

Appendix A – Timeline - Grampians

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
Grampians Pyrenees Service Provider Network	14/07/03	22	13	0	0	No
Wimmera Service Providers Network	15/07/03	21	14	0	0	No
Central Highlands Service Providers Network	17/07/03	35	16	0	1	Yes

Outcomes

Additional data

Through the consultations the following data was provided by DHS and by the sector consideration in the development of the Regional Plan 2003-06:

- Impressions about HACC supply and demand in each local government area
- Opinions on the impact of non-HACC funded services
- Views based on local population projections from the 2001 census
- Views about redressing funds inequity across the Region
- Practice wisdom about how to increase access to allied health services utilising different models of service delivery
- Examples of service planning and delivery improvements that could be achieved through increased collaboration
- Identification of lack of infrastructure as a barrier to increased or improved service delivery.

Discussions about proposals

Equalisation or not?

The Region proposed to allocate growth funds primarily (Table 3.3, Col 5) to the relatively under-funded local government areas of Golden Plains, Horsham and Moorabool.

The sector generally agreed with this proposal. However, stakeholders from Golden Plains and Moorabool indicated that the inequity was greater than identified in the plan. Both local government areas have experienced rapid population growth in the past 2 – 5 years that is not reflected in the WREN population figures. In the interests of equity no changes were made to the equalisation at this stage but it will be looked at in future.

A number of people requested that DHS model different scenarios for redressing HACC funds inequity across the Region (timeframe and dollars required) and present these to the sector. DHS will present different options for using growth funds for redressing inequity over the course of the triennium. The modelling will take account of the impact of rolling HACC-like activities from Aged Care into HACC and the Department of Infrastructure population projections derived from the 2001 Census due early 2004.

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, with the following exception:

- While the data indicated that the Pyrenees local government area was resourced relatively well for Nursing, earlier information had suggested that these resources were concentrated at the southern end of the Shire and that the Avoca community was disadvantaged. However, further comparison with other district nursing services and discussions prior to and at the consultations indicate that a closer examination of nursing services in Pyrenees should be undertaken. Early 2004 DHS will set up Shire meetings.
- The consultations confirmed that additional Assessment and Care Management resources should be allocated to the Yarriambiack local government area. This was done.

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.

The original proposal was to:

- Develop a regional CALD communication strategy (\$12,000 Service Development grant)

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- Develop a CALD meals strategy in the Ballarat local government area. (\$9,000 in 2003-04, \$12,000 in 2004-05 and \$15,000 in 2005-06)
- Establish a partnership between friendly visiting schemes and cultural organisations to support CALD community volunteers. (\$8,000 Service Development grant).

Stakeholders generally agreed with the focus of the proposals. Therefore, the proposals were recommended unchanged.

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

The proposals were agreed to.

Regional development initiatives

Stakeholders generally agreed with the thrust of the proposals.

The \$10,000 identified to assist the Rural City of Horsham with food services will be shared with Golden Plains Shire Council, also experiencing difficulties with Delivered Meals. It is expected that the \$5,000 grant for each council will assist in implementing more efficient and effective service delivery models.

Minor capital

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

Agency allocations

While there was broad agreement with the agency allocations, the following discussions were engaged:

- The relative merits of directly allocating Nursing in the local government area of Moorabool was debated. Agencies also raised the need for additional Allied Health and Personal Care.

The Regional Office recommends that the original proposal with regard to Nursing proceed on the basis that an invited submission process allows all stakeholders to contribute to the final decision. Allied Health and Personal Care resourcing will be considered for the later years.

- The relative merits of direct allocation of Nursing to Hesse Rural Health Service was debated.

The Regional Office recommends that the original proposal proceed to allow all stakeholders to submit an application was retained.

- The Region had proposed to directly allocate Allied Health resources for the Golden Plains local government area directly to Golden Plains Council. Agencies suggested advertising the funding and directly allocating the resources to Hesse Rural Health Service.

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The Regional Office recommends an invited submission process to allow all stakeholders to contribute to the final decision.

The decision-making process for resource allocation to the Golden Plains local government area will be further informed by the anticipated release of the *Golden Plains Health Service Needs Analysis and Service Plan*.

- Allocation of Nursing resources (280 hours) to Maryborough and District Health Service for the Avoca community in the local government area of Pyrenees raised concern that access to Nursing and Personal Care in Pyrenees Shire was variable, partly due to varying degrees of collaboration between services.

The Regional Office recommends an allocation of 200 hours to Maryborough and District Health Service. Allocations in later years will be determined after round table discussions with all stakeholders in Pyrenees Shire.

- There was no proposal to allocate Assessment and Care Management funding to Yarriambiack Shire as there appeared to be conflicting data and anecdotal evidence. The situation was reassessed through the Wimmera consultation and an allocation of \$5,029 was recommended.

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.

Overall, the sector was very supportive of the process and expressed general agreement with the proposals.

Other issues

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

- A number of agencies expressed their concern that specific activities would not be funded for the next three years, for example:
 - Demand for Planned Activity Groups is increasing across the board, with many communities not having access to Planned Activity groups
 - There is unmet demand for clients with dementia, the older disabled and the exceedingly frail
 - Planned Activity Groups established in the past 12 months will not have the opportunity to meet the demand arising
 - Respite demand is increasing in some areas
 - Demand for Volunteer Co-ordination is high as it is a cost-effective means of organising the volunteer contribution of smaller communities and is the main vehicle for the delivery of community transport services.
- Unit prices are set below the actual cost of delivering services with the gap widening as costs increase at a rate higher than indexation
- Issues associated with the implementation of the SCOTT were identified

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- Recruitment and retention of Personal Care workers is increasingly difficult, partly due to leakage to the residential Aged Care sector and partly due to the perceived under-valuing of this work by the community
- Occupational health and safety and security issues for solo visiting workers, both in urban and isolated rural areas
- Cost imposition of duplicate accreditation systems
- Additional burden on HACC services due to inappropriate discharge planning practices from the acute sector
- Lack of infrastructure and/or difficulties associated with meeting Food Safety Act requirements posed difficulties in some Delivered Meals services.

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

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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.

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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

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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.

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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

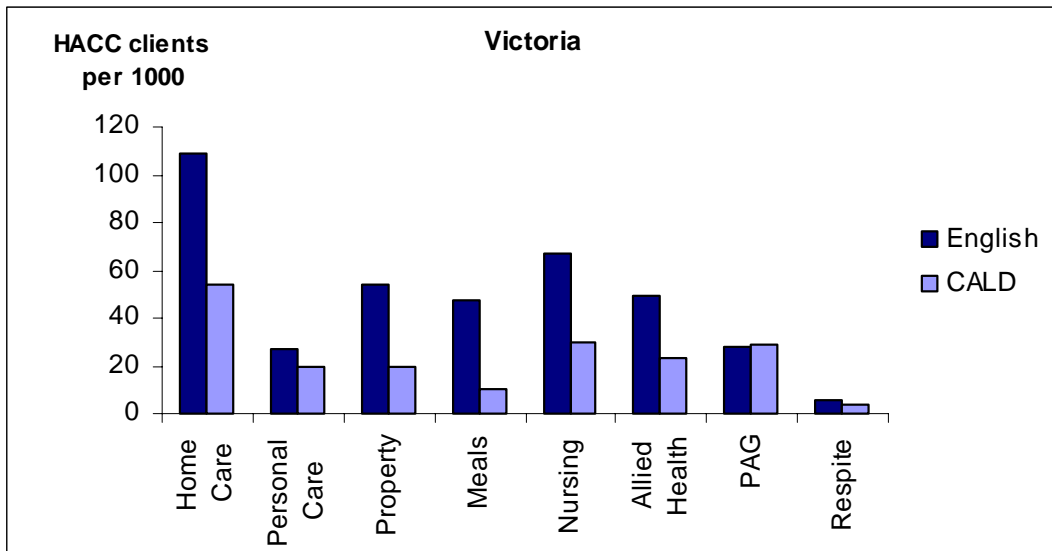
7 HACC clients - English versus Non-English speakers

