

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

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

Appendix B: Regional consultation

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

Attendance

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

Consultation	Date	Number of people in attendance				
		Total number of attendees	Number of service providers	Number of clients or carers	Peak org's	C'wealth rep attended
SMR HACC Indigenous	14/07/03	19	6	0	0	Yes
South East District	15/07/03	23	18	0	0	Yes
Inner South East District	16/07/03	35	30	0	0	No
Frankston Mornington District	16/07/03	32	19	0	0	No
Kingston Bayside District	17/07/03	23	20	0	0	No

Outcomes

Additional data

There was considered discussion re the Department of Infrastructure (DOI) and ABS data used in the development of the RREF and WREN.

At the consultations the following concerns were raised and as a result impacted on the analysis of data considered in the finalisation of the Regional Plan 2003-06:

- Does the proposed equalisation data, in particular the Kingston local government area, require review?

(Further analysis of the data in Table 5.1 'Proposed 2003-04 Growth' has identified a revision of the equalisation funding).

- Is the veteran population part of the WREN measure given there is varying populations across the Region?

(50% of the veteran population were reinstated into the RREF for 2003–04 given the changes in DVA Home Care. There is not a separate variable for the WREN as the smaller numbers are not statistically viable. This issue does not involve an amendment to the Regional Plan.)

Appendix B – Regional Consultation - SMR

Discussions about proposals

Equalisation:

The Region proposed to top-slice 30% of the growth funds and distribute this to the relatively under-funded local government areas of Casey, Dandenong, Frankston, Mornington and Kingston.

The sector generally agreed with this proposal.

- However, it was identified that the equalisation funding to the local government areas of Frankston and Kingston, who are both disadvantaged, leads to a worsening rather than an improvement. The plan has been revised to correct this.
- Stakeholders from Mornington and Frankston (local government areas) preferred to redress the inequity more rapidly.
- A number of attendees 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 Sustainability and Environment population projections derived from the 2001 Census due early 2004.

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

Stakeholders generally agreed with the Region's proposals to expand HACC services, with the following exceptions:

- Sector feedback identified demand for Nursing in the local government areas of Frankston and Mornington Peninsula. It has been agreed that the demand for Nursing will be reviewed in 2004-05.

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 regional proposal is developmental and evolving in tandem with the Statewide Culturally Equitable Gateways initiative. The Region proposed to focus on developing partnerships between migrant resource centres and local governments in the first year with workforce development and consumer engagement to be considered in the following two years.

Stakeholders generally agreed with the focus of the proposals:

- Suggestions were made that ethno specific agencies and social support agencies should be included to bridge the gap in CALD communities using HACC Basic services

Appendix B – Regional Consultation - SMR

- The proposal for the migrant resource centres as key facilitators in increasing access to HACC Basic services was accepted with some reservation.

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

The proposal to fund indigenous initiatives under Flexible Service Response and Service System Resourcing activities was well received:

- Concerns were raised about the proposed distribution of allocated dollars for 2004-05
- Consideration needs to be given to the higher rate of ageing of the indigenous population and funding should therefore reflect this
- Sector suggested a more progressive allocation of funding over the three years.

(Initiatives in the first year and current projects will require time for establishment, consolidation and evaluation. The current distribution over three years will be maintained but will be reviewed in 2004–05 to optimise targeting of resources.)

Regional development initiatives

There was general consensus for the proposal in the first year to address recommendations arising from the Social Support Strategic Directions report:

- The proposal to expand social support service development in the Frankston Mornington Peninsula and South East districts was accepted
- The proposal for the third year is considered as developmental and is contingent on thematic findings arising from the regional National Service Standards appraisals
- Opportunities for partnerships and collaboration were noted between service organisations.

Minor capital

The proposal to retain up to 10% for discretionary purposes was accepted:

- Concerns were raised about minor capital for changeover and maintenance of vehicles for smaller agencies. It was acknowledged that the issue required further consideration at a regional and Statewide level
- Stakeholders were also interested to understand the process that would be used to distribute discretionary minor capital funds
- There was concern that the formulaic approach, based on funding levels, does not take into consideration the outputs achieved in Volunteer Coordination. Issue is that volunteer organisations can actually provide much more real service (through things like volunteer transport) than their funding suggests and thus the argument could be made that they need more minor capital.

Appendix B – Regional Consultation - SMR

Agency allocations

Stakeholders indicated broad agreement with the agency allocation proposals:

- Further consultation with the Bayside City Council identified Assessment and Care Management as an area of need, Home Care and Assessment and Care Management activities will both be expanded in 2004-05
- Information re waiting lists and limited access to Nursing in the Frankston Mornington district
- The proposed expansion of Allied Health in the Mornington Peninsula with an emphasis on the centre-based facilities was queried. The view was expressed that the proposed allocations to either home based or a centre-based service should be made after establishing the district priorities for the specific disciplines comprising Allied Health.

(It has been agreed to review the demands for Allied Health in 2004–05.)

Incorporation of consultation data into the Regional Plan 2003-06

All information, arguments and suggestions presented during the consultation period have been considered and relevant changes incorporated in the Southern Metropolitan Regional HACC Plan 2003-06.

Other issues

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

- Planned Activity Groups providers expressed concern that there is no capacity for growth in the next three years
- Follow up on the initiatives within the Community Transport project
- The cost of delivering services seems to be increasing at a rate higher than indexation. Agency overheads have not been considered in a formal manner
- Issues associated with the implementation of the SCOT were identified
- Recruitment of allied health professionals was identified as a challenge
- Indigenous worker isolation was raised in SMR consistent with other regions.

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 LGAs 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 LGAs 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: LGAs 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: LGAs with 65+ CALD populations greater than 1,000

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

Source: 2001 Census

5 Projections

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

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

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

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

Table 3: Projected increase in 65+ CALD population

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

Source: AIHW 2001 Projections of older immigrants

(): negative growth

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

5.2 Emerging ethnic groups 65 and over

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

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

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

Table 4: Projected growth by language

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

Source: AIHW Projections of older immigrants

5.3 Long-term growth projections

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

6 Allocation of 2003-2004 HACC funds to ethnic communities

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

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

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

Appendix C – Part 1 - SMR

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

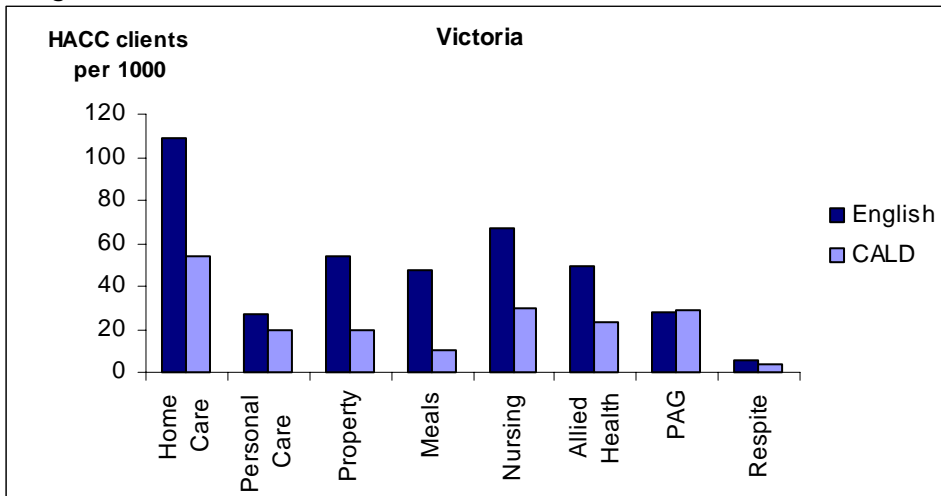
7 HACC clients - English versus Non-English speakers

