

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 - WMR

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				C'wealth rep attended
		Total number of attendees	Number of service providers	Number of clients or carers	Peak org's	
Koori HACC needs Consultation Session	15/04/03	15	7 service providers 4 community members 4 DHS reps	0	0	No
HACC Service Providers (Information Session)	07/07/03	34	34	0	0	No
HACC Service Providers (Consultation Session)	15/07/03	65	64	0	0	Yes

Outcomes

Additional data

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

Impressions about HACC supply and demand in each local government area
WMR Koori HACC Needs Analysis
Practice wisdom about how to increase the access of people from CALD and ATSI backgrounds to HACC activities
Aboriginal Services Plan
Strategic plan for WMR 2000-2005
Project outcome reports
Primary Care Partnerships Community Health Plans

Appendix B – Regional Consultation - WMR

Discussions about proposals

Equalisation or not?

The Region proposed to top-slice 19% of the growth funds from the Statewide only contribution and distribute this to the relatively under-funded local government areas of Brimbank, Wyndham, and Melton. This was supported by the sector.

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 agreed with the Region's proposals to expand HACC services.

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.

Stakeholders generally agreed with the focus of proposals for Priority 2, however a concern that work of the role was too broad was expressed and that clearer objectives and parameters needed to be articulated. This will be addressed through the direction of a steering committee and development of a position work plan.

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

The proposals were agreed to.

Regional development initiatives

The proposal which most favoured by the Region was to research and develop a tool to capture data on unmet need for agencies that provide a broad range of HACC services.

The originally proposed Western Metropolitan Regional Development Initiative for 2003-2004 was quarantined due possible duplication this may have with work to be undertaken in Central Office.

In addition to the unmet needs project there were three project proposals that had the largest number of votes. The second proposal was for a shared care management planning model between ethno-specific and mainstream agencies. It was decided by the Region that this proposal would not be considered due to the work that is currently occurring around the Cultural Gateways Strategy. There were concerns that there may be possible duplication of outcomes.

The third priority was to look at the Care Planning component of Service Coordination Implementation. The WMR has already completed substantive work on the Practices, Protocols, Processes and Systems components of Service Coordination including: Initial Contact, Initial Needs Identification and Referral processes, this project would enable further development of that work.

Appendix B – Regional Consultation - WMR

Minor capital

The proposal to retain up to 15% for discretionary purposes was agreed to.

Agency allocations

Stakeholders indicated broad agreement with the agency allocation proposals.

Incorporation of consultation data into the Regional Plan 2003-06

All information, arguments and suggestions presented during the consultation period were considered in the development of the Regional Plan 2003-06.

Other issues

A number of issues not directly relating to the content of the Regional Plan 2003-06 were also raised:

- A number of agencies expressed their concern that Planned Activity Groups and community transport were not priorities for 2003-06
- A number of agencies expressed concern about the need to target support to neighbourhood renewal areas within the Western Metropolitan Region
- Consideration of ambulatory care sensitive conditions report, hospital demand data, and falls data needed to be included in future planning processes
- A number of agencies expressed concern that there would be no specific expansion of services targeted exclusively to the homeless and insecurely housed HACC target group for 2003-2006.
- A number of agencies were concerned that there would be no specific expansion of services targeted exclusively for younger people with a disability through the HACC program for 2003-2006.

Appendix C – Supporting evidence for HACC Priority 2

Analysis of the CALD population aged 65 and over

1 Introduction

The following information is designed to show the extent to which the Victorian ageing population consists of people from Culturally and Linguistically Diverse Backgrounds (CALD). It is important that people from CALD populations have fair access to the HACC services provided by the mainstream, multicultural and ethno-specific agencies.

This paper also highlights the new and emerging CALD communities along with older, more established communities. Communities have been grouped into three bands depending on size to allow better comparison between percentage growth and growth in actual numbers.

2 Key Findings

- 20.6% of the total Victorian 65+ population are from a CALD background.
- Between 2001 and 2006, the number of Victorians aged 65+ from CALD backgrounds is projected to increase by 16.3%, compared to a 5.2% increase in the 65+ English speaking population.
- Western and Northern regions contain the largest CALD 65+ populations as a percentage of their total populations. 12 of the top 19 LGA's are located within these regions.
- Between 2001 and 2006, historically large (>5,000) ethnic groups aged 65+ will continue to increase in size, with the Croatian community growing at the highest rate of 55%.
- Of the mid-sized 65+ ethnic communities, the Turkish, Spanish and Serbian communities are projected to increase by 67%, 44% and 42% respectively between 2001 and 2006. These ethnic groups are seen as emerging communities.
- The Greek, Italian and Jewish 65+ communities currently receive the largest proportion of HACC funding to ethno-specific and multicultural agencies.
- Based on current funding levels to ethno-specific and multi-cultural agencies, there appears to be a large disparity in funding per capita, between the various ethnic communities.
- Of the \$8.8 million provided to ethno-specific and multi-cultural agencies, 46% is for Planned Activity Groups.
- 22% of Planned Activity Group service users are of CALD background. This is correlated proportionately to the total CALD 65+ population in Victoria (20.6%)
- Generally people from CALD communities are underrepresented in services such as home care, property maintenance, nursing, delivered meals and allied health.

3 Data Sources

- All data has been obtained from one of the following sources: AIHW projections of older immigrants, 2001 census and the HACC Minimum Data Set (MDS).
- Language and country of birth are used only as a proxy for cultural identification. Unless otherwise stated, language has been used, as this is a more meaningful indicator of the nature of the service delivery required.
- AIHW projections are based on the 1996 census. When compared to the actual results per the 2001 census, the AIHW 2001 projections appear to be consistently higher indicating that long-term projections could be overstated.
- People from CALD backgrounds not only access HACC services provided by ethno-specific and multi-cultural agencies but **also** from mainstream agencies, particularly local Governments for home care & personal care, and nursing agencies.
- It should be noted that the extent to which MDS data accurately reflects information regarding the HACC population is uncertain. There are two key issues with respect to the MDS data. First, data quality for the variable *language spoken at home* is not always well recorded and secondly, missing data from ethno-specific agencies can mean that whole communities are excluded from the analysis. It is hoped that over time data quality will improve and strategies to improve data quality are being implemented.

4 Distribution of CALD population

4.1 Persons aged 65 and over who speak a language other than English at home

Table 1 shows the number of people 65+ who speak a language other than English at home.

While 19.8% of the 65+ CALD population live in the Western region, they represent 40.19% of the region's 65+ population.

