Towards an Age Friendly Darebin

FINAL REPORT
JULY 2019

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The Age Friendly Darebin Report was developed and submitted to Darebin Council by an independent expert Panel. Panel members and authors of this report are Dr Rhonda Galbally and Peter Allen.

Rhonda Galbally

Rhonda is well known for her leadership across the public health and community sectors, and as an advocate for people with disability. The many distinguished positions she has held include CEO of the Victorian Health Promotion Foundation (VicHealth), the cofounder and CEO of Our Community Pty Ltd, the Chair of the Royal Women's Hospital, the Chair of the National People with Disability and Carers Council, and Principal Board Member (chair) of the Independent Advisory Council for the National Disability Insurance Agency (NDIA). Dr Galbally was inducted to the Victorian Honour Roll of Women in 2005 and in 2012 received the Prime Minister's Outstanding Achievement Award at the National Disability Awards. In 2019 Rhonda was appointed a Companion (AC) of the Order of Australia for eminent service to the advancement of social equity, particularly to the health and welfare of people with a disability, and to the community. In April Rhonda was appointed to serve as a commissioner on the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

Peter Allen

Peter is currently based at the Australia and New Zealand School of Government (ANZSOG), where he was Deputy Dean between 2009 and 2015. Previously he had more than 20 years in the Victorian Public Service, with senior positions including Secretary of the Department of Education and Training, Secretary of the Department of Tourism, Sport and the Commonwealth Games, Under Secretary in the Department of Human Services, and Deputy Secretary, Community Services. Previously he was Director of Social Policy and Research at the Brotherhood of St Laurence. Mr Allen has also served as Founding Chair of the Australian Health Practitioner Regulation Authority and as a distinguished member of a number of councils and boards.

CONTENTS

ACRONYM LIST

ACAS	Aged Care Assessment Services
ACCHO	Aboriginal Community Controlled Health Organisation
ADEC	Action on Disability within Ethnic Communities
AHAAB	Active and Healthy Ageing Advisory Board
ASU	Australian Services Union
CALD	Culturally and Linguistically Diverse
CHSP	Commonwealth Home Support Program
DIHP	Deeble Institute for Health Policy
DII	Digital Inclusion Initiative
HACC	Home and Community Care
HACC PYP	Home and Community Care Program for Younger People
HCP	Home Care Package
HILDA	Household, Income and Labour Dynamics in Australia
ISC	Information Steering Committee
LGBTIQ	Lesbian Gay Bisexual Transgender Intersex Queer
MAC	My Aged Care
MAV	Municipal Association of Victoria
NCP	National Competition Policy
NDIS	National Disability Insurance Scheme
NGO	Non-Government Organisation
NSA	National Seniors Australia
PPN	Principal Pedestrian Network
PRACE	Preston Reservoir Adult Community Education
RAS	Regional Assessment Service
RTO	Registered Training Organisation
SRS	Supported Residential Service
TAFE	Technical and Further Education
U3A	The University of the Third Age
VACCHO	Victoria's Aboriginal Community Controlled Health Organisation
WHO	World Health Organisation

EXECUTIVE SUMMARY

Darebin: Becoming an Age Friendly City

In February 2017, Darebin City Council (DCC) signed the Age Friendly Victoria declaration, confirming its commitment to creating an Age Friendly City by empowering older people, and addressing issues of:

- social inclusion and respect;
- community support and health services;
- social participation and employment;
- housing; and
- transport and the built environment.

More than a sixth of Darebin's population is aged over sixty. This age group faces sweeping changes to community based aged care due to the Australian Government's reform to the aged care sector. Apart from the implications of the changes to home care services, local government continues to remain responsible for much of the community infrastructure and services that should support safe and fulfilling lives for all older residents.

DCC has commissioned this review to inform its decisions on how to best support older residents to live in an Age Friendly City which values, supports and empowers older people so that they can live well, be healthy, be socially connected, and live as independently as possible within their community.

Public consultation formed a significant component of the review. Consultation was guided by the review Terms of Reference and the intentions of the Panel, and was designed to offer:

- sufficient time for individuals, groups, organisations, staff and other stakeholders to consider, respond and provide ideas; and
- a broad range of locations, formats, languages and possible means for clients and community members to understand the purpose of the review and to contribute their thoughts.

The recommendations of this review are framed from the perspective that DCC is well placed to support older residents to lead good, quality lives, including older people from Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse (CALD) and other vulnerable groups at risk of being socially isolated.

DCC delivery of aged care services

DCC, like the rest of the aged care sector, has been dealing with fundamental changes due to the Australian Government's Living Longer, Living Better reforms.

For more than 30 years, DCC, with assistance of funding from the Australian and Victorian governments, has provided services to older residents to support them to continue living independently in their own homes. However, in 2016 responsibility for all aged care services transferred to the Australian Government.

Australian Government reforms include the introduction of a single-entry point: My Aged Care (MAC), the discontinuation of the Home and Community Care (HACC) Program and the introduction of the Commonwealth Home Support Program (CHSP).

As part of CHSP, DCC has received a grant to provide an agreed level of aged care services. This arrangement, known as block funding, will continue until at least June 2022. Darebin Council has resolved to continue its existing aged care services while block funding is in place. DCC has been advocating for a future extension of block funding beyond 2022.[1]

Also, as part of My Aged Care, federal funding for DCC's Regional Assessment Service outlet will continue until 30 June 2020. The Commonwealth Government has committed to implement changes to consumer assessments for all aged care services to be delivered by a new national assessment workforce from July 2020. The Commonwealth is expected to provide detail about the final model and implementation in the second half of 2019 and has indicated it is on track to have the new model in place by 1 July 2020.

The extension of CHSP until 2022 does not impact streamlined assessment being implemented – a streamlined model allows for the assessment organisation to make the determination of level of assessment.

The national introduction of a streamlined model, if it proceeds, means current arrangements for assessment of aged care services at the local level in Victoria will end and a new national assessment model and workforce will be established.

1 Australian Government Department of Health Provider update 3/4/2019

Future service delivery

DCC has resolved to continue all existing aged care services while block funding is in place.

This review identifies a range of opportunities to improve the effectiveness and impact of the services that DCC currently provides and particularly recommends involving older people in redesign to promote greater flexibility to respond to client needs and the maintenance of independent living skills.

This review has also proposed new services to assist older people to live well, be healthy, be socially connected, and live as independently as possible within their community.

This includes using existing staff expertise to actively support residents struggling to navigate the service system, and those at risk of isolation within their community. It is also recommended that DCC commits resources to actively support clients in transition, and in their decision-making around alternative, carefully selected, vetted and monitored provider/s. (Recommendations 21 – 24)

Age Friendly Darebin: more than aged care services

In addition to considering DCC's role in the delivery of community-based aged care, the review heard about a range of issues identified by Darebin residents. In response to the community's voices, the review identifies a range of initiatives that DCC can undertake towards the goal of becoming an Age Friendly City: enhancing the quality of life at home and in the community for older citizens.

Somewhere to call home

We heard from the community that central to an Age Friendly Darebin is the need for safe, affordable housing for older residents. Unfortunately, such housing is not available to some older people, and the review provides recommendations to improve public housing and affordability. (Recommendations 25 - 27)

In addition, the community told us that access to their home, and the homes of neighbours and friends, is an additional challenge for a growing number of older residents. As the community ages, accessibility is likely to become an even more significant issue, best addressed through revised building codes and regulations. Enhancing DCC's own building and development requirements combined with advocacy to both State and Federal Governments for changes to regulation and building code reviews are actions that are recommended.

(Recommendations 28 – 29)

For ageing residents to continue to live safely at home, mobility aids and appliances can be a key to proactive injury prevention. The review recommends that DCC explores several initiatives, including establishing a mobility equipment loans scheme and a home modification social enterprise connected to a Men's Shed and/or Technical and Further Education (TAFE) and supported by local businesses. (Recommendations 30 – 32)

We heard from the community that safety was an issue for older people.

To enhance safety from crime at home the review recommends DCC establish a program with local police to improve older people's awareness of common at-home risks, as well as re-invigorating neighbourhood watch with a specific focus on older residents. (Recommendations 35 - 36)

In response to community opinions, other recommendations to support older people at home include addressing squalor and hoarding, monitoring heat and cold risk; Darebin Home Share and Co-housing programs; and a 'home phone contact scheme'. (Recommendations 33 - 34 and Recommendations 37 - 39)

Age Friendly outdoors

We heard from the community about the value and importance for older people to be able to participate safely outside the home. This can include walking for exercise and enjoyment or walking to a specific destination, such as parks, shopping centres, and business, health and recreation appointments.

In response to community opinion, many of these recommendations pay particular attention to footpaths, toilets, street seats, water fountains, street lighting and parks and gardens. Whether in transit or at their destination, all the infrastructure should be designed and/or upgraded with older people in mind: recognising that Age Friendly is friendly for everyone. (Recommendations 40 – 58)

When walking is not possible the review proposes ways to make it easier for older people to drive, park, use community transport and use free public transport in off peak times. (Recommendations 59 - 65)

Importantly, a fundamental principle for Age Friendliness is that older people should be actively involved in the development, monitoring and improvement of services and infrastructure that affects them. Throughout the report there are specific recommendations for opportunities for older people to become the auditors, designers and informers to make Darebin Age Friendly.

(Recommendations 41, 53, 67, 71, 72, 73, 74, 75, 88, 94, 96)

Information and digital empowerment

In response to community input, high quality, relevant information is highlighted by the review as vitally important for older people to be able to age in place and engage in their community. However, we also heard from the community that information must be up-to-date and about areas and issues that older people identify as important.

The review therefore recommends that DCC establish an ongoing older peoples' participatory information project where older people are the information decision makers on the What, the How, and the When of their information needs. (Recommendations 66 - 67)

As far as the digital world goes, the review highlights the valuable support that can be gained by older people if they are able to access and use digital equipment. In response to community opinion, the review therefore recommends ways to make equipment and training available to older people in the use of digital equipment and apps, with an emphasis on the most vulnerable and isolated who are most likely to be excluded from the digital age and all of its particular benefits for older people. (Recommendations 68 - 69)

Social participation

In response to community opinion, health and wellbeing benefits of social participation are emphasised throughout the review and recommendations. Local government is in a particularly strong position to provide opportunities for older people to join in with groups and activities that not only add to their lives, but also contribute to the local community. DCC in particular, with its strong commitment to social justice is able to make sure that vulnerable, isolated older people are included with monitoring and outreach as a top priority.

The review heard from members of senior citizens clubs and therefore analyses the clubs from the perspective of fairness, outreach to vulnerable members of communities, inclusion, stability and support for their voluntary effort.

The review proposes a number of ways to support and strengthen the rich and diverse network of older peoples' groups. Recommendations are made to encourage stronger seniors' community organisations, such as co-location and targeted grants to improve weaker areas like governance, promoting outreach to vulnerable older people, refreshing and expanding membership and enhancing responsiveness to new needs and under-represented communities. (Recommendations 71 - 74)

In response to community opinion, the review also makes recommendations to ensure that older people are included and welcomed in the widest range of activities, including recommending targeted grants to encourage inclusion.

(Recommendation 70 and Recommendations 75 - 91)

We heard that libraries also offer a wealth of opportunities for Darebin's older residents, and the review makes numbers of recommendations for libraries to enhance their services, particularly for isolated, vulnerable older people. (Recommendations 92 - 93)

The review highlights the value of volunteers, most particularly drawing on skills, experience and capacity of older people as volunteers. We heard from older people that they want their skills and knowledge to continue to be used and in retirement they want the opportunity to give back to others. It is therefore recommended that a significant volunteer program be developed to expand opportunities for older people and people of all ages to contribute to others in the community. The review makes it absolutely clear that volunteers are not to replace paid workers, rather to enhance, deepen with time and peer support and utilise the skills from the Darebin community. (Recommendations 94 & 95)

Next steps towards an Age Friendly Darebin

In many ways the development of an Age Friendly Darebin builds on DCC's commitment to a bolder, more connected city, and DCC's mission to preserve and improve the physical, social, cultural and economic health of all neighbourhoods while ensuring quality of life for current and future generations.

