

health

# Loddon Mallee Region Home and Community Care (HACC) Diversity Plan

## 2012 -2015

The HACC program is funded by the Commonwealth and  
Victorian Governments



Loddon Mallee Region  
Home and Community Care  
Diversity Plan

2012 -2015

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## Executive summary

The Department of Health (the department) is introducing diversity planning as a Home and Community Care (HACC) quality improvement initiative. Each of the department's regions is required to prepare a HACC diversity plan. Diversity planning and practice is designed to contribute to an equitable, accessible, person-centred, responsive and high quality HACC service system and ensure alignment to the Victorian health priorities. The focus for diversity planning will be on the five HACC special needs groups as well as consideration of characteristics such as age, gender, sexual identity, faith and spirituality and socio-economic status for all groups.

The Loddon Mallee Region (LMR) regional diversity plan builds on the diversity planning and practice forum in April 2011 and the HACC triennial planning sector consultation session in November 2011. In this paper the region seeks to provide evidence that will support the identification of priority strategies for the regional diversity plan. The 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.

Based on Socio-Economic Index for Areas (SEIFA) 2006, the following table shows key points of evidence for consideration and discussion during our proposed consultation process.

**Table 1: Profiles of Target Groups per LGA**

Target group	Focus LGA	Profile	
<b>Aboriginal people<sup>1</sup></b>		<b>% of total population including 1 % or above</b>	
	Swan Hill	4.2	
	Mildura	3.09	
	Campaspe	1.93	
	Gannawarra	1.47	
	Greater Bendigo	1.16	
	Loddon	1.05	
<b>Culturally and linguistically diverse (CALD) people</b>		Shown as % born overseas & top 5 LGAs	
	Macedon Ranges	13.3	
	Mildura	10.1	
	Mt Alexander	10.1	
	Swan Hill	9.9	
	Greater Bendigo	8.2	
<b>Dementia</b>		<b>By electoral division and year</b>	
		<b>2010</b>	<b>2020</b>
	Greater Bendigo	1,687	2,561
	Macedon	583	1,033
	Mildura	796	1,216
	Murray Valley	879	1,281
	Swan Hill	825	1,091
<b>* Index of Relative Socio-Economic Disadvantage (IRSED)</b>		<b>IRSED 2006</b>	<b>Rank</b>
	Buloke	971	5
	Campaspe	974	7
	Central Goldfields	907	1
	Gannawarra	971	6
	Greater Bendigo	984	9
	Loddon	942	2
	Macedon Ranges	1054	10
	Mildura	958	3
	Mount Alexander	981	8
	Swan Hill	959	4

<sup>1</sup> Aboriginal refers to people who identify as Aboriginal, Torres Strait Islander or both Aboriginal and Torres Strait Islander

Target group	Focus LGA	Profile
<b>Homelessness or risk of homelessness</b>	Central Goldfields Loddon Buloke Mt Alexander Gannawarra Mildura Campaspe Swan Hill	<b>% of population with weekly income below \$400 (below 50% not included). The state average is 45.8%</b>  62.9 60.1 58.9 54.4 53.7 50.4 50.3 49.9
<b>People with a disability</b>	Central Goldfields Swan Hill Greater Bendigo Mt Alexander Mildura Campaspe Loddon	<b>Disability adjusted life years per 1000 pop Victorian average = 272/1000 people Male and female combined (LGAs lower than average are not included)</b>  323.5 306.1 298.7 298.3 298.2 290.0 282.4
<b>Rural and Remoteness</b>		No town or area is classified as remote. However there are marked differences in the health status of rural Victorians compared to metropolitan Victorians.
<b>Gay, lesbian, bisexual, transgender and intersex (GLBTI)</b>		Unknown for the LMR

\* The Index of Relative Socio-Economic Disadvantage (IRSED) in Loddon Mallee LGAs ranges from 907 to 1054. (In Victoria, the IRSED ranges from 894 to 1104). This index is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles. A score of 1000 is considered to be average, thus scores below 1000 indicate increasing disadvantage. Nine LGAs within Loddon Mallee have scores below 1000. Macedon Ranges is the only LGA that has an above average IRSED score.



# 1. Introduction

## 1.1 Purpose of this paper

The Loddon Mallee region (LMR) 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 services access and outcomes for diverse people, and influence the diversity plans developed by individual HACC funded agencies. The plan builds on discussions held, and information presented, at the presentation on the Diversity Framework (in April 2011), and will provide the basis for the proposed sector consultation.

The proposed consultation process will consider:

- data reported for each local government area and seek further data from the LGAs
- HACC special needs groups and diversity characteristics
- strategies to minimise barriers to accessing HACC services
- alignment with the Victorian Health Framework - priorities 1 and 2.

Following the consultation and the incorporation of comments and results of discussion the diversity plan will be finalised and distributed to inform the development of agency plans.

## 1.2 Background and context

In the context of Commonwealth and Victorian Government anti-discrimination legislation, same sex relationship law reforms, and the Victorian Charter of Human Rights and Responsibilities (2008), the HACC program has made a commitment to respect the diversity of the Victorian population and to work to remove perceived or actual barriers to access to necessary care and support for those who require it so that they are able to remain living independently in their homes and communities.

The Commonwealth Home and Community Care Act 1985 requires all HACC funded agencies to ensure their services are accessible to anyone who is within the HACC target population of frail older people, younger people with disabilities and their carers. As noted above, the HACC program has recognised that there are a number of special needs groups who may experience particular difficulties in gaining access to HACC services and that planning and resource allocation needs to address this.

The Cultural Planning Strategy (CPS) was established in 1997 to support HACC funded agencies to better meet the needs of HACC eligible people from CALD backgrounds. This strategy required agencies to develop and submit a HACC Cultural Action Plan to their respective department regions on an annual basis.

The CPS was evaluated in 2007, with the final Evaluation Report published in 2009. Diversity planning and practice is the department's response to the recommendations of this evaluation, which proposed that the CPS graduate to focus on diversity in a broad sense.

