health

Strengthening diversity planning and practice

Barwon-South Western Regional Diversity Plan 2012-15

The Home and Community Care Program is jointly funded by the Commonwealth and Victorian Governments

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Department of Health

Strengthening diversity planning and practice

Barwon-South Western Regional Diversity Plan 2012-15

Please note: This plan is a working document and will be continually developed and refined throughout the life of the plan.

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Diversitat

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List of acronyms used

ACAS	Aged Care Assessment Service
ACCO	Aboriginal Community Controlled Organisation
BSW	Barwon-South Western
CALD	Culturally and Linguistically Diverse
CCC Standards	Community Care Common Standards
CTHG Plan	Closing the Health Gap Plan (Aboriginal Health)
DA	Domestic Assistance
GLBTI	Gay, lesbian, bisexual, transgender and intersex
GSC	Great South Coast
HACC	Home and Community Care
KADNAC	Koori Aged and Disability Network Advisory Committee
LGA	Local Government Area
MDS	Minimum Data Set
NMESC	Non-main English Speaking Countries
PAG	Planned Activity Group
PC	Personal Care
PCP	Primary Care Partnership
PM	Property Maintenance
VC	Volunteer Coordination

Introduction

The Home and Community Care (HACC) Diversity framework is contextualised within the broader government and HACC directions including the national and Victorian health and aged care priorities.

Diversity planning and practice

Diversity planning and practice aims to improve access to HACC services by eligible people who are marginalised or disadvantaged and to improve the capacity of the service system to respond appropriately to their needs. As one of several quality improvement initiatives occurring concurrently in Victoria, Diversity planning and practice is designed to contribute to an equitable, accessible, person-centred, responsive and high quality HACC service system and ensures alignment to the Victorian Health Priorities, as outlined below.

Figure 1: Victorian Government health priorities

1. Developing a system that is responsive to people's needs
2. Improving every Victorian's health status and experiences
3. Expanding service, workforce and system capacity
4. Increasing the system's financial sustainability and productivity
5. Implementing continuous improvements and innovation
6. Increasing accountability and transparency
7. Utilising e-health and communications technology.

Department of Health 2011, *Victoria Health Priorities Framework 2012-2022: Metropolitan Health Plan,* State Government of Victoria, Melbourne

HACC Diversity planning and practice contributes to meeting the following key Victorian Health Priorities:

- Developing a system that is responsive to people's needs
- Improving every Victorian's health status and experiences.

HACC Diversity planning and practice is underpinned by three core principles.

- Firstly, a desire to achieve equitable access to HACC services by eligible people, regardless of their diversity or disadvantage.
- Secondly, the belief that effective service planning acknowledges a community, group and/or individual's uniqueness and complexity of need, and is conducted in a manner that is respectful of each individual's characteristics, circumstances, preferences and goals and central to strategic planning and leadership.
- Thirdly, that diversity planning and practice is core business for all HACC funded agencies in Victoria.

Department of Health 2011, *HACC Diversity planning and practice policy,* State Government of Victoria, Melbourne

The mechanism for achieving diversity planning and practice is twofold. Each Department of Health (the department) region has developed a regional diversity plan, and each HACC funded agency will be required to develop a diversity plan at the local level by June 2012.

The Barwon-South Western regional diversity plan will inform the local approach to maximising access to services for the HACC special needs groups, inform the allocation of resources for improved service access and outcomes for diverse people, and influence the diversity plans developed by individual HACC funded agencies.

Excerpt from: Department of Health 2011, *Strengthening diversity planning and practice: A guide for HACC services in Victoria,* State Government of Victoria, Melbourne

Process and outcomes

The Barwon-South Western region used the following process to develop its diversity plan:

- Collect and analyse key data and information
- Hold initial and follow up workshops with regional HACC funded organisations
- Develop and email a draft regional diversity plan to key regional HACC funded networks and organisations for comment
- Provide penultimate draft regional diversity plan for comment and endorsement by department's regional executive
- Submit final draft regional diversity plan to Department of Health HACC Program for approval.

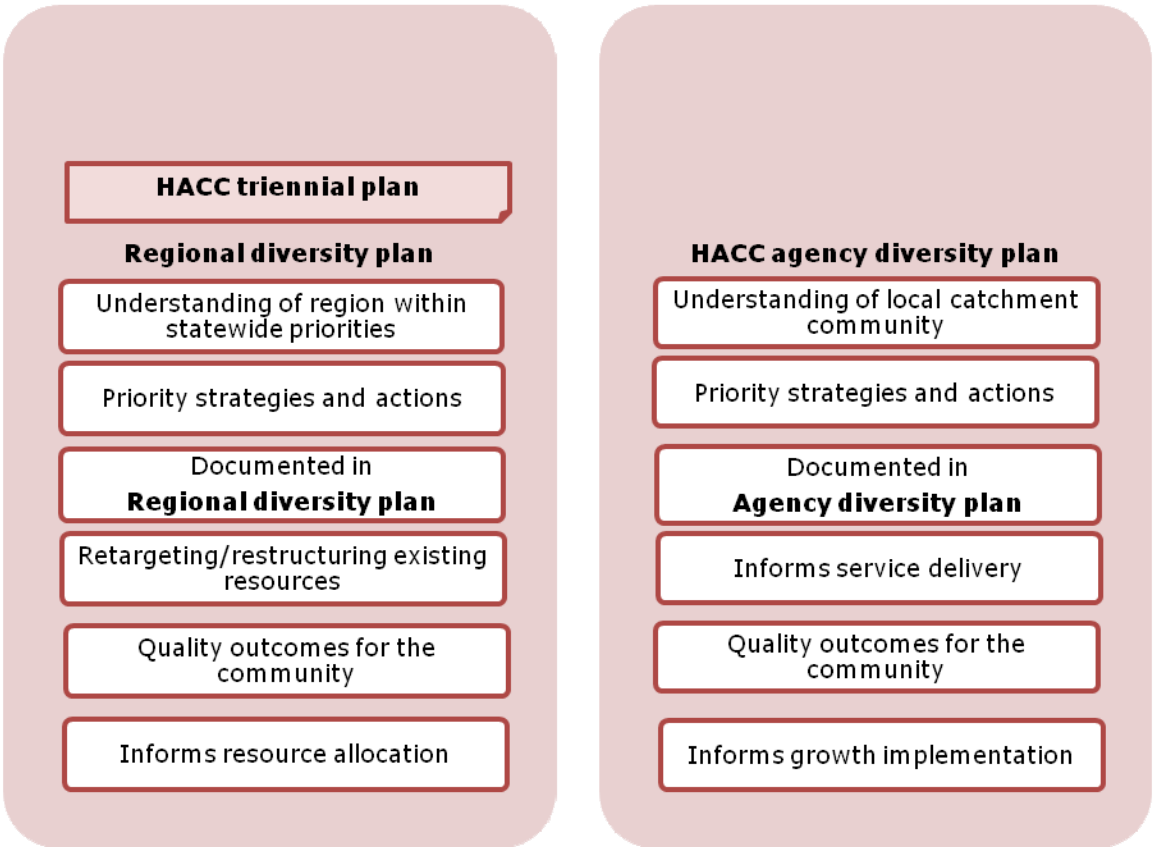
Diversity planning and practice is developmental and therefore change will be incremental. Broadly, the first year focus will be on scoping, understanding diversity and setting the framework for diversity planning across the region. The subsequent two years will focus on influencing the implementation of identified regional HACC diversity objectives by HACC funded organisations.

Why a regional diversity plan is important

The regional diversity plan will:

- Set the framework for addressing access and diversity within the region
- Reflect the Victorian Government's health priorities
- Reflect the statewide priorities and directions outlined in the HACC triennial plan and inform the Victorian HACC triennial plan
- Reflect upon relevant community and diversity expectations within the Community Care Common standards
- Inform consultation with the HACC sector
- Inform priorities and allocation of HACC growth funds
- Inform and influence each HACC funded organisation's diversity plan.

Figure 2: Link between regional diversity plans and HACC agency diversity plans



Quality improvement frameworks supporting the development of the regional diversity plan

Three interconnected quality improvement frameworks that have influenced the development of the regional diversity plan are the Community Care Common Standards, supporting implementation of person centred care and a better understanding of factors that positively influence 'wellness' for people of all ages. The discussion below details how particular goals relate specifically to a framework however it should be noted that each of these frameworks is broadly reflected within every goal of this diversity plan.

