

# HACC fact sheet 2012-13

health

The HACC program is supported by funding from the Commonwealth and Victorian governments

## Home and Community Care Program

### What is HACC?

The Home and Community Care (HACC) Program, jointly funded by the Australian and Victorian governments, is the principal source of funding for services for people who need assistance with daily living in the community. In 2012-13, almost 298,500 people received a service, of whom 74 per cent were aged 65 or more. Typical services delivered by the program include domestic assistance (help with cleaning, cooking and shopping), personal care (help with bathing and dressing), and home nursing. The service types are shown in Table 1.

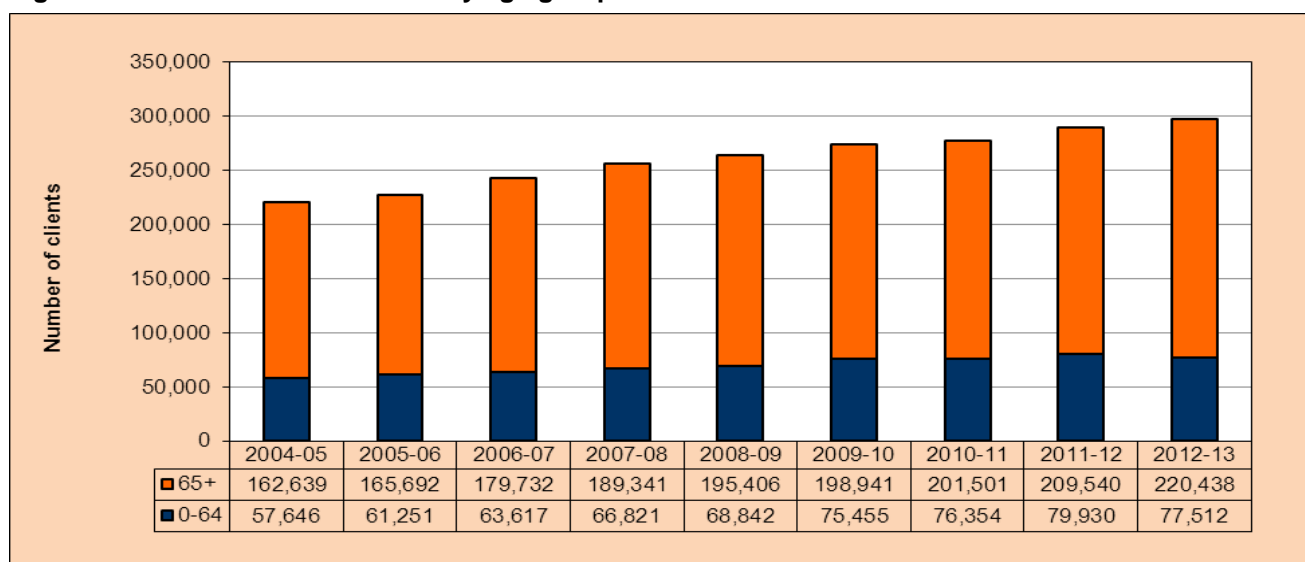
### Who is eligible?

The program supports people whose capacity for independent living is at risk, or who are at risk of premature or inappropriate admission to long-term residential care. Eligibility does not depend on age. In general, those eligible are (i) frail older people, (ii) young people and adults with a disability, and (iii) carers of people from both these groups. Service providers use priority of access guidelines to manage demand.

### How many people receive services?

The number of Victorians receiving HACC services continues to grow at about 4 per cent annually. It exceeded 298,000 in 2012-13. Of these clients about 65 per cent were clients in the previous year.

Figure 1: Number of HACC clients by age group from 2004-05 to 2012-13



Note: excludes missing records

Table 1 shows the number of people who received each of the service types available under the HACC Program in 2012-13, and the total number of hours of service delivered.