The department has implemented a range of initiatives aimed at improving access to HACC services for diversity groups, including more responsive service design and information targeted to particular language groups. This regional plan complements a range of HACC quality improvement initiatives including implementation of the Active Service Model, the Assessment Framework and Service Coordination practice, which seek to improve access to well co-ordinated and person centred service responses.

## 1.3 Loddon Mallee Region

The LMR is expansive and diverse, running from the north-west through to central Victoria and bordering South Australia and New South Wales. The region has a dispersed population and a strong Aboriginal<sup>2</sup> heritage. Echuca, Swan Hill and Mildura also service significant cross-border populations.

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<sup>2</sup> Aboriginal refers to people who identify as Aboriginal or Torres Strait Islander or both Aboriginal and Torres Strait Islander

**Figure 1 Map of Loddon Mallee Region**



Loddon-Mallee's population is projected to grow by around 60,000 between 2006 and 2026. Much of this growth will occur in and around Bendigo, which has a projected population growth rate of 1.48 per cent per annum and will be home to an additional 30,000 people by 2026. The number of people relocating from Melbourne to the southern part of the region is expected to increase from around 1,500 to 2,600 per annum (Australian Bureau of Statistics 2010).

Aside from Bendigo, towns with strong projected growth rates include Castlemaine and the Macedon Ranges towns of Gisborne, Kyneton, Romsey and Woodend (where growth is being driven by proximity and good access to Melbourne and amenity factors). Each of these locations services a series of smaller settlements in the areas of education, health, retail and business services, and also function as transport nodes.

In the north of the region, much of the population growth is expected to occur in and around Mildura, which will grow by around 4,500 people by 2026. This growth will be driven by Mildura's continuing development as a major regional services and retail centre that provides jobs, education and business opportunities. The transport and agricultural centre of Ouyen will grow modestly, while continuing to provide important health, education and business services to a large, sparsely-populated surrounding area.

While Swan Hill is projected to grow at a modest rate, it will also continue to develop as a regional service centre providing major business, health, retailing and education services for the towns of Manangatang and Sea Lake, although the latter town has its own role as a local service centre for a rich broad-hectare farming area.

While the population of Kerang is projected to decrease slightly, it will retain more than 10,000 people in 2026 and continue to provide business, municipal, and health and education services to residents and its hinterland. Cohuna is expected to continue to service an expanded summer population, as well as its local population.

While the population in the north west of the region is expected to age significantly over the next three decades (at a higher rate than the rest of regional Victoria), the trend in the southern part of the region is lower than the statewide average – due to relatively high numbers of young people staying in, or moving to, Bendigo.

The communities of the LMR face challenges that require leadership and collaborative effort from a range of service delivery agencies to ensure communities have access to appropriate and responsive services. Some of the challenges for the region include:

- ageing and declining population across the region
- higher expectations that people will remain at home as they age
- an increase of preventable diseases such as diabetes and cardiovascular disease
- health literacy
- socio-economic status.

Consultation forums held during 2011 in the Loddon Mallee Region have identified other challenges that affect the region are the:

- geographic distances across the catchment – clients, service delivery agencies and professionals have to travel distances.
- lack of understanding of Home and Community Care.

### **1.3 Diversity planning and practice in LMR**

Diversity planning and practice in the Loddon Mallee Region will focus on the five HACC special needs groups specified in the HACC Agreement:

- people from Aboriginal and Torres Strait Islander backgrounds
- people from culturally and linguistically diverse (CALD) backgrounds
- people with dementia
- people living in rural and remote areas and
- people experiencing financial disadvantage (including people who are homeless or at risk of homelessness).

In addressing the above, LMR diversity planning will encourage the recognition of commonality between people as well as the difference within the HACC special needs groups. Our strategy will seek to respond to these differences.

Loddon Mallee regional plan seeks to encourage service providers delivering services to reflect on their practice and assumptions, and implement strategies to change their practice accordingly. This will require tools and resources to enable agencies to respond appropriately to the diversity of their catchment's HACC target population. Diversity planning requires all HACC funded agencies in LMR to:

- demonstrate an understanding of their catchment's HACC target population
- identify groups or individuals who may not be accessing services equitably and provide opportunities for HACC eligible people and other key stakeholders to inform this process
- set priorities in line with those identified in the regional diversity plan
- develop an action plan that has achievable and measurable outcomes
- implement the plan
- monitor the plan against outcomes
- review the plan and use what is relevant to develop the next plan.
- 

Diversity planning will also provide a basis for agencies to discuss with the department their current service provision and the way the services are provided. This will inform the setting of regional and state wide priorities and agency plans that will be reviewed annually by regions and triennially through the quality assessments under the new Community Care Common Standards.

## **2. Loddon Mallee diversity, vision and purpose**

The aim is for LMR HACC services to be delivered in a way that promotes independence and wellness as well as being respectful of and responsive to clients' specific characteristics.

### **2.1 Aims**

The LMR diversity plan seeks to emphasise that diversity planning and practice is a strategic population planning initiative that supports and encourages HACC service delivery that is responsive to and respectful of the specific characteristics of the person seeking services.

The LMR diversity plan will provide leadership and advice on opportunities for improved access to HACC services by people with diverse needs and disadvantage. It seeks to:

- provide guidance for each LGA and the agencies within to development a diversity plan that will link agencies and LGAs, their needs and the diversity focus
- act as the key point in the development of the diversity planning and practice plans across the region
- support the implementation of diversity planning and practice
- to the link with similar initiatives across health and human services programs
- inform ongoing strategic directions within the HACC program.

## **2.2 Expectations for LGAs and agencies**

HACC diversity planning builds on previous diversity related initiatives and aligns to the Active Service Model. It is expected that the move toward diversity will be incremental and that LGAs, and the agencies within, will vary and in accordance the focus for diversity will vary. Expectations for implementation are built on this reality. Therefore the Department of Health does not expect large scale change from all HACC funded agencies, but would expect all HACC funded agencies to demonstrate progress towards implementing diversity and integrating its principles and practice within their organisations.

