

Appendix A – Timeline for developing the Victorian HACC Program Annual Plan, 2003-04

Tasks	Date
DHS Regions develop Draft Regional Plans	6 May – 13 June
DHS sends Draft Regional Plan to sector & website	27 June
Regions consult sector on Draft Regional Plan	1 – 18 July
Regions refine Draft Regional Plans (post consultation)	28 July
Central office drafts <i>Victorian HACC Program Annual Plan 2003/2004</i> from Draft Regional Plans Central office consults with Commonwealth officers on the content of the Annual Plan	August
Central office forwards <i>Victorian HACC Program Annual Plan 2003/2004</i> to State Minister for approval	8 September
State Minister forwards <i>Victorian HACC Program Annual Plan 2003/2004</i> to Commonwealth Minister for approval	15 September
Regional Plans and <i>Victorian HACC Program Annual Plan 2003/2004</i> posted on website	Post joint approval
Invite or advertise initiatives (in accordance with Annual Plan)	27 September
Submissions due	24 October
Regional recommendations forwarded to central office	31 October
Calculate minor capital allocations	14 November
Central office sends funding allocation recommendations to State Minister for approval	14 November
State Minister approves funding allocations	Post C'wealth Minister's approval of Annual Plan
Joint Ministerial announcement	November (subject to joint approval of Annual Plan)
Advise agencies	December
Growth funds flow to agencies	1 January

Appendix B: Regional consultation

The Region prepared a Draft Regional Plan 2003-06 and presented this to the sector for critical appraisal. A summary of the consultations is provided below, namely attendees and outcomes.

Attendance

The outcomes of the following consultations contributed to the development of the Regional Plan 2003-06.

Consultation	Date	Number of people in attendance				
		Total number of attendees	Number of service providers	Number of clients or carers	Peak org's	C'wealth rep attended
HACC Providers	14/7/03	59	40*	1	0	No
HACC Providers	15/7/03	29	20*	1	0	Yes
ATSI Provider	15/7/03	4	1	0	0	No

- * Organisations in attendance representing Client or Carer groups
- City of Manningham - Aged and Disability Support Services Client Reference Group
 - Villa Maria Society – Carers Program

Outcomes

Additional data

Through the consultations the following data was provided for consideration in the development of the Regional Plan 2003-06:

- Quarterly Output Data Returns
- Minimum Data Set (MDS)
- Regional HACC Budget
- Commonwealth Aged Care Packages
- Aged Residential Services
- Reports.

While there was broad agreement with the agency allocations, two agencies questioned why they were not able to submit for funds when they provided HACC funded services earmarked for growth in a given local government area. One provider questioned why Non-Government organisations were excluded from the submission process. There was debate throughout the consultation process about not fragmenting the service system. Having considered a subsequent submission and in consultation with EMR's Purchasing Unit the proposed allocation method for Allied Health in Knox was changed to invited submission.

Discussions about proposals

Equalisation or not?

The Region proposed to top-slice 20% of the growth funds and distribute this to the relatively under-funded local government areas of Knox, Monash and Whitehorse.

The sector generally agreed with this proposal. However, stakeholders from Boroondara were concerned the Within Region Estimate of Need (WREN) did not accurately measure need. A stakeholder within Whitehorse was concerned equalisation to redress the inequity was too rapid which disadvantaged Whitehorse.

Priority 1 is to increase the supply and improve the responsiveness of 'HACC Basic' services and consolidate the 'HACC Basic' service system around the key local government and health sector providers.

Stakeholders generally agreed with the Region's proposals to expand HACC services. There was some debate about:

- Excluding non-government organisations from the provision of HACC Basic Services
- Economies of scale impacting on service provision
- Recruitment and retention issues
- Considerations for rurality.

Priority 2 is to increase the quantity and quality of 'HACC Basic' services for people from CALD backgrounds and develop new collaborative direct service delivery arrangements between mainstream, multi-cultural and ethno-specific organisations.

Stakeholders generally agreed with the focus of the proposals. However, concern was expressed at each of the consultations that they were too broad and did not reflect the needs of ethno specific organisations for increased funding to support access to HACC Basic service provision. The need for programmatic and administrative support was identified by three ethno-specific agencies as a priority.

The Migrant Information Centre (MIC) outlined an alternate submission to flexibly respond to the programmatic and administrative needs of small ethno-specific organisations. The Region is of the view the Statewide Culturally Equitable Gateways Strategy will address many of the issues raised by the MIC. The comments of the MIC and other ethno-specific agencies were noted.

The outcome was agreement to the EMR CALD proposal

Priority 3 is to increase the quantity and quality of HACC services for Aboriginal and Torres Strait Islander (ATSI) communities.

During the ATSI consultation stakeholders endorsed the proposal to conduct a project to develop strategies and service models for delivering culturally appropriate services throughout the Region. Stakeholders expressed interest in being involved in the project.

Appendix B – Regional Consultation – EMR

The proposals were agreed to. Stakeholders were satisfied with the proposal to expand Home Care. The recurrent proposal discussed with the sector has subsequently been amended to Fixed Term Recurrent for one year. Advice to this effect has been forwarded to the provider agency.

During the consultation stakeholders endorsed the proposal to conduct a project to develop strategies and service models for delivering culturally appropriate services throughout the Region. Stakeholders expressed interest in being involved in the project.

Regional development initiatives

Stakeholders unanimously agreed with the proposal.

Minor capital

The proposal to retain up to 20% for discretionary purposes was agreed to.

Agency allocations

There was broad stakeholder agreement with the agency allocations.

Incorporation of consultation data into the Regional Plan 2003-06

All information, arguments and suggestions presented during the consultation period were considered in the development of the Regional Plan 2003-06.

Other issues

A number of issues not directly relating to the content of the Regional Plan 2003-06 were also raised:

- Several agencies expressed their concern that Planned Activity Groups and community transport (through Volunteer Co-ordination) were not priorities for 2003-06
- The cost of delivering services seems to be increasing at a rate higher than indexation
- Continuity of care for clients on Linkages Packages seeking HACC Basic Service provision via their current Linkages Provider
- Vehicle replacement and transport as an issue in supporting clients seeking to access HACC Basic Services, with particular emphasis on the Shire of Yarra Ranges
- Resourcing CALD communities through stand alone ethno-specific service provision
- Community Health Services resourcing the HACC client target group through other program areas and not being resourced appropriately to do so.

Appendix C – Supporting evidence for HACC Priority 2

Analysis of the CALD population aged 65 and over

1 Introduction

The following information is designed to show the extent to which the Victorian ageing population consists of people from Culturally and Linguistically Diverse Backgrounds (CALD). It is important that people from CALD populations have fair access to the HACC services provided by the mainstream, multicultural and ethno-specific agencies.

This paper also highlights the new and emerging CALD communities along with older, more established communities. Communities have been grouped into three bands depending on size to allow better comparison between percentage growth and growth in actual numbers.

2 Key Findings

- 20.6% of the total Victorian 65+ population are from a CALD background.
- Between 2001 and 2006, the number of Victorians aged 65+ from CALD backgrounds is projected to increase by 16.3%, compared to a 5.2% increase in the 65+ English speaking population.
- Western and Northern regions contain the largest CALD 65+ populations as a percentage of their total populations. 12 of the top 19 LGA's are located within these regions.
- Between 2001 and 2006, historically large (>5,000) ethnic groups aged 65+ will continue to increase in size, with the Croatian community growing at the highest rate of 55%.
- Of the mid-sized 65+ ethnic communities, the Turkish, Spanish and Serbian communities are projected to increase by 67%, 44% and 42% respectively between 2001 and 2006. These ethnic groups are seen as emerging communities.
- The Greek, Italian and Jewish 65+ communities currently receive the largest proportion of HACC funding to ethno-specific and multicultural agencies.
- Based on current funding levels to ethno-specific and multi-cultural agencies, there appears to be a large disparity in funding per capita, between the various ethnic communities.
- Of the \$8.8 million provided to ethno-specific and multi-cultural agencies, 46% is for Planned Activity Groups.
- 22% of Planned Activity Group service users are of CALD background. This is correlated proportionately to the total CALD 65+ population in Victoria (20.6%)
- Generally people from CALD communities are underrepresented in services such as home care, property maintenance, nursing, delivered meals and allied health.