Following Council's consideration of this report, it is expected Council will respond to the final report's recommendations and set a direction for the development of an Age Friendly Darebin.

It is expected that implementation of agreed recommendations of this report will require Council to make decisions in regard to prioritising activities and allocating resources, including redirecting existing resources or allocating new or additional resources.

The review recommends that a Cross Organisational Project Control Group, chaired by a DCC General Manager, should support and closely monitor the implementation of agreed recommendations. The Project Control Group would seek regular consultation and advice from DCC's Active and Healthy Ageing Advisory Board and the other older people's advisory groups recommended by the review (Recommendation 96). The Project Control Group would report twice a year to Council on the progress and any challenges in delivering agreed recommendations from the review. (Recommendation 97 and 98)

SUMMARY OF RECOMMENDATIONS

✅ **It is recommended that...**

Local intelligence for monitoring and advocacy about My Aged Care (MAC)

1. While the Australian Government continues to provide block funding for CHSP services to DCC, and until the full extent of new arrangements for Assessment Services is made clear, DCC should continue to provide Regional Assessment Services (RAS).

2. Until, and possibly beyond, the time when the full extent of new arrangements under the Australian Government reforms are made clear, DCC should gather intelligence and case studies highlighting both strengths and weakness of existing practice to inform baseline performance requirements of the new arrangements.

3. DCC monitors:
    a. demand and supply trends for MAC across a broader catchment area than just the Darebin LGA;
    b. the impact of MAC processes on clients, for example, time from referral to response by a provider, or if clients are left without a response.

Older CALD residents

4. DCC works closely with CALD communities, seniors' groups and providers to build their capacity to effectively support older people from their communities.

5. DCC sets performance targets for the number of people from specific CALD communities participating in programs, including MAC, for older people.

Older residents from Aboriginal and Torres Strait Islander communities

6. DCC conduct targeted work aimed at improving the current rates at which eligible residents from Aboriginal and Torres Strait Islander communities are engaged in assessment and connected to recommended aged care services. This should include targeted and culturally appropriate information, navigation and support for Aboriginal and Torres Strait Islander carers and older people to assist them access the aged care services that are available to them. Alongside Aboriginal and Torres Strait Islander specific services, mainstream services must be encouraged to provide culturally informed services to Aboriginal and Torres Strait Islander residents.

7. In consultation with local Aboriginal and Torres Strait Islander organisations, DCC identifies both good and bad practice in responding to the needs of older Aboriginal and Torres Strait Islander people and communicates this to the Australian Government to improve practice guidelines for MAC, specifically in delivering services to Aboriginal and Torres Strait Islander residents of Darebin.

8. DCC should consider providing support, such as respite trips or retreats, for community elders who are carers, while providing support for the people they care for.

9. Given that Darebin is a hub for older Aboriginal and Torres Strait Islander people it is important there is a dedicated meeting space within the municipality. It is recommended that Council, in consultation with Aboriginal and Torres Strait Islander elders, investigates creating such a space that services could provide outreach to.

DCC to continue and optimise delivery of CHSP services

10. DCC commits to continual improvement of service effectiveness and impact including maximising independence, socialisation and inclusion, through ongoing consultation and co-design with older people

Domestic Assistance

11. DCC focuses domestic assistance on building the older person's confidence and capability to perform everyday tasks, with workers undertaking tasks that are beyond the capacity of clients.

Personal Care

12. DCC considers providing personal support services on weekends.

Flexible Respite

13. DCC closely monitors demand for respite with a view to phasing out delivery of respite funded through the CHSP while either (i) considering offering respite through HCPs beyond 2022or (ii) confirming that other providers are available to respond in a quality and timely way.

Delivered Meals

14. DCC's meals service is re-designed to:
    a. further emphasise assisting older residents to prepare their own meals and to share meals;
    b. provide meals that better match the dietary and cultural preferences of residents;
    c. consider the addition of alternative providers, including the recent growth of home delivery services from a wide range of culturally appropriate local food retailers; and
    d. increase the numbers of residents attending meals outside their home, possibly with expanded use of volunteers supplied by the proposed volunteer service.

✓ It is recommended that...

Social Support

15. DCC promotes Yanada House as an outstanding and unique social support program for older people with dementia and tries to build up client numbers.

   Failing this, DCC ascertains the interest of other providers of social support groups in establishing a dementia group for the Yanada House clients.

Community Transport

16. DCC focuses on ensuring community bus availability is more fully utilised by:

   a. building up demand;
   b. increasing flexibility in routes;
   c. exploring the possibility of using newly available digital network tools to enhance door to door responsiveness and availability.

Home Maintenance

17. In addition to its own provision of home maintenance services, DCC investigates establishing a panel of local trades people who would be willing to undertake more extensive work than DCC provides.

Gardening

18. DCC provides a gardening service which includes mowing plus a focus on DCC staff working alongside older people to garden.

19. DCC provides nature strip mowing and a trimming service for overhanging trees and bushes as these can be risk hazards for older people walking and wheeling on footpaths.

DCC to examine the feasibility of expanding into the delivery of Home Care Packages (HCP) to enhance service spectrum and continuity of care of clients

20. While the block funding continues from the Australian Government for CHSP, DCC investigates the feasibility of providing HCP Levels 1-4 by DCC developing a detailed business case and operating model for a HCP service. Reputational risk associated with DCC applying high client fees and service costs should be explicitly addressed in the business case.

21. DCC to pilot a social inclusion program while addressing older people's system-related risks.

22. It is recommended that DCC commences a trial of social inclusion service when resource availability permits, while addressing older people's system-related risks by redirecting its own source revenue and re-developing roles and responsibilities to utilise assessment officers and community support workers in the piloting of the social inclusion service.

23. DCC provides a volunteer service to support the social inclusion service with more intense engagement where needed:

    a. the volunteers would not replace paid workers, rather social inclusion workers would work hand-in-hand with the volunteer service and call volunteers in to provide more hours of contact;
    b. the volunteer service would include older people as volunteers for isolated older people.

24. Alongside the Social Inclusion Service, DCC continues to provide its own directly funded services where there is a risk that vulnerable CHSP clients may not be able to access necessary services due to 'service holes' or 'thin markets' for example: delivered meals and home maintenance (including gardening).

SOMEWHERE TO CALL HOME

Home affordability

25. DCC examines schemes that give private landlords rate concessions for charging moderate rents to low income older people.

26. DCC considers purchase of additional land or alternative use of its own land to partner with potential social housing providers or with the Office of Housing to expand the volume of fully accessible public and community housing stock to be offered to older people who are homeless and/or older people living in Supported Residential Services (SRS) or rooming houses.

27. DCC renews its efforts to advocate hard for a minimum regulation for private dwelling accessibility so that there is more accessible rental stock for frail older people.

Home accessibility

28. DCC updates its approach to access in its planning requirements by:

    a. reviewing existing tools/levers in the planning scheme that could be used to encourage/require accessible features in housing;
    b. developing additional tools and resources to support developers; and
    c. implementing liveable housing guidelines similar to Banyule City Council.

✓ It is recommended that...

Advocacy for affordability and access

29. DCC adopts a policy position and advocacy commitments similar to the City of Whittlesea:

   a. "That every person has a right to affordable, adequate and appropriate housing to enable their participation and sense of belonging in community life."

   b. Commitment 1: State-wide planning measures should be adopted that mandate and incentivise Social and Affordable Housing (Victorian Government).

   c. Commitment 2: All new social housing dwellings should be required to comply with the Liveable Housing Design Guidelines Housing (Victorian Government).

   d. Commitment 3: Take action to break the cycle of homelessness by adequately investing in the housing and homelessness sector to assist people across all life-stages (Victorian and Australian Government).

   e. Commitment 4: The National Rental Affordability Scheme should be reinstated (Australian Government).

Mobility aids and appliances

30. DCC establishes a Mobility Equipment Loans Scheme (similar to a Toy Library), in partnership with a Non-Government Organisation (NGO) expert in disability equipment.

31. DCC explores the possibility of donated and recovered mobility equipment being restored by using a volunteer program established with a Men's Shed, also including older people.

Home modifications

32. DCC examines the opportunity for facilitation of a start-up home modification social enterprise, connected to a Men's Shed and/or TAFE and supported by local businesses in a community business partnership.

Squalor and hoarding services

33. DCC considers the extent of services for people living in squalor, particularly considering older people living in rentals and boarding and rooming houses, as well as home-owners, and develops a comprehensive approach with NGOs that currently provide services to people with hoarding issues and people living in squalor.

Cold and heat

34. DCC adds to its monitoring of CHSP clients during heatwaves by also monitoring those at risk on extreme cold days, especially focusing on homeless older people.

Safe from crime at home

35. DCC formalises a program to collaborate with local police to improve older peoples' awareness of common at-home risks.

36. DCC partners with Victoria Police to reinvigorate Neighbourhood Watch to have a particular focus on older people.

Home Share

37. DCC facilitates a Darebin Home Share and co-housing program in partnership with an NGO with established home share systems and processes.

38. DCC markets and promotes Home Share and co-housing to older people via social inclusion workers and community organisations.

Home Phone Engagement Scheme

39. DCC explores further the opportunity to facilitate a home phone contact scheme with a NGO partner.

AGE FRIENDLY OUTDOORS

A local network for walking and wheeling

40. DCC develops a walking (and wheeling) group program to facilitate groups of older people, including older people in public housing, boarding and rooming houses as well as those using walking frames and wheelchairs.

Older Peoples' Open Space Audit Advisory Team

41. DCC establishes the Older Persons Open Space Audit Advisory Team made up of older volunteers who would be willing to participate in regular audits with DCC staff to consider footpaths, seating, toilets, bus and tram shelters and lighting.

Walking definition includes older people

42. DCC adds the word 'wheeling' and the disability symbol into all of its walking policies, strategies and projects in order to normalise 'walking' with a walking frame, in a wheelchair or on a mobility scooter, and ensure that people who use mobility equipment are included in walking strategies.

✓ It is recommended that...

Footpaths and kerbs

43. DCC introduces an additional footpath category into the Principal Pedestrian Network (PPN) that addresses access for older people. This additional category should:

    a. be based on the location of older people's homes and their daily needs including access activity and recreation centres, health and community services, parks, clubs, public transport and shopping;
    b. have a higher inspection frequency than the current 'Other' category (i.e. 12 months);
    c. provide a mechanism to allocate targeted funding to address priority renewals (i.e. additional to the footpath renewal budget); and
    d. identify footpaths and roads to be prioritised for renewal in order to construct appropriate ramps across kerbs and gutters (i.e. pram crossings).

Public toilets

44. DCC ensures that the location of new toilet facilities (which should all be fully accessible to people in wheelchairs) is informed by the location of older people's homes and their daily needs including access activity and recreation centres, health and community services, parks, clubs, public transport and shopping. In particular, the location of new toilets should be integrated with the proposed new Older Person category of PPN discussed above.

45. DCC ensures that public toilets, including accessible toilets be open, at a minimum, for use during daytime.

Pedestrian crossings

46. DCC ensures that pedestrian crossings be well signed, clearly marked, plentiful and well positioned to prevent older people from taking risks crossing roads, most particularly in more disadvantaged pockets of Darebin.

47. DCC ensures that traffic lights be positioned in high traffic areas and have mechanisms to slow them down so that older people can walk across the street safely.

48. DCC ensures that pedestrian crossings are brought into alignment with the new Older Person category of PPN to create a seamless safe walking network.

Water fountains

49. DCC ensures that water fountains be available and easy to use in all open spaces and along walking paths.

Street and open space seats

50. DCC ensures that street seats are sufficient in number and are well- positioned on walking routes for older people to be required to walk for no more than 0.5 km before being able to have a seat.