In developing measurable outcomes, a staged approach will be used as follows:

### **Stage 1 outcome**

HACC funded agencies have increased knowledge about incorporation of diversity planning and have increased commitment to implementing diversity planning through the development of plans that represent a whole of LGA approach.

### **Stage 2 outcome**

HACC agencies have started to implement their diversity plans.

### **Stage 3 outcome**

Improvement of HACC service delivery and better outcomes for clients.

The department assumes that for the next two years the majority of HACC agencies would be moving along the continuum between Stages 1 and 2. We have the following expectations of steps that agencies would need to take in demonstrating their progress along this continuum:

- All agencies within each LGA work together to explore information and resources regarding diversity in their LGA.
- Agencies assess their current capacity strengths and weaknesses in taking a whole of LGA approach to diversity planning.
- Agencies develop a plan to commence implementation.
  - The department expects all HACC funded agencies to develop an initial diversity plan by 30 June 2012. This will identify measurable steps for action over a 12 month period to move each agency closer to an integrated LGA approach.
  - Agencies to review their plans prior to 30 June 2013.
- Agencies commence developing systems, processes, workforce development and practice changes and align their diversity plans with their ASM plans. Agencies' performance in implementing diversity planning will be monitored as part of the HACC program's ongoing quality process.
- Specific progress in the development and achievement of plans will be the subject of ongoing monitoring and review between regional contact officers and funded agencies.

## 2.3 Loddon Mallee values

We value:

- inclusiveness
- transparency
- equity and diversity
- respect and tolerance
- excellence
- collaboration
- responsiveness
- innovation.

Principles that underpin our values:

We commit to a sustainable and accessible HACC service delivery system that:

- is inclusive and recognises the needs of worker and service providers
- is committed to continually improving services
- demonstrates initiative and innovation in adapting to changing needs and directions
- operates collaboratively with high ethical, professional and personal standards
- strives for excellence through high expectations
- supports dynamic learning environments and encourages healthy work practices
- supports and communicates Department of Health values.

## 2.4. Implementation

*Diversity planning and practice* will provide an opportunity to achieve improved equitable access to services through:

- setting high level region wide priorities and directions reflected in the HACC Triennial Plan
- diversity planning at the regional and agency level
- monitoring of agency, regional and state wide outcomes through a variety of mechanisms, including quality assessments of agencies compliance with Common Community Care Standards
- aligning resources to support a diversity focus on service planning; assessment, care planning and coordination; and service delivery practices.

## 3. Diversity planning and practice within an Active Service Model context

The Active Service Model (ASM) focuses on promoting person-centred care, capacity building and restorative care in service delivery. The goal of the ASM is for frail older people, people with disabilities and their carers within the HACC target group to live in the community as independently and autonomously as possible.

*Diversity planning and practice* and the ASM are related initiatives with a key aim of quality improvement and strengthening the capacity of agencies to deliver services that are responsive and centred around the needs of the HACC eligible person and their family and/or carers.

Ultimately, the department's expectation is that HACC services will be delivered in a way that promotes independence and wellness as well as being respectful of and responsive to clients' specific.

## 4. Loddon Mallee Age population profile

Table 2: Loddon Mallee Age population profile – ABS, 2006 Census

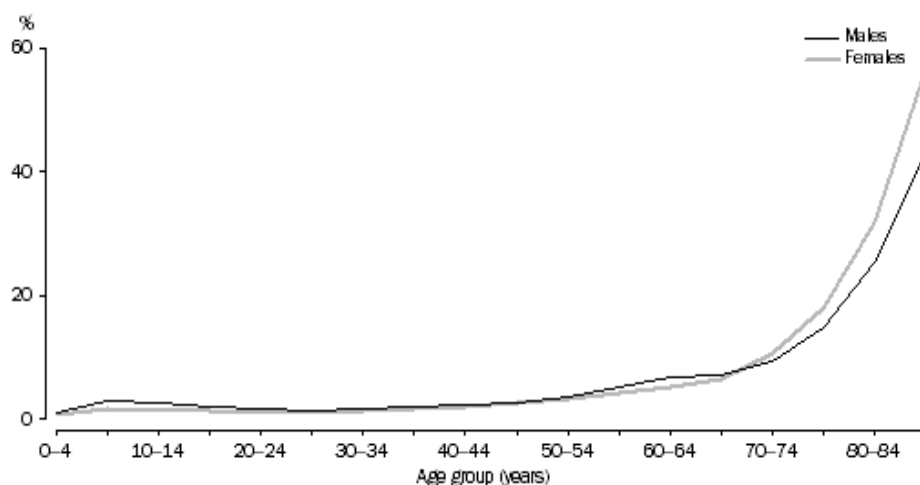
Ages by LGA																		
LGA Name	00-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85 plus	Total	70 Plus	65 plus
Buloke (S)	1721	180	199	253	341	429	471	480	470	517	433	430	325	275	306	6836	1337	1770
Campaspe (S)	10219	2105	1866	1846	2139	2712	2817	2837	2593	2574	2368	1809	1331	1007	1026	39248	5173	7541
Central Goldfields (S)	2902	605	466	504	610	711	801	890	1005	1034	920	851	645	475	463	12881	2434	3353
Gannawarra (S)	2721	605	552	561	584	693	718	796	807	825	774	640	477	402	358	11513	1877	2651
Greater Bendigo (C)	29535	7254	6204	6396	6677	7259	7259	7362	6909	6359	5171	3953	3035	2460	2395	108228	11843	17013
Loddon (S)	1797	342	300	400	393	450	518	633	663	656	508	421	351	275	256	7963	1303	1811
Macedon Ranges (S)	12288	2012	1599	2089	2979	3484	3474	3506	3130	2947	2290	1414	950	688	677	43529	3730	6020
Mildura (RC)	14707	3231	3029	3041	3254	3702	3670	3810	3346	3089	2488	2013	1635	1341	1172	53528	6161	8648
Mount Alexander (S)	4369	923	763	803	990	1354	1386	1511	1577	1532	1197	893	648	567	645	19157	2753	3950
Swan Hill (RC)	5646	1307	1327	1344	1306	1434	1502	1517	1368	1265	1113	856	675	510	536	21706	2577	3690
																	<b>39187</b>	<b>56447</b>

### LMR and need for assistance

The 2006 Census count of people with a need for assistance shows how the proportion rises steeply with age. In every LGA in the region, a high proportion of people in the oldest age groups have identified a need for the kind of services supplied by HACC.

