mouth, demand for services varies but is increasing over time. There are a range of health services available for older people in the Brisbane North region, including major hospitals, allied health, general practitioners and primary care nurses. Stakeholders have told us that there is more demand for some types of services than others, partly due to need and partly due to differences in visibility. For example, within allied health there is considerable demand for podiatry and physiotherapy as these services can be expensive to access privately, but less demand for services such as dietetics, social work, and speech pathology. Older people often choose health services through word of mouth, based on the experiences of friends, family or neighbours, and social isolation is a barrier for being able to find and navigate services. There appears to be greater service and program availability in Chermside and the inner north, than in Caboolture, Deception Bay, or the Somerset Council area. Demand for emergency department and health services in the next four years are predicted to increase rapidly, particularly in the Caboolture-Redcliffe area.

There are pros and cons to large versus smaller organisations in delivering aged care supports and services across the Brisbane North region. While larger organisations may be able to offer a wider range of services and coordination between services, some stakeholders reported that smaller organisations were more open and easier to deal with, especially for some members of target population groups and sub-groups.

Health professionals and community organisations help older people to access care, often informally, but there is there is a large amount of unmet need. GPs, nurses, family, friends, community organisations, aged care providers, and peak bodies all play a role in referring older people to care finder programs, and in acting as an intermediary to help older people to access care. Often, referrers and intermediaries take on this role informally or in addition to the core duties of their role. Stakeholders who provide referrals or act as intermediaries have told us that it is extremely difficult to keep track of the complex mix of organisations providing different services in the region, with different funding, availability and eligibility criteria. This complexity is exacerbated by difficulties in sharing information between different organisations and health services, which may be due to using different systems or due to data privacy requirements. Due to the complexity of the system, some GPs try to refer older people to services using Medicare referrals where home based aged care services could be a more suitable long-term support option. Many older people are reluctant to engage with aged care services, and so many referrers and intermediaries focus on those people who are experiencing most acute need. Stakeholders have noted the existence of a ‘missing middle’ in access to services, where older people may need support to access services, but are not eligible for help from specialised organisations which focus on culturally and linguistically diverse consumers, Indigenous consumers, or people experiencing homelessness.

Many older people access support through community organisations. A range of smaller community organisations also provide supports to older people in the Brisbane North region, including community hubs, libraries, multicultural groups and peak bodies. These include events, advocacy, food pantries, transport and social visits. Stakeholders have told us that many people access community supports through face-to-face encounters (such as connecting at a library or in a shopping centre), or through word of mouth.

Analysis of care finder workforce considerations in the PHN's region

The potential care finder workforce requires key capabilities however faces the capacity and capability constraints currently experienced across the sector and in particular regional areas.

The potential care finder workforce is primarily concentrated in the inner-North of Brisbane, with decreasing workforce availability as distance from the CBD increases. Care finder target populations are spread across the Brisbane North region; with different areas experiencing different specific barriers. Areas frequently identified by stakeholders as needing greater support include Caboolture, Redcliffe, Bribie Island, Deception Bay, and the Moreton Bay region.

Hence, there is a misalignment of the potential workforce with the target populations. Namely, the target populations are spread throughout the region with some areas of concentration in the far north and east of the region; whereas the workforce is more concentrated in the inner-north.

To ensure this misalignment does not result in some target populations 'falling through the gaps', the service model will need to be carefully designed to ensure that consumers in target populations can meet with care finders in their local area, and that care finders have connections and networks in local areas across the region. This will also mean ensuring that 'mainstream' care finders are aware of 'specialist' care finders within the network for certain target population groups which may have a more limited geographical footprint; and are referring onwards to respective care finders when appropriate.

There are some potential workforce challenges which may impact care finder implementation. It should be noted that systemic workforce challenges have existed in the aged care sector for some time, however this is not a core consideration of the care finder implementation.

- Workforce shortages in the aged care sector systemically persist. This may impact upon service availability more generally, and may have flow on impacts for navigation, particularly where specialist services are required and those services are over capacity.
- Workforce shortages may also limit the capacity of 'feeder' and 'provider' organisations to engage with care finder, as they may necessarily be focused on core business.
- It is likely that qualifications and experience in aged care, and related fields such as health, community services, and social work would be desirable for the care finder

workforce. However, each of these fields are currently experiencing workforce shortages and should be taken into consideration when recruiting and retaining staff with these capabilities and experience.

- Ongoing training and development will be required to ensure care finders have a detailed knowledge and understanding of the aged care system, including up-to-date understanding of changes as reforms are implemented across the system (e.g., Support at Home Program).
- Ongoing access to resources and opportunities to share knowledge will be needed to ensure up-to-date understanding of service availability and capacity across different parts of the Brisbane North region.
- To meet the needs of all target populations, there will need to be ‘coverage’ of different capabilities (e.g., trauma-informed practice, cultural safety, language skills, expertise in dementia and supported decision-making, etc.). These groups may also in some cases require care finders to have a more nuanced understanding of the intricacies of the aged care system - e.g., for recent migrants whose eligibility for care may be more complex.
- Detailed knowledge and understanding of aged care system-components. “Finger on the pulse” capability, nuance across the sub-groups. Nuance in terms of complex financial and other eligibility requirements. Need for specialist expertise – as well as foundational aged care expertise.

Analysis of how PHN boundaries may impact care finder services in the PHN’s region

PHN boundaries create several implications that will impact care finder services in the Brisbane North region and surrounds.

Brisbane North PHN shares boundaries with Brisbane South PHN to the south, Darling Downs and West Moreton PHN to the west and with the Central Queensland, Wide Bay, Sunshine Coast PHN to the north and northwest.

The potential impact of PHN boundaries should be particularly considered for people who live in Brisbane’s inner suburbs (in Brisbane North and Brisbane South PHN catchment areas), and areas within Somerset, such as Kilcoy.