Community Care Common Standards

The Community Care Common (CCC) Standards have been jointly developed by the Australian government and State and Territory governments to monitor quality within community care programs including HACC. A number of standards require evidence to support processes and practices that consider the access issues for special needs groups and one standard that emphasizes diversity planning:

- Expected Outcome 1.4 Community understanding and Engagement will require HACC funded organisations to demonstrate an 'understanding of the community in which they operate and their target population' in order to plan and develop services. Most significant for diversity planning are practices and processes that support community understanding and engagement that meet the needs of those 'who are the most disadvantaged and who have limited access to service due to cultural and linguistic barriers or special needs such as sensory loss or dementia'.

Processes and practices that support access issues for special needs groups, and community understanding and engagement to meet the needs of those who are most disadvantaged are considered within the following diversity goals of this plan:

- Identify special need groups that are encountering access barriers to HACC services (relates to diversity plan goal 2)
- Ensure services are able to able to identify and respond to a broad range of cultural access needs (relates to diversity plan goal 3)
- Respond to the needs of new and emerging refugee communities within the City of Greater Geelong (relates to diversity plan goal 4)
- Improve access for Aboriginal people to HACC funded services (relates to diversity plan goal 5).

Broadly, the above mentioned goals of the regional diversity plan aim to:

- Identify and collate information that will indicate quality outcomes at a regional and service delivery level
- Provide a link to ideas, training and tools which may assist in developing an improved understanding of the diversity within the community
- Provide a link to strategies to improve access and service delivery for eligible people who are marginalised or disadvantaged.

Department of Health and Ageing 2010, *Common Care Common Standards Guide,* Australian Government, Canberra

Person centred care

Person centred practice respects the right and desire of the person to make their own decisions with particular regard to guiding service outcomes. ‘For Aboriginal people, older people from CALD backgrounds, or younger people with a disability, family members may play a pivotal role in care relationships and in making decisions.’ Central to this approach for assessment is the ability to ‘build rapport within a conversation about where the person is at and not be led by a tool or checklist’ and that ‘the person’s values, social and cultural identity are respected’.

Department of Health 2011, *Strengthening assessment and care planning: a guide for HACC assessment services in Victoria,* State Government of Victoria, Melbourne, page 40

Embedding person centred practice is fundamental to moving towards an active service model, implementing good practice for HACC assessment and improving diversity planning and practice. Person centred practice is reflected within the regional diversity plan particularly by the following goals:

- To ensure that HACC services are better able to respect the personal history of clients and carers from diverse backgrounds
- To further the reach of the BSW Regional Closing the Health Gap (CTHG) plan to include HACC funded organsations.

Promoting the use of *Life-Stories* to engage in meaningful conversations with clients is expected to assist HACC funded organisations to better understand a person’s aspirations and the various aspects that make up their identity. *Life Stories* is an approach that engages clients through gathering their stories, history, and memories, which they wish to share using a variety of media to document and present the information.

Life Stories can introduce a person-centred approach, enhances client/staff/volunteer relationships, empowers clients and is a lasting keepsake for them and their families. It acknowledges the client’s diversity and life experiences, engages families and significant others, assists in the transition to other services and in some instances contextualises client behaviours, particularly those with dementia. Using *Life-Stories* may also assist family members in better understanding how past events have shaped the values and identity of their loved one which may in turn support their role in the care relationship and decision making.

Dementia UK 2011

Likewise, improving the awareness of HACC service staff of an Aboriginal person’s cultural and social identity could enhance the conversations between Aboriginal and HACC funded organisations, and in turn contribute to the development of better person centred care. This is reflected within the regional diversity plan by incorporating two of the cultural training strategies of the regional CTHG plan:

- Increase the delivery of targeted cultural awareness
- Improve the communication skills of Health Services staff to better converse with Aboriginal people about their service needs.

Moreover the adoption of these two strategies demonstrates how HACC funded organisations can be involved in the efforts of the broader regional health sector to close the health gap and make Aboriginal health its business.

Department of Health 2011, *Barwon-South Western-closing the health gap plan*, State Government of Victoria, Melbourne

Wellness

Fine and Spencer (2009, p 13) highlight that an important factor linked to promoting wellness is social connection. Similarly, the literature scan conducted by Health Outcomes International (2011, p 38), as part of Review of social support and respite in HACC, concluded that access to social support has been linked to the reduction of ill-health and improved self-perception of physical and psychological well-being. The BSW Region Dementia Strategy 2006-10 also highlighted the importance of social connection in assisting people to maintain a healthy and active life within the early and middle stages of dementia. Furthermore, the final report of the strategy recommended the promotion of dementia friendly services to improve access, care and support for people affected by dementia and their carers.

Department of Health 2007, Barwon-South Western Regional Dementia strategy 2006-2010, State Government of Victoria, Barwon-South Western Region, Geelong

Department of Health 2011, Barwon-South Western Region: Dementia Strategy Final Report, State Government of Victoria, Barwon-South Western Region, Geelong

Department of Health 2006, *Pathways to the Future, 2006 and Beyond-Dementia Framework for Victoria: Implementation Plan,* State Government of Victoria, Melbourne

The regional diversity plan goal of promoting positive ageing and social connection for clients with dementia and their carers is intended to assist regional HACC funded organisations to improve the wellness of people affected with dementia and their carers.

This will be achieved by encouraging HACC funded social support programs to improve dementia friendly environments and practice through the promotion of tools, training and resources that are designed to improve the access and social needs of clients with dementia and their carers as identified by the regional Dementia strategy.

Please note that factors that promote wellness will be included in detail within a proposed Regional Healthy Ageing Plan to be developed in 2012-13. The Department of Health is currently developing a Healthy Ageing Plan to promote active ageing and improve the health and wellbeing of older Victorians across a variety of settings, supported by a coordinated and responsive service system. This plan is expected to be finalised in 2012-13 and will provide the direction for the development of a regional Healthy Ageing plan. One strategy already implemented under the healthy ageing banner is the *Healthy Ageing Demonstration projects* which combine principles of three previous aged care initiatives namely, *Well for Life, Making a Move and Count us in.* Funding for this initiative will be made available to the Barwon-South Western region in 2012-13.

Regional profile

Geographical description

The Barwon-South Western (BSW) region contains nine local government areas (LGAS) and extends from Lara in the east to the South Australian border in the west. It is geographically diverse including a very large regional centre of Geelong and another significant regional centre in Warrnambool as well as coastal and inland towns, and rural communities.

Population demographics

In 2011, the approximated resident population of the BSW region was 378,000, representing seven per cent of the total Victorian population.

- 222,000 people (58 per cent) resided in the City of Greater Geelong (Greater Geelong) which represents the largest regional city in Victoria and the leading commercial centre for south-western Victoria.
- 66,000 people (18 per cent) resided in main centres of Warrnambool, Hamilton, Portland and Colac.
- The remaining 91,000 (24 per cent) are distributed across a number of small rural towns and communities across an area of almost 30,000 square kilometres.

Population forecasts predict that the regional population will rise to 446,000 by 2026 with a growth of 68,000 people. Of these, about 48,000 will be within the City of Greater Geelong. Population predictions also estimate a 62 per cent growth or additional 26,387 people over the age of 70 across the region by 2026.

Department of Planning and Community Development 2008, *Victoria in Future 2008*, *second release*, State Government of Victoria, Melbourne

Australian Bureau of Statistics 2010, *Estimated Resident Population*, Australian Government, Canberra

The HACC client profile for the region shows that there has been an overall increase of 13.8 per cent or 3,273 clients receiving HACC services from 2006-07 to 2010-11. The total number of HACC clients in 2010-11 was 26,379 of which:

- 51 per cent resided within Greater Geelong LGA
- 61 per cent were female
- 51 per cent were over the age of 75.

Department of Health 2011, *HACC Minimum Data Set 2010-11 for Barwon-South Western Region*, State Government of Victoria, Melbourne

The broad analysis of the data indicates that the majority of the regional population and HACC clients reside within Greater Geelong. However a significant number of HACC eligible people are dispersed within varying sized communities across a large geographical area. Therefore the HACC service system needs to be accessible to clients across a diverse geography. Available data has provided the region with a good picture of service usage in terms of HACC activity and client profile information about age, gender and background such as Aboriginal and CALD. The varying service and access needs of special needs groups are not as well documented. The first two goals of the regional diversity plan aim to understand the life histories of those from diverse backgrounds and identify which special need groups are encountering access issues.

(see diversity goals 1 and 2)

CALD population

Compared to Victoria as a whole, the BSW region has a higher proportion of residents born in Australia with a lower proportion born overseas. Overseas born residents were also more likely to have been born in an English speaking country than in a non-English speaking country. Greater Geelong recorded the region's highest proportion of residents born in non-English speaking countries of 17,991 people (9 per cent), including Italy, Netherlands, Croatia and Germany. The total number of people within the region born in a non-English speaking country was 22,245 of which 80% reside in Greater Geelong.