**Figure 2: People with a need for Assistance, age and sex – 2006**

(Source: ABS 2006 Census of Population and Housing)



## 5. Comparison of HACCC eligible people in diversity categories

### 5.1 Aboriginal population

While ABS Census data provides a general overview of the Aboriginal population it may not be completely accurate. (It is generally accepted that under-reporting may occur). Aboriginal people living in the LMR represent 1.54 per cent of the total LMR population, which is the highest percentage in the state and significantly higher than the state wide average of 0.65 per cent.

According to ABS 2006 Census data, 30,028 Aboriginal people were reported as living in the state of Victoria, of which 4,611 or 15.4 per cent of the total state Aboriginal population were reported as living in the LMR. Table 1 shows the breakdown of the Aboriginal population by LGA.

**Table 3: Loddon Mallee Aboriginal estimated residential population (2006 census) by LGA**

Local government area (LGA)	Census population	% of total LMR Aboriginal population
Buloke	48	1.0
Campaspe	658	14.3
Central Goldfields	109	2.4
Gannawarra	157	3.4
Greater Bendigo	1021	22.1
Loddon	81	1.8
Macedon Ranges	171	3.7
Mildura	1431	31.0
Mount Alexander	129	2.8
Swan Hill	806	17.5
<b>Total</b>	<b>4,611</b>	<b>100.0</b>

Within the LMR, there are five Aboriginal Community Controlled Organisations (ACCOs) which provide a range of services to Aboriginal people:

- Bendigo & District Aboriginal Cooperative (BDAC)
- Njernda Aboriginal Corporation (Echuca).
- Mildura Aboriginal Corporation (MAC)
- Swan Hill Aboriginal Health Services (SHAHS)
- Murray Valley Aboriginal Cooperative (MVAC) (Robinvale).

**Table 4: Aboriginal population seeking HACC services in each ACCO Service Area (ASA) based on ABS 2006 Victorian LGA population data**

LGA	ACCO
Gannawarra	33% BDAC; 33% Njernda and 33% SHAHS
Buloke	50% BDAC; 50% SHAHS
Loddon	20% BDAC; 80% Njernda
Swan Hill (RCC)	53% SHAHS; 47% MVAC

Please note - Where more than one ACCO provides services in an LGA, the ABS estimates the percentage of population who may seek services from each ACCO. Further, it should be noted that the above map provides a picture of ACCOs servicing according to nation not to LGA area.

**Table 5: ACCO Service Areas and Traditional Country and People**

Organisation	Local Government Area	Traditional Country and people
Mildura Aboriginal Corporation (MAC)	Mildura Rural City and parts of NSW. Also provides services into NSW.	Latje Latje Country, land of the Latje Latje and Barkindji people.
Murray Valley Aboriginal Cooperative (MVAC)	Northern part of Swan Hill Rural City and parts of NSW	Latje Latje Country, land of the Latje Latje people.
Swan Hill Aboriginal Health Service (SHAHS)	Southern Swan Hill Rural City, part of Gannawarra Shire, and Buloke Shire. Also provides services into NSW.	Wemba Wemba Country, land of the Wemba Wemba people.
Njernda Aboriginal Corporation	Campaspe Shire and parts of Gannawarra and Loddon Shires. Also provides services into NSW.	Yorta Yorta Country, land of the Yorta Yorta people.
Bendigo and District Aboriginal Cooperative (BDAC)	City of Greater Bendigo, Macedon, Central Goldfields, Mt Alexander Shires and parts of Loddon and Gannawarra Shires.	Dja Dja Wrung Country, land of the Jarra people.



## Discussion

Mildura, Swan Hill, Bendigo, Gannawarra, and Campaspe have the highest number of HACC Aboriginal clients and this correlates with these LGAs having the highest populations of Aboriginal people.

HACC Aboriginal clients are typically younger, with an average age of 59 years; non-Aboriginal clients average 70 years of age. Only 35 per cent of Aboriginal clients are aged over 70 years. As with other groups, state wide data show that the majority of Aboriginal clients are female. The most common type of HACC service used by Aboriginal clients has been planned activity group, followed by nursing and allied health.

As a result of the younger age profile of Aboriginal clients, a smaller proportion receives the Aged Pension, than for all HACC clients (37 per cent compared to 56 per cent). In contrast, 22 per cent of HACC Aboriginal clients receive a disability pension compared to 10 percent of all HACC clients.

The most common accommodation arrangement for Aboriginal clients is a privately owned house or flat (30 per cent). This is well below the rate of 66 per cent for all clients. A higher proportion of Aboriginal clients live in public rental housing (22 per cent) than all clients (6 per cent).

Data from 2006 Census also shows that Aboriginal people aged 40 to 60 have up to 4.5 times more need for assistance in the LMR than do non-Aboriginal people.

There are issues regarding the areas that each aboriginal organisation services. Traditionally service each organisation delivered were according to family and nation areas, not areas as defined by local government areas. This implies some difficulty with cross state border service delivery and cross LGA borders.