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

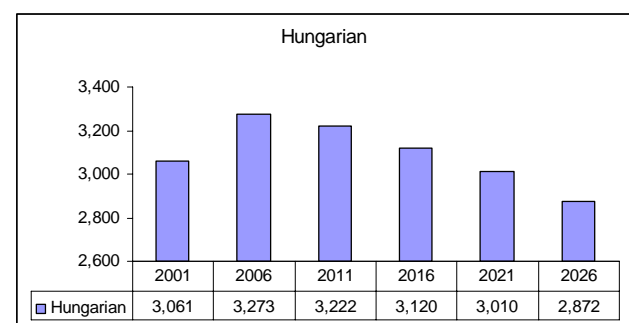
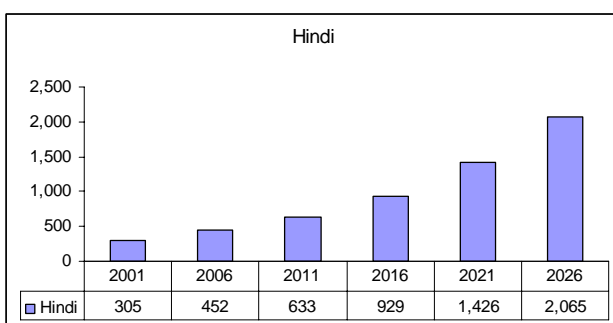
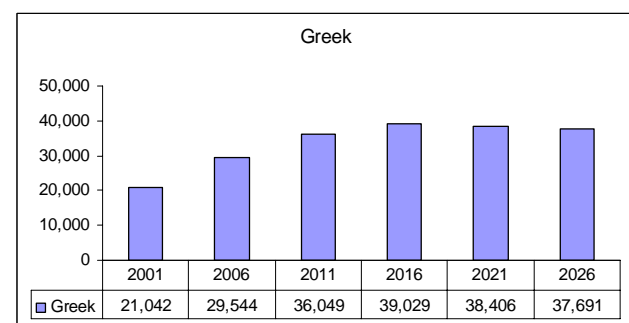
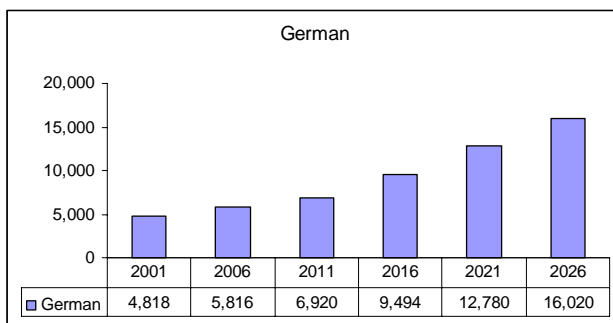
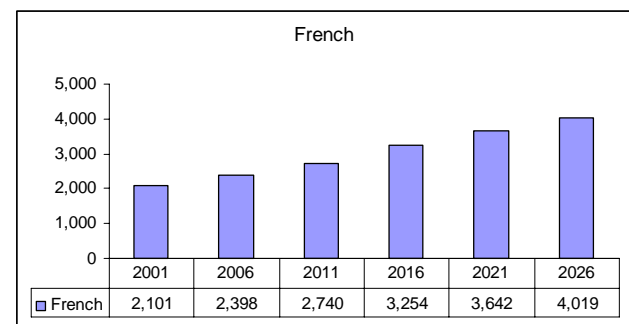
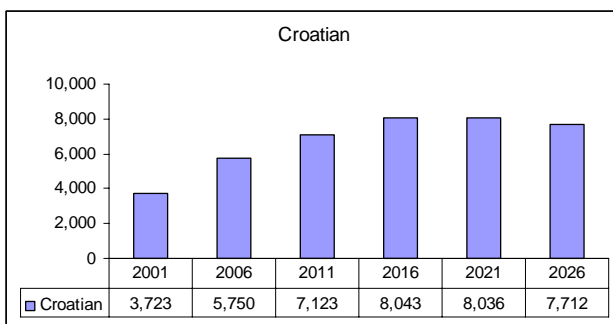
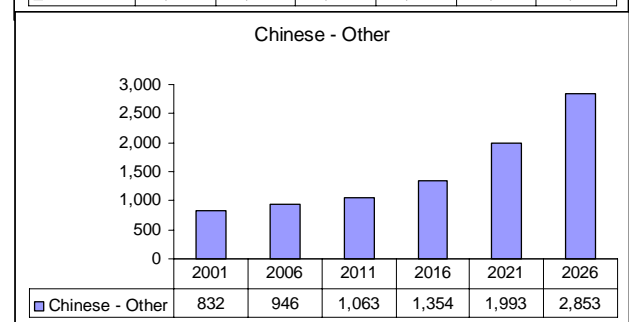
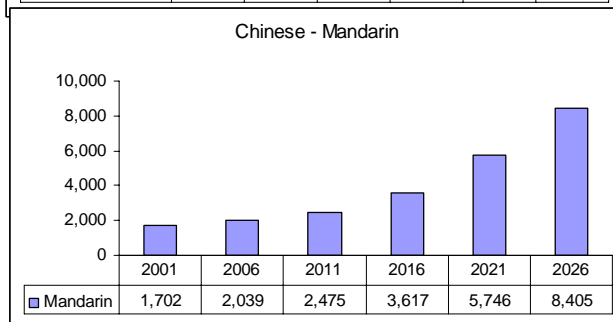
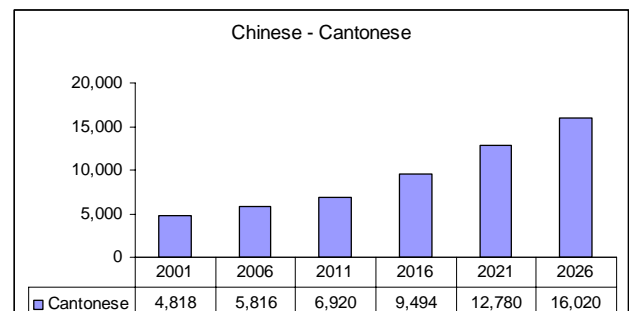
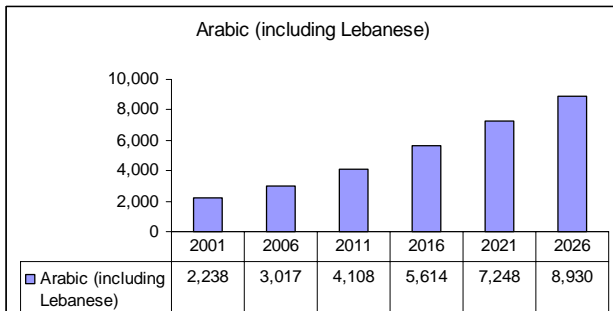


