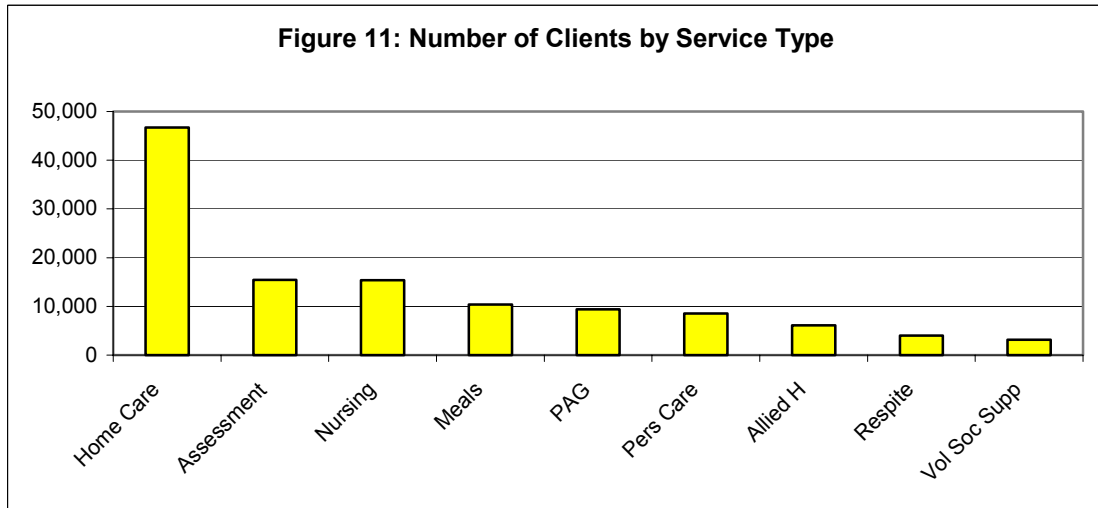


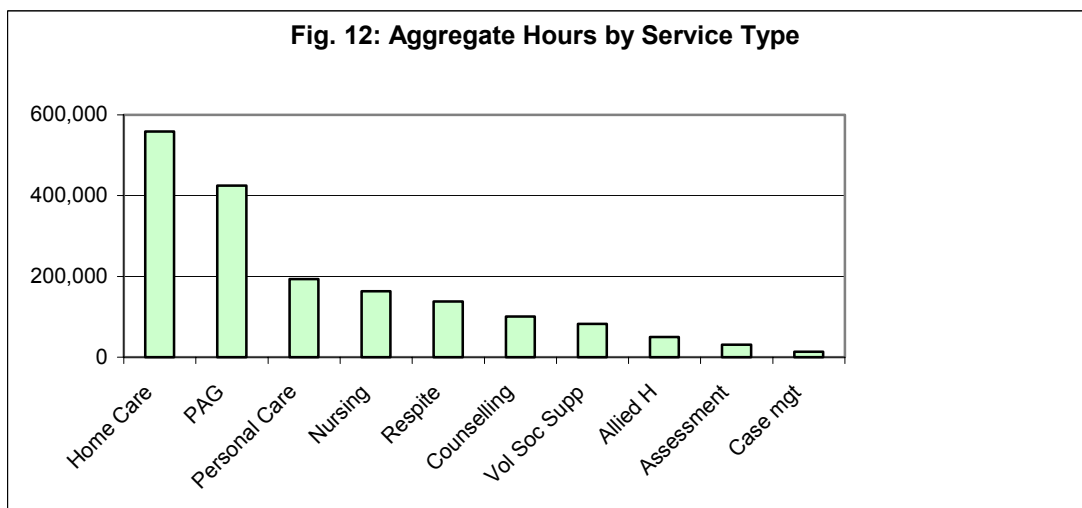
Part II—Services Used

Range of HACC services used

Home care was by far the most frequently used service type. The number of clients who were recorded as receiving any of the nine principal types of service is shown in Figure 11. Note that any given client could have received more than one type of HACC service during the period.



