

Consultation to inform the scope of the HACC Social Support and Respite Review

Short consultation paper to inform the initial
consultation process

November 2007

HDG Consulting Group in conjunction with the
Department of Human Services, Aged Care Branch



home and community care

A JOINT COMMONWEALTH AND STATE/TERRITORY PROGRAM
PROVIDING FUNDING AND ASSISTANCE FOR AUSTRALIANS IN NEED

Contents

| | | |
|------------------------------|---|----|
| 1. | Introduction | 1 |
| 2. | Context | 2 |
| 2.1 | Relevant Victorian and Commonwealth Government Developments | 2 |
| 2.2 | Types of social support | 3 |
| Planned Activity Group | 3 | |
| Volunteer Coordination | 4 | |
| Respite | 4 | |
| 2.3 | Population changes | 5 |
| 3. | HACC Social Support Funding | 7 |
| 4. | Service delivery profile..... | 8 |
| 4.1 | Overview | 8 |
| 4.2 | Agency profile | 8 |
| 4.3 | Client participation rate and age profile | 9 |
| 4.4 | Regional distribution | 10 |
| 5. | Summary and consultation parameters | 13 |
| 5.1 | Summary | 13 |
| 5.2 | Consultation questions..... | 13 |
| Appendix 1: | Consultation schedule..... | 15 |

1. Introduction

The Department of Human Services is planning a collaborative, comprehensive review of Home and Community Care (HACC) Program social support and respite services in Victoria. The review, to commence in 2008, will consider the future role, function and provision of social support, respite and volunteer services¹ funded by the HACC Program, in the context of Victorian government policy, the broader service system and changing community needs. The purpose of the review is to provide a basis for targeting future HACC Program growth funding to these services in Victoria.

The HACC Program in Victoria is jointly funded by the Commonwealth and Victorian Governments and administered by the Victorian Department of Human Services.

As a precursor to the comprehensive review, initial consultation will occur with service providers to inform the scope of the review.

The Department has commissioned Ro Saxon from HDG Consulting Group to canvass and identify the key issues interested parties would like to be considered in the subsequent review. The results of these consultations will inform the scope of the review.

Key stakeholders to be consulted for this project include HACC social support and respite service providers, peak bodies and special interest groups.

Feedback is being sought through consultation sessions in each region. The dates of consultations are in Appendix 1.

For further information please contact:

- HDG Consulting Group: Ro Saxon 03 98961237 ro.saxon@hdgconsulting.com.au
- DHS Aged Care Branch: Louise McGuire 03 90968160 louise.mcguire@dhs.vic.gov.au
- DHS Regional Office HACC contact.

¹ Includes friendly visiting provided by volunteers

2. Context

2.1 Relevant Victorian and Commonwealth Government Developments

The HACC Program was established as a result of agreement between the Commonwealth, States and Territories in 1985. It brought together under a single administrative framework a range of previously disparate home and community based programs for older people and people with disabilities funded by Commonwealth State and Territory Governments. Those services included a range of social support, respite and volunteer-based services.

Over the 2003-06 Victorian planning triennium, priority for allocating HACC growth funds was given to consolidating basic HACC services, which did not include social support, respite and volunteer services.

In considering expenditure priorities for the 2006-09 triennium, the then Victorian Minister for Aged Care decided to allocate a maximum of five per cent of regional growth funding a year to planned activity groups, where it could be demonstrated that there was a need to expand services for established ethnic communities whose ageing populations are growing in size, or where there was evidence of a need to support services for emerging communities. At the same time, he decided to instigate a review of social support services.

In 2005-06 and 2006-07, substantial non-recurrent allocations were made to increase the funds available to meet volunteers' out of pocket costs, especially where volunteers were using their own cars for transporting HACC clients.

In 2006, the Department launched *Recognising and supporting carer relationships: A Department of Human Services policy framework* (DHS 2006). The framework casts carer policy in a relationship-focused model, recognizing that supporting the caring relationship is of critical importance as a policy objective. This entails recognition of and respect for the carer and care recipient; support for both parties to the care relationship; and participation for both in service planning, provision and delivery.

The policy framework was accompanied by *Recognising and supporting carer relationships for older Victorians: Action Plan 2006-2009* that aims to improve recognition of, and support for, care relationships specifically for older Victorians. The plan identifies actions and initiatives to support care relationships for older people and their unpaid carers.

The review of social support and respite services funded by the HACC Program is an opportunity to consider how the policy framework can be applied to these services.

The Department has work in progress on:

- an *Active Service Model* which aims to increase the Victorian HACC Program's effectiveness in maximising client independence through person centred and capacity building approaches to service delivery
- implementation of the HACC Assessment Framework, which has as its central tenet the delivery of a 'Living at Home' assessment, a home-based holistic assessment of need
- improving access to HACC services for people from culturally and linguistically diverse backgrounds and
- strengthening HACC services in Aboriginal communities.

This work is being undertaken against the background of work the Commonwealth Department of Health and Ageing is doing with States and Territories to develop the statements of intention in 'The Way Forward – A New Agenda for Community Care'. The focus of this work is to improve the system to reduce complexity and achieve greater consistency, as well as simplifying and creating a fairer system for people requiring care to stay at home. More information about this can be found at http://www.health.gov.au/communitycare_thewayforward

The Council of Australian Governments, including Commonwealth, State and Territory Heads of Government, agreed in February 2006 that access to and assessment for HACC services would be simplified. This is a key element of the work being undertaken through 'The Way Forward'.

