

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 - NMR

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.

Attendance

Consultation	Date	• Number attending		
		Total number of agencies	Total number of attendees	C'wealth rep attended
HACC Advisory Committee (expanded)	10/7/03	18	30	Yes
ATSI Providers	14/07/03	5	7	No
Smaller NGO's	15/07/03	10	10	Yes
CALD Providers	18/07/03	10	13	No
HACC Advisory Committee (follow up)	22/07/03	16	25	Yes

Specific consumer consultations were not undertaken as consumer feedback was obtained through existing sector consumer networks.

Outcomes

Discussions about proposals

Equalisation pool to address intra-regional inequity

The Region proposed to create a pool of funds to address equity of HACC funding between local governments in the NMR. This equity pool would combine State only funds (committed through the Labor Financial Statement) together with 30% of the total growth allocation for the Region. The Region proposed to distribute these funds to the Hume and Whittlesea local government areas as the most under-funded areas compared with the rest of the Region.

A further proposal put forward for consideration was modelling a shift of 5% of funds from the relatively over-funded local government areas of Banyule and Yarra and redistributing these funds to Hume and Whittlesea.

The sector generally agreed with the proposal to create an equity pool and redistribute this to local government areas under equity, expanding the local government areas to include Nillumbik and Moreland. The secondary proposal to shift further funds between local government areas was viewed as unwarranted as the actual funding amounts were not great enough have significant impact on equity in the long-term.

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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. Appendix B - Regional consultation - NMR

Priority 1: 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 queries:

- Stakeholders requested that the Region review assumptions regarding expansion of Allied Health activity in all local government areas in the Region as they felt the rationale for this was not clear. The Region undertook further investigation of the data relating to HACC Allied Health and identified that this area requires more detailed planning. The Region revised HACC Allied Health allocations to focus on specific local government areas where this activity is funded below the regional average.
- Stakeholders requested the Region include a breakdown of 70+/80+/90+ age groups for each local government area and consider this information in terms of the types of services and demands created by population demographics when reviewing HACC Basic recommendations. In reviewing this information, the Region found the breakdown of age groups did not provide significant differences to warrant a change in planning.
- Stakeholders requested that the respite be included in the unfunded Service Monitoring project.
- Assessment and Care Management was raised as an issue with regards to the usefulness of the data available for this activity. Following a review of available data the Region decided to recommend growth to the activity based on average funding in each local government areas and in line with growth to HACC Basic services.
- Stakeholders requested that the Region attribute equivalent importance to unfunded projects and funded projects within the Region.

Priority 2: 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.

A range of specific projects were proposed in the Draft NMR Plan to address these needs as follows:

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- **Service Co-ordination for Italian and Greek communities** - a project to work with CoAsIt and the range of Greek specific service providers to enhance the working relationship between these agencies and local governments across the Region.
- **Needs identification for emerging communities** - a second project to review the HACC Basic needs of growing communities within the Region specifically Croatian, Arabic, Vietnamese and Chinese language groups.
- **Dealing with diversity in mainstream agencies** - Additional funding was proposed to target local government areas with very high populations of people aged 65+ speaking languages other than English. Whittlesea, Yarra, Moreland and Darebin each have CALD populations aged 65+ that exceed 40% of the total population.
- **Ethno-specific service providers network** - It was proposed that funds would be made available to the Network over the next three years to support regional forums, training and other service development projects undertaken by the Network.
- **Expansion of existing cultural planning positions to full time** – It was proposed that the two recurrently funded part time cultural planning projects located within multi-cultural agencies in the Region be expanded to full time positions.

The Region undertook to revise these proposals in light of the development of the Statewide Culturally Equitable Gateways Strategy that aims to build effective partnerships and collaborative working relationships between the multicultural, ethno-specific and mainstream sectors. NMR was identified as a recipient of additional funds from this strategy and it is expected that a number of the Regions proposed projects would fit more appropriately within this funding pool.

Consequently the Region was able to release additional funds for Priority 1 activities targeted to CALD population and refine the regional projects to create a regional structure to address CALD access issues as follows:

- **Expansion of existing cultural planning positions to full time**
Expansion of existing part time cultural planning positions recurrently funded to multi-cultural agencies in 2002-03 HACC Growth Funding round. It is intended that these two positions will focus on developing strategies to address growing levels of diversity within HACC target population within the Region.
- **Ethno-specific Planning and Network Resource position**
Develop an Ethno-specific Planning and Resource position with formal links to the regional Ethno-specific Service Providers Network. The focus of the position would be to address regional planning issues for ethno-specific service provision in the Region and provide support to the Ethno-Specific providers network and associated projects. It is expected that this position will provide a formal link to other planning networks operating within the Region such as the HACC Advisory Committee.

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Additional funding has been recommended to allow the Network to initiate regional forums on good practice in cultural planning and address workforce development issues such as the recruitment and retention of bilingual workers in mainstream agencies.

- **Ethno-specific service providers network resourcing**

With the establishment of the Regional Ethno-specific Service Providers Network there will be scope to develop a range of initiatives that will enhance the interface between mainstream and CALD providers with a view to improving access to and quality of HACC Basic services to CALD communities. Some funds will be quarantined specifically for service modelling and practice projects targeted to emerging CALD communities in each local government area. It is intended these projects will be developed in the context of the development and impact of the Statewide

Culturally Equitable Gateways strategy. Project funds will be attached to the Ethno-specific Providers Network and projects to be developed and initiated by the Network to ensure communities with highest need are targeted specifically.

Consultation with the sector in general supported the revised Priority 2 initiatives, on the proviso that the Region created formal links between the Ethno-specific Service Providers Network and the HACC Advisory Committee to ensure shared knowledge and objectives which feed into regional planning processes.

The sector requested that the Region model three options for redistribution of additional funds released through revision of Priority 2 initiatives.

Option 1 – Distribute funds purely to address equalisation

Option 2 – Distribute funds according to CALD populations by local government area

Option 3 – Distribute funds according to the WREN.

As the CALD funds were originally drawn from WREN allocations, and in the absence of a clear direction from the service sector, the Region decided to re-allocate released CALD funds according to Option 3 (WREN). Distribution through Option 2 or Option 3 effectively produces a similar result.

This decision is further supported because CALD initiatives are designed to increase access to HACC Basic services across the Region, thus commensurate increases in HACC Basic are required to meet the projected increase in demand.

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

The Region proposed staged growth to a number of high demand service activities and ATSI specific initiatives over the next three years. In general the proposals stated in the Draft Regional plan were supported with the following amendments requested:

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- Assessment and Care Management is required by all Aboriginal agencies to support the ongoing growth of HACC Basic service to the ATSI community. It was identified that the cross regional assessment project funded in 2001-02 was being revised to provide training to HACC staff in Aboriginal agencies and Aboriginal programs within mainstream agencies. It is now proposed that this project be deferred to VICACD for approval to resource a full time position through cross regional funding to assist with training of aboriginal workers in undertaking wholistic assessment and care planning.
- The Stakeholders requested that the Aboriginal Liaison position for Darebin, Whittlesea and Hume be resourced in the first year to support the important work of enhancing mainstream agency partnerships and culturally appropriate service provision. Additionally stakeholders requested that the position be further resourced through shifting \$10,000 from the pilot Aboriginal Services Directory into the Aboriginal Liaison position.
- It was identified by the allied health provider that while both Nursing and Allied Health were priorities, it was a higher priority to expand Allied Health to create an Occupational Therapy position in the first year and to defer expansion of Nursing to the second year. It was identified that further work was required with major Nursing providers to ensure culturally appropriate services and to clarify agency expectations of a HACC nursing role within the ATSI community.