Table 8: Considerations for PHN boundaries in the context of care finder implementation

PHN boundary consideration	Issue/concern for care finder	Implications for care finder operations
Care finder expertise limited to providers located within the PHN region.	Care finders best-positioned to support access and navigation of aged care providers within PHN – not necessarily providers in neighbouring PHNs.	<ul style="list-style-type: none"> • Care finder services – particularly those near PHN boundaries – need to be apprised of aged care providers in neighbouring PHNs. • A systematic way of sharing information about services and population groups with neighbouring PHNs required

PHN boundary consideration	Issue/concern for care finder	Implications for care finder operations
Mobility of consumers across PHN boundaries.	Continuity of care finder support for transient consumers or those living near PHN boundaries (e.g., homeless older people moving between PHN boundaries in central Brisbane area).	<ul style="list-style-type: none"> Processes and partnerships with care finder services in neighbouring PHNs – particularly those near PHN boundaries – is required, enabling collaborative support for consumers.

Analysis of opportunities to enhance integration between the health, aged care and other systems within the context of the care finder program

In the context of the care finder program there are a number of opportunities to enhance integration, building on some existing strengths and filling gaps. Stakeholder consultation consistently highlighted strong perceptions of a complex and fragmented aged care system.

This is characterised by:

- the complicated interplay of State and Commonwealth funded initiatives and organisations
- limited program funding lifetimes
- constant change of service availability and capacity.

Through the consultation process, consumers and stakeholder groups indicated that this was further complicated by varying degrees of integration with the broader health and human services sector.

Examples of integration already occurring

Engagement with stakeholders highlighted some models of connected, collaborative practice across and within systems, particularly in relation to examples of active referral approaches from or to specific organisations.

These include:

- Well-established referral pathways from organisations connecting Aboriginal and Torres Strait Islander older people with the Institute of Urban Indigenous Health (IUIH).
- Informal referrals to relevant aged care providers by community service organisations (e.g., council libraries).
- ADA Australia has strong connections with community centres and an established referral pathway with ambulance and police services.
- The visibility of the EnCOMPASS pilot amongst culturally and linguistically diverse communities and aged care service providers has resulted in a strong referral pipeline.
- Well-established referral pathway between ambulance services and Brisbane North PHN's Team Care Coordination program.

Opportunities for enhanced integration

Two consistent themes emerged from stakeholders pointing to opportunities to enhance the integration of processes across the health, aged care and other systems at the local level within the context of the care finder program:

1. Strengthen formal referral pathways.
2. Enable cooperation across organisations to ensure that the system is more inclusive and responsive.

Stakeholders also suggested the following opportunities:

- Continue partnerships with hospitals within Metro North to identify frequent presenters and help support linkage into community services and/or care finder organisations as appropriate.
- Build confidence in the community and with ‘feeder’ organisations that care finder organisations, and the services they may support consumers to access, represent ‘safe referrals’ and are appropriate for and sensitive to the needs of the individual and community.
- Identify organisations that can act as ‘feeder’ organisations while also providing community services outside of or adjacent to the aged care sector. For example, stakeholders pointed to community groups (e.g., Samford Support Network) who offer a range of community-based and health services as well as social connections.

1.3 Processes for synthesis, triangulation and prioritisation

To understand and identify the local needs in relation to care finder support, evidence was synthesised and triangulated from a range of data sources. Information and evidence was drawn primarily from stakeholder consultations (qualitative input) and the consultation survey (qualitative and quantitative input) and triangulated with desktop literature review, service mapping activities and other existing PHN health needs assessment data. Qualitative data sources included stakeholder consultations, desktop literature reviews and free text survey responses, which provided a comprehensive picture, and valuable local contextual information on the felt experience of service providers and consumers in Brisbane North region. Quantitative data sources included existing Brisbane North region health needs assessment data and other relevant inputs from ABS, QGSO and PHIDU. All data sources and evidence were synthesised using a triangulation matrix method, to confirm major themes and determine the priorities for care finder in Brisbane North region. This process provides rigour and balances the accounts of both qualitative stakeholder evidence with quantitative health and service needs analyses.

1.4 Issues encountered and reflections/lessons learned

Data issues

By the nature of a 'hard-to-reach' cohort, there is limited quantitative data on these target population groups. Any data that does exist needs to be treated with caution, noting that some groups within the cohort are likely to be underrepresented or inaccurately represented in the data. For example, due to past experiences of stigma and discrimination, consumers may be reluctant to identify as being an Aboriginal or Torres Strait Islander person, or part of the Forgotten Australians cohort. Some consumers may be unwilling to provide details about themselves to government agencies, which has resulted in their exclusion from data sources. For other consumers, difficulties with communication may mean that they are unable to provide accurate information, especially when data is collected through written or digital mechanisms. In addition, many quantitative data sources do not provide enough fine-grained detail to provide specific guidance about the Brisbane North region.

The Supplementary Needs Analysis has taken a consultative approach, with the intent of gaining qualitative insights from clinicians, community organisations, health service providers, consumers, carers, and peak bodies. In this approach, existing stakeholders have provided links and referrals to people in target population groups.

To address these data issues in the future, the PHN can continue to consult broadly with stakeholders, service providers, and target population consumers in the region. The PHN can also gather data through the care finder workers, who can update the PHN data sources as they engage with older people in target population groups and service providers.

There are other aspects of data collection and integration which are outside the sphere of the PHN's direct influence. The following approaches may help to address these data issues over time:

- Collecting larger data sets, such as surveys with larger sample sizes. This would enable more insights about smaller population groups, and more fine-grained information about specific geographical regions.
- Supporting greater consistency in the collection of health administrative data through providing further information and guidance to consumers about the value and safety of identifying as a member of a particular population.
- Linking administrative data sets to enable richer insights about consumers in target population groups.
- Enabling stronger connections between health services, government agencies and representatives of target population groups to build trust in government and institutions and ensure that people feel comfortable to disclose personal information.
- Ensuring decision making drawn from quantitative analyses are mindful of the variance between the access ages of care finder services and the broader My Aged

Care service. Datasets relating to older people may not include care finder target populations younger than 65 years.