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

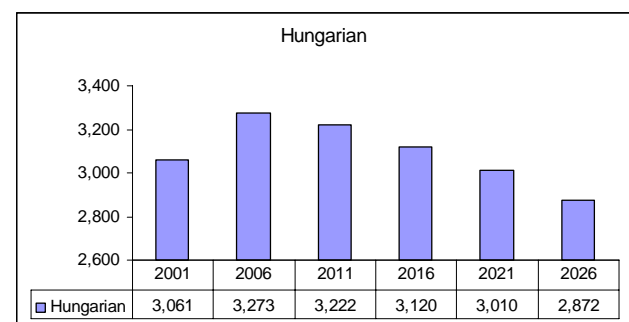
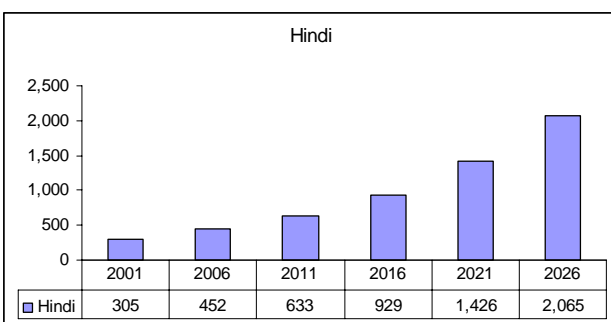
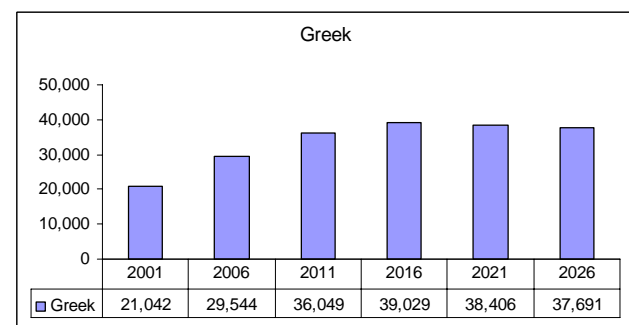
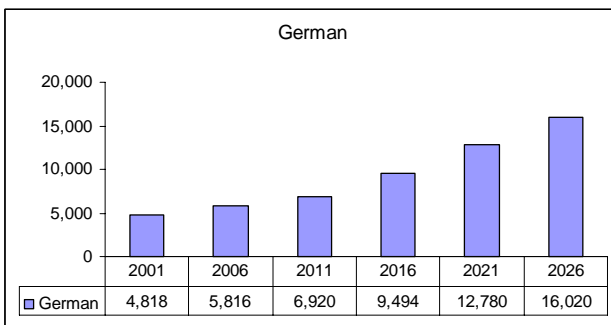
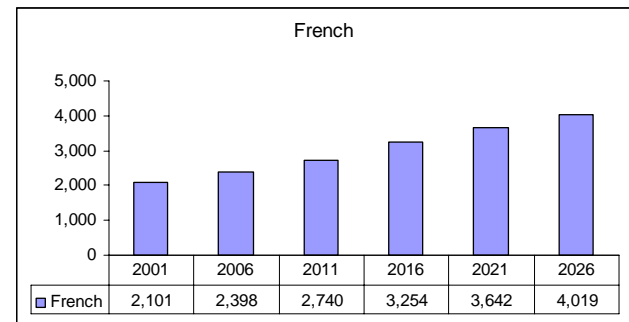
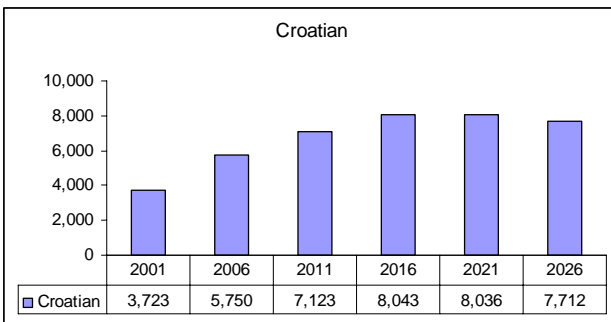
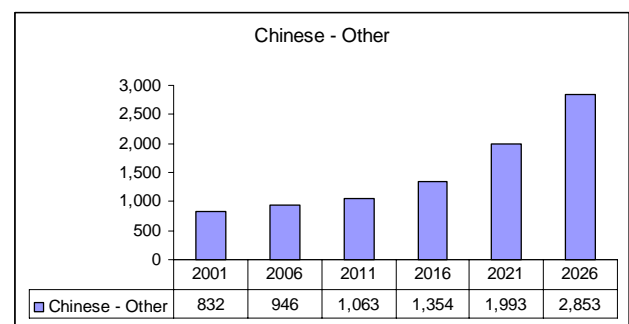
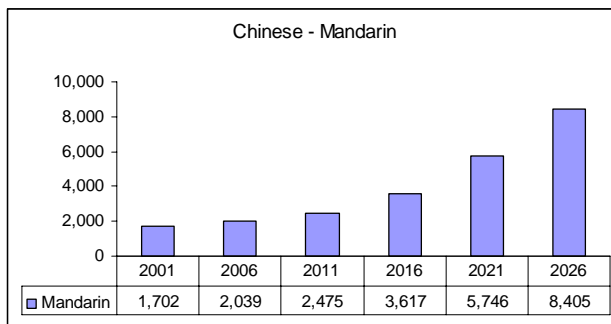
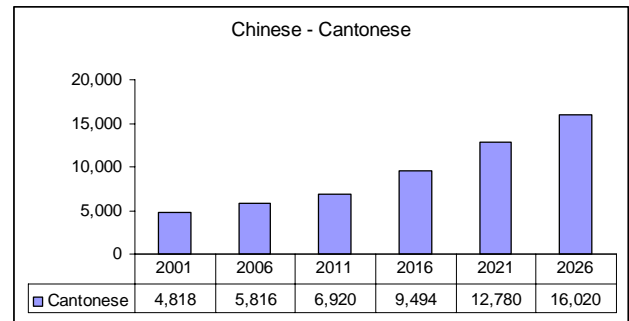
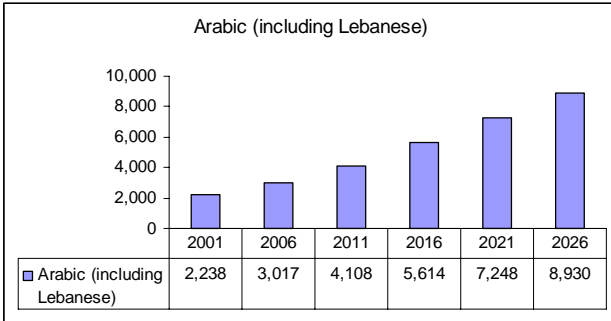


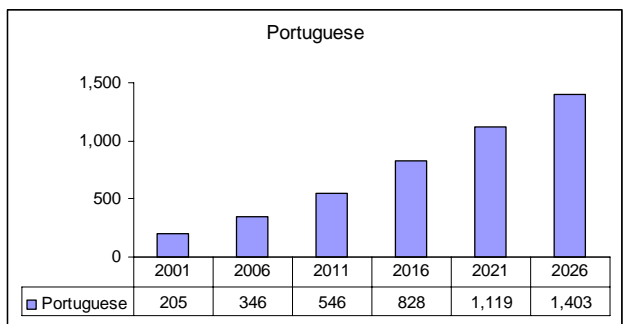
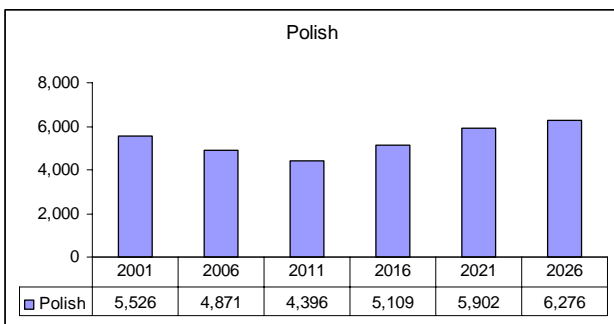
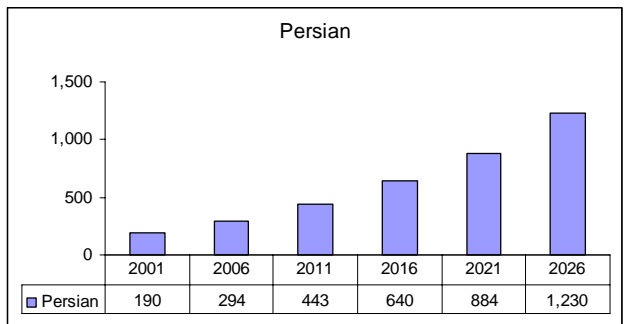
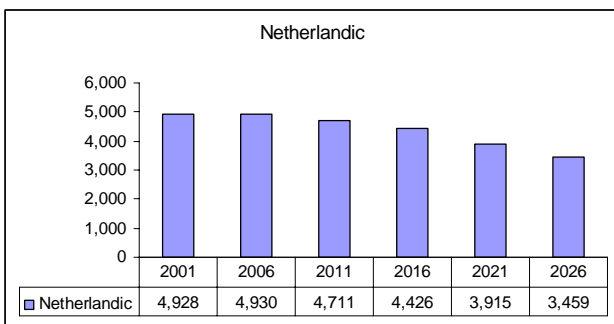
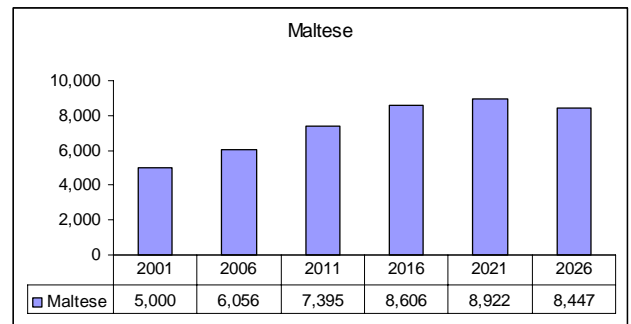
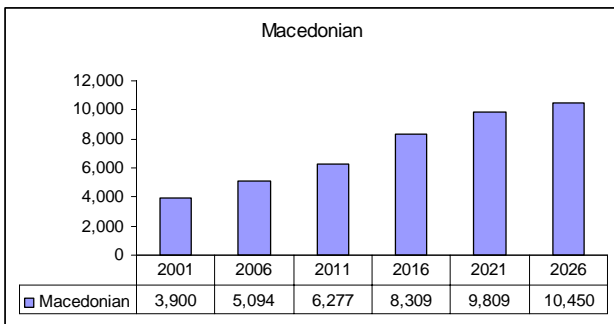
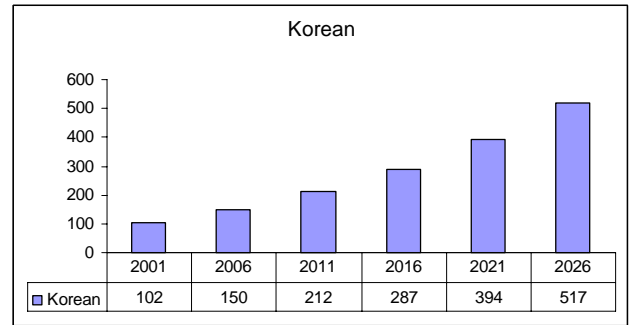
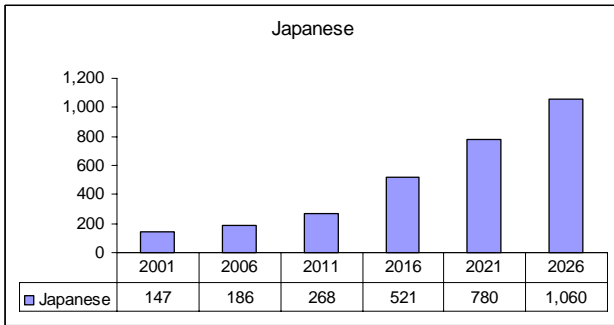
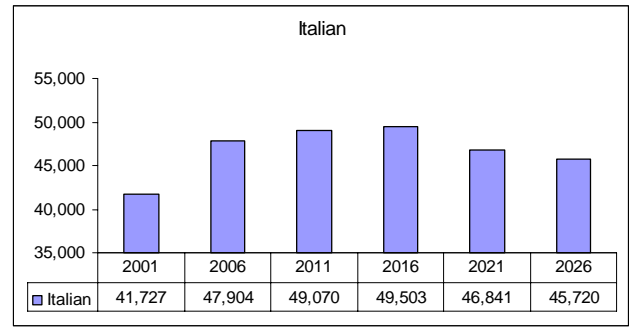
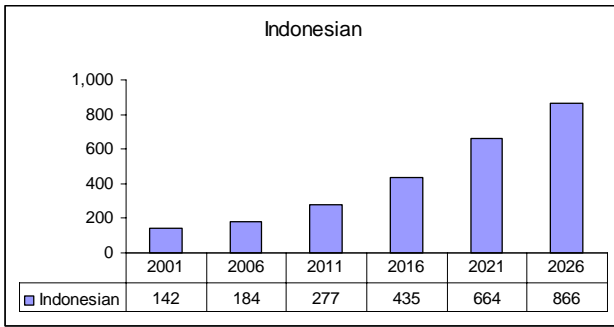
Source: MDS (2002 data) and 2001 Census