Stakeholders wished to note that transport is a key issue for the ATSI community and requires specific attention once the outcomes of the minor capital funding formula is known.

There was unanimous support for the proposed Service Development project: to implement the outcomes of a Strategic Needs Analysis for Aboriginal HACC services.

Regional development initiatives

All regional service development projects were supported with the qualification that unfunded projects should be attributed equivalent importance as funded projects.

Stakeholders highlighted the need for links to be made between the IT Audit project and the PCP initiatives that provide funding for IT capacity to the agency door. The Region will ensure that this aspect of technology development is taken into account, however emphasised that the primary purpose of the project was to ensure agencies have the IT capacity to efficiently meet reporting requirement for HACC Program.

Minor capital

The proposal to retain 20% of the Region's Minor capital funding as discretionary one-off funds to address the impacts of the application of the new Minor Capital formula was supported by all stakeholders.

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The identified priorities for distributing discretionary minor capital funds was also supported, with community transport being highlighted as a priority for all stakeholders.

Agency allocations

There was general agreement and support for the proposed allocations. Some discussion occurred around the allocation of Allied Health, however the Region stressed that there was insufficient evidence to support direct allocation and that HACC Allied Health required a more detailed planning approach within the Region.

Other issues

Further planning development is required to be undertaken by the Region in the following areas:

- Planning for HACC Allied Health region-wide
- Ongoing review and monitoring of intra-regional equity
- Development of appropriate and holistic assessment and care planning for ATSI clients

Development of improved, ongoing planning processes within regional networks, including creating formal links between regional sector networks and improving quality of planning data with a view to benchmarking and determining 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

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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.

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 Lanka)	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

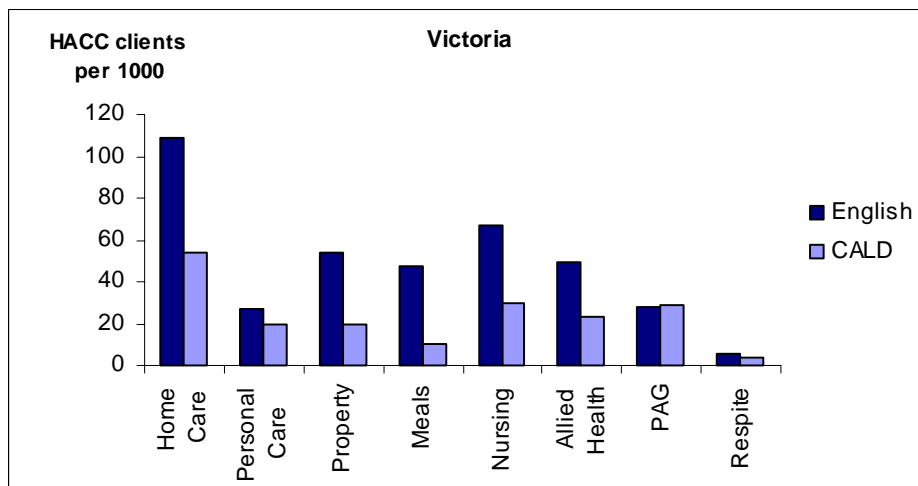
7 HACC clients - English versus Non-English speakers