Additional issues and lessons learned/reflections

Throughout the stakeholder engagement period, engaging directly with consumers and carers in care finder target populations has been a challenge. This illustrates the similar challenges care finder organisations will likely face as they actively seek connection with and reach out into target population groups. Many members of target population groups who experience barriers to engaging with aged care services experienced the same potential barriers in taking part in this consultation process. For example, a consumer who has communication difficulties may not wish to be interviewed as part of these consultations. The consultation process has attempted to mitigate this challenge through a 'warm referrals' approach where a member of a trusted community organisation or person with individual relationships encourages consumers to participate in the consultation process; as well as through going to locations where target population groups are likely to attend and seeking casual conversations. The consultation process has also drawn on existing connections with relevant community groups, service providers and representative bodies to maximise the volume and diversity of qualitative data collection.

Synthesising qualitative findings and themes has highlighted the disparate voices and perceptions of stakeholders. For example, people's impressions about service access and availability could be based on different expectations and comparisons – one person may expect that there will be limited availability of services while another may expect to be able to access services conveniently and without logistical barriers. People also may have differing views which are difficult to reconcile in a systematic manner. For example, while many stakeholders said that lack of availability of services was a key barrier for older people, other stakeholders highlighted the role of lack of awareness of the services which are available.

Any service mapping exercise runs the risk of gaps and oversights. There were not a high number of services identified that perform formal or informal navigation services and supports in the region. While the consultation process has surveyed the service landscape in Brisbane North and been supplemented by desktop research and analysis, there may be existing service navigation programs that were not identified through these methods.

Section 2 Outcomes

The following table provides a summary of the outcomes of the additional activities undertaken to identify local needs in relation to care finder support. This triangulates findings from data analysis and stakeholder and community consultations about the local needs in relation to care finder support and analysis to understand the local service landscape.

Table 9: Summary of outcomes including identified needs, key issues and supporting evidence in relation to care finder

Identified need	Key issues	Evidence
Service model		
1. Strong outreach component embedded in care finder service model	Avoidance or ignorance of aged care services	<p>A common theme that emerged throughout consultations with stakeholders was the reluctance many older Australians have in accessing aged care services.</p> <p>For some, this was driven by a limited understanding of aged care – many perceiving it to only include residential aged care; not aware of the broad suite of services that they may be entitled to:</p> <p><i>“People are frightened that My Aged Care is the thin edge of the wedge to put them in a nursing home.”</i> (Community development officer in local council).</p> <p>This reluctance is particularly pronounced in some culturally and linguistically diverse communities where culturally driven conceptions of being <i>aged</i> and aged care. For example, one stakeholder pointed out that Australia’s model of aged care is quite different to those in other countries, and that even the term “aged care” can be difficult to accurately translate in some languages. Additionally, the traditional role of families in providing care for older relatives – particularly offspring caring for their parents – is a strong barrier to accessing formal aged care services.</p>
	Limited exposure to health and community services	<p>GPs are widely recognised as the primary touchpoint that many older Australians within care finder target populations may have with the health and community services sector. While GP practices may serve as a referral pathway or site for promoting the care finder service, being solely reliant on GPs as a way of engaging the care finder target population was seen as insufficient by stakeholders, particularly for people who do not routinely access GP services.</p> <p>Outreach services, in which care finders proactively engage with older people in target populations in places where they reside, congregate, or pass through, was a frequently recommended engagement strategy. Any outreach provided in a group setting will be aimed at the care finder target population.</p>
	Worsening social isolation	<p>Many stakeholder groups commented on the social isolation faced by many older people within the care finder target population. This isolation is often caused by:</p> <ul style="list-style-type: none"> • gradual retreat from community life • limited family connections

Identified need	Key issues	Evidence
		<ul style="list-style-type: none"> • friends passing away. <p>An outreach component to the care finder serve would seek to capitalise on the limited social connections some older people might maintain. For example, engagement information sharing initiatives at local events or community hubs (e.g., libraries).</p>
	Mobility and transport barriers	<p>People’s limited ability to access the location of services and providers was a concern commonly voiced in stakeholder consultations and survey respondents. This can be caused by a range of compounding factors, including: cancelled/surrendered driver licence, limited public transport access, restricted financial capacity to get taxis, and poor physical mobility.</p> <p>On numerous occasions throughout the consultation process, the concept of roving hubs was proposed as a way of engaging older people. Proposed locations included: shopping centres, RSLs, community centres, and other places where older people congregate – especially those in the target population.</p> <p>Following this initial engagement, in-home outreach was strongly advocated for to ensure continuity of support.</p>
2. My Aged Care application support	Low levels of digital literacy	<p>Relatively low digital literacy was commonly recognised as a barrier for many older Australians – regardless of whether they belong to the care finder target population. However, having a sufficient digital capability was recognised as important for being able to navigate the My Aged Care website and application process, and access services:</p> <p><i>“If someone’s tech savvy, they can get access to a whole range of services. But for those who aren’t, they have no idea what’s out there and available to them.”</i> (Aged care service provider).</p>
	Limited or no access to a computer with internet connection	<p>Older people living in regional areas of Brisbane North PHN catchment– particularly the Caboolture Hinterland sub-region – may have limited or no internet access, exacerbating their geographical isolation:</p> <p><i>“Isolation is as much around lack of internet access – if [consumers] live outside of Kilcoy, often they can’t have internet access – massive black spots.”</i> (Community development officer in local council).</p> <p>To overcome this, the care finder service needs to consider ways in which care finders can bring internet-enabled devices to in-home visits in order to access My Aged Care. However, this still may not help those living in reception black spots.</p>
3. Resourcing allocations reflects time taken to build rapport with consumers and establish a safe environment for information sharing, as well as continuity of support	Immediacy of having to divulge sensitive personal information to strangers	<p>Stakeholder groups representing all target population sub-groups highlighted the importance of rapport-building and creating a safe environment for consumers to openly discuss their needs. Without taking the time to establish these relationships first, consumers may be confronted or uncomfortable when asked for personal or sensitive information.</p> <p>One of the sub-groups in which this is most crucial is the LGBTIQ+ community, as well as those with positive HIV diagnoses. For these populations, the onus is often on the consumer to disclose their sexuality and/or their HIV status – often to a stranger, and often within the early parts of an initial appointment:</p> <p><i>“they’re absolutely petrified to disclose to their aged care provider their HIV status”</i> (HIV support stakeholder group).</p>