Table 1: 65+ CALD population - 2001

Region	No of 65+ CALD	% of 65+ CALD population	% of region's 65+ population
Victoria	125,561	100%	20.6%
Western	24,877	19.8%	40.19%
Northern	34,239	27.3%	39.40%
Eastern	25,431	20.3%	20.73%
Southern	28,112	22.4%	19.26%
Barwon SW	4,743	3.8%	9.22%
Hume	2,625	2.1%	7.80%
Gippsland	2,705	2.2%	7.55%
Loddon/Mallee	1,741	1.4%	4.18%
Grampians	1,031	0.8%	3.43%

Source: 2001 Census

4.2 LGAs with large CALD communities

The LGAs listed in Table 2a have 65+ CALD populations, as a percentage of their 65+ population, greater than the Victorian average (20.6%), based on people who speak a language other than English at home. It shows that in Whittlesea and Brimbank, 61.22% and 60.99% of the 65+ population respectively, are from CALD backgrounds.

Table 2b shows LGA’s with a 65+ CALD population greater than 1,000.

A breakdown by language spoken at home for all LGAs can be found in Appendix 3.

Table 2a: LGA’s with large CALD communities (based on %)

Region	LGA	No. of 65+ CALD	% of total 65+ population
Northern	Whittlesea	5,603	61.22%
Western	Brimbank	9,110	60.99%
Northern	Moreland	10,519	47.64%
Northern	Darebin	8,741	43.89%
Northern	Yarra	2,856	43.14%
Southern	Gr. Dandenong	6,584	41.93%
Western	Moonee Valley	5,985	38.24%
Western	Maribyrnong	3,260	37.92%
Northern	Hume	3,320	36.07%
Eastern	Manningham	5,001	35.19%
Western	Hobsons Bay	3,544	33.62%
Southern	Port Phillip	2,829	31.99%
Western	Wyndham	1,500	27.44%
Eastern	Monash	6,483	27.00%
Southern	Glen Eira	5,222	26.13%
Western	Melbourne	944	22.84%
Southern	Stonnington	2,627	21.70%
Southern	Casey	2,581	21.08%
Western	Melton	534	20.71%

Source: 2001 Census

Table 2b: LGA's with 65+ CALD populations greater than 1,000

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

Source: 2001 Census

5 Projections

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

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

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

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

Table 3: Projected increase in 65+ CALD population

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

Source: AIHW 2001 Projections of older immigrants

(): negative growth

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

5.2 Emerging ethnic groups 65 and over

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

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

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

Appendix C – Part 1 - WMR

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 - WMR

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

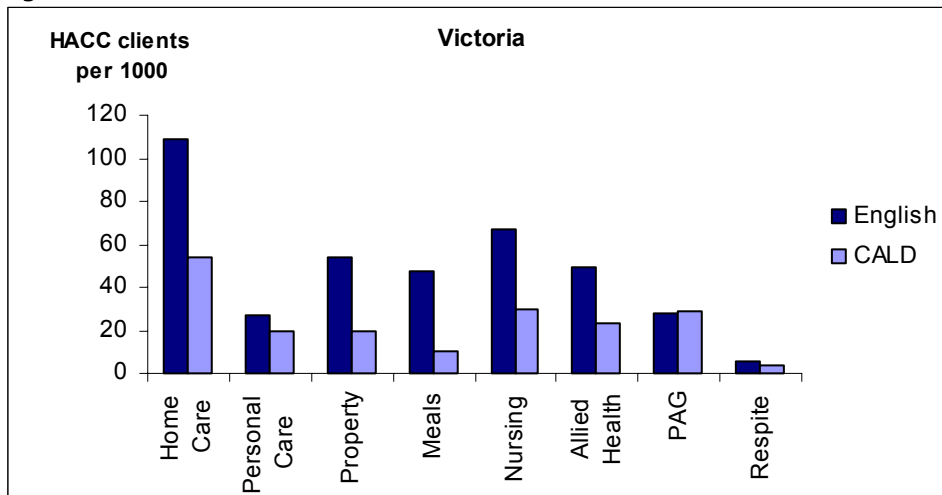
7 HACC clients - English versus Non-English speakers