In addition to this work, the Commonwealth Department of Health and Ageing is currently undertaking a review of its own community based aged care Subsidy and Services programs. This Review will complement the work already being progressed through the Commonwealth Government's *A New Strategy for Community Care – The Way Forward* and build on this by looking specifically at the structure and funding arrangements for Australian Government funded community aged care programs.

The Commonwealth's Review of Subsidies and Services Programs will focus on identifying areas where current structure and funding arrangements could be refined and service delivery improved, with a view to identifying opportunities for a more integrated set of aged care programs that support frail older Australians as their needs change. It will examine the relationship between community care and residential care, and between federally-funded programs and those run by other jurisdictions such as the Home and Community Care (HACC) Program.

More information about the review can be found at <http://www.health.gov.au/internet/wcms/publishing.nsf/content/ageing-review-reviewsubsidies.htm>

2.2 Types of social support

The HACC Program in Victoria provides funds for various kinds of Planned Activity Groups, Volunteer social support, and Respite. The following descriptions are paraphrased from Victoria's HACC Program Manual:

Planned Activity Group

These services maintain an individual's ability to live at home and in the community, by providing a planned program of activities directed at enhancing the skills required for daily living and providing physical, intellectual, emotional and social stimulation. They also provide opportunities for social interaction as well as respite and support for carers. The group may meet at a local venue, such as a HACC building (senior citizens centre) or community health service, or go on outings.

PAGs have been divided into two categories, each with a different unit price to reflect the different costs of providing service to consumers with differing levels of need. The two categories are 'high' and 'core'. Services are provided by paid staff, or a mix of paid staff and volunteers, and are usually provided from the same venue on a regular basis. Services can provide assistance with personal care and/or have additional or specially trained staff to cater for the needs of consumers such as people with moderate to severe dementia. Venues for these services are often specially designed and/or modified to better meet consumer needs.

PAG – Core: These are group sessions where the majority of consumers are physically independent and do not require personal care, specialist dementia care, or other types of specialist care, in order to participate in activities.

PAG – High: These group sessions are where the majority of consumers are in one or more of the following consumer groups:

- people with moderate to severe dementia who require specially trained staff, plus a venue modified to provide a safe environment
- frail older people who require personal care
- people with acquired brain injury
- people with a disability who may have challenging behaviour
- people with disabilities that require assistance with personal care (usually toileting, eating, and mobility) in order to participate in activities.

Volunteer Coordination

Volunteer Coordination funding is available so that paid staff are available to recruit, Train, support and supervise volunteers. The kinds of service provided in this way by HACC are the following:

- Friendly Visiting, where a volunteer regularly visits the same person to provide companionship
- Telelink – a group telephone call scheduled at a regular time
- Carer support programs (where Volunteer Coordinators run carer support services themselves, without volunteers)
- Stand-alone transport services that use volunteer drivers
- Respite (including host carer programs provided by volunteer respite services for families of children with disabilities)
- Camps for the purpose of respite, where volunteers assist in running the camp.

The role of volunteers varies enormously between services. Volunteers should have a written duty statement, which clearly outlines their role, the tasks expected of them and the HACC activity with which they work. Volunteer training should reinforce the understanding by volunteers of the boundaries of their role. In particular, volunteers should not carry out nursing duties, such as administering medication or changing dressings, accept monetary gifts, become involved in the management of a consumer's financial affairs, or give medical, legal or religious advice.

Respite

Respite services support the caring relationship by providing the carers of frail older people, and people of any age with a disability, with a break from their caring responsibilities. Respite services:

- provide a service which responds to the individual needs of both the carer and the person being cared for
- provide enjoyable, age appropriate, meaningful activities for the person being cared for, either frail older people or people with disabilities

Respite is provided in a consumer's home or in the community, such as the worker taking the consumer on an outing or to a local park.

Respite can be provided in the form of planned regular respite, emergency respite, crisis respite, and occasional respite. It may involve the respite worker accompanying both the usual carer and the care recipient on an outing, holiday or recreational camp. Respite is not available to provide care while the usual carer undertakes paid employment or unpaid volunteer work.

Respite is provided by paid staff. Respite is sometimes provided by volunteers who work under a Volunteer Coordination service ... but volunteers are not expected to provide personal care.

