

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
Regional Consultation	17 July 2003	30	29	0	0	Yes
ATSI Consultation	21 July 2003	3	1	0	0	No

Outcomes

Additional data

No additional data, for consideration in the development of the Regional Plan 2003-06, was provided at or following the consultations.

Discussions about proposals

Equalisation or not?

The Region proposed to top-slice a minimum of 54% of growth funds over the next four years and distribute this to the under-funded local government areas of Greater Shepparton, Mansfield, Moira, Murrindindi, Strathbogie, Wangaratta and Wodonga.

All present agreed with this proposal. Some stakeholders suggested that the Region should redress the inequity more rapidly by not providing funding to those municipalities that are funded above the WREN. Hume Region has subsequently identified that the funds recommended for the over WREN funded municipalities relate specifically to:

- Expansion of the Region's Rural Allied Health service across the whole Region
- Small rural health services located in four of the over funded municipalities
- Expansion of the Regional HACC Training Coordinator's position to cover the whole Region.

Appendix B - Regional consultation - Hume

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.

There was general agreement about the Region's proposal for increasing "HACC Basic" services. With one group agreeing with the service mix and the other group making no comment about the proposed service mix.

Many felt that the use of funding and service provision data, to determine proposed funding levels, was a good idea.

The Shire of Mitchell noted that over the next ten years, it would experience a significant population increase in the Wallan area. This could lead to an increase in the number of younger people with a disability requiring services. Goulburn Valley Family Care identified that there will be a significant population increase within the 0-18 age group in the King Lake area. Both agencies felt that these trends needed to be monitored.

Agencies indicated that there was still a need to expand Linkages packages, Respite, Volunteer Coordination and Planned Activity Groups. It was hoped that increasing funding to "HACC Basic" services would reduce demand for Linkages.

Others expressed concern about unexpected demand across Benalla, Mansfield and Murrindindi becoming an issue in the future.

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.

Participants supported the Region's strategy of waiting for the outcome of existing CALD projects before committing funds in this area.

General comments included:

- There is an increase in several ethnic groups residing in West Hume. Major groups include Macedonian and Arabic speaking people. There is a need to be able to support people to get access to mainstream HACC services. This requires a collaborative approach and it is critical that this be a focus for mainstream HACC agencies. We need to analyse MDS data and also undertake further work with key agencies to support them to implement their Cultural Action Plans.
- Equity & Access workers advised that it is difficult to promote the needs of CALD communities to service providers. There is a need to have an appropriate forum to share models of good practice across the Region and across the State. There is a critical need to be informed about statewide initiatives (i.e. Culturally friendly gateways strategy, Ethnic Communities Council of Victoria mentoring project, CALD communication strategy, research projects etc.) This needs to be undertaken in a co-ordinated way within the Region and across the State.

Appendix B - Regional consultation - Hume

- Concern was expressed about the cessation of the Wodonga Multicultural Services Network due to lack of funding.
- Ovens and King Community Health Service is seeking funding to provide transport for its Italian ladies group.

The two equity and access workers provided a summary of feedback they have received from CALD communities, regarding the provision of HACC services:

- Not happy with home help services, as essential tasks are not being undertaken (i.e. cleaning windows or cleaning out cupboards are not part of the tasks of home care workers), therefore the appropriateness of these services is an issue
- There is a belief by a number of ethnic communities that Personal Care should be carried out by family as opposed to "strangers". Need to look at alternative options such as providing training to family members to undertake this role. The Region should explore this option further
- Need to undertake research to explore the appropriateness of these services
- There is a need to (a) focus on an increase use of translation and interpreter services and (b) that there are appropriate resources to support these services as the demand will increase.

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

Participants of both consultations supported the Region's ATSI Communities strategy.

Mitchell Shire indicated that a key focus of its HACC Strategic Plan will be to work closely with the ATSI community in the Seymour area. In years 2 & 3 the Shire will be looking at expanding its capacity to provide appropriate HACC services to the ATSI community in Seymour.

Regional development initiatives

Participants supported the Region's proposal. A Regional workshop in August will disseminate findings of last year's Care Planning, Care Coordination and Case Management service development project.

Minor capital

Concern was expressed about how much assistance the minor capital will translate to, given it can only ever be a 'contribution' to agency's infrastructure costs.

There was a view that agencies that will not receive growth will be disadvantaged under the minor capital formula and that this needs to be monitored.

There is a need to monitor the impact of the allocation on small agencies.

The IT infrastructure capacity of agencies was highlighted as an issue. In particular, the costs associated with E-referral.

Appendix B - Regional consultation - Hume

Agency allocations

Stakeholders indicated broad agreement with the agency allocation proposals.

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

Several issues not directly related to the content of the Regional Plan 2003-06 were raised. These were:

- Issues associated with the implementation of the SCoTT were identified
- The need to look at the provision of services to families with children with a disability
- IT infrastructure capacity of agencies in particular the costs associated with E-referral
- The need for DHS to define what is expected in the implementation of the SCoTT templates.

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.

Appendix C – Part 1 – Hume

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

Appendix C – Part 1 – Hume

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 – Hume

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

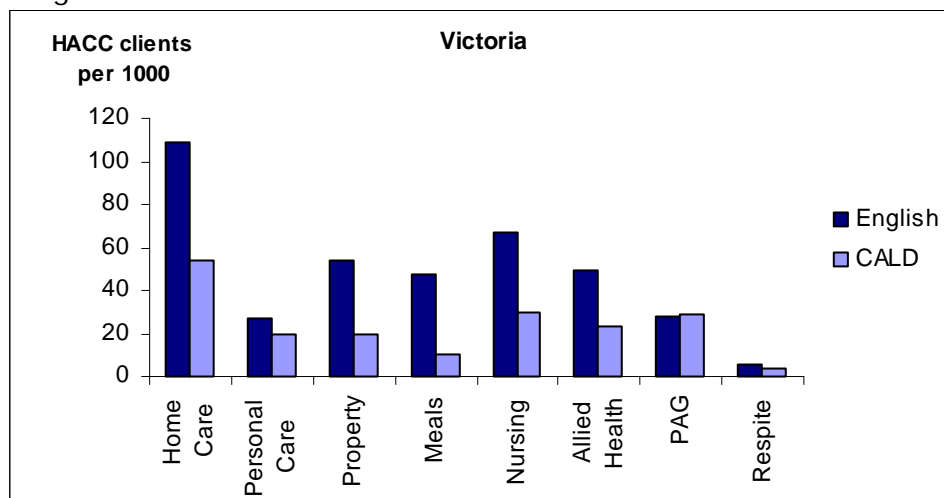
7 HACC clients - English versus Non-English speakers