3 Data Sources

- All data has been obtained from one of the following sources: AIHW projections of older immigrants, 2001 census and the HACC Minimum Data Set (MDS).
- Language and country of birth are used only as a proxy for cultural identification. Unless otherwise stated, language has been used, as this is a more meaningful indicator of the nature of the service delivery required.
- AIHW projections are based on the 1996 census. When compared to the actual results per the 2001 census, the AIHW 2001 projections appear to be consistently higher indicating that long-term projections could be overstated.
- People from CALD backgrounds not only access HACC services provided by ethno-specific and multi-cultural agencies but **also** from mainstream agencies, particularly local Governments for home care & personal care, and nursing agencies.
- It should be noted that the extent to which MDS data accurately reflects information regarding the HACC population is uncertain. There are two key issues with respect to the MDS data. First, data quality for the variable *language spoken at home* is not always well recorded and secondly, missing data from ethno-specific agencies can mean that whole communities are excluded from the analysis. It is hoped that over time data quality will improve and strategies to improve data quality are being implemented.

4 Distribution of CALD population

4.1 Persons aged 65 and over who speak a language other than English at home

Table 1 shows the number of people 65+ who speak a language other than English at home.

While 19.8% of the 65+ CALD population live in the Western region, they represent 40.19% of the region's 65+ population.

Table 1: 65+ CALD population - 2001

Region	No of 65+ CALD	% of 65+ CALD population	% of region's 65+ population
Victoria	125,561	100%	20.6%
Western	24,877	19.8%	40.19%
Northern	34,239	27.3%	39.40%
Eastern	25,431	20.3%	20.73%
Southern	28,112	22.4%	19.26%
Barwon SW	4,743	3.8%	9.22%
Hume	2,625	2.1%	7.80%
Gippsland	2,705	2.2%	7.55%
Loddon/Mallee	1,741	1.4%	4.18%
Grampians	1,031	0.8%	3.43%

Source: 2001 Census

4.2 LGAs with Large CALD communities

The LGAs listed in Table 2a have 65+ CALD populations, as a percentage of their 65+ population, greater than the Victorian average (20.6%), based on people who speak a language other than English at home. It shows that in Whittlesea and Brimbank, 61.22% and 60.99% of the 65+ population respectively, are from CALD backgrounds.

Table 2b shows LGA's with a 65+ CALD population greater than 1,000.

A breakdown by language spoken at home for all LGAs can be found in Appendix 3.

Table 2a: LGA's with large CALD communities (based on %)

Region	LGA	No. of 65+ CALD	% of total 65+ population
Northern	Whittlesea	5,603	61.22%
Western	Brimbank	9,110	60.99%
Northern	Moreland	10,519	47.64%
Northern	Darebin	8,741	43.89%
Northern	Yarra	2,856	43.14%
Southern	Gr. Dandenong	6,584	41.93%
Western	Moonee Valley	5,985	38.24%
Western	Maribyrnong	3,260	37.92%
Northern	Hume	3,320	36.07%
Eastern	Manningham	5,001	35.19%
Western	Hobsons Bay	3,544	33.62%
Southern	Port Phillip	2,829	31.99%
Western	Wyndham	1,500	27.44%
Eastern	Monash	6,483	27.00%
Southern	Glen Eira	5,222	26.13%
Western	Melbourne	944	22.84%
Southern	Stonnington	2,627	21.70%
Southern	Casey	2,581	21.08%
Western	Melton	534	20.71%

Source: 2001 Census

Table 2b: LGA's with 65+ CALD populations greater than 1,000

Region	LGA	Total 65+ population	Total 65+ CALD pop.	%
Northern	Moreland	22,081	10,519	47.64%
Western	Brimbank	14,936	9,110	60.99%
Northern	Darebin	19,916	8,741	43.89%
Southern	Gr. Dandenong	15,702	6,584	41.93%
Eastern	Monash	24,009	6,483	27.00%
Western	Moonee Valley	15,650	5,985	38.24%
Northern	Whittlesea	9,152	5,603	61.22%
Southern	Glen Eira	19,981	5,222	26.13%
Eastern	Manningham	14,212	5,001	35.19%
Eastern	Whitehorse	23,808	4,536	19.05%
Barwon SW	Greater Geelong	28,985	4,268	14.72%
Eastern	Boroondara	22,772	3,980	17.48%
Southern	Kingston	19,913	3,628	18.22%
Western	Hobsons Bay	10,542	3,544	33.62%
Northern	Hume	9,204	3,320	36.07%
Western	Maribyrnong	8,598	3,260	37.92%
Northern	Yarra	6,621	2,856	43.14%
Southern	Port Phillip	8,844	2,829	31.99%
Northern	Banyule	16,521	2,803	16.97%
Southern	Stonnington	12,107	2,627	21.70%
Eastern	Knox	12,966	2,624	20.24%
Southern	Casey	12,246	2,581	21.08%
Eastern	Yarra Ranges	12,802	1,570	12.26%
Southern	Bayside	15,062	1,534	10.18%
Western	Wyndham	5,467	1,500	27.44%
Southern	Mornington P	23,954	1,420	5.93%
Southern	Frankston	13,831	1,309	9.46%
Gippsland	Latrobe	8,634	1,295	15.00%
Eastern	Maroondah	12,098	1,237	10.22%

Source: 2001 Census

5 Projections

5.1 Projected changes in the number of persons aged 65 and above, from CALD backgrounds

Table 3 shows the projected increase in the number of persons aged 65 years and above from CALD backgrounds, in 5 years intervals.

Between 2001 and 2006, it is anticipated that growth in the CALD 65+ population will result in an additional 24,686 people living in Victoria who speak a language other than English at home. Grampians is the only region expected to see a fall in the number of CALD 65+ people living in the region, during that period.

The growth in the CALD 65+ population will be concentrated in the metro regions.

Table 3: Projected increase in 65+ CALD population

DHS region	2001-06	2006-11	2011-16	2016-21	2021-26
Victoria	24,868	18,603	23,804	19,760	22,531
Barwon-SW	310	67	249	(2)	143
Grampians	(23)	(22)	27	24	60
Loddon-Mallee	227	129	293	124	225
Hume	345	128	189	78	154
Gippsland	213	(25)	65	(72)	(50)
Western	5,069	4,314	6,325	5,978	6,703
Northern	7,758	5,520	6,058	4,209	5,111
Eastern	5,234	3,994	5,161	4,552	4,757
Southern	5,553	4,498	5,437	4,869	5,428

Source: AIHW 2001 Projections of older immigrants

(): negative growth

Note: Projected data needs to be treated with caution as it has been noted that earlier projections have been overstated.

5.2 Emerging ethnic groups 65 and over

Between 2001 and 2006, it is anticipated that there will be an increase in the number of people aged 65 and above, speaking a language other than English at home.

For analytical purposes, communities have been grouped into three bands based on the projected 2006 population figures to allow better comparison between percentage growth and growth in actual numbers.

- Band 1 - > 5,000
- Band 2 - 1,501 – 4,999
- Band 3 - 0 – 1,500

Table 4: Projected growth by language

	Language	2001	2006	% change 2001- 2006
Band 1	Croatian	3,723	5,750	54.45%
	Greek	21,042	29,544	40.40%
	Macedonian	3,900	5,094	30.62%
	Maltese	5,000	6,056	21.12%
	Chinese (2006: comprising Cantonese 66%, Mandarin 23% and other Chinese 11%)	7,352	8,801	19.71%
	Italian	41,727	47,904	14.80%
	German	10,763	11,396	5.88%
	Other European languages	8,265	8,056	-2.53%
Band 2	Turkish	969	1,620	67.18%
	Spanish	1,904	2,747	44.28%
	Serbian	1,507	2,146	42.40%
	South Slavic	1,079	1,520	40.87%
	Arabic (including Lebanese)	2,238	3,017	34.81%
	Other Southern / Southeast Asian	1,686	2,201	30.55%
	Vietnamese	3,010	3,748	24.52%
	French	2,101	2,398	14.14%
	Russian	2,544	2,897	13.88%
	Hungarian	3,061	3,273	6.93%
	Netherlandic	4,928	4,930	0.04%
	Polish	5,526	4,871	-11.85%
Band 3	Portuguese	205	346	68.78%
	Persian	190	294	54.74%
	Hindi	305	452	48.20%
	Korean	102	150	47.06%
	Indonesian	142	184	29.58%
	Japanese	147	186	26.53%
	Tagalog (Filipino)	1,056	1,311	24.15%
	Other Eastern Asian	755	931	21.70%
	Other Southwest Asian & North African	477	573	20.13%
	Tamil (Sri Lanken)	540	610	12.96%

Source: AIHW Projections of older immigrants

5.3 Long-term growth projections

Appendix 1 shows the long-term growth projections (2001 to 2026) in the 65+ populations for the ethnic communities listed in Table 4. These projections highlight that each community will peak at different times, with respect to growth rates and total 65+ populations.

6 Allocation of 2003-2004 HACC funds to ethnic communities

The HACC program funds services to the value of approximately \$8.8 million to multi-cultural (29%) and ethno-specific agencies (71%) for service provision. This amounts to 4% of total HACC service provision.