## 5.2 Culturally and Linguistically Diverse (CALD)

**Table 6: Percent of CALD people per selected LGA**

Focus LGA	Profile
	Shown as % born overseas & top 5 LGA
Macedon Ranges	13.3%
Mildura	10.1%
Mr Alexander	10.1%
Swan Hill	9.9%
Greater Bendigo	8.2%

**Table 7: Language spoken at home**

Language Spoken at Home			
Age	Sex	Geography	English Proficiency
65+	All Sex	Loddon-Mallee	All Proficiencies
<b>Census Year</b>	1996	2001	2006
<b>Language Spoken</b>	People	People	People
Arabic			<5
Arabic (incl. Lebanese)	12	9	
Cantonese	9	<5	18
Croatian	61	71	114
Dutch			116
English	33,827	36,951	41,327
Filipino			<5
French	9	18	25
German	226	170	213
Greek	125	187	246
Hindi	<5	<5	
Hungarian	39	76	
Indonesian		6	
Italian	691	830	885
Macedonian	<5	<5	
Maltese	9	21	29
Mandarin	9	<5	21
Netherlandic	93	96	
Other Languages	131	154	255
Polish	63	62	48
Punjabi			<5
Russian	7	6	<5
Serbian		9	16
Sinhalese	<5	<5	
Spanish	<5	6	25
Supplementary categories	3,178	2,984	2,952
Tagalog			10
Tagalog (Filipino)	6	<5	
Tamil		3	7
Turkish	11	39	54
Vietnamese		9	<5
<b>Grand Total</b>	<b>38,518</b>	<b>41,725</b>	<b>46,376</b>

## Discussion

Among older HACC clients from non-English speaking countries, there are varying rates of usage of HACC services when measured in terms of the rate per thousand of each such birthplace group. The 12 service types have been grouped into three clusters:

- The social support cluster comprises planned activity groups and volunteer social support.
- The home care cluster comprises domestic assistance, personal care, property maintenance and delivered meals.

- The third cluster comprises allied health and home nursing.

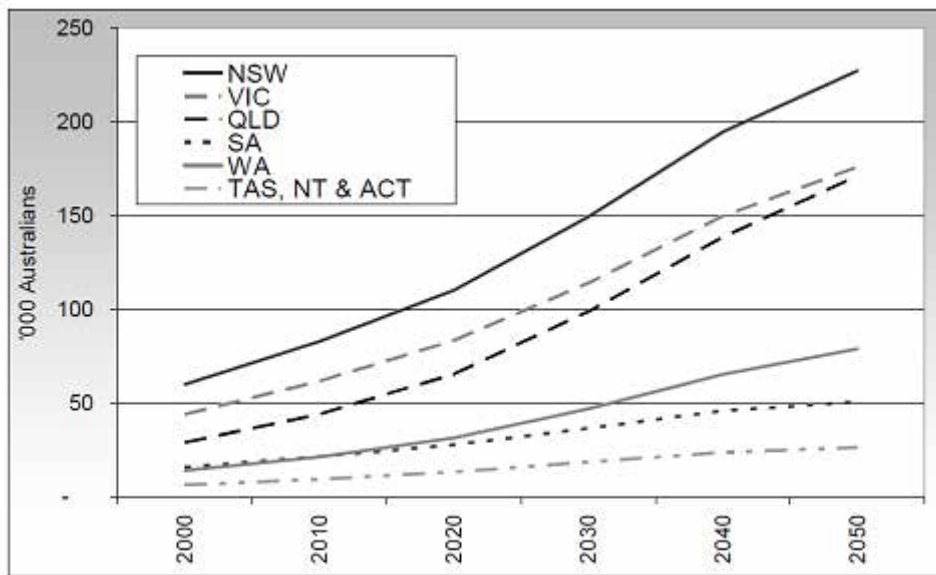
Victorian wide figures show that older people born in non-English speaking countries were less likely to use HACC services than their counterparts born in Australia. Among people aged 70-plus born in Australia, the number of HACC clients per 1,000 people was 344. Among people aged 70-plus born in non-English speaking countries, the rate was only 275 per 1,000.

### 5.3 Dementia

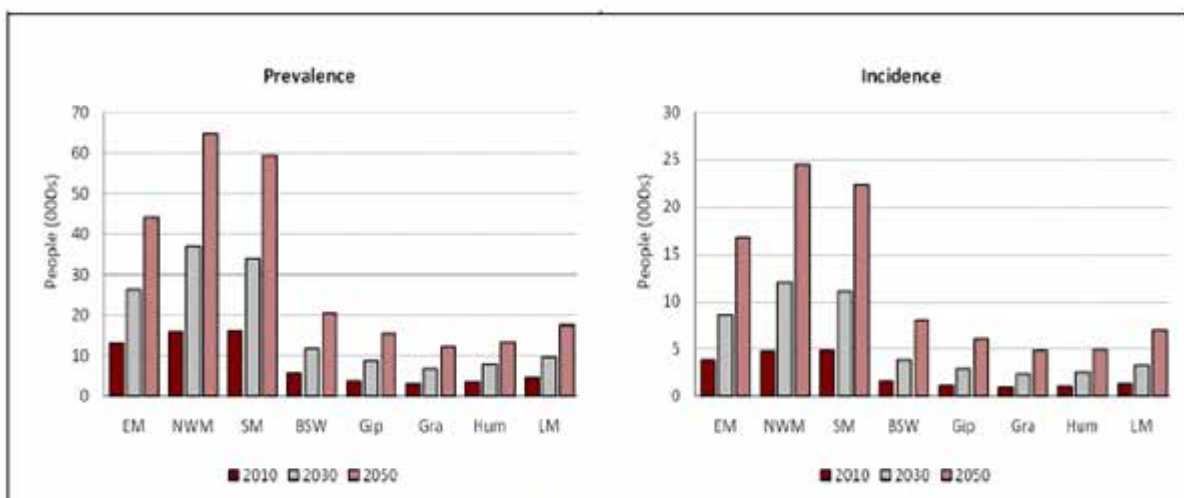
In 2005 Access Economics suggested that the number of people with dementia will be 25 per cent higher by mid-century than projected in 2003. There are three main reasons for this.

- higher rates of diagnosis of dementia
- more precise (and higher) prevalence rates of dementia for the oldest old
- revision of ABS demographic projections yielding higher forecasts of the future Australian population, particularly in the older age groups.