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

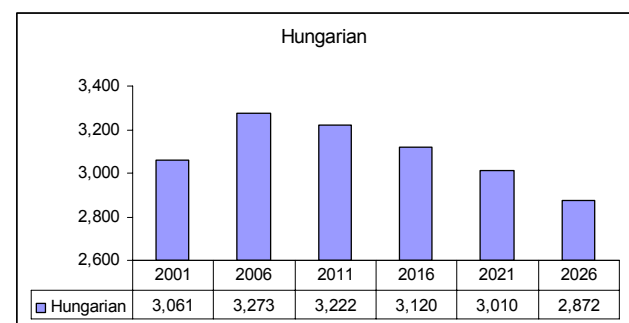
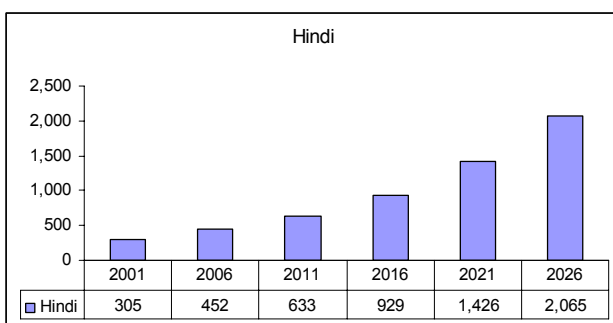
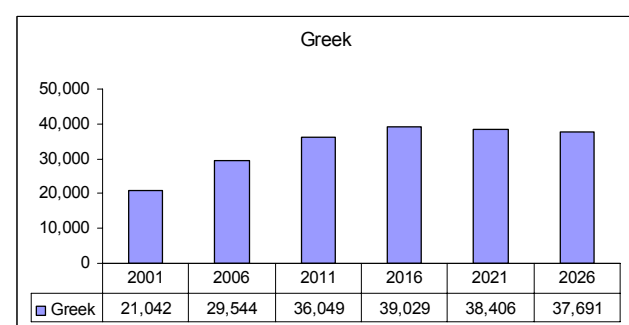
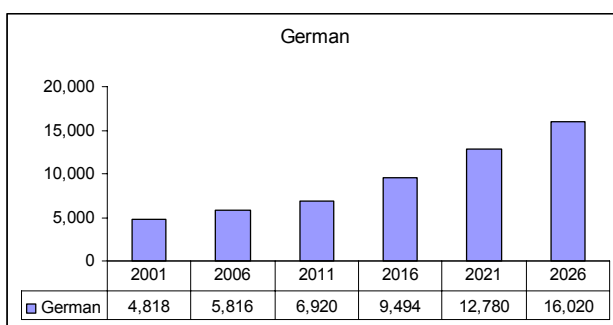
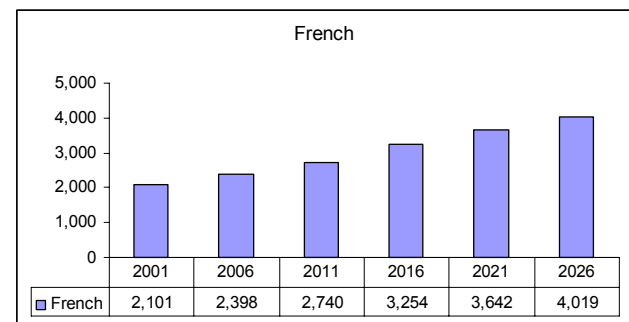
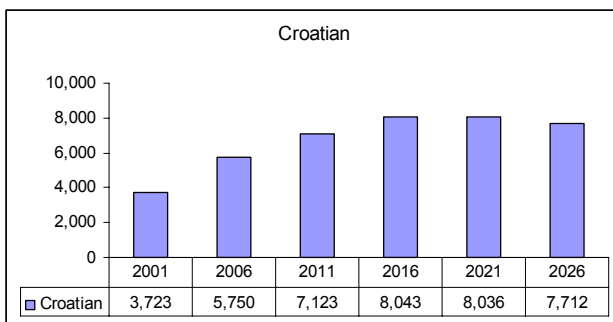
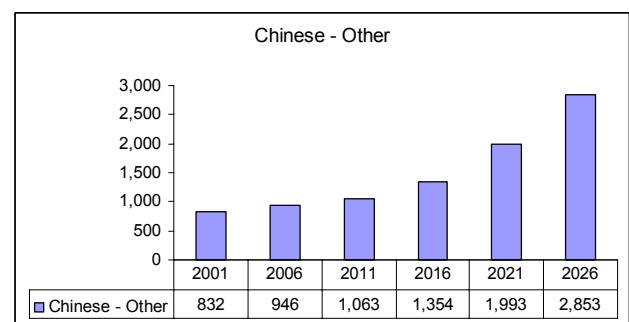
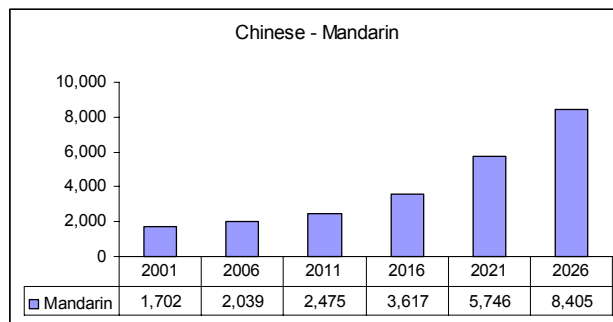
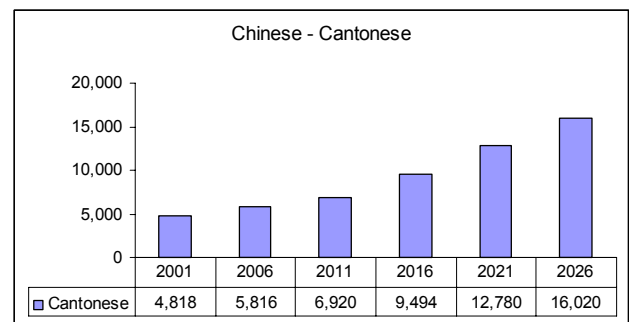
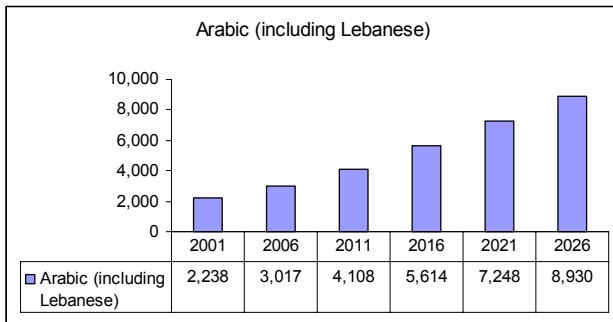