51. DCC ensures that in parks and gardens and other recreation spaces, seats are plentiful and grouped to encourage conversation and exchange.

52. Street seats have backs rather than benches.

Street lighting

53. DCC refers street lighting, particularly in relation to risk of falls and personal injury, to an Older Person Open Space Audit Advisory Team.

Outdoor plazas, parks, gardens and nature reserves

54. A specific section of Darebin's Open Space Strategy be developed with the aim of increasing older peoples' usage. The development of this strategy should involve older people as the lead advisors.

55. DCC explores the possibility of permanent games and exercise equipment for older people as part of this targeted strategy aimed at older people.

56. Open space planning is informed by the location of older people's homes and their daily needs including access to activity and recreation centres, health & community services, parks, clubs, public transport and shopping.

Dogs in parks

57. DCC takes into account risks and benefits to older people in any future reviews about the rules relating to dogs in open spaces.

Accessible community facilities

58. DCC's next infrastructure audit:

    a.   undertakes a comprehensive access audit of all Council facilities;

    b.   develops a priority list to address the access issues as identified above;

    c.   allocates adequate recurrent funding for annual minor works that should not be less than $50,000; and

    d.   considers an appropriate and feasible timeframe to ensure that all DCC facilities are accessible for the current generation of older people.

Public transport

59. DCC undertakes a strategic piece of advocacy in conjunction with other Councils, targeting the State Government's unrealistic timelines for making public transport fully accessible for the current generation of older people.

60. DCC provides public transport familiarity training opportunities for older people.

✓ It is recommended that...

Bus and tram shelters

61. DCC consults with the State Government on the development of an implementation plan to ensure adequate provision of bus and tram shelters.

62. DCC ensures that seating at bus and tram stops is consistent with recommendations in relation to a seamless, safe and accessible walking network for older people.

Cars

63. DCC arranges for regular 'driving brush up' courses for older people to be provided with driving instructors as a way of lowering risk.

Car parking

64. It is recommended that DCC expands the number of non-regulated parking places close to senior citizens centres. It is further recommended that DCC consider a range of more innovative approaches to meet older people's need for parking, for example:

    a. creating drop-off/pick-up parking zones for older people in front of services older people frequently use; e.g. health services, shopping centres, seniors' clubs, sport and community groups;

    b. allocating parking for older people at designated times:
- designated parking for older people could be based on identifying times that older people are likely to need parking in conjunction with lower use times for other residents;
- this may be used to support DCC's economic development activities: encouraging older people to participate in economic/social activities in the 'down-time' for general business activities;
- this could be used in conjunction with programs to encourage businesses to offer 'senior discounts' to coincide with these designated times;

    c. working with business owners/traders' associations to allocate parking for older people at the rear entrance of shops (i.e. where staff park or for non-delivery times). This may also improve disability access at rear entrances to permit clients to go through some shops to access main thoroughfare; (e.g. access to High St Northcote, from car park off Arthurton Rd);

    d. linking with volunteer driver or develop 'Uber local' for pick-up and drop-off (this could also be considered as possible economic development activity);

    e. advocating for free public transport for older people in off-peak periods (note that this is the case in other States, for example in Adelaide: the South Australian Seniors Card also serves as a Seniors Metrocard, providing card holder's public transport fare concessions, and free travel on all Adelaide Metro public transport services Monday to Friday 7.00pm to 7.00am (i.e. through the night) and 9.00am to 3.00pm);

    f. including drop-off/pick-up drive throughs as a requirement in the design of new developments or re-developments.

Community transport

65. DCC encourages the use of community transport by older people living in boarding and rooming houses, public housing and from other vulnerable groups and also in more disadvantaged parts of Darebin, to broaden the group of older people who know of its availability and how to access it.

INFORMATION AND DIGITAL EMPOWERMENT

Participatory approach to information

66. DCC establishes an ongoing Older Peoples' Participatory Information Project.

Information Advisory Group

67. DCC establishes an Information Advisory Group of older people, including representatives from all vulnerable groups.

Help and support to access information

68. DCC considers using volunteers from the proposed volunteer service at libraries, to assist older people to fill in online and paper forms and applications – regular weekly sessions could be trialled.

69. DCC takes a systematic approach to ensuring that digital opportunities are extended to vulnerable older citizens who are currently excluded. This may include:

a. supply of basic equipment such as iPads;
b. supporting Neighbourhood Houses to develop mobile training and equipment for house-bound older people;
c. developing robust outreach programs to encourage those who are able to attend to come into a wide range of community groups for flexibly timetabled digital learning opportunities; and
d. courses to be provided in more disadvantaged parts of Darebin and tailored for diverse needs that may include social media, communication such as Skype or email or for those who want to find information online.

SOCIAL PARTICIPATION FOR OLDER PEOPLE

Locational disadvantage

70. DCC pilots a model in more disadvantaged pockets of Darebin that enables a council worker to run social activity programs for older people, with the aim of developing local ownership and governance, so that ultimately the program turns into a senior's group with its own local ownership, control and governance rather than remaining as a service offering.

✅ It is recommended that...

A network of local community and seniors' groups

71. DCC develops and facilitates an Older Persons Community Group Network of all older peoples' community groups for learning and knowledge exchange, with participation by all Presidents of older peoples' community groups.

72. DCC considers adding to the space available for older peoples' groups that would benefit from a permanent venue by:
   a. identifying one larger DCC owned space that is little or unused and two smaller DCC owned spaces - with at least one of these being located in a more disadvantaged part of Darebin;
   b. refurbishing the three spaces into numbers of offices/desks (sharing photocopiers etc.) and numbers of large meeting and activity spaces - enough so that groups can schedule many more activities;
   c. some of the larger community organisations such as University of the Third Age (U3A) could have branches in the co-shared spaces;
   d. a lead organisation such as U3A or a Neighbourhood House should be identified and funded to manage the space as well as support the other co-tenant groups.

Grant to include older people in general community groups and activities

73. DCC provides targeted grants for general community groups who are planning to include more older people by providing grants for:
   a. adapted equipment for sports and recreation;
   b. outreach to attract older people;
   c. development of creative works with older people as lead participants.

74. DCC makes small grants available to support new groups and activities, as well as to assist established community groups to adapt and include older people. These grants should focus particularly on assisting community activities and groups in geographically disadvantaged areas of Darebin and groups, such as Matrix, that have not received funding to date.

Older Peoples' one-off events and festivals

75. DCC supports older peoples' events that encourage older people to lead festivals and event initiatives.

76. DCC develops a robust outreach strategy for festivals and events focused on including disadvantaged older people and ensuring that participation in the event is not limited to those 'in the know'.

77. DCC provides certainty for multiyear funding for events to increase participation rates by allowing the knowledge to be disseminated that the events will be annual.

Senior citizen's clubs

78. DCC develops a new model for funding senior citizens clubs, which should include consideration of:
   a. ceasing funding based on per capita membership;
   b. providing a base amount to all groups for the running cost for the group - meetings, governance;
   c. continuing to provide in-kind financial auditing and public liability insurance for all groups;
   d. providing in-kind venues (and where requested office/desk);
   e. directly subsidising bus trips, including procuring a bus charter;
   f. ensuring that older people from vulnerable groups are included in club activities with targeted funding for specific activities;
   g. separately funding (through an application process) specific outreach activities and Darebin area focused membership drives;
   h. separately funding (through an application process) activities in more disadvantaged pockets of Darebin;
   i. looking for three locations to establish co-location spaces for interested senior citizens groups to be able to have office/desk space to establish as headquarters;
   j. funding a lead organisation to undertake venue management, support, facilitation, mediation;
   k. establishing clear expectations and outcome measures regarding outreach and inclusion of older people who are vulnerable (e.g. frail, low socioeconomic, etc.).

U3A

79. DCC supports U3A with an annual DCC grant of a minimum of $4,000.

80. DCC provides targeted funding to U3A to reach out to older people in the community who do not know about U3A and/or may feel intimidated attending and to offer buddying and support for participation.

81. DCC considers U3A as a possible lead organisation in the recommended co-located space for older peoples' community groups.

Men's Shed

82. DCC provides community transport assistance to allow more men to attend a Darebin Men's Shed.

83. DCC considers establishing a new Men's Shed in Darebin, to promote geographic access, either co-located with a Neighbourhood House or at the proposed new co-located community hub (refer to Recommendation 72).

Probus

84. DCC considers offering targeted funding to Probus Clubs to reach out to older people in the community who do not know about Probus and/or may feel intimidated attending and to offer buddying and support for participation.

✅ It is recommended that...

Carers' groups

85. DCC considers commissioning Carers Victoria to partner with DCC in supporting the development of new Carers' groups for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ), CALD and in other locations and communities that do not have carers groups.

Grief Groups

86. DCC considers commissioning Compassionate Friends to partner with DCC to explore the benefits of trialing grief groups.

Neighbourhood Houses

87. DCC works with Neighbourhood Houses and older people to develop a list and best method for information dissemination (dynamic - with in-built update mechanism) of low-cost and free programs, services and events that Darebin Neighbourhood Houses run for older people.

88. DCC works with Neighbourhood Houses and older people to identify best methods for outreach to older people who currently do not participate in Neighbourhood House programs and to assign shared responsibility for outreach.

89. In annual reports provided by Neighbourhood Houses there is a request for information regarding specific activities and numbers of older people participating, and generic activities and numbers of older people participating.

Online community groups and activities

90. DCC adopts the goal of enabling and encouraging older people from all income levels and backgrounds to bridge the digital divide and join online community groups and activities.

91. DCC develops an online community strategy, including an implementation timeline.

Libraries

92. DCC funds the visiting library service to expand its support of homebound residents.

93. DCC develops its new library strategy, the needs of older people are strongly considered, particularly in terms of their residential location.

Volunteers

94. DCC establishes a Volunteer Program to provide the opportunity for older people and people of all ages to contribute to others in the community.

95. DCC's Volunteer Program undertakes identifying, recruiting, informing, as well as training and support for volunteers, including older volunteers.

NEXT STEPS

Implementation, Monitoring and reporting

96. DCC establishes a Cross-Organisational Project Control Group, to be charged with responsibility for implementation.
The Project Control Group to:
a. be chaired by a General Manager from DCC's Executive Leadership Team and comprised of officers from across DCC with appropriate experience, information and authority to oversee the development of an Age Friendly Darebin;
b. consider and provide advice for Council regarding prioritisation, resourcing and implementation of Age Friendly Darebin initiatives and activities; and
c. conduct regular consultation and seek advice from DCC's:
   - Active and Healthy Ageing Advisory Board
   - Older Persons Community Group Network
   - Information Advisory Group
   - Older Person Open Space Audit Advisory Team

97. The Cross-Organisational Project Control Group reports to Council on progress towards agreed commitments to develop an Age Friendly Darebin annually as part of the monitoring achievement towards Council's 2017- 2021 Goals, particularly:
a. Goal 2: improving the wellbeing of people in our community by providing opportunities for them to live their lives well;
b. Goal 3: ensuring our planning system facilitates high-quality and sustainable development that extracts social, environmental and economic benefits for our community; and
c. Goal 5: leading on equity and recognizing our diverse community as our greatest asset for solving future challenges.

98. When reporting against these goals the Committee should provide advice to Council on:
a. progress and challenges in ensuring an Age Friendly Darebin; and
b. appropriate action to address emerging issues that may impact on DCC's ability to deliver its Age Friendly Darebin commitments.

1 TOWARDS AN AGE FRIENDLY DAREBIN

Darebin City Council (DCC) is committed to an Age Friendly City which values, supports and empowers older people – so that older people can live well, be healthy, be socially connected, and live independently within their community.

> *"No matter what age – we want to be included and recognised in 'community'". (Consultation feedback)*

Age Friendliness is a broad term that brings together evidence, strategy and programs to ensure that older peoples' daily lives are well supported and well connected to their community.

