

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 – LMR

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
Loddon Mallee/Hume Koori Network Meeting - Robinvale	05/05/03	8	3	0	0	No
Loddon Mallee/Hume Koori Network Meeting - Rumbalara	02/06/03	12	7	0	0	No
Loddon Mallee/Hume Koori Network Meeting - Rumbalara	07/07/03	7	4	0	0	No
CALD Working Group – Bendigo/Mildura	05/06/03	16	7	1	1	No
CSO Working Group - Bendigo	10/06/03	11	9	0	0	No
Central Goldfields Shire – Network Meeting	18/06/03	11	6	1	0	No
Mt Alexander Shire – Network Meeting	18/06/03	6	3	0	0	No
Gannawarra Shire – Network Meeting	19/06/03	13	9	0	0	No
Macedon Ranges Shire – Network Meeting	19/06/03	10	10	0	0	No
Mildura Rural City – Network Meeting	20/06/03	6	5	0	0	No
City of Greater Bendigo – Network Meeting	25/06/03	8	5	0	0	No

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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
Loddon Shire – Network Meeting	26/06/03	6	5	0	0	No
Campaspe - Local government area meeting	03/07/03	24	10	6	0	No
Swan Hill Rural City, Buloke Shire & Gannawarra Shires (Northern Mallee PCP)	10/07/03	17	10	4	0	No
Mildura Rural City Local Government area meeting	14/07/03	23	15	1	1	No
Macedon Ranges Shire, Mt Alexander Shire & Central Goldfields Shire (Central Vic PCP)	17/07/03	19	13	0	0	No
City of Greater Bendigo, Loddon Shire (Bendigo/Loddon PCP)	21/07/03	30	14	0	0	Yes

Outcomes

Additional data

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

- Impressions about HACC supply and demand in each local government area
- Views about redressing funds inequity across the Region
- Practice wisdom about how to increase access to Priority 1 activities and access to HACC activities for people from CALD and ATSI backgrounds and people in rural and isolated areas
- Sunassist Community Transport Service Development Project reports.

Discussions about recommendations

Equalisation or not?

The Region proposed to top-slice 10% of the growth funds and distribute this funding to the relatively under-funded local government areas of Campaspe and Mt Alexander Shires, Mildura Rural City and the City of Greater Bendigo.

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The sector generally agreed with this proposal. However, stakeholders from Campaspe Shire, Mildura Rural City and the City of Greater Bendigo preferred to redress the inequity more rapidly, with a 3-year timeframe preferred.

- None of the participants in the consultation process proposed less than a 10% top-slice
- As a general rule, representatives of local government areas in the Region that are currently overfunded according to the WREN did not support an accelerated approach to funding equalisation

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. In response to this request, 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 (which are due in 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 recommendations to expand HACC services, with the following exceptions:

- Funding to address an anomaly in the calculation of growth funding for District Nursing in the Macedon Ranges Shire, with a proposal that the resultant funding difference of \$3,014 be used for Allied Health
- Lack of transport across the Region was one of the main issues. In Mildura Rural City it was suggested that the Priority 2 funding proposal to expand the Region's Ethnic Service Development Program and have a physical presence in Robinvale be re-evaluated. It was suggested the funds could be better used to assist in meeting local community transport needs under Priority 1
- Additional District Nursing Services were proposed for Campaspe Shire in the Draft Regional Plan. However, after incorporating the Consolidation Project funding transfer to the proposed provider, there was general acknowledgement that the funds would be better used to purchase additional Allied Health (particularly Podiatry) and Assessment & Care Management for the Campaspe Shire
- Additional funding was proposed for the Loddon Mallee Regional District Nurses Network to enhance administrative capacity.

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 proposal was to:

- Build the capacity of the Region's Ethnic Community Councils (\$30,000 for 6 months). This is a Service Development Initiative
- Develop a CALD outreach Program for City of Greater Bendigo, Shires of Mt Alexander, Campaspe and Central Goldfields (\$80,000 over 3 years).

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Stakeholders generally agreed with the focus of the recommendations. However, concern was expressed that the project needs clearer objectives and outputs to be articulated for each year of the CALD Outreach Project. The position needs to have a local presence/shopfront that can offer information, messages, etc. and an 1800 telephone number.

- Extension of the Ethnic Service Development Program (\$16,000 in 2003-04) was supported in Swan Hill Rural City. Stakeholders did not agree to expand the service to have a position for Mildura. It was proposed that the funding be used to expand the transport service at Sunassist Volunteer Helpers.

However the Ethnic Service Development Program is considered a priority as it addresses a regional need within Priority 2. Sunassist Volunteer Helpers will receive growth funding in 2003-04 under Priority 1

- Extend the Telelink Program by \$25,000 over 3 years
- Extend the Ethnic Meals Program by \$14,000 over 3 years
- Expand the Outreach Program from Mildura to Robinvale by \$30,000 over the next 3 years.

Stakeholders supported the above recommendations.

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

Proposal was to:

- Appoint a Regional Aboriginal HACC Assessment Coordination Program (\$85,000 in 2003-04).

Concerns were expressed that the Regional Assessment Co-ordination Position would not meet the needs of the entire Region, in particular Mildura Rural City. Participants at the consultations believed that, in addition to improvements in assessments, assistance was needed to set up service coordination systems and undertake other associated tasks. Accordingly, doubts were expressed as to whether the proposed 1 EFT position could meet all these needs.

- Expansion of the Loddon Mallee/Hume Aboriginal Liaison Program (\$37,000 over 2003-05)
- Expansion of HACC Basic over the three years.

Participants at the consultations agreed to these recommendations.

Regional development initiatives

The proposed focus for each of the three years was generally supported.

During the Bendigo/Loddon consultation, participants expressed support for the proposed initiatives but emphasized the need for Transport Coordination of existing programs rather than yet another examination of existing transport problems.

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Minor capital

The proposal to retain up to 20% of the Region's Minor Capital funding for discretionary purposes was agreed to by participants at the consultations.

A reduction in the level of submission writing and an enhanced ability to plan ahead were seen as real efficiencies from the new planning and funds allocation process, which would ultimately enhance services to consumers.

Agency allocations

While there was broad agreement with the proposed agency allocations, several participants questioned the allocation of Personal Care to Interchange Loddon Mallee Region Inc. as opposed to the relevant local government authority receiving the funds. However, after it was explained that the allocations would be used to support local packages of care to younger people with disabilities, particularly during camps, there was general agreement with the proposed allocations.

As mentioned above, additional District Nursing Services were proposed for Goulburn Valley Health. However, after incorporating the Consolidation Project funding that had transferred to the proposed provider, it was acknowledged that the funds would be better used to purchase additional Allied Health (particularly Podiatry) and Assessment & Care Management for the Campaspe Shire.

Incorporation of consultation data into the Regional Plan 2003-06

All information, arguments and suggestions presented during the consultation period were considered in the finalisation 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:

Ministerial Priorities

- Representatives from a number of agencies expressed their concern that Planned Activity Groups and community transport (through Volunteer Co-ordination) were not included among the Ministerial Priorities for 2003-06.
- How to address the needs of emerging Koori communities in accessing HACC information and HACC services (for example, Kyabram Aboriginal Community).