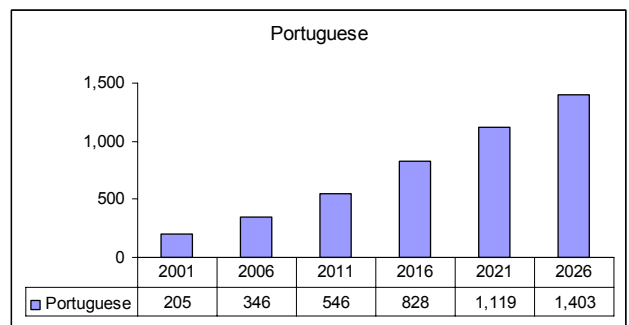
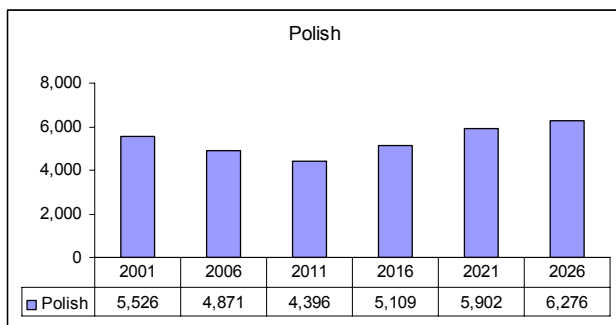
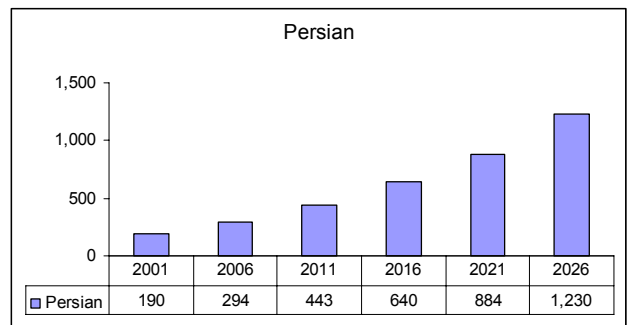
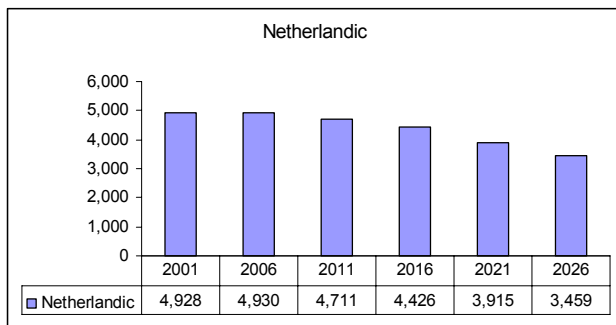
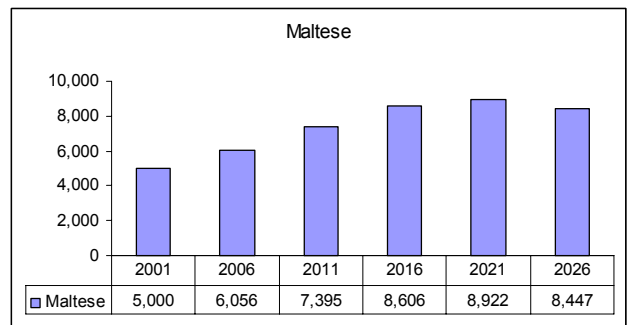
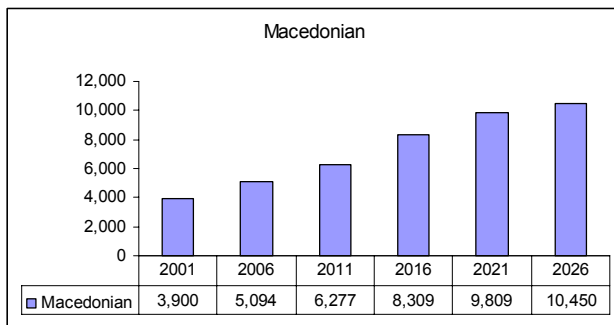
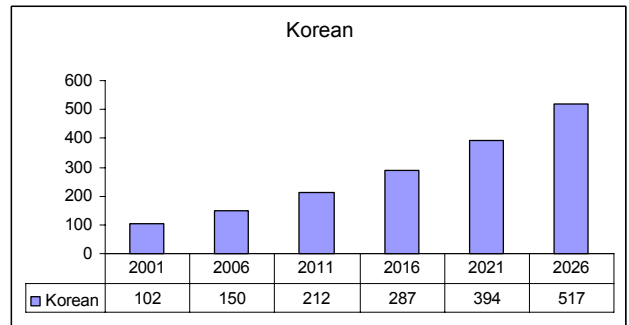
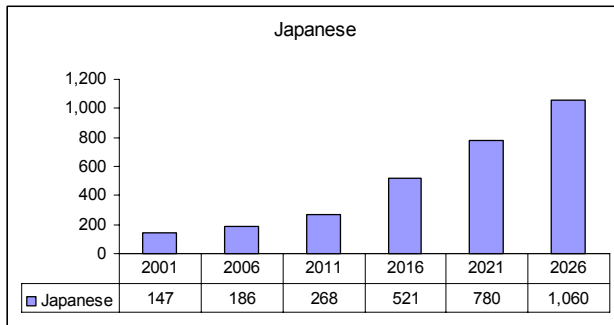
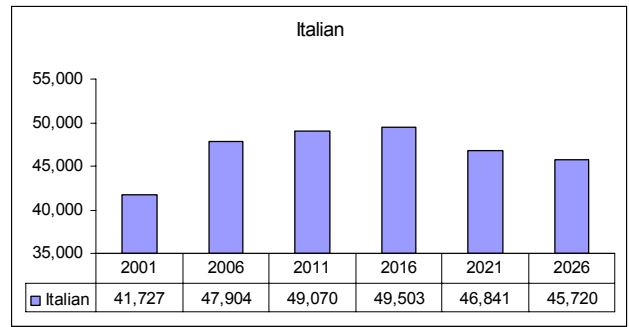
Source: MDS (2002 data) and 2001 Census

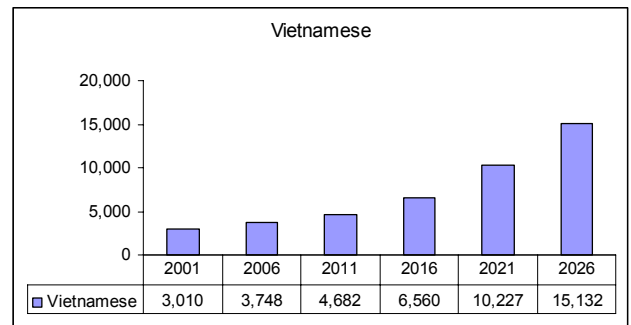
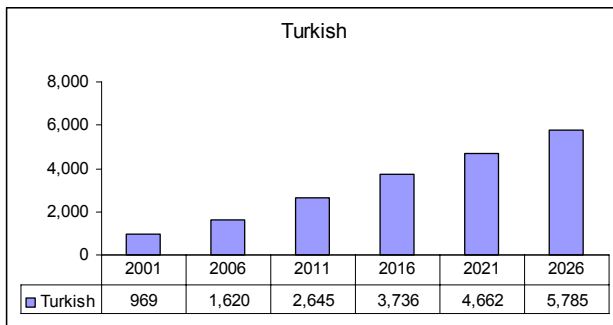
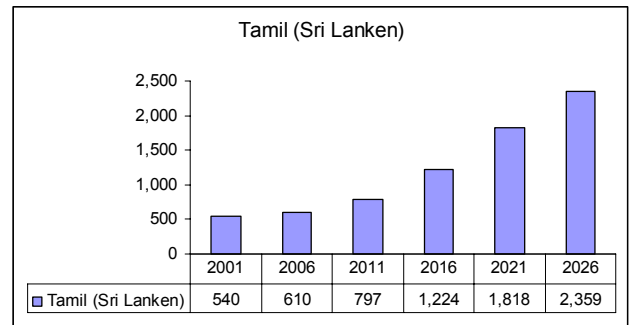
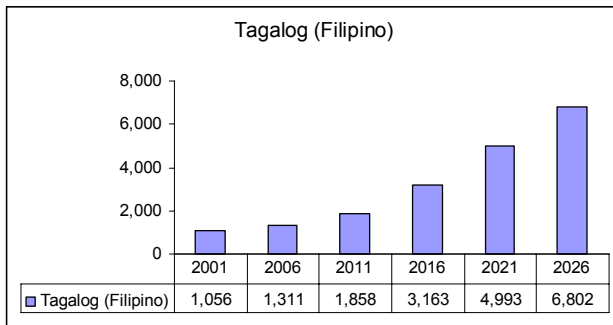
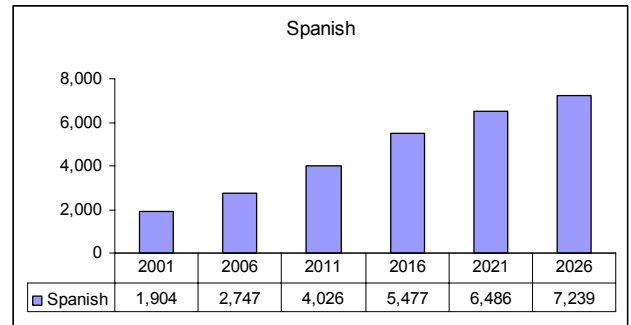
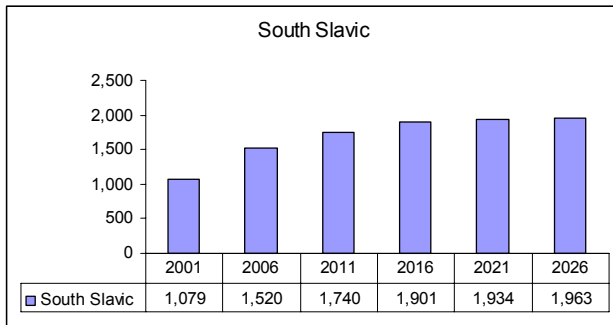
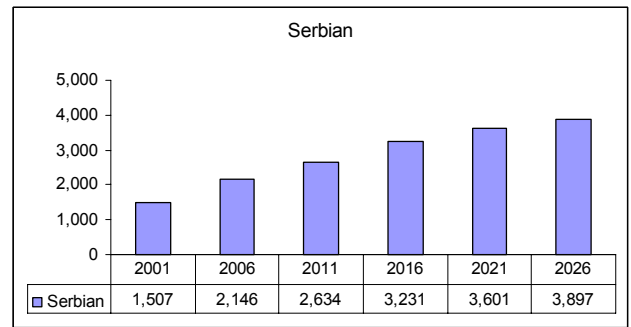
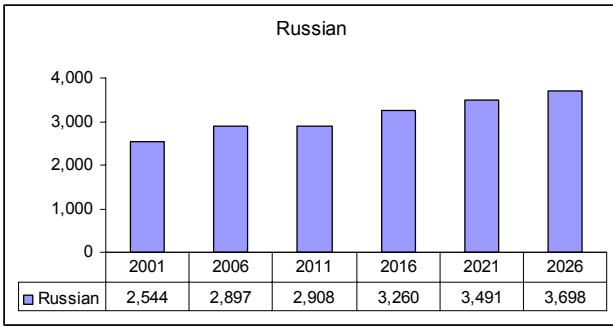
Appendix C – Part 2 – WMR