**Figure 3: Prevalence of dementia by state and territory (Access Economics 2011)**



**Table 8: Dementia prevalence and incidence by health department regions in Victoria**



Source: Access Economics calculations. EM= Eastern Metropolitan, NWM= North & West Metropolitan, SM= Southern Metropolitan, BSW= Barwon South Western, Gip=Gippsland, Gra=Grampians, Hum= Hume, LM=Loddon Mallee

**Table 9: Incidence projections of dementia by LGA**

<b>Access Economics</b>			
<b>Incidence projections, by SLA into Non-Metropolitan Health Regions</b>			
	<b>2010</b>	<b>2015</b>	<b>2020</b>
<b>Buloke</b>	48	57	67
<b>Campaspe</b>	183	228	285
<b>Central Goldfields</b>	78	96	114
<b>Gannawarra</b>	66	82	98
<b>Greater Bendigo</b>	426	546	696
<b>Loddon</b>	36	41	45
<b>Macedon Ranges</b>	122	164	214
<b>Mildura</b>	216	282	354
<b>Mount Alexander</b>	93	107	127
<b>Swan Hill</b>	72	84	99
<b>Loddon Mallee Total</b>	<b>1339</b>	<b>1687</b>	<b>2098</b>

## Discussion

On first glance the data show our region having greater numbers of dementia in the larger centres, as could be expected.

In 2010 five LMR LGAs are ranked in the Access Economics top 20, (across Victoria), for prevalence of dementia, with a ranking of one being highest and 20 the lowest. Greater Bendigo ranked number two; Mildura number seven; Campaspe number 8; Macedon Ranges number 15; Mount Alexander number 20. Aboriginal and CALD data is not included. (Access Economics Projections of dementia prevalence and incidence in Victoria 2010 – 2050: Department of Health Regions and Statistical Local Areas, 10 May 2010).

This trend is likely to continue, with a rise in the number of people with dementia across the region, however our region will have a lesser prevalence of dementia than other Victorian regions. It is anticipated the rise in numbers of people with dementia will put pressure on smaller subregions in terms of service provision.

Australian Bureau of Statistics (2010) figures show centres with greater incidence (2010 data) of dementia are:

- Mildura with 201 to 400 and the number of people with dementia is predicted to rise to more than 400 by 2030.
- Campaspe and Gannawarra will also see a rise – presently incidence for these shires is 41 to 60 but by 2030 the incidence of dementia will have risen to 61 to 100 for these LGAs. (ABS 2010)

## 5.4 Financial disadvantage

The Index of Relative Socio-Economic Disadvantage (IRSED) in Loddon Mallee LGAs ranges from 907 to 1054. (In Victoria, the IRSED ranges from 894 to 1104). This index is derived from Census variables related to disadvantage, such as low income, low educational attainment, unemployment, and dwellings without motor vehicles. A score of 1000 is considered to be average, thus scores below 1000 indicate increasing disadvantage. Nine LGAs within Loddon Mallee have scores below 1000. Macedon Ranges is the only LGA that has an above average IRSED score.

**Table 10: Loddon Mallee LGAs Index of Relative Socio Economic Disadvantage, Australian Bureau of Statistics (2006)**

LGA	IRSED 2006	Rank
Buloke (S)	971	5
Campaspe (S)	974	7
Central Goldfields (S)	907	1
Gannawarra (S)	971	6
Greater Bendigo (C)	984	9
Loddon (S)	942	2
Macedon Ranges (S)	1054	10
Mildura (RC)	958	3
Mount Alexander (S)	981	8
Swan Hill (RC)	959	4

**Table 11: Percent of population in LMR with income below \$400 per week (ABS 2010)**

Focus LGA	Profile
	shown as % of population with weekly income below \$400 per household state average is 45.8% (below 50% not included)
Central Goldfields	62.9%
Loddon	60.1%
Buloke	58.9%
Mt Alexander	54.4%
Gannawarra	53.7%
Mildura	50.4%
Campaspe	50.3%
Swan Hill	49.9%

**Table 12: Unemployment in LMR (ABS, Census 2006)**

Unemployment in Loddon Mallee 2011			
Quarter	Labour Force	Unemployed	Unemployment rate
1st	162,419	10,120	6.2%
2nd	168,701	7,583	4.5%

**Table 13: Number of homeless persons aged 50+ by SSD ( 2006 Census)**

Focus LGA	Imp Dwelling	Friends	Boarding house	SAAP	Total	Caravan	Total (incl. caravan)
Mildura	13	33	18	9	73	81	154
Western Mallee	<5	11	<5	<5	14	15	29
Eastern Mallee	12	21	<5	<5	36	27	63
Greater Bendigo	5	22	9	9	45	34	79
North Loddon	43	25	<5	<5	68	45	113
South Loddon	<5	8	<5	<5	11	5	16

NB. The delimitation criteria for statistical subdivisions (SSDs) above are as follows:

- Statistical subdivisions are defined as socially and economically homogeneous regions characterised by identifiable links between the inhabitants. Moreover, in the non-urban areas (that is, outside the capital cities or areas with population clusters of 25,000 or more people), an SSD is characterised by identifiable links between the economic units within the region, under the unifying influence of one or more major towns or cities.
- Where possible, SSD boundaries embrace contiguous whole LGAs. However, in some cases e.g. where S Dists or capital city SDs have been defined, an SSD boundary may split the LGA into parts with each part of the LGA forming part of the relevant SSD .
- One or more SSDs must be defined for an S Dist that falls within an S/T.

The above table is elaborated by Chamberlin and MacKenzie (2006) who show that the LMR LGA with highest number of homelessness is Campaspe with 100+ people homeless. This is followed by Mildura and areas surrounding Bendigo (but excluding City of Bendigo) where it is noted that the number of homeless is 60 to 99. Gannawarra and Swan Hill have 20 to 39 homeless people.

### Discussion

The LMR has been seriously affected by a ten year drought – Access Economics 2005 claims that the effects of this will last until 2015. After the drought, Loddon, Buloke and Gannawarra LGAs were seriously affected by flooding. This means that financial disadvantage will be a focus for the LGAs that are particularly affected by flooding. In terms of this situation one LGA, Central Goldfields, has the highest level of financial disadvantage in the LMR having the lowest income for the state of Victoria.