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

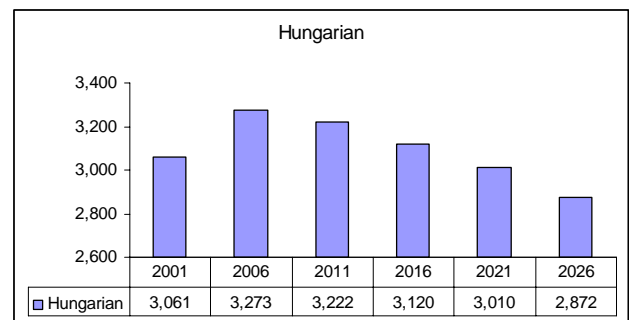
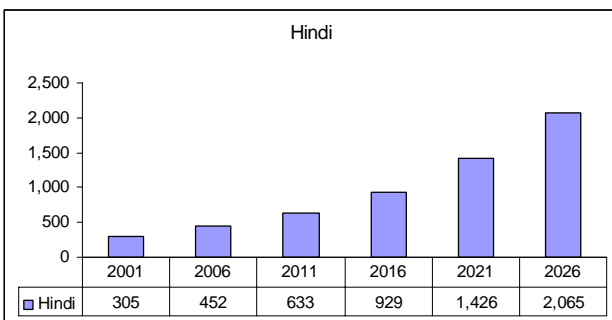
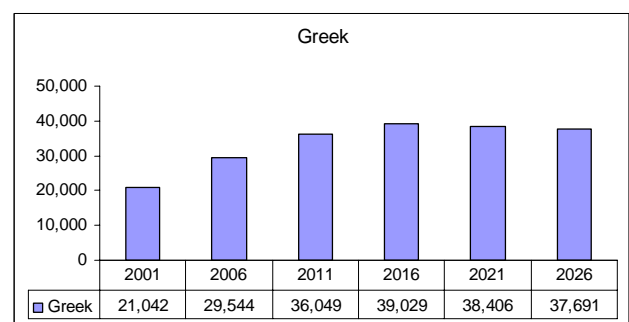
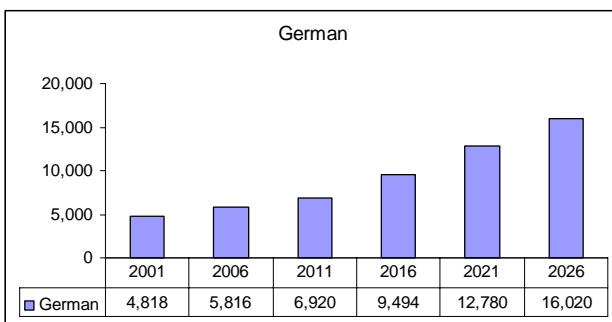
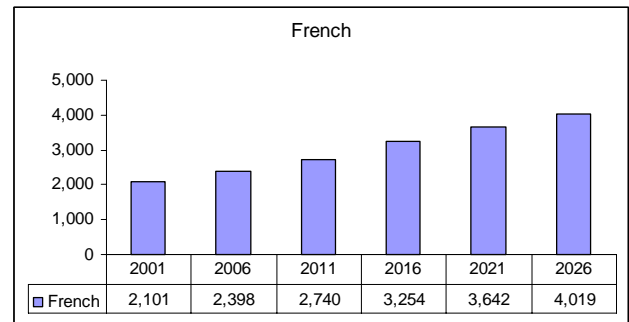
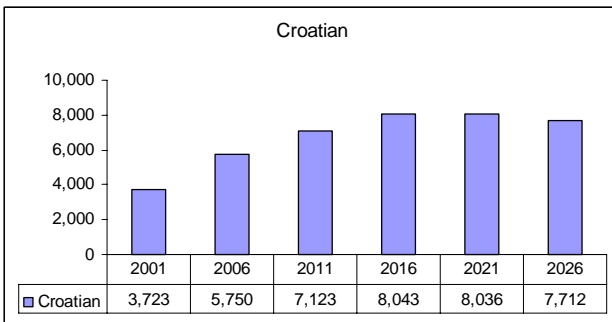
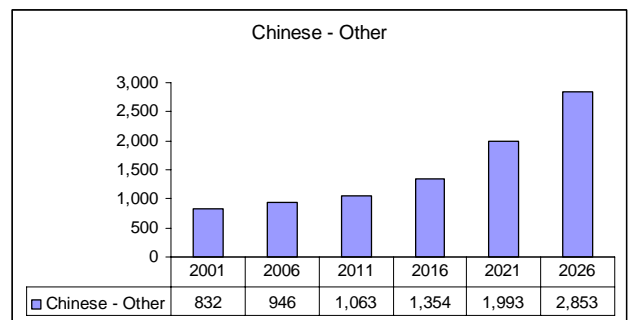
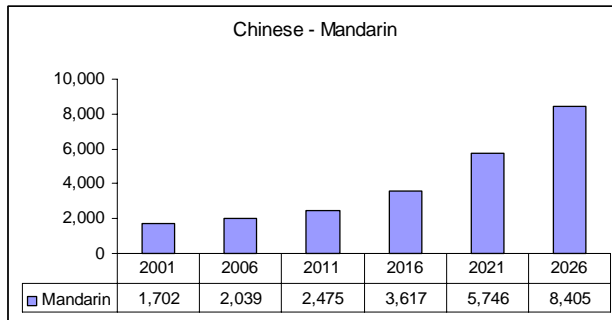
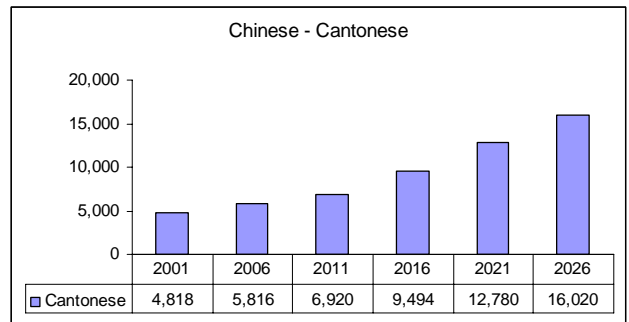
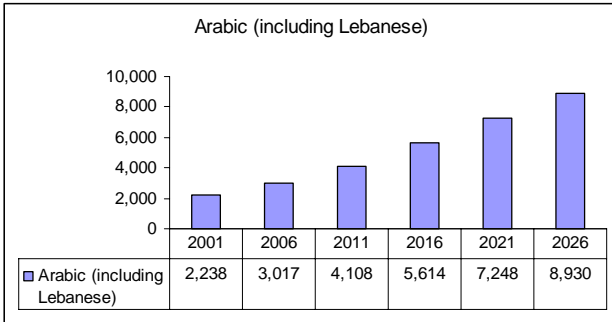