Demographic Data

- Use of demographic data that accurately reflects the population income range in local government areas and where the availability of HACC services may attract a client profile which is not a 'demographic average' for the area
- Concern that rural and remote areas that are experiencing a population net loss will progressively receive reduced growth funding without accounting for service delivery costs to remote clients and other barriers caused by isolation (a HACC Unit Pricing issue).

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Service Planning Issues

- Ability of workers funded to address regional needs being accessible across the Region and whether local brokerage arrangements or local auspice arrangements would better address regional needs
- The cost of delivering services in rural and remote areas not being adequately accounted for within equity/equalisation formulae or in HACC unit pricing
- The need to take advantage of the 3-year funding horizon by funding larger amounts per activity rather than funding a broad range of activities with potentially little impact
- General support for funding basic HACC services to reduce the demand for care packages
- Meeting transport demands, with its impact on access to HACC services, capacity to maintain fleet/bus stock and lack of transport systems and options in regional and rural areas of the Region, mean transport remains one of the most contentious and concerning issues for service providers in the majority of areas across the Region. Suggested approach is to co-ordinate transport responses rather than examine existing problems
- Critical need for podiatry services to deliver services and further develop models of service delivery that support personal carers to provide supervised foot care in the Region
- To make a case to the Department of Treasury and Finance for Major Capital funding for the HACC Program as part of a Whole of Government approach
- Inability to maximise funding for Allied Health due to the difficulty in recruiting and retaining Allied Health staff particularly in isolated areas. Need to explore innovative approaches to attract Allied Health staff/students to country areas and to meet client need.

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

Appendix C – Part 1 - LMR

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 - LMR

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

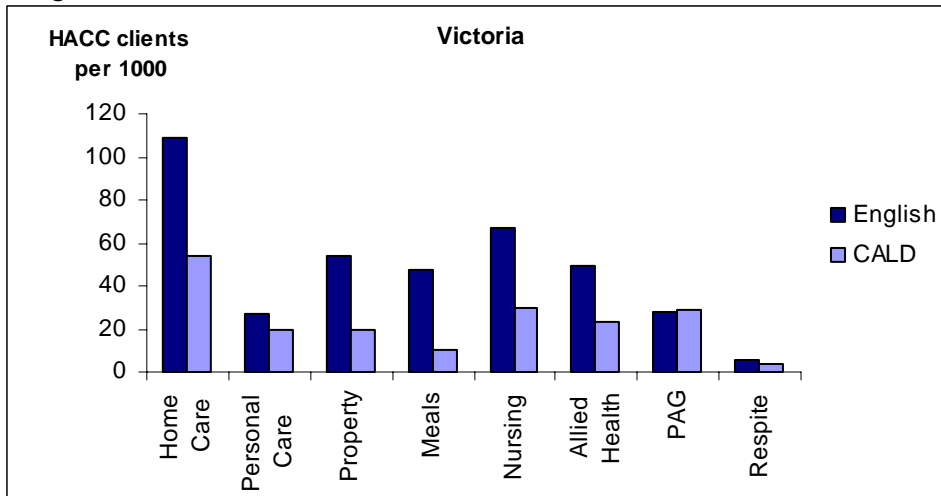
7 HACC clients - English versus Non-English speakers

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

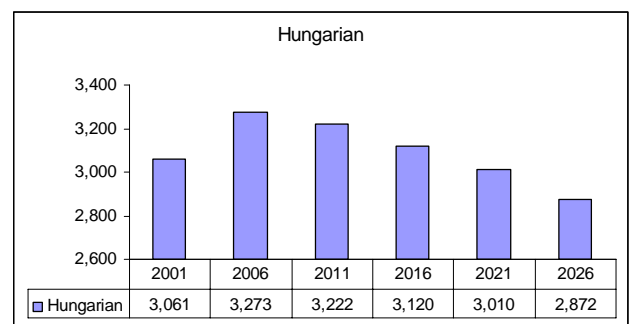
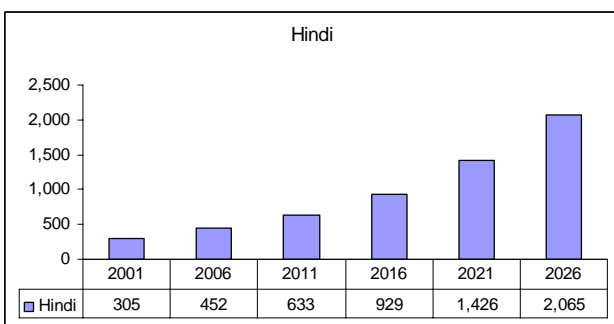
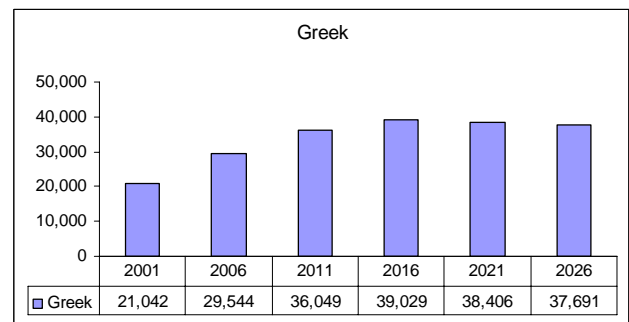
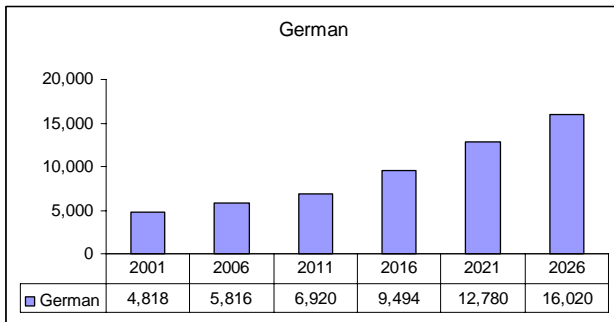
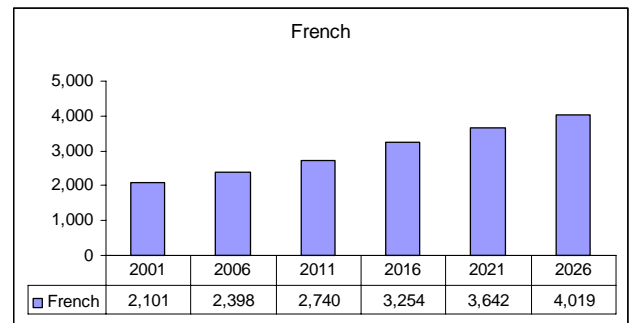
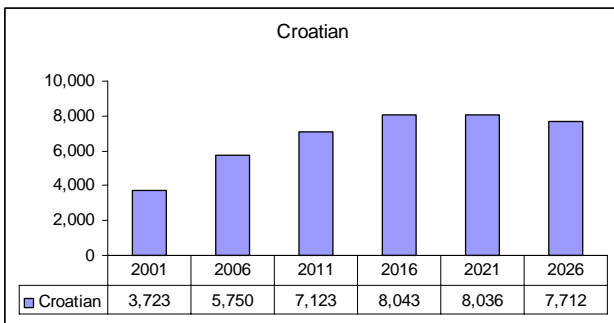
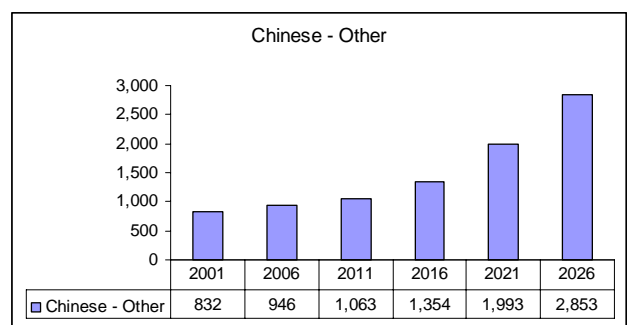
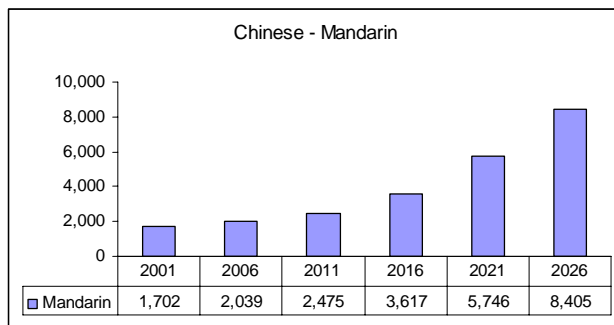
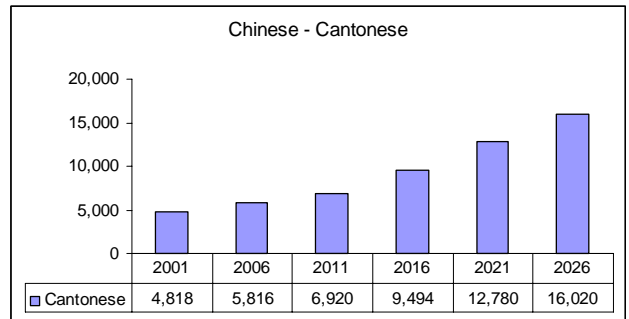
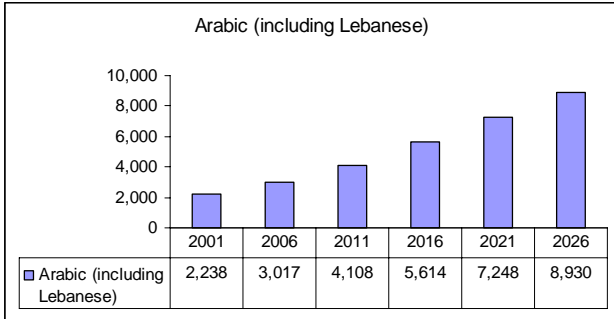