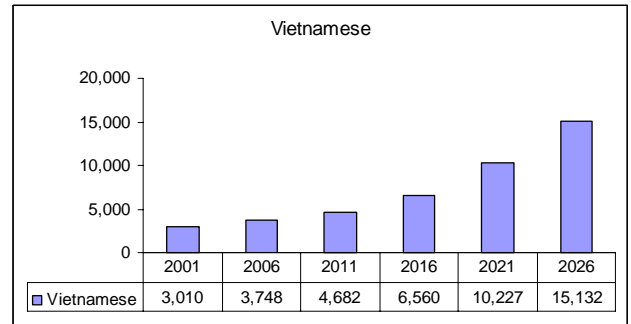
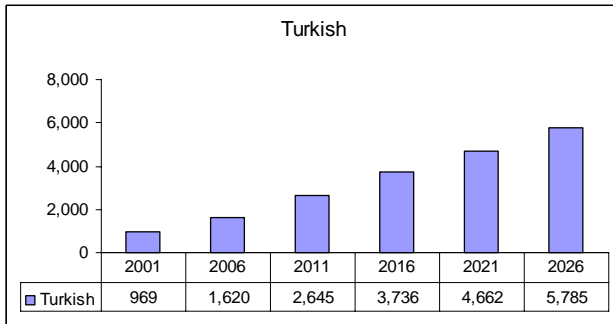
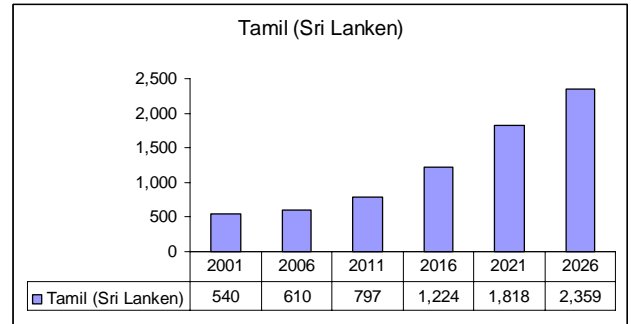
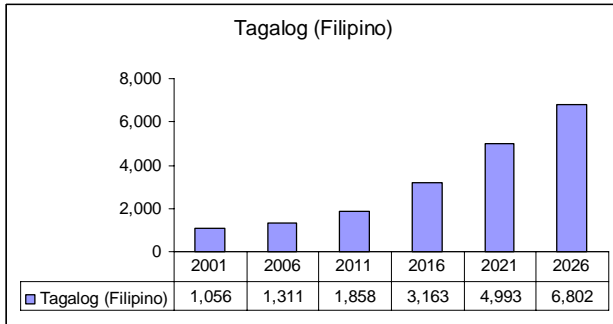
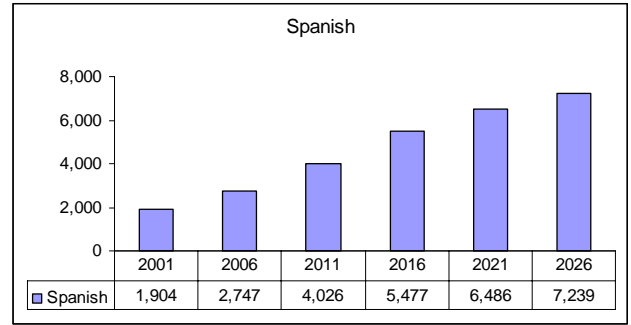
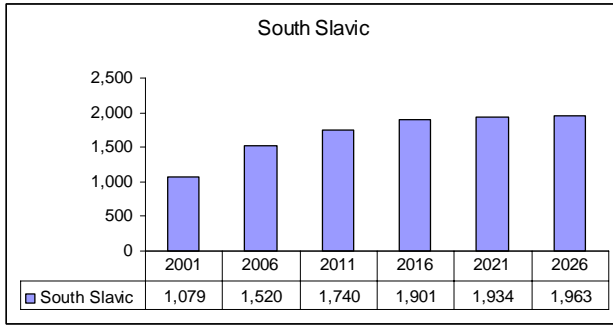
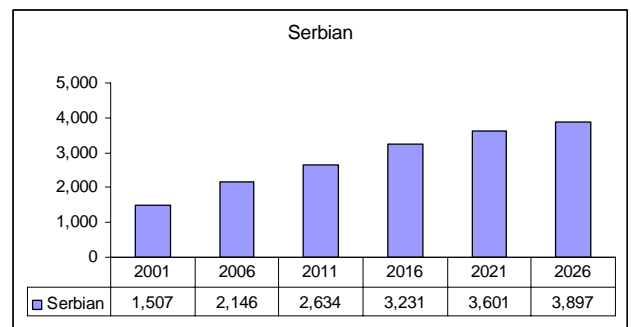
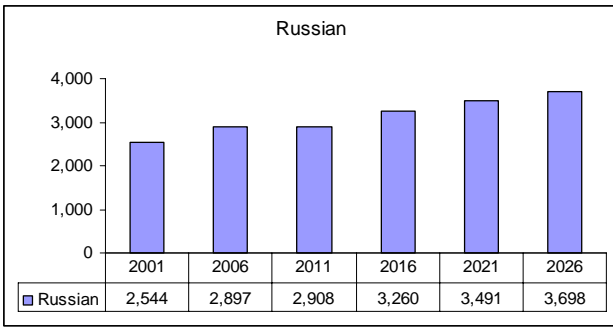
Appendix C – Part 2 – Grampians

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



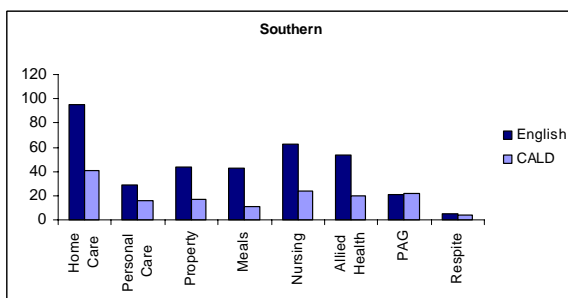
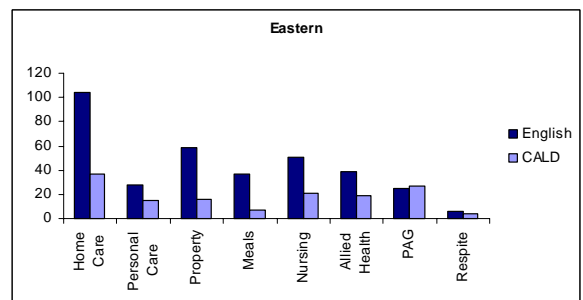
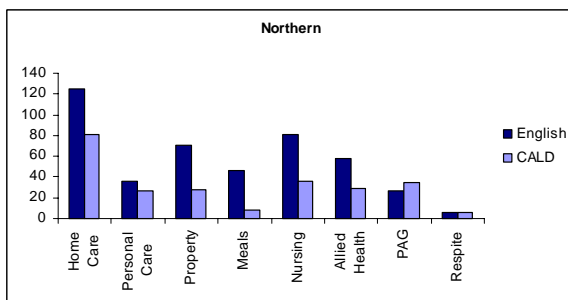
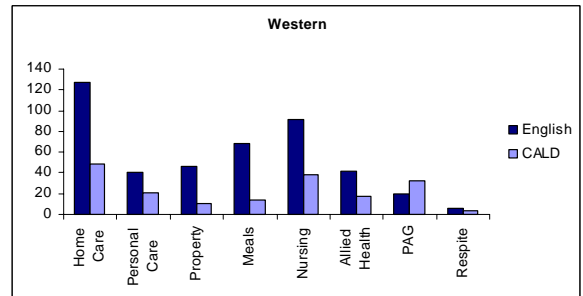
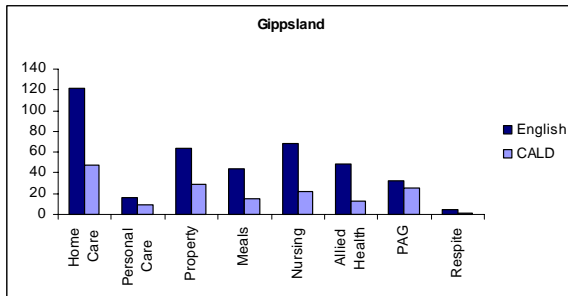
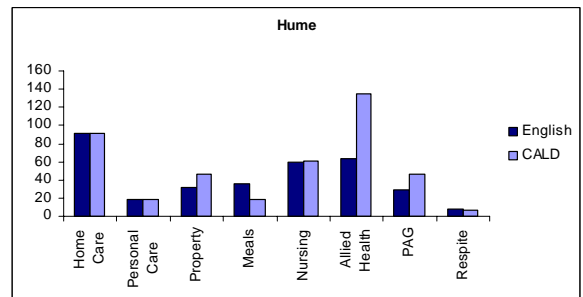
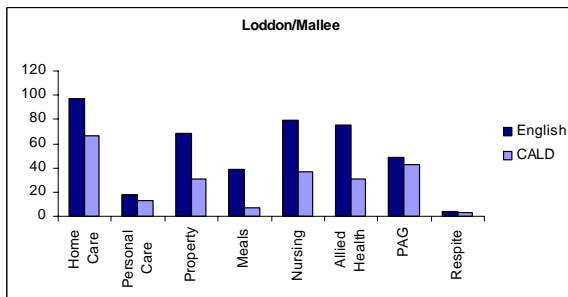
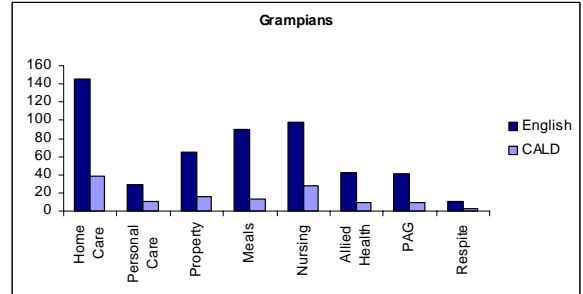
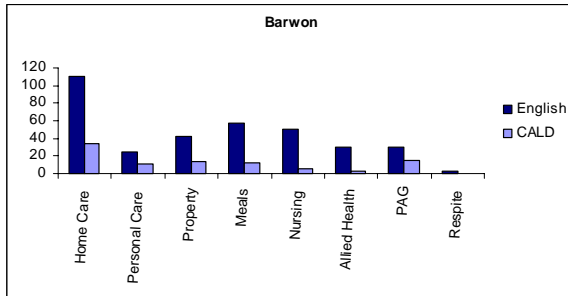