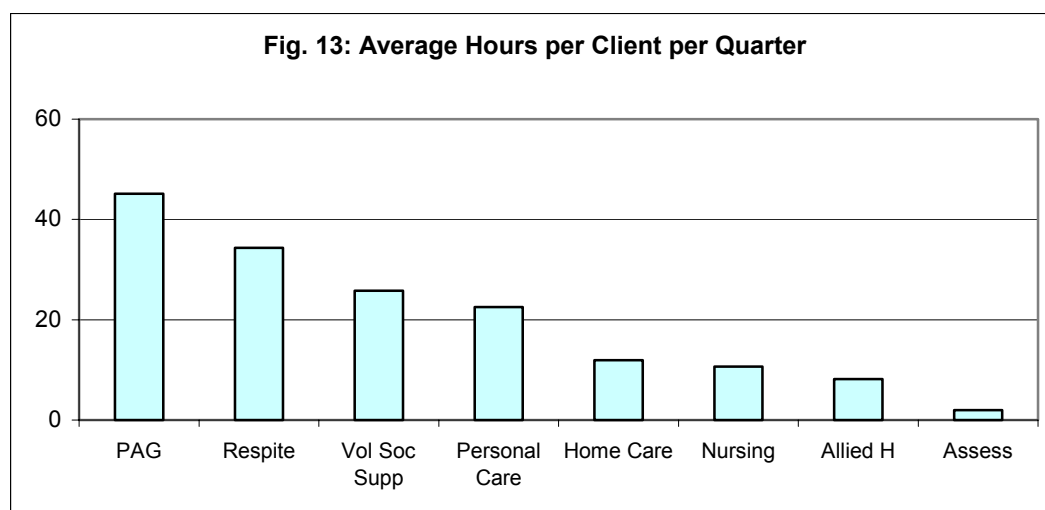
The aggregate number of hours for each of these service types is shown in Figure 12. Home Care accounted for the largest number of hours, followed by Planned Activity Groups (PAGs). These two service types accounted for more than half (54 percent) of all hours. Personal care, nursing and respite care accounted for another 27 percent of total hours delivered. As well, 545,222 delivered meals were recorded for the quarter.



Hours per client

People attending Planned Activity Groups tended on average to receive the largest number of hours over a 3-month period (45 hours per client), followed by respite clients (34 hours per

client). Home care, nursing and allied health clients had much smaller average hours (12, 11 and 8 hours respectively). In other words, the typical home care client received about 2 hours per fortnight. See Figure 13.



Across all service types, the average was 18.5 hours per client per quarter. The 10,394 recipients of delivered meals got an average of 52 meals each during the 3-month period. Local councils provided more than half of all delivered meals, home care, respite care, assessment, and personal care hours.

Multiple service users

Individual record linkage within the HACC Minimum Data Set has now made it possible to map the combinations of service received by each client, even where several different agencies are involved. Two-thirds of all HACC clients (67 percent) received only one type of service, but the remainder received almost 200 different combinations of service types.

Table 11: Single- & multiple-service proportions, by service type

Service type	% of clients using this service alone	% of clients using this service in combination	Row Percent
Personal care	23	77	100
Meals	43	57	100
Respite care	55	45	100
Nursing	65	35	100
Allied Health	65	35	100
Planned Activity Group	75	25	100
Home care	76	24	100

Clients receiving a single type of service: Home Care and Planned Activity Groups were the types most likely to be received in isolation. Three-quarters of these clients received no other type of HACC service. By contrast, only 23 percent of Personal Care clients received no other type of HACC service. See Table 11.

Clients receiving multiple services: Personal care and delivered meals were generally provided in combination with one or more other types. The 14 most prevalent combinations all involved home care or home nursing (plus one or more other types). Home care and home nursing were also the most prevalent service types overall. (Assessment has been omitted from this listing.) See Table 11.