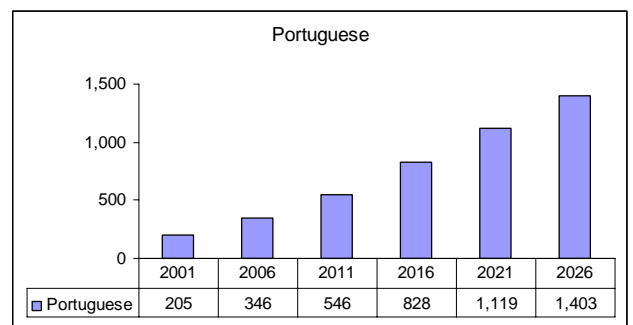
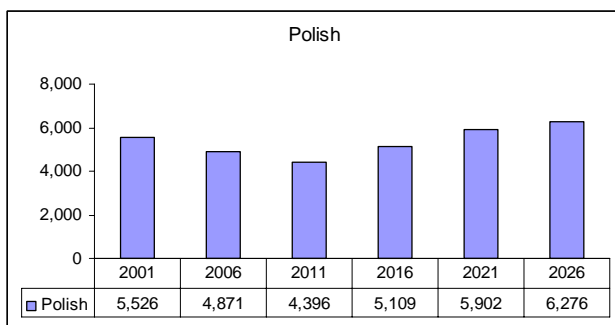
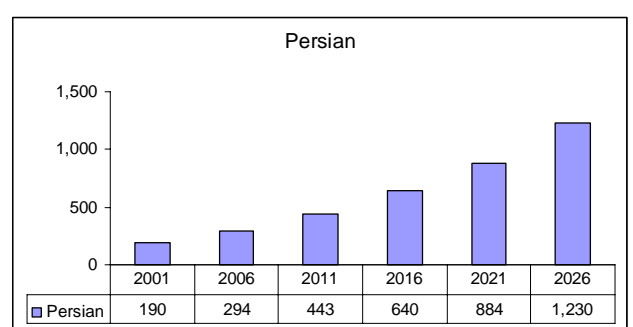
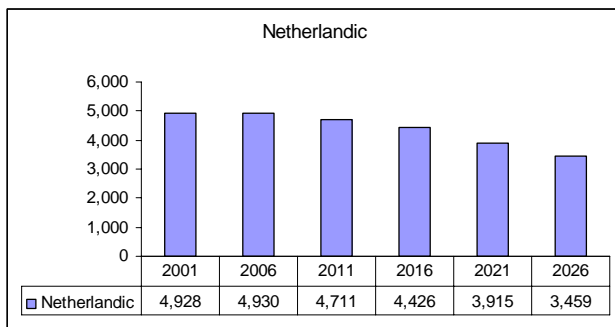
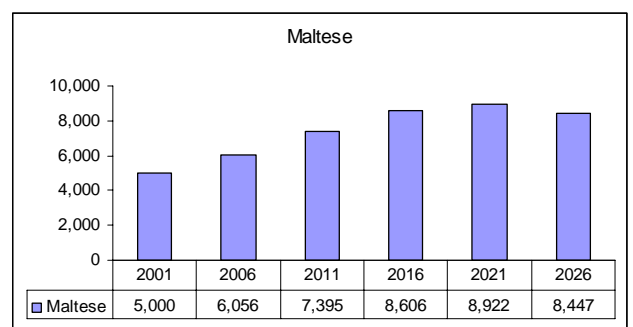
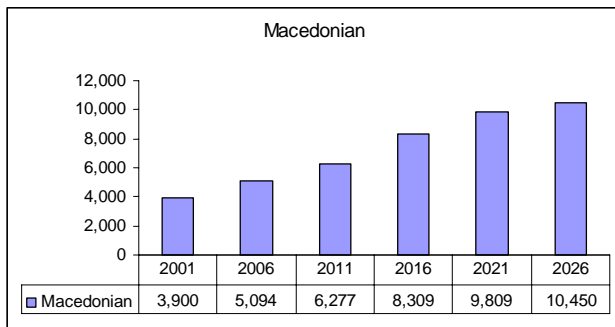
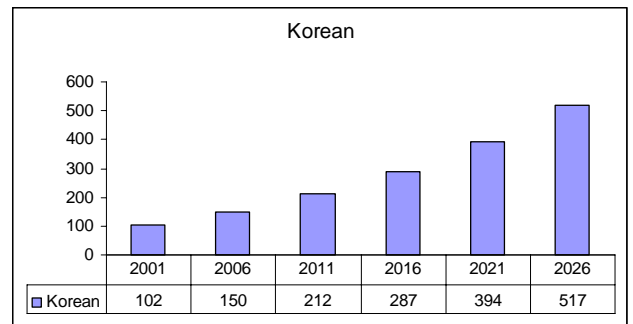
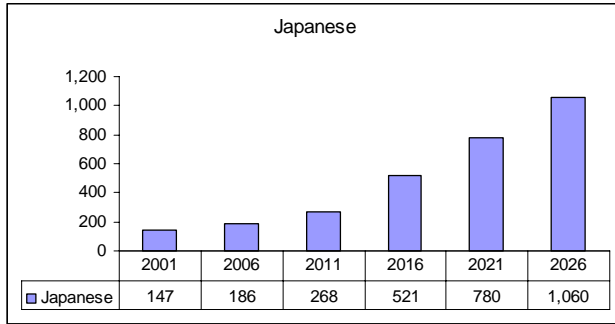
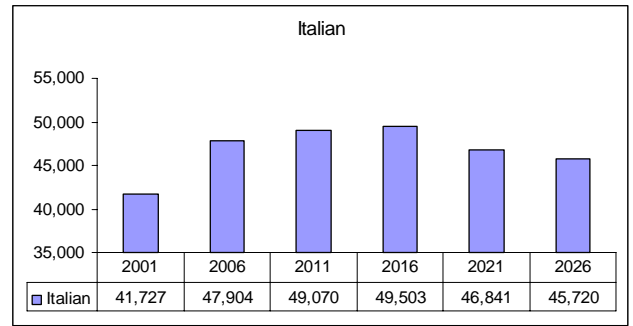
Source: MDS (2002 data) and 2001 Census