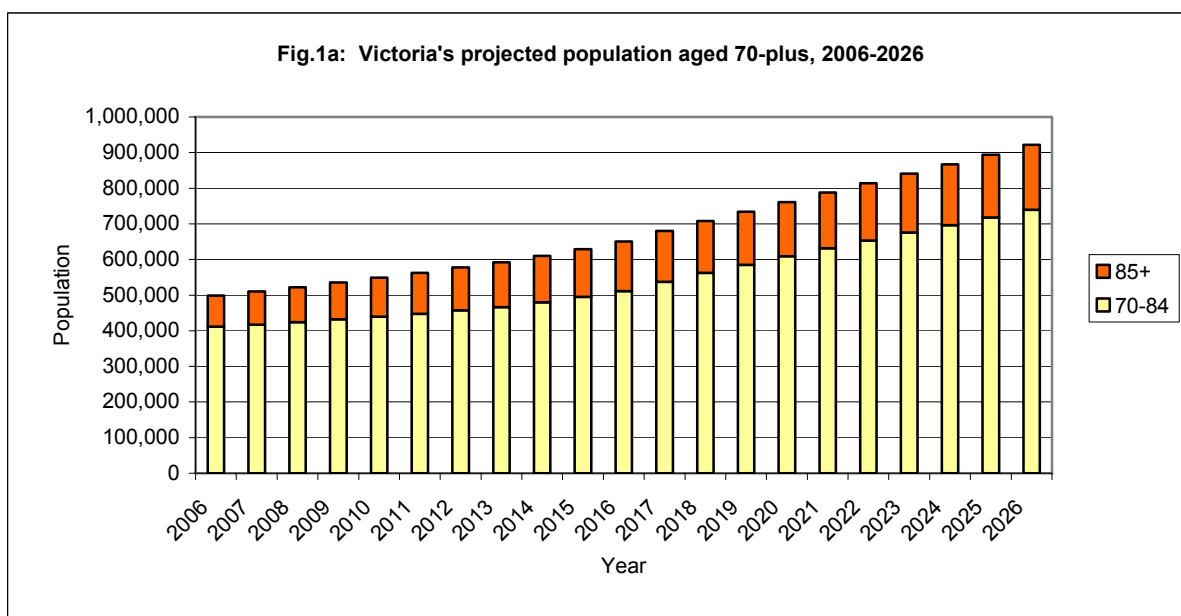
Respite care provided in the consumer’s home has a dual focus. The primary focus is to respond to the particular needs of the individual being cared for, while at the same time maintaining the running of the household in the absence of the parent or carer. This means that, where appropriate, paid respite workers can do light housework such as meal preparation, washing dishes or some laundry, especially if the individual being cared for is sleeping.

Respite services should ensure the consumer’s usual routines and activities are not disrupted due to the absence of their carer and should provide personal care, assistance with therapy or exercise programs or other support usually provided by their carer. When respite includes the provision of personal care, appropriate training should be provided. Service providers should adhere to the guidelines contained in the HACC Personal Care Policy.

Respite workers who provide a service to families and carers of children with disabilities are sometimes asked to work with the children as integration aides in schools or other services, such as before and after school programs, pre-schools, child care and play groups. HACC funding may not be used for this purpose.

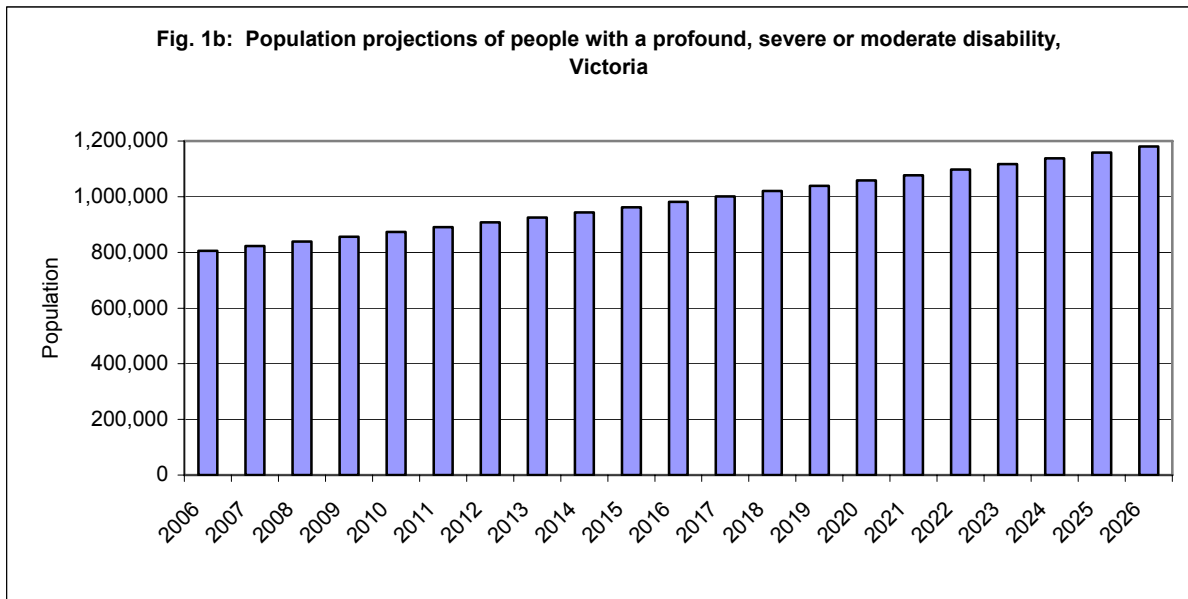
2.3 Population changes

Figure 1a shows the projected growth in Victoria’s older population for the next 20 years. The trend accelerates after 2015. The number of people aged 85-plus also continues to grow as a proportion of all people aged 70-plus.



Source: Victoria in Future (VIF) 2004 Projections of Estimated Resident Population (DSE)

Another perspective on the future demand for social support is the growth in the population of people with disabilities. See the estimates in Figure 1b.



Source: ABS Survey of Disability, Ageing and Carers 2003 and Victoria in Future 2004. Projections were calculated by multiplying age-specific rates of profound, severe and moderate disability by the projected population.

3. HACC Social Support Funding

HACC social support funding amounted to \$83.36 million for the financial year 2007-08 as at 1 July 2007. This represents 17.8% of the total HACC budget for this year. Funding for PAGs accounted for 57% of total social support funding, with respite accounting for another 24%. See Table 1.