Table 5 shows the allocation of 2003-2004 HACC funding to ethno-specific and multi-cultural agencies split between PAG and other activities.

As noted earlier, people from CALD backgrounds not only access HACC services provided by ethno-specific and multi-cultural agencies but **also** use services provided by mainstream agencies, particularly local governments for home care & personal care, and nursing agencies.

Appendix C – Part 1 - EMR

Table 5: Allocation of 2003-2004 HACC funding to ethno-specific and multi-cultural agencies

Community served	PAG funding \$	Other activity \$	Total funding \$	% of total funding
Finnish	37,513	49,475	86,988	0.99%
Lao	21,735	16,027	37,762	0.43%
Romanian	30,378	46,627	77,005	0.88%
Filipino	203,336	820,080	134,651	1.53%
Jewish	41,093	93,559	1,023,416	11.64%
Polish	18,818	54,065	536,783	6.11%
Slavic	13,062	79,660	72,883	0.83%
Spanish	19,613	152,694	128,802	1.47%
Chinese	311,603	225,180	550,928	6.27%
Serbian	55,659	97,541	92,722	1.05%
Dutch	4,467	52,950	266,776	3.03%
Russian	128,190	138,586	153,200	1.74%
Greek	11,802	55,295	1,021,622	11.62%
Croatian	605,400	416,222	172,306	1.96%
Ukrainian	15,737	65,827	57,417	0.65%
Maltese	94,725	34,077	149,342	1.70%
Vietnamese	277,323	716,895	90,598	1.03%
Arabic	-	6,192	67,098	0.76%
Italian	45,792	44,806	994,218	11.31%
Macedonian	-	12,417	81,564	0.93%
Indian	483,408	67,520	6,192	0.07%
Latvian	-	51,600	10,687	0.12%
German	-	6,192	51,600	0.59%
Hungarian	142,230	7,112	6,192	0.07%
Indochinese	10,630	57	217,659	2.48%
Armenian	196,310	21,349	63,376	0.72%
African	-	63,376	55,309	0.63%
Cambodian	44,729	10,580	37,845	0.43%
Sri Lanken	37,791	54	12,417	0.14%
Cyprus	-	6,229	6,229	0.07%
Lithuanian	-	6,192	6,192	0.07%
Ceylonese	-	2,366	2,366	0.03%
Multicultural	1,152,881	1,366,276	2,519,157	28.66%
Total funding	4,004,224	4,787,079	8,791,303	100.00%

Source: HACC project register - Recurrent/Fixed-term recurrent 2003-2004 CALD funding, 2001 Census and AIHW projections of older immigrants

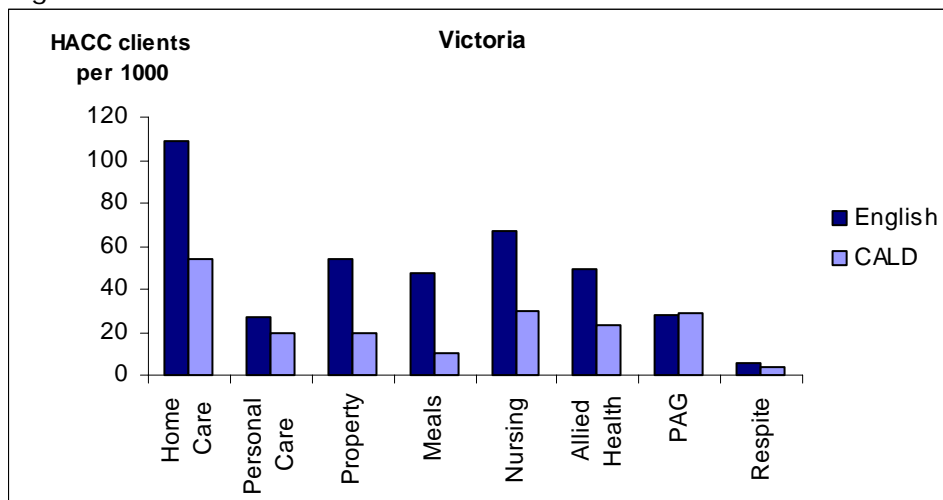
7 HACC clients - English versus Non-English speakers

Generally people from CALD communities are underrepresented in services such as home care, property maintenance, nursing, delivered meals and allied health. This is represented in Figure 1, which shows number of HACC clients 65+ per 1000 for each of the English speaking and non-English speaking 65+ populations.

With respect to home care, for every 1000 people 65+ that speak English at home, approximately 110 people use HACC services. In contrast, only 56 people access HACC services for every 1000 people 65+ from a CALD background.

Refer to appendix 2 for a breakdown by region.

Figure 1: HACC clients

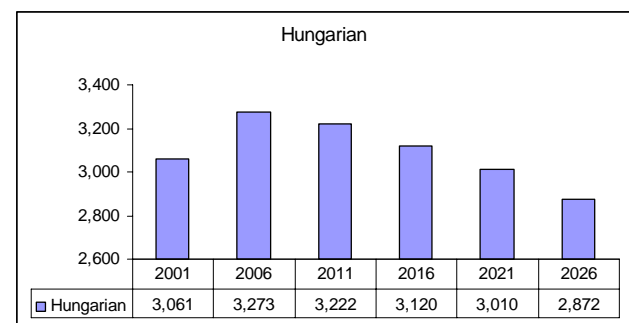
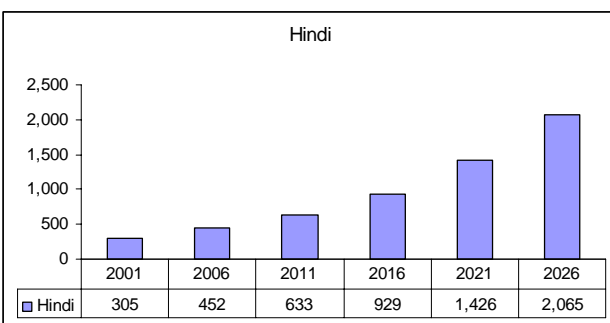
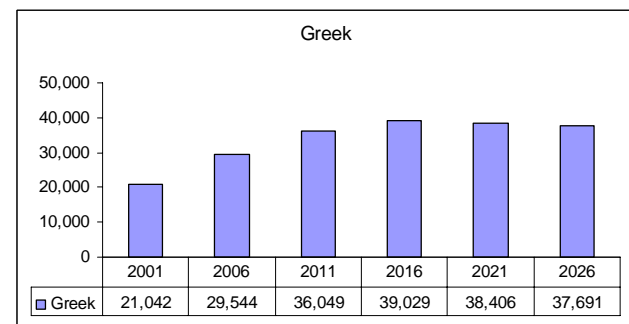
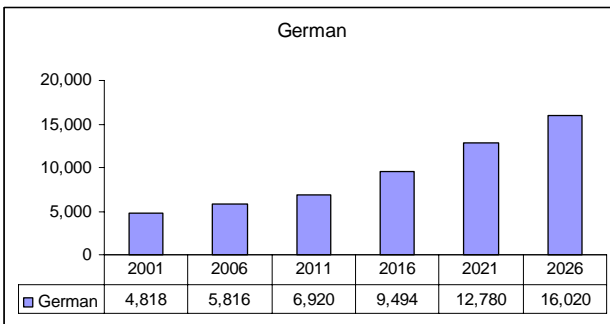
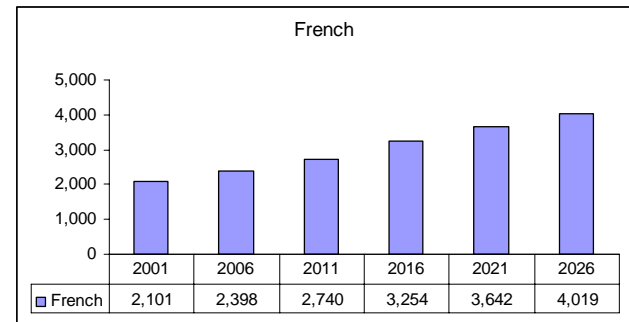
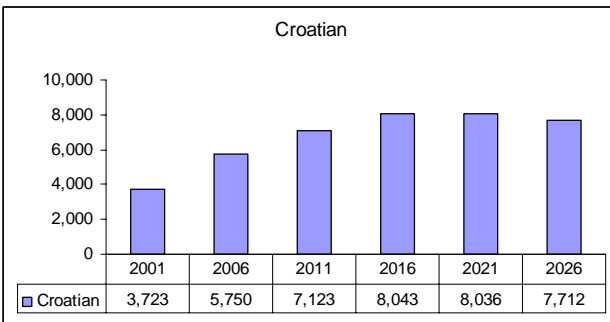
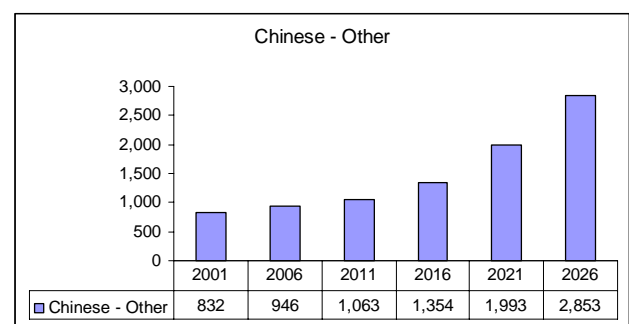
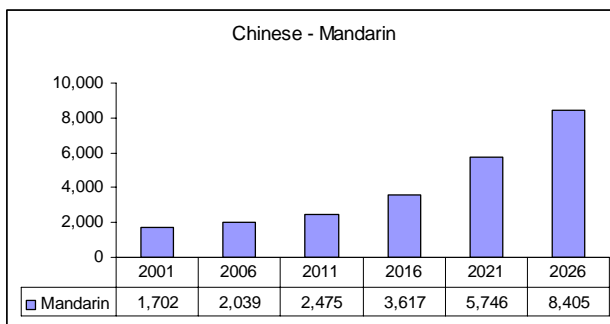
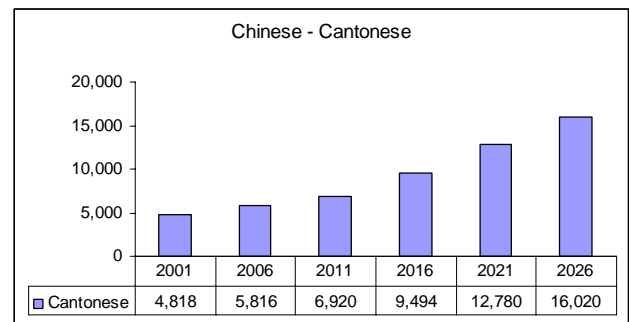
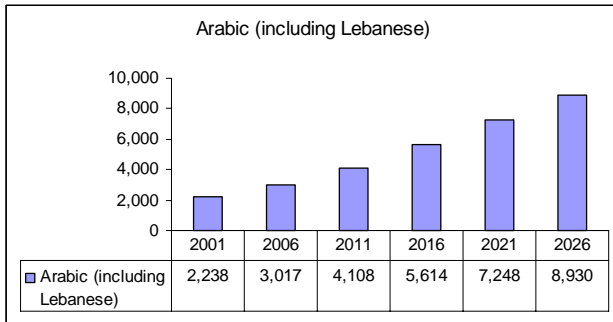