Australian Bureau of Statistics 2006, *Census of Population and Housing,* Australian Government, Canberra

Settlement data from 2005-2011 filtered for non-English speaking countries where the probability of proficiency in English is low, indicates that 4,030 people settled in the region with 78 per cent settling in Greater Geelong. Those who settled in Greater Geelong from non-English speaking countries included people from China, Thailand, India, Sudan, Afghanistan, Karen and Karenii peoples of Burma (Myanmar) and the Philippines. In the last two years people from the Democratic Republic of Congo have been an emerging group.

Department of Immigration and Citizenship 2011, *Settlement Reporting*, www.immi.gov.au/settlement, Australian Government, Canberra

The HACC client profile indicates that across the region 4,365 HACC clients were from non-English speaking countries, of which 75 per cent resided in Greater Geelong. HACC clients from non-English speaking countries were well represented across every service type and appeared to be accessing HACC services at a higher usage rate than the general population. Across all local government areas within the region, for 2009-10, the number of HACC clients from a non-English speaking country as a percentage of the total number of HACC clients was higher than the number of people from non-English speaking countries as a percentage of the total population.

Australian Bureau of Statistics 2006, *Census of Population and Housing,* Australian Government, Canberra

Department of Health 2011, *HACC Minimum Data Set 2009-10 for Barwon-South Western Region*, State Government of Victoria, Melbourne

The analysis of the data indicates that other than Greater Geelong, there are very low numbers of people from non-English speaking countries across the region. However a number of different CALD groups are represented within these small numbers.

This relates to goal 3 that aims to maintain the current levels of cultural competency and access to meet any growth in the CALD HACC eligible population.

Greater Geelong, due to its overall population, has a significant absolute number of people from non-English speaking countries and is attracting large numbers of new settlers from non-English speaking countries. Goal 4 aims to respond to the needs of new and emerging CALD communities in Greater Geelong.

(See diversity goals 3 and 4)

Aboriginal population

In 2006, the Aboriginal population in the BSW Region was 2,776 people or 0.8% of the total population. More than three quarters (80 per cent) resided in Greater Geelong, Warrnambool and Glenelg.

Australian Bureau of Statistics 2006, *Census of Population and Housing,* Australian Government, Canberra

The HACC client profile indicates that across the region 298 HACC clients identified themselves as Aboriginal of which 82 per cent reside in Glenelg, Greater Geelong and Warrnambool. HACC clients that identified themselves as Aboriginal were well represented across the following HACC activities: personal care, domestic assistance, property maintenance and delivered meals.

Across the region, for 2009-10, the number of HACC clients that identified themselves as Aboriginal as a percentage of the total number of HACC clients was higher than the number of people that identified themselves as Aboriginal as a percentage of the total population particularly in local government areas where there was an Aboriginal Community Controlled Organisation (ACCO).

The analysis of data indicates that local government areas where there are ACCOs have a higher level of HACC service usage by those who identified themselves as Aboriginal as a proportion of the total population. Compared to other groups of HACC service users, Aboriginal identified clients are more likely to use only a small cluster of available HACC services. Mostly, these HACC services are domestic assistance, property maintenance and planned activity groups which reflect those HACC services typically provided by ACCOs. Together, the above information suggests that the higher level of HACC service usage by Aboriginal identified clients is linked to the availability of services offered through ACCOs and there remains a need for further efforts to support Aboriginal clients in accessing HACC services from the broader HACC funded sector. Goals 5 and 6 look to build upon previously developed strategies by the Koori Aged and Disability Network (KADNAC), and the Regional Closing the Health Gap plan. The aim of these goals is to improve access for Aboriginal people to a broader set of services within the HACC funded sector by developing improved cultural awareness and service coordination.

(See diversity goals 5 and 6)

Australian Bureau of Statistics 2006, *Census of Population and Housing,* Australian Government, Canberra

Department of Health 2011, *HACC Minimum Data Set 2009-10 for Barwon-South Western Region*, State Government of Victoria, Melbourne

Estimates of dementia prevalence

The estimated prevalence of dementia across the region in 2010 was 1.5 per cent of the total population or 5,537 people. The estimated prevalence of dementia is expected to rise to 2.5 per cent of the population or 11,589 people by 2030.

The BSW regional dementia strategy 2006-2010 not only identified the need for an expansion of specific services to cater for an expected increase in the prevalence of dementia by 2030, but also that generalist services need to become more dementia friendly. This relates to goal 7 which aims to promote further social connections for clients with dementia and their carers by increasing dementia friendly environments and practices within HACC funded social support programs.

(See diversity goal 7)

Access Economics 2010, *Projections of dementia prevalence and incidence in Victoria 2010-2050: Department of Health Regions and Statistical Local Areas*, Alzheimer's Australia, Melbourne

Department of Health 2007, *Barwon-South Western Regional Dementia strategy 2006-2010, State Government of Victoria*, Barwon-South Western Region, Geelong

Consultation with Regional HACC Providers

The BSW region undertook three consultation sessions with HACC funded organisations in September and October 2011 across the region to solicit input to the development of the regional HACC diversity plan. As part of these consultations a survey was conducted to seek preliminary advice from each HACC funded organisation about the type of plan it will develop, priority areas and training needs. Twenty organisations (43 per cent) returned the survey with the results presented in the table below.

Table 3.1: Result of the survey

Type of Plans		Priority Areas(s)		Training needs	
Plan	**%**	**Groups**	**%**	**Need**	**%**
HACC Specific	30	Aboriginal	25	Aboriginal cultural awareness	60
Organisational	45	CALD	60	CALD cultural awareness	55
				Use of interpreters	45
LGA Partnership	20	Dementia	75	Dementia	65
PCP Partnership		Homeless / insecure Housing	5	Homeless/ insecure Housing	30
Other / not determined	5	Other	20	Reflective Practice	35
				Other	10

The results indicate that of those organisations that returned the survey, most will develop an organisational diversity plan either at a whole of organisation level or HACC specific. Most HACC funded organisations identified dementia and CALD as priority areas which were also reflected in identified diversity planning training needs. Aboriginal cultural awareness training was also identified as a diversity training need by most HACC funded organisations.

Further feedback was sought on the proposed regional goals in November 2011, as part of the HACC triennial planning consultations. Specific feedback about the draft regional diversity plan was also invited from the Regional Dementia networks, Koori Aged and Disability Network Advisory Committee (KADNAC) and Diversitat.

Salient information that has informed the regional diversity plan from the consultation process

CALD

- New arrivals are mostly younger people with school aged children, however there are some older people particularly among the Sudanese, and Karen and Karenii communities, as well as some older Afghan men. New arrivals are usually screened for congenital and developmental disabilities however not for the psychological and physical disablement resulting from trauma, years of being malnourished while living in refugee camps and injury. Therefore psychological and physical disablement is prevalent within new settlement communities particularly among older people. There is also some relativity around old age as the exact age of clients is not known, and the early onset of the effects of ageing due to people's refugee experience. Many refugee clients have experienced significant trauma as a result of major conflict, political upheaval, and socio-economic deprivation which may manifest as a fear of authority where clients or their families may be reluctant to sign forms and may not be comfortable giving identifiable information. Furthermore, older clients who have experienced this trauma, or have been a witness to trauma, may have repressed memories which could delay the onset of the psychological effects of trauma. This is not only the case with recently arrived refugee groups but may also be the situation for those whose migration experience occurred decades ago. Therefore it would be useful to provide two tiers of training for staff and volunteers, firstly at a broad level for them to better understand the effects of trauma associated with particular refugee or migration experiences, and secondly at a more individual client level for them to better understand the client's personal story (see diversity goals 1 and 4).
- The post-traumatic affects stemming from adverse refugee and migration experiences may heighten as a result of the onset of dementia (see diversity goals 4 and 7).
- There are low numbers of people accessing interpreters, and this may affect the quality of service provided to the client. Also noted was that it was often more helpful to have face to face meetings rather than by telephone particular for clients with dementia (see diversity goal 4).
- The transient nature of the refugee population can be an issue for service provision (see diversity goal 3).
- There are only relatively small numbers of people from CALD backgrounds living in the South West sub-region and there may only be a handful of eligible HACC clients from any particular CALD group. This may mean infrequent and spasmodic presentation of clients from a CALD background seeking services which makes maintaining cultural competencies challenging for HACC funded organisation in the South West sub-region (see diversity goal 4).