**Table 1: Number of clients and hours by HACC service type, 2012-13**

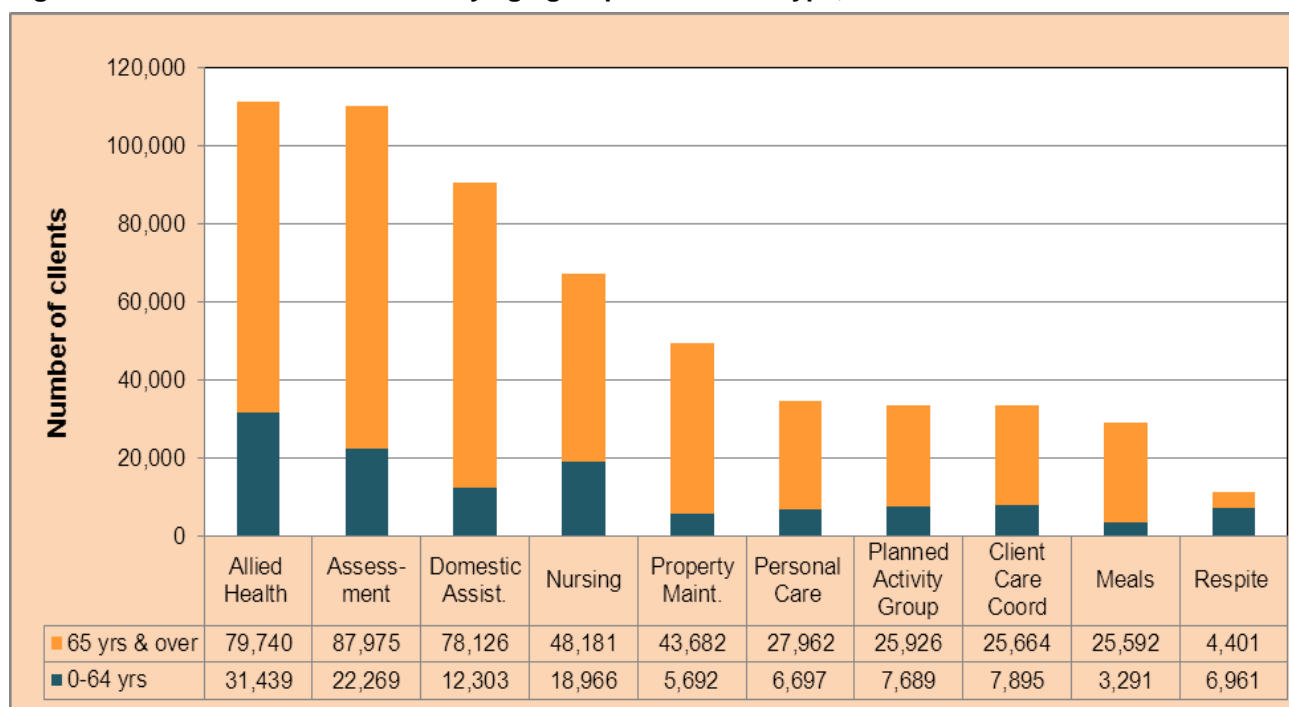
Service type	Number of clients	Number of hours	Average hours per client per annum
Allied Health	108,974	724,470	7
Assessment	107,764	406,565	4
Care Coordination	31,235	93,097	3
Delivered Meals	27,897	2,595,719*	93*
Domestic Assistance	87,419	2,504,763	29
Linkages	6058	1,105,363	182
Nursing	65,523	1,213,472	19
Personal Care	31,834	1,100,572	35
Planned Activity Group - Core	23,956	2,369,724	99
Planned Activity Group - High	12,236	1,631,821	133
Property Maintenance	47,094	263,581	6
Respite	10,082	718,078	71
Volunteer Social Support	19,907	834,004	42

\* Number of meals

## How do people access services?

The HACC program is a popular program with a high level of demand for most services. Potential clients are assessed to determine their eligibility; if eligible, they receive an assessment, usually in their home, to determine what their needs are and what the best service response to meet those needs is. Clients are also assessed in terms of priority of access, to ensure that available services are targeted towards those in most need. Clients who are assessed as having lower priority are advised of any waiting times and of alternative sources of assistance.