Appendix C – Part 2 – Grampians

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

Ararat Community House Inc.
Ararat Rural City Council
Ararat Uniting Care
Ballan & Dist. Soldier's Memorial BNH and Hostel Inc.
Ballarat and District Aboriginal Co-operative Ltd
Ballarat City
Ballarat Community Health Centre Inc.
Ballarat District Nursing & Healthcare Inc.
Ballarat Health Services
Ballarat Regional Multicultural Council Inc.
Beaufort & Skipton Health Service
Budja Budja Aboriginal Co-operative Ltd.
Centacare, Catholic Diocese of Ballarat Inc.
Daylesford Neighbourhood House & Learning Centre Inc.
Djerriwarrh Health Services
Dunmunkle Health Services
East Grampians Health Service
East Wimmera Health Service
Edenhope District Hospital
Elmhurst Bush Nursing Centre Inc.
Golden Plains Shire Council
Goolum Goolum Aboriginal Co-operative Ltd.
Grampians Community Health Centre Inc.
Harrow Bush Nursing Centre Inc.
Hepburn Health Service
Hepburn Shire Council
Hindmarsh Shire Council
Horsham Rural City Council
Lake Bolac Bush Nursing Centre Inc
Moorabool Shire Council
Northern Grampians Shire Council
PINARC Support Services Inc.
Pyrenees Shire Council
Rural Northwest Health
St John of God Health Care Inc.
Stawell Neighbourhood House Inc.
Stawell Regional Health
Uniting Care Ballarat Parish Mission
Vision Australia Foundation
West Wimmera Health Service
West Wimmera Shire Council
Wimmera Health Care Group
Wimmera Uniting Care
Wimmera Volunteers Inc.
Woomelang & District Bush Nursing Centre Inc.
Yarriambiack Shire Council

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 recommended for Priority 1 activities in local government areas of Region

Appendix F – Grampians

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.

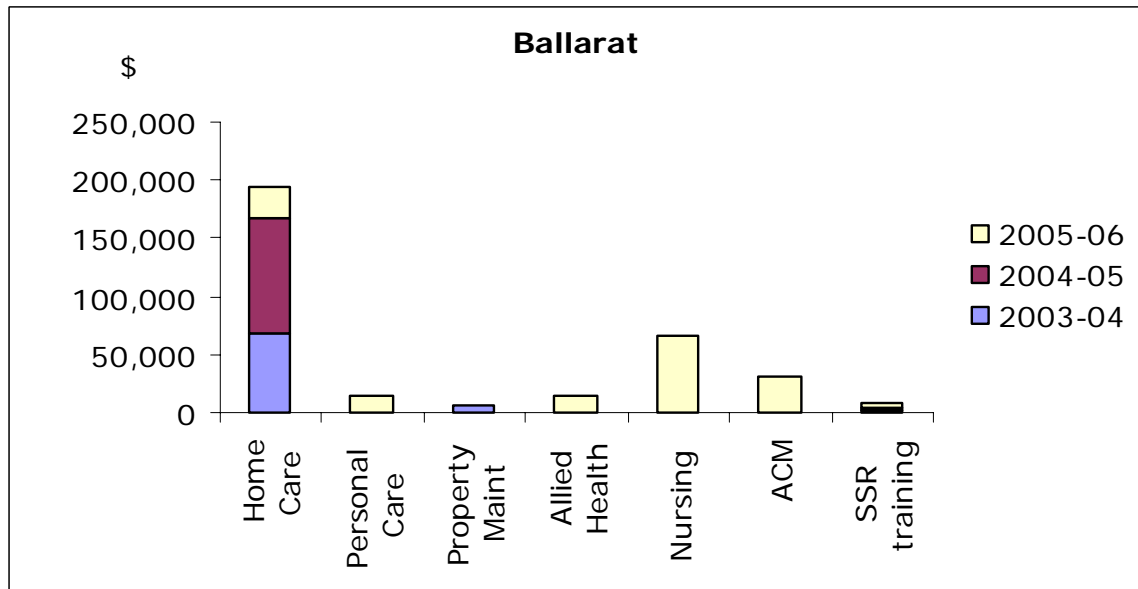
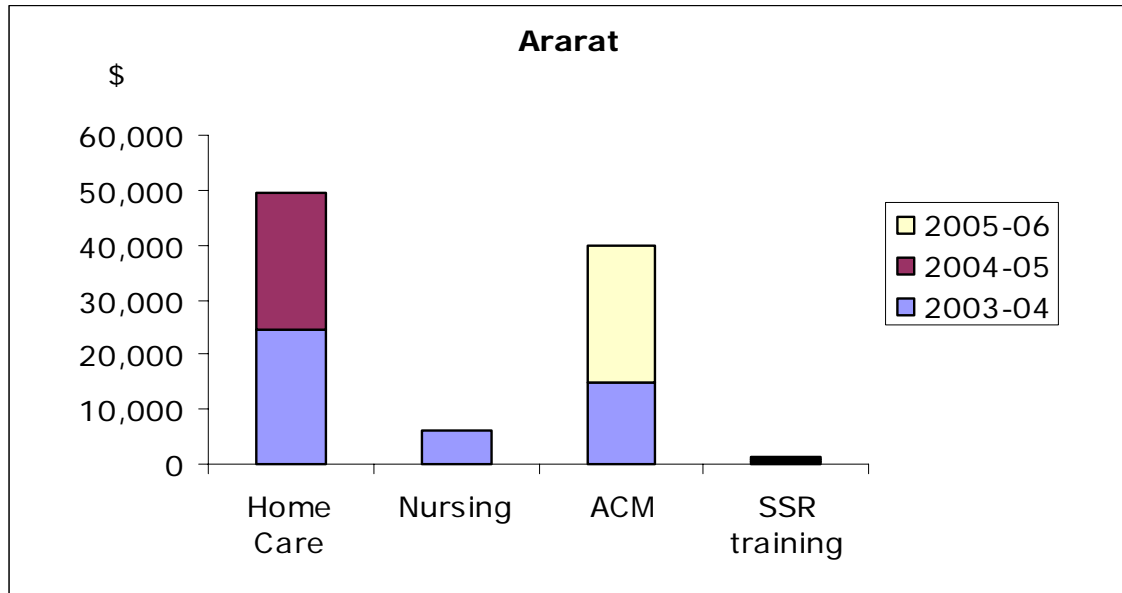
ACTIVITIES	Ararat		Ballarat		Golden Plains		Hepburn		Hindmarsh		Horsham		Moorabool		Northern Grampians		Pyrenees		West Wimmera		Yarriambiack		Total Region			
	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$		
2003-04																										
Home Care	1000	24,440	2774	67,797	500	12,220	-	-	-	-	1500	36,660	180	4,399	200	4,888	-	-	-	-	-	-	-	-	6154	150,404
Personal Care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Property Maint	-	-	200	7,110	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	200	7,110
Allied Health	-	-	-	-	150	10,766	-	-	-	-	1200	86,124	-	-	-	-	-	-	70	5,024	-	-	-	-	1420	101,913
Nursing	100	6,078	-	-	800	50,288	-	-	-	-	-	-	540	33,944	-	-	200	12,572	-	-	44	2,674	-	-	1684	105,557
Delivered Meals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ACM	-	15,000	-	-	-	20,000	-	-	-	-	-	15,000	-	16,000	-	-	-	-	-	-	-	-	-	-	-	5,029
FSR	-	-	-	-	-	-	-	-	-	-	-	5,112	-	-	-	-	-	-	-	-	-	-	-	-	-	5,112
SSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SSR Training	-	379	-	2,424	-	334	-	466	-	275	-	655	-	579	-	427	-	236	-	194	-	378	-	-	-	6,348
Total	1100	45,897	2974	77,331	1450	93,608	0	466	0	275	2700	143,551	720	54,923	200	5,315	200	12,808	70	5,218	44	8,082	4458	447,472		
2004-05																										
Home Care	1000	25,050	4000	100,200	800	20,040	200	5,010	200	5,010	500	12,525	500	12,525	200	5,010	-	-	200	5,010	200	5,010	200	5,010	7800	195,390
Personal Care	-	-	-	-	948	27,151	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	948	27,151
Property Maint	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health	-	-	-	-	300	22,068	-	-	-	-	-	-	-	-	-	-	200	14,712	-	-	-	-	-	-	500	36,780
Nursing	-	-	-	-	940	60,564	300	19,329	-	-	-	-	1300	83,759	-	-	-	-	-	-	-	-	-	-	2540	163,652
Delivered Meals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ACM	-	-	-	-	-	13,000	-	-	-	-	-	-	-	17,000	-	-	-	11,000	-	-	-	-	-	-	-	41,000
FSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SSR Training	-	407	-	2,615	-	367	-	500	-	294	-	710	-	635	-	456	-	255	-	209	-	404	-	-	-	6,851
Total	1000	25,457	4000	102,815	2988	143,189	500	24,839	200	5,304	500	13,235	1800	113,919	200	5,466	200	25,967	200	5,219	200	5,414	11788	470,824		
2005-06																										
Home Care	-	-	1000	25,670	500	12,835	-	-	-	-	1500	38,505	600	15,402	-	-	500	12,835	-	-	-	-	-	-	4100	105,247
Personal Care	-	-	500	14,680	500	14,680	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1000	29,360
Property Maint	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health	-	-	200	15,080	200	15,080	-	-	-	-	200	15,080	-	-	-	-	-	-	-	-	-	-	-	-	600	45,240
Nursing	-	-	1000	66,050	1000	66,050	-	-	-	-	-	-	1000	66,050	-	-	-	-	-	-	-	-	-	-	3000	198,150
Delivered Meals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
ACM	-	11,000	-	30,000	-	-	-	11,000	-	11,000	-	18,400	-	10,000	-	11,000	-	-	-	11,000	-	11,000	-	11,000	-	124,400
FSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SSR Training	-	421	-	2,732	-	385	-	521	-	302	-	744	-	672	-	472	-	267	-	218	-	417	-	-	-	7,150
Total	0	11,421	2700	154,212	2200	109,030	0	11,521	0	11,302	1700	72,728	1600	92,124	0	11,472	500	13,102	0	11,218	0	11,417	8700	509,547		

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.