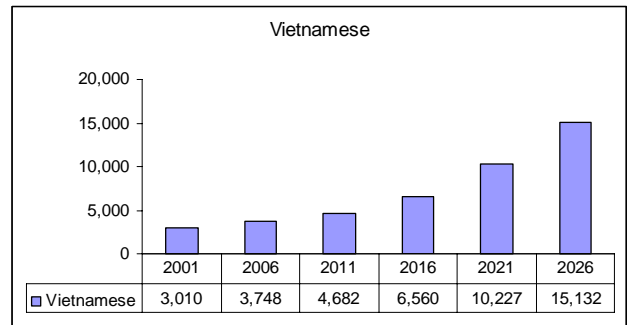
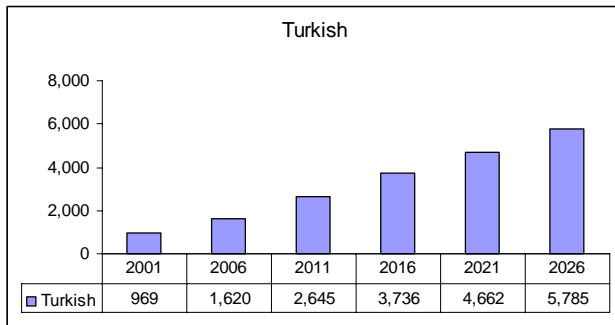
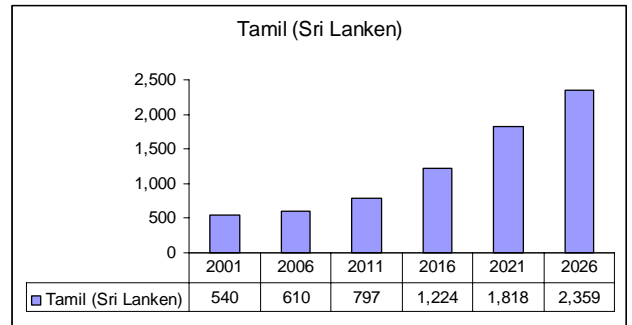
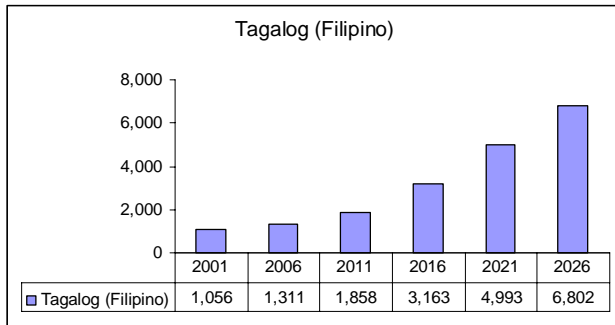
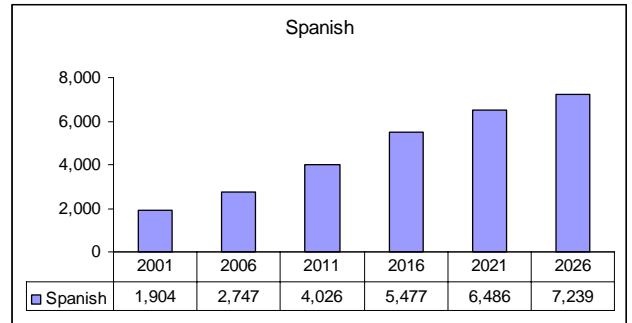
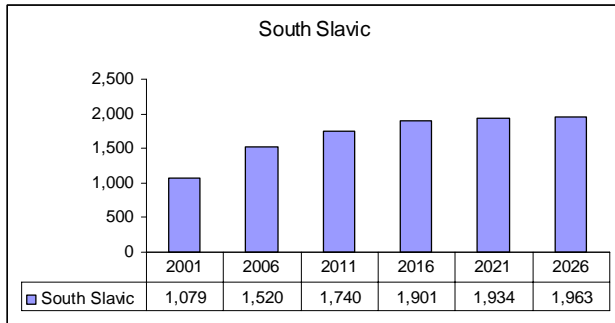
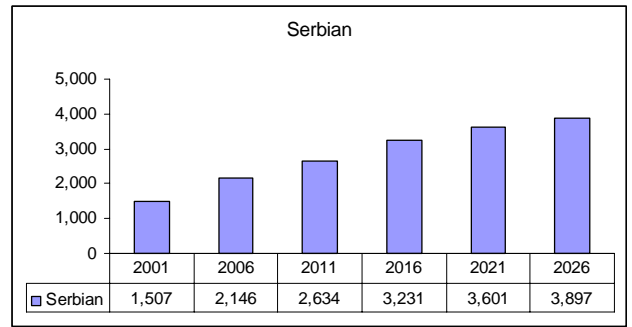
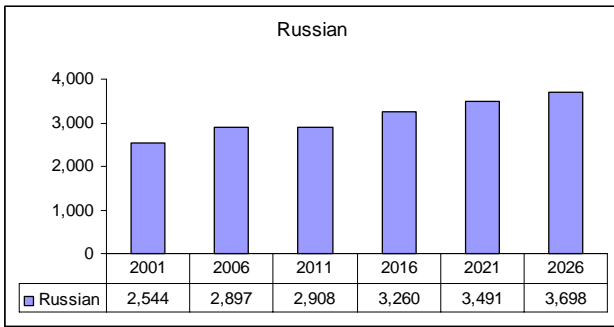
Appendix C – Part 2 – LMR