**Figure 2: Number of HACC clients by age group and service type, 2012-13**

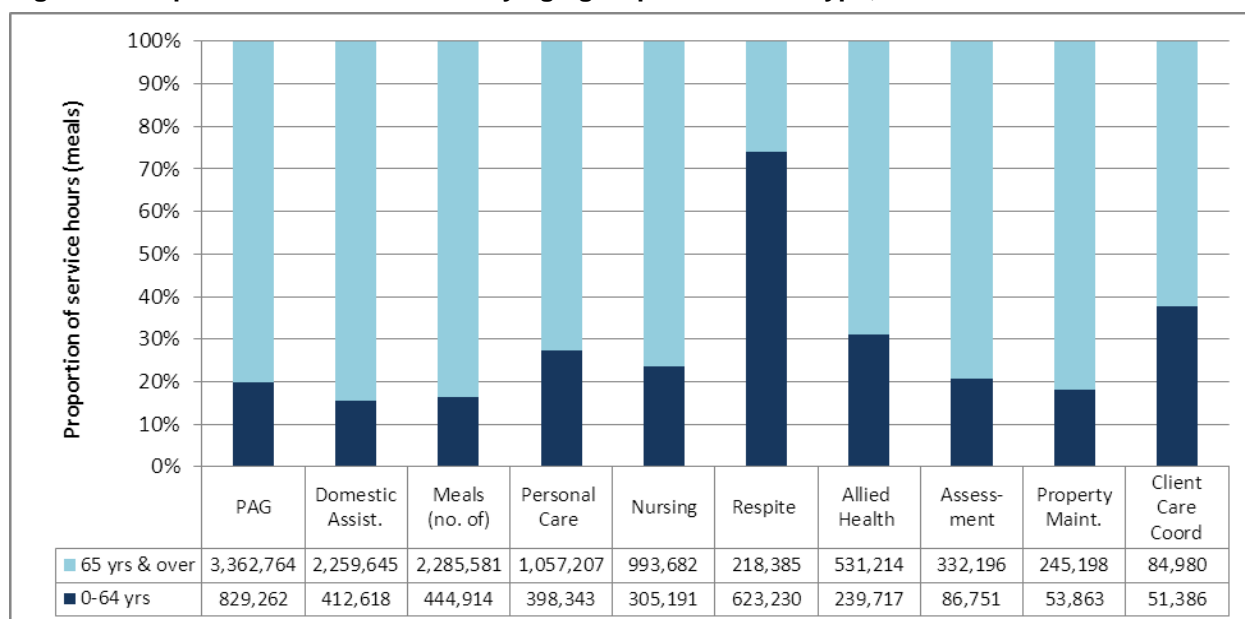


Allied health was the most frequently used service type during 2012-13, followed by assessment, domestic assistance and nursing. Note that any given client could have received more than one type of service during the period. These same four service types were the most popular amongst clients under 65 years and clients aged 65 years and over. The only difference between the two age groups was the ordering of the top four most commonly used services. See Figure 2.

People aged 65-plus are the dominant group for all service types, accounting for 70–80 per cent of clients. The exception is respite, where clients under 65 years, which includes children and young adults, comprise around 62 per cent of clients.

In terms of aggregated hours of service provision, the largest quantity goes to planned activity group followed by domestic assistance, personal care and nursing.

**Figure 3: Proportion of service hours by age group and service type, 2012-13**



Note: PAG stands for planned activity group

Around 70-80 per cent of service provision hours go to clients aged 65 years and over, with the exception being respite where 74 per cent of hours were provided to clients under 65 years.

**Figure 4: Number of HACC clients by service type from 2005-06 to 2012-13**

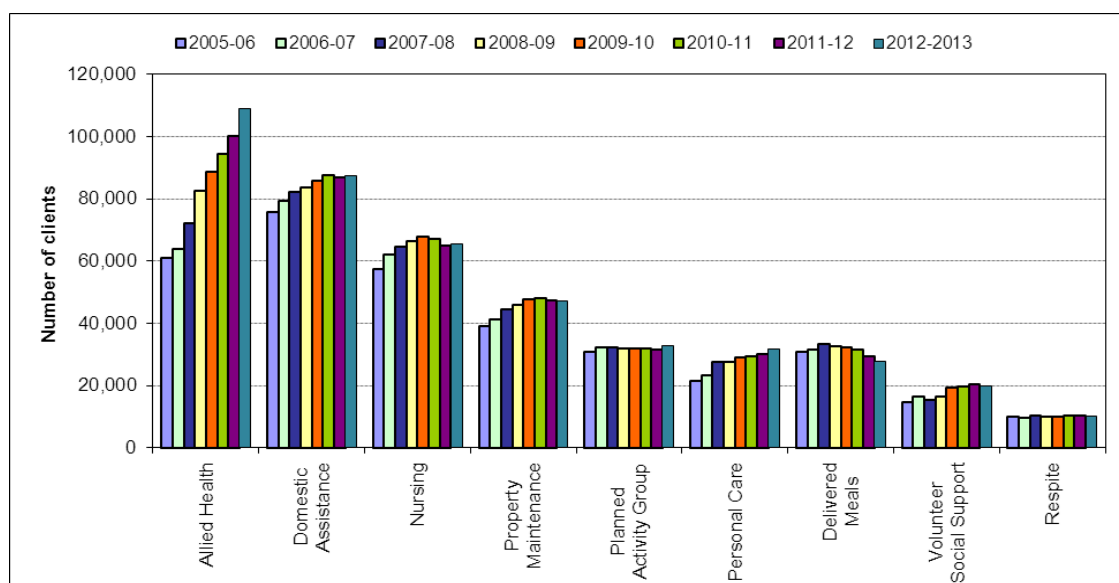


Figure 4 shows the growth over the past eight years in the number of clients for most service types, with an average annual growth of around 5 per cent. Allied health has grown the fastest, at an average rate of around 9 per cent per annum. Client numbers for planned activity group and respite have been fairly stable.