## 5.5 People with a disability

**Table 14: number of people with a disability by LGA in LMR**

Focus LGA	Profile (eligible number of clients)*
Buloke	25
Campaspe	212
Central Goldfields	82
Greater Bendigo	841
Gannawarra	78
Loddon	35
Macedon Ranges	162
Mildura	395
Mt Alexander	69
Swan Hill	159
Address unknown	286

\*Definition for disability as described in the Victorian Disability Act 2006

The data above are regional data collected by the LMR Department of Human Services disability unit and these are the most recent data for this region.

The 2006 Census is the first Census to have the variable Core Activity Need for Assistance. The Core Activity Need for Assistance variable has been developed to measure the number of people with a profound or severe disability. As with the ABS Surveys of Disability, Ageing and Carers, the Census of Population and Housing defines the profound or severe disability population as: 'those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a long-term health condition (lasting six months or more), a disability (lasting six months or more), or old age'.

\* Please note this information should be aligned with table 2 and figure 2 on page 14

**Table 15: Physical restriction age 75+ (These figures have been used as an indication of need)**

<b>LGA AgeRestriction-2003</b>		
<b>Geography</b>	<b>Age Group Disabled 2003</b>	
Loddon-Mallee	75+	
	<b>Year</b>	
	2003	<b>Grand Total</b>
<b>Disability Degree</b>	People	People
Profound/Severe	4,718	4,718
Moderate	2,023	2,023
Mild	3,888	3,888
<b>Grand Total</b>	<b>10,629</b>	<b>10,629</b>

## 5.6 Rural and Remote

In the LMR, responding to diversity will be influenced by geography, population characteristics, transport, small rural health services, small LGAs and the ability to sustain networks and partnerships over distance.

**Table 16: Population per LGA**

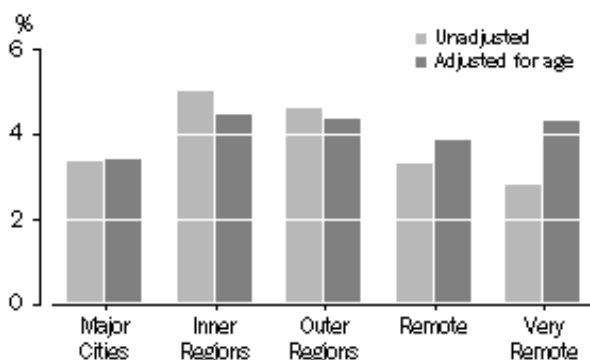
<b>LGA Name</b>	<b>Population</b>	<b>Largest urban areas</b>
Buloke (S)	6,836	Charlton, Wycheproof
Campaspe (S)	39,248	Echuca
Central Goldfields (S)	12,881	Maryborough
Gannawarra (S)	11,513	Kerang
Greater Bendigo (C)	108,228	Bendigo city
Loddon (S)	7,963	Wedderburn
Macedon Ranges (S)	43,529	Kyneton
Mildura (RC)	53,528	Mildura city
Mount Alexander (S)	19,157	Castlemaine
Swan Hill (RC)	21,706	Swan Hill city

The majority of people live in the large centres of Bendigo and Mildura and since 2006 there are no LGAs classified as remote.

As measured by the Accessibility/Remoteness Index of Australia, Inner Regional areas are more likely than other areas to have a comparatively high proportion of people needing assistance. In 2006, 5.0 per cent of people in Inner Regional Australia needed assistance, compared with 3.4 per cent of people in Major Cities and 2.8 per cent of people in Very Remote areas. Some of these differences are related to the age structures of the populations in the different regions. In Very Remote areas, there are relatively few older people, whereas Inner Regional areas generally have an older population. As people get older, there is a tendency for them to relocate, moving away from Remote and Very Remote areas and into Inner and Outer Regional areas in order to gain access to appropriate medical and community facilities. There is also a trend for people retiring to move away from Major Cities to Regional areas.

When the effect of age structures has been taken into account, the differences between regions are no longer as distinct and, in 2006, Major Cities had the lowest adjusted proportion of people needing assistance according to remoteness measures.

**Figure 4: Proportion of people in each remoteness area who needed assistance (ABS, Census 2006)**



### 5.7 Gay, Lesbian, Bi-sexual, Transgender, Intersex (GLBTI)

Available data for GLBTI is difficult to access. Data has been collected in the 2011 Census. A survey conducted by Same/Same 2010 had 2,154 respondents identifying as GLBTI in total in Australia. There is no reliable data for LMR. However, in 2003 an Australian survey found that 2.2 per cent of women and 2.5 per cent of men surveyed identify as non-heterosexual, rising to 15.1 per cent and 8.6 per cent when sexual identity, attraction and experience were taken into account.<sup>3</sup> There are fewer people who are intersex or transgender than who identify as gay, lesbian or bisexual, but people who are intersex or transgender nevertheless have important health needs<sup>4</sup> and may experience barriers to accessing services.

## 6. Questions each LGA needs to consider in developing their diversity plan:

For each of the diversity groups consider the following questions:

1. What is the greatest need in the LGA?
2. What are the barriers to access of HACC services in the LGA?
3. What priority goals and strategies would you suggest to overcome these barriers in your LGA?
4. Is there more data that is needed for the LGA, and the agencies within, to develop their diversity plans? If so where can the data be sourced?
5. In considering the potential strategies to reduce barriers to access, how can the strategies be measured?

<sup>3</sup> Smith, A, Rissel, C, Richters, J, Grulich, A & de Visser, R 2003, 'Sex in Australia: Sexual identity, sexual attraction and sexual experience among a representative sample of adults', *Australian and New Zealand Journal of Public Health*, vol. 27(2), pp. 138-145.