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

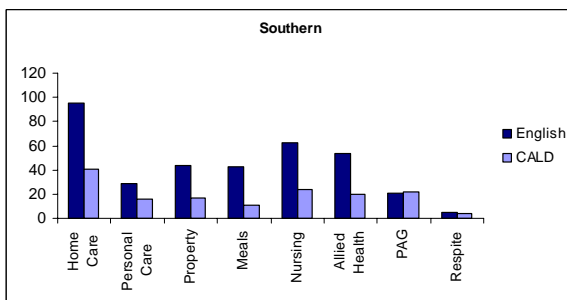
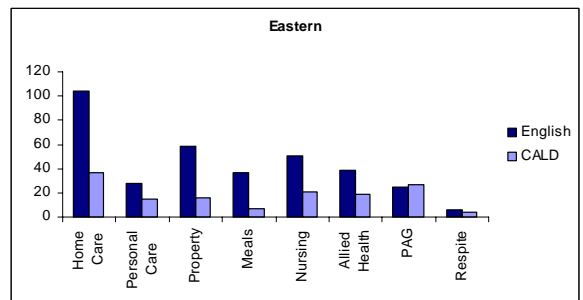
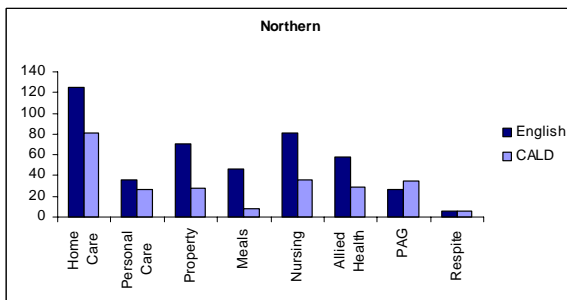
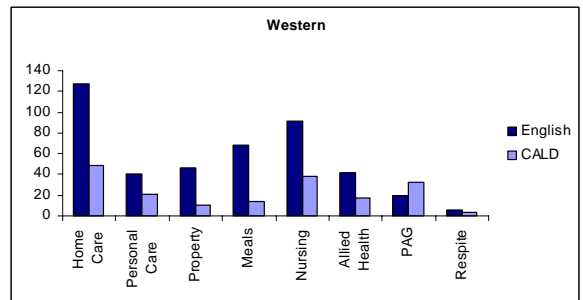
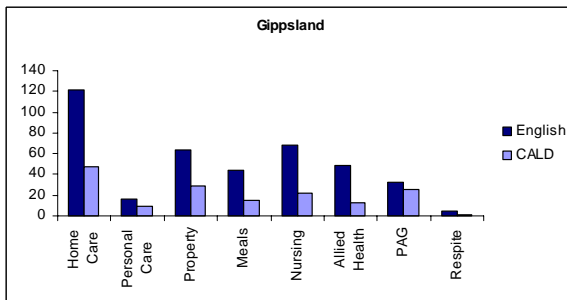
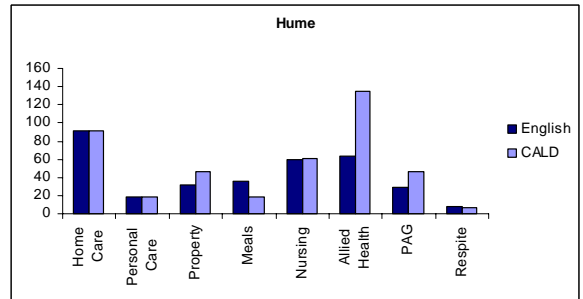
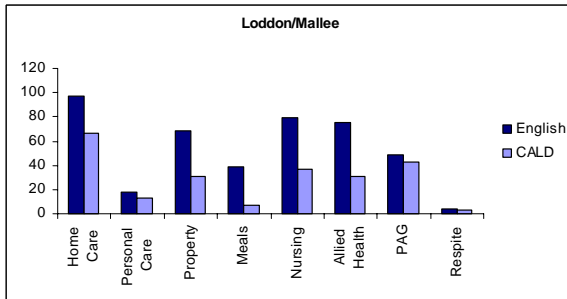
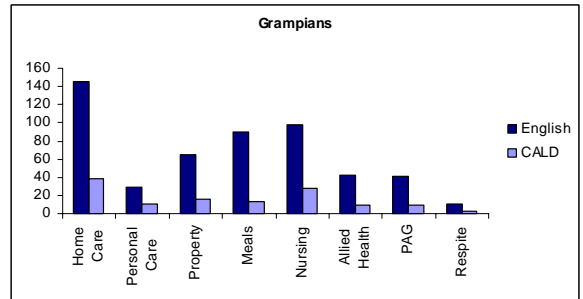
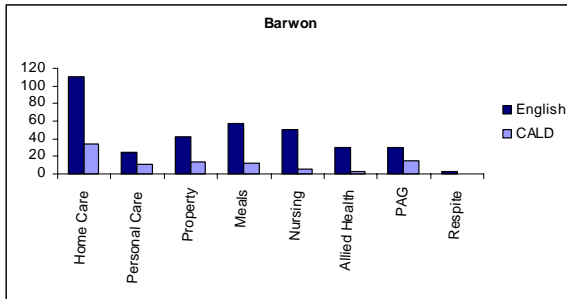






Appendix 2: HACC clients - English versus non-English speakers

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

Allinjarra Aboriginal Association Inc
Australian Home Care Services P/L
Bendigo & District Aboriginal Co-operative
Bendigo Community Preparation Program Inc.
Bendigo Health Care Group
Boort District Hospital
Buloke Shire Council
Campaspe Shire Council
Central Goldfields Shire Council
Cobaw Community Health Service Inc.
Cohuna District Hospital
Dingee Bush Nursing Centre Inc
Echuca Regional Health
Families of Children with a Disability Support Group Inc.
Gannawarra Shire Council
Gisborne & Dist Community Health & Hospital Board Inc.
Goulburn Valley Health
Greater Bendigo City Council
Inglewood and Districts Health Service
Interchange Loddon-Mallee Region Inc.
Kerang District Health
Kyneton District Health Service
Lockington & District Bush Nursing Centre Inc
Loddon Mallee Housing Services Ltd.
Loddon Mallee Planned Activities Support Network Inc.
Loddon Shire Council
Macedon Ranges Shire Council
Maldon Hospital
Mallee Accommodation and Support Program Inc
Mallee Track Health & Community Service
Manangatang & District Hospital
Maryborough District Health Service
McIvor Health & Community Services
Mildura Aboriginal Corporation
Mildura Meals on Wheels Inc.
Mildura Rural City Council
Mount Alexander Shire Council
Mt Alexander Hospital
Murray Valley Aboriginal Co-operative Ltd
Njernda Aboriginal Corporation
Northern District Community Health Service Inc
Regional Information & Advocacy Council Inc.
Robinvale District Health Service
Rochester and Elmore District Health Service
Rumbalara Aboriginal Co-operative Ltd
Sea Lake & District Health Service Inc
Sunassist Volunteer Helpers Inc
Sunraysia Community Health Services Inc
Sunraysia Ethnic Communities Council Incorp.
Swan Hill & District Aboriginal Co-operative Ltd
Swan Hill District Hospital
Swan Hill Rural City Council
Vision Australia Foundation

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.