Table 12: Service combinations & frequencies

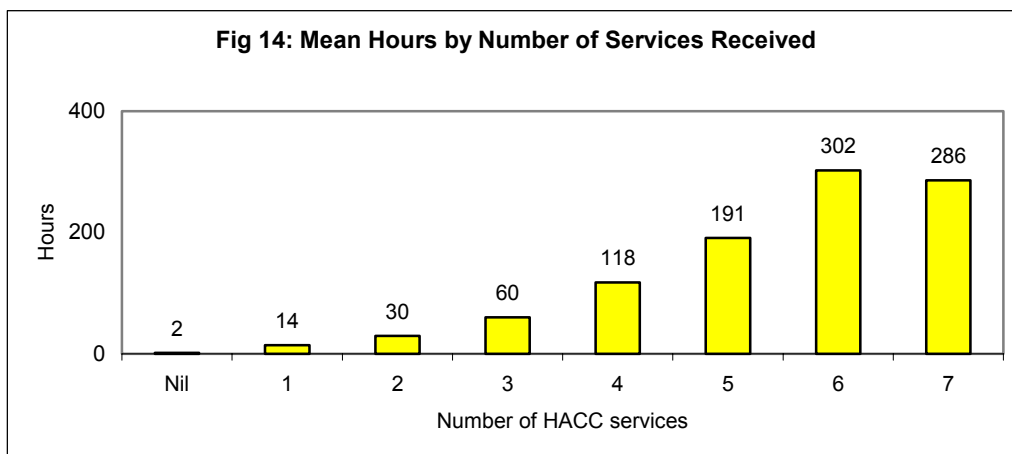
Single services used	Number of Clients	Combinations used	Number of Clients
Home Care alone	35,693	Home Care, Meals	3204
Nursing alone	9925	Home Care, Personal Care	2042
PAG alone	7098	Personal Care, Nursing	1199
Meals alone	4463	Home Care, Nursing	998
Allied Health alone	4014	Home Care, PAG	594
Respite alone	2221	Home Care, Personal Care, Meals	441
Personal Care alone	2004	Nursing, Allied Health	440
Case Mgt alone	296	Home Care, Respite	431
		Home Care, Personal Care, Nursing	408
		Home Care, Allied Health	403
		Home Care, Nursing, Meals	352
		Nursing, Meals	324
		Home Care, Case Mgt	305
		Nursing, PAG	284
		Personal Care, Respite	264
		PAG, Meals	216
Sub-Total	65,714	Sub-Total	11,905

Note: Only those combinations involving more than 200 clients are shown (N=77,619 clients).

Table 12 shows the most common combinations of service types, and the numbers of clients receiving these combinations. The first column shows the cases in which only a single service type was received; it will be seen that 35,693 Home Care clients received only this service type (and these people accounted for 76 percent of all Home Care recipients, according to Table 11).

Number of service types per client

The total hours of service received by a client tends to rise significantly with the number of different service types involved; however, that relationship appears to reach a plateau when the client is receiving six or more service types (note that only 10 clients received 7 types):



Note: Those with 'Nil' received other services, such as goods and equipment.

High-volume service users

The HACC Program does not impose an explicit limit on the number of hours of care that any particular client may receive. However, service providers generally have to ration their

available resources, given an excess of demand over supply. Clients receiving high volumes of care are likely to be those with complex needs. For the purposes of this analysis, 15–39 hours per month has been defined as ‘high usage’ and 40-plus hours per month has been defined as ‘exceptional’ usage.

In this quarter, only 6.3 percent of clients received 15–39 hours per month. People receiving more than 40 hours a month comprised another 2.0 percent of clients. Note that these figures will be affected by missing data; accurate calculation of the total quantities of services delivered by different agencies to the same client will obviously depend on whether all relevant agencies have reported and have accurately composed the statistical linkage keys for their clients.

Among clients receiving 0–14 hours per month, most are receiving only a single type of HACC service. By contrast, among clients receiving 15–39 hours per month, about half are receiving more than one kind of HACC service. Table 13 shows the proportion of single-service and multiple-service clients at each level of usage; there is a strong relationship between multiple services and intensity of usage. In part this may reflect the higher volume of care per client in those services which are more likely to be provided in combination, such as personal care.