## Who are the main service providers?

**Table 2: Type of service provider and HACC funding in 2012-13**

Organisation type		Number of organisations		HACC funds (\$m)	Share of funds (%)
		Metro	Rural		
Local Government		30	46	229.2	36.3%
Health Service	District nursing service	4	34	128.2	20.3%
	Bush nursing centre	0	15	3.8	0.6%
	Multi purpose service		7	5.1	0.8%
	Other health service	34	45	152.2	24.1%
Non Government organisation	Ethno specific	51	5	15.8	2.5%
	ACCO	7	17	7.6	1.2%
	Small social support agency	39	43	6.9	1.1%
	Other NGO	80	41	66.9	10.6%
Department				15.2	2.4%
<b>Total</b>		<b>245</b>	<b>253</b>	<b>631.4</b>	<b>100.0%</b>

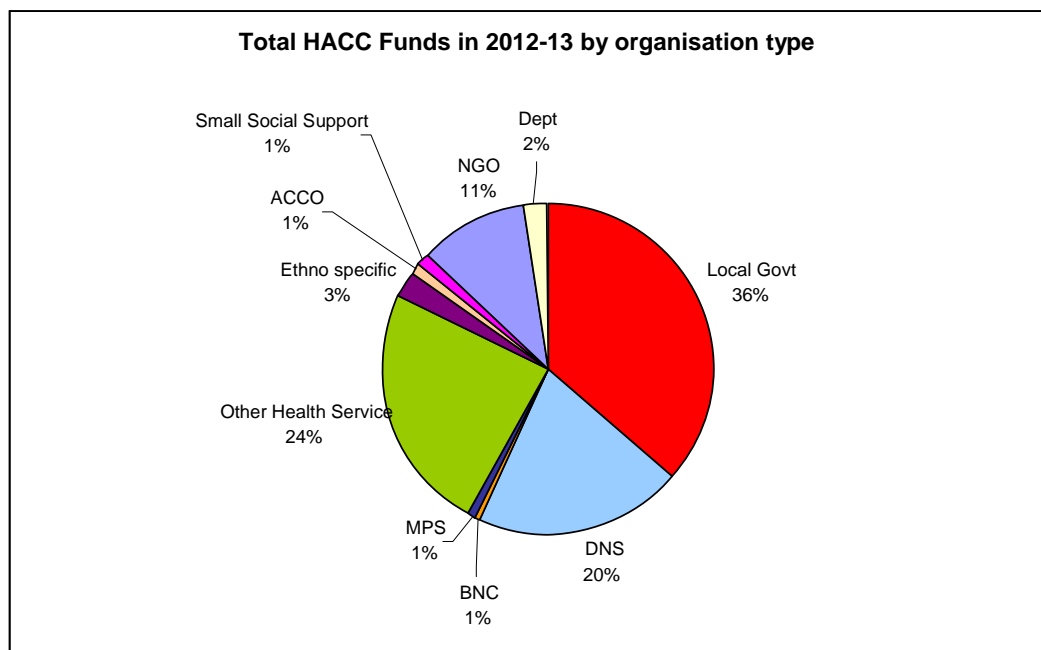
*'Other health service' includes hospitals and community health centres*

*NGO = Non Government Organisation*

*ACCO = Aboriginal Community Controlled Organisation*

In Victoria, about 465 agencies deliver HACC services; the total in Table 2 includes more than one campus in some cases. Most of the program's funds are allocated to local councils, community health services, hospitals and district nursing services. A wide range of large and small non-government organisations are also funded, mainly as providers of social support services. See Table 2.

**Figure 5: Funding shares by organisation type**



**Notes:**

BNC = Bush nursing centre  
 DNS = District nursing service  
 MPS = Multi-purpose service

## Funding growth in 2012-13

The total Victorian HACC budget for 2012-13, inclusive of service provision and administration, is about \$634.3 million. Of this, \$585.1 million is matched Commonwealth/State funding in a 60/40 ratio. Table 3 shows the level of funding for services to clients together with the full-year impact of the growth in funding for service expansion in 2012-13, amounting to \$33.8 million.