\$83.36 million

PAGs 57%
Respite 24%

Table 1: Social support funding by region by activity 2007-08

| | BSW | EMR | GIPP | GRA | HUM | LODD | NWMR | SMR | Statewide |
|-------------------|-------------|--------------|-------------|-------------|-------------|-------------|--------------|--------------|-----------|
| FSR | \$375,648 | \$857,455 | \$177,549 | \$308,048 | \$199,917 | \$57,312 | \$1,473,368 | \$1,353,666 | \$122,347 |
| PAG - Core | \$2,489,236 | \$3,023,053 | \$2,311,294 | \$1,800,956 | \$2,236,784 | \$2,692,226 | \$5,231,600 | \$3,905,840 | |
| PAG - High | \$2,024,036 | \$4,948,623 | \$797,128 | \$1,508,444 | \$1,772,813 | \$2,030,540 | \$6,743,479 | \$4,140,174 | |
| Respite | \$1,706,396 | \$4,510,923 | \$647,392 | \$843,742 | \$1,256,960 | \$1,539,426 | \$4,968,417 | \$4,457,398 | |
| VC | \$865,369 | \$1,834,183 | \$563,904 | \$865,592 | \$1,083,762 | \$398,712 | \$2,846,884 | \$1,937,722 | \$363,690 |
| SSR | | | | | \$948 | | | | \$87,745 |
| Total | \$7,460,686 | \$15,174,236 | \$4,497,267 | \$5,326,781 | \$6,551,184 | \$6,718,216 | \$21,263,748 | \$15,794,800 | \$573,782 |

The NWMR region received one quarter of the social support funding at \$21.24m (25.5%).

Non government organisations (38.6%) and local councils (37.0%) combined account for the majority of social support funding. The third highest group is Community Health Services (19.5%). The least amount of funding is received by District Nursing and Bush Nursing agencies. See Table 2.

Table 2: Distribution by agency type

| Agency type | Total funding | Percentage |
|-------------------------------------|---------------|------------|
| Bush Nursing | \$124,126 | 0.1% |
| Community Health Service | \$16,248,083 | 19.5% |
| District Nursing | \$1,356,986 | 1.6% |
| Hospital | \$2,632,666 | 3.2% |
| Local Government | \$30,860,150 | 37.0% |
| Non government organisations | \$32,138,688 | 38.6% |
| Total | \$83,360,699 | 100.0% |

4. Service delivery profile

4.1 Overview

In Victoria over 500 agencies provide HACC services.

Planned Activity Groups (PAGs) seek to maintain a person's ability to live at home and in the community by providing a planned program of activities to enhance skills required for daily living and providing physical, intellectual, emotional and social stimulation.

Respite services provide carers with a break from or support with their care role, and an opportunity for a respite worker to accompany the person on an outing. Respite services can be provided as planned regular respite, emergency respite, crisis respite and occasional respite.

Volunteer services coordinate volunteers who provide friendly visiting, Telelink, carer support programs, transport, and respite.

The following profile provides a summary of agencies and clients receiving HACC social support in Victoria in 2006-07 (DHS Aged Care Branch, HACC and Assessment Unit, October 2007).

Over
500 agencies
deliver HACC
services in
Victoria

388 agencies
deliver social
support

Social support
funding for
2007/08
amounted to
\$83,360,699

4.2 Agency profile

For the purposes of the profile, 'social support' is defined as any form of Planned Activity Group (PAG core or high), respite or volunteer coordination. Altogether 388 agencies were funded for social support in 2006-07. These 388 agencies comprise 80 percent of all agencies with recurrent HACC funds (that is, 80 percent of HACC agencies got funds for social support).

In Table 3, the agencies providing social support have been categorised into three groups.

Table 3: Number of agencies providing social support by broad category

| Category | Description | No. |
|----------------------|---|-----|
| 1: Generalist | Councils and other generalist agencies who deliver other core HACC services plus social support | 107 |
| 2: Mixed | A mixed group of hospitals, community health centres, Linkages agencies and other agencies | 132 |
| 3: Specialist | Specialist (primarily small) agencies whose HACC funds are entirely for social support. | 174 |

There are rural/metro differences in the agency profile, as shown in Table 4. In rural regions, agencies in category 2 (Mixed), in which health services predominate, have a much larger role in social support than the councils and other agencies in Category 1. This is the opposite pattern to Metropolitan regions, where councils have a larger share of social support funds. Specialist providers have a similar importance in both metro and rural regions.

Table 4: Category of agency by level of social support funding by metro/rural location

| Category | Metro | | Rural | | Victoria | |
|---------------|-------|---------|-------|---------|----------|---------|
| | \$m | Percent | \$m | Percent | \$m | Percent |
| 1: Generalist | 14.9 | 30 | 2.7 | 9.6 | 17.6 | 22.4 |
| 2: Mixed | 12.9 | 26 | 12.7 | 43.9 | 25.6 | 32.6 |
| 3: Specialist | 21.9 | 44 | 13.5 | 46.6 | 35.3 | 45.0 |
| Total | 49.7 | 100 | 28.9 | 100 | 78.6 | 100 |

Note: Excludes funds for flexible service response; hence total dollars are less than in Table 1.

4.3 Client participation rate and age profile

The HACC MDS shows that 61,670 people received at least one of the three forms of HACC social support in 2006-07. Nearly 33,700 people attended a PAG, around 11,000 received respite, and 17,000 received volunteer social support. See Table 5.