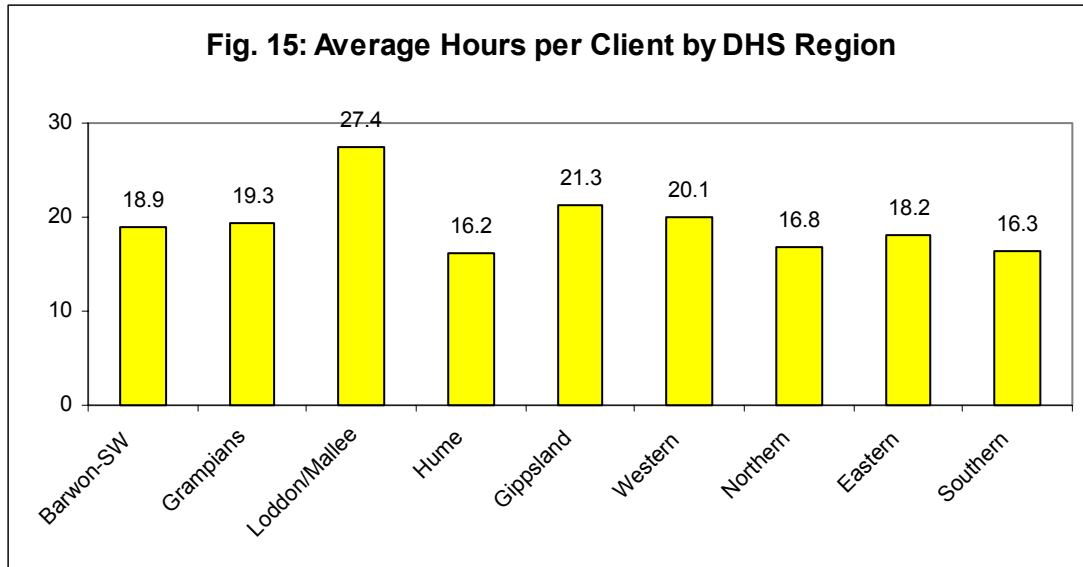
Table 13

Hours per month	Single-service %	Multiple service %
0-14	81	19
15-39	49	51
40+	34	66
All	77	23

Regional differences

According to Department of Infrastructure population projections, 32 percent of Victoria’s older population (people aged 70-plus) live in the five country regions—Barwon SW, Loddon Mallee, the Grampians, Gippsland and Hume. The proportion of HACC clients resident in these five country regions was 35.4 percent, and they received 38.8 percent of the total hours of service. Thus country Victorians are slightly over-represented among HACC clients.

The mean hours of service per country client were accordingly higher (20.3 hours per person) than the mean for metropolitan residents (17.5 hours). There was some consistency in the mean hours per client across regions. The extremes were Loddon Mallee at 27.4 hours per client and Hume region at 16.2 hours per client. However, regional variations in MDS response rates cause some uncertainty over the extent to which these figures show real regional differences. See Figure 15.

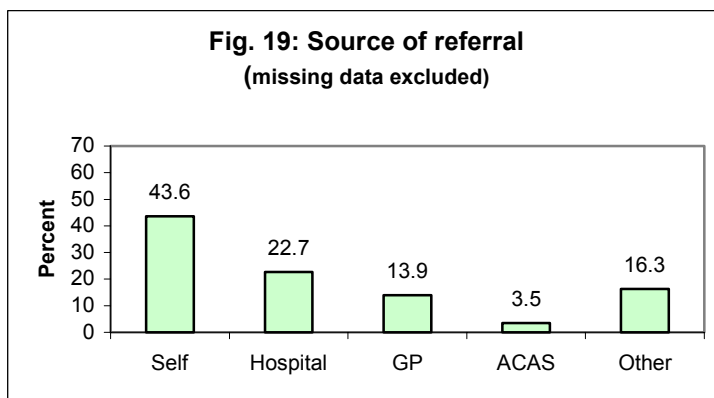


Across Victoria, average hours of usage tend to be greater among the younger age groups. For example, the average client in the under-70 age group received 50 percent more hours than the over-70 client. It follows that regions with a younger age profile are likely to show greater average hours of usage. Metropolitan regions tend to have an older client profile, particularly the Eastern and Southern Metropolitan regions, in both of which three-quarters of clients were aged 70 plus. In Gippsland by contrast fewer than two-thirds of HACC clients were aged 70 plus. The generally higher proportion of younger clients in country regions is consistent with greater mean hours per head in those regions.