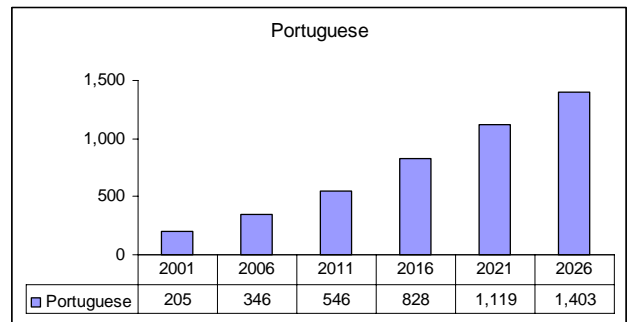
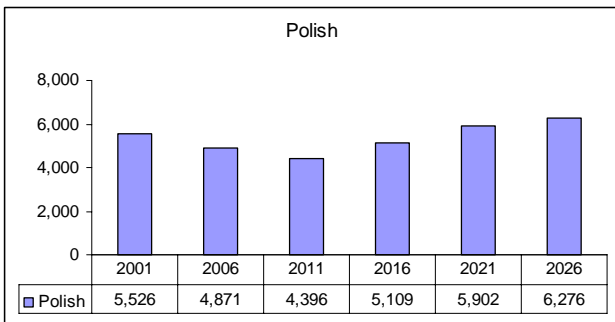
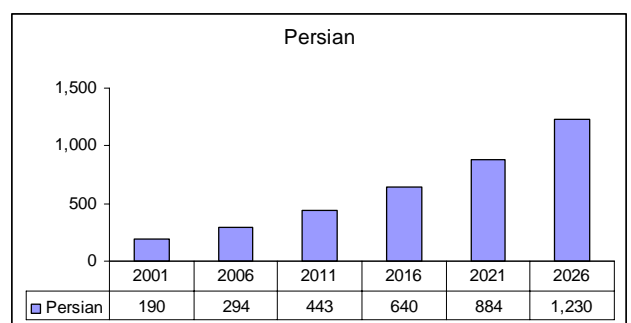
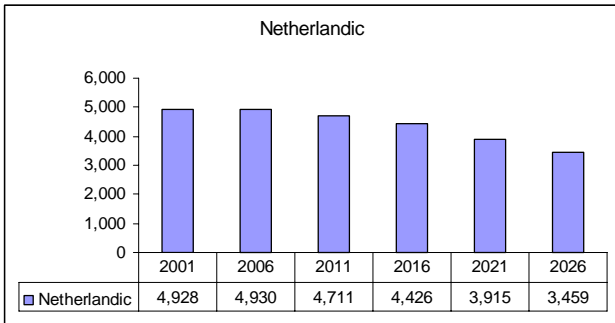
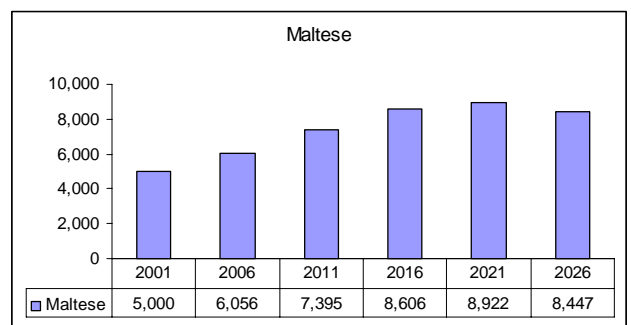
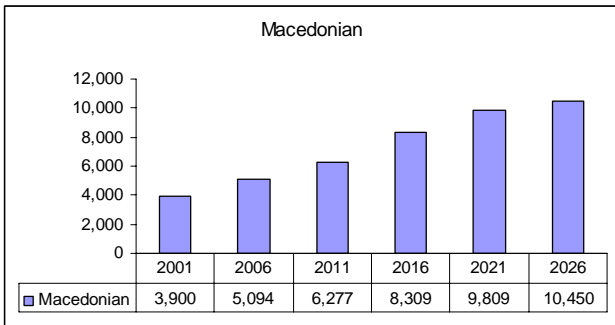
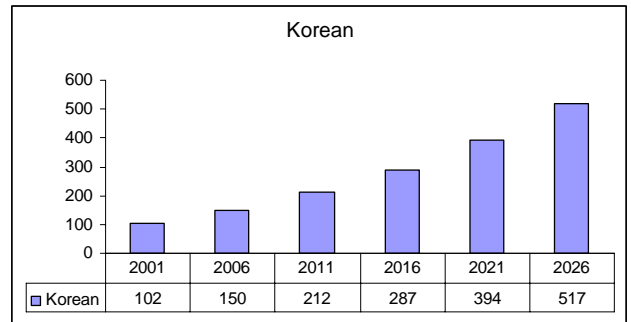
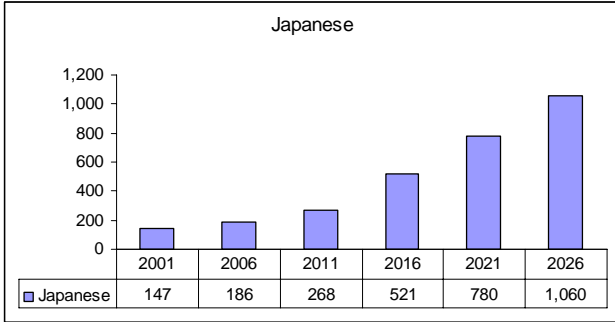
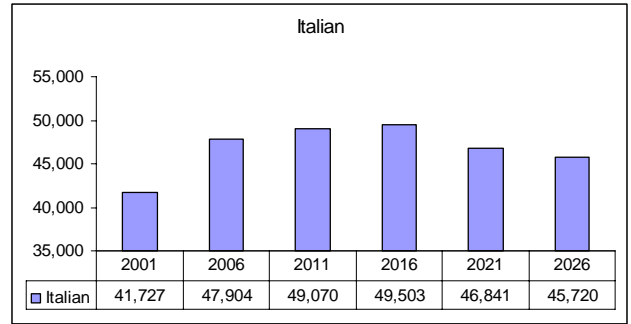
Source: MDS (2002 data) and 2001 Census