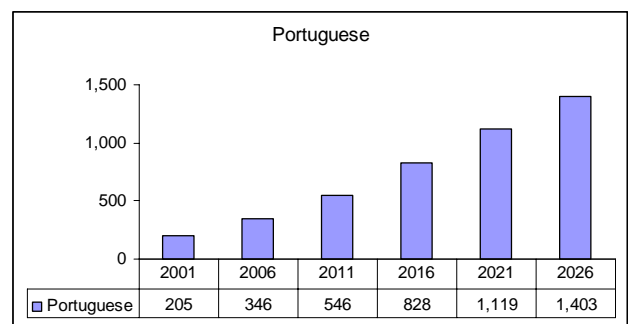
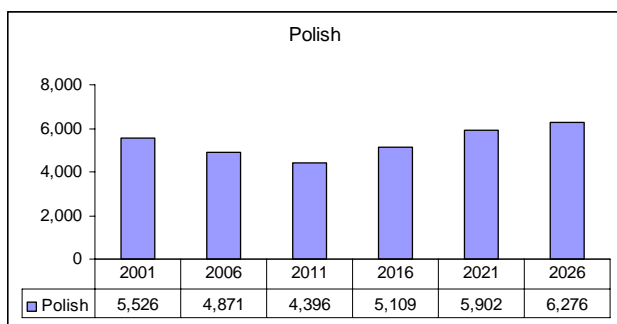
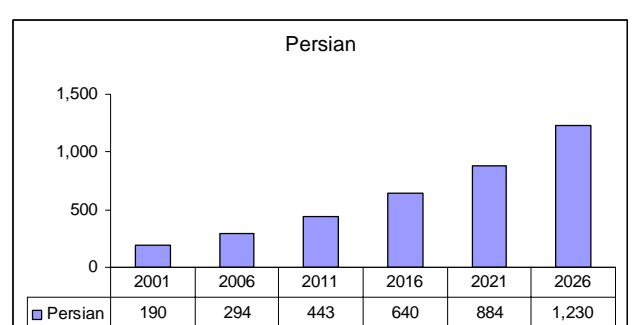
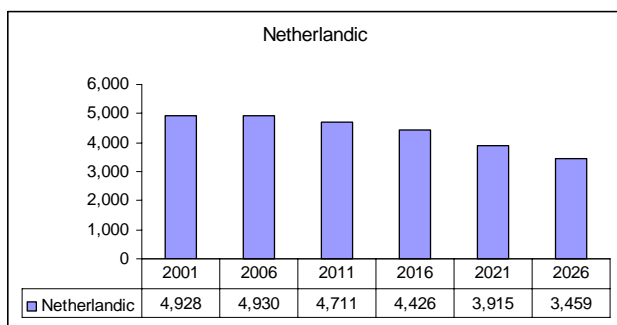
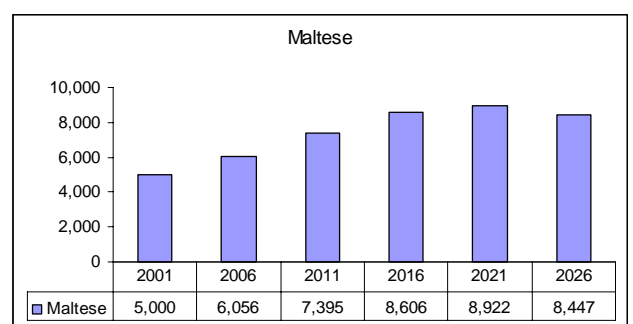
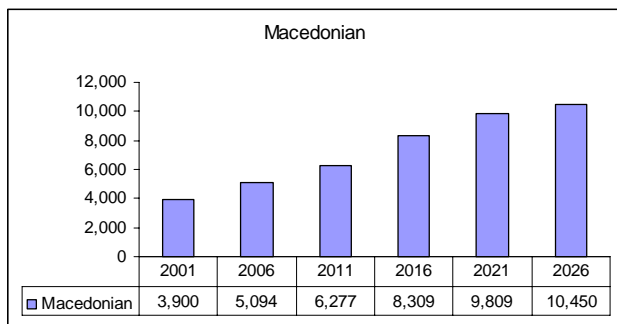
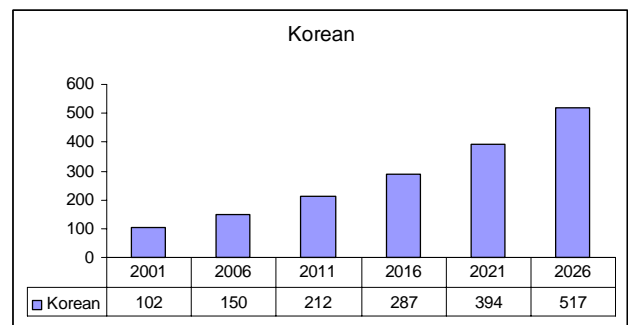
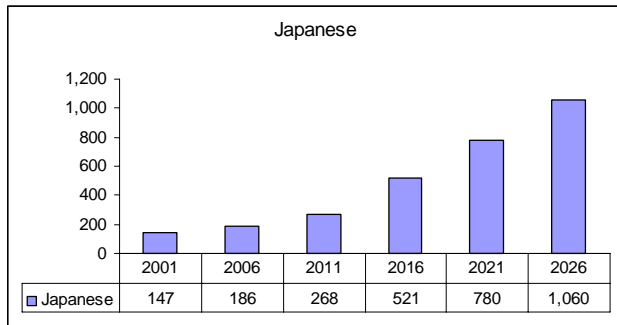
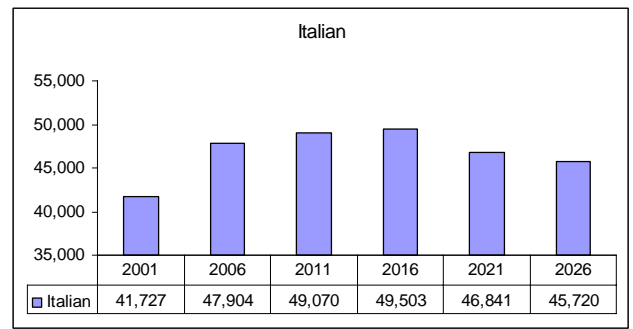
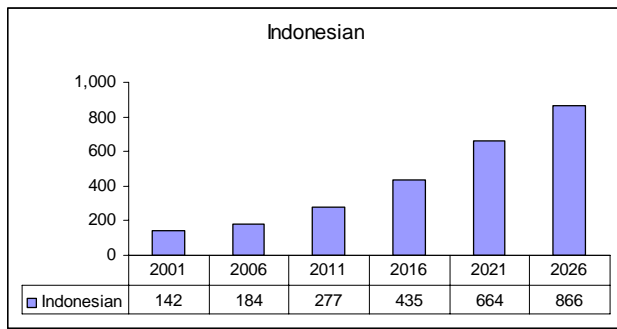
Source: MDS (2002 data) and 2001 Census