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



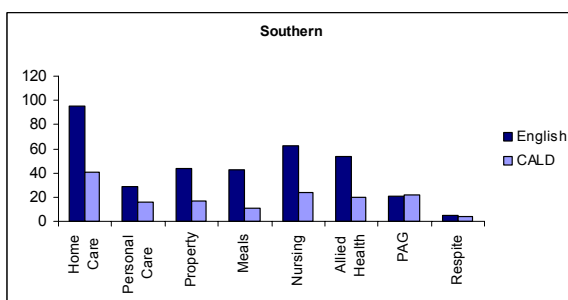
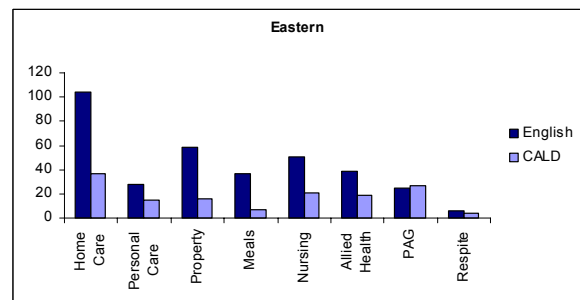
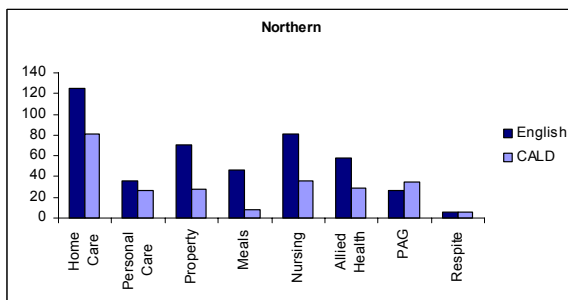
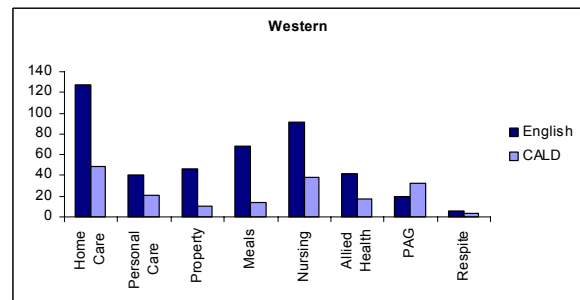
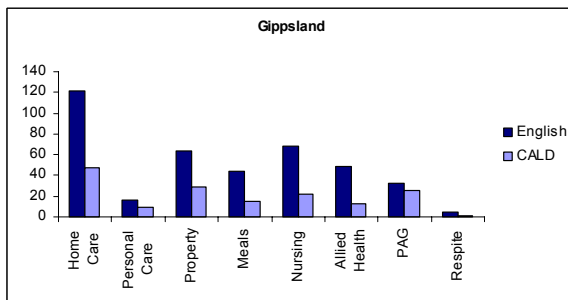
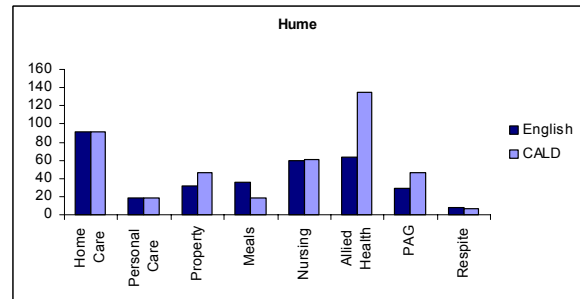
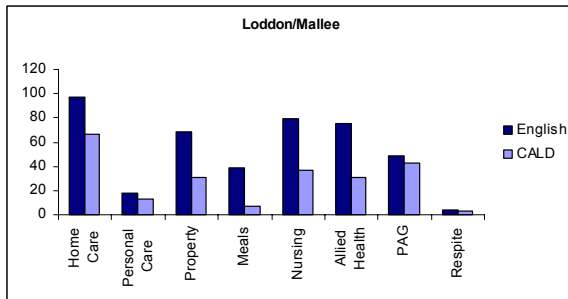
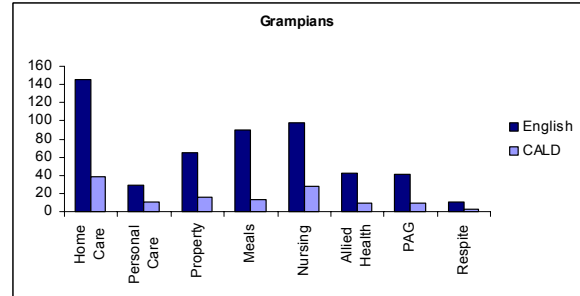
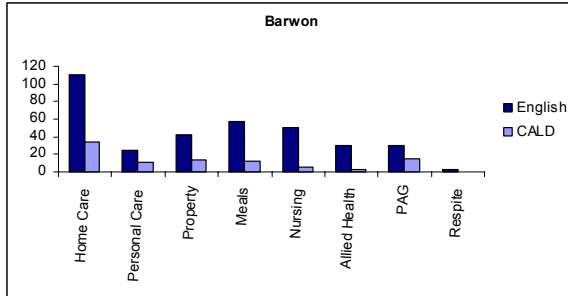