<sup>4</sup> Diversity planning guide draft



## LMR Diversity priorities implementation timeline 2012 - 15

The LMR priorities reflect the Victorian Government's health priorities, particularly priorities 1 and 2:

1. **Health Priority One** - developing a system that is responsive to peoples needs
2. **Health Priority Two** - improving every Victorians Health status and experiences

### How will we do this?

LMR's Diversity priorities for 2012 -15	Strategies for achieving priorities	Activities	Timeline
1. Development of regional diversity plan	Consultation with regional LGAs and agencies; communication, consultation and planning	<ul style="list-style-type: none"> <li>• Publication of initial statistics; discussion of these following regional launch of diversity framework</li> <li>• Email follow up consultation and small group consultation</li> <li>• Draft plan developed and presented for consultation during the triennial plan consultations</li> <li>• Revised plan submitted to central office</li> <li>• Regional diversity plan distributed to agencies.</li> </ul>	<ul style="list-style-type: none"> <li>• April 2011</li> <li>• May 2011</li> <li>• October 2011</li> <li>• December 2011</li> <li>• January 2012</li> </ul>
2. Development of priorities	Consultation with region's agencies	<ul style="list-style-type: none"> <li>• Forums</li> <li>• Triennial planning consultation</li> </ul>	<ul style="list-style-type: none"> <li>• April and October 2011</li> <li>• December 2011</li> </ul>
3. Development of agency diversity plans 2012-1015	<p>Diversity project officer employed to promulgate regional plan</p> <p>Provide organizations with practical support to develop their diversity plans</p> <p>Identification of focus for each LGA identified by the LGAs and the agencies within LGA</p>	<ul style="list-style-type: none"> <li>• Recruitment process implemented and completed</li> <li>• Quantitative and qualitative data for each LGA, (already presented via forums), disseminated via email, discussed, and expanded on where necessary</li> <li>• Agencies and LGAs encouraged to use local LGA data to supplement that provided by regional office</li> <li>• Planning forums conducted in each LGA. Agency attendance strongly encouraged.</li> <li>• Opportunity for agencies to provide feedback on the regional diversity plan</li> </ul>	<ul style="list-style-type: none"> <li>• November 2011</li> <li>• February-March 2012</li> <li>• March 2012</li> <li>• May 2012</li> <li>• May 2012</li> </ul>
4. Implementation of regional and agency diversity plans for 2012-2015	Assistance to the sector from region to develop plans	<ul style="list-style-type: none"> <li>• Discussion at agency meetings</li> <li>• Relationships between the ASM plans and the Diversity plans clarified</li> </ul>	<ul style="list-style-type: none"> <li>• Commencing 30 June 2012</li> </ul>

## Loddon Mallee Region - Diversity priorities for 2012 -13

LMR's Diversity priorities for 2011 -12	Vision and strategies	Activities	Timeline
Aboriginal people	<p><u>Aspirational</u> :</p> <p>To ensure that HACC eligible Aboriginal people have greater access to HACC services</p> <p><u>Operational</u>:</p> <p>Improve access to culturally responsive HACC services in those LGAs where there is ACCO coverage</p>	<ul style="list-style-type: none"> <li>• Continue to implement the learnings from the Bridging HACC Services project, in line with directions in diversity</li> <li>• Link Closing the Gap initiatives to HACC service system development</li> <li>• Develop partnerships across assessment and service delivery between local councils and ACCOS to improve access to services</li> <li>• Implement diversity training with relevance to each LGA and their respective Aboriginal groups</li> </ul>	<ul style="list-style-type: none"> <li>• Throughout 2012</li> <li>• Throughout 2013</li> <li>• Throughout 2014-15</li> <li>• Throughout 2014-15</li> </ul>
CALD people	<p><b>Aspirational:</b></p> <p>Increase access to services for HACC eligible clients from CALD backgrounds</p> <p><u>Operational:</u></p> <p>Work with HACC agencies to provide culturally responsive services for HACC eligible CALD people</p>	<ul style="list-style-type: none"> <li>• Identify LGAs that have a need to focus on CALD clients and identify issues, develop actions and time lines to plan to address these</li> <li>• Develop strategies to address any identified gaps in access to services</li> </ul>	<ul style="list-style-type: none"> <li>• 2012</li> <li>• 2013</li> </ul>
Dementia	<p><b>Aspirational:</b></p> <p>Increase awareness of dementia and the ways that it can be managed for HACC eligible people with dementia</p> <p><b>Operational:</b></p> <p>Increase dementia friendly practice within HACC PAG groups</p>	<ul style="list-style-type: none"> <li>• Establish a dementia reference group</li> <li>• Identify the challenges that organisations face in delivering services to people with dementia or cognitive impairment, including awareness of appropriate referral pathways</li> <li>• Analyse MDS data to inform the implementation of common approaches to recording data about 'memory/confusion'</li> <li>• Ascertain need for service delivery models that may assist with addressing dementia needs</li> <li>• Revise LMR Dementia Management IT tool and referral pathways</li> </ul>	<ul style="list-style-type: none"> <li>• 2012</li> <li>• 2012</li> <li>• 2012 -15</li> <li>• 2013</li> <li>• 2012</li> </ul>

LMR's Diversity priorities for 2011 -12	Vision and strategies	Activities	Timeline
		<ul style="list-style-type: none"> <li>Promote the uptake of the relevant accredited dementia competency units, either as a single stand alone unit or as part of a Certificate qualification, by community care workers and HACC assessors</li> </ul>	<ul style="list-style-type: none"> <li>2012 - 15</li> </ul>
Homelessness or risk of homelessness as measured by financial disadvantage/socio-economic disadvantage	<p><b><u>Aspirational:</u></b> Increase awareness of HACC services to those HACC eligible people affected by financial disadvantage</p> <p><b><u>Operational:</u></b> Work with shires that have identified financial disadvantage</p>	<ul style="list-style-type: none"> <li>Work with LGAs that have identified financial disadvantage to develop appropriate plans to address issues</li> <li>Promote the development and dissemination of information about HACC services through agencies addressing financial disadvantage</li> </ul>	<ul style="list-style-type: none"> <li>2012</li> <li>2012</li> </ul>

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- Aboriginal population by LGA
- Cald person 70+ as per cent of population
- HACC aboriginal Clients
- Number of people who have need for assistance
- Projected prevalence of dementia sla 2010
- Projected prevalence of dementia sla 2030

Smith, A, Rissel, C, Richters, J, Grulich, A & de Visser, R 2003, 'Sex in Australia: Sexual identity, sexual attraction and sexual experience among a representative sample of adults', *Australian and New Zealand Journal of Public Health*, vol. 27(2), pp. 138-145.