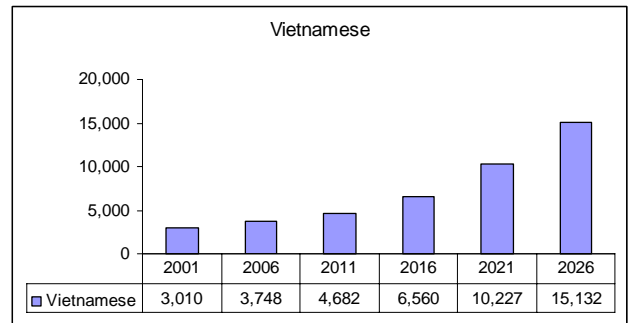
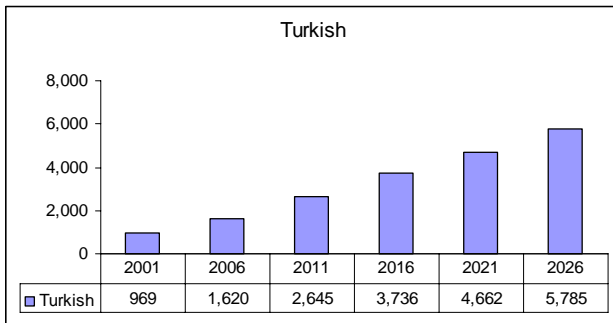
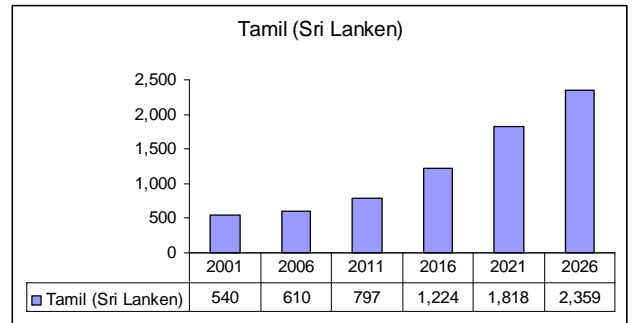
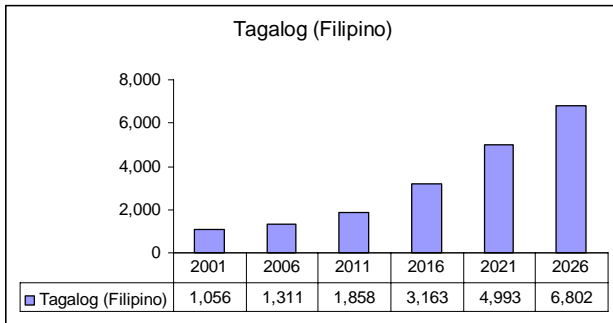
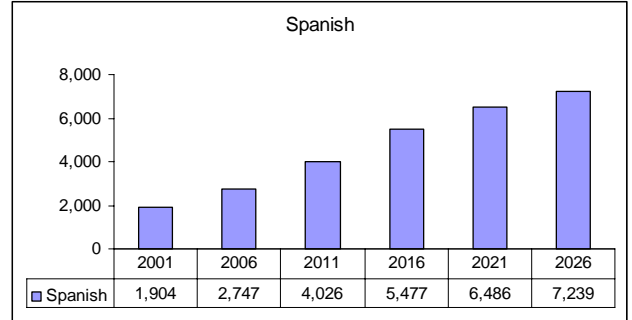
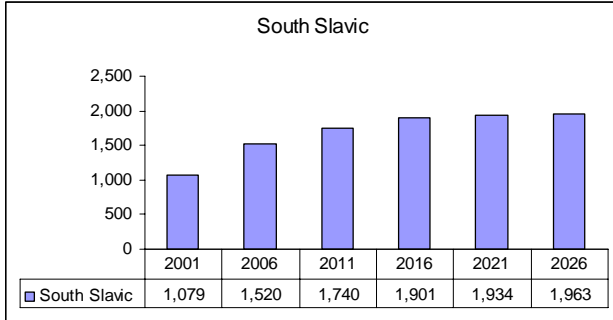
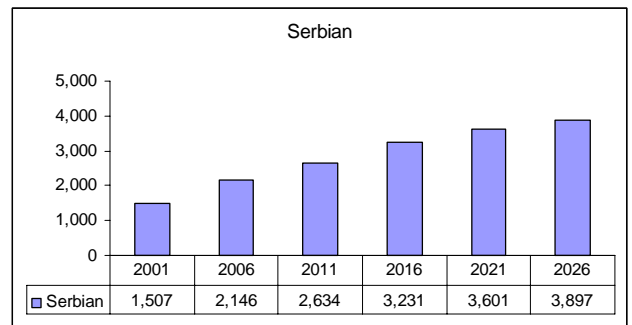
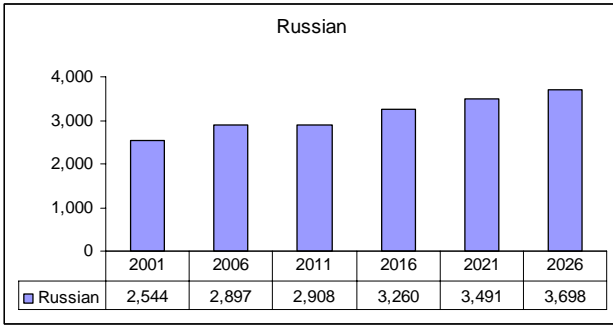
Appendix C – Part 2 – Hume

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

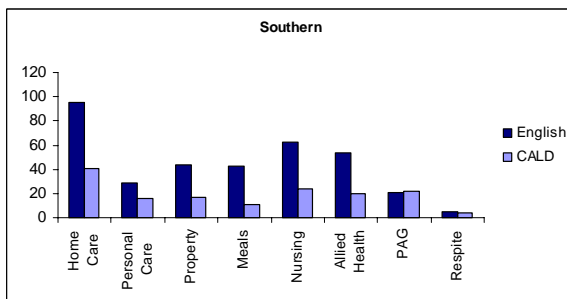
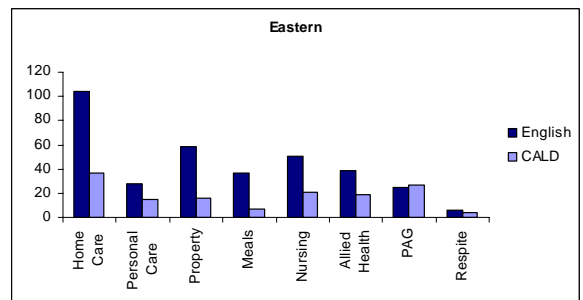
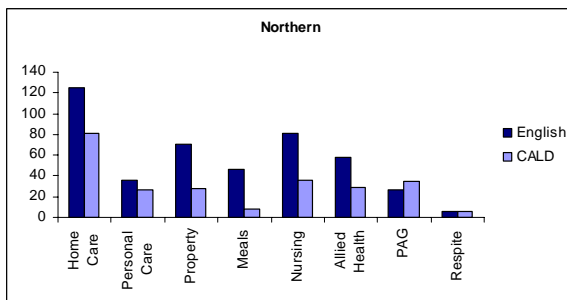
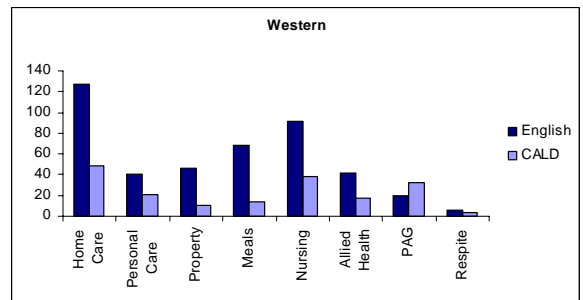
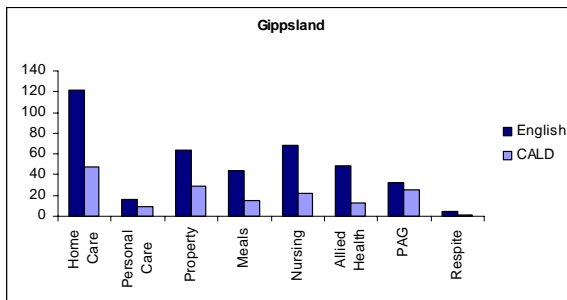
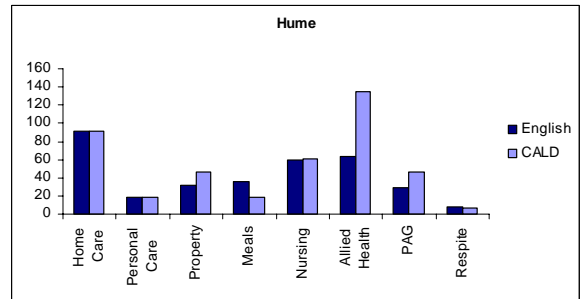
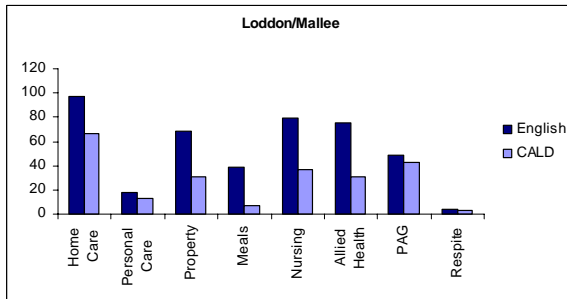
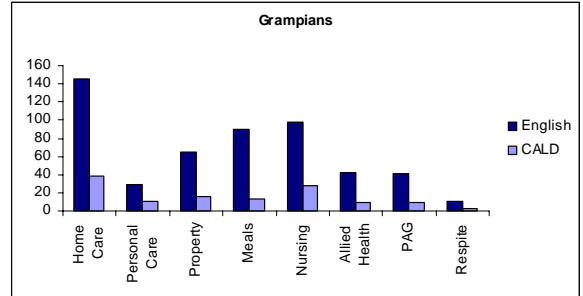
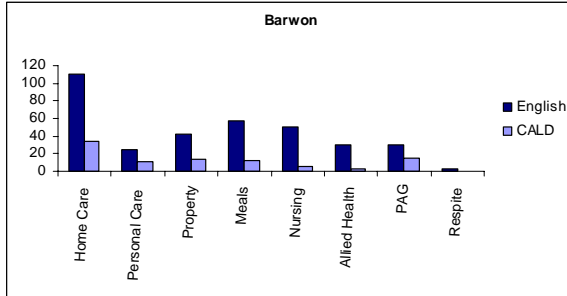