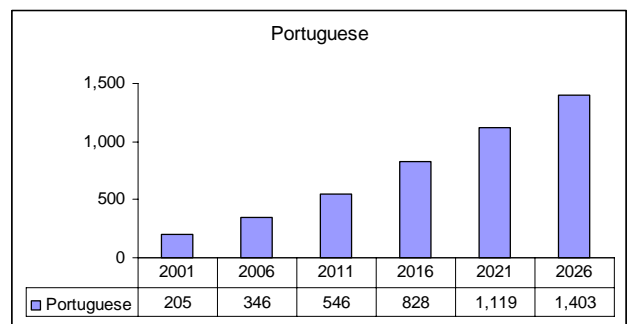
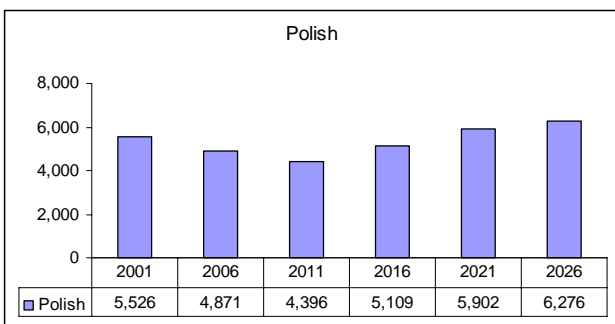
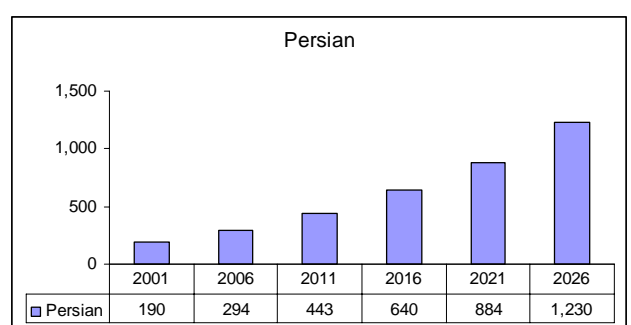
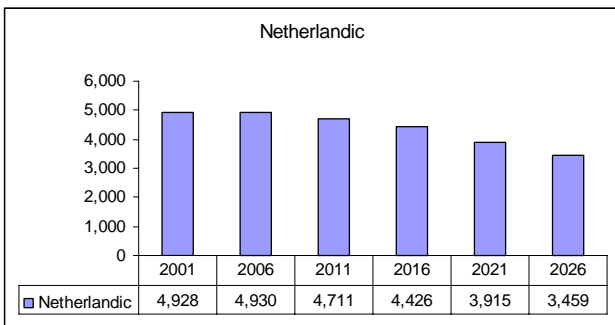
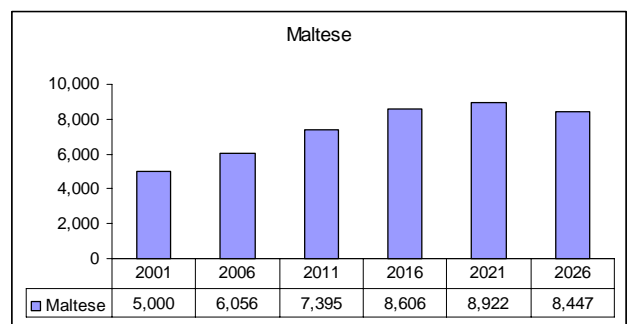
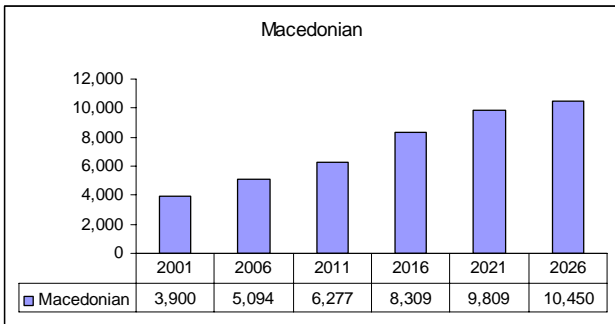
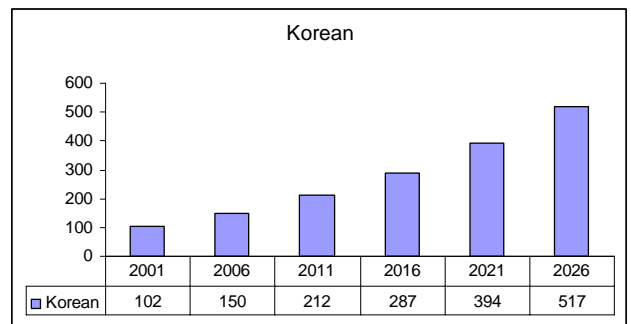
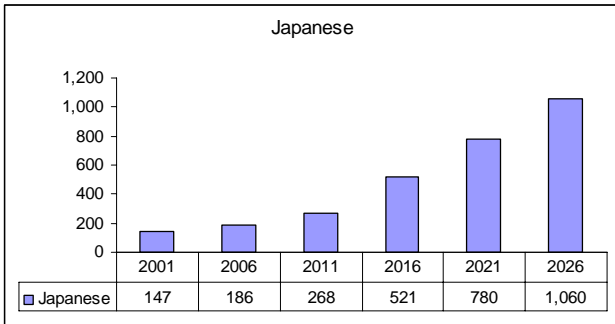
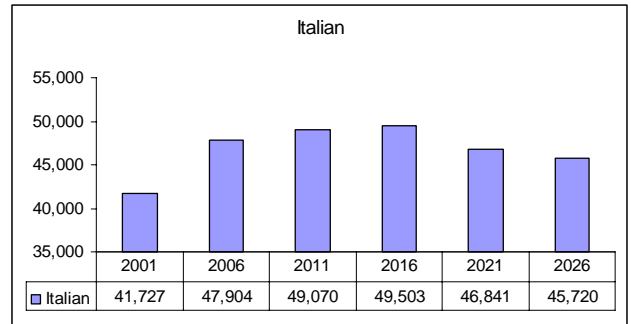
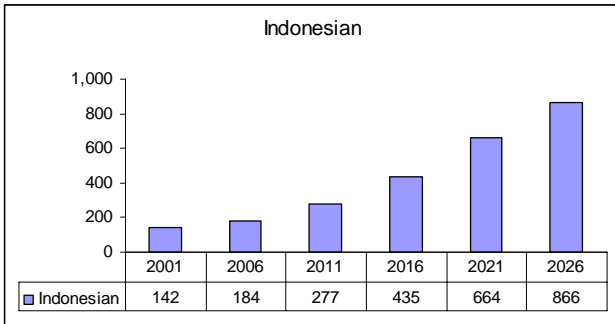
Source: MDS (2002 data) and 2001 Census