Initiated by the World Health Organisation (WHO), Age Friendliness has been taken up as a goal by countries and cities around the world. Age Friendliness builds on the idea of "active ageing" and is meant to convey a more inclusive message than simply healthy ageing.

 "The word "active" refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force."[2]

Like many WHO policies, Age Friendliness risks remaining at an abstract level where cities sign on but little changes. The challenge for local governments is to distil thinking about Age Friendliness for application to the particular circumstances of their communities and to identify how they can best contribute to making their city 'Age Friendly' for their ageing residents.

DCC has already shown its leadership in Age Friendliness by providing an outstanding model of Home and Community Care (HACC) to support and care for its disabled and ageing residents.

DCC also contributes to the well-being of its older residents with a range of programs, grants and infrastructure, guided by its Active and Healthy Ageing Strategy 2011-21:

 "...the Darebin community in 2021 is one that fully embraces older citizens and values their wisdom and contribution. The community is vibrant, happy, caring, compassionate and inclusive of all ages, cultures, abilities, backgrounds and lifestyles. We collectively meet the challenges of an ageing population with a generous spirit and we see older people as part of the solution not as the problem" [3]

Older people as a group are growing in number and have the potential to become the population group with the diversity, time and knowledge to develop Darebin into a highly interactive, interdependent, community-connected city.

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2 WHO, 2002, *Active Ageing: A Policy Framework* p.12
3 *Darebin Active and Healthy Ageing Strategy 2011-2021* p.10

This requires a view of older people as active and committed to maximising engagement and contribution to community, rather than dependent, burdensome and without the capacity to contribute.

1.1   Changes to Aged Care

The aged care sector has been fundamentally changed by the Australian Governments "Living Longer, Living Better" reforms. Because of this major new approach driven by the Australian Government, DCC has the opportunity to rethink its approach to its older residents, to consider its distinctive strengths as a local government authority, and to take a whole of local government approach to ensuring that the City of Darebin becomes the Age Friendly place of choice for older people.

In 2011, in response to the demographic shift towards an ageing population and a major review of aged care in Australia by the Productivity Commission, the Australian Government decided to develop a nationally equitable model for the delivery of aged care services. The Australian Government now has responsibility for a national system covering the full continuum of care across all levels of aged care service delivery from entry level to higher care packages up to residential care.

The Australian Government's Living Longer Living Better reforms have significantly changed the entire aged care system, including the introduction of a single entry point: My Aged Care (MAC), consumers selecting a provider of choice, the discontinuation of the HACC program and the introduction of the Commonwealth Home Support Program (CHSP), amongst a range of other fundamental changes.

1.2   Problems with the Australian Government's Aged Care reforms

Research undertaken by National Seniors Australia (NSA) in 2018 indicates that most older Australians are ambivalent about the benefits of consumer directed care.[4] More than half the respondents to an NSA survey either had no confidence or were unsure of their ability to choose an aged care service provider that meet their needs. These findings are consistent with community comments to the review. The NSA report also highlighted that Australians have a consistent preference for high levels of human contact and communication.[5]

> *"With this new system, putting all the responsibility on the recipient is a recipe for disaster. When it comes to choosing a provider – Oh my God, who do you choose? I can do the groundwork for Mum, it's hard enough for me, but she couldn't do it herself." (Consultation feedback)*

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4 Rees, K., et al. 2018,
You don't know what you don't know: The current state of Australian aged care service literacy
5 Ibid.

Additionally, a 2018 literature review of choice and quality in community care completed by Latrobe University identified eight key themes around consumer choice and perceptions of quality in home and community care.[6] Themes highlighted by the study were:

- **Control:** most consumers want to actively participate in the decision making for their care services and have the freedom to choose services based on their physical and mental needs;
- **Interpersonal interaction:** consumers want to receive services from someone they know, and enough continuity to build rapport and a genuine relationship;
- **Flexibility:** consumers want the delivery of their care to be flexible, in terms of choice of service provider, choice of daily activities, people employed to assist and adjustments over time according to their changing physical and mental needs;
- **Local residence:** consumers want to receive high quality care at home and not have to move away from friends and neighbours;
- **Affordability:** consumers want their services to be affordable and subsidised where possible;
- **Administrative and financial literacy:** consumers would benefit from information on and assistance in understanding their care service entitlements, and receiving support with the financial planning and management of their services;
- **Safety:** consumers want to feel protected in their homes and local communities, and to know that both general and emergency assistance is readily available; and
- **Timeliness of service care provision:** consumers prefer to receive information, their care entitlements and services in a timely manner.[7]

The Deeble Institute for Health Policy (DIHP)[8] has identified three dimensions of the current reform that require further research:

- **Cost effectiveness:** the cost effectiveness of consumer-directed models has yet to be fully determined;
- **Cultural considerations:** the objective of facilitating individual rather than communal control conflicts with the cultural values of many Aboriginal and Torres Strait Island people;
- **Capacity to participate:** there is limited research on how services are best designed and delivered to older people with cognitive impairments.[9]

The DIHP notes that while the principles of choice and control are important in health and wellbeing there are differences in people's abilities to exercise this choice and control. It notes that making informed choices about aged care can be impacted by cognitive ability, literacy levels, availability of a carer and level of education. As the DIHP notes: "many of those surveyed as part of the My Aged Care evaluations were not even sure they were in receipt of a Home Care Package (HCP)".[10]

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6 Wells, Y., et al. 2018, *Literature review on choice and quality in home-based and community-based aged care. Report for the Australian Aged Care Quality Agency*

7 Ibid.

8 Jorgensen, M., et al. 2018, *The impact of the home care reforms on the older person, the aged care workforce and the wider Health System*

9 Ibid.

10 Ibid.

Additionally, publicly available information for consumers to compare the quality of home care service providers remains extremely limited. The DIHP concludes that: "there is little doubt that a market-based system has the potential to exacerbate inequalities for those who do not have the necessary knowledge, skills and abilities to navigate the process."[11]

> *"Privatisation can be exploitative and not always cost effective – a big concern as these businesses are only after a profit and CARING for the elderly or disabled doesn't turn a profit." (Consultation feedback)*

1.3   Age Friendly Darebin: beyond the Australian Government's reform agenda

In considering how Darebin prepares itself for its own demographic shift, with its ageing population, it is important to focus on the reality of the Australian Government's dominant position in setting the agenda for aged care service delivery, and its preference for a competitive model of service provision. Within this model how could DCC best complement and/or compete?

> *"I want to stay in my lovely diverse and inclusive community and my beautiful house and garden but will eventually find it too big to manage as I and my partner get older." (Consultation feedback)*

This involves stepping back and considering what Darebin, with its strong commitment to equity and social justice, could provide for its older residents in conjunction with the Australian Government's funding and oversight of service delivery across the entire service spectrum and for the whole country.

It also involves analysing the weaknesses inherent in the new operating environment for aged care services with the aim of considering ways in which DCC could mitigate some of the problems: especially in the area of lack of knowledge, confusion, fear and general disempowerment of older people.

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11 Ibid.

DCC is in a very strong position to support older residents in the new aged care environment, especially the more vulnerable. For example, DCC could have a critical role in helping older people overcome a number of significant risks such as:

- inappropriate services or exploitation of older people who do not have appropriate information or the ability to use that information effectively to make good choices about a service provider;
- information not being accurate and therefore not useful to support choice at a local level;
- difficulties for some older people to access telephone and on-line services due to hearing impediments, digital illiteracy, or reversion to language other than English; and
- vulnerable people falling through cracks, especially those who have difficulty accessing services through MAC.

1.4   Age Friendly Darebin: a life course approach to living well

Apart from home support services, what else could DCC undertake as part of an organisation wide strategy with the strong governance needed to make every department work to make Darebin an exemplar Age Friendly City?

The context is that despite individual differences and at all stages of ageing, older people do best in their health and wellbeing when they have:

- somewhere to live that is of an adequate standard to enable them to remain safe, connected to community and as independent as possible for as long as possible;
- help to continue using and/or recover skills for daily living;
- regular interactions with others on a day to day basis, including informal unpaid networks;
- participation with others in community activities; and
- opportunities to keep up skills, learn new ones and to make a contribution to the community.

An Age Friendly Darebin would systematically ensure that all older people are supported in all these ways to age in place in Darebin, by being as independent as possible and connected to informal networks and community groups. In the final analysis - as the community told us - the health and well-being benefit from developing an Age Friendly Darebin is huge for the community as well as for individual older people.

> *"I slightly resent the current community discourse that there are too many of us, we are a burden, we cost too much, we live too long." (Consultation feedback)*

Darebin gains by:

- harnessing participation of the growing pool of older people, in the interests and activities of local communities;
- many of the actions taken to make Darebin Age Friendly will also be valuable for other age groups; e.g. parents with prams and people with a disability will gain from a more accessible built environment; and
- research evidence shows that older people gain by remaining as healthy as possible with lower rates of injury, heart disease, stroke, diabetes type 2, dementia, depression and anxiety.[12]

As the level of government closest to the community, DCC could strategically contribute to achieving Age Friendliness by:

- identifying, monitoring and supporting older members of the Darebin community to access and experience good quality services, particularly for the most vulnerable members of its ageing community;
- promoting safe independent life-styles and the maintenance and use of skills and knowledge, not only for the enhanced daily living of individual older people, but also for the benefit of the wider Darebin community; and
- tackling social isolation with a strategic approach to social connection and community inclusion that includes attention to the outdoor and built environment.

1.5   Age Friendly Darebin: beyond the individual focus of My Aged Care

Identifying what local government is best at is essential for a genuine approach to Age Friendliness. A holistic, local approach is necessary because the new single point of entry to the aged care system, My Aged Care (MAC), is primarily focused on individuals in isolation from their local communities and environments.

> *"I have found the My Aged Care system to be very complicated and exhausting. I'm 71 and it's all up to me to research providers."*
> *(Consultation feedback)*

The review heard from the community that it is not enough for older people to be assisted to age in their home if they:

- lose the capacity to contribute what they can to their own self-care;
- see no one except paid workers;
- lose touch with neighbours;
- cannot get out to enjoy the local area;
- cannot participate in community groups; and
- lose their skills and knowledge because no one has provided them with opportunities to use them.

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12 Holt-Lunstad J., et al. 2010 'Social Relationships and Mortality Risk: A Meta-analytic Review' PLoS Medicine Vol. 7 no. 7

MAC has many flaws but most of all it is only one part of the puzzle. With its focus on the individual, it does not include attention to:

- the built environment including transport and housing;
- the communication and information environment; or
- the social environment – community development and inclusion and making a contribution.

This report has been developed to inform future decision making by Council in response to the changing roles and responsibilities of different levels of government, and the reaffirmation by DCC of its commitment to ensure an Age Friendly City.

For background information that has assisted in informing and shaping this report, refer to following appendices:

- **Appendix 1:** Review's Terms of Reference
- **Appendix 2:** The Project Methodology
- **Appendix 3:** Banyule City Council Summary of Liveable Housing Guidelines
- **Appendix 4:** Data & Information Tables
- **Appendix 5:** Community Consultation Report.

2 CONTEXT: COMMUNITY BASED AGED CARE SERVICES

2.1 The Home and Community Care program (HACC) in Victoria

Since its creation, through the Victorian Government's 1994 local government amalgamations, Darebin City Council (DCC) has part-funded and delivered a range of services to older residents who need assistance to keep living independently at home and in the community.

> *"I trust Council, I trust the workers through my home; that is a big thing for older people." (Consultation feedback)*

Service recipients commonly need help with everyday tasks such as housework, meal preparation, showering and getting dressed.

Originally badged the Home and Community Care Program (HACC), services in Victoria were funded by all three levels of government, including local government, and were delivered by local government with small, income related contributions from service recipients.

Local governments' role and responsibilities for services for older residents reflected local government being well placed to deliver responsive and tailored services to local residents due to the proximity, accessibility and accountability of council staff; and the limited availability of other organisations to provide required service levels at that time.