**Table 3: HACC Funding in Victoria by Service Type 2012-13**

Service Type	2012-13 Victorian indexed base funding	Funding growth in 2012 -13 (full year effect)	Total funds in 2012-13 full year effect)	% growth in funding 2012-13
Access & Support	\$3,453,863	\$849,368	\$4,303,230	24.6%
Administration	\$6,650,332	\$0	\$6,650,332	0.0%
Allied Health	\$68,731,066	\$9,407,663	\$78,138,729	13.7%
Assessment	\$39,588,298	\$2,351,671	\$41,839,324	5.9%
Delivered Meals	\$5,966,270	\$0	\$5,966,270	0.0%
Domestic Assistance	\$81,341,988	\$1,606,373	\$82,948,361	2.0%
Flexible Service Response	\$25,938,388	\$810,551	\$26,748,940	3.1%
Linkages Packages	\$44,695,548	\$0	\$44,695,548	0.0%
Nursing	\$121,292,614	\$5,049,741	\$126,342,355	4.2%
Personal Care	\$43,569,936	\$4,906,580	\$48,476,516	11.3%
Planned Activity Group	\$60,342,287	\$3,792,018	\$64,096,198	6.3%
Property Maintenance	\$13,209,669	\$224,780	\$13,434,449	1.7%
Respite	\$25,933,328	\$1,121,508	\$27,049,222	4.3%
Service System Resourcing	\$35,011,375	\$2,890,730	\$37,904,359	8.3%
Volunteer Co-ordination	\$21,323,511	\$775,675	\$22,099,186	3.6%
Allied Health (RDNS)	\$682,771	\$0	\$682,771	0.0%
<b>Total</b>	<b>\$597,731,244</b>	<b>\$33,786,658</b>	<b>\$631,517,902</b>	

Note: All columns include both Commonwealth-State matched funds and additional State unmatched funds. Totals do not include some other payments to agencies.

## Growth in expenditure over time

Nationally, annual real growth of 6 per cent has been maintained for several years. The growth rate in Victoria has been slightly less because of the Commonwealth's policy of equalising HACC expenditure on a per capita basis between the states and territories. Table 4 shows the trends over time.

**Table 4: Annual HACC expenditure in Victoria, 2001-02 to 2013-14 (\$ million)**

	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
<b>Commonwealth funds, \$m</b>	167.3	179.0	190.0	201.2	215.5	230.4	246.8	264.1	283.3	301.5	324.1	350.9	378.2
<b>State funds<sup>1</sup>, \$m</b>	104.0	111.0	126.0	134.4	143.9	153.9	164.8	176.4	189.2	201.3	216.4	234.2	252.5
<b>Total matched funds, \$m</b>	271.3	290.0	316.0	335.6	359.4	384.3	411.6	440.5	472.5	502.8	540.5	585.1	630.7
<b>Percent annual growth for services, %</b>	3.7	3.3	3.7	3.9	4.9	4.8	4.5	3.8	4.0	3.3	4.4	6.2	5.8
<b>Indexation factor<sup>2</sup>, %</b>	2.5	3.5	2.5	2.1	2.2	2.1	2.9	2.9	3.1	3.1	3.1	2.06	2.0
<b>State unmatched funds, \$m</b>	22.3	27.0	42.0	46.9	50.8	55.8	57.9	59.2	63.8	69.2	65.6	49.2	36.6
<b>Total funds<sup>3</sup>, \$m</b>	293.6	317.0	358.0	382.5	410.2	440.1	469.5	499.7	536.3	572.0	606.1	634.3	667.3
<b>C'wlth funds as % of total<sup>4</sup></b>	57%	56%	53%	53%	53%	52%	53%	53%	53%	54%	53%	55%	57%

Note 1: State matched funds up to 2002-03 include Local Government imputed contribution. In 2003-04 this was replaced by Aged Care services transferred into the HACC budget.

Note 2: The indexation factor is set by the Commonwealth to compensate for annual cost increases. In some years the State has funded a higher rate.

Note 3: Totals may not add due to rounding.

Note 4: Per cent of total including State unmatched (and, before 2003-04, Local Government imputed).