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

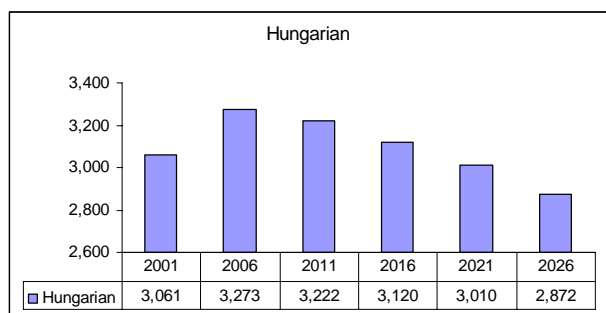
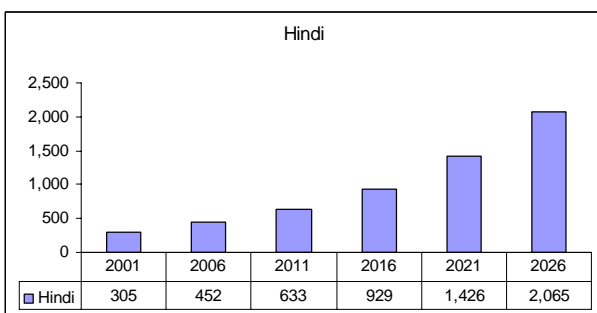
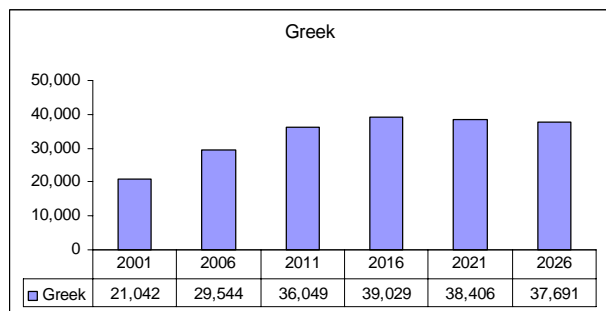
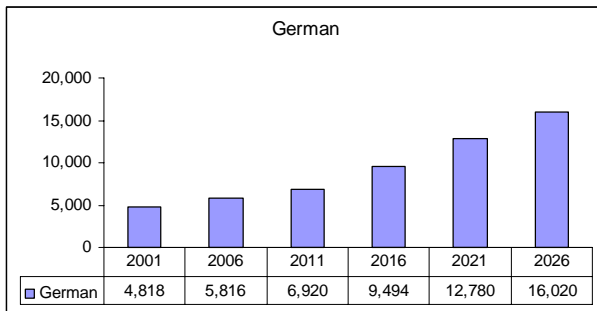
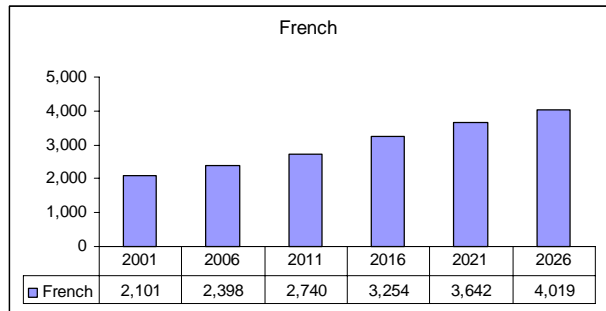
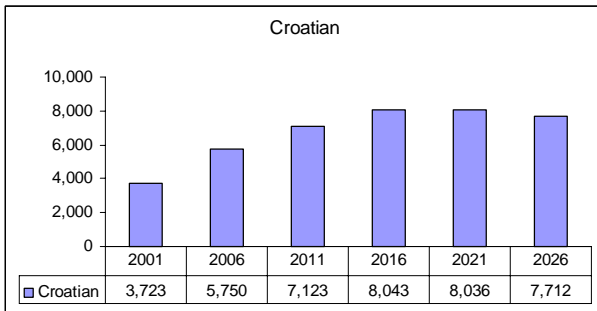
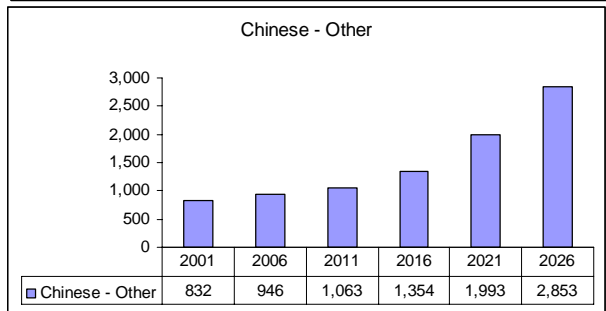
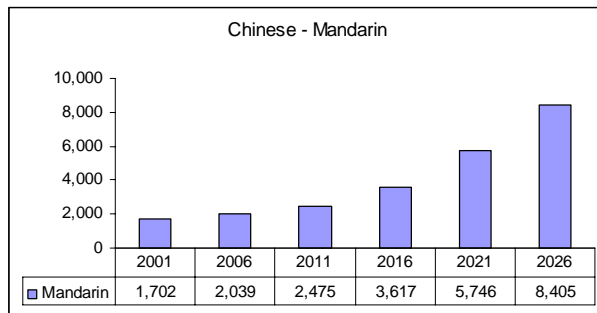
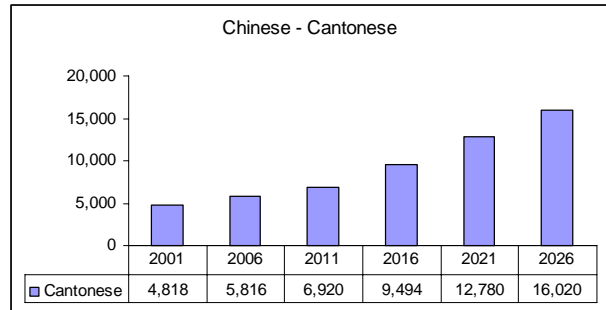
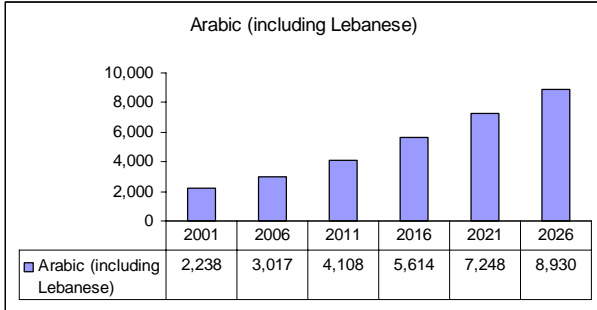


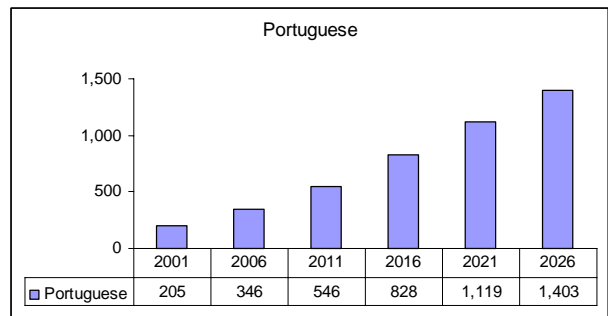
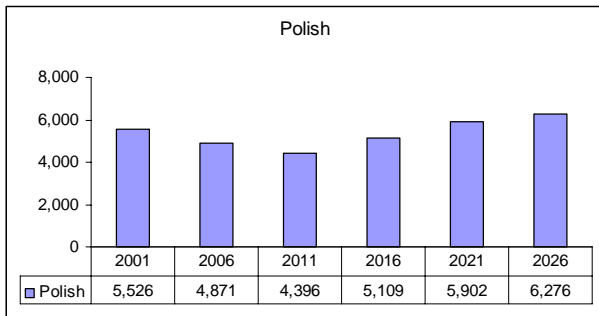
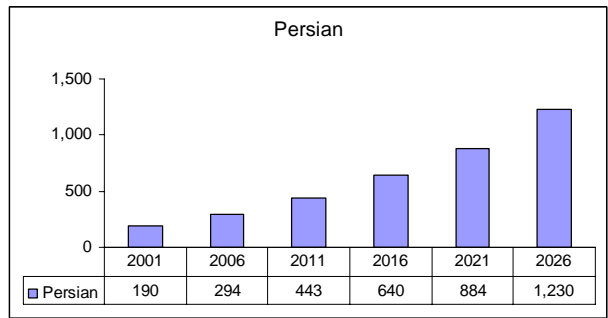
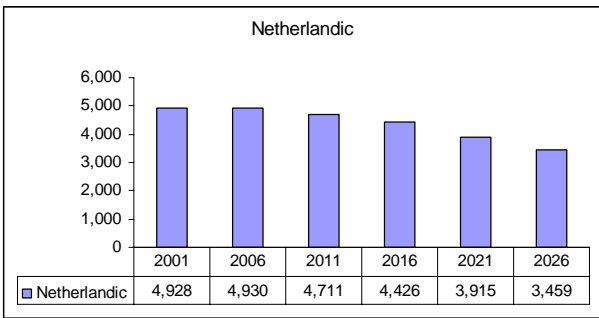
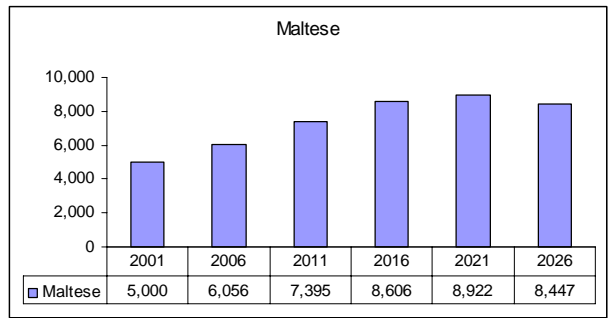
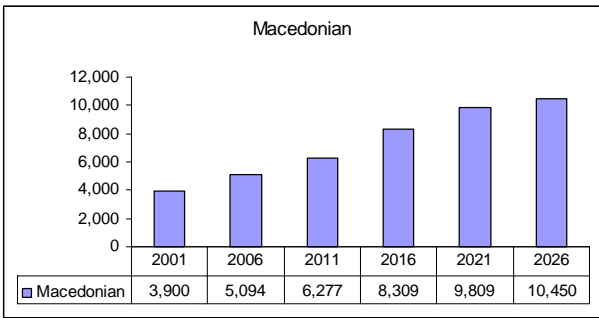
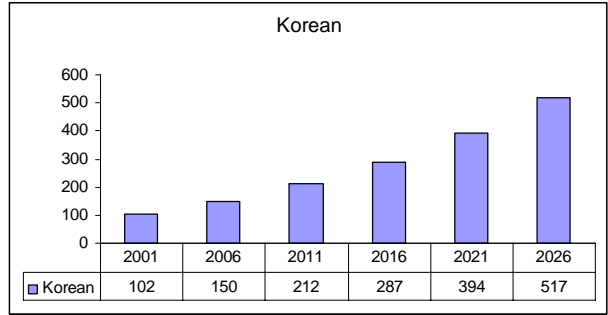
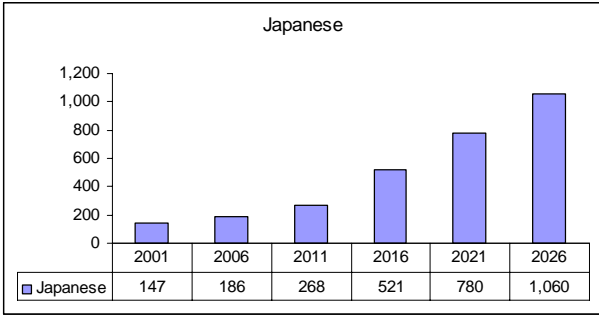
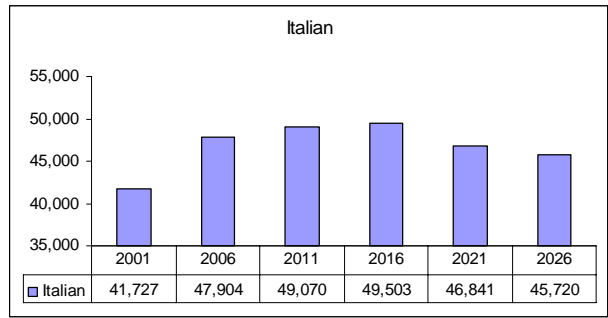
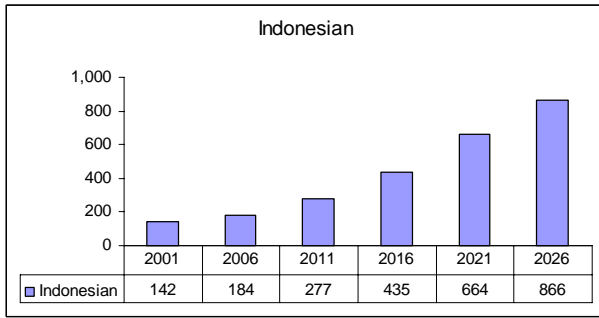
Source: MDS (2002 data) and 2001 Census