Identified need	Key issues	Evidence
Networks and integration with broader service system		
4. Robust, well-understood referral pathways from other health care providers and services	Consumers with co-occurring health and social problems prioritising other health conditions in lieu of aged care services	<p>Older people within the care finder target population are likely to present with co-occurring health and social problems, some of which may require urgent or prioritised medical attention. Examples put forward by stakeholders included those with a positive HIV diagnosis, homeless people with a combination of chronic health concerns, mental health concerns and substance abuse, or homeless people with acquired brain injuries and/or alcoholic dementia.</p> <p>In these instances, aged care supports are likely to be less effective until the other concerns are addressed, creating a challenge around coordination of services and access.</p> <p>One stakeholder indicated that there is a risk that, in extreme circumstances, the deferred aged care service provision never eventuates due to consumer disengagement, or a disconnect between health care and other service providers.</p>
5. Connected to other organisations and support networks	Histories of trauma, and distrust of government and care institutions	<p>For many Forgotten Australians, engaging with aged care services can be a triggering event, often associated with having to go back into care. This is often compounded by the history and memory of trauma that they present with, and the resulting deep fear and distrust of care institutions, often requiring specialised support:</p> <p><i>“Vast majority of Forgotten Australians feel damaged. And now they're ageing. And there's a terrible, terrible fear of going back into care... Some say they'd kill themselves before they go into aged care.”</i> (Forgotten Australians support stakeholder group).</p> <p>One stakeholder spoke of the repeated experiences of rejection that older homeless women have experienced in trying to access housing services. This had led to deep-seeded cynicism of the broader services sector, illustrated by the stakeholder's response to the question of, 'How do older people in the target population currently find services to meet their needs?':</p> <p><i>“By jumping on a merry-go-round and going around and around and getting distressed.”</i> (Housing support stakeholder group).</p> <p>While it didn't surface through stakeholder consultations, some members of culturally and linguistically communities – particularly those that arrived in Australia as refugees or asylum seekers – may also present with histories of trauma and/or a distrust of government.</p>
Organisational and workforce considerations		
6. Understanding of aged care	Limited understanding of the aged care system, processes, terminology and eligibility requirements	<p>The complicated and fragmented nature of the aged care system was frequently raised as an access inhibitor by stakeholders. A common fear was that the care finder workforce would not be adequately experienced or knowledgeable of the system in order to support consumers to navigate through it. Stakeholders consistently emphasised the need for well trained staff with deep and up-to-date understanding of the sector.</p>

Identified need	Key issues	Evidence
7. Broader health and human services sector expertise	Limited previous engagement with health services	A characteristic of hard-to-reach populations is that they have had very little access to or interaction with health services prior to engaging with a care finder service. As such, the role of care finders may at times be to coordinate access to the broader health and community support systems to attend to other concerns consumers may have presented with: <i>“When we do establish that relationship, we find that clients have not been accessing the services that could or should have. Almost a triage service, connecting them with a number of different types of services on top of aged care services.”</i> (LGBTIQ+ stakeholder group).
	Limited awareness of, or readiness to seek, preventative care	Budget and package constraints inevitably mean that consumers are required to make trade-offs for what services they will access. One stakeholder suggested that, in many instances, consumers are opting for short-term support and de-prioritising long-term, future-focused support. The example of physiotherapy was used: without maintaining their mobility proactively, consumers may minimise their independence and social connectedness later in life. This comment was raised in the hope that care finder services would be apprised of this issue and support consumers’ informed decision-making.
8. Sensitive and compassionate staff	Perceived stigma related to type of support	There was a consistent theme of consumers battling with and being confronted by stigma as part of their aged care journey. The reasons and examples were quite broad, but included: <ul style="list-style-type: none"> • emotional and mental wellbeing issues surrounding the stigma of being aged and the increasing reliance on other people and services • engaging with aged care within culturally and linguistically diverse communities • change of identity and mobility • language around mental health issues. This points to the need for a capable care finder workforce that can express compassion for consumers.
	Living conditions (relevant for care finder in an outreach model; and for aged care service providers)	One stakeholder expressed the need for care finder providers to act without judgement or criticism, which could compound the existing vulnerability of some individuals: <i>“[Care finder staff must be] willing to accept people in their homes for who they are and how they live – you can’t judge or appear shocked or look down your nose.”</i> (Community development officer in local council).
Target population-specific needs		
9. Care finder service model that includes provider/s with specialist cultural capability working with Aboriginal and Torres Strait Islander peoples	Reluctance to engage with government services	Aboriginal and Torres Strait Islander stakeholder groups expressed that, for some older Indigenous Australians, even the process of signing a government form such as the My Aged Care application can be triggering or oppressively bureaucratic. A care finder service with a connection with mob and other Indigenous community organisations was seen as a necessity for helping to support older First Nations Australians to safely progress through aged care processes: <i>“Mob dealing with mob”</i> (Aboriginal and Torres Strait Islander primary health provider).
10. Care finder service model that includes provider/s	History of, or fear of, discrimination (real or	Representatives and support services of some sub-groups within the target population expressed fears within their respective communities of discrimination from aged care providers. This concern was most frequently raised by members of the LGBTIQ+ and HIV positive communities:

Identified need	Key issues	Evidence
with specialist LGBTIQ+ capability and experience	perceived) by aged care providers	<p><i>"I want service providers to take me for who I am and not bat an eyelid. I don't want to feel as though I need to 'de-gay' my house"</i> (Community representative).</p> <p>A care finder service that had specialist expertise, credibility and trust within these sub-groups was seen as the greatest way of overcoming these fears.</p>
	Reluctance to reach-out to aged care services driven by fears around emotional safety	<p>Stakeholders representing the LGBTIQ+ community strongly advocated for LGBTIQ-run care finder service that has credibility and demonstrated ability to be trusted by the community:</p> <p><i>"Has to have employees that are really well apprised of the issues that people with HIV or those in LGBTIQ+ community are facing."</i> (HIV support stakeholder group)</p>
11. Care finder service model that includes provider/s with specialist capability and experience working with Forgotten Australians	Individuals not easily or 'visibly' identifiable as members of the sub-group, even on medical records	<p>Consultation discussions focused on Forgotten Australians surfaced the intense sensitivities involved with engaging this sub-group of the target population. Unfortunately, some of the issues raised were so complex that finding solutions remains a challenge:</p> <p><i>"Identification of Forgotten Australians can make targeted support difficult - it's all word of mouth. Need to know about the history of Forgotten Australians for practitioners/providers to even know to ask. Even then, some people might choose not to disclose."</i> (Forgotten Australians support stakeholder group).</p>
12. Care finder service model that includes provider/s with specialist capability and experience working with culturally and linguistically diverse communities	Language barriers, including limited English proficiency or limited literacy	Stakeholders representing culturally and linguistically diverse communities strongly advocated for a care finder service that incorporated cross-cultural competence, including access to interpreter services.
	Diversity of cultures and languages within this sub-group	Strong connections between care finder providers and cultural community groups are required, including translator services.
	Complicated financial barriers	For older members of culturally and linguistically diverse communities, there may be financial complications arising from owning offshore assets or drawing a foreign pension.
	Complications around residential status and/or visas	For older members of culturally and linguistically diverse communities, there may be eligibility accessing aged care arising from their residential or visa status.
13. Care finder service model that includes provider/s with specialist capability and experience working with consumers with impaired or diminishing cognitive function	Influence of family or other support people	<p>One stakeholder expressed the need for a care finder service workforce that could capably navigate situations where the families of clients who have diminished cognitive function are imposing themselves:</p> <p><i>"[Care finders] should also have an understanding of supported decision making and being able to take direction from clients who may have impaired capacity and ensure they are working according to what the older person would want and not being influenced by family or other informal supports."</i> (Aged persons advocacy stakeholder group).</p>

Identified need	Key issues	Evidence
14. Care finder model that integrates mainstream services with specialist services	Members of sub-groups are entitled to a choice of provider	In addition to the above commentary around the need for specialist care finder support services for respective sub-groups of the target population, one stakeholder group expressed the need to provide consumers with choice. Importantly, this stakeholder emphasised the need for culturally appropriate support across all care finder providers, regardless of whether they're a specialist provider or not: <i>"Aboriginal and Torres Strait Islander consumers need the benefit of choice and control like everyone else – they can choose Indigenous specific provider or mainstream and should expect culturally sensitive service"</i> (Allied health stakeholder group).
Location-specific needs		
Focused presence in Brisbane Inner City	High prevalence of homelessness	Over half of the region's homeless population live in Brisbane Inner City. Additionally, a high volume of community feeder-type organisations are active in the area, offering strong opportunities for a networked approach.
Place-based service provision in Kilcoy (Caboolture Hinterland)	Expectations of geographically isolated consumers	Regionally located stakeholders expressed the importance of local providers and warned of the potential challenges care finder services will face if they do not have a local presence. The example of Kilcoy was provided: <i>"Kilcoy people like the service to be place-based. They're not interested in going to Caboolture or Esk – they're very parochial, especially the older population."</i> (Community development officer in local council). The need for place-based care finder support is also related to the impacts of geographical isolation. This has associated issues such as no or unreliable internet access, limited public transport options, and large distances to service providers.
Focused presence in Moreton Bay – North	Relatively low presence of services in low socioeconomic status areas	Feedback from stakeholder groups expressed the need for services dedicated to areas where there are high rates of disadvantage, e.g., Caboolture, Redcliffe, Deception Bay. There was a perceived over-representation of service providers in Brisbane's northern suburbs.

Section 3 Priorities

Triangulation between health needs assessment and stakeholder consultation activities highlighted a number of areas for priority focus, across four categories.

1. **Care finder target populations:** the care finder target population and sub-groups to be prioritised for care finder support.
2. **Care finder regional distribution:** a networked approach that that has local presence in the regional areas across the Brisbane North region.
3. **Care finder service model:** mobile outreach model that is visible in places where potential consumers already tend to visit in their day-to-day lives; capacity to spend time to engage effectively, and to travel in outreach activities (including to consumers' homes); linked in actively with the feeder and provider organisations; and means to maintain currency of information about the availability and capacity of aged care services in the region.
4. **Care finder workforce:** skilled, knowledgeable, compassionate and culturally competent workforce that can sensitively meet the needs of target population and achieved desired outcomes.

In addition to the analysis captured in Section 2 above, we also present demographics from multiple sources, that provide a snapshot of the distribution of care finder target population sub-groups across the Brisbane North region. This can support decisions about prioritisation and the care finder service model, particularly when considering where to focus localised support for respective sub-groups.

Table 10: Indicators of care finder target population distribution across Brisbane North region

	Older adults (+50 yr)	People receiving aged pension	First Nations People (+50 yr)	People with disability (all ages)	Low proficiency in English (all ages)	Homeless (all ages)
Brisbane - North	83,818	20,441	961	4,328	3985	525
<i>Bald Hills - Everton Park</i>	17,166	3,795	137	783	829	58
<i>Chermside</i>	27,307	6,623	302	1,698	1239	181
<i>Nundah</i>	15,182	3,357	185	636	735	96
<i>Sandgate</i>	24,163	6,666	339	1,211	1185	191
Brisbane - West	70,365	12,042	371	2,615	2355	268
<i>Kenmore - Brookfield - Moggill</i>	19,927	2,989	45	647	622	70
<i>Sherwood - Indooroopilly</i>	16,953	2,338	64	645	1252	138
<i>The Gap - Enoggera</i>	19,781	3,965	203	833	481	60
Brisbane Inner City	94,089	11,598	549	2,863	4800	2819
<i>Brisbane Inner</i>	25,131	3,152	148	833	2816	2188
<i>Brisbane Inner - North</i>	33,282	4,237	195	1,037	1361	425
<i>Brisbane Inner - West</i>	20,378	2,285	97	607	623	206
Moreton Bay - North	114,364	37,482	1825	6,337	2307	894
<i>Bribie - Beachmere</i>	22,520	9,845	182	1,490	167	62
<i>Caboolture</i>	27,201	8,727	656	1,487	1161	490
<i>Caboolture Hinterland</i>	6,706	1,546	129	288	88	32
<i>Narangba - Burpengary</i>	26,515	7,018	409	1,267	468	118
<i>Redcliffe</i>	31,422	10,346	449	1,805	424	194
Moreton Bay - South	78,308	16,277	656	2,809	2301	285
<i>The Hills District</i>	37,142	6,321	173	1,089	421	112
<i>North Lakes</i>	26,371	6,024	285	1,024	1317	58
<i>Strathpine</i>	14,795	3,932	199	696	563	113
TOTAL	440,944	97,840	4362	18,952	15,748	4791