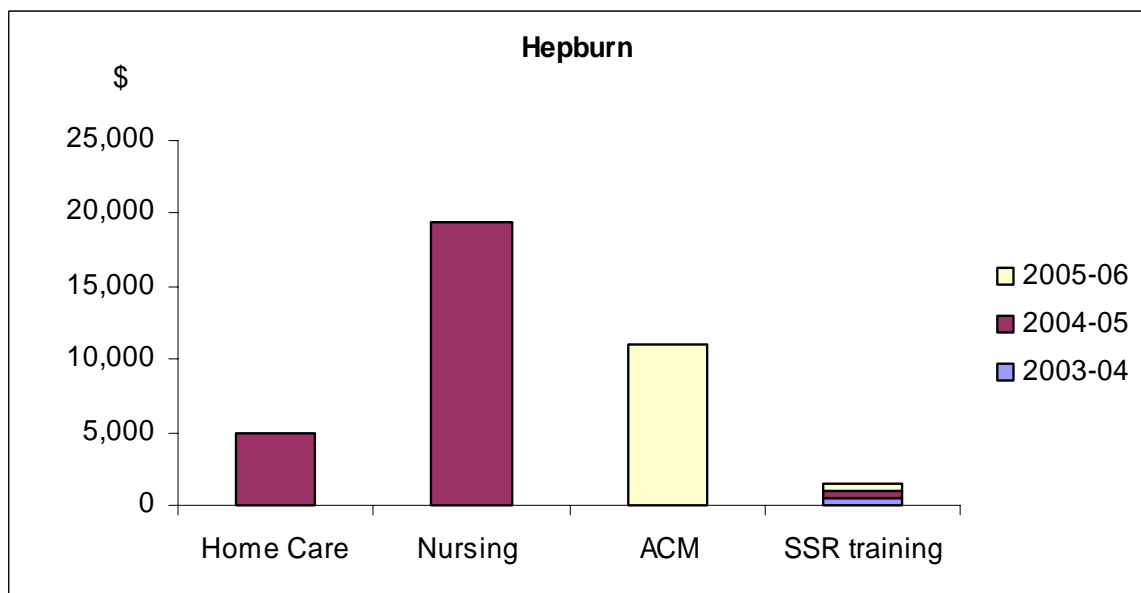
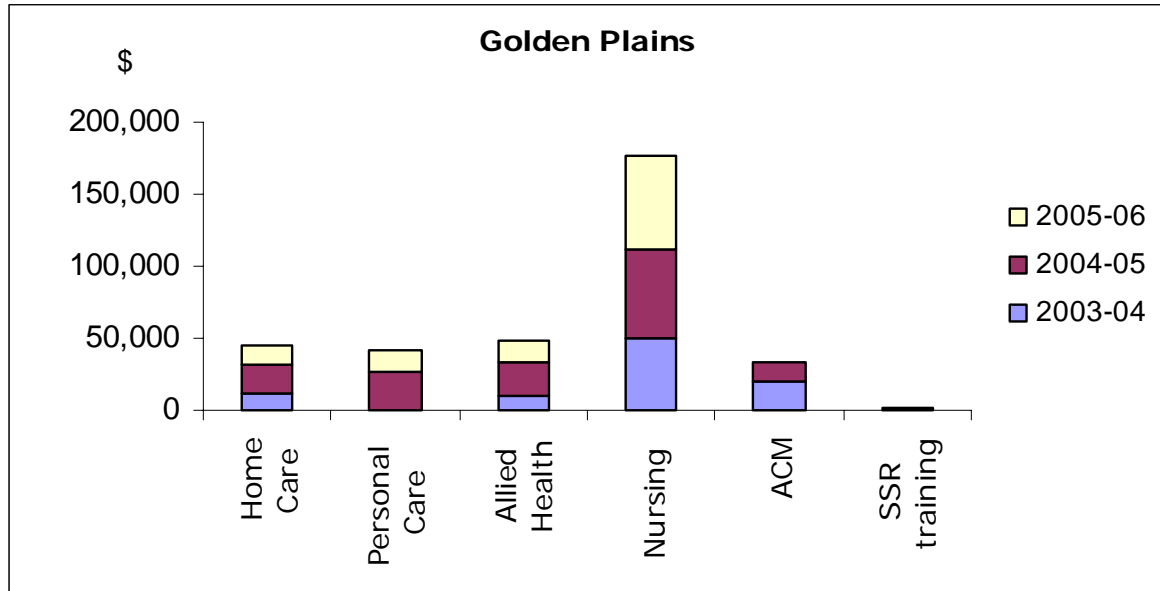
Appendix F – Grampians

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.