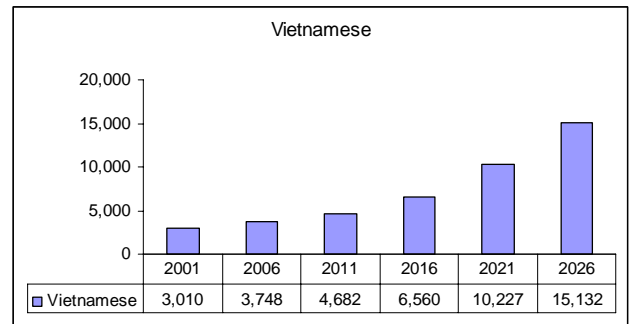
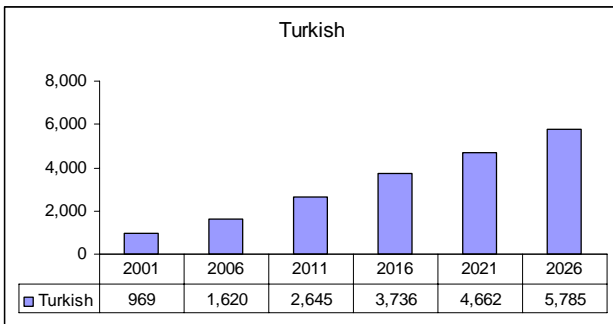
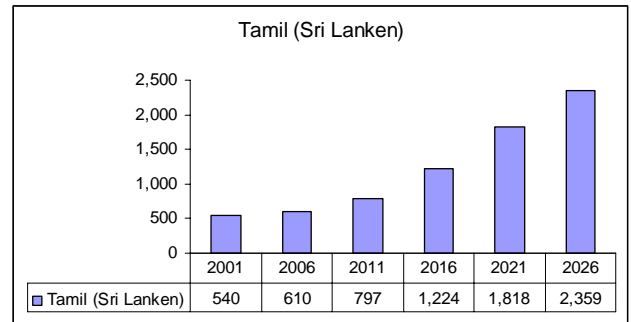
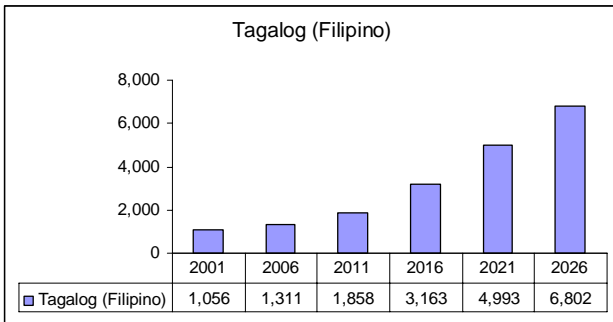
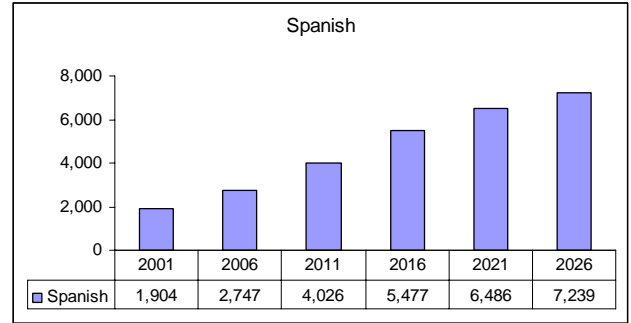
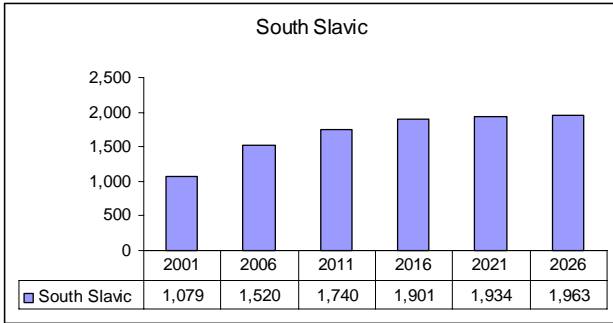
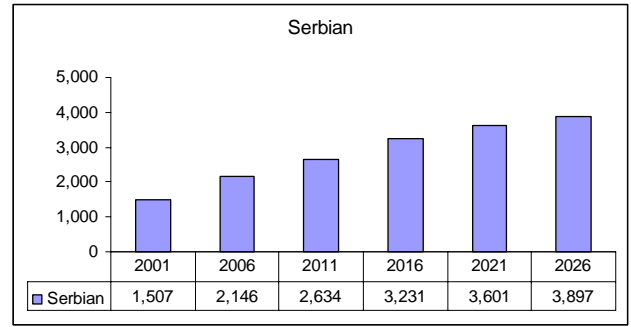
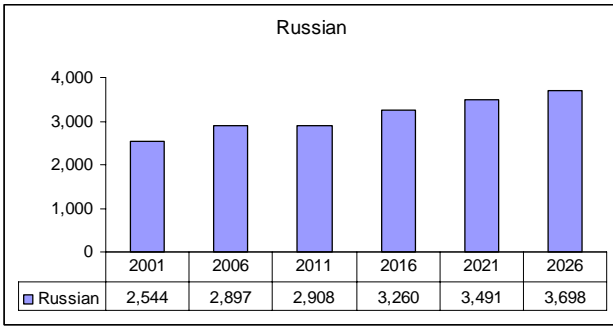
Appendix C – Part 2 - SMR

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



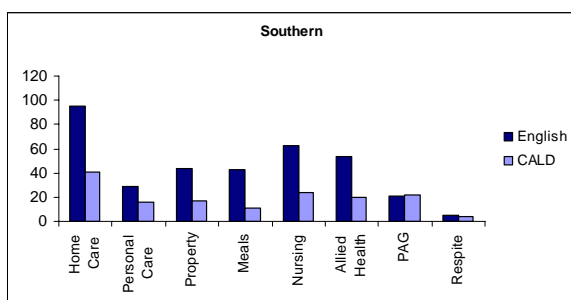
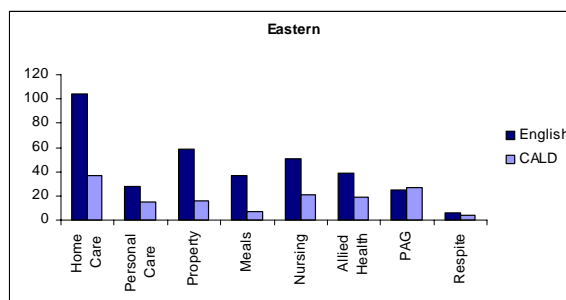
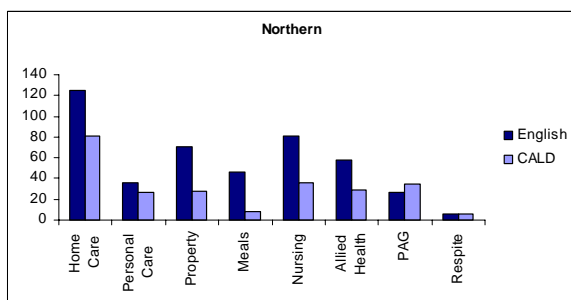
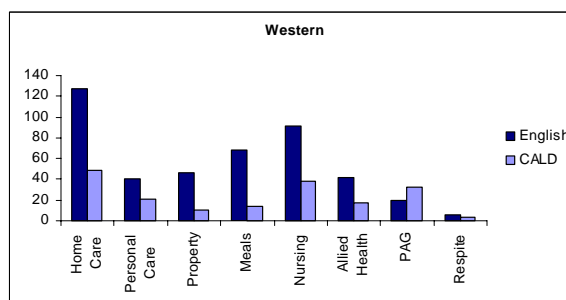
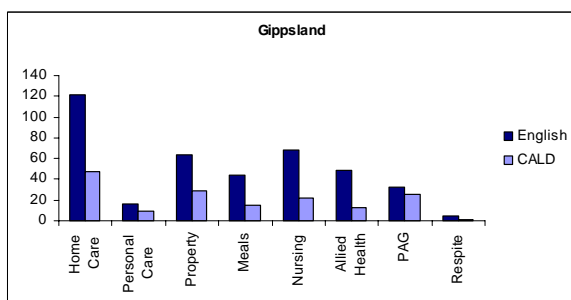
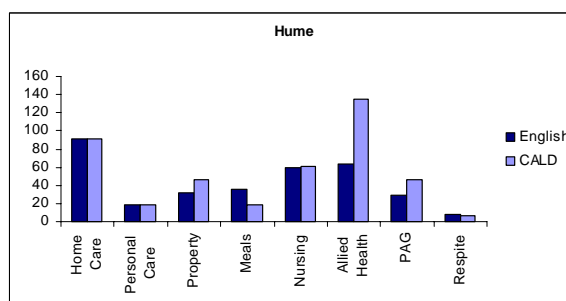
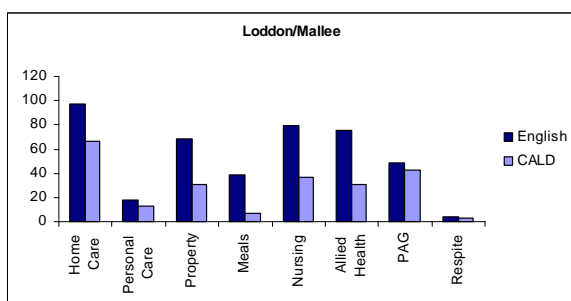
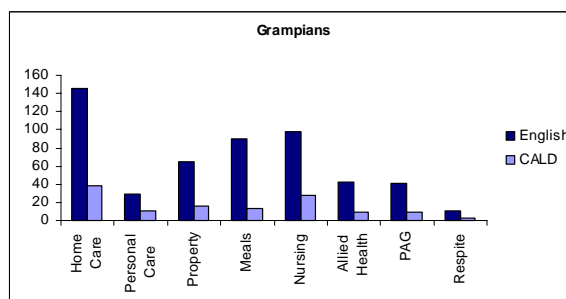
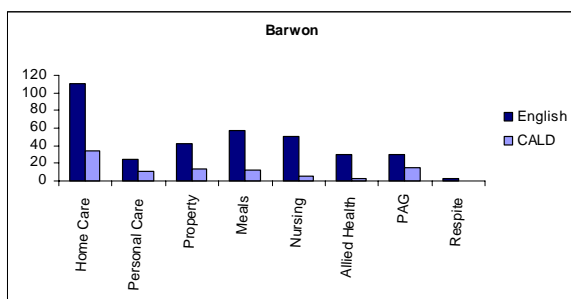