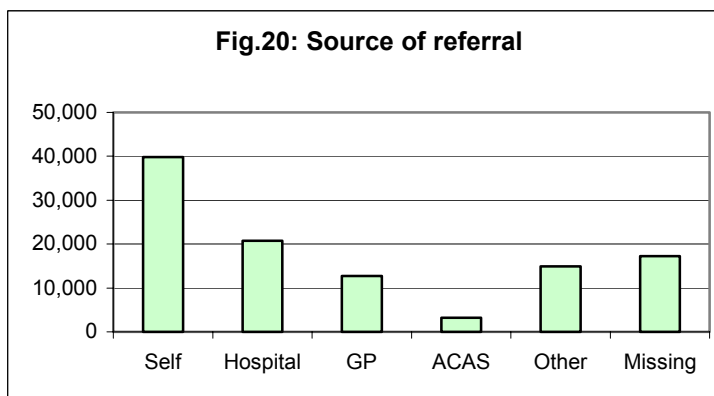
Among country regions, there was little difference from the Statewide pattern with respect to the distribution of clients with high levels of usage (15 or more hours per month); some 37 percent of high-use clients were resident in country regions.

Source of referral

The most common source of referral was Self, family or friend, accounting for 44 per cent of referrals when missing data is excluded (see Figure 19). This reflects the fact that the HACC program is well known by older people and the general public. However, in many cases it is likely that other health and welfare professionals have suggested that the person should enquire about home care services, but have left the person or their family to make formal contact. Thus the true figure for self-referrals may be less than appears here.

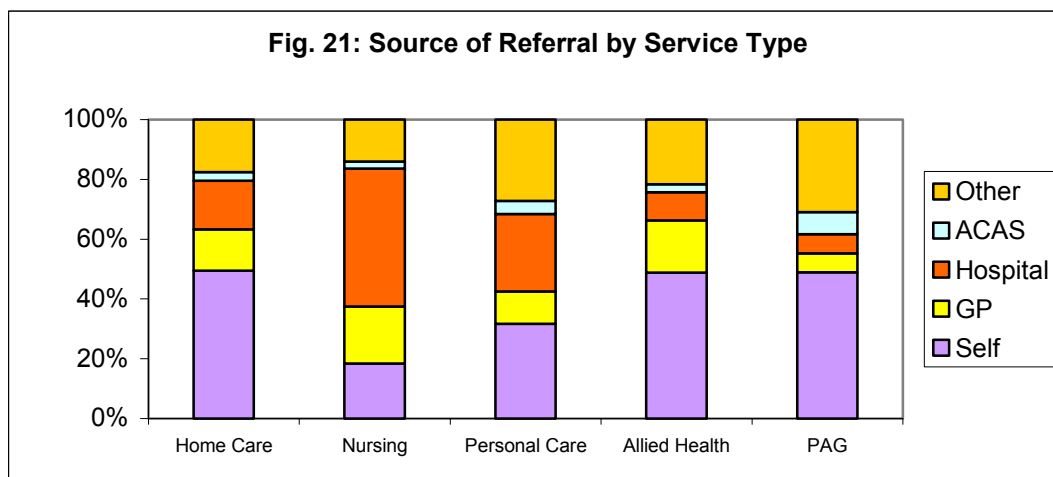


It can be seen from Figure 20 that almost 16 percent of data is missing, which introduces uncertainty into the analysis. A wide range of agency types have been amalgamated into the category 'Other', including home nursing services, community health centres, and local government authorities.



It is interesting that hospitals are the largest single source of referrals after self-referrals. General practitioners are the third largest source of referrals.

Figure 21 shows the source of referral for each of five HACC service types. The patterns are fairly different. For Nursing, the main source of referral is Hospital, in contrast to the other service types where self-referrals dominate. Hospitals also appear to be a big source of referrals for Personal Care services. GPs are significant sources of referral for both Nursing and Allied Health services. Aged Care Assessment Teams play quite a small role throughout. Missing data has been excluded.