## Fees and charges

Modest fees apply to most HACC services. The Victorian fees policy is aligned with the national HACC fees policy. Fees were indexed for 2012-13 by 2.06 per cent, the rate at which the department funds Community Service Organisations to deliver other services funded by the Victorian Government. Income thresholds for the recommended scale of consumer fees have been increased in line with the increase in Centrelink income thresholds. Fees totalling \$56.2 million were collected in 2012-13.

## Victoria's additional expenditure

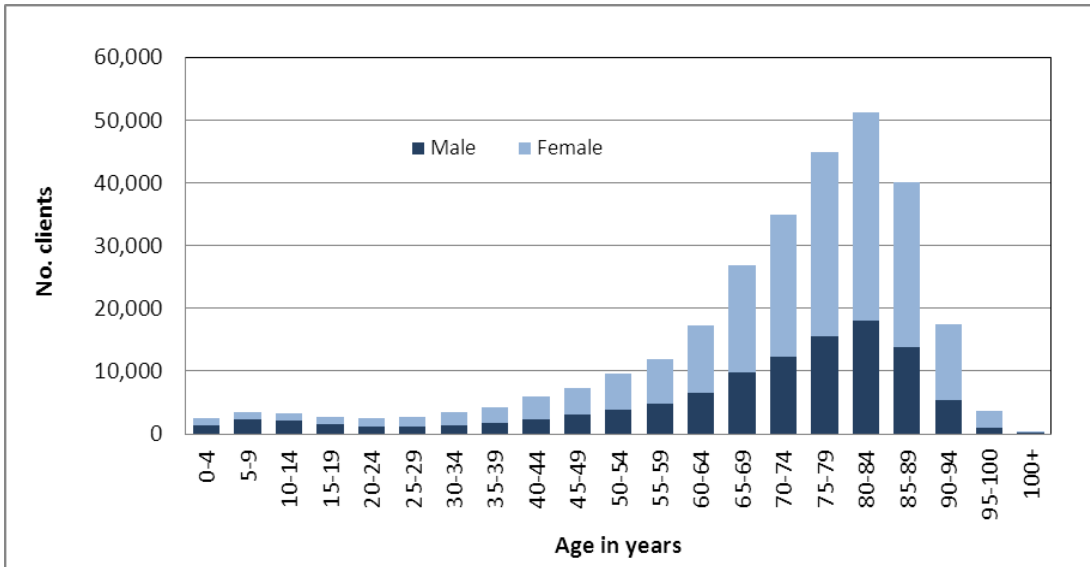
In addition to meeting the Commonwealth/State matching requirement, the Victorian Government committed additional (unmatched) funding of \$49.2 million to the HACC program in 2012-13.

## Local Government contribution

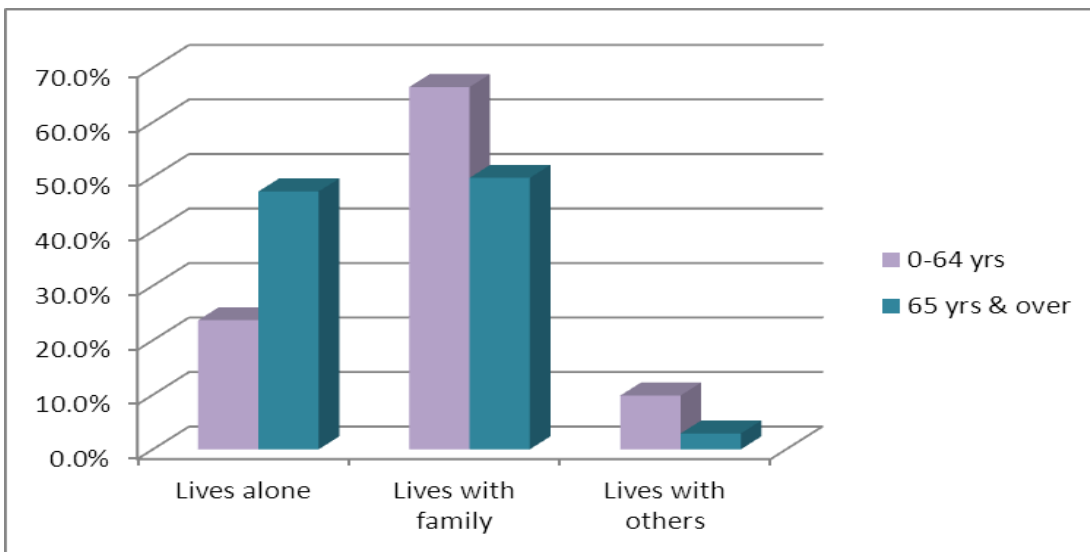
In addition to the \$634.3 million committed by the Commonwealth and State governments, local councils in Victoria are significant contributors, as well as being major providers. According to the Municipal Association of Victoria, this amounts to \$115 million a year. These funds are supplemented by fees collected from consumers of HACC services, which are reinvested into the program to enhance and/or provide extra services.