Appendix 2: HACC clients - English versus non-English speakers

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



List of HACC providers in Region

Age Concern Albury - Wodonga Inc.
Alexandra District Hospital
Alpine Health
Beechworth Health Service
Benalla & District Memorial Hospital
Benalla Support Group Children with Special Needs
Carers and Parents Support Group Inc.
City of Greater Shepparton
Cobram District Hospital
Community Accessibility Inc.
Cooinda Family Support Group Inc
Delatite Shire Council no longer exists refer to Rural City of Benalla and Mansfield Shire.
Disability Advocacy & Information Service Inc.
Euroa Hospital Inc
Glenview Community Care Inc
Goulburn Valley Family Care Inc.
Goulburn Valley Health
Kilmore and District Hospital
Mansfield District Hospital
Mansfield Shire
Mitchell Community Health Services Inc.
Mitchell Shire Council
Mitta Valley Volunteers Commuter Group Inc.
Moirra Healthcare Alliance
Mungabareena Aboriginal Corporation
Murrindindi Community Health Service Inc.
Nathalia District Hospital
Northeast Health Wangaratta
Numurkah District Health Service
Ovens & King Community Health Service Inc
Regional Information & Advocacy Council Inc.
Rumbalara Aboriginal Co-operative Ltd
Rural City of Benalla
Rural City of Wangaratta
Seymour District Memorial Hospital
Shepparton Access
Shire of Alpine
Shire of Indigo
Shire of Murrindindi
Shire of Strathbogie
Southern Cross Care (Vic)
Tallangatta Health Service
Uniting Care Wangaratta
Upper Murray Family Care Inc.
Upper Murray Health & Community Services
Villa Maria Society for the Blind
Violet Town Bush Nursing Centre Inc.
Vision Australia Foundation
Wangaratta Meals on Wheels Committee Inc.
Wodonga Regional Health Service
Wodonga Rural City Council
Yarrowonga District Health Service
Yea & District Memorial Hospital

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.

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.

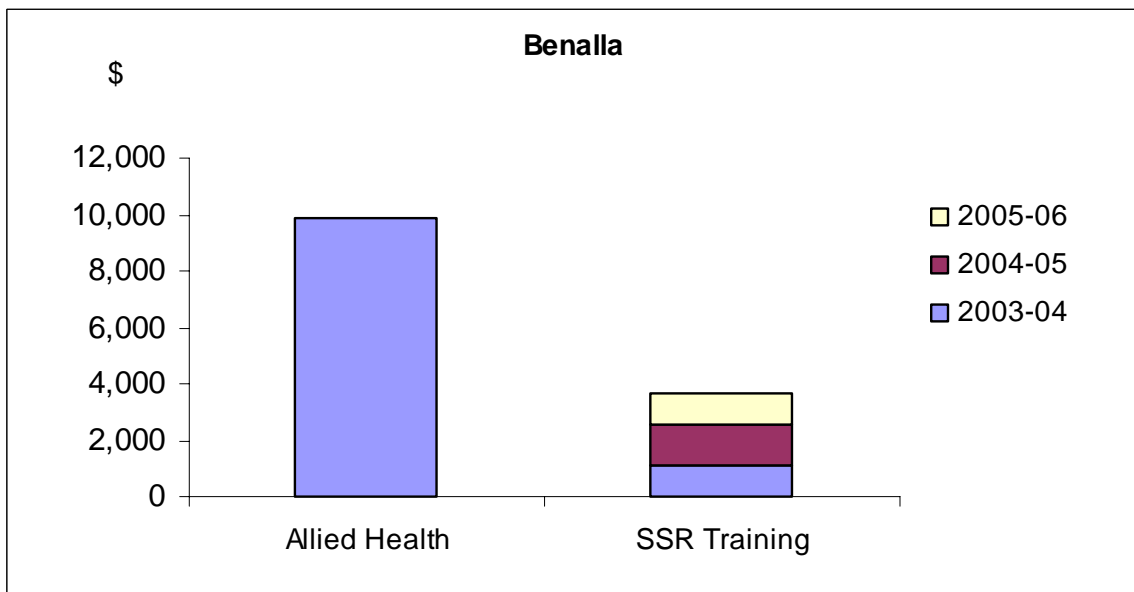
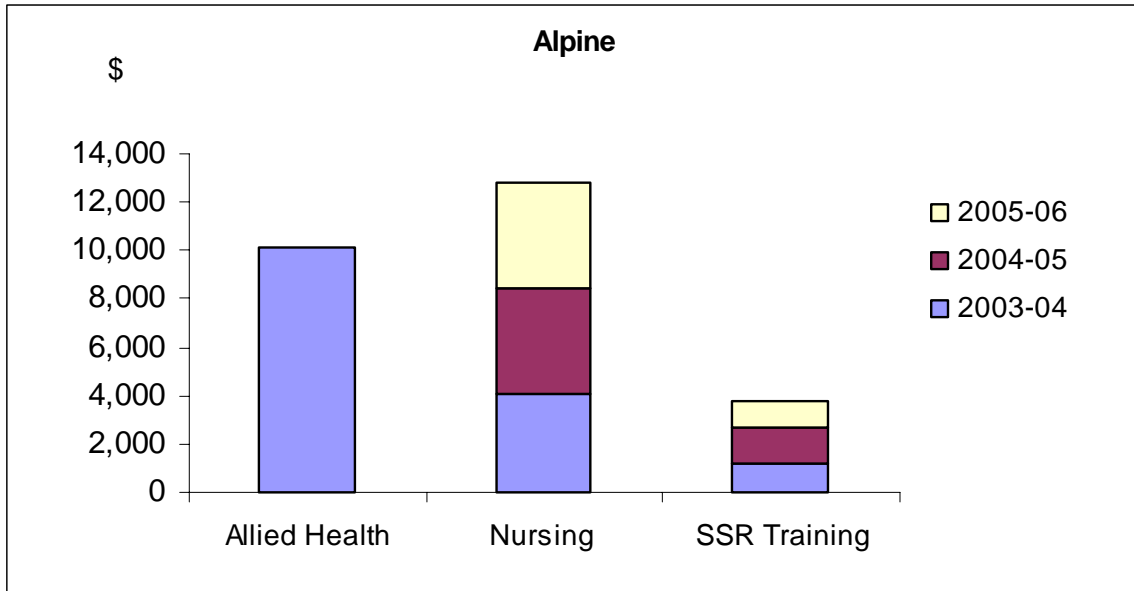
ACTIVITIES	Alpine		Benalla		Greater Shepp.		Indigo		Mansfield		Mitchell		Moira		Murrindindi		Strathbogie		Towong		Wangaratta		Wodonga		Allocation yet to be determined		Total region		
	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	
2003-04																													
Home Care	-	-	-	-	2637	64,448	-	-	286	6,990	-	-	262	6,403	-	-	-	-	366	8,945	1043	25,491	483	11,805	-	-	5077	124,082	
Personal Care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	567	15,842	-	-	-	-	567	15,842	
Property Maint	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	66	2,346	-	-	-	-	-	-	-	-	66	2,346	
Allied Health	141	10,120	137	9,832	407	29,210	118	8,469	66	4,737	140	10,048	294	21,100	116	8,325	111	7,966	64	4,593	238	17,081	205	14,713	-	-	2037	146,195	
Nursing	65	4086	-	-	-	-	67	4212	25	1572	84	5280	174	10938	35	2200	-	-	-	-	-	-	483	30361	-	-	933	58648	
Delivered Meals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
ACM	-	-	-	-	19,304	-	-	-	-	-	-	-	54,621	-	23,991	-	20,701	-	-	-	-	8,162	-	-	-	-	-	126,779	-
FSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SSR Training	-	1,152	-	1,116	-	3,287	-	963	-	537	-	1,574	-	2,395	-	947	-	905	-	526	-	1,942	-	1,656	-	-	-	17,000	
	206	15,358	137	10,948	3044	116,250	185	13,644	377	13,835	224	16,902	730	95,457	151	35,463	177	31,918	430	14,064	1848	68,519	1171	58,534	-	-	8680	490,893	
2004-05																													
Home Care	-	-	-	-	2175	54,484	-	-	-	-	-	-	1212	30,361	-	-	-	-	-	-	-	-	-	-	-	-	3387	84,844	
Personal Care	-	-	-	-	758	21,709	-	-	-	-	-	-	1057	30,272	-	-	-	-	-	-	1133	32,449	-	-	-	-	2948	84,431	
Property Maint	-	-	-	-	-	-	-	-	-	-	-	-	524	19,095	-	-	132	4,810	-	-	-	-	-	-	-	-	656	23,905	
Allied Health	-	-	-	-	-	-	-	-	-	-	132	9,710	-	-	-	-	-	-	-	-	-	-	-	-	1,000	73,560	1,132	83,270	
Nursing	67	4317	-	-	719	46325	68	4381	26	1675	86	5541	190	12242	20	1289	489	31506	145	9342	700	45101	-	-	-	-	2510	161719	
Delivered Meals	-	-	-	-	7191	9,061	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7191	9,061	
ACM	-	-	-	-	-	-	-	-	-	-	-	-	17,060	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17,060	
FSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SSR Training	-	1,479	-	1,437	-	4,200	-	1,236	-	692	-	2,019	-	3,088	-	1,205	-	1,159	-	671	-	2,477	-	2,137	-	-	-	21,800	
	67	5,796	0	1,437	10843	135,779	68	5,617	26	2,367	218	17,270	2983	112,118	20	2,493	621	37,475	145	10,014	1833	80,027	0	2,137	1000	73,560	17824	486,090	
2005-06																													
Home Care	-	-	-	-	2174	55,807	-	-	-	-	-	-	613	15,736	-	-	-	-	-	-	-	-	-	-	-	-	2787	71,542	
Personal Care	-	-	-	-	994	29,184	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	994	29,184	
Property Maint	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Allied Health	-	-	-	-	-	-	-	-	-	-	133	10,028	-	-	-	-	-	-	-	-	-	-	-	-	2,334	175,984	2467	186,012	
Nursing	67	4425	-	-	649	42866	70	4624	27	1783	88	5812	192	12682	20	1321	303	20013	147	9709	500	33025	-	-	-	-	2063	136261	
Delivered Meals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
ACM	-	-	-	-	37,949	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	55,531	-	-	-	93,479	-	
FSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SSR Training	-	1,170	-	1,141	-	3,303	-	973	-	549	-	1,596	-	2,446	-	947	-	909	-	528	-	1,936	-	1,702	-	-	-	17,200	
	206	16,114	136	11,394	4211	198,787	186	14,340	92	7,268	411	31,775	1097	52,842	133	10,777	695	50,506	210	14,986	731	107,894	203	16,994	2,334	175,984	8311	533,678	