However, as part of the transfer of the entire aged care system to the Australian Government, in 2015 the Victorian and Australian Governments agreed to transition overall responsibility for Victorian HACC services to the Australian Government.

2.2 The Commonwealth Home Support Program (CHSP) replaces HACC

From July 2016, Victorian HACC services for people aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) have been funded and managed through the Commonwealth Home Support Program (CHSP).

The Victorian Government continues to fund services for people aged under 65 years (under 50 years for Aboriginal and Torres Strait Islander people) who were receiving HACC but are not eligible for the National Disability Insurance Scheme (NDIS) through the HACC Program for Younger People (HACC PYP).

It is important to note that this review only considered services to older people: it did not consider the NDIS nor HACC PYP. CHSP block funding agreements for services to older people will continue to be offered until 30 June 2022 to all Victorian CHSP providers, including DCC. The Australian Governments' decision to maintain existing funding arrangements until 2022 was announced as part of the 2019 Australian Government Budget in April 2019.[13]

While the Victorian Government has transitioned full responsibility for the previous HACC, now CHSP, services for older Victorians to the Australian Government, the Municipal Association of Victoria (MAV), individual local governments and other bodies have committed to advocate continuation of the role of local government in delivering aged care services to older Victorians.

2.3 Access to the CHSP

CHSP services are available for older people who are assessed as needing entry level help to continue living at home in the community. Service recipients commonly have difficulty with everyday tasks, such as showering, getting dressed or doing housework.

The Australian Government has full responsibility to assess eligibility for the publicly funded aged care services: assessment for CHSP services is through a Regional Assessment Service (RAS). The Australian Government directly engages 14 RAS organisations to operate the RAS in Aged Care Planning Regions across Australia. These organisations are responsible for the provision of Home Support Assessment. The RAS may deliver Home Support Assessments through subcontracting arrangements subject to approval from the Department.

In addition to RAS, the Australian Government funds the States and Territories to administer the Aged Care Assessment Program. Assessments under this program are conducted by an Aged Care Assessment Service (ACAS; called Aged Care Assessment Teams ACAT in all other States than Victoria). Assessment for HCPs and residential care must be conducted by an ACAS.

DCC provides RAS but not ACAS assessments. The table below provides summary information on Assessment services provided by DCC.

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13 Australian Government Department of Health Provider update 3/4/2019

DCC Assessment Service summary

Scope	Home Support Assessment builds on the information collected in contact centre registration and screening, with a further level of detail to determine a client's eligibility to receive CHSP services. Home Support Assessments are generally conducted face-to-face in the client's usual accommodation setting. During the assessment, the assessor and client work together to establish a support plan that reflects the client's strengths and abilities, areas of difficulty, and the support that will best meet their needs and goals. This will include the consideration of formal and informal services as well as reablement pathways where appropriate. Significant effort is taken to (i) use interpreters where indicated, (ii) follow up all clients and issues and (iii) involve relevant others if client requests.
Service hours	Monday to Friday 8.00am–5.00pm
Client fees	No fee charged
Active clients	2,562 (Number of individuals assisted at least once in 2017-18)
Outputs in 2017/18 (hours)	8,357

Financials 2017/18 actual

Total revenue	Program cost	Total Council contribution
$751,096	$1,577,778	$826,682

Unit price	Unit cost	Council contribution per unit
$92.01	$188.80	$98.92

* Note: (i) financial data excludes corporate overheads; and (ii) Council contribution and Council contribution per unit is based on the difference between revenue and program cost.

Position	Headcount	EFT
Senior team leaders	1	1
Home support assessors	10 (plus casuals)	7.8
Intake assessment officers	2	2
Total	**13**	**10.8**

All requests for CHSP services are channelled through the My Aged Care (MAC) screening and registration contact centre or web portal. MAC, in turn, processes the referral through to the local RAS or, if the client has more complex needs, they are triaged to an ACAS. Within Darebin, this assessment can be undertaken by DCC assessment officers (Aboriginal and Torres Strait Islander people are offered the choice to be assessed by the Aboriginal Advancement League assessment officers or DCC assessment officers).

If the person has specific vulnerabilities, such as mental illness or risk of homelessness, they are commonly referred to programs offering additional support to access appropriate services. Additional supports can include short term case management and coordination, assistance with care and housing, and support to access services.

A home support plan is developed by the assessor and the older resident, to broadly address the older person's needs and – within the limitations of the CHSP offerings - maximise the older person's independence and quality of life. The plan could include advice and referrals about meals and food preparation, and low-cost equipment, such as walkers and rails, to help the client remain independent and as safe in their home as the limited equipment and home modifications allow.

"The people that got back to me sent some papers, but I got completely confused, so just threw it out. It was great when I could ring council and they would do what I wanted." (Consultation feedback)

Following a positive assessment, residents are able to select a provider of CHSP, one of which is Darebin Council.

The Australian Government is currently undertaking design of a new 'framework for streamlined consumer assessments' from 2020. Under this plan assessments will be delivered by a new national assessment workforce.

It is recommended that while the Australian Government continues to provide block funding for CHSP services to DCC, and until the full extent of new arrangements for Assessment Services is made clear, DCC should continue to provide RAS Assessment Services. (Recommendation 1)

2.4   Transition from CHSP to Home Care Packages (HCPs)

If an older person's care needs increase or become more complex, they may need new services or a different type of aged care. A further assessment determines changing needs and the services best suited to meeting them. This could include new services or a different type of care, such as a Home Care Package (HCP).

Older people assessed as requiring services beyond basic or entry level CHSP are awarded a package of care with an assigned level of government subsidy. Current packages range in value from $8000 p.a. for 'Level 1 basic care' to $49,500 p.a. for 'Level 4 high level care'.

(i)   People waiting for HCPs

Implementation of the reforms to aged care services has not been without widely acknowledged challenges. In many cases these flow directly from the strong demand for HCPs and the requirement to grow supply.

New services through HCPs are unlikely to be available immediately, with long wait times for initial delivery of HCP services. Currently, in part because of the wait times and cost of HCPs, CHSP remains an attractive option with little or no waiting time and low client costs relative to HCPs.

Many older residents currently receiving CHSP support have been assessed as eligible for a HCP. Access to HCPs can involve a wait between a positive assessment and service provision of more than 12 months and can be up to 2 years. The average wait time for lower level care is 3-9 months and for higher level care is 12+ months.[14]

> *"My dad passed away a few months ago waiting for a level 4 package. The waiting times are too long, people are dying." (Consultation feedback)*

In these circumstances CHSP services may be used to provide services while the older person waits for availability of the assessed level of HCP. At the end of March 2018, more than 108,000 older Australians were in the queue for various levels of aged care packages.

> *"Older Darebin residents, like my 90 year old mother, are waiting extended periods of time, over a year, to get aged care packages. In fact, my mum died before ever getting an aged care package." (Consultation feedback)*

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14 Department of Health, March 2018, *Home Care Packages Program*, Data Report 3rd Quarter 2017–18 p.11

HCPs are periodically released to be assigned directly to consumers by the Department of Health through the National Prioritisation System within My Aged Care. HCPs are assigned to those consumers who have reached the top of the National Prioritisation Queue according to time on a waiting list and urgency of need. The number of packages at each funding level is capped in line with the available budget and a target ratio of 45 HCPs per 1,000 people aged 70 + years (the Australian Government has made a commitment to reach the target ratio by 2021).

(ii)   HCP costs and client fees

We heard from the community that an additional factor influencing the transition from CHSP to HCP is the different ways CHSP and HCPs operate, and the different levels of funding and costs facing the older person in accessing each level in the My Aged Care program.

The level of funding available to HCP clients to purchase direct care available is affected by the deduction of costs for care coordination and administration.

Additionally, HCP clients are required to contribute to the cost of their care by paying a means-tested care fee determined by the Australian Government. HCP fees are generally significantly higher than DCC's CHSP client fees.

(iii)   Quality issues

Because demand for Home Care Packages (HCPs) has substantially exceeded supply, ensuring service quality remains an additional on-going challenge. In response to wide-ranging concerns about quality assurance, from 1 January 2020 aged care approval and compliance functions will transfer from the Department of Health to the Aged Care Quality and Safety Commission.

(iv)   Information gaps

There are also substantial gaps in information about accessing HCPs. Research by the Commonwealth Department of Health in 2017, for example, reported that 44 per cent of people who had recently been assigned an HCP did not understand what they needed to do next. Unfortunately, a frequent answer appears to be "Wait...extremely patiently."

"I have been accepted for an age care package level one and awaiting level two and all I have done the past few months is try and find a provider, something I know nothing about . All I hear is money figures and numbers which make no sense to me ...I am told I need a case manager to tell me if I am happy with my domestic cleaner and I have to pay her x amount of dollars a year from my package. Why can't this money be put to better use? I want to stay in my home and access services, but I am so overwhelmed with all these changes and it all seems so glorified." (Consultation feedback)

2.5 Advocacy: the need for local intelligence

There remains an urgent need for local intelligence gathering about who in Darebin is having difficulty navigating the new system, and how to improve overall performance.

> *"We should get better information about services, but also how to access retirement homes. A lot of organisations take advantage of you, they take a lot from you. Government and Council should work together to protect older people in situations where profit making organisations exploit seniors. In the last days of our lives we should be comfortable. We have worked and paid our taxes all our lives." (Consultation feedback)*

It is recommended that until, and possibly beyond, the time when the full extent of new arrangements under the Australian Government reforms are made clear, DCC should gather intelligence and case studies highlighting both strengths and weakness of existing practice to inform baseline performance requirements of the new arrangements. (Recommendation 2)

Such information collected systematically will inform and guide the advocacy necessary to assist more disadvantaged residents access the services they need.

In terms of identifying and pursuing emerging opportunities to improve MAC:

It is recommended that DCC monitors:

    a. **demand and supply trends for MAC across the broader catchment area than just the Darebin LGA;**

    b. **the impact of MAC processes on clients, for example, time from referral to response by a provider, or if clients are left without a response. (Recommendation 3)**

2.6 Local government's challenge to be a price competitive CHSP provider

While the Australian Government has announced an extension of CHSP block funding to the end of June 2022, if CHSP services then move to a different funding model local government will be required to offer services at a price that is competitive with other providers. This will be difficult because local governments' service delivery costs are generally significantly higher than alternative not-for-profit or for-profit private sector providers.

2.7 Australian and Victorian Government constraints on Councils' decision-making

(i) Competitive neutrality

Local governments across Victoria may be required to implement measures to be competitively neutral due to the Australian Government's interest in encouraging a growing competitive market for aged care services.

In 1994, Australian and State/Territory Governments committed to the Competition Principles Agreement as part of application of National Competition Policy (NCP). Under NCP, the Victorian Government was obliged to introduce and apply competitive neutrality policy and principles to local government.

The principles of competitive neutrality aim to ensure that any significant business activities of government (whether local or other levels of government), do not have any competitive advantage over alternative service providers simply as a result of their public-sector ownership. In other words, it aims to create a 'level playing field', between the public sector and alternative providers.

Independent legal advice to DCC has indicated that it is likely that DCC's CHSP services would be characterised as a significant business activity; the possible subsequent application of NCP would restrict continued provision of subsidised CHSP services once block funding is withdrawn. DCC would then have to consider implementing measures to be competitively neutral.

These measures include:

- setting client fees that fully reflect costs (i.e. not subsidising the cost of services to reduce client fees);
- establishing a separate legal entity to provide services (i.e. corporatisation); and
- establishing a separate business unit to provide the services on a commercial basis without going to the extent of establishing a separate legal entity (commercialisation).

That said, the Victorian Government is able to exempt application of NCP through use of a public interest test, and Darebin Council has made strong, but to date unsuccessful, representations for such an exemption to be granted.

(ii) Local government rates cap

The suggestion has been made that DCC could increase rates to continue delivering CHSP if the Australian Government ceases to provide the block funding for CHSP. However, rate increases for all Victorian local government authorities are capped each year by the Victorian Minister for Local Government. This decision constrains the capacity of all Victorian Councils to significantly increase direct expenditure in a single area of responsibility without a commensurate reduction in expenditure in another area.