Appendix C – Part 2 - WMR

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

Aboriginal Community Elders Service Inc.
ARPA Over 50's Association Ltd.
Arts Access Society Inc.
Association of Ukrainians in Victoria (A.U.V.)
Australian - Polish Community Services Inc.
Australian Croatian Community Services Inc
Australian Greek Welfare Society Ltd.
Australian Romanian CW & H&S Association of Vic Inc.
Australian Vietnamese Women's Welfare Association Inc
Baptist Community Care Ltd
Brimbank City Council
Care Connect Limited
Carers Association Victoria Inc
Carlton Neighbourhood Learning Centre Inc.
Carlton Senior Citizens Centre Inc
Co As It Italian Assistance Association
Combined Pensioners & Superannuants Assoc - Vic Ltd.
Continenence Foundation of Australia, Victorian Branch Inc
Council on the Ageing (Victoria) Inc.
Council to Homeless Persons
Djerriwarrh Health Service
Doutta Galla Community Health Service Inc
Essendon Adult Day Centre Inc
Federacion De Aspcaciones De Habla Hispana En Vic Inc.
Filipino Community Council of Victoria Inc
Gateway Social Support Options Inc.
Hobson's Bay City Council
Horn of Africa Senior Women's Program Inc.
Interchange Victoria Respite Care Association Inc
Interchange Western Region Association Inc.
Isis Primary Care Inc
Macedonian CW Association of the Western Region Inc.
MacKillop Family Services
Maltese Community Council of Victoria Inc
Maribyrnong City Council
MECWA Community Care Inc.
Melbourne City Council
Melbourne Health
Melton Shire Council
Migrant Resource Centre North West Region Inc.
Moonee Valley City Council
Multiple Sclerosis Society of Victoria
Muscular Dystrophy Association Inc
North Yarra Community Health Inc.
Parent to Parent Western Network
Regina Coeli Community Inc.
Russian Ethnic Representative Council of Victoria Inc
Serbian Social Services and Support Inc.
Society of St Vincent de Paul (Victoria)

Appendix D – WMR

Sokol Melbourne Inc
Spanish Latin American Welfare Centre Inc. (CELAS).
The Finnish Friendly Visiting Service
The Richmond Fellowship of Victoria
Travellers Aid Society
Uniting Care - Yarramar Aged Care Services
Victoria University of Technology
Victorian Arabic Social Services Inc.
Victorian Elderly Chinese Welfare Society Inc
Vietnamese Community in Australia-Victoria Chapter Inc
Vision Australia Foundation
Western Health
Western Region Health Centre Ltd.
WestNet
WIN Support Services Inc.
Wombat/Lanigiro Housing and Support Services Inc
Women's and Children's Health
Women's Health West Inc
Wyndham City Council
Yooralla Society of Victoria

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.