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

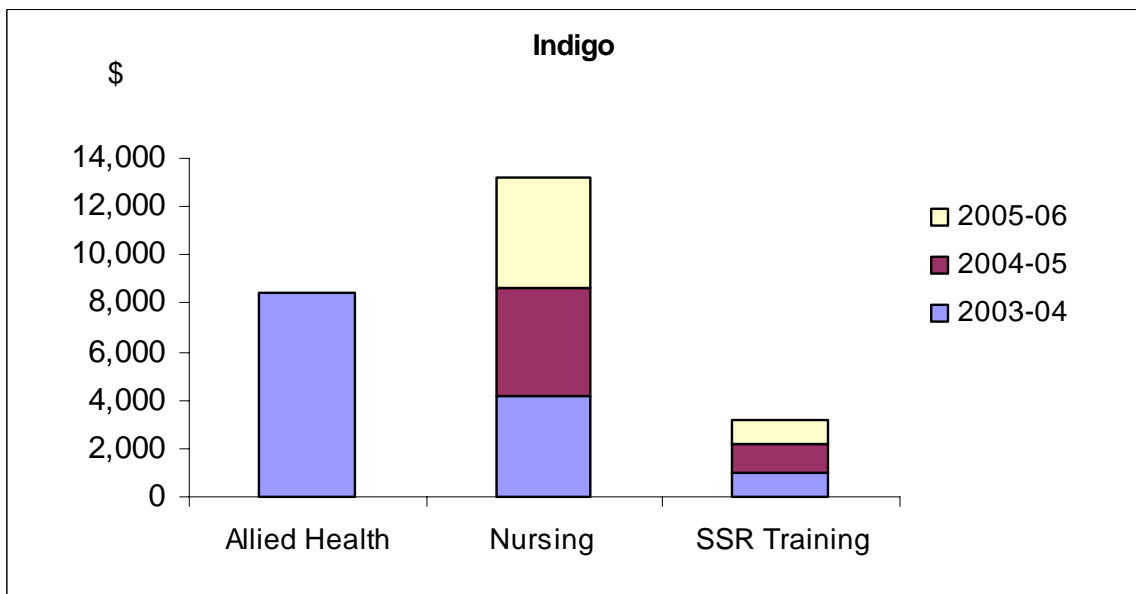
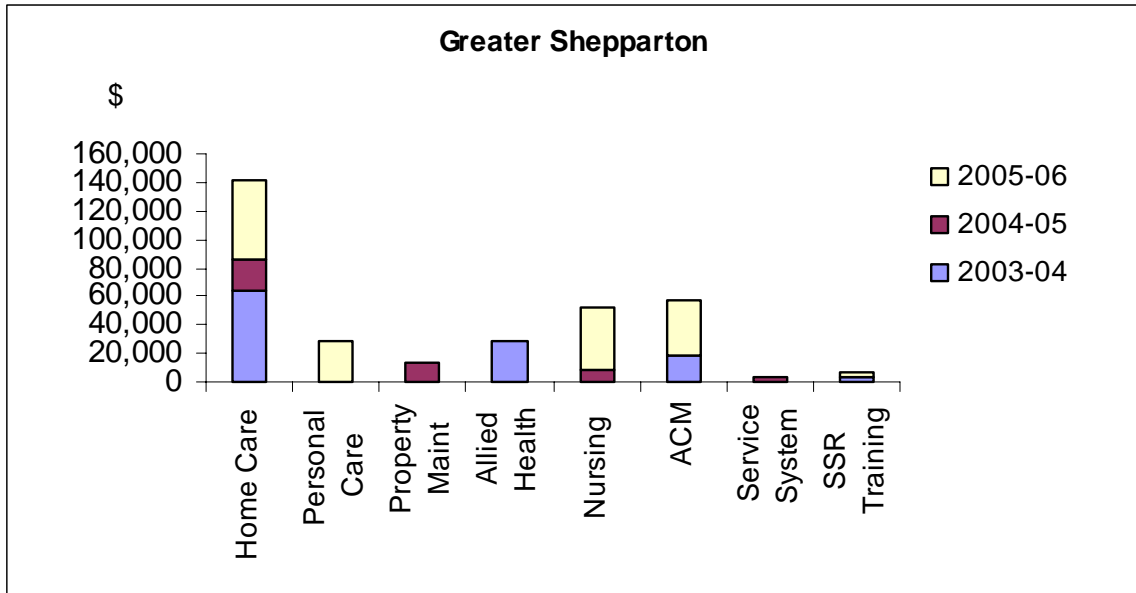
Appendix F - Hume