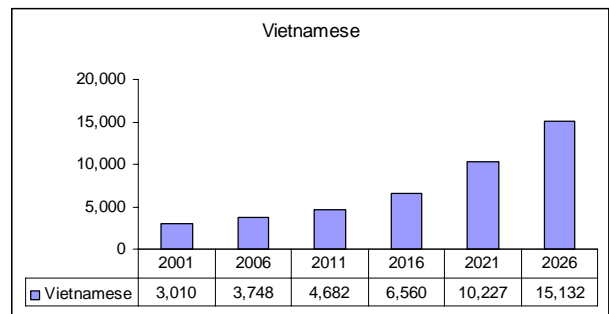
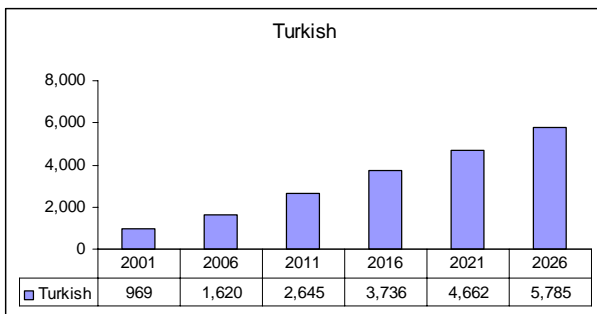
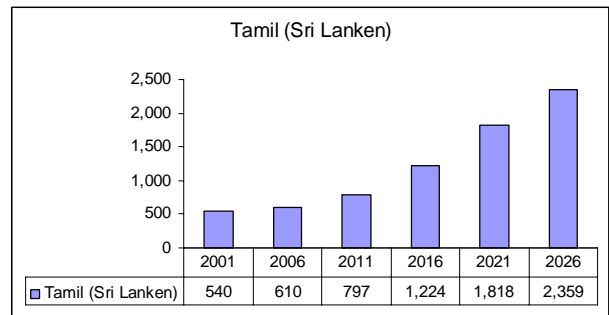
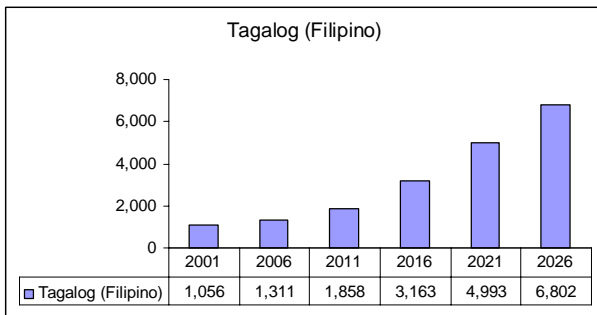
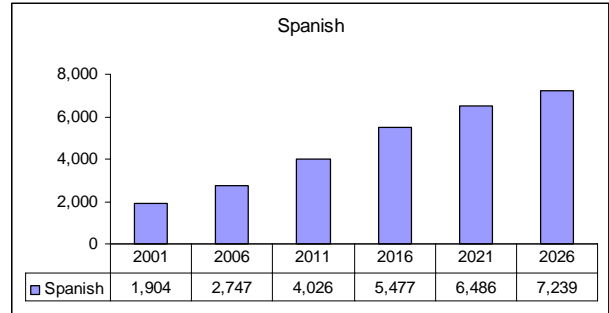
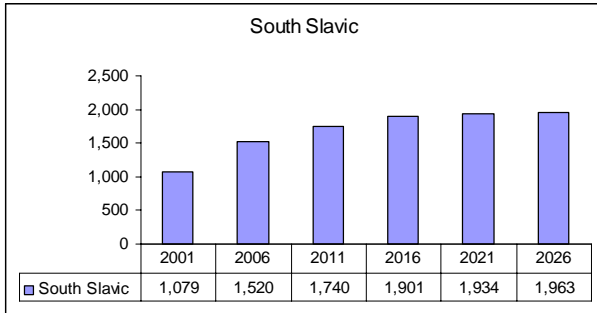
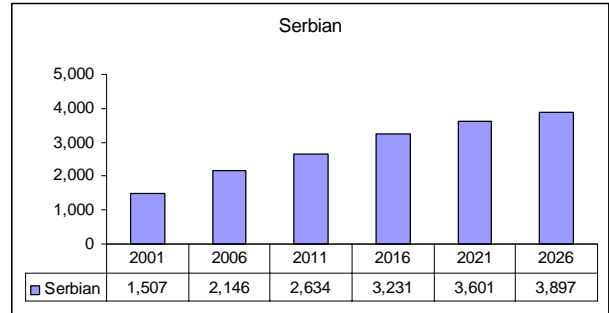
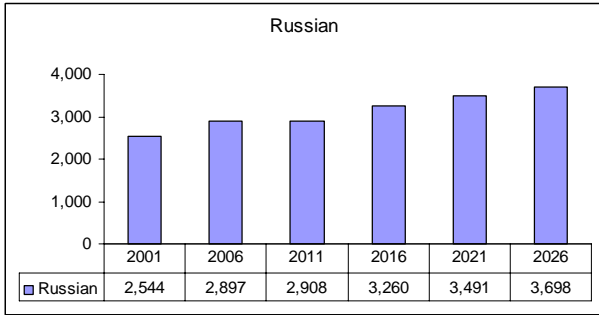
Appendix C – Part 2 - BSW