2.8   Other Council's decisions regarding delivery of CHSP services

In the context of a 30-year history of delivering home care services to older residents, several Victorian Councils are considering how they might best contribute to supporting older residents to remain well supported and engaged in their local community after June 2022.

> *"Local and State governments cannot abdicate their responsibilities to older citizens just because there is now a national aged care system." (Consultation feedback)*

Councils have varied in their decisions on their future role in the delivery of CHSP services: some have decided to continue service delivery; some to discontinue service delivery; and many have not as yet conducted a process to inform their decision-making.

In its response to aged care reforms the MAV has highlighted the distinctive and valued role and contributions local governments have made to the delivery of services to aged residents. This distinctive contribution of Victorian local government service provision for the benefit of older residents has also been acknowledged by the Australian Government.

3 COMMUNITY BASED AGED CARE IN DAREBIN

3.1   DCC's provision of CHSP

DCC currently provides a range of services funded through the CHSP program. These range from delivered meals, to domestic assistance, to home maintenance, and personal care.

> *"We feel we trust her (the worker) because she works through the council. We feel if it goes private it will become very expensive and it will be difficult to know if we can trust these people. It is an important service which needs to be overlooked by council to maintain its integrity and trust to the people." (Consultation feedback)*

In addition, there are a number of CHSP services that DCC does not and has never provided. These include equipment and assistive technology, nursing, and other allied health and therapy services. Within the municipality many of these services are provided by other agencies such as Your Community Health (formerly the Darebin Community Health Centre).

In 2017-18 Darebin Council provided CHSP services to more than 2000 residents. Services provided to residents included assessment, domestic assistance, personal care and delivered meals.

Currently Council employs 234 staff (150.8 EFT) in the aged care assessment and service delivery units, including office-based staff: the median age of all aged care staff is 52, nearly 90 per cent of staff are female; and about a third of the workforce live in Darebin, with most of the rest residing in nearby northern suburbs.

In response to the Australian Government's aged care reforms, DCC is actively supporting staff in ongoing training. This includes a range of roles designed to support older residents in accessing aged care services.

Employment opportunities are also likely to continue growing in the rapidly expanding 'age-care industry', particularly for the well-trained and experienced staff employed by Council, although terms and conditions would in many cases be likely to be lower for the same role.

However, as the Australian Government's aged care reforms have been progressively implemented over recent years, demand for DCC's CHSP services has declined (see section 3.2 below). One consequence is that the average hours available to DCC's community support workers have also declined, along with average weekly earnings.

3.2 Decline in demand for Home Support Services provided by Darebin Council

Demand for home support services from DCC has been declining since 2009/10. The rate of decline increased since the introduction of My Aged Care in 2016, although in the last 12 months the decline in demand has plateaued for some of the services.

Several factors appear to have contributed to this change, including:

- services only being provided to people aged 65+ following the introduction of the NDIS and HACC PYP programs;
- changes in residents' needs and aspirations and a shift in demand away from traditional service models;
- increased availability of Home Care Packages (HCP) resulting in new entrants with higher needs being allocated a HCP or existing CHSP clients with higher needs moving to other service providers;
- changes in the amount of service available under CHSP resulting in people seeking HCPs; and
- more service providers, and more alternatives, from which residents can choose.

3.3 CHSP: Clients' needs and expectations

CHSP client needs vary significantly, ranging from:

- older people with chronic conditions that require ongoing support;
- older people with chronic conditions with increasing service needs over time;
- older people requiring short to medium term support to build capacity with declining service needs over time; and
- older people with short-term support needs until fully functional (e.g. following hospital discharge).

Yet, the current community expectation appears to be that DCC clients will continue to receive a CHSP service at current or increasing service intensity indefinitely, rather than a reablement approach that may result in lower service levels but improved health and well-being outcomes, or a transition to HCPs.

While the low intensity support provided to older people by CHSP for the majority aims to help them maintain their independence at home and in the community, assessing the degree to which CHSP is actually assisting older people to maintain and/or regain independence would be extremely valuable to monitor.

3.4 Vulnerable groups and access to CHSP services in DCC

We heard from the community that especially disadvantaged groups of Darebin's older residents are less likely to be aware of, and less likely to receive CHSP support. Groups who are particularly vulnerable include short-term residents of boarding houses, homeless and mentally ill residents, and many who move regularly within various types of low-cost rental accommodation as well as those from a CALD background and those who are Aboriginal and Torres Strait Islander.

More broadly, the Aged Care Act 1997 identifies people with special needs as those who identify with or belong to one or more of the following groups:

• people from culturally and linguistically diverse backgrounds;
• people who are financially or socially disadvantaged;
• people who are homeless or at risk of becoming homeless;
• people who identify as lesbian, gay, bisexual, transgender or intersex;
• veterans;
• people who are carers; and
• parents separated from their children by forced adoption or removal.

"Some women are fearful of workers coming in to the homes, very lonely and isolated, older lesbians need non-discriminatory service delivery." (Consultation feedback)

Consistent with the recognition of specific groups as vulnerable, the CHSP Assistance with Care and Housing sub-program aims to provide support to people aged from age 50 (and 45 for Aboriginal and Torres Strait Islander people) who are on a low income and who are homeless, or at risk of homelessness, to enable them to remain in the community through linking them to sustainable housing, community care, and other support services.

DCC is not currently funded through this sub-program, but other local organisations receive funding and deliver this service. This is not to suggest that DCC should seek funding for this sub-program as it is likely that CHSP Assistance with Care and Housing funding to Non-Government Organisation (NGO's) that currently provide this service would be reduced if DCC was successful. Loss of this funding stream may significantly compromise the operation of these NGO's, as they rely on multiple funding sources to maintain organizational viability.

On the basis of DCC's ongoing experience over many years to address poverty and discrimination, key factors and groups have been identified by DCC and targeted in its work to facilitate increasing equity and inclusion, this includes:

'Older people, with attention to those who are Aboriginal, Torres Strait Islander and/or from CALD backgrounds, and to older people living in public housing, living alone or in neighbourhoods with limited infrastructure.[15]

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15 Darebin Equity and Inclusion Policy 2012-2015 p.13

(i)   Access to CHSP by culturally and linguistically diverse citizens

Darebin has a culturally and linguistically diverse community:

- one in four Darebin residents was born in a non-English speaking country;
- over one third of Darebin's residents speak a language other than English at home; and
- of those born in non-English speaking countries, one in four doesn't speak English well, or at all.[16]

DCC's Equity and Inclusion Policy recognises a range of elements to build an inclusive and empowered Darebin community, including:

- people have access to and use services that are responsive to their needs and rights;
- people and communities are encouraged, supported and provided with opportunities to participate in decisions that impact on their lives individually and as communities;
- initiatives are developed which promote community relationships across diversity; and
- people and communities understand and express their rights and act in collaboration with others.[17]

> *"Darebin Council are very good in terms of helping the people who are from non-English background, you are the only city Council I know to set up the time to help senior groups for filling out the forms and reports." (Consultation feedback)*

The review heard that there is a significant variation in levels of participation in using CHSP services between different CALD communities: some communities were not even aware that aged care services were available or did not know how to access services; for other communities there may be a cultural barrier to seeking government support, particularly for older people; other communities may be high service users but may misunderstand program objectives (e.g. seeing the service as an entitlement upon reaching 65 years rather than as a mechanism to remain independent at home).

> *"Many of these people have poor English so maybe they don't know how to ask for help." (Consultation feedback)*

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16 Ibid.
17 Ibid.

Darebin Council needs to be responsive to the differing attitudes and moray to DCC's home support services by different CALD communities, and older people preference to be supported by people from their own cultural and linguistic background. This may be particularly exacerbated as people revert to their primary language as they get older. It is therefore important for DCC to build the capacity of CALD communities, senior's groups and providers to enable them to more effectively support older people from their communities.

It is also important, however, to recognise that Council has a lengthy history of being at the forefront of communication and engagement practice with CALD communities.

Effective communication practices support Council's goals to involve all sectors of the community in the services, projects and decisions of Council, for example:

- DCC has published an Older and Active in Darebin brochure and distributes My Aged Care brochures in Italian, Greek, Macedonian, Vietnamese, and Chinese.
- DCC provides an interpreting service and staff able to assist older residents understand services available to support and assist them in everyday living.

> *"Many people do not speak English, need help. Such as answering the phone, call someone, read a letter or search for information..." (Consultation feedback)*

It is recommended that DCC works closely with CALD communities, seniors' groups and providers to build their capacity to effectively support older people from their communities. (Recommendation 4)

It is further recommended that DCC sets performance targets for the number of people from specific CALD communities participating in programs, including MAC, for older people. (Recommendation 5)

(ii)   Access to CHSP by Aboriginal and Torres Strait Islander residents

Aboriginal and Torres Strait Islander residents of Darebin continue to experience significant disadvantage, with lower levels of home ownership and higher levels of homelessness than the non- Aboriginal and Torres Strait Islander population. This is recognised by the earlier ages at which Aboriginal and Torres Strait Islander people are able to access home and community care services.

Aboriginal and Torres Strait Islander Australians can access CHSP services from age 50 (or 45 if they are on a low income or homeless) rather than the age 65 entry point for non–Aboriginal and Torres Strait Islander aged residents.

"Priorities (for our elders) are putting food on the table, a roof over their heads, taking care of our health, not to come here today, not to come to Seniors month – not aged friendly or reablement." (Consultation feedback)

As a special needs group with multiple complex needs, Aboriginal and Torres Strait Islander residents of Darebin generally face systemic barriers to accessing aged care services, including initial and subsequent interaction with program assessment staff and service providers.

While detailed data on take-up of CHSP services by eligible Aboriginal and Torres Strait Islander residents of Darebin is not available, Victoria's state-wide evidence indicates that Aboriginal and Torres Strait Islander people access both aged care assessment and support services at lower rates than the non- Aboriginal and Torres Strait Islander population.

The barriers facing older Aboriginal and Torres Strait Islander people in accessing My Aged Care and gaining quality outcomes are widely acknowledged. Central to the challenge of equitable access is the reality that Aboriginal and Torres Strait Islander Australians commonly have multiple needs that are not easily addressed by consumer directed care.

In addition, design of the MAC system encourages competition rather than collaboration between service providers and any tendency to 'cherry pick' will likely act as a barrier for Aboriginal and Torres Strait Islander people. Barriers are often compounded by the inherent difficulties with the MAC system. Aboriginal and Torres Strait Islander people often need support, including advocacy, to be able to direct their own care and this is often lacking.

"I advocate for Aboriginal trained workers or culturally trained workers to help." (Consultation feedback)

Aboriginal and Torres Strait Islander stakeholders informed the 2017 Legislated Review of Aged Care that consumer directed care and individualised budgets do not meet the needs of Aboriginal and Torres Strait Islander people.[18] Aboriginal, Torres Strait Islander and other experts in aged care have argued persuasively for Aboriginal and Torres Strait Islander specific aged care services as a choice and option for community members, Aboriginal and Torres Strait Islander specific services that offer an appropriate model of care, underpinned by an understanding and respect for culture.

18 Tune, D., 2017, *Legislated Review of Aged Care*

Victoria's Aboriginal Community Controlled Health Organisation (VACCHO) has identified the following practices for ensuring culturally appropriate service provision:

- compulsory core cultural safety training for My Aged Care assessors and RAS;
- recognition of cultural competence as good practice;
- employment of Aboriginal and Torres Strait Islander assessment staff'
- a dedicated call centre line with a mix of Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander staff who are culturally competent;
- availability of Aboriginal and Torres Strait Islander interpreters;
- assessment outreach services based in Aboriginal Community Controlled Health Organisations (ACCHOs); and
- continued support and training for specialist ACCHO providers to ensure up-skilling as necessary.[19]

It is important that DCC maintains active support for these practices in its own work, while also lending its' support to VACCHO's advocacy to the Australian Government.