Appendix C – Part 2 - SMR

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

179 Napier Street Hostel Association Inc.
A.R.B.I.A.S Inc.
Action on Disability Within Ethnic Communities Inc.
Andrew Kerr Frail and Aged Care Complex Inc.
Baptist Community Care Ltd (Southhaven)
Baptist Village Baxter Ltd
Bayside City Council
Bayside Health (Caulfield General Medical Centre)
Bentleigh Bayside Community Health Service Inc.
Bethlehem Hospital Inc
Brotherhood of St Laurence Peninsula Area
Cambodian Association of Victoria Inc.
Casey City Council
Central Bayside Community Health Services Inc.
Centre for Phillipine Concerns Australia
Ceylonese Welfare Organisation Inc
Children Australia Inc.
City of Kingston
City of Port Phillip
City of Stonnington
Croatian Catholic Welfare Association Inc.
Cystic Fibrosis Victoria Inc.
Dandenong and District Aborigines Co-operative Ltd
Doveton Neighbourhood Place
Eastern Regions Mental Health Association Inc.
Foster Grandparent Scheme (Victoria) Inc
Frankston City Council
Froniditha Care Inc.
Girrawheen Community Inc.
Glen Eira City Council
Hastings Community House Inc
Inner South Community Health Service Inc.
Jewish Care (Victoria)
Kooweerup Regional Health Service
Leighmoor Adult Day Care Centre
MECWA Community Care Inc.
MECWA Community Care Inc.(Cardinia Shire)
MOIRA Inc.
Mornington Peninsula Shire Council
Mount Eliza Community Contact Inc.
Ngwala Willumbong Co-operative Ltd.
Open Door (Seaford) Incorporated.
Peninsula Community Health Service
Peninsula Health
Peninsula Support Services Inc.
Prahran Mission
Prahran Neighbourhood House Inc.

Resurrection Parish
Russian Ethnic Representative Council of Victoria Inc
Sacred Heart Mission St. Kilda Inc.
Sandy Beach Community Co-operative Society Ltd.
Scott Street Day Centre
Serbian Social Services and Support Inc.
Society of St Vincent de Paul (Victoria)
South Central Region Migrant Resource Centre Inc.
South Eastern Region Migrant Resource Centre Incorp.
South Port Day Links Inc
South Port Parks Parish Mission
Southern Health - Cardinia Community Health Service
Southern Health - Casey Community Health Centre
Southern Health - Greater Dandenong CH Services
Southern Health - Hampton Rehabilitation Centre
Southern Health - Kingston Centre
Southern Peninsula Community Care Inc.
Spanish Latin American Welfare Centre Inc. (CELAS).
St John Ambulance Australia (Victoria) Inc.
St John of Kronstadt Russian Welfare Society Inc
Tamil Senior Citizens Fellowship (Victoria) Inc.
The City of Greater Dandenong
The Kosher Meals on Wheels Association of Victoria Inc.
The Uniting Church in Australia (Toorak)
Vision Australia Foundation
Wesley Mission Melbourne
Wongabeena Association Inc.
WRESACARE 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.