Legend	Relatively low population size	Relatively moderate population size	Relatively high population size
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Priority care finder target populations

Notwithstanding that Care Finder will seek to provide all eligible individuals requiring intensive support, data triangulation and stakeholder consultation indicated the focus of Brisbane North's care finder program will include:

- People who identify with Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) communities
- Forgotten Australians
- People experiencing homelessness or at risk of being homeless
- People from culturally and linguistically diverse backgrounds.

Aboriginal and Torres Strait Islander peoples also represent a priority cohort for Brisbane North PHN. However, it is intended that the support provided through a Trusted Indigenous Facilitators provider in combination with culturally responsive mainstream care finder providers will meet the needs of the region's Aboriginal and Torres Strait Islander population.

Care finder distribution to meet priority needs

Triangulation of both qualitative and quantitative data gathered throughout the needs assessment highlights the need to prioritise care finder service provision in specific parts of the region.

Prioritised support for people experiencing homelessness or at risk of being homeless in Brisbane Inner City. Over half of the region's homeless population live in this subregion. Additionally, a high volume of community feeder-type organisations are active in the area, offering strong opportunities for a networked approach.

Focused presence in Moreton Bay – North. Feedback from stakeholder groups expressed the need for services dedicated to areas where there are high rates of disadvantage e.g., Caboolture, Redcliffe, Deception Bay. Current and projected population data—which highlights the large proportion of older adults residing in this area—supports the need for a strong care finder presence.

Local service provision in Kilcoy. While not included as a priority cohort independently, the levels of social and geographical isolation and transportation availability for older people living in more regional areas of the Brisbane North region creates additional layers of challenge for people to access support. Stakeholders communicated the importance of a locally based care finder offering to build trust and credibility.

Care finder service model

The needs assessment has informed the service model required to best meet the needs of the care finder target population in Brisbane North:

Balance of mainstream and specialised providers. The diversity of Brisbane North's care finder target population, in combination with the nuanced and sensitive care needs of

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respective sub-groups, warrants a care finder service model in which mainstream service providers are supplemented by a number of specialist providers. The relatively larger workforces and geographical footprints of mainstream providers would build both reach and reliability into the care finder service. Additionally, the specialist expertise and capability of cohort-specific providers would provide culturally, linguistically and capably appropriate care to those in the community that need it.

It is not feasible to have specialist services for all sub-groups, but where there are high numbers in particular groups – particularly those identified as priority sub-groups above – these should be considered for specialised services.

Additionally, as outlined in their relevant sections below:

- mainstream services will need to demonstrate cultural and other capability to support diverse groups
- partnerships across specialist and mainstream groups will most effectively address the specialised needs of respective sub-groups.

Focus on outreach. Stakeholder feedback also pointed to the need for a strong outreach component embedded within the care finder service model. This would respond to a variety of barriers faced by the target population, including lack of proactivity towards and even avoidance of aged care services, social isolation, and mobility and transport challenges. Outreach activities can range from a mobile service that is visible in places where consumers tend to visit or congregate in their day-to-day lives to home visits.

Resourcing allocations that reflect and allow for time taken to build rapport with consumers. Stakeholder groups representing all target population sub-groups highlighted the importance of rapport-building and creating a safe environment for consumers to openly discuss their needs. Stakeholders currently providing navigation-type services highlighted the need for trust in order to effectively work with consumers to identify their aged care needs.

Integrated care finder service. Strong connections with the broader aged care system will strengthen a client-centred care finder program. Connections between care finder providers and feeder agencies such as peak bodies and community organisations can support and strengthen referral pathways and engagement activities, support trust-building between care finders and consumers, and offer opportunities for specialised support to complement care finder support.

Connections between care finder providers and aged care providers can serve as a means for care finders to maintain currency of information about the availability and capacity of aged care services in the region. This currency of information can also support decision making around the most suitable provider for individual consumers—particularly those that would benefit most from specialised care providers.

Networked approach across care finder providers—including those in neighbouring PHN networks—will build collective capability and expertise in the system, as well as strengthen the coordination of services.

Care finder workforce priorities

Two key themes in stakeholders' commentary around the future care finder workforce arose throughout the engagement process:

Skilled and knowledgeable. Care finders with a deep and working understanding of the aged care system is critical to the success of the program. Consumers' limited understanding of the system's processes, terminology and eligibility requirements – particularly of a system that appears hard-to-navigate and fragmented for many – will necessitate well trained staff.

Additionally, given that some sub-groups within the target population are likely to present with co-occurring health and social problems, an understanding of the broader health system would be beneficial.

Compassionate and culturally competent. Representatives of many target population sub-groups highlighted the mental and emotional barriers many consumers may face when engaging with the aged care sector. These range from a perceived stigma around being *aged* and the increasing reliance it may place on other people and services, to cohort-specific barriers such as a deep fear of care institutions. This points to the need for a capable care finder workforce that can express compassion for consumers.

Additionally, the care finders require a culturally competent workforce that can sensitively meet the needs of the target population and achieved desired outcomes. Care finders should be apprised of the unique protocols, sensitivities, and service requirements of respective sub-cohorts. Given the importance of providing consumers from priority sub-groups with the option of a mainstream care finders provider, there is a need for culturally appropriate support across all care finder providers, regardless of whether they are a specialist provider or not.