Alongside the significant disadvantage experienced by many Aboriginal and Torres Strait Islander residents, DCC has active and effective Aboriginal and Torres Strait Islander community groups and agencies.

Community support work by these groups is already supported by DCC, although more can and should be done to support these groups in their outreach and support for older Aboriginal and Torres Strait Islander residents.

Given its significant Aboriginal and Torres Strait Islander population:

It is recommended that DCC conduct targeted work aimed at improving the current rates at which eligible residents from Aboriginal and Torres Strait Islander communities are engaged in assessment and connected to recommended aged care services. This should include targeted and culturally appropriate information, navigation and support for Aboriginal and Torres Strait Islander carers and older people to assist them access the aged care services that are available to them. Alongside Aboriginal and Torres Strait Islander specific services, mainstream services must be encouraged to provide culturally informed services to Aboriginal and Torres Strait Islander residents. (Recommendation 6)

In consultation with local Aboriginal and Torres Strait Islander organisations:

It is recommended that DCC identifies both good and bad practice in responding to the needs of older Aboriginal and Torres Strait Islander people and communicates this to the Australian Government to improve practice guidelines for MAC, specifically in delivering services to Aboriginal and Torres Strait Islander residents of Darebin. (Recommendation 7)

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19 *VACCHO response to Commonwealth discussion paper: 'Commonwealth Home Support Programs Good Practice Guide for Restorative Care Approaches'*

An important guide to the delivery of services to Aboriginal and Torres Strait Islander populations was provided by the Human Rights Commission recommendation that 'culturally appropriate care is essential for aged care services delivered to older Aboriginal and Torres Strait Islander people'.[20]

Working with Aboriginal and Torres Strait Islander organisations within Darebin:

Monitoring of on-going access will be important. Data specifically relating to Aboriginal and Torres Strait Islander people will provide vital information on the participation of Aboriginal and Torres Strait Islander people in aged care programs and help to ensure any gaps or shortcomings in service access and delivery are addressed.

DCC should also consider providing support, such as respite trips or retreats for community elders who are carers, while providing support for the people they care for. (Recommendation 8)

Given that Darebin is a hub for older Aboriginal and Torres Strait Islander people it is important that there is a dedicated Aboriginal and Torres Strait Islander meeting space within the municipality. It is recommended that DCC, in consultation with Aboriginal and Torres Strait elders, investigates creating such a space that services could provide outreach to. (Recommendation 9)

3.5   Client satisfaction with DCC's services

Information available to the review indicates that DCC's CHSP services are generally of high quality and well regarded by residents. Individual service plans are based on what the older resident actually needs. In addition, Darebin staff are commonly reported as investing significant effort in establishing rapport with elderly clients and do not approach service delivery as a purely transactional arrangement.

However, despite being well-regarded there are opportunities for improvement, particularly in relation to:

- greater responsiveness and flexibility to meet client need;
- increasing client choice and direction;
- more emphasis on reablement; and
- communication and information about services.

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20 The Australian Human Rights Commission, 2012 *Respect and Choice: a human rights approach for ageing and health*

3.6 Gaps and limits to DCC's services

Meetings with residents and submissions to this review identified several limitations on current services delivered to aged residents by DCC.

A general concern is that DCC's home care workers are discouraged from responding to client requests for assistance if the request is considered to be outside the 'scope of service'. While this is understandable on many grounds, DCC's workers should be supported to strike a balance between a 'we will help wherever we can' approach to their job, and an understanding of any significant occupational health and safety concerns, alongside any specific program limitations.

"I receive council services and the standard of cleaning is not good. The emphasis seems to be more on what they can't do rather than what they can do." (Consultation feedback)

The Panel was also told of an expectation that home care workers clean while being supervised by the client; i.e. clients did not consider that they had an ongoing contribution to make to cleaning. Where appropriate, co-production of household services such as cleaning and cooking should be explored as a re-framing of DCC CHSP services towards the goal of maintaining independence. In many cases, working alongside a DCC worker could help restore an older resident's confidence and sense of personal capability. In addition, the Panel was also told that working alongside DCC's workers on many household tasks could provide opportunities for older residents to learn new skills, or 'better ways of getting things done.'

Additional suggestions to this review about how older residents could be supported in their homes included exercising a pet dog with or without its owner; and enhancing consumer control of service providers. For example, one contribution to this review was from a resident who illustrated the rigidity of the service by telling the Panel that against her wishes she had her bed sheets ironed every fortnight even though she had never ironed her bed sheets in her life and did not consider it a priority.

Gardening was another area brought to the Panel's attention as an opportunity to both address older residents' requirements for a well maintained and safe garden. This provides an opportunity to enlist the older person as a co-worker in the garden. While workers should be briefed on occupational health and safety risks, and steps to minimise risks, DCC's services should aim to utilise opportunities where appropriate, to engage clients in co-working in areas that are important to them.

Several submissions highlighted the absence of service delivery on Saturdays and Sundays. This is especially problematic with personal services for showering and dressing.

Other gaps in care provision were identified through community consultation, including care planning and coordination issues, the need for greater communication from Council workers.

Issues were also raised about the need for more dementia care. However, dementia care and the associated need for respite and support are also likely to reflect higher levels of need than that provided through CHSP funded services.

3.7   Accountability and continuous improvement

The range of evidence to this review indicates delivery of services to Darebin residents should be guided by a commitment to continuous improvement.

This would involve recognition that:

- quality should be defined by client's requirements;
- DCC managers have direct responsibility for quality improvement;
- increased quality results from systematic analysis and improvement of work processes; and
- quality improvement is a continuous effort conducted throughout the entire service assessment and delivery process.

Transparent and effective accountability is a critical element of quality and continuous improvement. An important dimension of current accountability arrangements is the close proximity of residents and clients to local government, with a relatively straightforward process for residents to raise any concerns regarding CHSP services directly with DCC staff and members of Council. However, there is the opportunity for DCC to further enhance strong accountability mechanisms and measures to address DCC's own services.

"Good governance, for me, includes the provision of best quality services which even the poorest citizens can access with confidence. This is part of what it means to me to live in a Democracy." (Consultation feedback)

From the perspective of this review, accountability for quality assurance is likely to be more difficult to establish under arrangements when the Australian Government contracts service from a range of not-for-profit and private providers.

4 CHOICES AND CHALLENGES: OPTIONS FOR COUNCIL TO CONSIDER

Specific overall recommendations considered by this review as potential directions for council, while block funding continues, include:

DCC to continue and optimise delivery of CHSP services

DCC to continue CHSP and consider the feasibility of expansion into the delivery of HCP services to enhance continuity of care of clients

DCC to pilot a social inclusion program while addressing older people's navigation and utilisation of aged care system-related risks.

4.1 DCC to continue and optimise delivery of CHSP services

At its 3 September 2018 meeting Darebin Council agreed the following resolution regarding continuation of the current block grant:

"…Continues to provide Commonwealth Home Support Program services while in receipt of any block funding from the Commonwealth Government."[21]

In effect, this now means that with the block grant for CHSP continuing until 2022, DCC will continue delivery of CHSP services for at least that period.

> *"It would be a sad day if we did not have Darebin Council. The services supplied to the aged are fantastic." (Consultation feedback)*

However, within this option, DCC can reassess the impact, reach and outcomes from services. This will deliver more effective provision of certain services, and enable DCC to be best placed for the longer term future.

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21 Darebin City Council, 2018, *Minutes of the Council Meeting held on Monday 3 September 2018*

It is proposed that the lens to assess the effectiveness of DCC's delivery of CHSP services includes questions such as:

- Are CHSP services reaching vulnerable groups?
- Are CHSP services supporting, where appropriate, independence and adaptation?
- Are CHSP services breaking down social isolation?
- Are older people who are declining beyond CHSP being assisted to access home care packages?

The answer to none of these questions is an unqualified 'yes' and in many cases it is clearly 'no'.

Potential areas for focus and redevelopment are considered by service type below opportunities have been identified to improve services by:

- focusing more explicitly on the needs of the older person with greater flexibility to respond to their needs;
- promoting alignment between service delivery and client expectations and needs;
- improving client health and well-being by promoting 'co-production' between clients and home care workers to build or re-build client capability; and
- increasing capacity through more efficient use of available resources.

"Also home cleaning support should be more flexible in listening to what the aged care person wants, not just the same service every week." (Consultation feedback)

It is recommended that DCC commits to continual improvement of service effectiveness and impact including maximising independence, socialisation and inclusion, through ongoing consultation and co-design with older people. (Recommendation 10)

Domestic Assistance

Domestic Assistance provides frail older people with assistance with domestic chores to maintain their capacity to manage everyday activities in a safe, secure and healthy home environment, for example dishwashing, house cleaning, clothes washing, ironing etc.

DCC Domestic Assistance summary

Scope	All Domestic Assistance activity types except collection of firewood. Escorted shopping is out of scope for Domestic Assistance, however DCC provides Escorted Shopping to clients from Domestic Assistance activity hours. Standard length of time is 1.5 hours a fortnight. Exceptions to this are decided via the Service Review Panel, however generally a maximum of 2 hours per fortnight Service restrictions in relation to: OH&S and Risk, frequency and time allocated specified and in line with 'Entry level'
Service hours	Mon to Fri. Not Public holidays. 7.30am–7.30pm primarily am to suit client preference
Client fees	2018/19 Low Level Fees =$6.60 per hour (all Low level)
Active clients	2,361 (Number of individuals assisted at least once in 2017-18)

Outputs (unit: hours)

2013/14	2014/15	2015/16	2016/17	2017/18	13/14 – 17/18 No.	13/14 – 17/18 %
88,743	88,257	84,908	68,537	66,245	−22,498	−25%

Data prior to 15/16 is inclusive of all age groups

Financials 2017/18 actual

Total revenue	Program cost	Council contribution adjusted for variation from contracted outputs
$3,152,626	$5,530,594	$2,377,968

Unit price	Unit cost	Council contribution per unit
$48.08	$83.49	$35.90

* Note: (i) Financial data excludes corporate overheads; and (ii) Council contribution and Council contribution per unit is based on the difference between revenue and program cost, and includes an estimated adjustment to revenue to reflect the variation between target and actual outputs (i.e. reflecting potential 'claw-back' for under-delivery of agreed outputs).

Staffing

Position	Headcount	EFT	Note:
Community support workers	132 (plus casuals)	71	Domestic Assistance/ Personal Care/Respite Care considered together due to same workforce and infrastructure. Estimated distribution of work by service type in 2017–18:
Peer support	3	1.3	
Service facilitators	6	6	
Team leaders	4	4	
Community response	5	4	Domestic Assistance (70%), Personal Care (22%) and Flexible Respite (8%)
Service planning	4	4	
Transition support	1	1	
Senior team leaders	2	2	
Total	**157**	**93.3**	

Since 2013/14, in response to changing demand of DCC services, service provision has dropped by 20 per cent. Therefore, there is a good opportunity to rethink some of the constraints on current service delivery that may be contributing to the decline in demand such as enhanced flexibility and some broadening of tasks. It could also be a good time to refocus on supporting older people to maintain skills and independence.

> *"We need council to continue with the services, but they can still adapt for the better, like updating or replacing services and employ more older people and train them or have them volunteer to do these services." (Consultation feedback)*

It is recommended that DCC focuses Domestic Assistance on building the older person's confidence and capability to perform everyday tasks, with workers then undertaking tasks that are beyond the capacity of clients. (Recommendation 11)

> *"The workers complain about my vacuum cleaner and bucket…. older people cannot afford to have special equipment…there is no flexibility about cleaning, it's very rigid. My regular worker is J. I am very happy." (Consultation feedback)*

That said, it is recognised that any proposed changes with occupational health and safety implications will need to be carefully considered in consultation with the Australian Services Union (ASU).

Personal care

Personal Care provides frail older people with support in activities of daily living that help them maintain appropriate standards of hygiene and grooming.