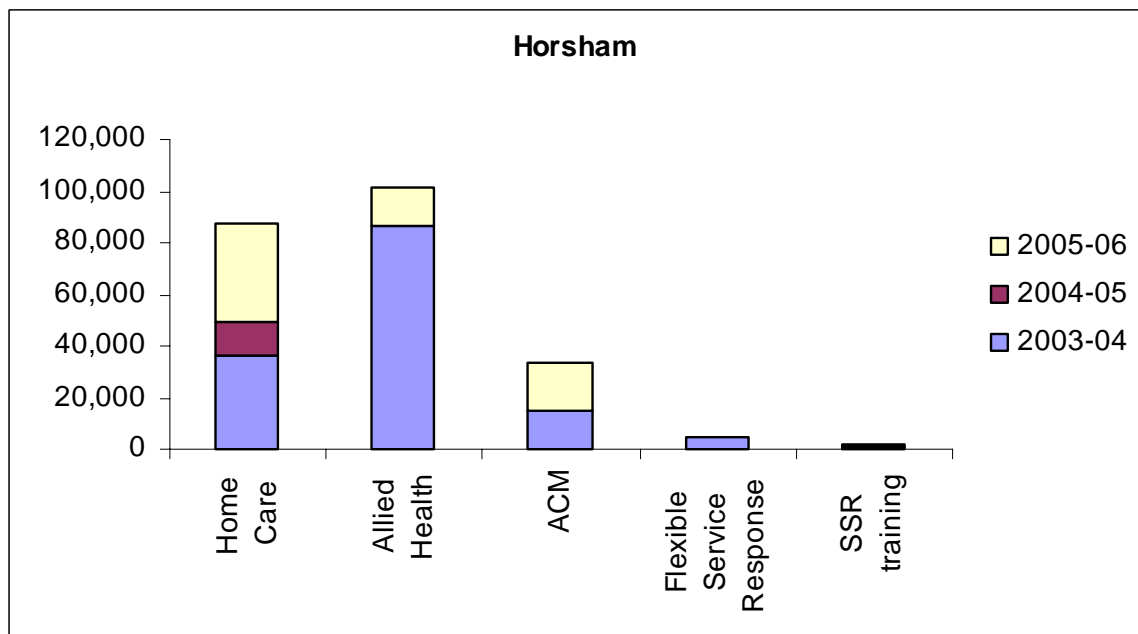
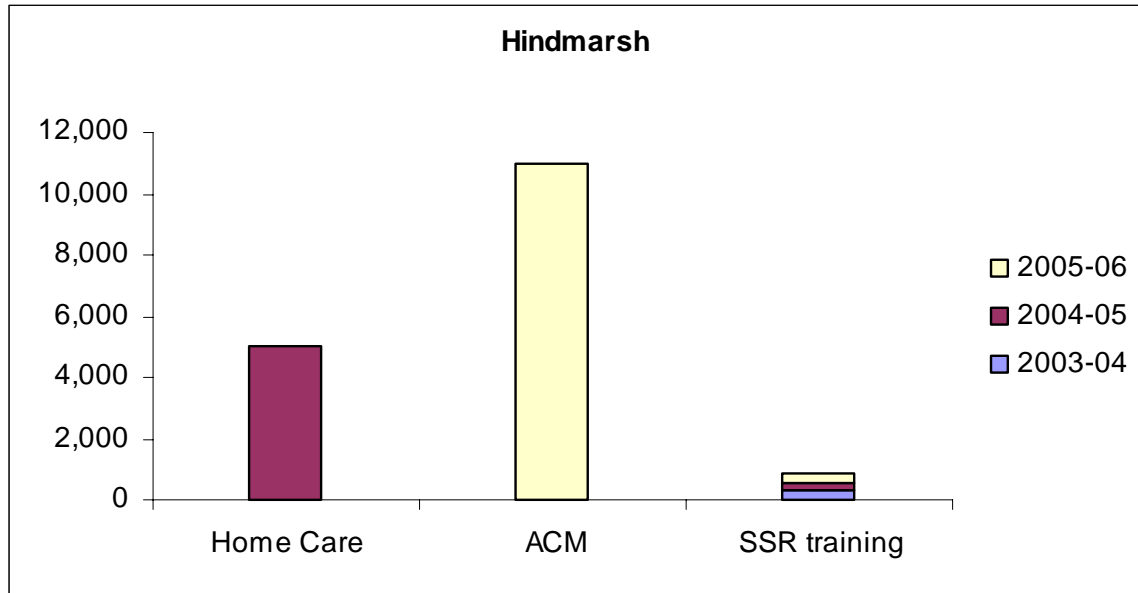
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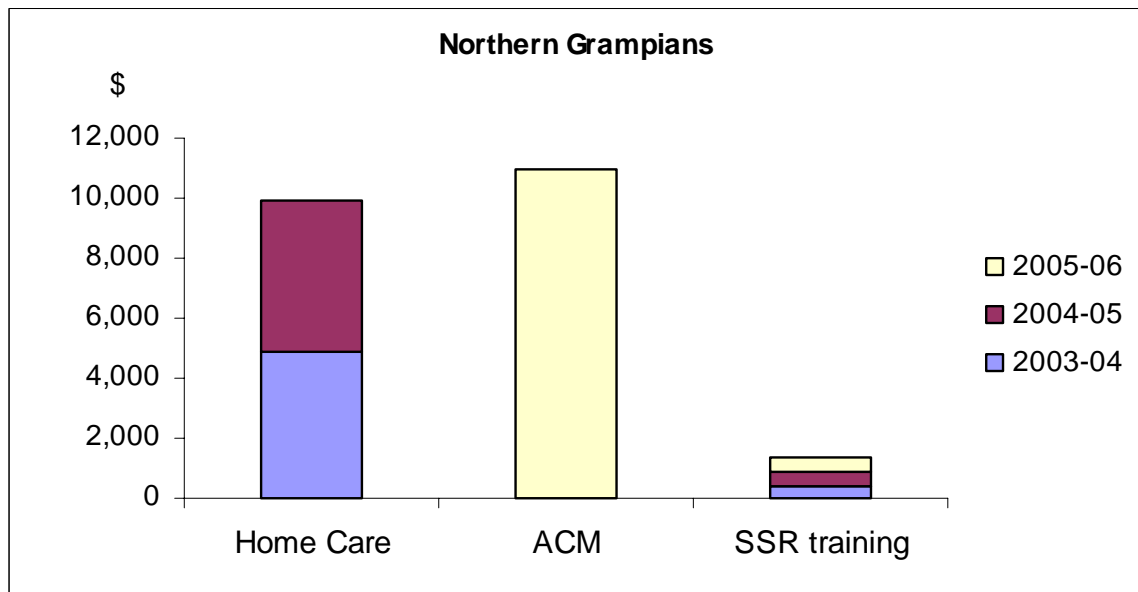
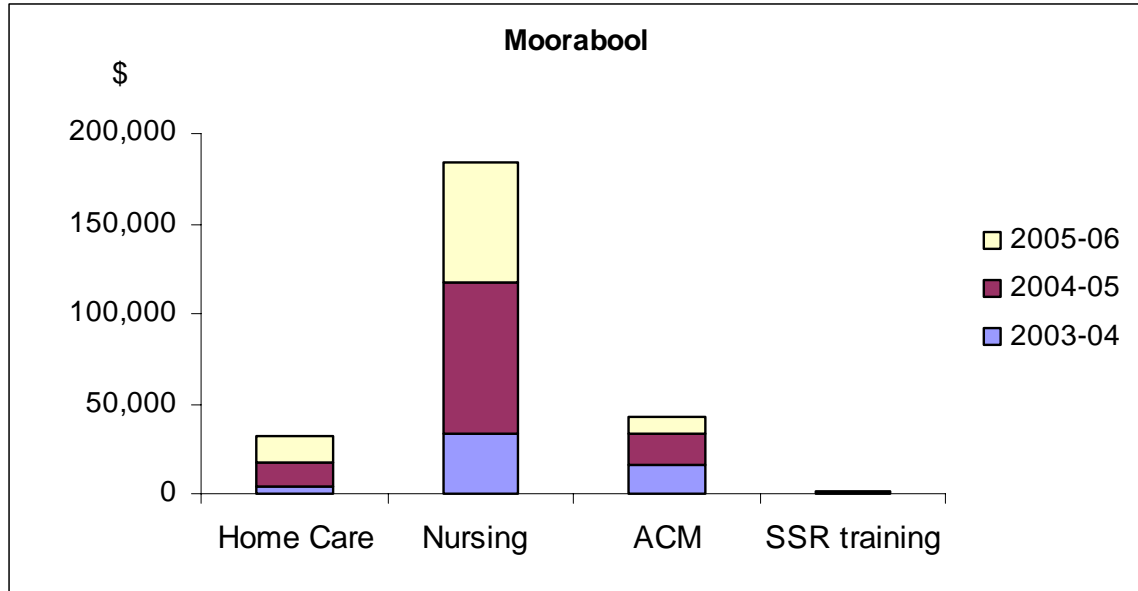
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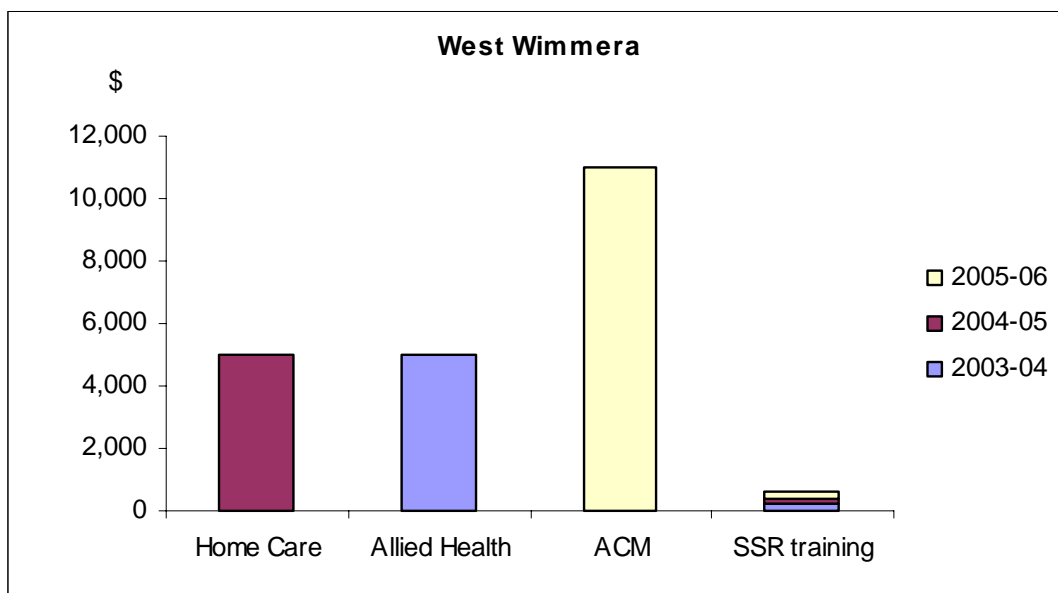
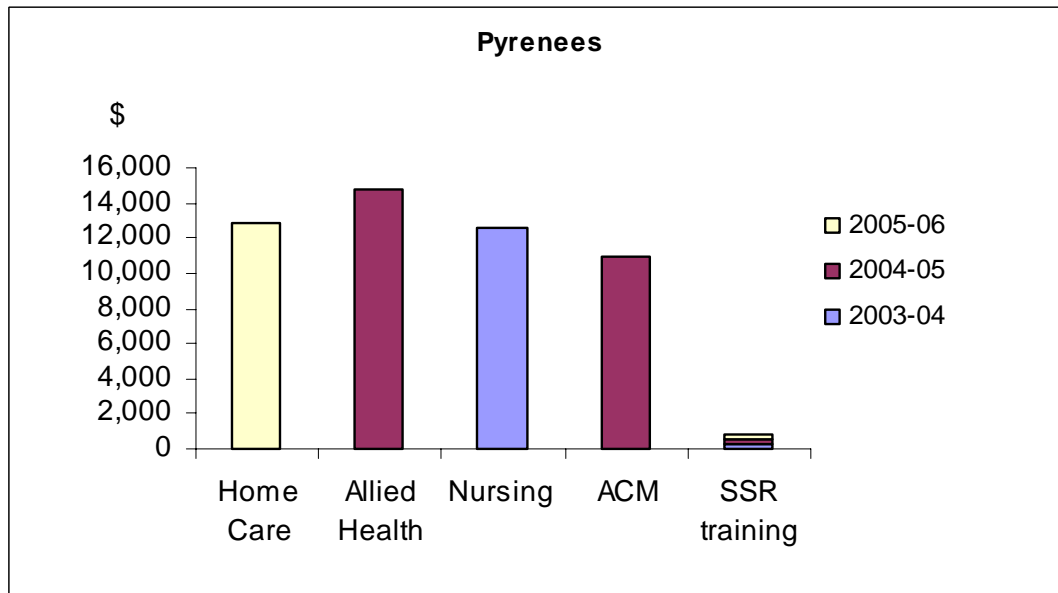
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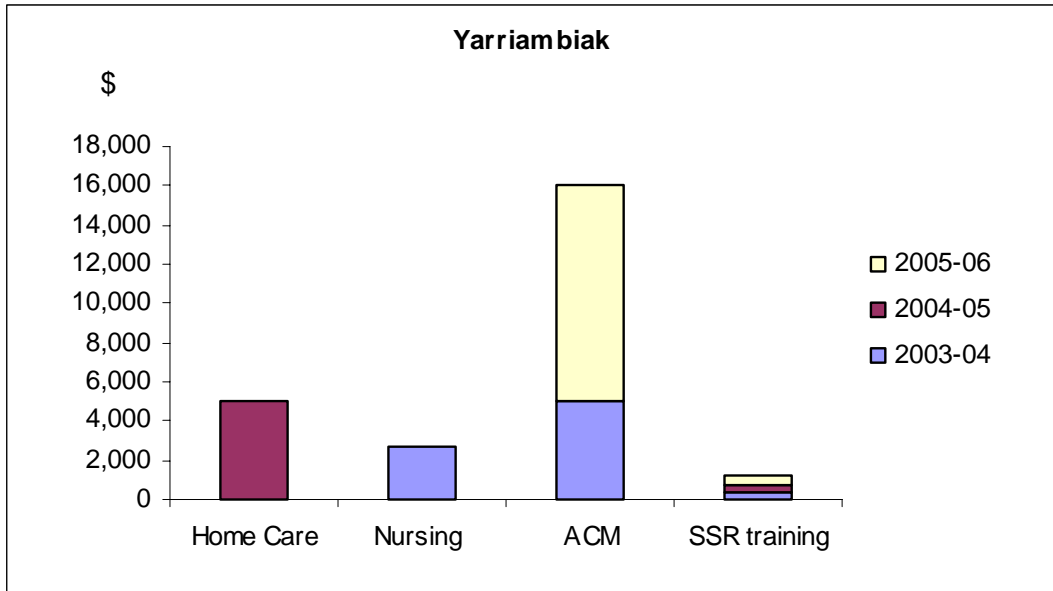
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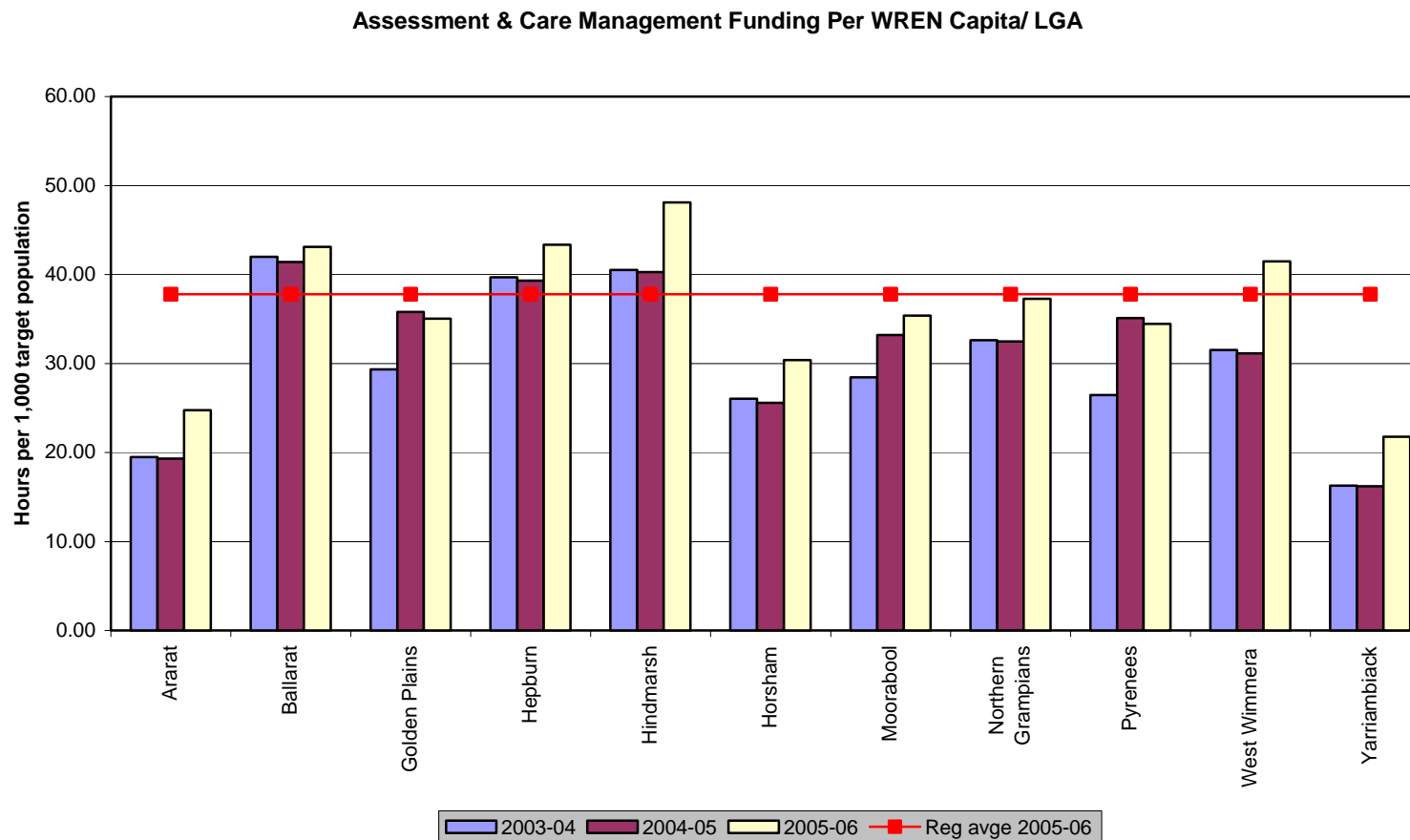
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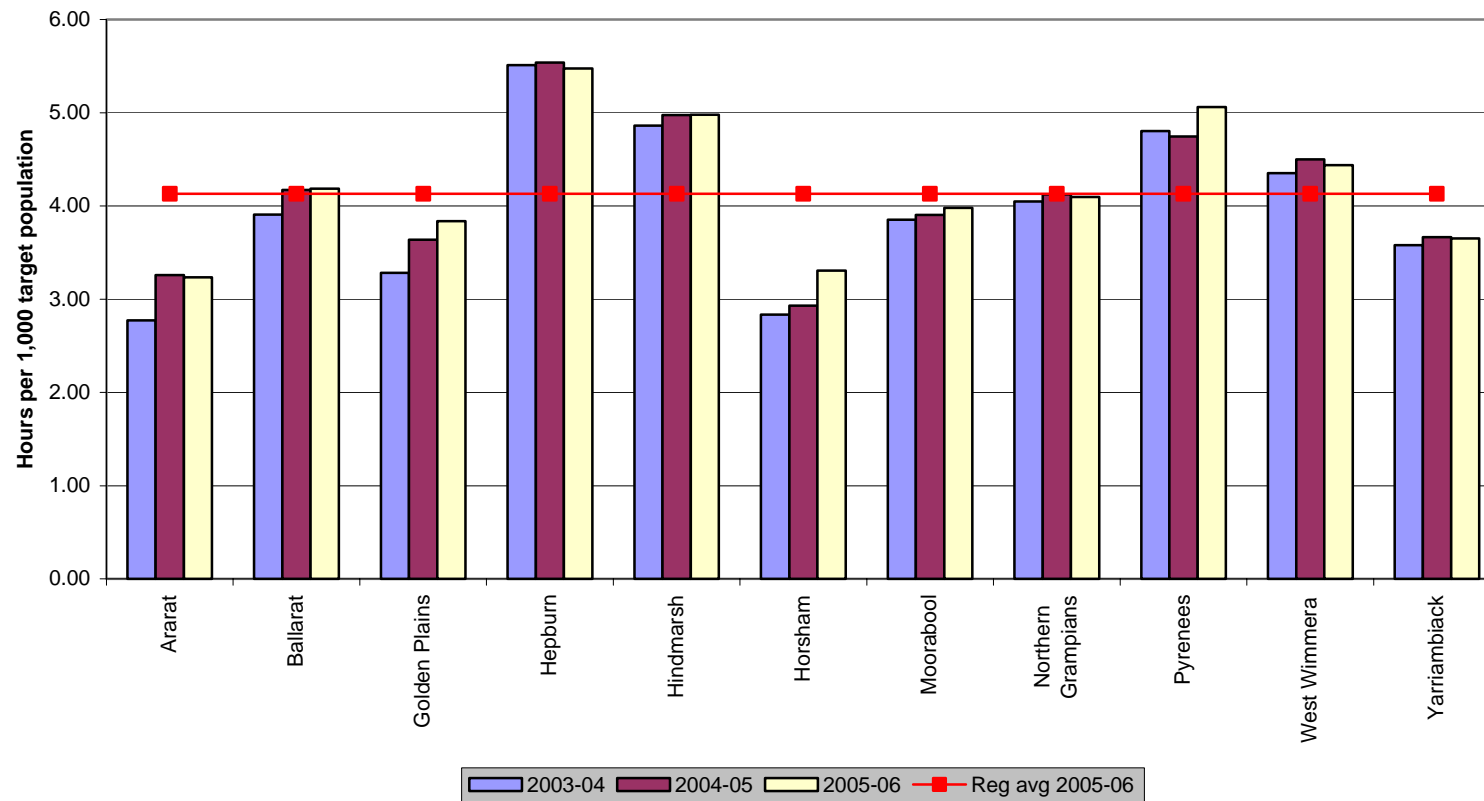