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.



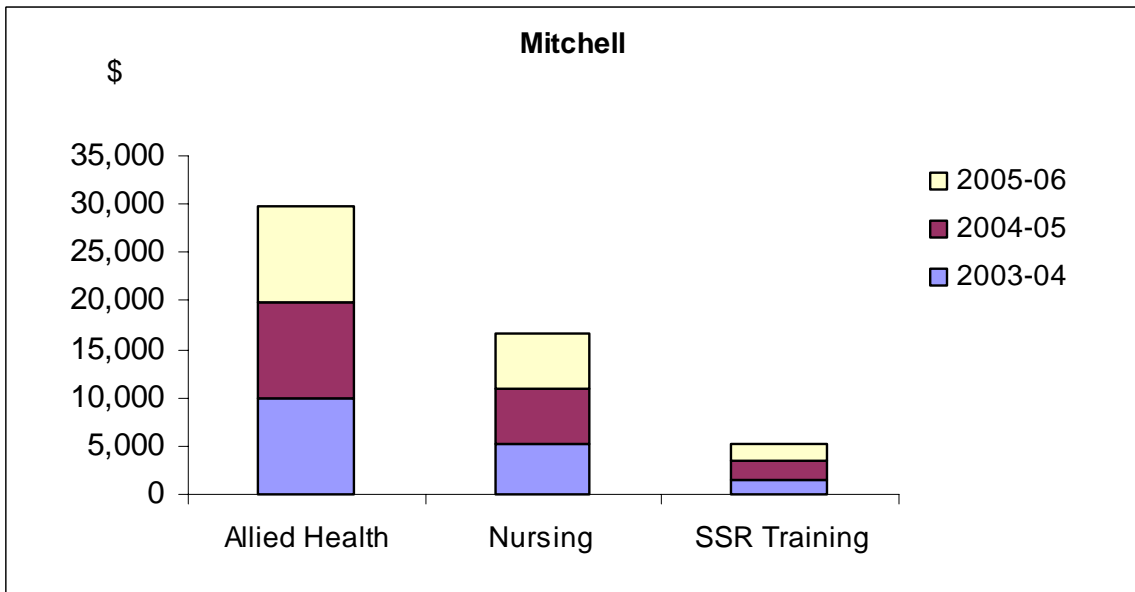
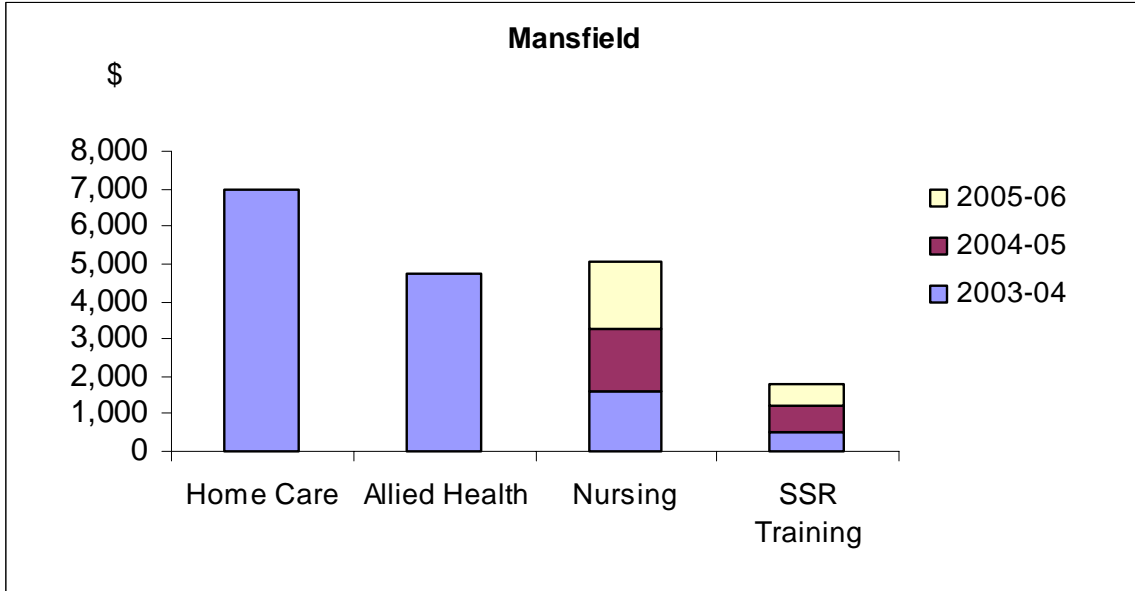
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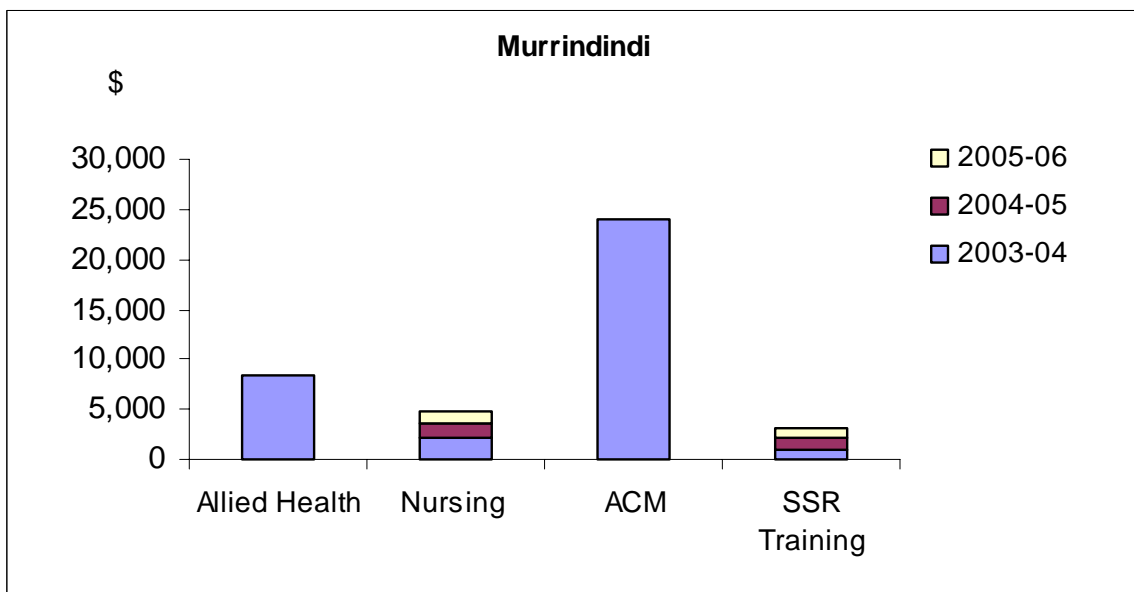