## Profile of people receiving HACC services

**Figure 6: Age profile of people receiving HACC services in 2012-13**



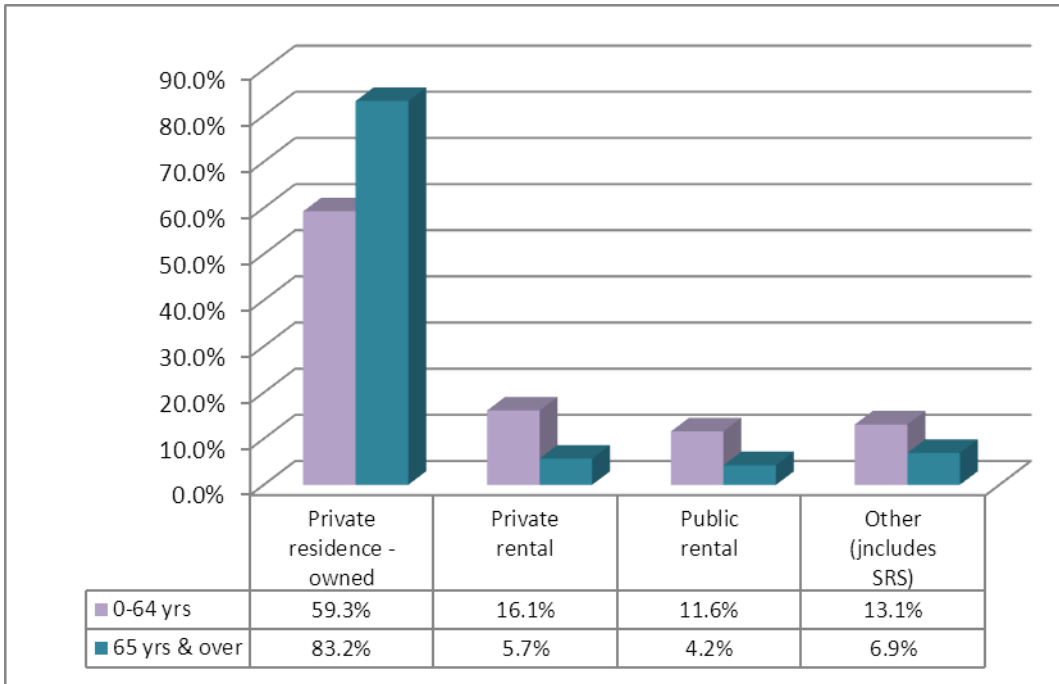
**Figure 7: Living arrangement of HACC clients, 2012-13**



A majority of HACC clients live with family or others, but a substantial number live alone.

This proportion rises with age. Above the age of 65, just under half the clients live alone. See Figure 7.