Appendix Demographic data

The tables below have informed the quantitative analysis undertaken in support of this needs assessment.

The colours in the table visually identify higher or lower rates in the particular region or category, with red highlighting areas of concern.

Aboriginal & Torres Strait Islander people

Table 11: Aboriginal and Torres Strait Islander People (over 50) geographic distribution across the Brisbane North PHN catchment

First Nation People (+50 years)	50-54 years (n)	55-59 years (n)	60-64 years (n)	65+ years (n)	Total
Brisbane - North	280	233	168	280	961
Bald Hills - Everton Park	40	33	24	40	137
Chermside	88	73	53	88	302
Nundah	54	45	32	54	185
Sandgate	99	82	59	99	339
Brisbane - West	108	90	65	108	371
Kenmore - Brookfield - Moggill	13	11	8	13	45
Sherwood - Indooroopilly	19	15	11	19	64
The Gap - Enoggera	59	49	36	59	203
Brisbane Inner City	160	133	96	160	549
Brisbane Inner	43	36	26	43	148
Brisbane Inner - North	57	47	34	57	195
Brisbane Inner - West	28	24	17	28	97
Moreton Bay - North	480	410	368	567	1825
Bribie - Beachmere	48	38	37	59	182
Caboolture	172	138	133	213	656
Caboolture Hinterland	33	29	25	42	129
Narangba - Burpengary	107	86	83	133	409
Redcliffe	120	119	90	120	449
Moreton Bay - South	205	170	100	181	656
The Hills District	54	45	26	48	173
North Lakes	89	74	43	79	285
Strathpine	62	52	30	55	199

Source: PHIDU, 2021

Older People

Table 12: Number of older adults living in the Brisbane North PHN catchment aggregated by age group

SA3	50-54 years (n)	55-59 years (n)	60-64 years (n)	65-69 years (n)	70-74 (n)	75-79 (n)	80-84 n	85+ n	Total
Brisbane - North	15,935	13,840	13,158	11,443	9,655	8,434	6,518	4,835	83,818
<i>Bald Hills - Everton Park</i>	3,076	2,867	2,631	2,247	2,062	1,818	1,414	1,051	17,166
<i>Chermside</i>	5,402	4,494	4,245	3,682	2,965	2,591	2,106	1,822	27,307
<i>Nundah</i>	3,006	2,433	2,414	2,237	1,790	1,471	1,117	714	15,182
<i>Sandgate</i>	4,451	4,046	3,868	3,277	2,838	2,554	1,881	1,248	24,163
Brisbane - West	14,215	12,011	10,547	9,309	8,005	7,595	5,299	3,384	70,365
<i>Kenmore - Brookfield - Moggil</i>	3,981	3,623	3,004	2,524	2,126	2,109	1,526	1,034	19,927
<i>Sherwood - Indooroopilly</i>	3,373	2,788	2,557	2,246	2,022	1,887	1,194	886	16,953
<i>The Gap - Enoggera</i>	4,306	3,438	2,913	2,501	2,163	1,978	1,552	930	19,781
Brisbane Inner City	19,656	17,760	15,747	12,864	10,385	8,544	5,461	3,672	94,089
<i>Brisbane Inner</i>	4,868	4,491	4,186	3,500	3,035	2,488	1,522	1,041	25,131
<i>Brisbane Inner - North</i>	6,902	6,277	5,548	4,609	3,594	3,009	2,035	1,308	33,282
<i>Brisbane Inner - West</i>	4,426	3,950	3,421	2,638	2,132	1,861	1,149	801	20,378
Moreton Bay - North	16,981	16,642	17,197	16,050	15,811	15,096	10,134	6,453	114,364
<i>Bribie - Beachmere</i>	2,068	2,149	2,733	3,173	3,787	3,960	2,860	1,790	22,520
<i>Caboolture</i>	4,482	4,537	4,495	3,855	3,513	3,118	2,019	1,182	27,201
<i>Caboolture Hinterland</i>	1,009	955	1,051	1,045	990	889	488	279	6,706
<i>Narangba - Burpengary</i>	4,898	4,489	4,234	3,585	3,255	2,971	1,899	1,184	26,515
<i>Redcliffe</i>	4,524	4,512	4,684	4,392	4,266	4,158	2,868	2,018	31,422
Moreton Bay - South	16,544	14,170	12,289	10,404	8,815	8,037	5,198	2,851	78,308
<i>The Hills District</i>	7,740	6,822	6,080	4,928	4,065	3,823	2,442	1,242	37,142
<i>North Lakes</i>	6,109	4,977	4,025	3,304	2,807	2,500	1,635	1,014	26,371
<i>Strathpine</i>	2,695	2,371	2,184	2,172	1,943	1,714	1,121	595	14,795

Source: PHIDU, 2021

People with a Disability

Table 13: Number of people with a disability living in the Brisbane North PHN catchment

People with Disability	Persons with a profound or severe disability and living in the community
Brisbane - North	4,328
Bald Hills - Everton Park	783
Chermside	1,698
Nundah	636
Sandgate	1,211
Brisbane - West	2,615
Kenmore - Brookfield - Moggill	647
Sherwood - Indooroopilly	645
The Gap - Enoggera	833
Brisbane Inner City	2,863
Brisbane Inner	833
Brisbane Inner - North	1,037
Brisbane Inner - West	607
Moreton Bay - North	6,337
Bribie - Beachmere	1,490
Caboolture	1,487
Caboolture Hinterland	288
Narangba - Burpengary	1,267
Redcliffe	1,805
Moreton Bay - South	2,809
The Hills District	1,089
North Lakes	1,024
Strathpine	696

Source: NDIS, 2021

Pension/Concession Card Holders (including DVA)

Table 14: Age Pension, DVA, Disability Support and Senior Health Care holders' geographic distribution across the Brisbane North PHN catchment