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



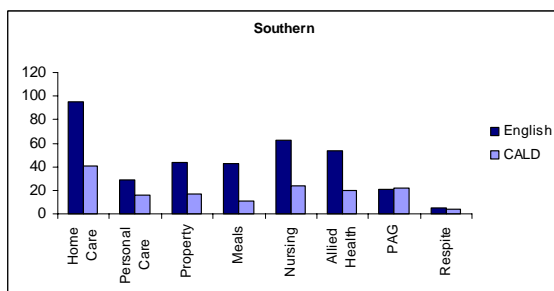
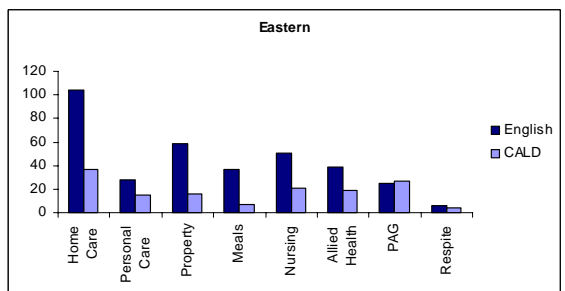
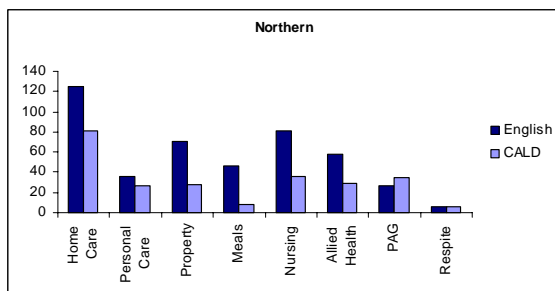
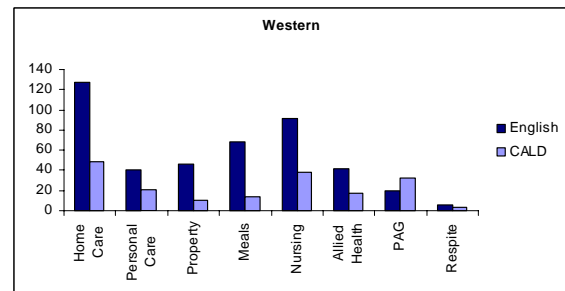
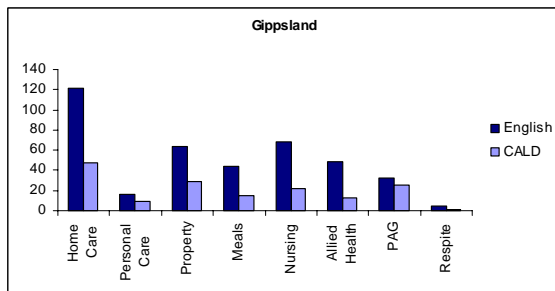
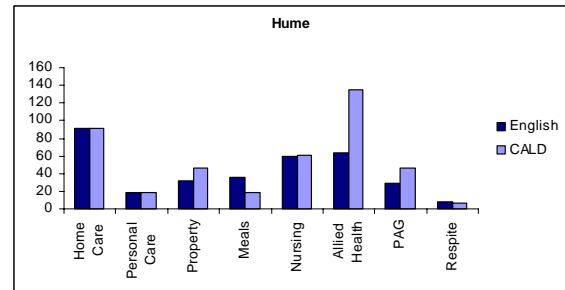
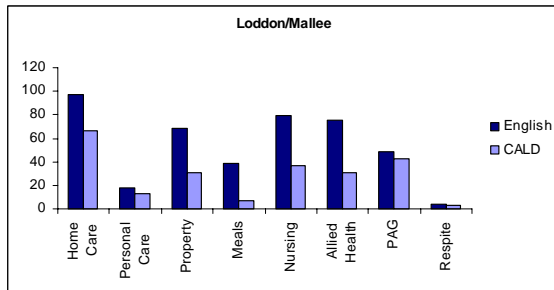
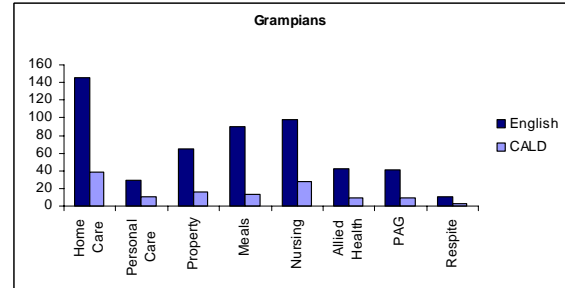
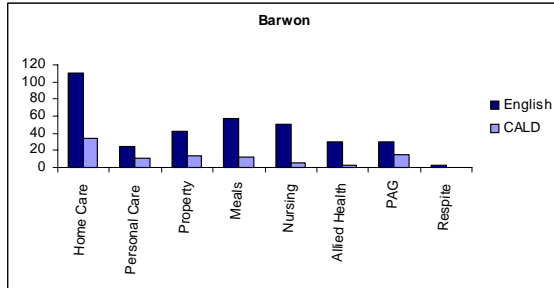