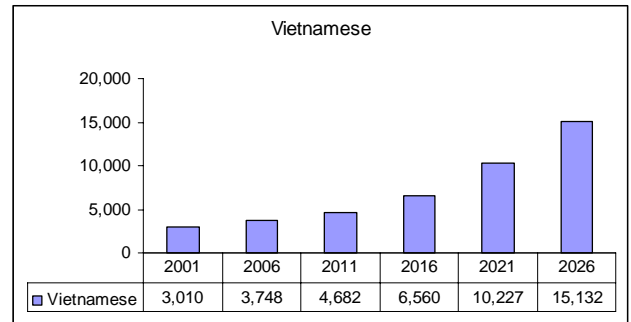
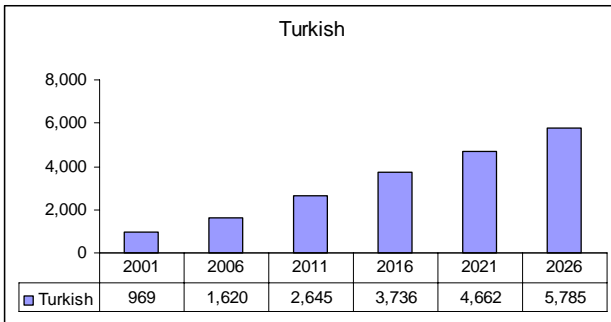
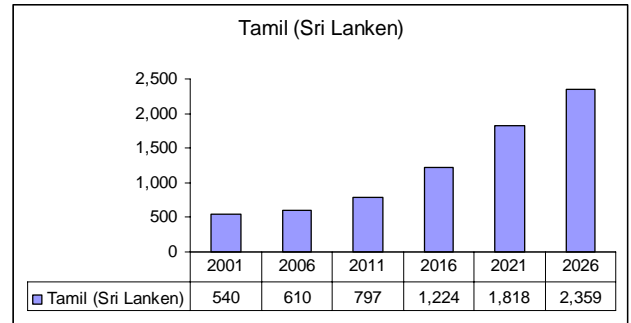
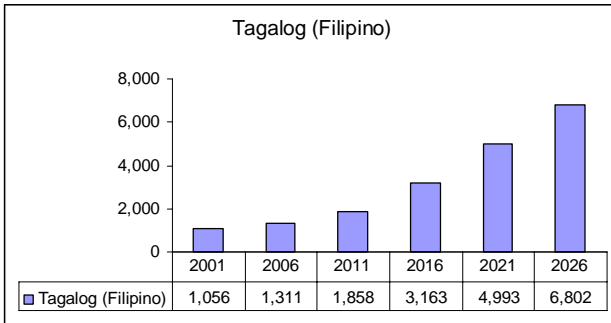
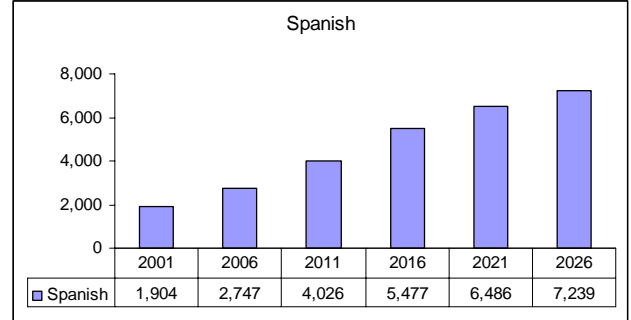
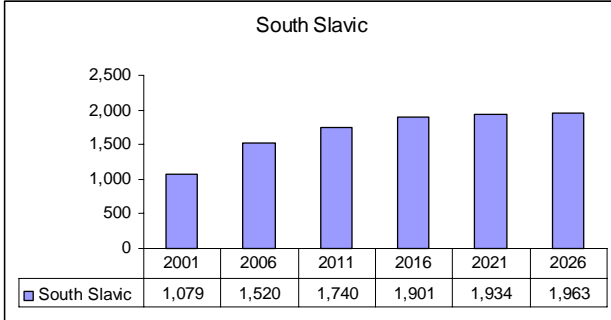
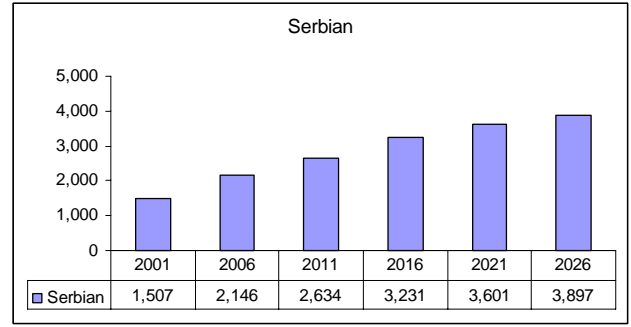
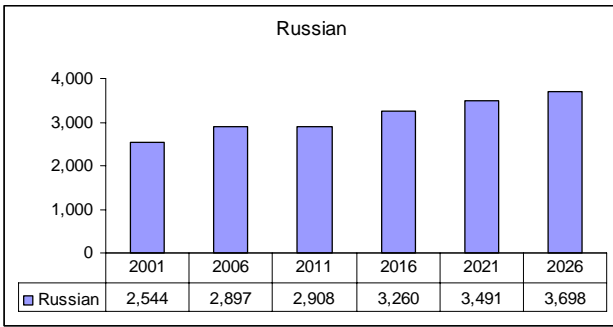
Appendix C – Part 2 - EMR

Attachment to Appendix C – Supporting evidence for HACC priority 2

Appendix 1 - Projections of the number of persons aged 65 and above who speak a language other than English at home