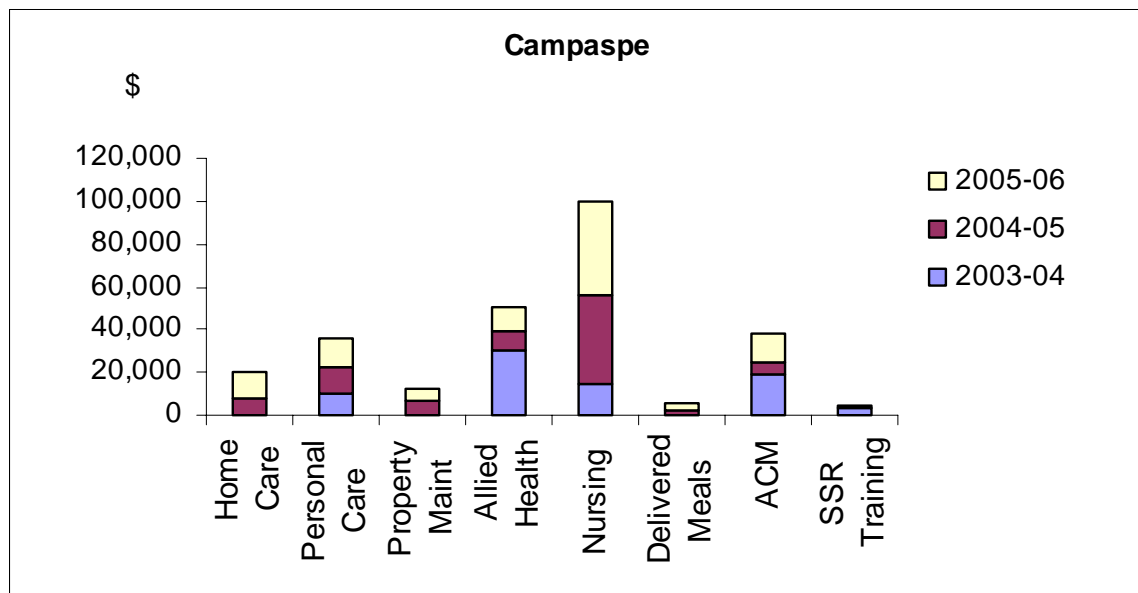
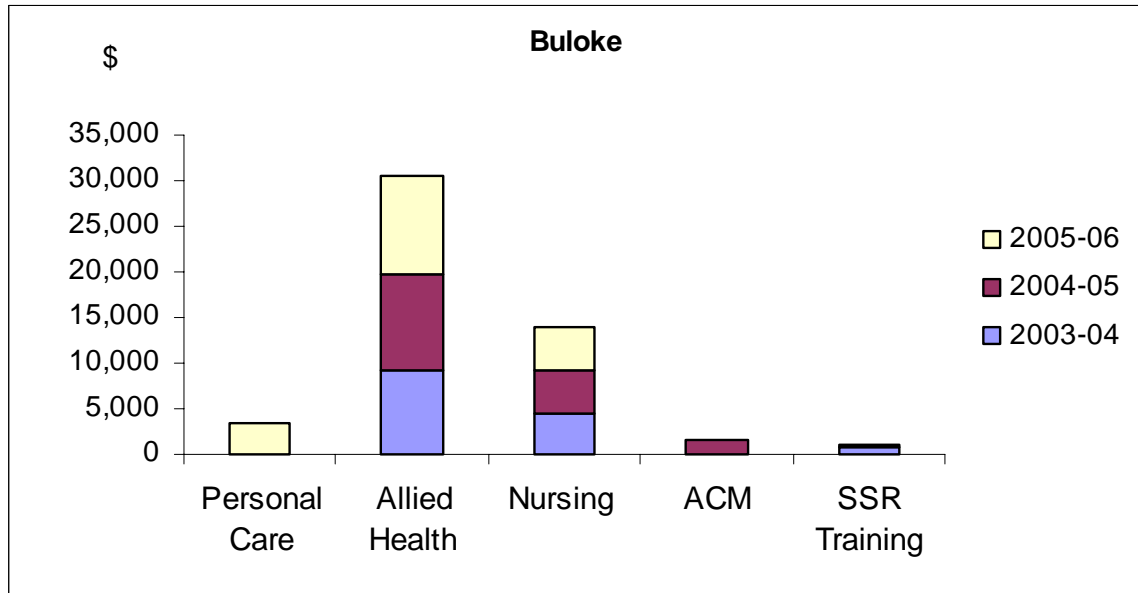
ACTIVITIES	Buloke		Campaspe		C.Goldfields		Gannawarra		Gr. Bendigo		Loddon		Macedon Ranges		Mildura		Mt Alexander		Swan Hill		Total region	
	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
2003-04																						
Home Care	-	-	-	-	-	-	289	7,063	972	23,756	-	-	-	-	-	-	300	7,332	-	-	1561	38,151
Personal Care	-	-	350	9,779	350	9,779	100	2,794	1135	31,712	-	-	350	9,779	350	9,779	490	13,691	300	8,382	3425	95,695
Property Maint	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Allied Health	129	9,258	416	29,856	-	-	42	3,014	800	57,416	-	-	292	20,957	416	29,856	-	-	26	1,866	2121	152,223
Nursing	72	4,526	233	14,303	171	10,749	83	5,217	287	18,041	223	13,675	180	11,315	96	6,035	22	1,383	8	503	1375	85,746
Delivered Meals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3000	3,690	-	-	-	-	3000	3,690
ACM	-	-	-	18,642	-	-	-	-	-	20,012	-	2,321	-	5,620	-	10,727	-	15,050	-	-	-	72,373
FSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,000	-	-	-	10,000	-	15,000
SSR	-	69	-	287	-	103	-	90	-	579	-	80	-	183	-	349	-	142	-	118	-	2,000
SSR Training	-	862	-	3,592	-	1,281	-	1,129	-	7,231	-	998	-	2,287	-	4,366	-	1,776	-	1,478	-	25,000
Total	201	14,715	999	76,460	521	21,912	514	19,308	3194	158,746	223	17,073	822	50,141	3862	69,802	812	39,373	334	22,347	11482	489,878
2004-05																						
Home Care	-	-	300	7,514	-	-	-	-	1000	25,047	-	-	500	12,523	400	10,019	275	6,888	-	-	2475	61,991
Personal Care	-	-	425	12,172	175	5,012	290	8,306	975	27,924	100	2,864	375	10,740	350	10,024	350	10,024	175	5,012	3215	92,078
Property Maint	-	-	200	7,287	-	-	-	-	500	18,218	75	2,733	-	-	-	-	-	-	-	-	775	28,238
Allied Health	142	10,446	135	9,931	-	-	43	3,163	416	30,603	-	-	202	14,860	416	30,603	-	-	235	17,288	1589	116,894
Nursing	72	4,639	660	42,186	170	10,954	159	10,245	738	47,553	166	10,468	170	10,954	248	15,980	275	17,720	8	515	2666	171,214
Delivered Meals	-	-	2000	2,522	-	-	-	-	1000	1,261	-	-	-	-	1000	1,261	2000	2,522	-	-	6000	7,565
ACM	-	1,509	-	6,473	-	8,803	-	-	-	26,146	-	3,088	-	6,877	-	10,331	-	5,969	-	5,639	-	74,835
FSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7,000	-	-	-	-	-	7,000
SSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SSR Training	-	85	-	361	-	127	-	112	-	725	-	99	-	229	-	438	-	177	-	146	-	2,500
Total	214	16,680	3720	88,446	345	24,896	492	21,826	4629	177,476	341	19,251	1247	56,184	2414	85,655	2900	43,299	418	28,600	16720	562,314
2005-06																						
Home Care	-	-	500	12,837	50	1,284	223	5,725	1000	25,673	-	-	300	7,702	700	17,971	275	7,060	250	6,418	3298	84,670
Personal Care	116	3,405	475	13,944	175	5,137	175	5,137	1175	34,493	100	2,936	375	11,009	525	15,412	350	10,275	300	8,807	3766	110,555
Property Maint	-	-	126	4,706	100	3,735	140	5,229	500	18,673	50	1,867	200	7,469	300	11,204	150	5,602	-	-	1566	58,485
Allied Health	145	10,934	135	10,180	-	-	44	3,318	416	31,368	-	-	253	19,077	208	15,684	-	-	27	2,036	1228	92,596
Nursing	72	4,755	660	43,240	170	11,228	84	5,548	888	58,649	163	10,538	220	14,530	300	19,814	275	18,163	110	7,265	2942	193,729
Delivered Meals	-	-	2000	2,585	1000	1,292	-	-	1500	1,938	2000	2,585	-	-	2000	2,585	2000	2,585	3000	3,877	13500	17,446
ACM	-	-	-	13,539	-	5,897	-	-	-	31,680	-	4,322	-	4,551	-	9,086	-	5,797	-	4,328	-	79,200
FSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8,000	-	-	-	-	-	8,000
SSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SSR Training	-	85	-	362	-	126	-	110	-	725	-	98	-	230	-	441	-	177	-	145	-	2,500
Total	333	19,179	3896	101,391	1495	28,699	666	25,067	5479	203,200	2313	22,346	1348	64,569	4033	100,196	3050	49,658	3687	32,876	26300	647,180