Appendix G - Other regional data

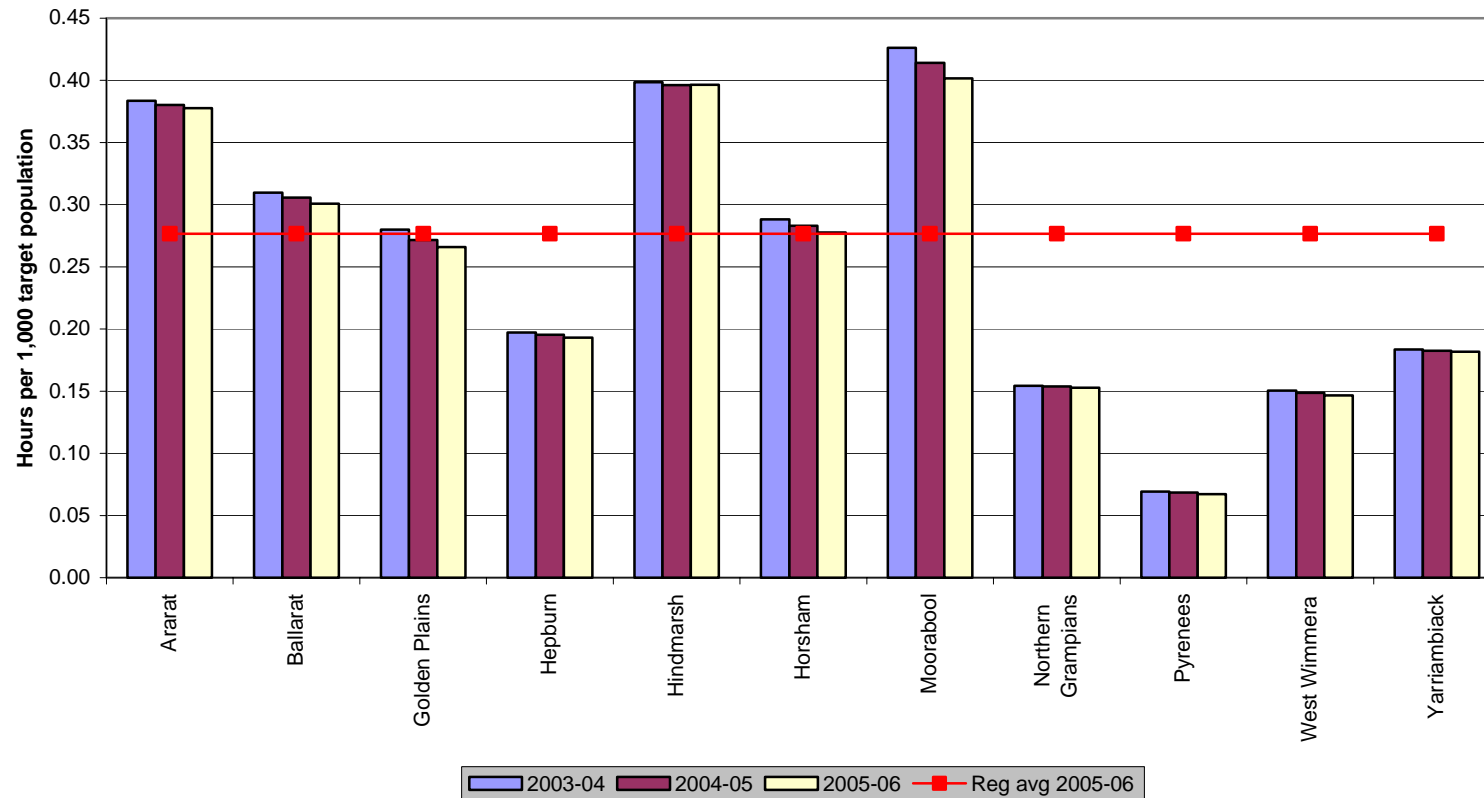
2003-06 Changes in proposed funding for activities by local government area