Aboriginal

- The endorsement by regional HACC funded organisations of recent service coordination workshops organised by KADNAC, which provided them with a good base for future networking and ideas on how to improve access for Aboriginal people to HACC services. The ideas generated through this project align closely with, and provide practical examples of, the strategies developed through *Strengthening aged care assessment for Aboriginal consumers: A Guide for Aged Care Assessment Services in Victoria* This guide is intended to assist ACAS staff, however the ACCOs and the region have found many of the strategies are applicable for consideration and implementation by HACC funded organisations, particularly HACC Assessment Services (see diversity goal 5).

KADNAC 2011

Department of Health 2011, Aboriginal consumers: A Guide for Aged Care Assessment Services in Victoria, State Government of Victoria, Melbourne

- The success of the Aboriginal liaison positions located at Barwon Health and South West Healthcare (funded through the Improving Care of Aboriginal Patients initiative) in assisting access for Aboriginal people within the broader health system (see diversity goal 5).

Dementia

- HACC funded organisations believe that they are making progress towards more dementia friendly services but there remain barriers around security and ensuring appropriate support (see diversity goal 7).
- Existing regional dementia networks, services and programs offered through Alzheimer's Australia Victoria, other existing dementia specific programs and groups, and education resources are available to assist HACC funded organisations to implement improved dementia friendly environments and practices (see diversity goal 7).
- There is a need to ensure that staff and volunteers working within aged care support programs have the capacity to recognise the signs of change that are associated with dementia, and use the correct reporting and referral processes (see diversity goal 7).
- HACC funded organisations found that explaining and demystifying dementia to other social support clients and families was a challenge, particularly within some CALD communities and small mixed planned activity groups (see diversity goal 7).

Further Special needs groups

- HACC funded organisations indicated that as part of the implementation of their initial diversity plans, they would be interested in undertaking diversity audits for specific special needs groups such as gay, lesbian, bisexual, transgender and intersex (GLBTI) people (see diversity goal 2).
- There appears to be an emerging trend of those people who are financially disadvantaged moving to small rural communities due to the availability of relatively inexpensive housing (see diversity goal 2).

Priorities and strategies

Goal	What we want to achieve over the three years	Strategies/actions	Timeframe (Years 1- 3)
1. GENERAL- As per the health priority '*Implementing continuous improvements and innovation',* ensure that HACC funded organisations are better able to respect the personal history of HACC clients and carers from diverse backgrounds.	Increase the use of 'Life Stories' within HACC funded organisations across the region as a strategy for engaging clients from diverse communities. (Refer to page 9 for information about Life Stories).	Promote the delivery of 'Life Stories' training and resources across the region.	Year 1 & 2
		Encourage HACC funded organisations across the region to implement 'Life Stories' as good person-centred practice for client engagement.	Year 2
		Monitor and review quality of access for different groups of HACC clients as a result of implementing 'Life Stories' within practice.	Year 3
2. GENERAL - As per the health priority *'Developing a system that is responsive to people's needs',* identify HACC special need groups that are encountering access barriers to HACC services.	Understand the access issues for HACC special need groups and develop improvement strategies for inclusion in the next regional diversity plan.	Identify appropriate tools for use by HACC funded organisations to assist them to understand and address access issues for special need groups.	Year 1-2
		Collate access issues from HACC funded organisation for inclusion in the next regional diversity plan.	Year 2 -3

Goal	What we want to achieve over the three years	Strategies/actions	Timeframe (Years 1- 3)
3. CALD - As per the health priority *'Developing a system that is responsive to people's needs',* ensure services are able to identify and respond to a broad range of cultural access needs.	Continue to maintain the higher proportional levels of service access by CALD population groups as measured by the HACC MDS.	Work with regional HACC funded organisations to improve the data quality for identifying clients from a non-English speaking background as measured by the HACC MDS.	Year 1
		Maintain data monitoring and analysis to identify changes to CALD populations across the region.	Year 1
		Collate information about previously identified CALD service access barriers.	Year 1 -2
		Identify and document appropriate information and training resources to assist organisations to provide culturally appropriate service responses.	Year 2
4. CALD - As per the health priority '*Improving every Victorian's health status and experiences'* respond to the needs of existing, new and emerging refugee communities within Greater Geelong.	Increase service access to HACC funded services by eligible people from emerging CALD communities, in Greater Geelong as measured by the HACC MDS.	Identify barriers to providing services to emerging CALD groups.	Year 1
		Identify appropriate strategies and information mechanisms to inform CALD communities about HACC services.	Year 1
		Establish a CALD specific Access and Support worker for Greater Geelong to improve access to HACC services for individual clients.	Year 1-2
		Promote using and working with interpreters to HACC funded organisations.	Year 1-2
		Promote to HACC funded organisations a broad understanding of the adverse physiological and psychological effects of the refugee and migration experience and how this may result in service access barriers.	Year 2-3

Goal	What we want to achieve over the three years	Strategies/actions	Timeframe (Years 1- 3)
5. Aboriginal - As per the health priority *'Developing a system that is responsive to people's needs',* improve access for Aboriginal clients to HACC funded services.	Increase levels of service access of Aboriginal clients within HACC funded organisations as measured by the HACC MDS. Increase current level of Aboriginal client identification by HACC funded organisations in the HACC MDS.	Promote to regional HACC funded organisations the recommendations of the Service Coordination project report, conducted in the South West sub-region by KADNAC.	Year 1 - 2
		Explore options for improved access to regional HACC funded services for Aboriginal people residing in Hamilton and the surrounding district.	Year 2-3
6. Aboriginal - As per the health priority '*Improving every Victorian's health status and experiences',* further the reach of the BSW Closing the Health Gap Plan (CTHG) to include HACC funded organisations.	Participation by 75% of HACC funded organisations in the BSW Closing the Health Gap Plan's cultural training strategies.	Liaise with regional ACCOs to ensure that the training package "Journey to Common Ground" being developed as part of BSW CTHG for Health Services is inclusive of regional HACC funded organisations.	Year 1 - 2
		Promote to regional HACC funded organisations the availability of Aboriginal cultural awareness training to be offered by each of the regional ACCOs as part of BSW CTHG.	Year 1-3

Goal	What we want to achieve over the three years	Strategies/actions	Timeframe (Years 1- 3)
7. Dementia - As per the health priority '*Improving every Victorian's health status and experiences',* promote positive ageing and social connection for HACC eligible clients with dementia and their carers.	Increasing dementia friendly environments and practice within regional HACC funded social support programs as measured by appropriate sections of the *Dementia Friendly Environments for Residential Care*.	Raise awareness of the challenges that organizations face in delivering services to people with dementia or cognitive impairment, including awareness of appropriate referral pathways.	Year 1-2
		Promote the use of education resources and appropriate audit tools that are available to progress dementia friendly environments and practices within HACC social support programs.	Year 1
		Encourage HACC funded organisations to participate in, and consult with the Regional Dementia Networks, and specialist service organisations and programs to support referral processes and improve dementia friendly environments and practice.	Year 1-2
		Encourage HACC funded organisation to identify personal development opportunities for social support program staff to better enable them to de-mystify dementia for clients and carers.	Year 1-3