**Figure 8: Housing tenure of HACC clients, 2012-13**



Note: SRS = Supported residential service

**Figure 9: HACC clients by age group and country of birth, top 20 non English speaking countries, 2012-13**

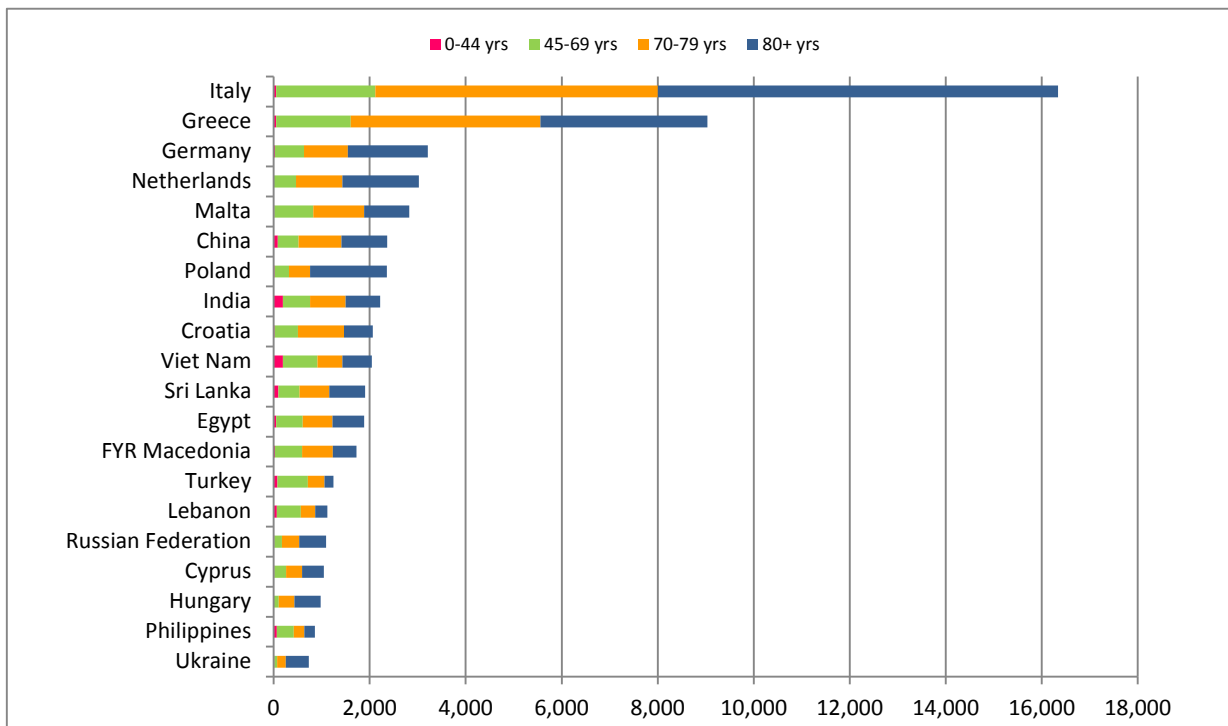


Figure 9 shows the proportion of clients by country of birth, split into four age groups in 2012-13. The top 20 non English speaking countries are shown. It can be seen that HACC clients born in Italy and Greece dominate. It is also clear that the age profile of clients varies according to the country of birth. In the case of people born in Italy, Ukraine and Poland, more than half are aged 80 or more. Relatively younger profiles are seen in clients born in Lebanon, Turkey, Vietnam and the Philippines, but a majority are still aged 70 plus, with the exception of clients born in Turkey of whom just under 43 per cent were aged 70 plus. These patterns reflect the trends in post-war migration.



## More facts about Victorians receiving HACC services in 2012-13

<b>Number of clients:</b>	<ul style="list-style-type: none"> <li>Over 298,000 Victorians received a service from the HACC Program in 2012-13</li> </ul>
<b>Age and sex:</b>	<ul style="list-style-type: none"> <li>65 per cent were aged 70-plus</li> <li>26 per cent were aged under 65 years</li> <li>63 per cent were female</li> </ul>
<b>Ethnicity and Indigenous status:</b>	<ul style="list-style-type: none"> <li>25 per cent of clients came from 85 non English speaking countries</li> <li>Nearly one per cent of clients were Indigenous</li> </ul>
<b>Place of residence:</b>	<ul style="list-style-type: none"> <li>About 62 per cent of clients live in greater Melbourne</li> <li>Another 111,200 live in rural and regional Victoria</li> </ul>
<b>Living arrangements:</b>	<ul style="list-style-type: none"> <li>41 per cent of clients live alone</li> </ul>
<b>Family carers:</b>	<ul style="list-style-type: none"> <li>33 per cent of clients have a carer, typically a spouse or daughter</li> </ul>
<b>Services used:</b>	<ul style="list-style-type: none"> <li>Allied health is the most commonly used service with over 111,400 clients</li> <li>Assessment is the next most commonly used service with just over 110,300 clients</li> <li>Domestic Assistance is the third most frequently used service, with over 90,400 clients</li> <li>Across all service types, average provision was 42.6 hours per person per annum</li> </ul>
<b>Service mix:</b>	<ul style="list-style-type: none"> <li>Just under 51 per cent of clients (151,032 people) received only one kind of HACC service</li> <li>Over 66,900 clients received two types of service</li> <li>About over 9,000 clients received 6 or more types of service</li> </ul>
<b>Source of referral:</b>	<ul style="list-style-type: none"> <li>44 per cent of clients (or their families) made direct contact with HACC services (that is, self-referral)</li> <li>GPs referred more than 29,900 people to HACC</li> <li>4 per cent (11,970) of clients were referred to HACC by an Aged Care Assessment Team</li> </ul>

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