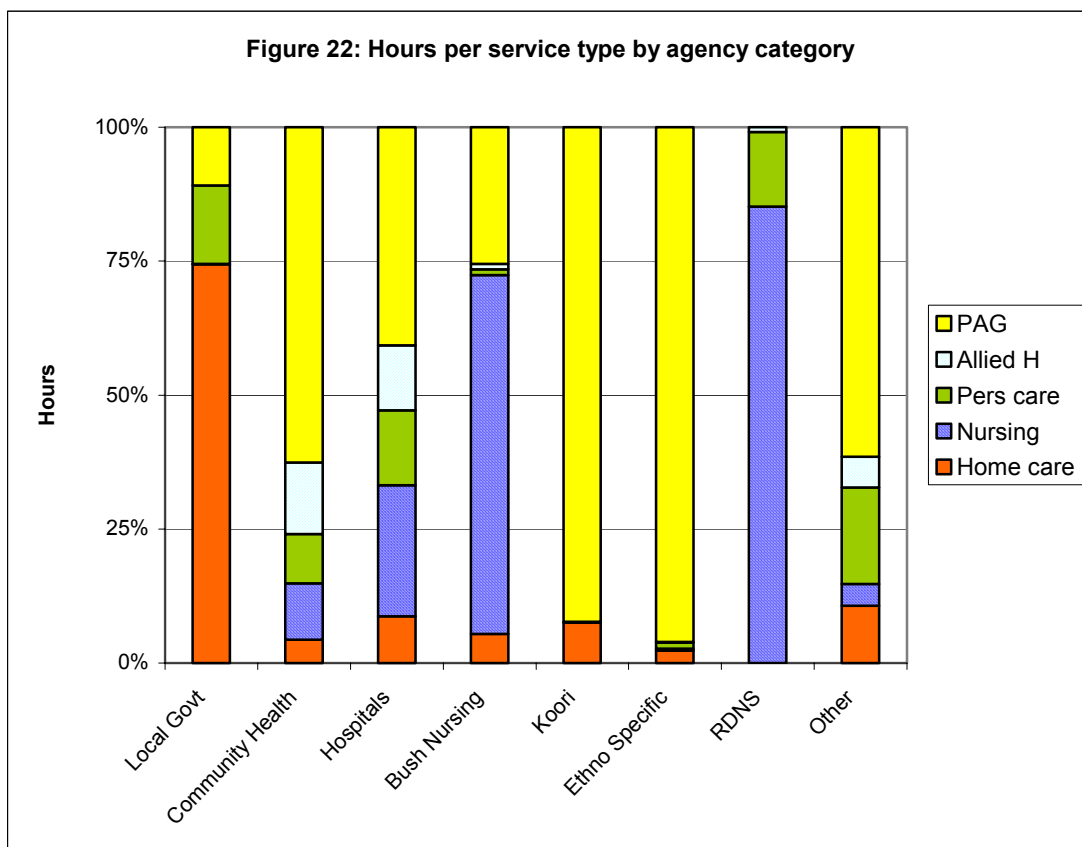


Range of services by agency type

The 500 HACC service providers can be classified in several ways. In Figure 22, agencies have been assigned to eight categories. It can be seen, for example, that the principal kind of service delivered by local government authorities is home care (accounting for 75 percent of HACC service hours delivered by councils). By contrast, ethno-specific agencies are mainly involved in running Planned Activity Groups.

The eight agency classifications used here require some explanation. ‘Hospital’ mainly describes non-metropolitan hospitals who manage home nursing services. The assignment of agencies to the category ‘Community Health Service’ is inexact. The Royal District Nursing Service has been put in a separate category because of its dominant role in nursing in metropolitan Melbourne. Linkages agencies have been put in the category ‘Other’. The classifications are somewhat arbitrary, and further work will be done to refine them.

Only five of the HACC service types are included in Figure 22.



Age profiles by service type

See Figure 23. The average age of all HACC users was 72 years, but there were sizeable variations by service type. Recipients of delivered meals were 7 years older than average, and home care users 4 years older, while Planned Activity Group (PAG) clients were 3 years younger on average, and respite clients fully 28 years younger (median age 41 years). However, problems with data quality on Respite clients will need to be resolved before these figures can be relied on.

Fig. 23: Age profiles by service type