Appendix 1: Detailed Regional Profile

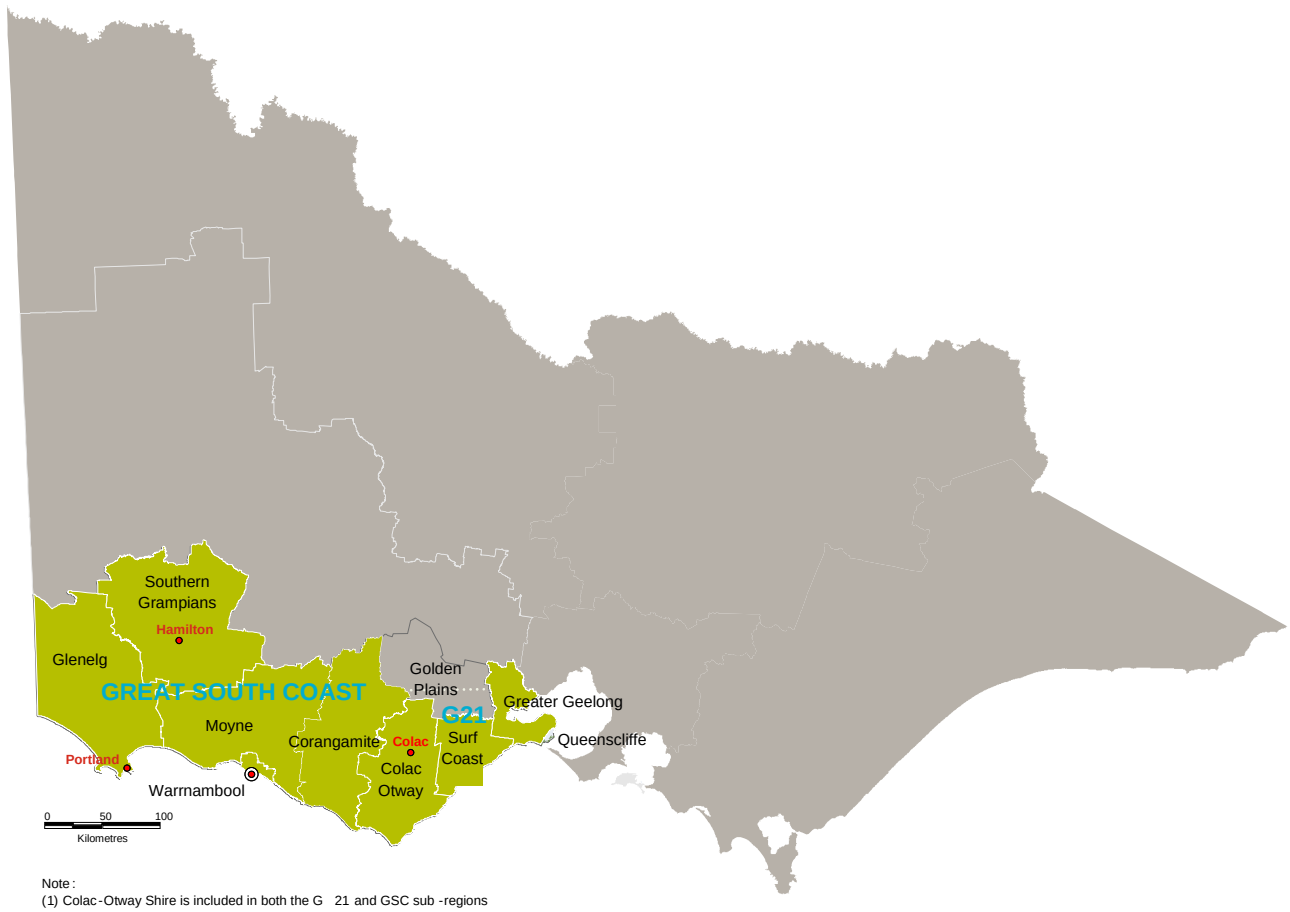
Demographic Profile

The BSW region contains nine local government areas and extends from Lara in the east to the South Australian border in the west. It is geographically diverse including the larger regional centres of Geelong and Warrnambool as well as coastal and inland towns and rural communities.

For planning purposes, the BSW region is characterised by 2 distinct sub-regions:

- **G21** which encompasses the Local Government Areas of Greater Geelong, Colac-Otway, Surf Coast and Queenscliffe referred to in the document as the Barwon sub-region. Please note for planning purpose the LGA of Golden Plain may sometimes be included
- The **Great South Coast** (GSC) that includes Warrnambool, Southern Grampians, Glenelg, Corangamite, Moyne referred to in the document as the South West sub-region. Please note for planning purpose the LGA of Colac-Otway may sometimes be included.

Figure 1.1: Map of Victoria showing BSW Region and sub regions



Note :
(1) Colac - Otway Shire is included in both the G 21 and GSC sub - regions
(2) Whilst Golden Plains Shire is not technically part of the Barwon - South Western Region , it is included as a member of the G 21 Regional Alliance

Population and place

In 2011, the projected resident population of the BSW region was 378,000, representing seven per cent of the total Victorian population. Three quarters (76%) reside in the main centres of Geelong, Warrnambool, Hamilton, Portland and Colac. The remaining population was distributed across a number of small rural towns and communities across an area of almost 30,000 square kilometres.

Figure 1.2: Key localities, BSW Region

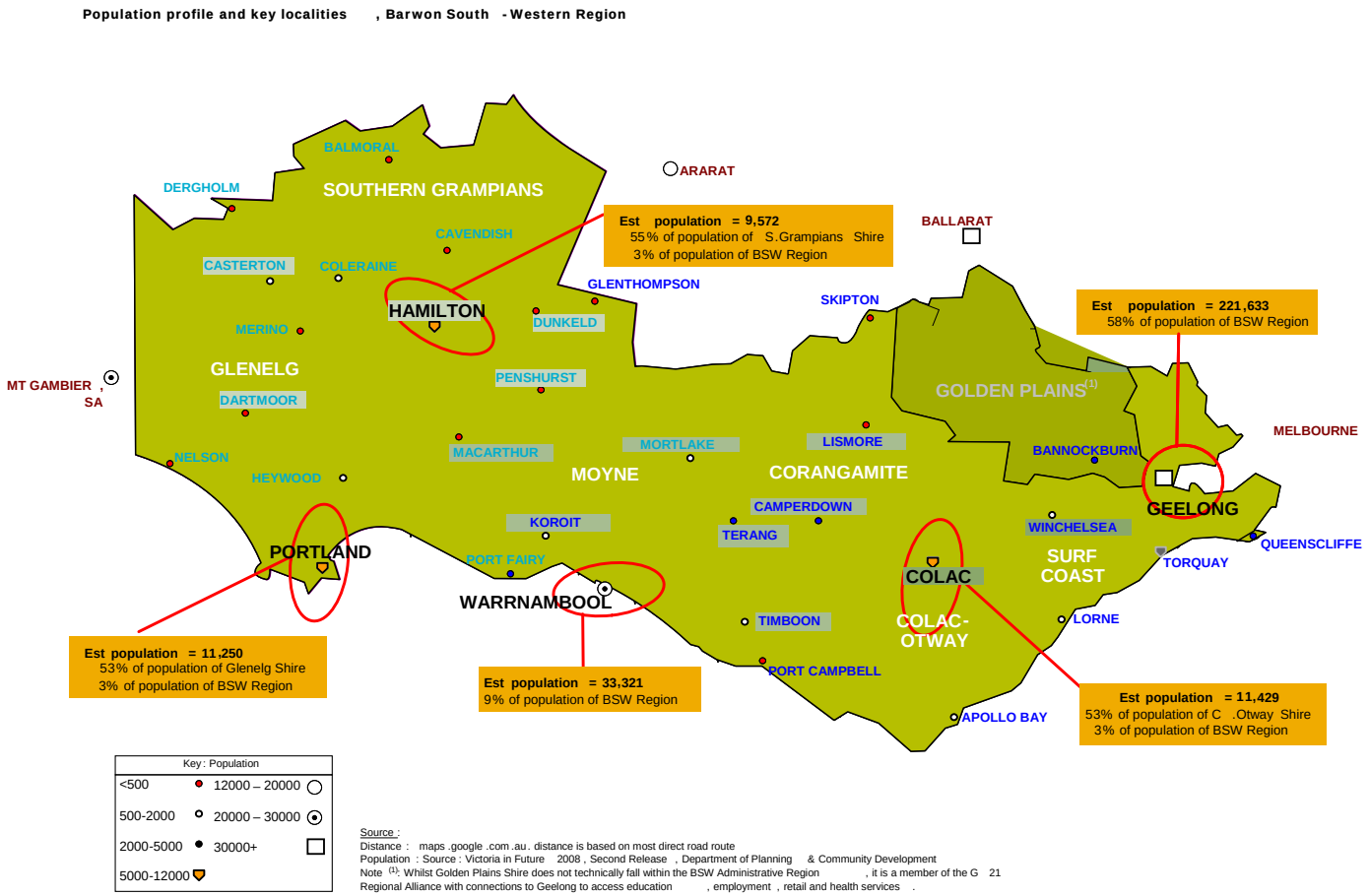


Table 1.1: Estimated Population distribution, BSW Region, 2011

Places	Population	Per cent
Greater Geelong	221,633	58%
Warrnambool	33,321	9%
Colac	11,429	3%
Portland	11,250	3%
Hamilton	9,572	3%
Other small rural towns & communities	90,700	24%
Total BSW Region	**377,905**	**100%**

Source: Department of Planning & Community Development, Victoria in Future 2008, Second Release, State Government of Victoria, Melbourne

HACC Client Population

Greater Geelong has a higher HACC client population than the rest of the BSW region combined. The challenge in HACC planning is work across widely varied service realities across such a diverse range of HACC client populations, in terms of size and rurality. In terms of gender, women outnumber men in most age groups making up more than 60% of clients aged 70 and over.