The total number of individuals receiving a HACC funded service in 2006-07 was over 250,000.

61,670 people received social support last year

PAGs are the most used type

Almost 60% of people were aged 70+

Table 5: Number of clients by age group by type of social support

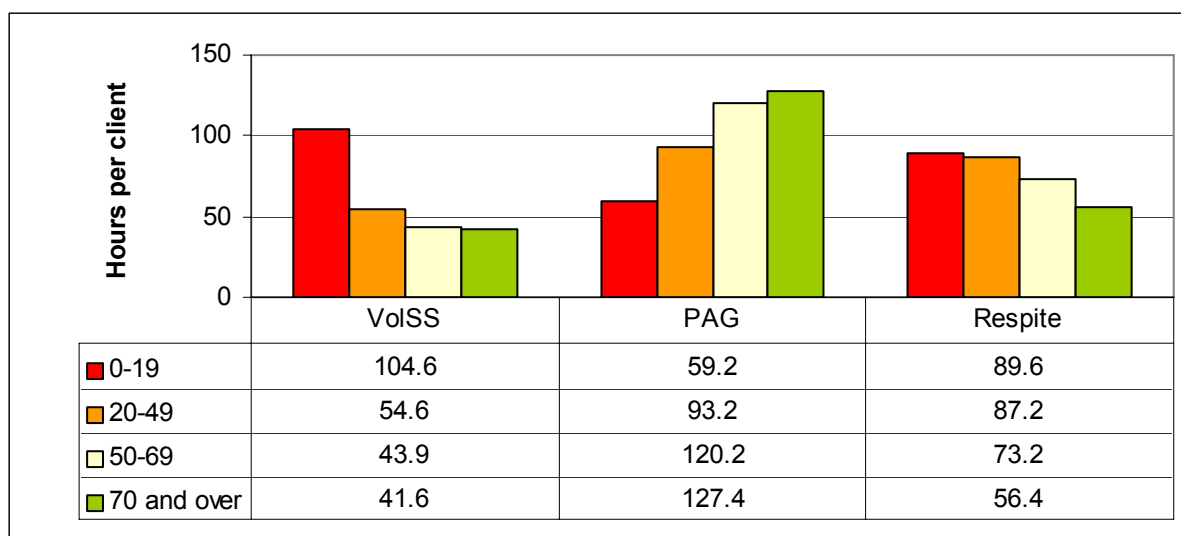
| | Vol SS | PAG | Respite | Total | Percentage |
|------------------|--------|--------|---------|--------|------------|
| Age 0-19 | 1,261 | 1,418 | 3,631 | 6,310 | 10.2 |
| Age 20-49 | 1,334 | 2,924 | 2,259 | 6,517 | 10.6 |
| Age 50-69 | 3,213 | 7,301 | 1,563 | 12,077 | 19.6 |
| Age 70+ | 11,212 | 22,017 | 3,537 | 36,766 | 59.6 |
| Total | 17,020 | 33,660 | 10,990 | 61,670 | 100% |

Figure 1 shows the hours per client by age group. It can be seen that the pattern is different for each service type. While only 1260 young people aged 0-19 receive volunteer social support, they tend to receive twice as many hours per person compared to others.

Respite has a similar pattern, in that average hours per person tend to be greater in the younger age groups. The 3,600 young people who receive respite receive an average of 90 hours a year, compared to 56 hours a year for people aged 70-plus. On the other hand, people aged 70-plus receive relatively longer PAG hours.

Younger people use more respite and volunteer support per capita than older people

Figure 1: Average hours of social support per client per annum, by age group, Victoria 2006-2007



4.4 Regional distribution

Figure 2 shows the number of clients receiving any combination of social support services, by region. In all regions, PAGs accounted for the largest number of clients, followed by volunteer social support.