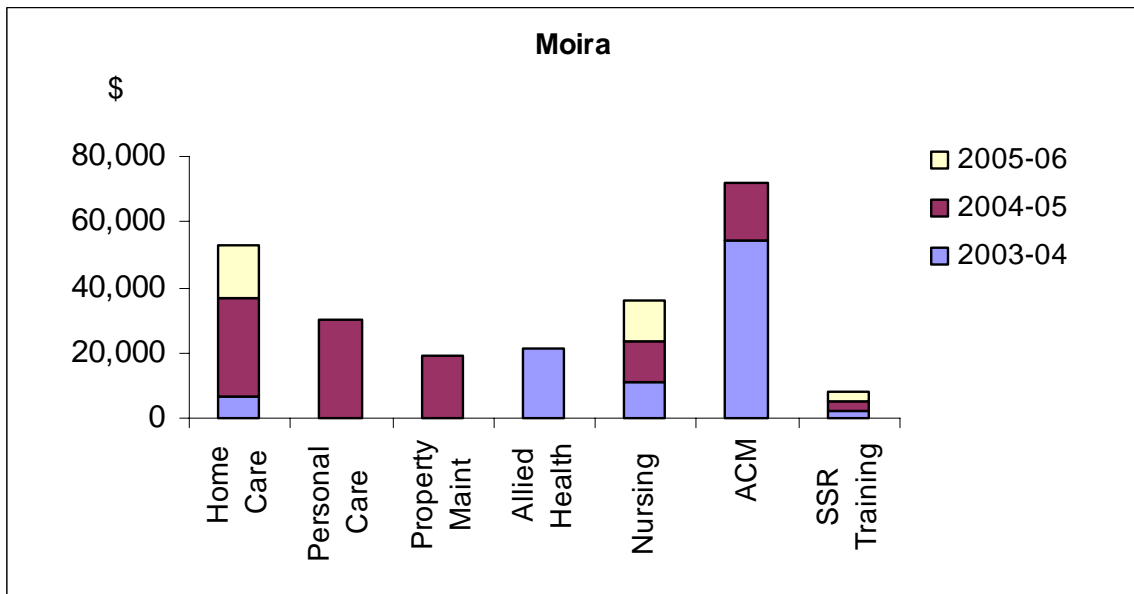
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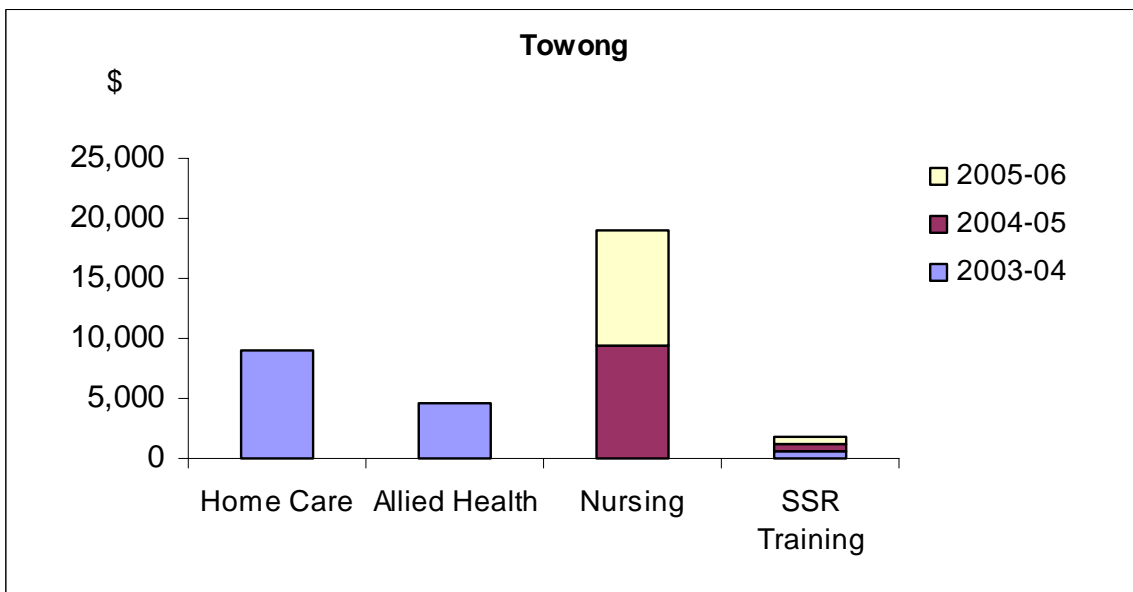
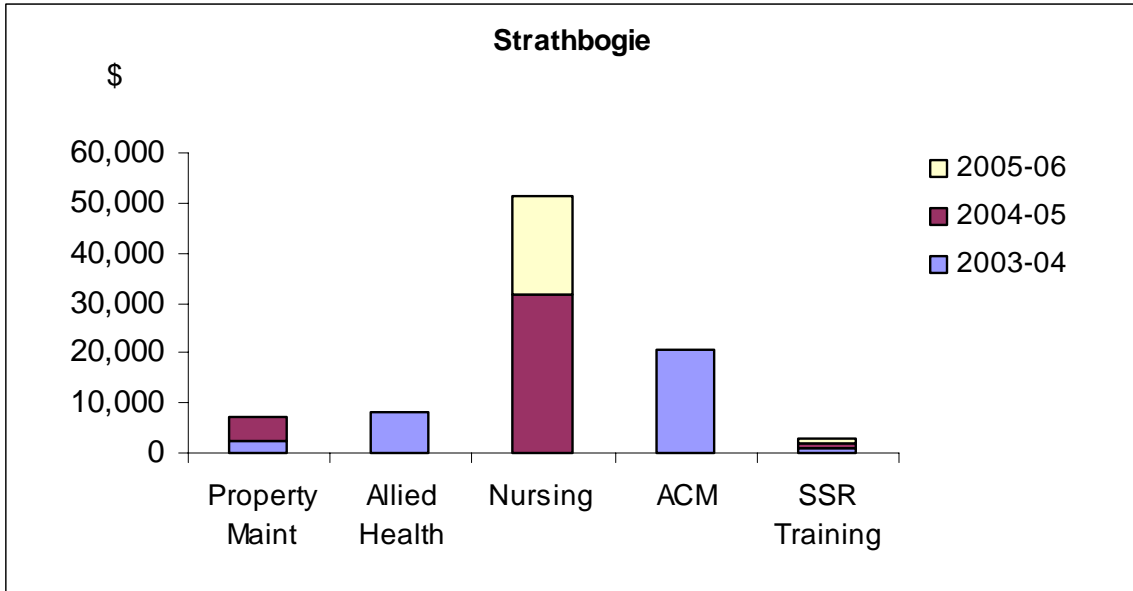
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