Figure 1.3: HACC clients by LGA, Barwon-South Western Region

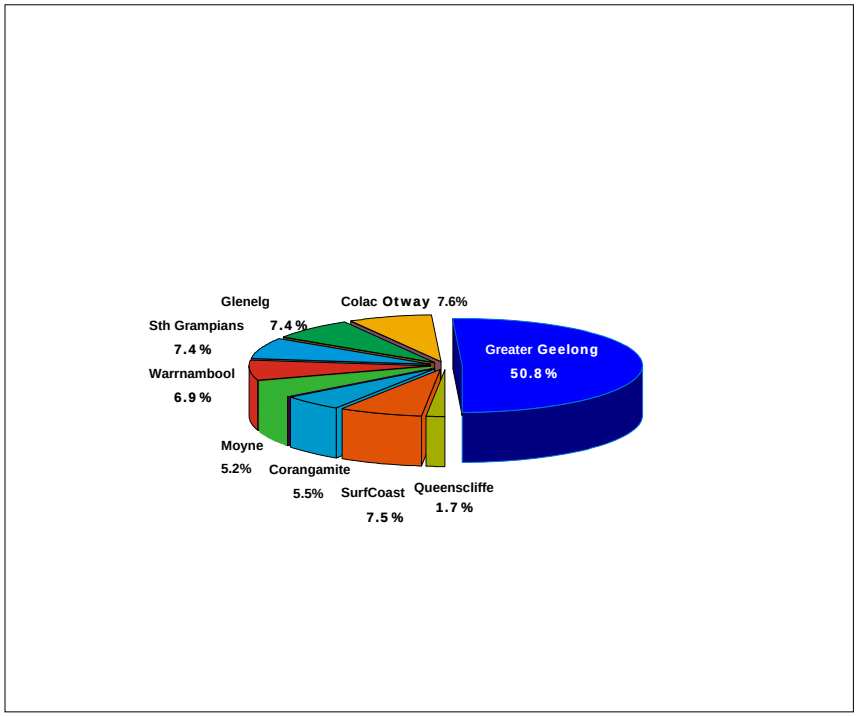
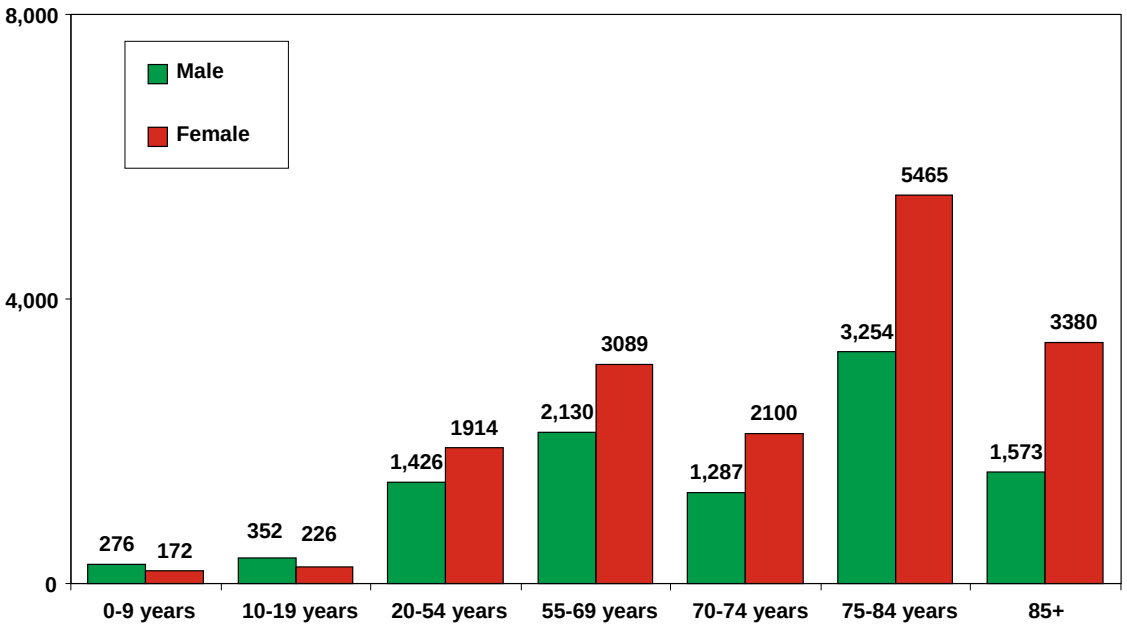


Figure 1.3a: HACC clients by age group and sex



Source: Department of Health 2011, *HACC Minimum Data Set 2010-11 for Barwon-South Western Region*, State Government of Victoria, Melbourne

Population forecast to 2026

Current Victorian Government projections indicate that the total population of the BSW region is forecast to increase from 378,000 in 2011 to almost 446,000 people (growth of 68,000 people or 18 per cent) by 2026. The population of Greater Geelong is expected to increase substantially, accounting for 70 per cent of the growth projected for the region for the period to 2026. Considerable growth is also forecast for the LGAs of Surf Coast and Warrnambool.

Some growth is also predicted across other municipalities, mainly within larger centres while some small towns and settlements are expected to decline.

The proportion of older people is also increasing. Persons aged more than 65 years are expected to increase overall by 38,000 or 60 per cent to 2026.

The population, particularly in the Great South Coast is ageing at a rate higher than the Victorian average. Currently, 17 per cent of the BSW population is aged more than 65 years and this is forecast to increase to 23 per cent by 2026. For Victoria as a whole, the population aged 65 years and over will increase from 14 per cent currently to 19 per cent in 2026. Similarly, most of the LGAs in the BSW region will have more than a 10 per cent growth in people over the age of 70 by 2026. The following tables highlight population projections for each LGA.

Table 1.2: Projected change in total population, BSW Region, 2011 and 2026

	Period		Change 2011 - 2026	
LGA	2011	2026	Number	Per cent
Colac-Otway	21,616	23,116	1,500	7%
Corangamite	17,479	17,884	405	2%
Glenelg	21,081	21,961	880	4%
Greater Geelong	221,633	269,653	48,020	22%
Moyne	16,508	17,958	1,449	9%
Queenscliffe	3,157	3,349	193	6%
Southern Grampians	17,348	17,709	361	2%
Surf Coast	25,761	34,781	9,020	35%
Warrnambool	33,321	39,229	5,908	18%
BSW Region total	**377,905**	**445,641**	**67,735**	**18%**
Rural Victoria	1,466,127	1,710,327	244,200	17%
Victoria	5,549,799	6,711,178	1,161,379	21%

Table 1.2a: Projected change in population aged 65 years and over, BSW Region, 2011 and 2026

	Period		Change 2011 - 2026	
LGA	2006	2026	Number	Percent
Colac-Otway	3,854	5,754	1,900	49%
Corangamite	3,408	4,727	1,319	39%
Glenelg	3,687	6,205	2,518	68%
Greater Geelong	36,803	58,851	22,048	60%
Moyne	2,541	4,067	1,526	60%
Queenscliffe	1,037	1,460	423	41%
Southern Grampians	3,354	4,654	1,300	39%
Surf Coast	3,466	7,094	3,628	105%
Warrnambool	5,224	8,493	3,269	63%
BSW Region total	**63,373**	**101,305**	**37,932**	**60%**
Rural Victoria	250,189	417,022	166,833	67%
Victoria	790,005	1,279,831	489,826	62%

Table 1.2b: Estimated resident population (2011) and projected population (2026) aged 65 years and over as a percentage of total population, BSW Region

LGA	2011	2026
Colac-Otway	17%	25%
Corangamite	19%	26%
Glenelg	17%	28%
Greater Geelong	17%	22%
Moyne	15%	23%
Queenscliffe	33%	44%
Southern Grampians	19%	26%
Surf Coast	13%	20%
Warrnambool	16%	22%
BSW Region total	17%	23%
Rural Victoria	17%	24%
Victoria	14%	19%

Table 1.2c: Estimated resident population (2011) and projected population (2026) aged 70 years and over, BSW Region.