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

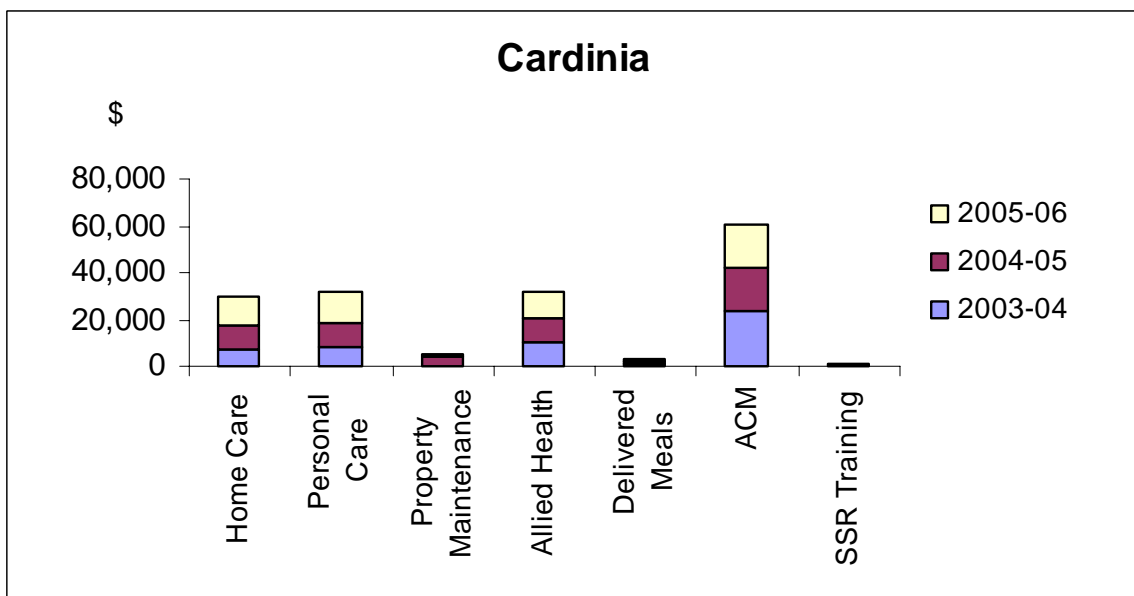
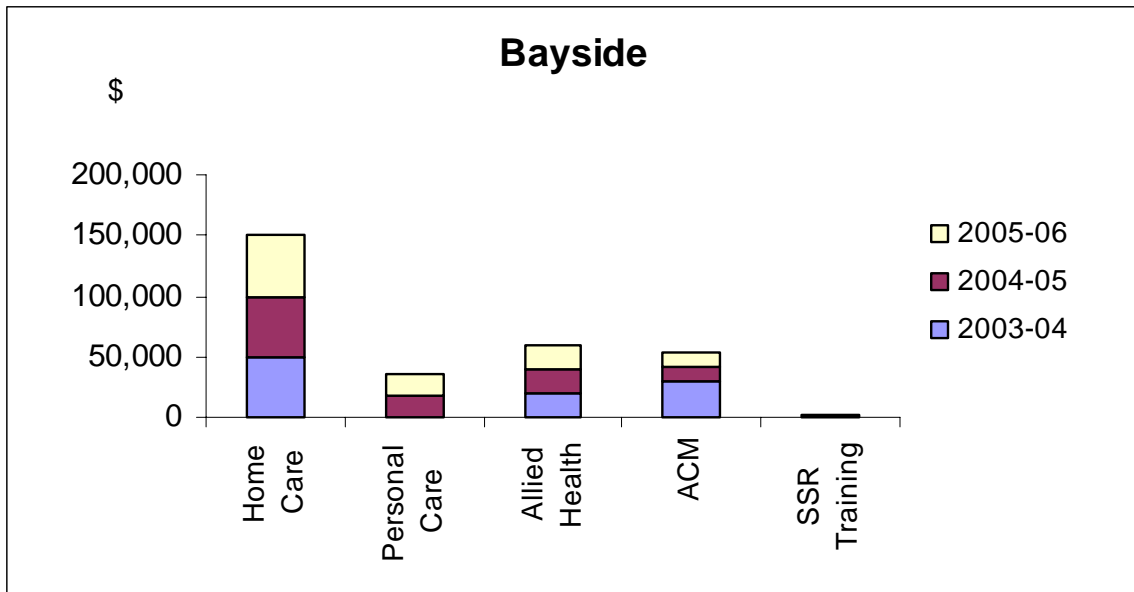
The table below shows the proposed service expansion for Priority 1 activities (excluding HACC Response Service) in each local government area, by units and funding, for 2003-06.

ACTIVITIES	Bayside Unit \$		Cardinia Unit \$		Casey Unit \$		Frankston Unit \$		Glen Eira Unit \$		Gr. Dandenong Unit \$		Kingston Unit \$		Morn. Peninsula Unit \$		Port Phillip Unit \$		Stonnington Unit \$		Total region Unit \$		
2003-04																							
Home Care	2,000	48,880	300	7,332	2,900	70,876	1,733	42,355	3,289	80,383	5,710	139,552	6,831	166,950	15,725	384,319	-	-	2,694	65,841	41,182	1,006,488	
Personal Care	-	-	300	8,382	4,600	128,524	3,250	90,805	788	22,017	2,600	72,644	1,234	34,478	-	-	-	-	-	-	12,772	356,850	
Property Maint	-	-	-	-	200	7,110	1,330	47,282	765	27,196	2,100	74,655	570	20,264	-	-	-	-	-	-	4,965	176,506	
Allied Health	264	18,947	142	10,191	1,165	83,612	976	70,048	448	32,153	1,455	104,425	920	66,028	1,550	111,244	290	20,813	244	17,512	7,454	534,974	
Nursing Blair	-	-	-	-	1,040	65,374	-	-	-	-	1,040	65,374	-	-	-	-	-	-	-	-	2,080	130,749	
Delivered Meals	-	-	1,000	1,230	-	-	16,651	20,481	-	-	-	-	-	-	3,211	3,950	4,000	4,920	3,995	4,914	28,857	35,494	
ACM	-	28,728	-	23,881	-	62,624	-	-	-	-	-	65,561	-	42,368	-	60,603	-	78,247	-	-	-	362,013	
FSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SSR Training	-	642	-	339	-	1,246	-	1,071	-	1,075	-	1,427	-	1,318	-	1,606	-	691	-	587	-	10,000	
Total	2,264	97,196	1,742	51,356	9,905	419,367	23,940	272,040	5,290	162,823	12,905	523,639	9,555	331,405	20,486	561,721	4,290	104,672	6,933	88,854	97,310	2,613,073	
2004-05																							
Home Care	2,000	50,100	420	10,521	2,400	60,120	830	20,792	3,028	75,851	3,550	88,928	5,200	130,260	10,707	268,210	1,300	32,565	1,300	32,565	30,735	769,912	
Personal Care	600	17,184	350	10,024	3,650	104,536	2,400	68,736	956	27,380	3,250	93,080	1,800	51,552	-	-	1,200	34,368	849	24,315	15,055	431,175	
Property Maint	-	-	100	3,644	200	7,288	600	21,864	800	29,152	1,000	36,440	650	23,686	878	31,994	-	-	430	15,669	4,658	169,738	
Allied Health	268	19,714	145	10,666	980	72,089	976	71,795	445	32,734	1,180	86,801	802	58,995	1,550	114,018	290	21,332	244	17,949	6,880	506,093	
Nursing Blair	-	-	-	-	1,000	64,430	-	-	-	-	1,040	67,007	-	-	-	-	-	-	-	-	2,040	131,437	
Delivered Meals	-	-	1,000	1,260	2,000	2,520	2,500	3,150	-	-	5,000	6,300	-	-	10,014	12,618	-	-	-	-	20,514	25,848	
ACM	-	12,009	-	17,882	-	49,154	-	57,506	-	-	-	55,783	-	31,785	-	44,975	-	19,171	-	-	-	288,266	
FSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SSR Training	-	632	-	344	-	1,286	-	1,074	-	1,053	-	1,422	-	1,312	-	1,613	-	685	-	577	-	10,000	
Total	2,868	99,639	2,015	54,342	10,230	361,423	7,306	244,916	5,229	166,171	15,020	435,761	8,452	297,590	23,149	473,429	2,790	108,122	2,823	91,076	79,882	2,332,468	
2005-06																							
Home Care	2,000	51,340	450	11,552	3,000	77,010	1,720	44,152	2,000	51,340	3,600	92,412	3,200	82,144	12,735	326,907	1,000	25,670	1,000	25,670	30,705	788,197	
Personal Care	600	17,616	450	13,212	3,350	98,356	3,176	93,247	1,000	29,360	3,100	91,016	2,500	73,400	-	-	1,000	29,360	500	14,680	15,676	460,247	
Property Maint	-	-	50	1,868	500	18,675	1,184	44,222	500	18,675	1,200	44,820	1,000	37,350	-	-	500	18,675	300	11,205	5,234	195,490	
Allied Health	272	20,509	150	11,310	1,030	77,662	976	73,590	452	34,081	1,225	92,365	829	62,507	1,550	116,870	298	22,469	250	18,850	7,032	530,213	
Nursing	-	-	-	-	1,000	66,050	-	-	-	-	1,040	68,692	-	-	-	-	-	-	-	-	2,040	134,742	
Delivered Meals	-	-	500	645	5,000	6,450	2,503	3,229	-	-	4,000	5,160	-	-	10,012	12,915	-	-	-	-	22,015	28,399	
ACM	-	12,935	-	18,910	-	43,826	-	-	-	36,253	-	65,687	-	56,283	-	44,938	-	15,670	-	23,467	-	317,971	
FSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SSR	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SSR Training	-	622	-	349	-	1,325	-	1,078	-	1,031	-	1,419	-	1,304	-	1,621	-	680	-	570	-	10,000	
Total	2,872	103,022	1,600	57,846	13,880	389,354	9,559	259,520	3,952	170,740	14,165	461,571	7,529	312,988	24,297	503,253	2,798	112,524	2,050	94,442	82,702	2,465,260	