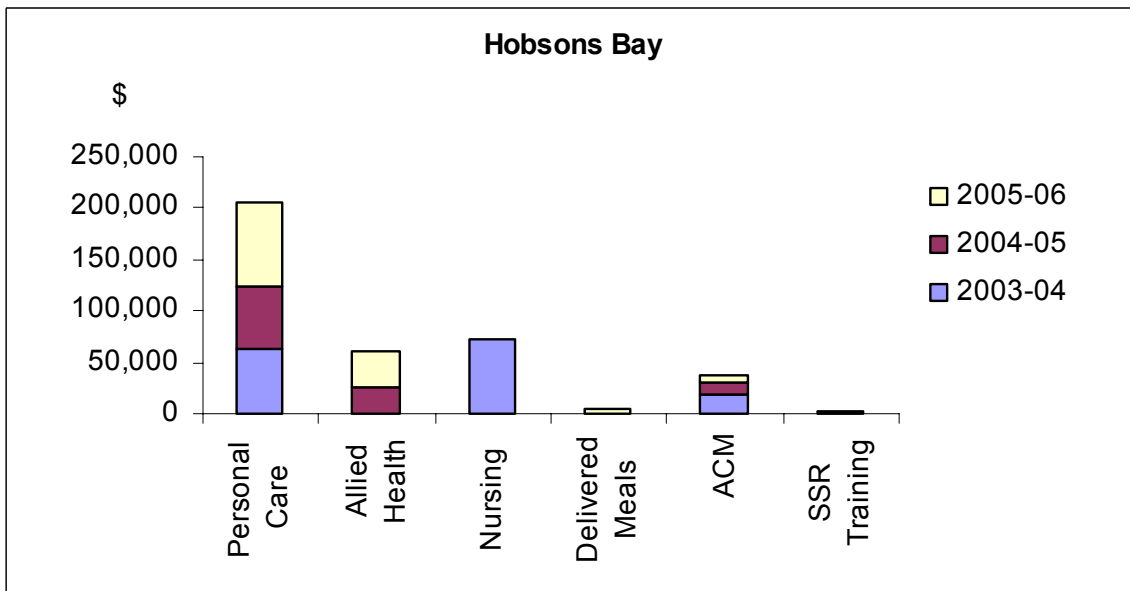
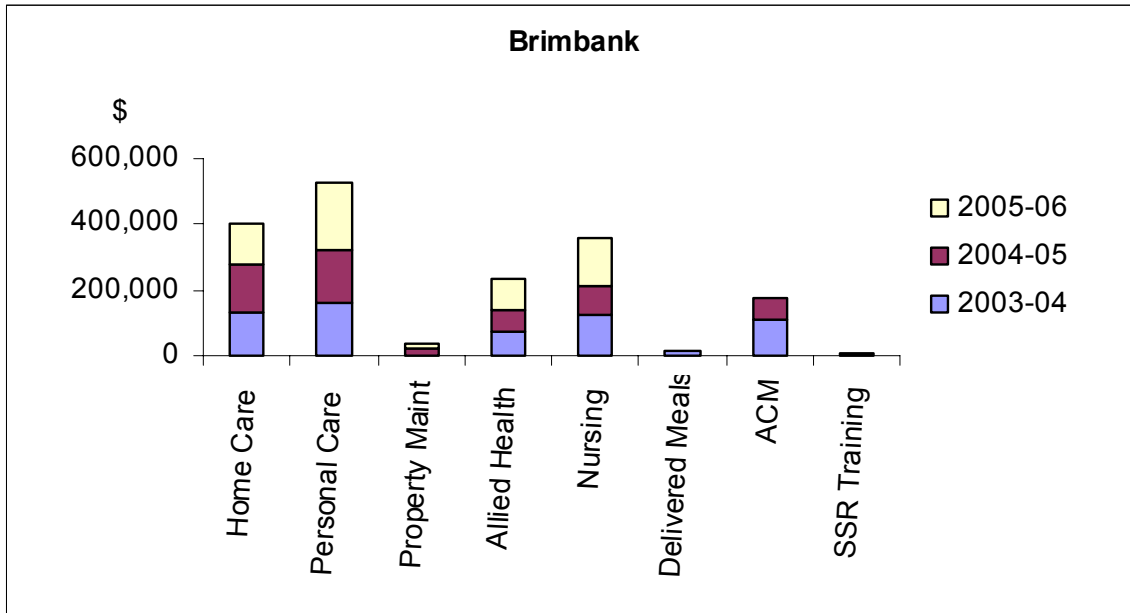
ACTIVITIES	Brimbank		Hobsons Bay		Maribyrnong		Melbourne		Melton		Moonee Valley		Wyndham		Total region	
	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
2003-04																
Home Care	5249	128,286	-	-	1044	25,515	-	-	631	15,422	1518	37,100	1727	42,208	10169	248,530
Personal Care	5800	162,052	2219	61,999	915	25,565	-	-	600	16,764	1719	48,029	1948	54,427	13201	368,836
Property Maint	-	-	-	-	-	-	-	-	-	-	704	25,027	-	-	704	25,027
Allied Health	1046	75,071	-	-	-	-	-	-	350	25,120	520	37,320	-	-	1916	137,511
Nursing	1996	125,469	958	60,220	1170	73,546	-	-	886	55,694	590	37,087	-	-	5600	352,016
Delivered Meals	14000	17,220	-	-	-	-	-	-	-	-	-	-	-	-	14000	17,220
ACM	-	110,024	-	8,086	-	18,776	-	-	-	21,704	-	3,747	-	56,013	-	218,350
Flexible Service Response	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Service System Resourcing	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SSR Training	-	2,309	-	1,229	-	1,160	-	392	-	472	-	1,619	-	820	-	8,000
Total	28091	620,431	3177	131,533	3129	144,563	-	392	2467	135,174	5051	189,929	3675	153,468	45590	1,375,491
2004-05																
Home Care	5872	147,075	-	-	-	-	-	-	134	3,356	1068	26,750	-	-	7074	177,182
Personal Care	5680	162,675	2180	62,435	3032	86,837	-	-	757	21,681	1420	40,669	277	7,933	13346	382,230
Property Maint	522	19,019	-	-	-	-	-	-	-	-	-	-	-	-	521	19,019
Allied Health	888	65,326	344	25,306	-	-	-	-	-	-	1123	82,613	198	14,566	2554	187,811
Nursing	1302	83,894	-	-	-	-	-	-	1399	90,144	-	-	1705	109,861	4406	283,900
Delivered Meals	-	-	-	-	-	-	-	-	16685	21,036	-	-	13100	16,516	29782	37,551
ACM	-	66,680	-	12,365	-	21,470	-	-	-	-	-	-	-	-	-	100,515
Flexible Service Response	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Service System Resourcing	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SSR Training	-	6,000	-	456	-	429	-	147	-	186	-	599	-	313	-	3,000
Total	14263	550,670	2524	100,563	3032	108,736	-	147	18972	136,402	3611	150,635	15280	149,190	57682	1,191,209
2005-06																
Home Care	4846	124,412	-	-	-	-	-	-	598	15,352	220	5,648	-	-	5664	145,412
Personal Care	6965	204,465	2744	80,553	4386	128,756	-	-	475	13,944	2515	73,830	1378	40,453	18463	542,001
Property Maint	539	20,130	-	-	-	-	-	-	-	-	-	-	39	1,457	578	21,586
Allied Health	1246	93,953	483	36,420	-	-	-	-	-	-	1265	95,386	242	18,248	3236	244,007
Nursing	2260	149,263	-	-	-	-	-	-	485	32,032	-	-	1529	100,984	4274	282,279
Delivered Meals	-	-	4266	5,513	-	-	-	-	71301	92,140	-	-	-	-	75567	97,653
ACM	-	-	-	6,357	-	-	-	-	-	5,453	-	515	-	14,293	-	26,617
Flexible Service Response	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Service System Resourcing	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SSR Training	-	1,161	-	603	-	14,838	-	196	-	261	-	789	-	426	-	4,000
Total	15856	593,384	7493	129,446	4386	143,594	-	196	72859	159,183	4000	176,168	3188	175,860	107782	1,363,555

Notes:

1. Services provided region-wide have been 'WREN'd' across all local government areas in Region.
2. Minor discrepancies between figures in Appendix F and those in the main body of the Draft Regional Plan are due to rounding.