	Period		Change 2011 - 2026	
LGA	2011	2026	Number	Percent
Southern Grampians	2,453	3,485	1,033	42%
Glenelg	2,631	4,492	1,861	71%
Warrnambool	3,837	6,264	2,428	63%
Corangamite	2,471	3,501	1,031	42%
Moyne	1,726	2,876	1,150	67%
Colac-Otway	2,739	4,207	1,469	54%
Greater Geelong	26,533	43,200	16,666	63%
Surf Coast	2,346	4,796	2,450	104%
Queenscliffe	761	1,077	316	41%
Golden Plains	1,196	3,212	2,016	169%
BSW Region total	**45,495**	**73,898**	**28,403**	**62%**
Rural Victoria	175,719	303,541	127,822	73%
Victoria	556,547	927,759	371,212	67%

Table 12d: The population aged 70 years and over as a percentage of total population, BSW Region, 2011 and 2026

	Period	
LGA	2011	2026
Southern Grampians	14%	20%
Glenelg	12%	20%
Warrnambool	12%	16%
Corangamite	14%	20%
Moyne	10%	16%
Colac-Otway	13%	18%
Greater Geelong	12%	16%
Surf Coast	9%	14%
Queenscliffe	24%	32%
Golden Plains	6%	13%
BSW Region total [(1)]	12%	17%
Rural Victoria	12%	18%
Victoria	10%	14%

Source: Department of Planning & Community Development 2008, Victoria in Future 2008, Second Release, State Government of Victoria, Melbourne

Projections based on Australian Bureau of Statistics, Census of Population & Housing 2006 and assumptions relating to future rates of fertility, mortality, net overseas migration and intrastate migration. For details of underlying assumptions, refer to DPCD Website www.dpcd.vic.gov.au/victoriainfuture

Note: BSW Region total excludes Golden Plains

Population and Diversity

A profile of the region's CALD population

Compared to Victoria as a whole, the BSW region has a higher proportion of residents born in Australia with a lower proportion born overseas. Overseas born residents are also more likely to have been born in an English speaking country. Greater Geelong recorded the regions highest proportion of residents born in non-English speaking countries of 17,991 people (9 per cent), including Italy, Netherlands, Croatia and Germany. The total number of people within the region born in a non-English speaking country was 22,245 of which 80 per cent reside in Greater Geelong.

Australian Bureau of Statistics 2006, Census of Population and Housing, Australian Government, Canberra

Settlement data from 2005-2011 filtered for non-English speaking countries where the probability of proficiency in English is low, indicates that 4,030 people settled in the region with 78% settling in Greater Geelong. Those who settled in Greater Geelong from non-English speaking countries included people from China, Thailand, India, Sudan Democratic Republic of Congo, Afghanistan, Karen and Karenii peoples of Burma (Myanmar) and the Philippines.

Department of Immigration and Citizenship 2011, Settlement Reporting, www.immi.gov.au/settlement, Australian Government, Canberra

Table 1.3: Population diversity, BSW Region and Victoria, 2006

	BSW Region		Victoria
People	**Number**	**Percent**	**Per cent**
Australia born	295,355	83%	70%
Overseas born:	42,995	12%	24%
- main English speaking background	20,750	6%	6%
- non main English speaking background	**22,245**	**6%**	**18%**
Birthplace not stated	19,520	5%	6%

Source: Australian Bureau of Statistics 2006, Census of Population & Housing, Australian Government, Canberra

Main English speaking Countries (MESC): UK, Ireland, New Zealand, Canada, USA and South Africa

Non main English speaking Countries (NMESC): all other countries of birth

Table 1.4: Population CALD by LGA, 2006

	Colac Otway	C'mite	Glenelg	Gr Geelong	Moyne	Q'cliffe	Southern Grampians	Surf Coast	W,bool
Total Aust born	17,722	14,708	17,235	155,847	13,673	2,497	14,837	18,129	26,732
Total Overseas born NMESC	549	361	530	17,991	215	106	342	858	676
% Aust born	87.3%	88.5%	87.2%	78.9%	88.5%	82.8%	89.2%	83.3%	88%
% Over seas born NMESC	2.7%	2.2%	2.7%	9.1%	1.4%	3.5%	2.1%	3.9%	2.2%

Source: Australian Bureau of Statistics 2006, Census of Population & Housing, Australian Government, Canberra

A profile of the BSW Aboriginal population

In 2006, the estimated resident Aboriginal population in the BSW region was 2,776 people or 0.8% of the total population. More than three quarters (80%) reside in Greater Geelong, Warrnambool and Glenelg.

Consistent with Victorian trends, the age of the BSW Aboriginal population was considerably younger than that of the non-Aboriginal population in 2006. Fifty seven per cent of Aboriginal residents were under the age of 25 years, compared with 32% of non-Aboriginal people. Further, six per cent of Aboriginal residents were over the age of 65 compared with 17 per cent of non-Aboriginal people.

The BSW Aboriginal population is disadvantaged across a range of socio economic factors. Aboriginal people experience lower levels of income and home ownership, earlier school leaving, higher unemployment rates and a high proportion of single-parent families.

Australian Bureau of Statistics 2006, Census of Population and Housing, Australian Government, Canberra

Figure 1.5: Aboriginal Population by Local Government Area, BSW Region

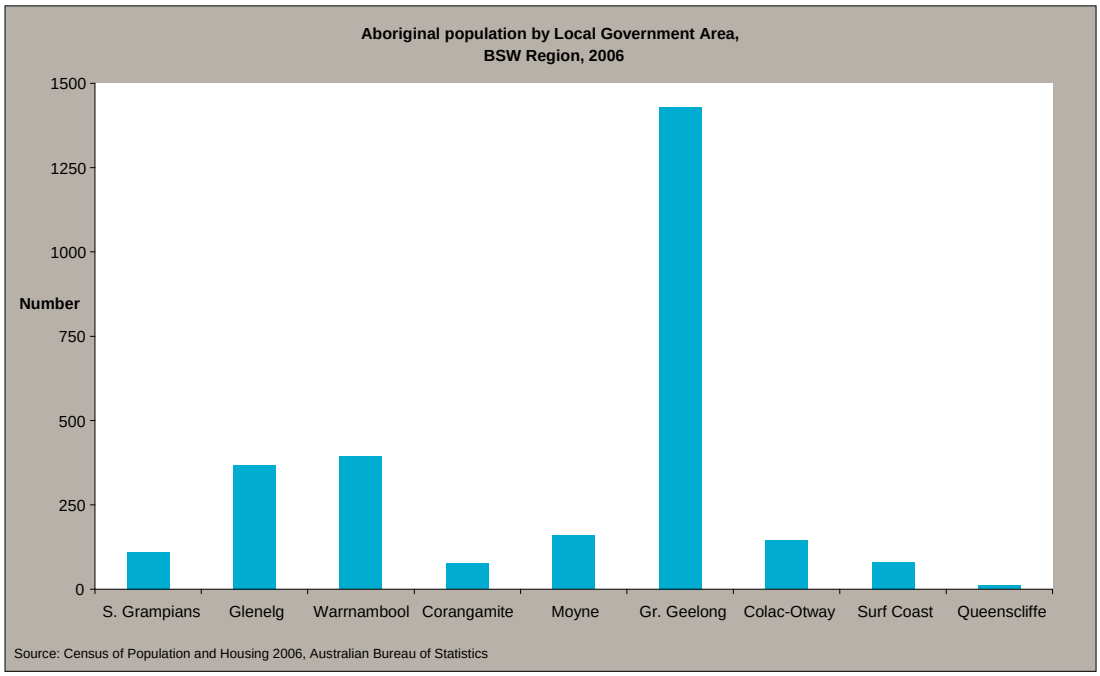


Table 1.7: Estimated Aboriginal population by age, BSW Region, 2006

	Age group (years)									
LGA	0-4	5-14	15-19	20-24	25-34	35-44	45-54	55-64	65+	Total
Colac-Otway	21	40	11	12	18	11	13	9	10	145
Corangamite	4	24	9	5	7	10	9	6	3	77
Glenelg	55	90	37	33	39	54	32	9	20	369
Gr. Geelong	185	372	138	116	186	154	154	73	52	1430
Moyne	21	30	21	9	18	21	15	14	10	159
Queenscliffe	0	3	0	0	0	0	0	3	5	11
S. Grampians	14	36	10	9	7	10	5	7	13	111
Surf Coast	6	20	6	13	6	17	7	3	3	81
Warrnambool	44	100	58	36	45	46	28	16	20	393
Total BSW Region	**350**	**715**	**290**	**233**	**326**	**323**	**263**	**140**	**136**	**2776**

Source: Australian Bureau of Statistics 2006, Census of Population and Housing 2006, Australian Government, Canberra

Estimates of dementia within the region

The estimated prevalence of dementia across the region in 2010 was 1.3% or 65,669 people. The estimated prevalence of dementia is expected to rise to 2 per cent (141,788 people) of the population by 2030.