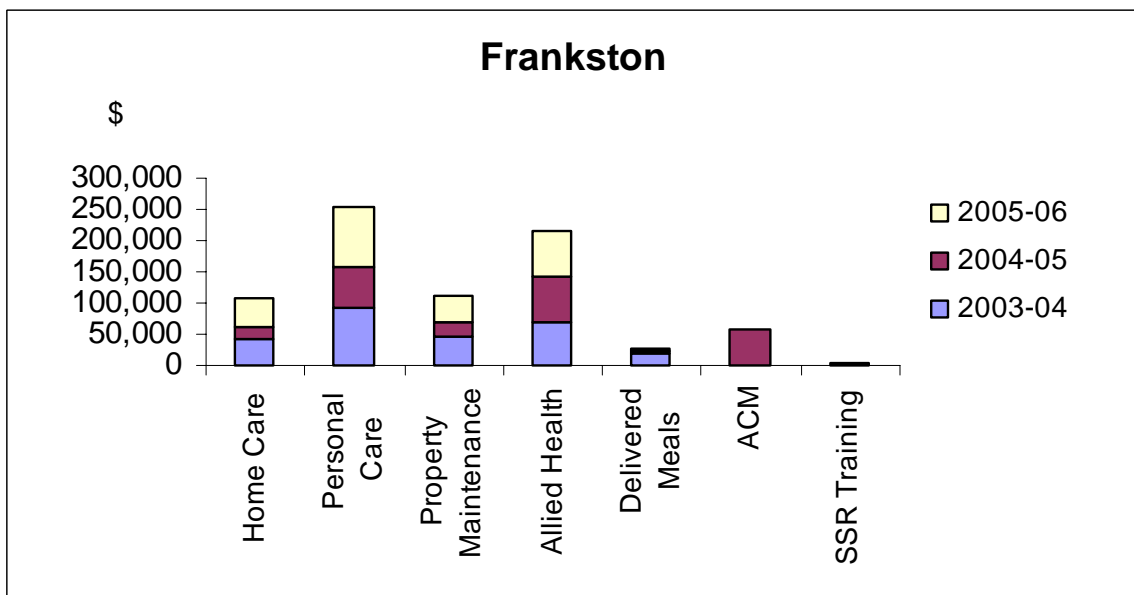
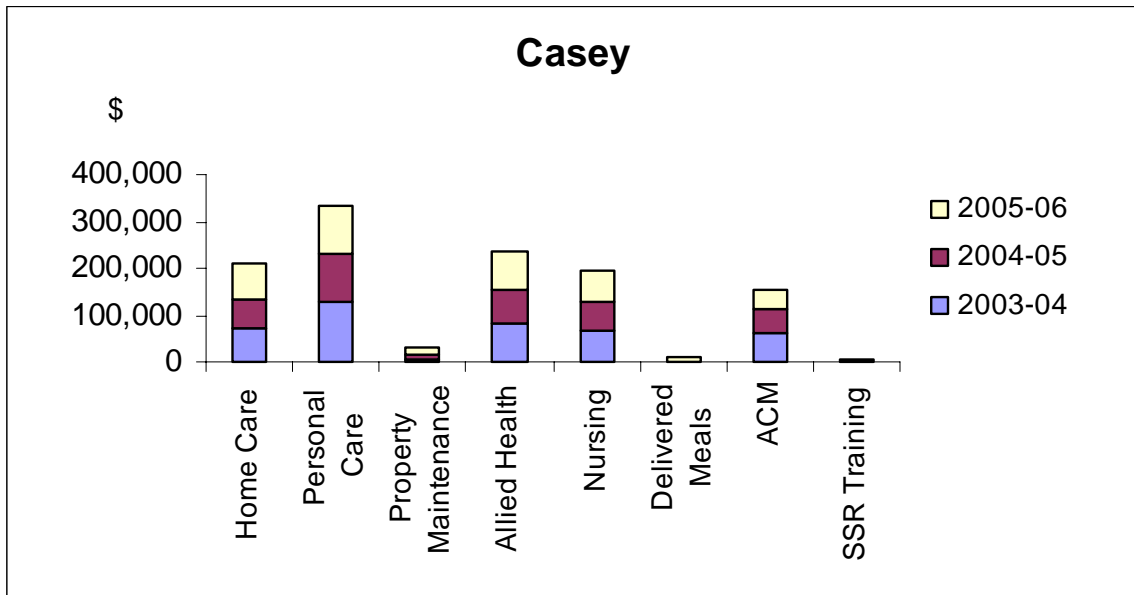
Notes:

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.