Figure 2: Number of social support clients by DHS region and service type

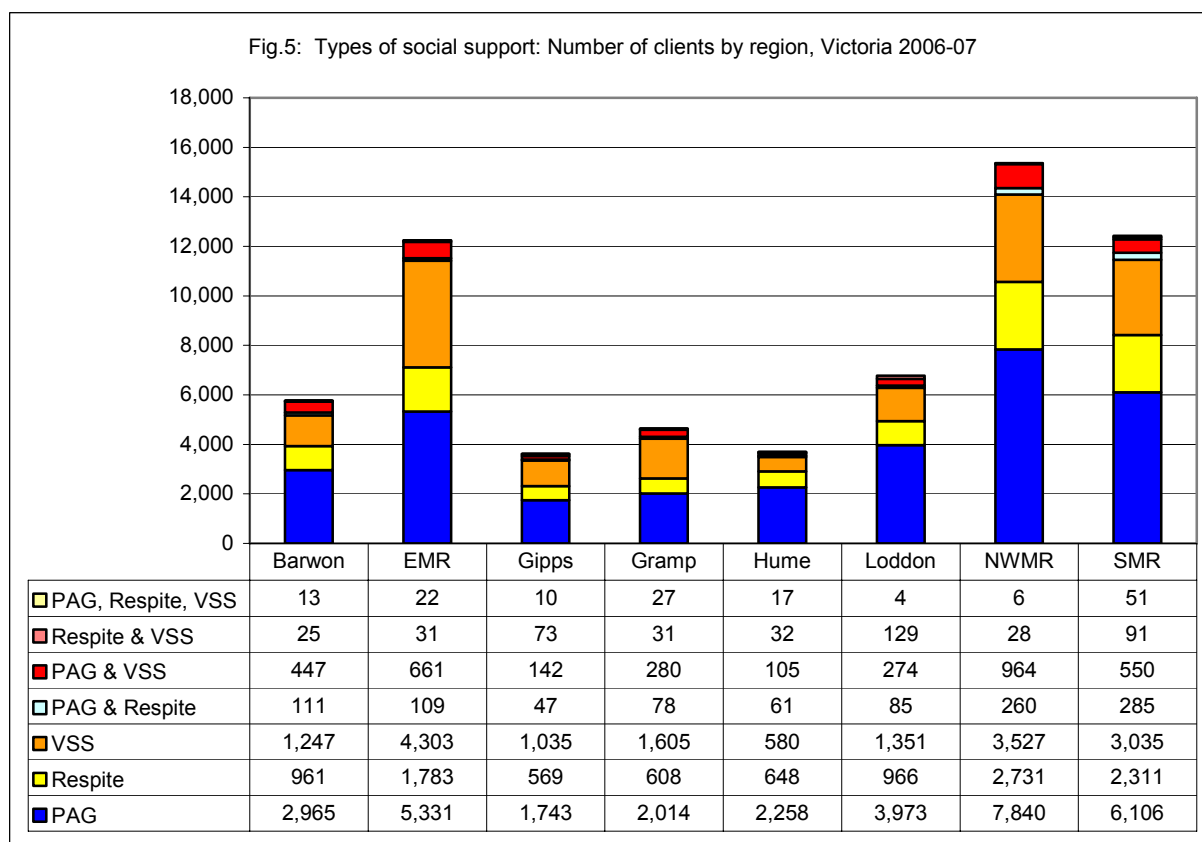
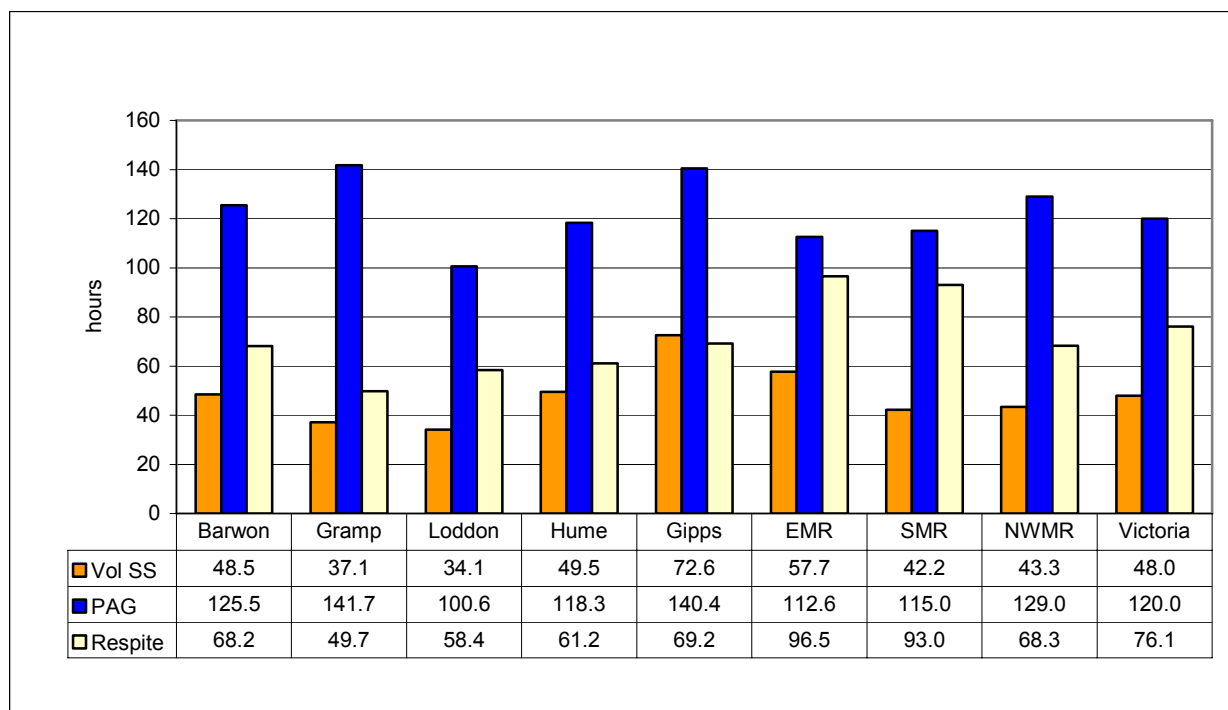


Figure 3 shows the average hours per person who received any of the three types of social support in 2006-07, by the region of the client's home address. Across the State, the average for people attending PAGs was 120 hours, which is equivalent to 4-5 hours a fortnight.

The variations across regions were not large.

Figure 3: Social support average hours per client per annum by region



4.5 Client diversity

Aboriginal clients

Of the approximately 680 people who received social support from an Aboriginal community controlled organisation, the approximate breakdown by service type in 2006-07 was PAG 510, volunteer social support 130, and respite 40. Average hours per annum are shown in Table 6, with PAG the highest (156 hours per person per year).