Pension/Concession Holders	People receiving an Age Pension	People receiving a DVA Age Pension	People receiving a Disability Support Pension (16-64 years)	Seniors Health Card holders
Brisbane - North	20,441	431	5,576	4,140
Bald Hills - Everton Park	3,795	96	695	1,169
Chermside	6,623	133	1,880	1,501
Nundah	3,357	57	1,098	573
Sandgate	6,666	145	1,903	897
Brisbane - West	12,042	303	2,592	4,962
Kenmore - Brookfield - Moggill	2,989	52	410	1,459
Sherwood - Indooroopilly	2,338	43	673	1,302
The Gap - Enoggera	3,965	132	1,094	1,277
Brisbane Inner City	11,598	173	5,615	1,062
Brisbane Inner	3,152	44	2,087	515
Brisbane Inner - North	4,237	73	2,089	1,107
Brisbane Inner - West	2,285	26	747	
Moreton Bay - North	37,482	1,191	11,692	4,088
Bribie - Beachmere	9,845	348	1,716	1,215
Caboolture	8,727	304	3,907	669
Caboolture Hinterland	1,546	56	505	249
Narangba - Burpengary	7,018	220	2,473	573
Redcliffe	10,346	263	3,091	1,382
Moreton Bay - South	16,277	507	4,384	2,815
The Hills District	6,321	226	1,133	1,835
North Lakes	6,024	164	1,838	569
Strathpine	3,932	117	1,413	411

Source: QGSO, 2021

People with Poor English

Table 15: People with poor English (number and proportion) by top SA2

People with poor English					
High Count			High Percentage		
BIC	Brisbane City	838	BIC	Brisbane City	8.2
BIC	Kelvin Grove - Herston	719	BIC	Kelvin Grove - Herston	7.1
BW	Indooroopilly	471	BIC	Spring Hill	7
BN	Taigum - Fitzgibbon	429	BIC	Fortitude Valley	4
BIC	Spring Hill	423	BW	Indooroopilly	3.9
BW	St Lucia	417	BN	Chermside	3.8
BN	Chermside	355	BN	Zillmere	3.6
BN	Zillmere	323	BN	Taigum - Fitzgibbon	3.5
MBN	Caboolture - South	306	BW	St Lucia	3.3
MBN	Caboolture - East	303	BW	Taringa	2.6
BIC	New Farm	301	BN	Boondall	2.5
MBS	North Lakes	292	BIC	New Farm	2.4
BIC	Fortitude Valley	288	BN	Woolloowin - Lutwyche	2.4
BN	Nundah	285	BN	Nundah	2.3
MBS	Bracken Ridge	270	BN	Carseldine	2.2

Source: QGSO, 2021

Legend:

BIC	Brisbane Inner City
BW	Brisbane West
BN	Brisbane North
MBN	Moreton Bay North
MBS	Moreton Bay South

People from culturally and linguistically diverse backgrounds

Table 16: Language diversity in Brisbane North PHN catchment

SA4	English	Mandarin	Vietnamese	Punjabi	Spanish	Cantonese	Korean	Hindi	Tagalog	Australian Indigenous Languages	Other languages*
Brisbane – North	79.1%	1.3%	0.3%	1.6%	0.8%	0.7%	0.3%	1.0%	0.7%	0.1%	10.3%
Brisbane – North	78.8%	3.4%	1.0%	0.2%	1.0%	1.1%	0.7%	0.7%	0.2%	0.0%	10.1%
Brisbane Inner City	75.7%	3.4%	0.6%	0.2%	1.9%	1.0%	0.8%	0.6%	0.3%	0.1%	10.4%
Moreton Bay – North	87.7%	0.5%	0.2%	0.1%	0.2%	0.1%	0.2%	0.2%	0.4%	0.1%	4.3%
Moreton Bay – South	85.1%	0.6%	0.1%	1.1%	0.5%	0.2%	0.3%	0.7%	0.5%	0.1%	7.3%

* Includes languages not identified individually, 'inadequately described, and 'Non-verbal, so described'

Source: QGSO, 2021

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People who are Homeless

Table 17: People who are homeless (number and rate per 100,000) by top SA2

People who are Homeless					
High Count			High Rate		
BIC	Spring Hill	546	BIC	Spring Hill	738.6
BIC	New Farm	512	BIC	Fortitude Valley	457.7
BIC	Fortitude Valley	342	BIC	New Farm	409.5
BIC	Brisbane City	271	BIC	Brisbane City	190.9
MBN	Caboolture - East	159	BN	Sandgate - Shorncliffe	127.3
BIC	Kelvin Grove - Herston	125	BIC	Kelvin Grove - Herston	117.2
MBN	Caboolture - South	115	MBN	Caboolture - East	100.7
MBN	Caboolture - West	110	MBN	Caboolture - West	100.7
BW	St Lucia	98	BIC	Newmarket	93.4
BIC	Wooloowin - Lutwyche	86	BIC	Red Hill (Qld)	93.2
BN	Sandgate - Shorncliffe	85	BIC	Wooloowin - Lutwyche	90.1
BW	Toowong	76	BIC	Windsor	79.6
MBS	Strathpine - Brendale	65	BW	St Lucia	76.6
BN	Chermside	59	BW	Toowong	70.7
BIC	Windsor	57	BN	Northgate - Virginia	67.9

Source: QGSO, 2021

Legend:

BIC	Brisbane Inner City
BW	Brisbane West
BN	Brisbane North
MBN	Moreton Bay North
MBS	Moreton Bay South

People without personal transportation

Table 18: People with no motor vehicles

People with No Motor Vehicles	Private dwellings with no motor vehicle
Brisbane - North	5,866
Bald Hills - Everton Park	556
Chermside	2,412
Nundah	1,261
Sandgate	1,636
Brisbane - West	3,783
Kenmore - Brookfield - Moggill	340
Sherwood - Indooroopilly	2,090
The Gap - Enoggera	1,089
Brisbane Inner City	12,397
Brisbane Inner	5,934
Brisbane Inner - North	3,693
Brisbane Inner - West	1,791
Moreton Bay - North	5,163
Bribie - Beachmere	816
Caboolture	1,423
Caboolture Hinterland	116
Narangba - Burpengary	762
Redcliffe	2,047
Moreton Bay - South	1,991
The Hills District	450
North Lakes	804
Strathpine	739

Source: QGSO, 2021