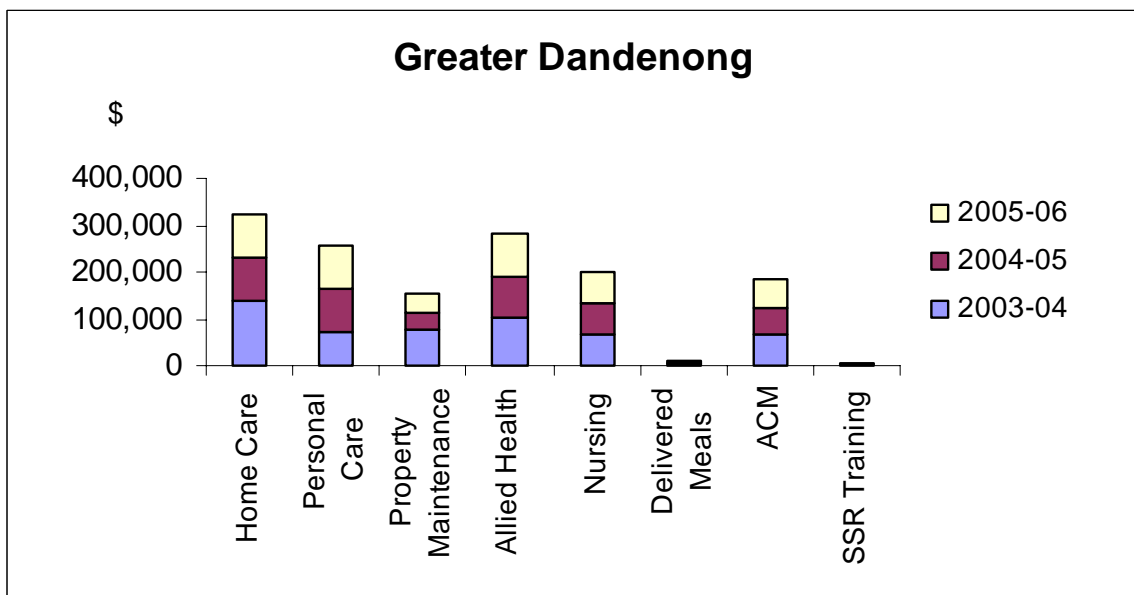
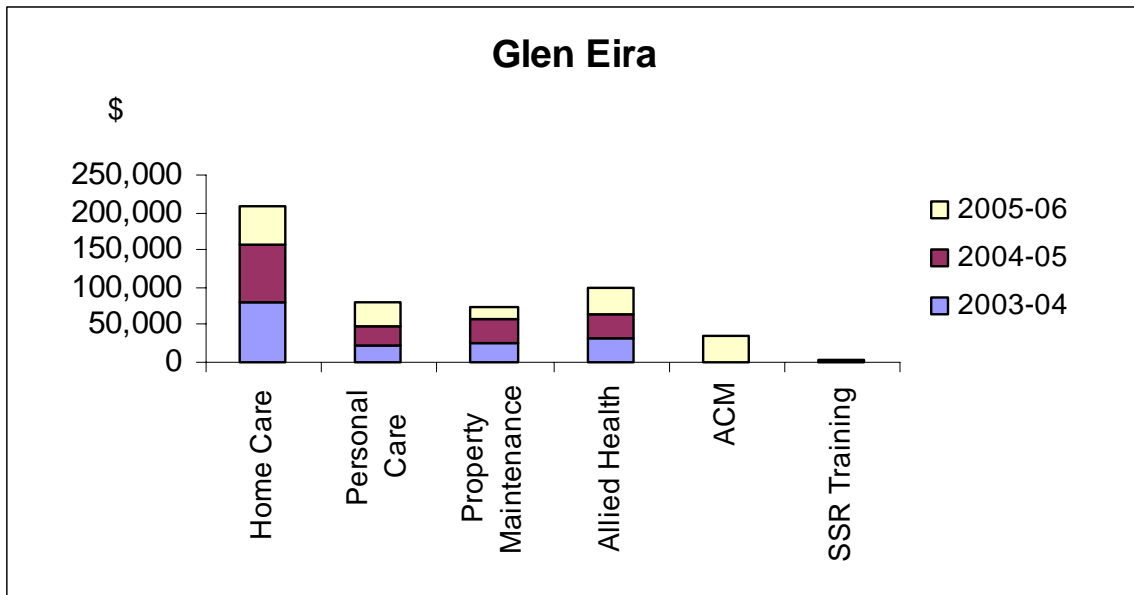
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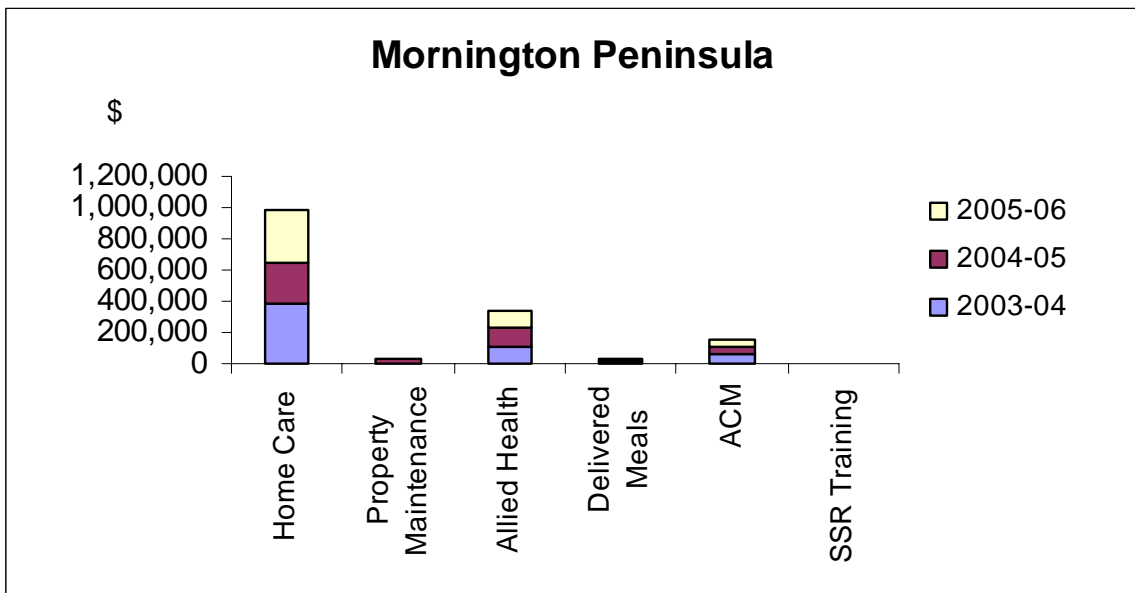
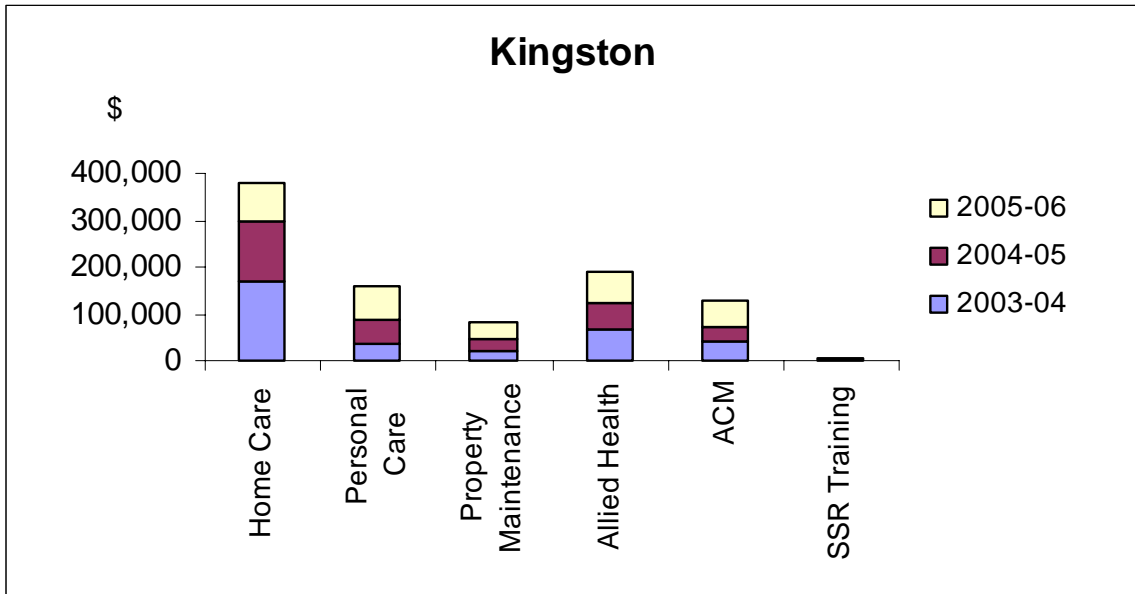
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