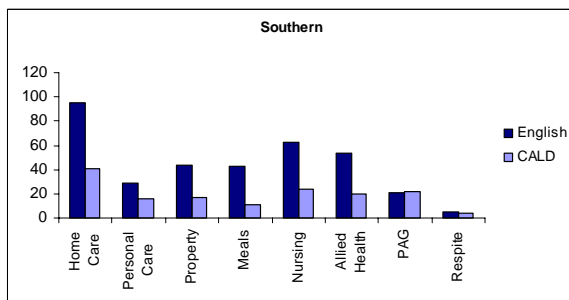
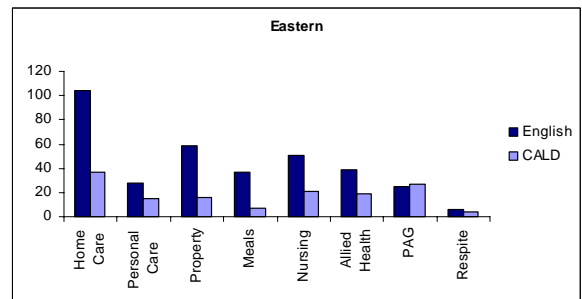
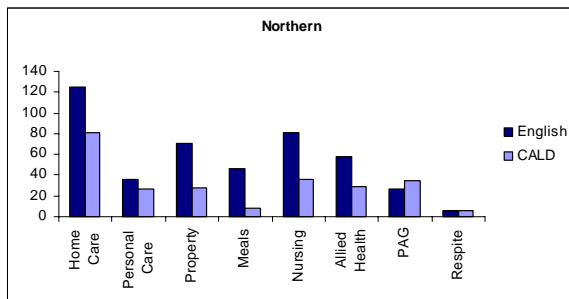
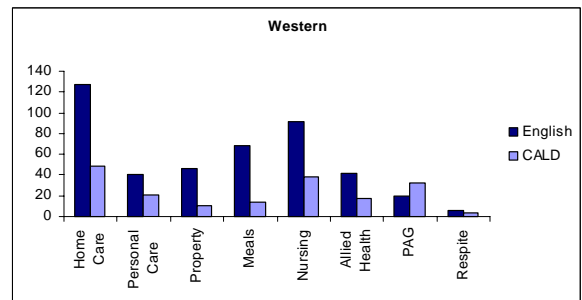
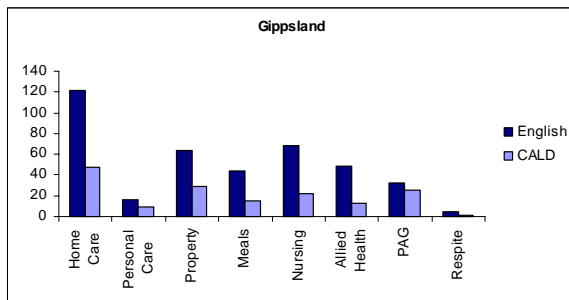
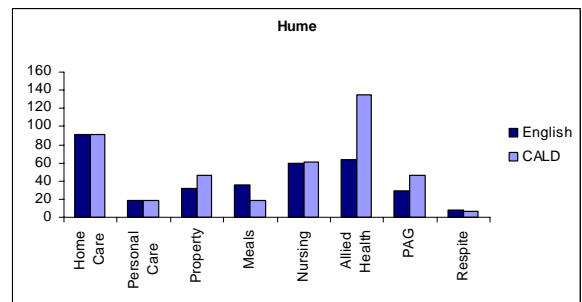
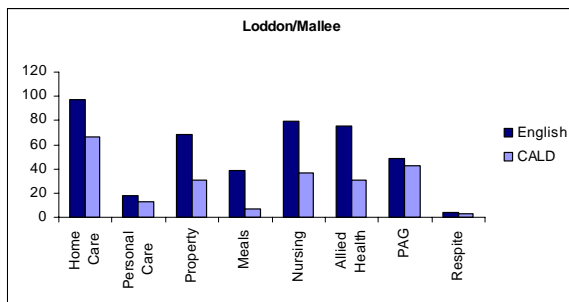
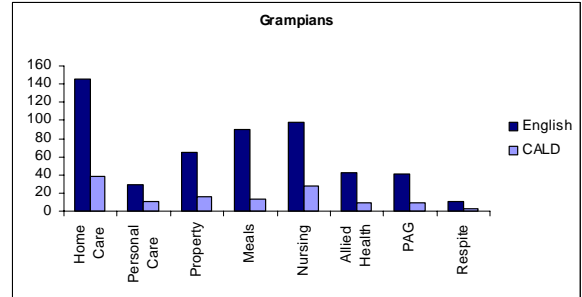
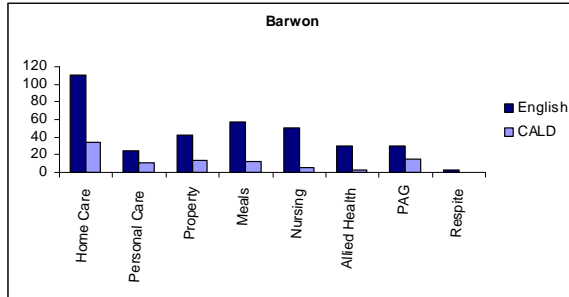






Appendix 2: HACC clients - English versus non-English speakers

This graph shows the number of HACC clients per 1000 in population, for both English speaking and non-English speaking populations. (Source: MDS 2002)



Appendix D – List of HACC providers in Region

A.R.B.I.A.S Inc.
Alamein Community Committee Incorporated
Alzheimer's Disease & Related Disorders Assoc. of Vic.
Anglicare Victoria
Ashburton Baptist Community Services Inc.
Ashburton Support Services
Australian Greek Welfare Society Ltd.
B.A.S.S. Care Limited
Balwyn Welfare Association
Baptist Community Care Ltd
Boronia Baptist Church
Bulleen & Templestowe Community House Inc.
Caladenia Day Centre Incorporated
Care Connect Limited
Chinese Community Social Services Centre Inc.
City of Boroondara
City of Knox
City of Manningham
City of Maroondah
City of Monash
City of Whitehorse
Clota Cottage Neighbourhood House Inc.
Craig Family Centre Inc.
Dandenong Ranges Community Cultural Centre Inc.
Doncaster Community Care & Counselling Centre Inc.
Donwood Community Aged Care Services Inc
Dutch Care Ltd.
East Burwood Centre Inc.
Eastern Access Community Health Inc.
Eastern Domestic Violence Outreach Service Inc.
Eastern Health - Peter James Centre
Eastern Health - Yarra Valley CHS (Koori Program)
Eastern Health - Yarra Valley Community Health Service
Eastern Volunteer Resource Centre Inc.
Garoopna Uniting Care
Hawthorn Community Education Project Inc
Hawthorn Community House
Horticultural Therapy Association Vic.
Indian Senior Citizens Association Inc.
Indo Chinese Elderly in Eastern Suburbs Inc.
Inner East Community Health Service Inc
Interchange (Inner East) Association Inc.
Interchange Outer East Region Incorporated
Kew Neighbourhood House Inc.
Knox Community Health Services Inc.
Knox Community Volunteers Inc.
Knox Hungarian Senior Citizens Club Inc.
Lao Elderly Association
Manningham Community Health Service Inc.
MECWA Community Care Inc
Migrant Information Centre (Eastern Melbourne) Ltd.

Monash Volunteer Resource Centre Inc.
MonashLink Community Health Service Inc.
Moorfields Community for Adult Care
Mountain District Women's Co-operative Ltd
Multiple Sclerosis Society of Victoria
Parent Support Network - Eastern Region Inc.
Parent to Parent Inner East Inc.
Penumbra Centre Inc
Peter MacCallum Cancer Institute
Polish Community Council of Victoria Inc.
Ranges Community Health Service Inc.
Selby Community House Inc.
Shire of Yarra Ranges
Sisters of Charity Health Services Ltd.
St John Ambulance Australia (Victoria) Inc.
St Marks Adult Day Centre
St Vincents Hospital (Melbourne) Ltd.
Strathdon Community
Tabulam and Templar Homes for the Aged Inc.
The Diocese of the Armenian Church (Consortium)
The Kevin Heinz Garden Centre Inc.
The Latvian Friendly Society
The Salvation Army (Victoria) Property Trust - Eastern
The Sinhala Cultural & CS Foundation Inc
Unicare
Uniting Care Community Options
Upper Yarra Community Co-operative Limited
Upper Yarra Community House Inc
Upper Yarra RSL Sub Branch Inc.
Victorian Lithuanian Pensioners Association Inc
Villa Maria Society for the Blind
Vision Australia Foundation
Wavecare Incorporated
Wavlink Inc.
Wesley Mission Melbourne (Do Care)
Whitehorse Community Health Service Inc.
WIN Support Services Inc.
Yarra Valley Friendship Club Inc.

Appendix E - RREF & WREN explained

1. Relative Resource Equity Formula (RREF)

The RREF is used to distribute HACC growth funding between Regions. It calculates a base population at a local government area level which includes persons aged 0-69 years with a profound, severe or moderate disability, and persons aged 70+, who are not living in institutional care. The base population is then weighted to allow for probable variations in prevalence and intensity of need, using 5 variables:

- Socio-economic status
- Health status
- Rurality
- Indigenous status
- CALD.

1.1. State and regional totals

The best estimate of the total Victorian HACC target population is the total base population. The RREF calculates regional shares of the total weighted population, expressed as percentages; these are the regional growth shares. These percentages are applied to the total Victorian base population to give regional target populations. These are the best estimates of the HACC target population at a regional level: regional totals sum to the total Victorian HACC target population.

1.2. Limitations

The RREF populations are less reliable when projected into the future, and when applied to smaller areas within the state such as local government areas, since need is known to vary with several social characteristics but may also be unevenly distributed in less predictable ways.

2. Within Region Estimate of Need (WREN)

Two of the RREF weighting variables: socio-economic status and health status, can be used to identify the most likely spread of need within a region. The other three RREF factors are less reliable predictors of local need for HACC services, since they involve service system factors and more uncertain relativities between areas. Therefore socio-economic and health status have been used as the basis for the WREN formula. The WREN has been used to provide an indication of equitable allocation of the region's share of growth funding to each local government area.

2.1. LGA populations

Within each region, the WREN calculates local government area shares of the regional population by multiplying base local government area populations by 2-variable weights and expressing these as percentages of their regional sum. Those percentages are then applied to the regional HACC target populations to give WREN target populations at a local government area level.

In summary, the WREN sits on top of the RREF, which in turn sits on top of the total Victorian target population. WREN populations sum to RREF regional totals, which sum to the state total.

3. A note on projections

Forward projections of populations and need estimates are an additional source of uncertainty. Projections from the 2001 census were not released in time for the present planning process. Updated projections will be incorporated in planning data when they become available.

Appendix F – Service expansion proposed for Priority 1 activities in local government areas of Region

The table below shows the proposed service expansion for Priority 1 activities (excluding HACC Response Service) in each local government area, by units and funding, for 2003-06.