Table 1.8: Estimates of dementia in the South West sub-region

	C'mite	Glenelg	Moyne	S. Grampians	W'bool	Rural Victoria	Metro Victoria	Victoria
Population	**16,617**	**19,759**	**15,451**	**16,639**	**30,391**	**1,339,830**	**3,592,592**	**4,932,422**
								Estimated prevalence 2010
- Number	276	305	213	315	424	20,653	45,016	65,669
- % of total population	1.7%	1.5%	1.4%	1.9%	1.4%	1.5%	1.3%	1.3%
								Estimated prevalence 2030
- Number	538	622	397	568	864	44,702	97,087	141,788
- % of total population	3.0%	2.8%	2.1%	3.1%	2.1%	2.5%	1.8%	2.0%
% growth, 2010-2030	95%	104%	86%	80%	104%	116%	116%	116%

Source: Access Economics 2010, Projections of dementia prevalence and incidence in Victoria 2010-2050: Department of Health Regions and Statistical Local Areas, Alzheimer's Australia, Melbourne

Table 1.9: Estimates of dementia in the Barwon sub-region

	Colac-Otway	Gr. Geelong	Q'cliffe	Surf Coast	BSW Region	Rural Victoria	Metro Victoria	Victoria
Population	**20,296**	**197,478**	**3,017**	**21,768**	**357,870**	**1,339,830**	**3,592,592**	**4,932,422**
								Estimated prevalence 2010
- Number	337	3257	108	302	5,537	20,653	45,016	65,669
- % of total population	1.7%	1.6%	3.6%	1.4%	1.5%	1.5%	1.3%	1.3%
								Estimated prevalence 2030
- Number	644	7,016	182	758	11,589	44,702	97,087	141,788
- % of total population	2.7%	2.5%	5.8%	2.0%	2.5%	2.5%	1.8%	2.0%
% growth, 2010-2030	91%	115%	69%	151%	109%	116%	116%	116%

Source: Access Economics 2010, Projections of dementia prevalence and incidence in Victoria 2010-2050: Department of Health Regions and Statistical Local Areas, Alzheimer's Australia, Melbourne

HACC population diversity

The HACC client profile for 2009-10 indicates that across the region:

- 4,365 HACC clients were from non-English speaking countries, of which 75 per cent resided in Greater Geelong
- 298 HACC clients identified themselves as Aboriginal of which 82 per cent reside in Glenelg, Greater Geelong and Warrnambool
- HACC clients from non-English speaking countries were well represented across every service type and appeared to be accessing these HACC services at a higher usage rate than the general population. Across all local government areas within the region, for 2009-10, the number of HACC

clients from a non-English speaking country as a percentage of the total number of HACC clients was higher than the number of people from non-English speaking countries as a percentage of the total population.

HACC clients that identified as Aboriginal were well represented across the following HACC activities: personal care, domestic assistance, property maintenance and delivered meals. Across the region, for 2009-10, the number of HACC clients that identified as Aboriginal as a percentage of the total number of HACC clients was higher than the number of people that identified as Aboriginal as a percentage of the total population particularly in local government areas where there was an Aboriginal Community Controlled Organisation.

Table 1.10: HACC service hours for clients born overseas in non-English speaking countries by LGA

	Allied Health	Assess-ment	Meals	DA	Nursing	PC	PAGS both	PM	Respite	Vic
Colac-Otway	313	95	559	381	322	458	1887	60	147	431
C'mite	180	37	335	988	996	154	4750	236		118
Glenelg	105	105	1018	710	522	157	1635	205	37	155
Greater Geelong	3760	3257	28115	25468	9295	8756	55633	1352	2584	4758
Moyne	91	29	89	259	101	282	387	84	16	99
Q'cliffe	11	23	25	286	57	187	602	127	84	171
Southern Grampians	90	25	517	606	845	68	2359	118	191	154
Surf Coast	1549	62	374	564	509	364	2900	67	198	32
W'bool	91	33	404	367	316	96	532	222	23	352
BSW region	**6189**	**3667**	**31436**	**29629**	**12963**	**10522**	**70685**	**2471**	**3280**	**6270**

Table 1.10a: HACC service hours for clients identified as Aboriginal by LGA

	Allied Health	Assess-ment	Meals	DA	Nursing	PC	PAGS both	PM	Respite	Vic
Colac-Otway	13	12	*	0	12	80	0	*	0	28
C'mite	*	0	0	22	0	24	59	10	0	48
Glenelg	29	37	656	478	43	57	303	467	92	102
Greater Geelong	46	98	527	444	78	346	296	225	394	117
Moyne	50	*	847	237	16	12	462	170	0	348
Q'cliffe	0	0	0	0	0	0	*	0	0	0
Southern Grampians	41	*	0	148	112	413	105	24	288	*
Surf Coast	5	*	0	0	8	0	0	0	0	0
W'bool	26	31	775	946	143	195	1193	279	0	389
BSW region	**211**	**178**	**2805**	**2275**	**412**	**1127**	**2418**	**1175**	**774**	**1032**

* denotes less than 5 hours, to preserve anonymity of HACC clients

Source: Department of Health 2011, HACC Minimum Data Set 2009-10 for Barwon-South Western Region, State Government of Victoria, Melbourne

Table 1.11: Number of Clients born overseas in non-English speaking countries by LGA

	country of birth (non English speaking)
Colac-Otway	155
Corangamite	108
Glenelg	114
Greater Geelong	3304
Moyne	89
Queenscliffe	28
Southern Grampians	186
Surf Coast	271
Warrnambool	110
BSW region	**4365**

Table 1.11a: Number of clients identified as Aboriginal by LGA

	Aboriginal identified
Colac-Otway	9
Corangamite	6
Glenelg	105
Greater Geelong	79
Moyne	11
Queenscliffe	*
Southern Grampians	28
Surf Coast	*
Warrnambool	60
BSW region	298

* denotes less than 5 hours, to preserve anonymity of HACC clients

Source: Department of Health 2011, HACC Minimum Data Set 2009-10 for Barwon-South Western Region, State Government of Victoria, Melbourne

Table 1.12: Proportion of HACC clients (people born overseas from non-English speaking countries and Aboriginal identified) compared to proportion within the over 70+ and general populations

Barwon sub-region

		% of all HACC Clients	% of general population aged 70+	% of general population (all ages)
Colac -Otway	People born overseas-NMESC	7.5%	5.2%	2.7%
	Aboriginal identified	0.4%	0.4%	0.7%
Greater Geelong	People born overseas-NMESC	24%	18.2%	9.1%
	Aboriginal identified	0.6%	0.2%	0.7%
Queenscliffe	People born overseas-NMESC	5.9%	3.2%	3.5%
	Aboriginal identified	0.2%	0.6%	0.4%
Surf Coast	People born overseas-NMESC	13.3%	6.2%	3.9%
	Aboriginal identified	0.1%	0.1%	0.4%

South West sub-region

		% of all HACC Clients	% of general population aged 70+	% of general population (all ages)
Corangamite	People born overseas-NMESC	7.3%	5.0%	2.2%
	Aboriginal identified	0.4%	0.1%	0.5%
Glenelg	People born overseas-NMESC	5.6%	4.4%	2.7%
	Aboriginal identified	5.2%	0.8%	1.9%
Moyne	People born overseas-NMESC	6.3%	1.7%	1.4%
	Aboriginal identified	0.8%	0.6%	1%
Southern Grampians	People born overseas-NMESC	9.2%	3.2%	2.1%
	Aboriginal identified	1.4%	0.5%	0.7%
Warrnambool	People born overseas-NMESC	5.9%	2.9%	2.2%
	Aboriginal identified	3.2%	0.6%	1.3%

Source: Department of Health 2011, HACC Minimum Data Set 2010-11 for Barwon-South Western Region, State Government of Victoria, Melbourne

Socio-economic factors

The Great South Coast and G21 Health and Wellbeing profiles describe a range of socio-economic factors that determine health and wellbeing of the BSW region's population. These include income, access to employment, education, transport, housing and healthcare.

A summary of key factors include:

Disadvantaged places

- The BSW Region has a number of areas with a high level of socio-economic disadvantage characterised by lower levels of income, lower educational attainment, high levels of unemployment, unskilled occupations and dwellings without motor vehicles
- Glenelg and Colac-Otway Shires represent the LGAs of highest disadvantage across the region, and were among the most disadvantaged areas in Victoria (ranked 14th and 18th respectively out of 79 LGAs where 1 = highest disadvantage, 79 = lowest disadvantage). Conversely, Surf Coast Shire represents the LGA of least disadvantage, ranking 74 out of all LGAs in Victoria.
- The population who live in the communities of highest disadvantage total more than 35,000 people or 10 per cent of the total BSW population.

Australian Bureau of Statistics 2006, Socio-Economic Indexes for Areas (SEIFA), www.abs.gov.au Australian Government, Canberra

Vulnerable population groups

Particular population groups have been identified who experience higher levels of disadvantage and poorer health status than the general population. These groups include Aboriginal people, people with a disability, farming families, people with a mental illness, people from low socio-economic backgrounds, vulnerable children and families.

Life expectancy

On average, a BSW male born today can expect to live to 79.4 years and a female to 84.0 years compared to the Victorian measure of 80.3 years for males, 84.4 years for females.

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