Appendix C – Part 2 - NMR

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 HACCC providers in Region

Aboriginal Community Elders Services Inc
Aborigines Advancement League Inc
Action On Disability Within Ethnic Communities Inc
Anglicare-Broadmeadows Women's House
ARBIAS Inc
Association of Greek Elderly Citizens Clubs of Melbourne & Victoria Inc
Austin & Repatriation Medical Centre
Australian Croatian Community Services Inc
Australian Greek Welfare Society Ltd
Banyule City Council
Banyule Community Health Service Inc
Bethlehem Community Inc
Broadmeadows Health Service
Brotherhood of St Laurence
Brunswick Public Tenants Association Inc
Northern Health - Bundoora Extended Care Centre
Carlton Neighbourhood Learning Centre Inc
Church Nursing Services
City of Darebin
Co As It Italian Assistance Association
Cyprus Community of Melbourne and Victoria
Darebin Community Health Service Inc
Dianella Community Health Inc
Eltham Community Health Centre Inc
Fitzroy Learning Network Inc
Greek Orthodox Archdiocese of Australia Greek Welfare Centre sub entity
Hume City Council
Impact Leisure Association Inc.
Indochinese Elderly Refugees Association-Victoria Inc
Inner East Community Health Service Inc
Interchange North West Inc
Interchange Northern Region Inc
Kilby House
La Trobe University
Linc Church Services Network Darebin Inc
Macedonian Community Welfare Association of The Western Region Inc
MECWA Community Care Inc
Melbourne Citymission Inc
Mental Illness Fellowship Victoria
Mill Park Community Services Group Inc
Moreland City Council
Moreland Community Health Service Inc
Nillumbik Shire Council
North Eastern Region Migrant Resource Centre Inc
North Richmond Community Health Centre Inc
North Yarra Community Health Inc
Northern Care and Share Inc
Northern Metropolitan Migrant Resource Centre Inc
Open House Christian Involvement Centres

List of HACCC providers in Region continued

Outreach Victoria
Ozanam Community
Plenty Valley Community Health Services Inc
Rosanna Fire Station Community House Inc
Royal Talbot Rehabilitation Centre
Shekinah Homeless Services Inc.
Span Co-Operative Ltd
St. George's Health Service
St. Josephs Parish
Sunbury Community Health Centre Inc
Sunspec Support Group for Parents and Carers of Children With Special
Needs Inc
The Merri Housing Service Inc
The Old Colonists Association of Victoria
The Victorian Multiethnic Slavic Welfare Association Inc
UCA - Ivanhoe Uniting Church
Victorian Aboriginal Health Service Co-operative Limited
Victorian Arabic Social Services Inc
Vision Australia Foundation
Whittlesea City Council
Win Support Services Inc
Yarra City Council
Young Mens Christian Association of Whittlesea Inc

Appendix E - RREF & WREN explained

1. Relative Resource Equity Formula (RREF)

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

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

1.1. State and regional totals

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

1.2. Limitations

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

2. Within Region Estimate of Need (WREN)

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

2.1. LGA populations

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

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

3. A note on projections

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

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

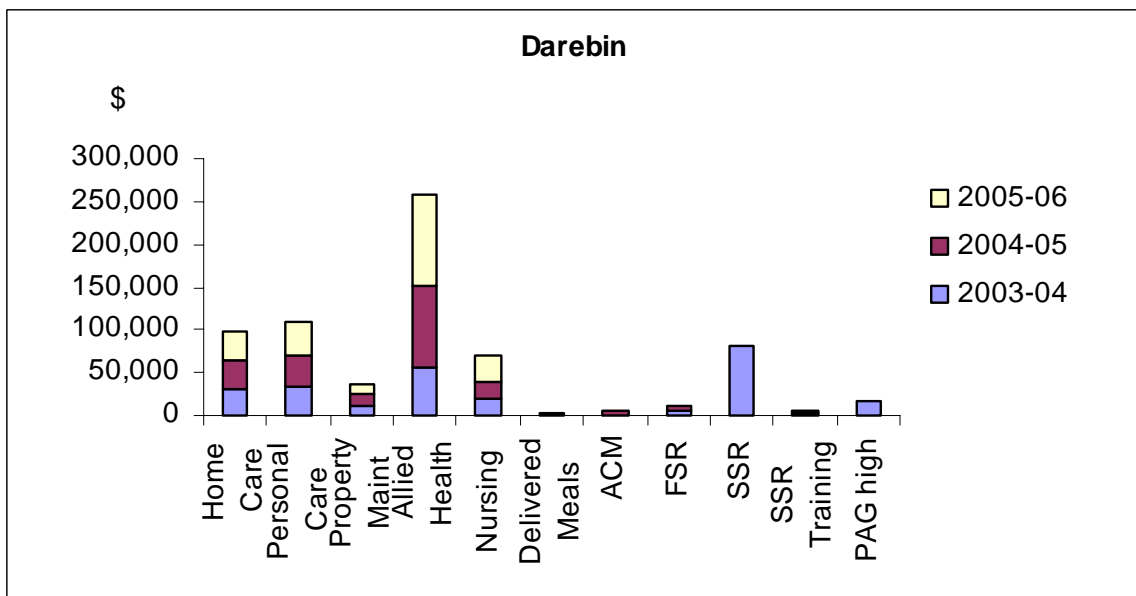
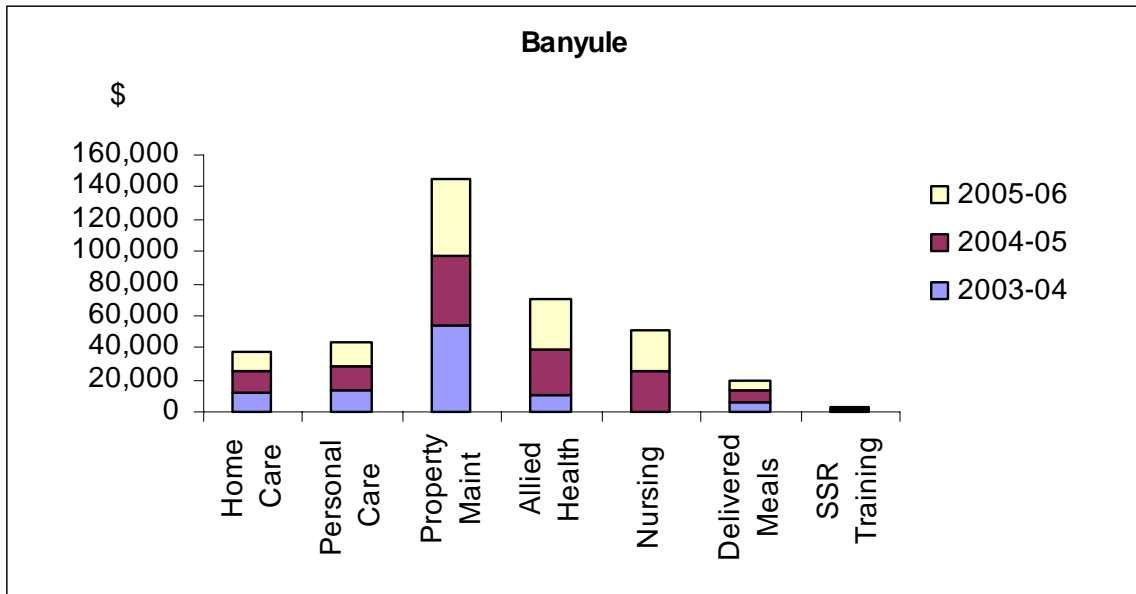
The table below shows the proposed service expansion for Priority 1 activities (excluding HACC Response Service) in each local government area, by units and funding, for 2003-06.