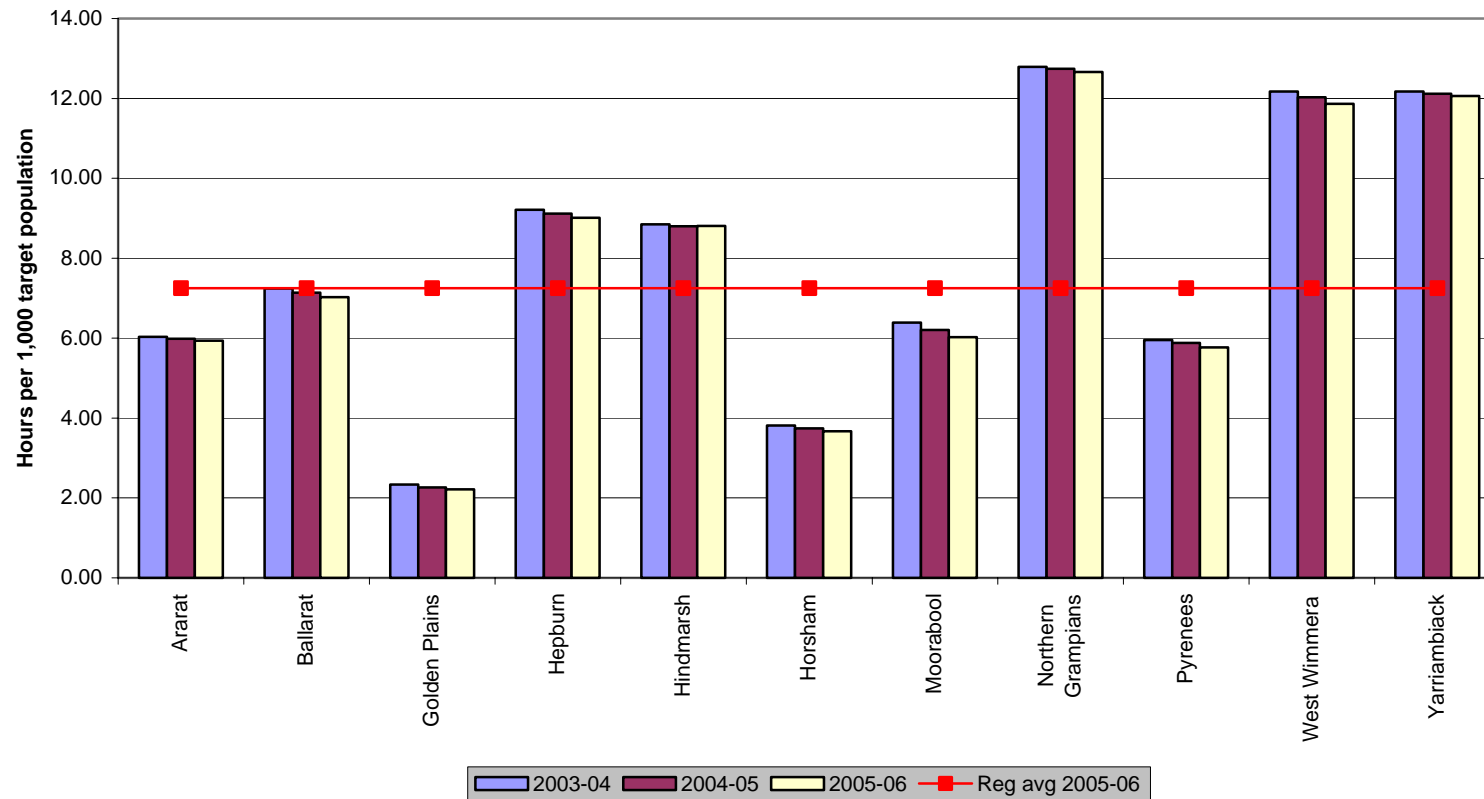
Home Care Hours of Service Per WREN Capita/LGA

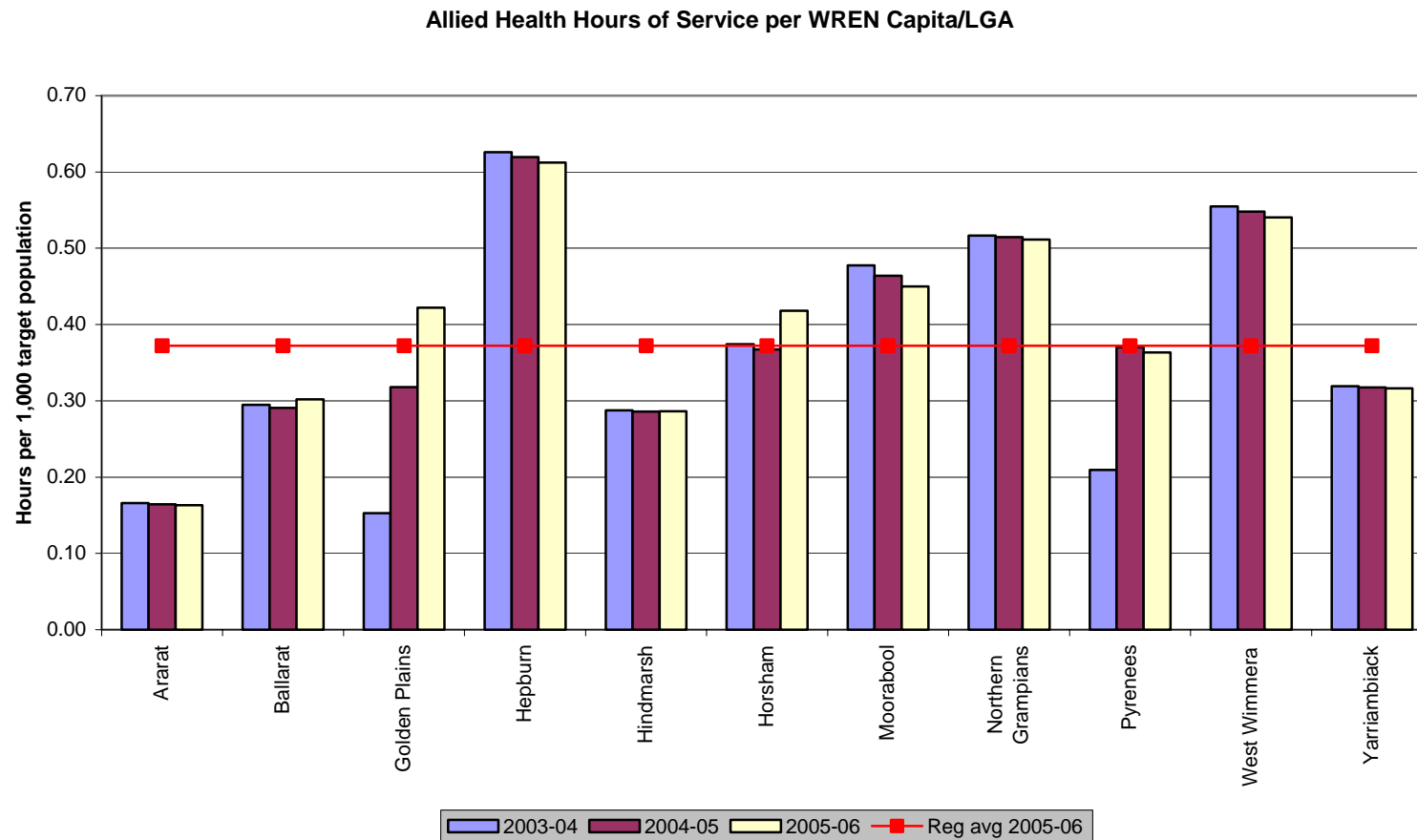


Property Maintenance Hours of Service Per WREN Capita/ LGA

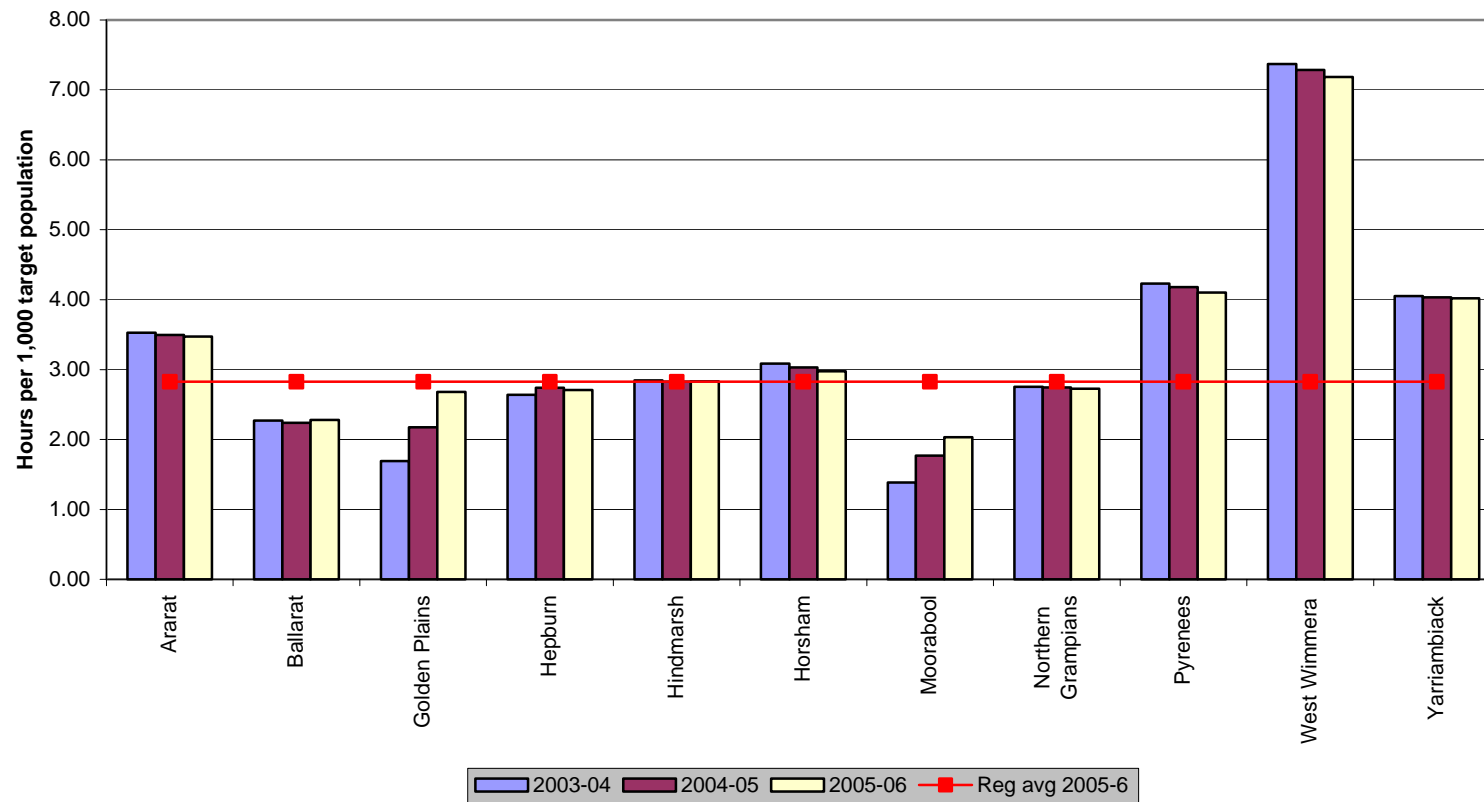


Delivered Meals Units per WREN Capita/LGA





Nursing Hours of Service per WREN Capita/LGA



Personal Care Hours of Service per WREN capita/LGA