Table 6: Clients of Aboriginal organisations: Average annual hours of social support, 2006-07

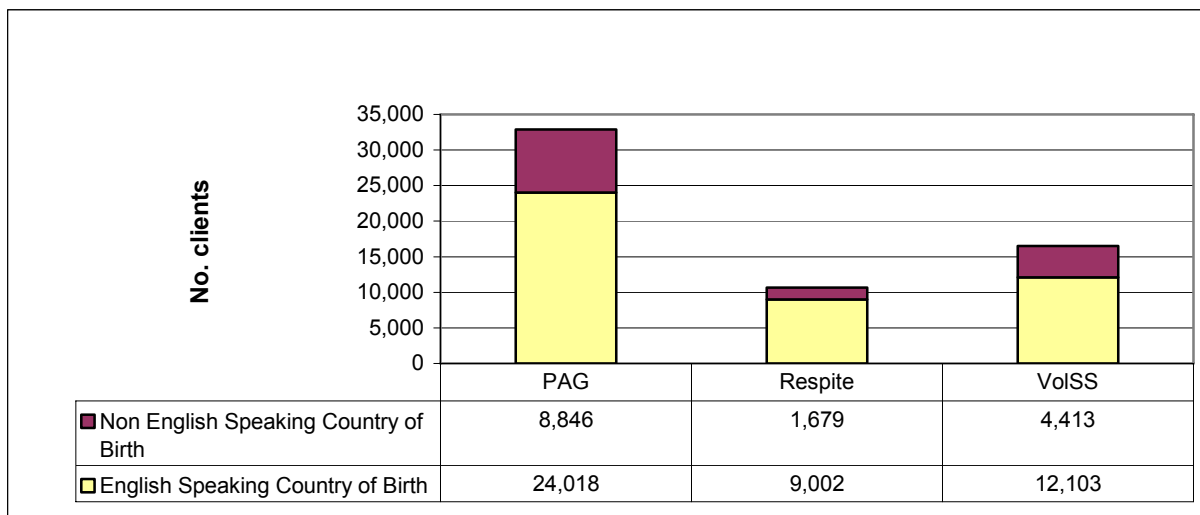
| | Aboriginal organisation | State average |
|---------------------------------|-------------------------|---------------|
| Planned Activity Group | 156 hours | 120 hours |
| Volunteer Social Support | 36 hours | 48 hours |
| Respite | 19 hours | 76 hours |

In Aboriginal organisations, the average hours per client attending a PAG or volunteer social support were higher than the average for all providers.

Cultural diversity of clients

Figure 4 shows that 27 percent of clients of PAGs and volunteer social support services are from non English speaking countries of birth. The corresponding proportion among respite clients is lower, at 16 percent.

Figure 4: Social support client by service type and country of birth

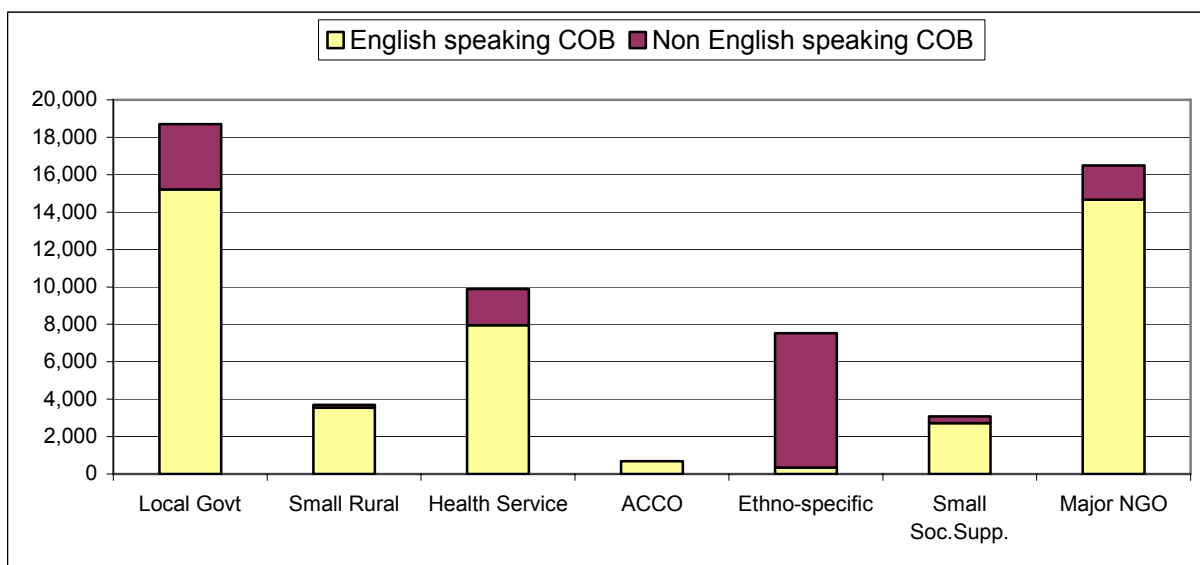


Note: Missing data excluded (2.6%)

Figure 5 shows that there are differences in the cultural diversity of social support clients according to the type of agency providing the service. In councils and health services, about 20 percent of social support clients were born in non English speaking countries. The rate was 95 percent among ethno-specific agencies.

In terms of absolute numbers, ethno-specific agencies are the largest providers of social support to CALD clients.