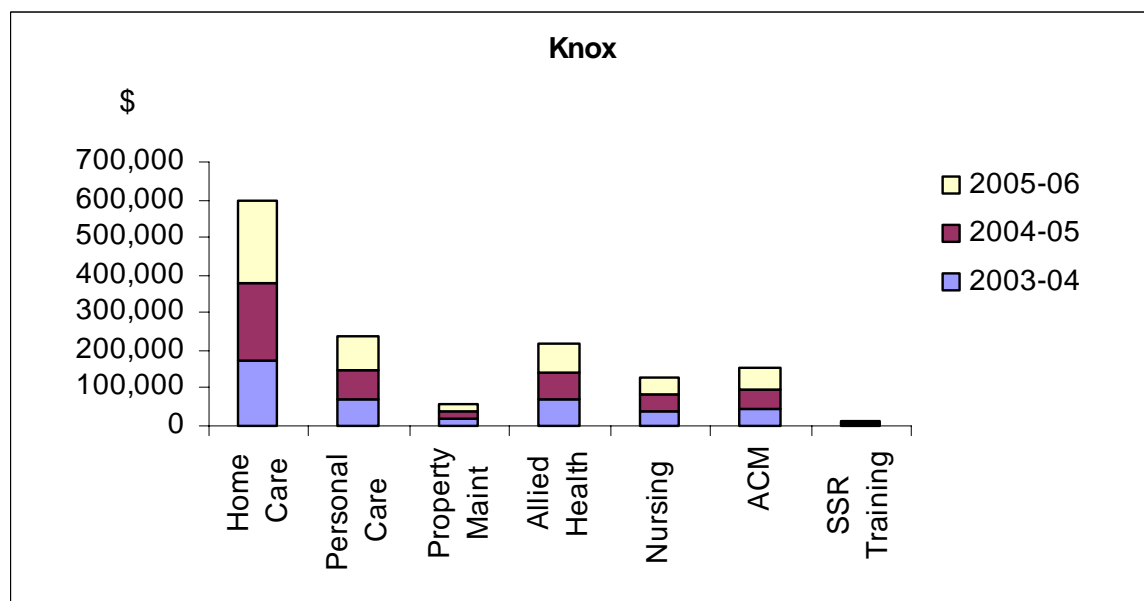
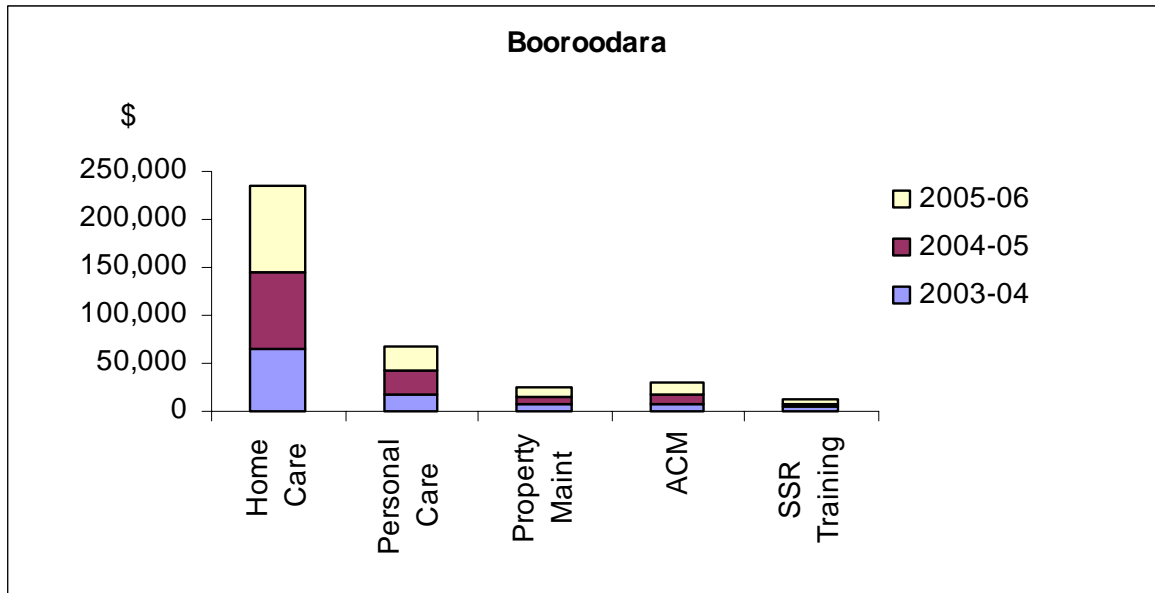
ACTIVITIES	Booroondara		Knox		Manningham		Maroondah		Monash		Whitehorse		Yarra Ranges		Total region	
	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
2003-04																
Home Care	2652	64,815	7220	176,457	1844	45,067	2362	57,727	5156	126,013	9586	234,282	1839	44,945	30659	749,306
Personal Care	671	18,748	2474	69,124	966	26,990	990	27,661	2974	83,094	2826	78,958	952	26,599	11853	331,173
Property Maint	186	6,612	472	16,780	122	4,337	157	5,581	498	17,704	673	23,925	387	13,758	2495	88,697
Allied Health	-	-	972	69,760	-	-	-	-	1057	75,861	613	43,995	-	-	2642	189,616
Nursing	-	-	633	39,790	-	-	-	-	2021	127,040	362	22,755	-	-	3016	189,586
Delivered Meals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ACM	-	8,189	-	46,173	-	6,652	-	8,135	-	22,255	-	21,802	-	19,708	-	132,914
Flexible Service Response	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Service System Resources	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SSR Training	-	4,255	-	4,310	-	3,191	-	3,223	-	5,518	-	5,396	-	4,107	-	30,000
Total	3509	102,619	11771	422,394	2932	86,238	3509	102,327	11706	457,484	14061	431,114	3178	109,117	50665	1,711,292
2004-05																
Home Care	3234	81,002	8099	202,855	2250	56,356	2882	72,185	5998	150,231	10804	270,607	2244	56,205	35511	889,440
Personal Care	819	23,456	2772	79,390	1177	33,709	1208	34,597	3460	99,095	3186	91,247	1161	33,251	13783	394,746
Property Maint	227	8,271	529	19,274	149	5,429	191	6,959	578	21,060	760	27,691	472	17,198	2906	105,882
Allied Health	-	-	987	72,608	-	-	-	-	1073	78,935	622	45,757	-	-	2682	197,301
Nursing	-	-	643	41,432	-	-	-	-	2051	132,156	367	23,648	-	-	3061	197,235
Delivered Meals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ACM	-	10,259	-	53,106	-	8,342	-	10,169	-	26,527	-	25,233	-	24,640	-	158,275
Flexible Service Response	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Service System Resources	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SSR Training	-	4,194	-	4,327	-	3,215	-	3,225	-	5,518	-	5,404	-	4,116	-	30,000
Total	4280	127,182	13030	472,993	3576	107,051	4281	127,136	13160	513,522	15739	489,587	3877	135,410	57943	1,972,879
2005-06																
Home Care	3434	88,161	8591	220,557	2389	61,333	3060	78,560	6364	163,383	11462	294,265	2382	61,153	37682	967,413
Personal Care	870	25,540	2942	86,365	1250	36,695	1282	37,634	3671	107,766	3380	99,223	1232	36,167	14627	429,391
Property Maint	241	9,001	562	20,989	158	5,901	203	7,581	614	22,931	806	30,101	502	18,748	3086	115,252
Allied Health	-	-	1045	78,797	-	-	-	-	1137	85,734	659	49,691	-	-	2841	214,222
Nursing	-	-	681	44,977	-	-	-	-	2173	143,517	389	25,692	-	-	3243	214,186
Delivered Meals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ACM	-	11,141	-	57,748	-	9,072	-	11,072	-	28,878	-	27,414	-	26,815	-	172,140
Flexible Service Response	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Service System Resources	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SSR Training	-	4,142	-	4,354	-	3,233	-	3,224	-	5,528	-	5,401	-	4,119	-	30,000
Total	4545	137,985	13821	513,787	3797	116,233	4545	138,071	13959	557,737	16696	531,787	4116	147,002	61479	2,142,603

Notes:

1. Services provided region-wide have been 'WREN'd' across all local government areas in Region.
2. Minor discrepancies between figures in Appendix F and those in the main body of the Draft Regional Plan are due to rounding.