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.

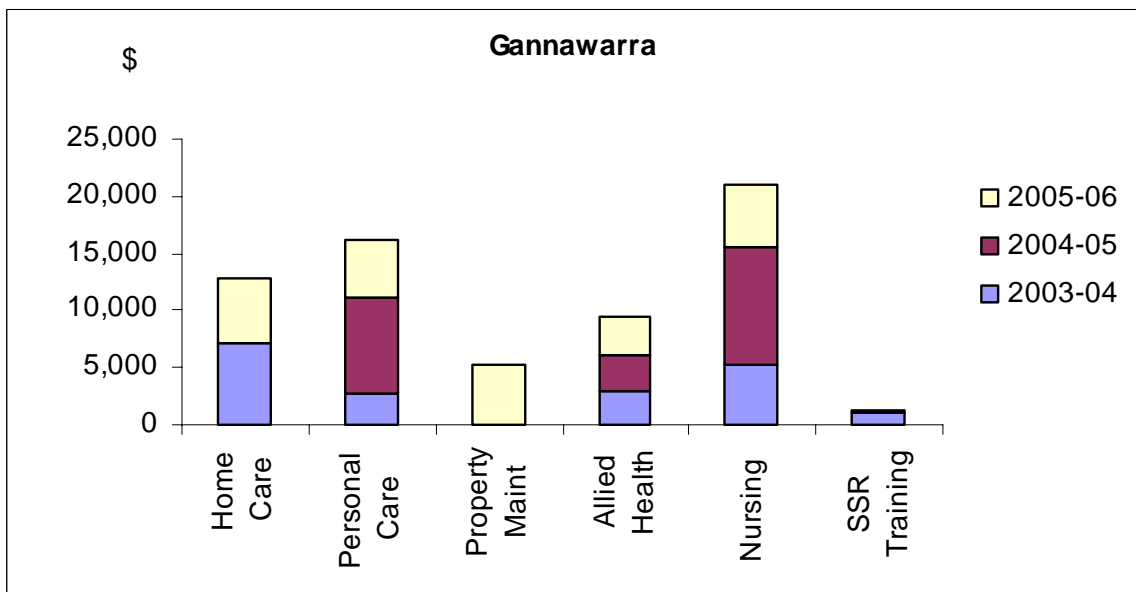
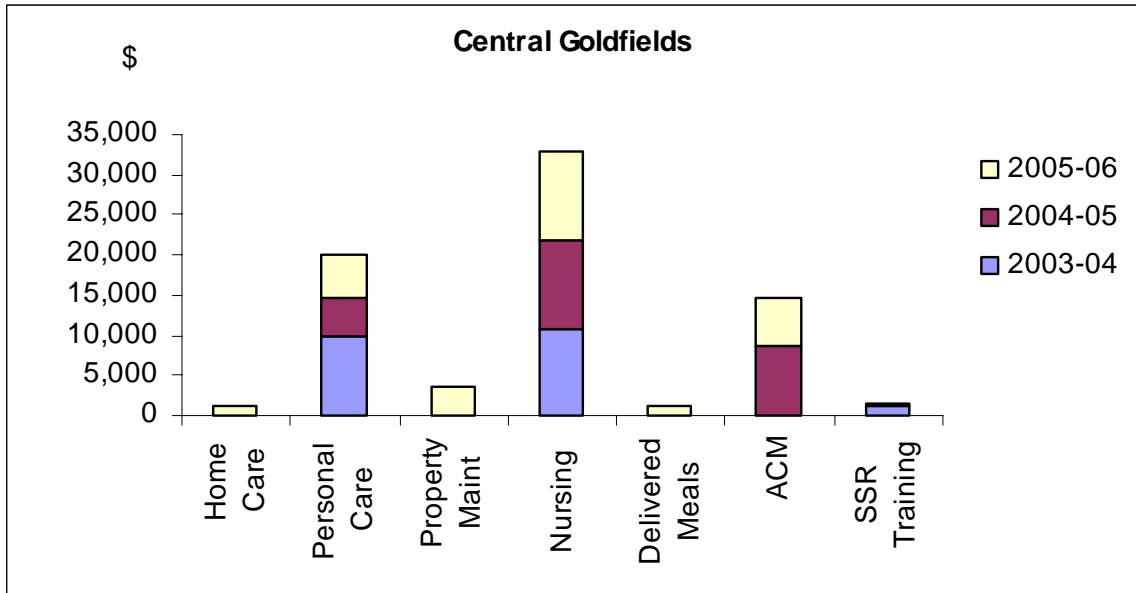
Appendix F – LMR

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.