Figure 5: Number of clients receiving social support, by agency type and country of birth











5. Summary and consultation parameters

5.1 Summary

The purpose of this project is to consult, in the first instance, with providers and peak provider and consumer organisations to identify the issues that should inform the scope of the pending comprehensive review of HACC funded social support and respite, scheduled to occur in 2008.

The data in the report provides a preliminary snapshot of the structure and capacity of the social support sector and level of service provision.

Figure 6: Snapshot of HACC Social Support Services in Victoria

| | | | |
|---|---|---|---|
|  | How many people use social support? |  | 61,670 people received social support last year. This is a bit less than 25% of people who received a HACC funded service. Almost 60% of people were aged 70 years and over. Older people tend to use more PAGs whilst younger people use more respite hours (per capita) than older people. |
|  | How much funding is provided? |  | Social support funding for 2007-08 amounted to \$83.36 million or a bit less than 18% of the total HACC budget for 2007-08. PAGs account for 57% of funds and respite for 24%. |
|  | How many agencies deliver social support? |  | 500 agencies provide HACC services in Victoria - 388 of these deliver social support. |
|  | What type of agencies are they and what is the distribution of funding? |  | Agencies can be grouped into three categories. <ul style="list-style-type: none">- Group 1 comprises 107 generalist agencies that deliver social support plus multiple other HACC services. 71 of these are councils.- Group 2 comprises 132 mixed agencies. 56 of these are NGOs and 51 are hospitals.- Group 3 comprises 139 specialist social support only agencies, mainly NGOs. 83 are funded for PAGs. |

5.2 Consultation questions

The objective of the HACC Program is to support people in the target population to remain in their own homes and communities by funding and providing services to those people and their carers. Services are designed and provided in a way that maintains and promotes people's independence and helps avoid premature or inappropriate admission to residential care.

The HACC target population is people who, without basic maintenance and support services, would be at risk of premature or inappropriate admission to residential care, including:

- older and frail people with moderate, severe or profound disabilities
- younger people with moderate, severe or profound disabilities and
- unpaid carers of people assessed as being within the target population.

The aim of this project is find out what HACC social support and respite service providers and peak provider and consumer organisations identify as the issues that need to be considered in the review.

This consultation process therefore provides the opportunity for service providers to contribute to defining the scope of the proposed review.

The consultation questions below are purposely broad and open ended as discussion starters so that service providers from different communities and organisations with different service delivery models can identify a range of issues.

Questions

1. What do you consider to be the most important issues to be addressed in the review of social support and respite planned for 2008? How would you rank those issues in priority?
2. What do you think the challenges will be in delivering social support and respite in the future? Which are the most important challenges?
(Are you anticipating changes in the service system that will affect social support and respite services? If so, how do you think social support and respite will be affected?)
3. Do you think that social support and respite services will need to change into the future? If you do think they will need to change, how will they need to change?
(Do you think your community or client group will change in the future? Will their expectations be different? Should the review examine the impact of predictable societal changes such as changes to carer availability and changes in people's preferences for activities).
4. Does there need to be more emphasis on maintaining independence? What do you think this would mean in practice?
5. Should social support and respite services interact with other service providers in the local area to share information about common clients?
6. Do you think social support and respite services need to change to support the caring relationship more effectively? If so, how? How should the review deal with this issue?
7. Are there any gaps in the service system that this review should deal with?
8. Are there any other issues the review should address?

Appendix 1: Consultation schedule

| November | Address | Location | Reg | Time |
|----------|---|--------------|----------------|-------------|
| 9 | Foundry Hotel, 366 High Street Golden Square, Bendigo (03 5443 6144) | Bendigo | Loddon | 10:15-1:00 |
| 12 | Victorian Institute of Dryland Agriculture, 110 Natimauk Rd, Horsham, (03 53622111) | Horsham | Grampians | 10:30-12:30 |
| 13 | BEST Community Development, 28 Victoira Street, Ballarat (03 5329 1500) | Ballarat | Grampians | 10:30-12:30 |
| 16 | Mildura Council room, 76-84 Deakin Avenue, Mildura | Mildura | Loddon | 10:15-1:00 |
| 19 | Darebin Arts & Entertainment Centre, Cnr Bell St & St Georges Rd, Preston (8470 8282) | Darebin | North and West | 2:00-4:00 |
| 20 | DHS, 64 Church Street, Traralgon (03 51772500) | Traralgon | Gippsland | 1:00-3:00 |
| 21 | Clocktower Centre, 750 Mt Alexander Road, Moonee Ponds, (9243 9191) | Moonee Ponds | North and West | 2:00-4:00 |
| 22 | Wodonga City Council, 104 Hovell Street, Wodonga, (02 6022 9300) | Wodonga | Hume | 12:30-3:00 |
| 23 | DSE, 35 Sydney Road, Benalla, (03 57611 611) | Benalla | Hume | 10:00-12:30 |
| 26 | Southern Golf Club, Lower Dandenong Rd, Keysborough, Melways 88H8 | Keysborough | Southern Metro | 9:45-12:00 |
| 27 | Warratah Room, Whitehorse City Council, 397 Whitehorse Road (Maroondah Highway), Nunawading (9262 6590) | EMR | Eastern Metro | 10:00-1:00 |
| 28 | Camperdown Golf Club, Bullen Merri Rd, Camperdown (03 5593 1437) | Camperdown | Barwon | 2:00-4:00 |