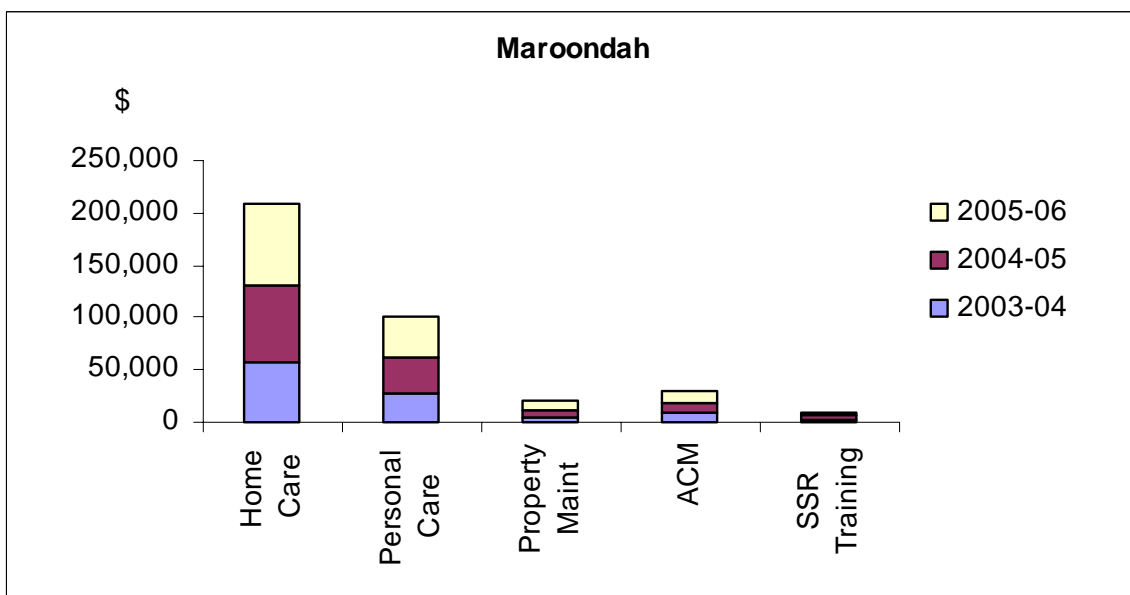
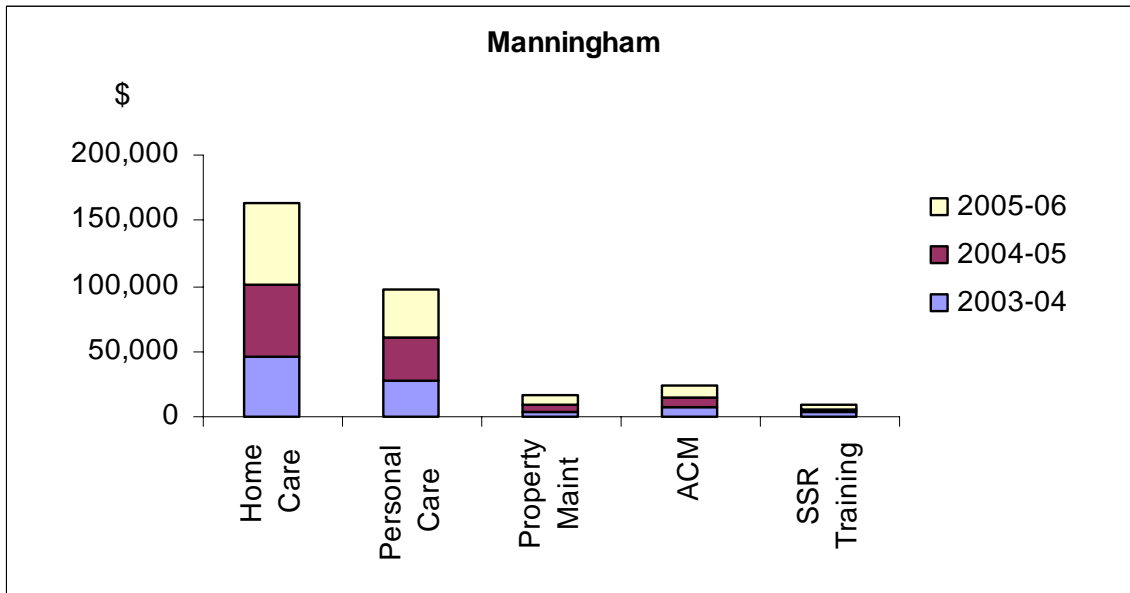
Appendix F - EMR

Each graph below shows the proposed service expansion funding for Priority 1 activities for a given local government area in the Region, for 2003-04, 2004-05 and 2005-06.



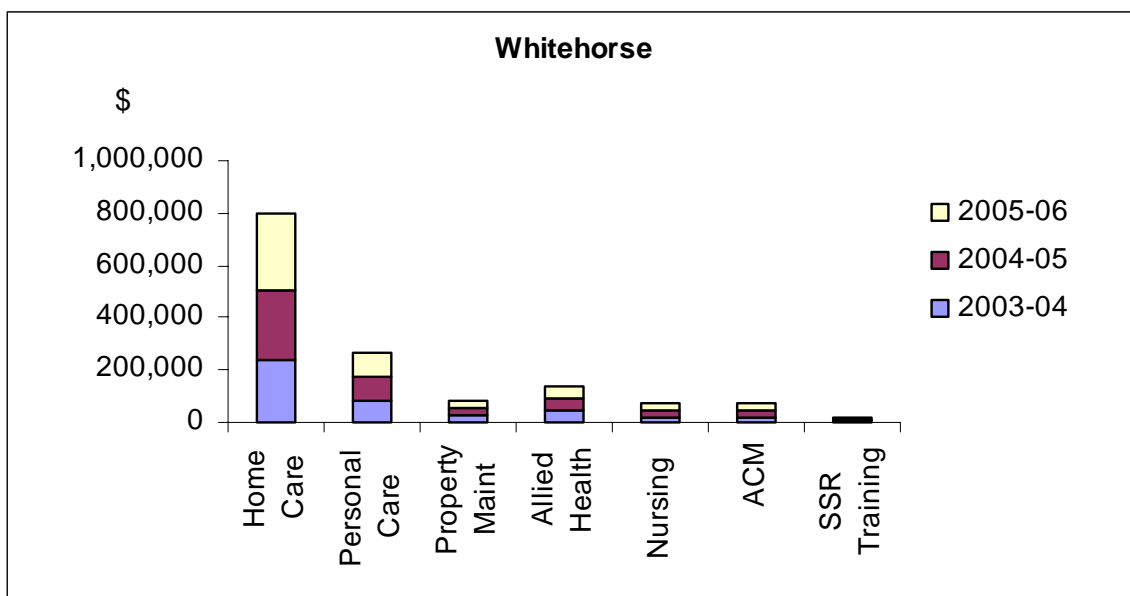
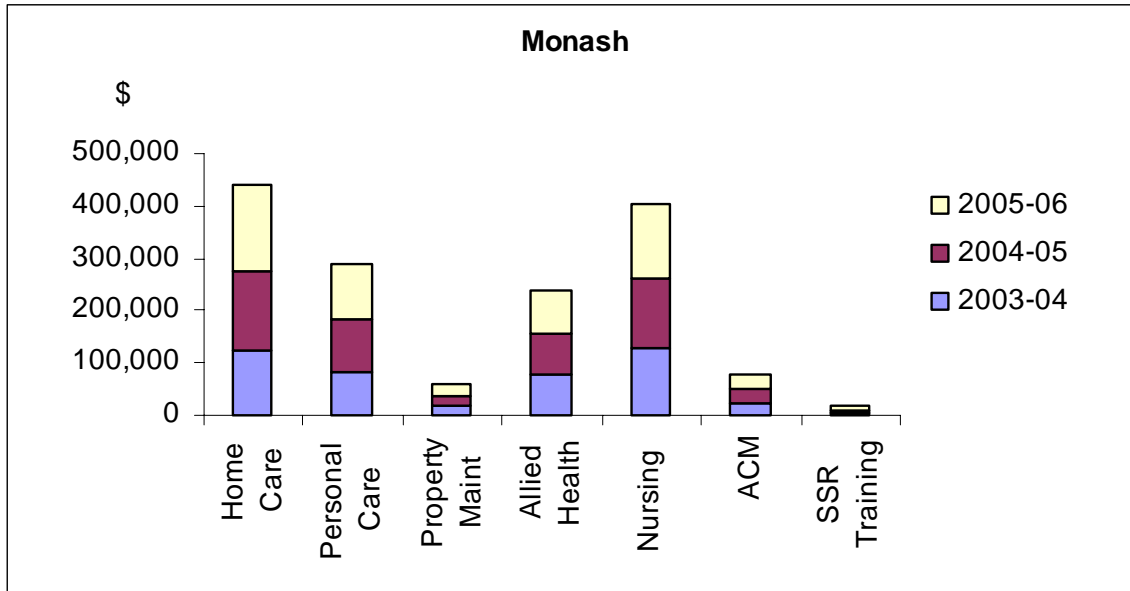
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