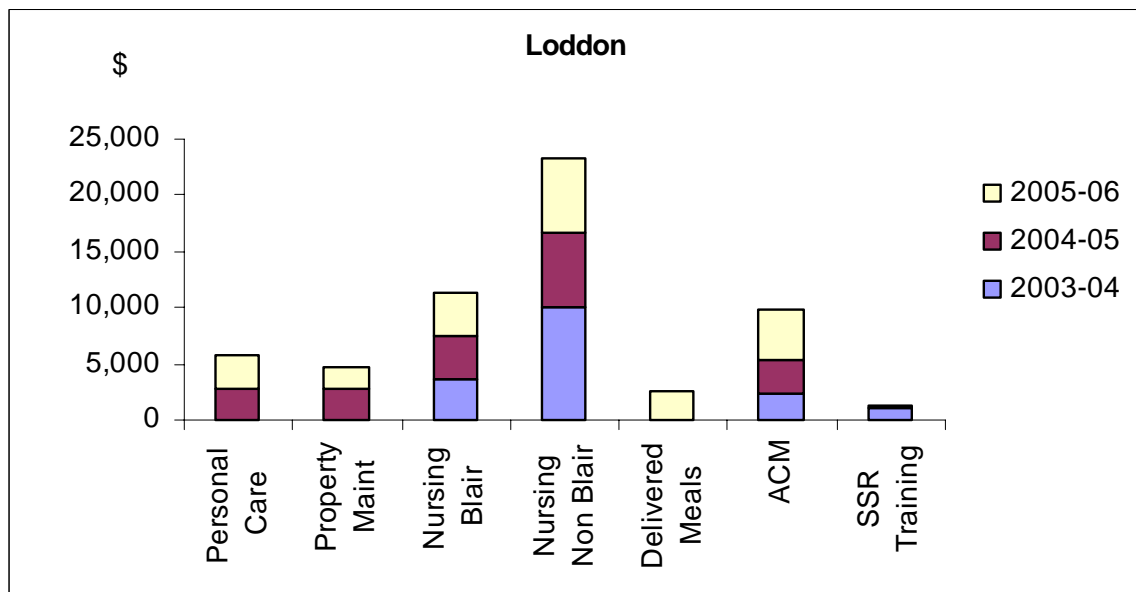
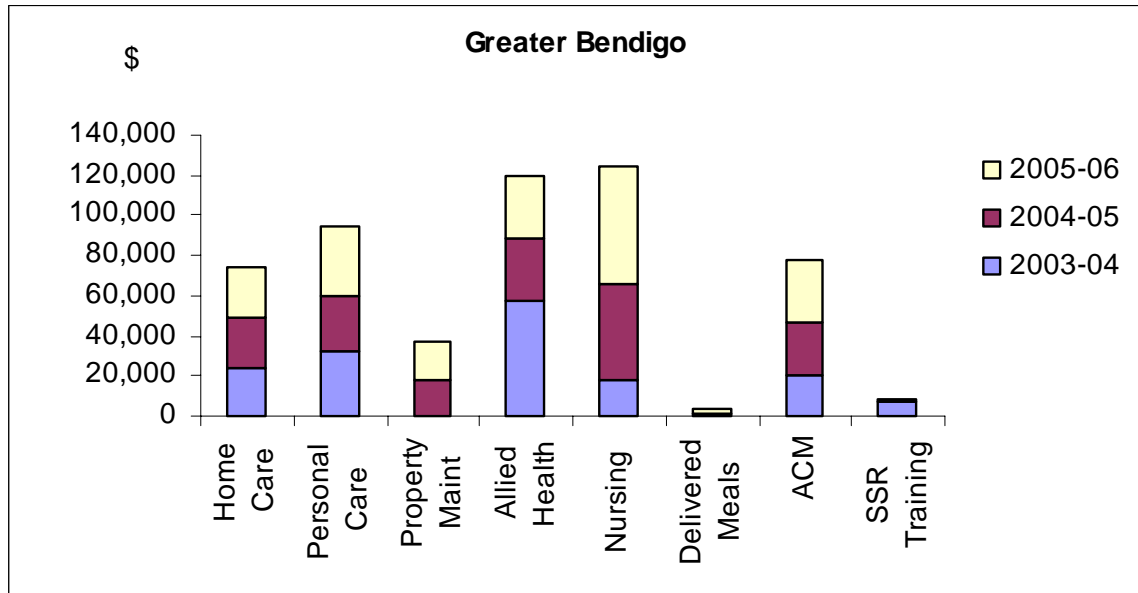
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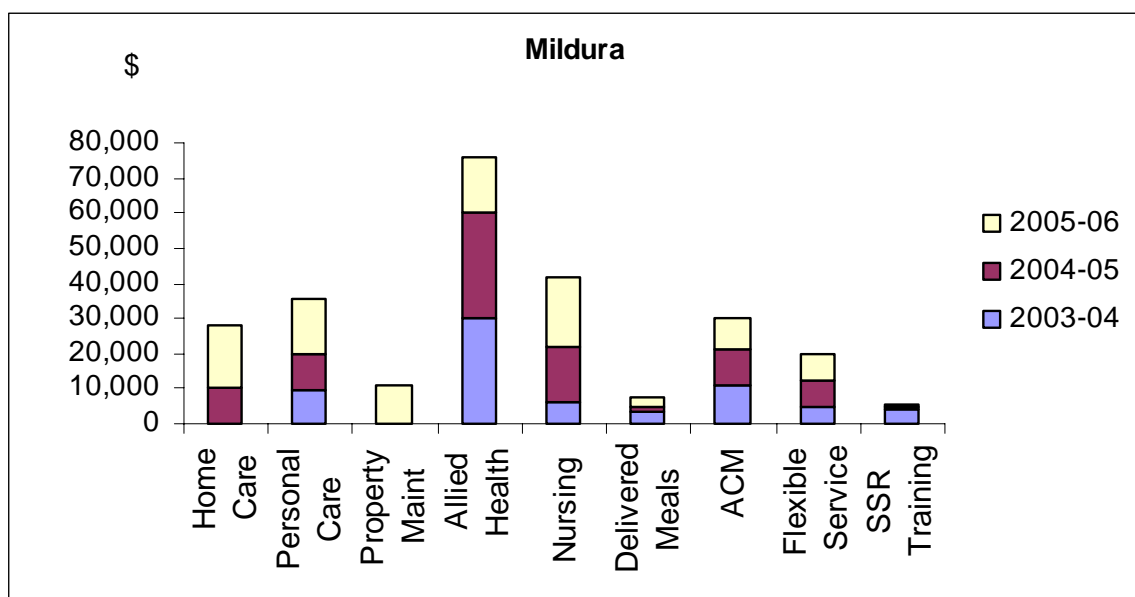
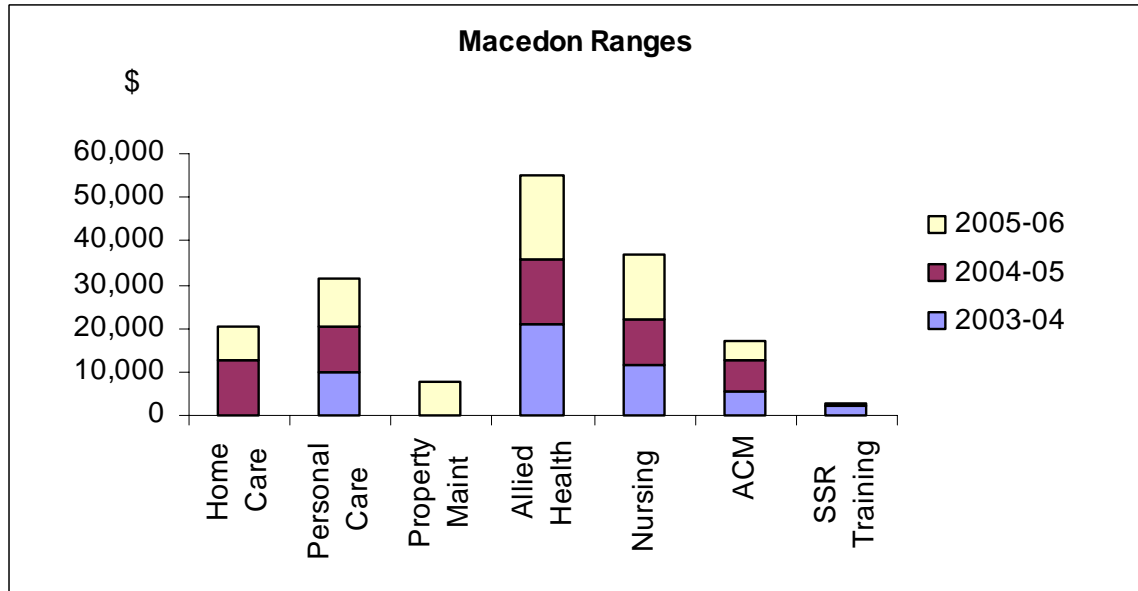
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