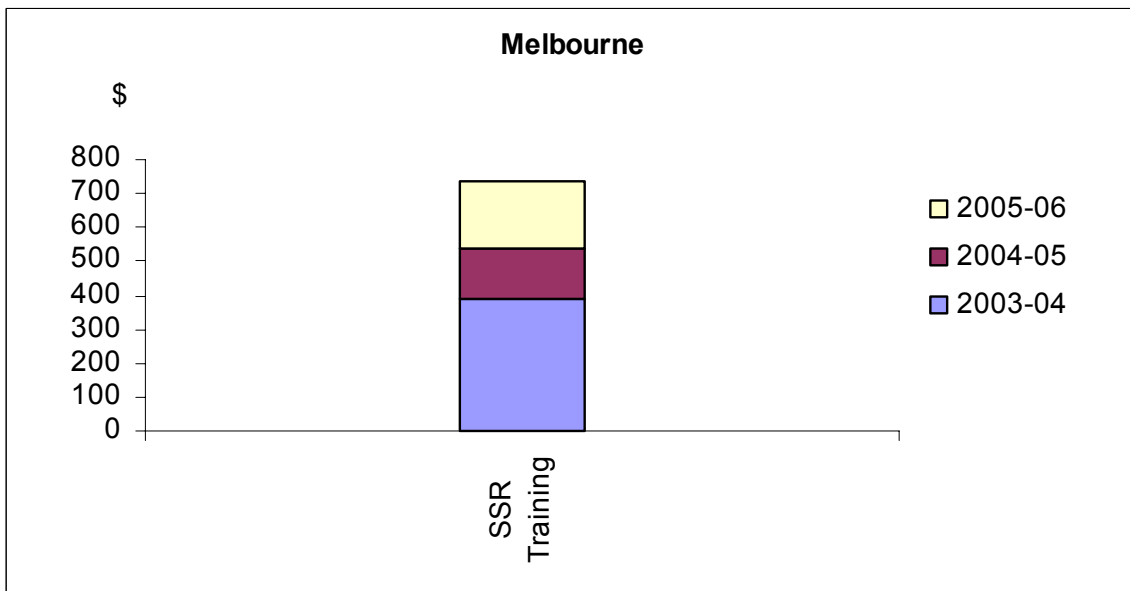
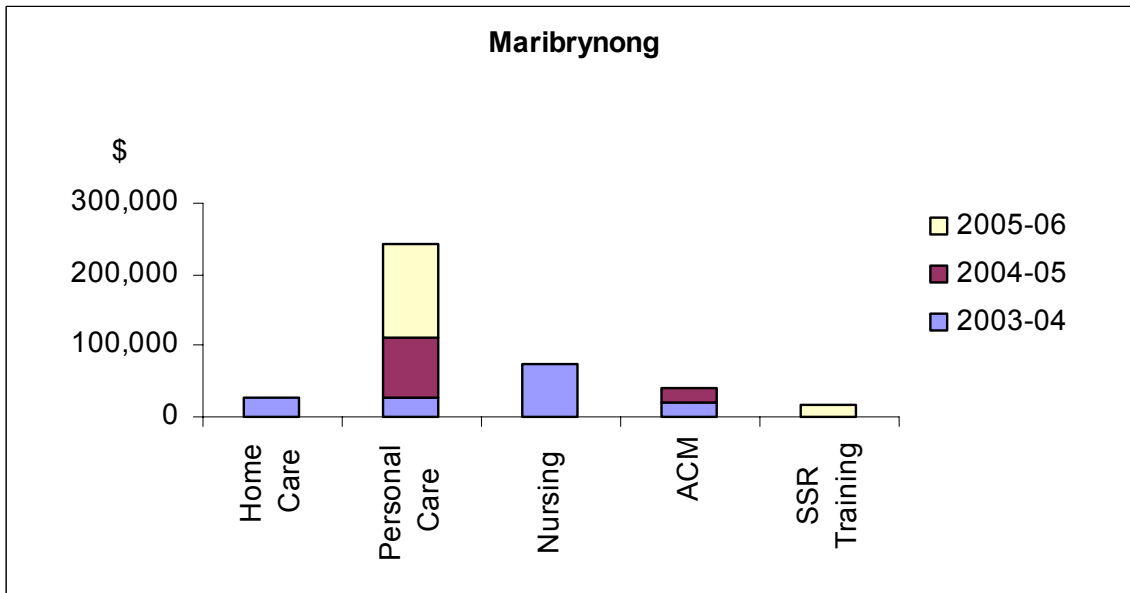
Appendix F – WMR

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.



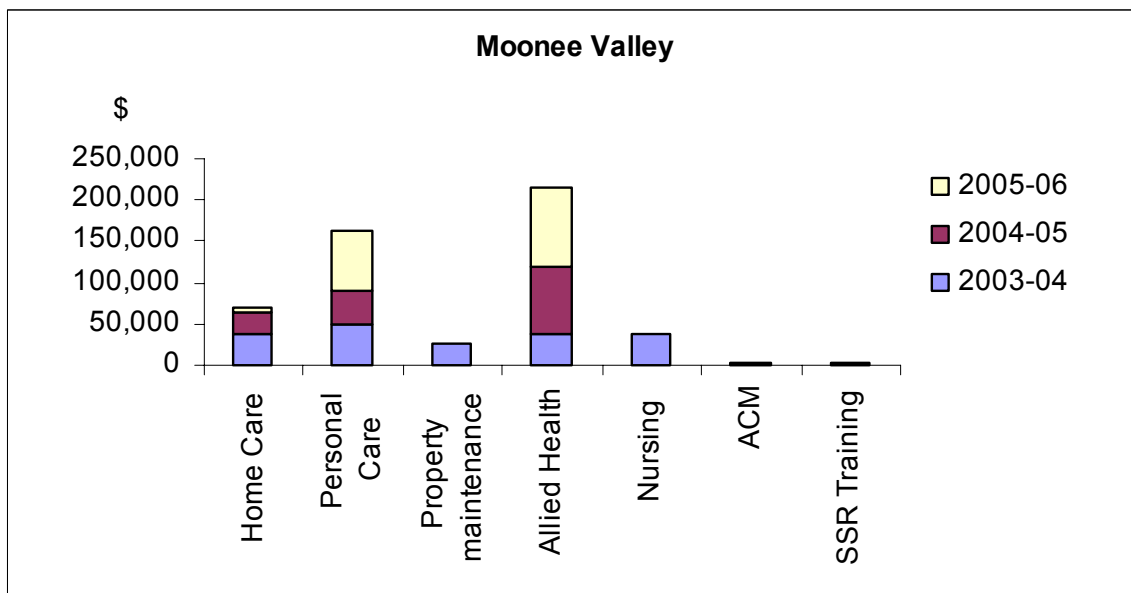
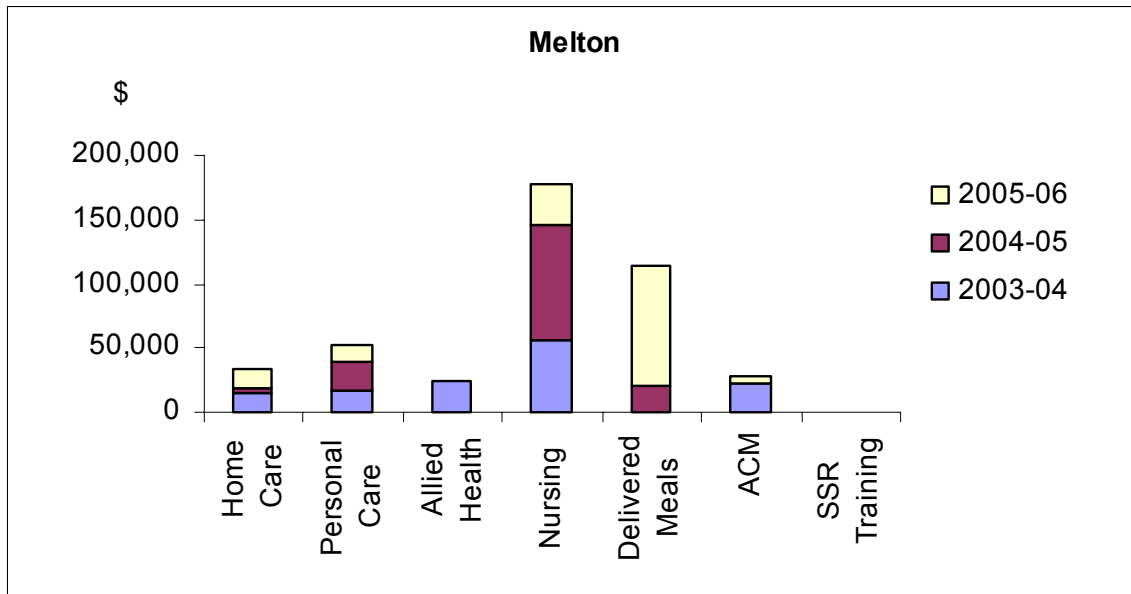
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