ACTIVITIES	Banyule		Darebin		Hume		Moreland		Nillumbik		Whittlesea		Yarra		Total Region	
	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
2003-04																
Home Care	500	12,220	1286	31,430	2497	61,027	410	10,020	200	4,888	1255	30,672	300	7,332	6448	157,589
Personal Care	500	13,970	1201	33,556	1500	41,910	1004	28,052	450	12,573	1000	27,940	-	-	5655	158,001
Property Maint	1501	53,361	300	10,665	1500	53,325	300	10,665	451	16,033	1081	38,430	201	7,146	5334	189,624
Allied Health	154	11,053	776	55,694	2100	150,717	1245	89,354	-	-	1320	94,736	219	15,718	5814	417,271
Nursing Blair	-	-	300	18,858	2100	132,006	1000	62860	485	30,487	1000	62,860	-	-	4885	307,071
Delivered Meals	5008	6,160	-	-	10000	12,300	-	-	2000	2,460	-	-	-	-	17008	20,920
ACM	-	-	-	-	-	65,004	-	-	-	1,997	-	35,024	-	8,021	-	110,046
Flexible Service Response	-	-	-	5,013	-	-	-	-	-	-	-	-	-	10,000	-	15,013
Service System Resourcing	-	-	-	82,361	-	6,600	-	-	-	-	-	18,500	-	-	-	107,461
SSR Training	-	625	-	1,003	-	647	-	1,043	-	209	-	526	-	312	-	4,365
PAG high	-	-	1292	18,088	-	-	-	-	-	-	-	-	-	-	1,292	18,088
Total	7663	97,388	5155	256,667	19697	523,536	3959	201,994	3586	68,647	5656	308,688	720	48,528	46436	1,505,448
2004-05																
Home Care	500	12,523	1309	32,786	1915	47,965	850	21,290	396	9,919	1050	26,299	200	5,009	6220	155,792
Personal Care	500	14,320	1300	37,232	1500	42,960	1000	28,640	400	11,456	1000	28,640	-	-	5700	163,248
Property Maint	1200	43,723	400	14,574	1500	54,654	425	15,485	500	18,218	702	25,578	200	7,287	4927	179,519
Allied Health	387	28,470	1300	95,634	1450	106,669	1500	110,347	100	7,356	1200	88,278	602	44,286	6539	481,040
Nursing Blair	387	24,936	300	19,330	1450	93,431	1500	96,652	400	25,774	1200	77,322	-	-	5237	337,445
Delivered Meals	6000	7,565	1000	1,261	-	-	1000	1,261	2000	2,522	-	-	-	-	10000	12,608
ACM	-	15	-	5,011	-	32,015	-	4	-	3,017	-	29,999	-	6,002	-	76,064
Flexible Service Response	-	-	-	5,000	-	10,000	-	-	-	-	-	10,000	-	3,000	-	28,000
Service System Resourcing	-	-	-	-	-	5,000	-	-	-	-	-	5,000	-	-	-	10,000
SSR Training	-	1,302	-	2,087	-	1,377	-	2,174	-	442	-	1,136	-	649	-	9,167
Total	8974	132,854	5609	212,917	7815	394,070	6275	275,853	3796	78,704	5152	292,251	1002	66,233	29318	1,452,882
2005-06																
Home Care	499	12,811	1300	33,375	2001	51,372	840	21,565	400	10,269	1500	38,510	309	7,933	6849	175,835
Personal Care	500	14,678	1312	38,515	1000	29,356	1000	29,356	521	15,294	1200	35,227	-	-	5533	162,427
Property Maint	1300	48,551	300	11,204	1000	37,347	550	20,541	700	26,143	1185	44,256	200	7,469	5235	195,509
Allied Health	400	30,162	1400	105,565	1518	114,463	1500	113,106	-	-	1400	105,565	500	37,702	6718	506,563
Nursing Blair	399	26,352	500	33,023	1517	100,191	1500	99,069	400	26,418	1400	92,464	-	-	5716	377,517
Delivered Meals	5000	6,461	1000	1,292	6000	7,754	1000	1,292	2000	2,585	-	-	1000	1,292	16000	20,676
ACM	-	22	-	25	-	50,016	-	17	-	5,007	-	8,003	-	10,009	-	73,098
Flexible Service Response	-	-	-	-	-	-	-	-	-	-	-	-	-	5,000	-	5,000
Service System Resourcing	-	-	-	-	-	5,000	-	-	-	-	-	5,000	-	-	-	10,000
SSR Training	-	1,420	-	2,277	-	1,533	-	2,374	-	489	-	1,282	-	709	-	10,084
Total	8098	140,456	5812	225,277	13036	397,032	6390	287,319	4021	86,205	6685	330,307	2009	70,114	46051	1,536,710

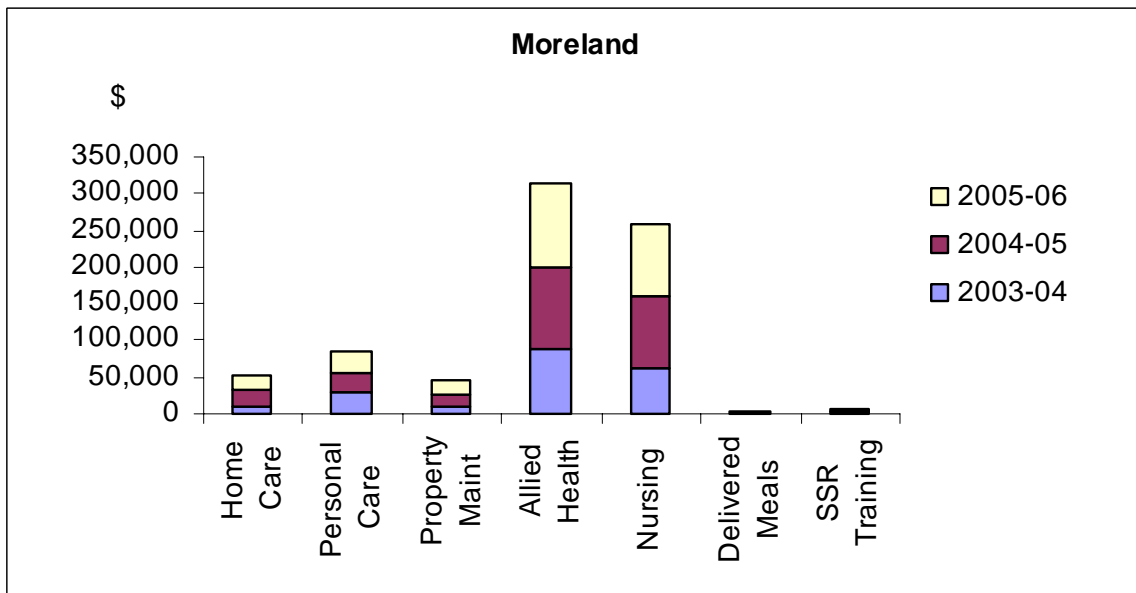
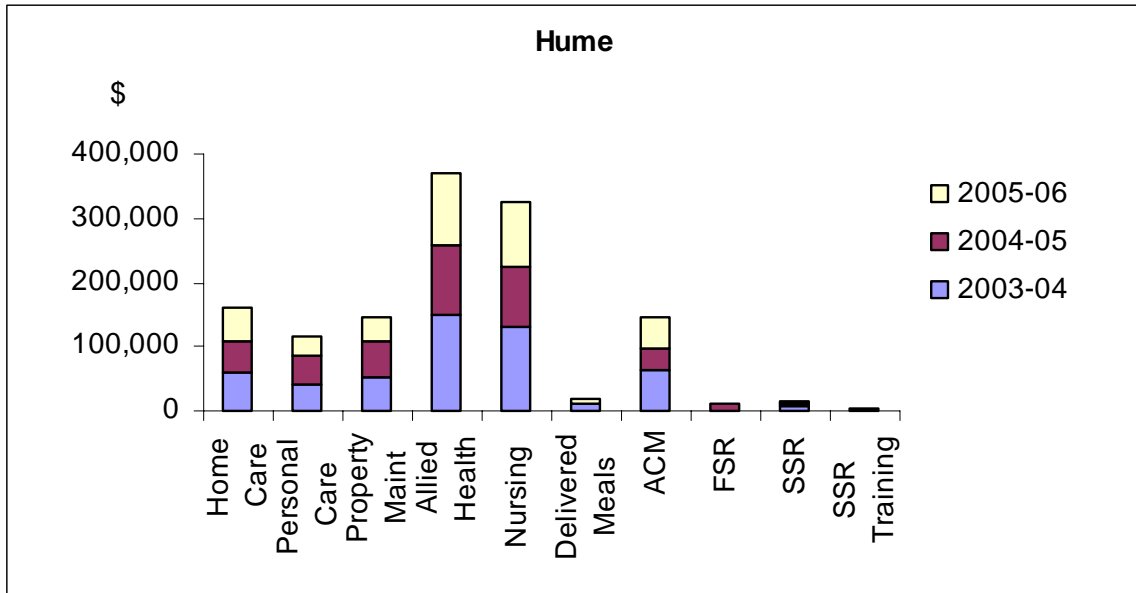
Notes:

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.

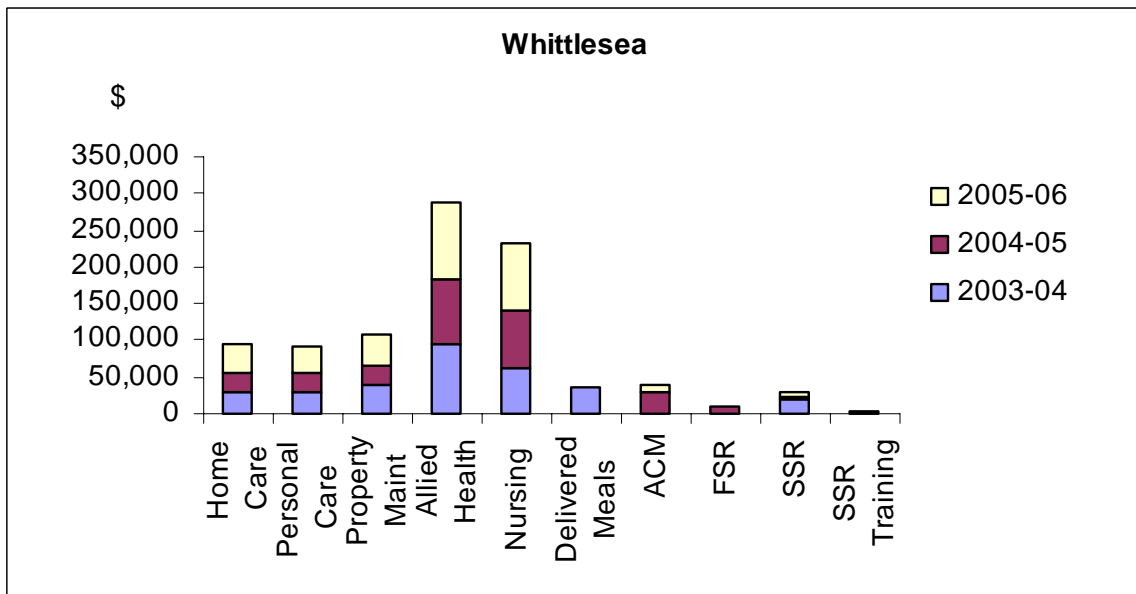
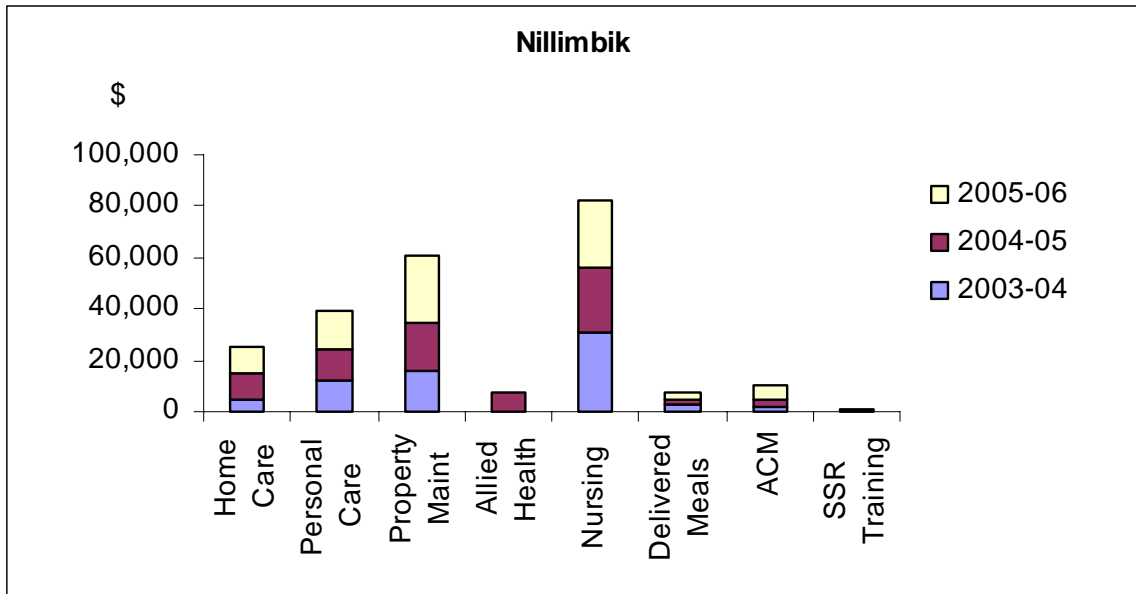
Each graph below shows the proposed service expansion funding for Priority 1 activities for a given local government area in the Region, for 2003-04, 2004-05 and 2005-06.



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