DCC Personal Care service summary

Scope	Activities can include support with: • eating • bathing • toileting • dressing • grooming • getting in and out of bed • moving about the house • assistance with client self-administration of medicine Also includes: • food preparation under the Personal Care activity • interim measures such as sponging – while transitioning to safer arrangements (HCP) Entry level scope is generally considered as 2 x Personal Care shifts per week, however exceptions are made via approval by service review panel. Service restrictions consistent with Domestic Assistance.
Service hours	Core business hours Monday to Friday 7.30am-7.30pm. Weekend services are by exception and approved by Service Review Panel. Public holidays shifts are available.
Client fees	2018/19 Low Level Fees: $4.80 per hour
Active clients	583 (Number of individuals assisted at least once in 2017-18)

Outputs (unit: hours)

2013/14	2014/15	2015/16	2016/17	2017/18	13/14 –17/18 No.	13/14 –17/18 %
39,781	41,722	38,400	23,433	20,678	–19,103	–48%

Data prior to 15/16 is inclusive of all age groups

Financials 2017/18 actual

Total revenue	Program cost	Council contribution adjusted for variation from contracted outputs
$1,501,454	$1,942,046	$853,419

Unit price	Unit cost	Council contribution per unit
$48.07	$93.92	$41.27

* Note: (i) Financial data excludes corporate overheads; and (ii) Council contribution and Council contribution per unit is based on the difference between revenue and program cost, and includes an estimated adjustment to revenue to reflect the variation between target and actual outputs (i.e. reflecting potential 'claw-back' for under-delivery of agreed outputs).

Staffing

Refer to Domestic Assistance: Domestic Assistance/Personal Care/Respite Care considered together because same workforce and infrastructure.

The volume of personal care services delivered by Darebin Council staff has almost halved since 2014/15, contemporaneous with the roll out of My Aged Care reforms. While demand is likely to continue declining, this service meets an important need, particularly while residents are waiting to receive HCPs and should continue to be available on an as needs basis, including on weekends.

"I don't like missing out on a shower and with no one to speak to for a whole weekend." *(Consultation feedback)*

It is recommended that DCC considers providing personal support services on weekends. (Recommendation 12)

Flexible Respite

Flexible Respite supports and maintains care relationships between informal family carers and clients, through providing good quality respite care for frail older people so that carers can take a break. Flexible Respite is a distinct service type which is different than Centre-Based Respite and Cottage Respite.

DCC Flexible Respite Service summary

Scope DCC provides:

- in-home day respite: daytime support service for carers of clients needing assisted support in the carer's or the client's home
- community access–individual: one-on-one structured activities to give clients a social experience to develop, maintain or support independent living and social interaction and offer respite to their carer

Scope	DCC provides:
	• in-home day respite: daytime support service for carers of clients needing assisted support in the carer's or the client's home
	• community access–individual: one-on-one structured activities to give clients a social experience to develop, maintain or support independent living and social interaction and offer respite to their carer
	DCC does not provide:
	• host family day respite
	• host family overnight respite
	• mobile respite
	Maximum service scope is typically 4 hours a fortnight depending on the balance of other CHSP services that the client accesses.
Service hours	Core business hours Monday to Friday 7.30am-7.30pm. Weekend/night shifts are generally by exception and approved by Service Review Panel.
	Public holidays not available.
Client fees	2018/19 Low Level fees =$3.90 per hour (All Low level)
Active clients	138 (2017/18)

Outputs (unit: hours)

2013/14	2014/15	2015/16	2016/17	2017/18	13/14 –17/18 No.	13/14 –17/18 %
12,390	14,651	15,305	6,376	4,396	–7,994	–65%

Data prior to 15/16 is inclusive of all age groups

Financials 2017/18 actual

Total revenue	Program cost	Council contribution adjusted for variation from contracted outputs
$374,381	$344,366	$120,146

Unit price	Unit cost	Council contribution per unit
$48.08	$78.33	$27.33

* Note: (i) Financial data excludes corporate overheads; and (ii) Council contribution and Council contribution per unit is based on the difference between revenue and program cost, and includes an estimated adjustment to revenue to reflect the variation between target and actual outputs (i.e. reflecting potential 'claw-back' for under-delivery of agreed outputs).

Staffing

Refer to Domestic Assistance: Domestic Assistance/Personal Care/Respite Care (considered together because same workforce and infrastructure).

Demand for flexible respite has also declined significantly since 2015/16, alongside the roll out of My Aged Care. That said, for the nearly 140 active clients in 2017/18 the service provided invaluable support.

"It would be helpful if extra home respite could take place of home cleaning and personal care for mum. We need more than the 2 hours now given for respite. Council would have to take on the full Home Care Package service but this would probably need a whole extra department and an extension of Aged Care Council services to providing higher care to clients or carers." (Consultation feedback)

It is recommended that DCC closely monitors demand for respite with a view to phasing out delivery of respite funded through the CHSP while either (i) considering offering respite through HCPs beyond 2022 or (ii) confirming that other providers are available to respond in a quality and timely way. (Recommendation 13)

Delivered Meals

Meals delivered to a client's home is intended to provide nutrition to those at risk. Additional benefits include informal monitoring on the client's health and well-being and social interaction when delivering the meal.

DCC Delivered Meals service summary

Scope	Services provided: • chilled main course with serving of chilled soup and a serve of fruit or dessert. Sandwiches are available as an alternative to the chilled main meal • meals driver provides basic monitoring of client welfare Service limits • breakfast meal not provided – the standard meal delivery does not include all daily nutritional requirements • does not provide a hot meal. However, the service can assist client by plating and heating a meal. In these instances, the client may be beyond 'entry level' aged care services, and attempts are made to transition the client with interim arrangements, e.g. meal support through Personal Care
Service hours	Delivery times are Monday to Friday between 10.00am-1.00pm. Saturday and Sunday meals are delivered in advance on weekdays.
Client fees	2018/19 Low Level Fees =$10 per meal (All Low level).
Active clients	412 (No. individuals assisted at least once in 2017/18).

Outputs (unit: meals)

2013/14	2014/15	2015/16	2016/17	2017/18	13/14 –17/18 No.	13/14 – 17/18 %
74,329	68,924	59,790	41,734	30,818	–43,511	–59%

Data prior to 15/16 is inclusive of all age groups

Financials 2017/18 actual

Total revenue	Program cost	Council contribution adjusted for variation from contracted outputs
$493,151	$1,613,839	$1,194,210

Unit price	Unit cost	Council contribution per unit
$4.71	$52.37	$38.75

* Note: (i) Financial data excludes corporate overheads; and (ii) Council contribution and Council contribution per unit is based on the difference between revenue and program cost, and includes an estimated adjustment to revenue to reflect the variation between target and actual outputs (i.e. reflecting potential 'claw-back' for under-delivery of agreed outputs).

Staffing

Position	Headcount	EFT
Meals drivers	6 plus casuals	2.5
Dispatch	3	2.1
Total	9	4.6

Note: Delivered Meals, Community Transport and Home Maintenance are collectively supported by 1x Senior Team Leader, 1x Team Leader and 1.5 administrative positions.

Delivered Meals are important in maintaining nutritional safety, health and well-being. A range of alternatives to CHSP Delivered Meals are available including pre-cooked meals available and home delivered from supermarkets, and home delivered fast food and restaurant meals (e.g. Uber Eats), however, these alternatives may not be nutritionally balanced nor appropriate to a client's condition (e.g. high sugar or fat content). Additionally, alternative sources do not provide monitoring and may have limited social interaction.

Currently Delivered Meals are not prepared by Darebin but purchased from an outside supplier and then delivered by DCC staff.

It costs approximately $52 per meal for the preparation and delivery for Darebin's Delivered Meals service with a Council subsidy of $48 per meal. A significant portion of the current cost is the overhead cost applied by DCC.

The Panel heard numerous complaints about meals, including that they were not culturally relevant, they were not hot, that there was no one on hand to sit and share meals.

> *"Meals don't look appealing or taste appealing. Maybe sourcing meals elsewhere or better presentation." (Consultation feedback)*

As noted in the table above demand for delivered meals has more than halved since 2013/14, most significantly since the roll-out of My Aged Care.

It is recommended that the DCC's meals service is redesigned through consideration of the experience of other Councils to:

    a. further emphasise assisting older residents to prepare their own meals and to share meals;

    b. provide meals that better match the dietary and cultural preferences of residents;

    c. consider the addition of alternative providers, including the recent growth of home delivery services from a wide range of culturally appropriate local food retailers; and

    d. increase the numbers of residents attending meals outside their home, possibly with expanded use of volunteers supplied by the proposed volunteer service. (Recommendation 14)

Social Support Groups

Provides an opportunity for clients to attend and participate in social interactions which are conducted away from the client's home and in, or from, a fixed base facility or community-based settings. It may take the form of group-based activities held in or from a facility/centre; or group excursions conducted by centre staff but held away from the centre. Transport to and from activities is also provided.

DCC Social Support Group service summary

Scope	Including dementia specific and general • group-based activities held in or from a facility/centre • group excursions conducted by centre staff but held away from the centre • meals provided (hot meals cooked on site) • includes transport support to and from centre
Service hours	Days of operation: Tuesday to Friday
Client fees	2018/19 Low Level Fees =$13 per hour (most Low level)
Active clients	77 (No. individuals assisted at least once in 2017-18)

Outputs (unit: hours)

	2013/14	2014/15	2015/16	2016/17	2017/18	13/14 – 17/18 No.	13/14 – 17/18 %
Social Support	17,636	18,143	15,553	12,501	10,614	–7,022	–40%
Support for Carers	1,593	1,292	1,421	1,931	547	–1,046	–66%

Data prior to 15/16 is inclusive of all age groups

Financials 2017/18 actual

Total revenue	Program cost	Council contribution adjusted for variation from contracted outputs
$327,768	$532,413	$265,255

Unit price	Unit cost	Council contribution per unit
$19.73	$50.16	$24.99

* Note: (i) Financial data excludes corporate overheads; and (ii) Council contribution and Council contribution per unit is based on the difference between revenue and program cost, and includes an estimated adjustment to revenue to reflect the variation between target and actual outputs (i.e. reflecting potential 'claw-back' for under-delivery of agreed outputs).

Staffing

Position	Headcount	EFT
Senior team leader	1	0.9
Program leader	1	0.51
Program staff	6	2.42
Total	**8**	**3.83**

Almost all Darebin clients of this social support service have dementia and are therefore likely to be transferring to higher level HCPs.

Consistent with other services, demand for these social support services reduced by more than 40 per cent between 2014/15 and 2017/18. That said, there are 77 aged clients of Yanada House, commonly with dementia.

However, the provision of Yanada House social support group is unique both as DCC's only contribution to the area of dementia and also as a unique service in its own right.

> *"Yanada House is a life saver for me and my mother. She looks forward to going and I look forward to knowing she is safe and well-cared for and I can have a break." (Consultation feedback)*

One possibility is for DCC to promote the Yanada House program and build up client numbers who have needs that are consistent with CHSP scope so that it becomes more viable. Another option is to consider offering the service to HCP recipients.

If this does not work then another option is to liaise with alternative service providers within the municipality such as Your Community Health, Spectrum and Merri Health to ascertain their interest in taking over the Yanada House social support group.

It is recommended that DCC promotes Yanada House as an outstanding and unique social support program for older people with dementia and tries to build up client numbers.

Failing this, it is recommended that DCC ascertain the interest of other providers of social support groups in establishing a dementia group to for the Yanada house clients. (Recommendation 15)

Community Transport

DCC Community Transport service summary

Scope	Not funded by CHSP, fully funded by council: Transport of participants of the Aged & Disability Social Support Groups between their homes and Yanada House. Transport of Community members from their homes or requested pick up points to: set destinations on set days and times of the week (e.g. Northcote Plaza, Preston Market) or requested destinations within the municipality.
Service hours	Monday to Friday 8.00am-4.00am – No Public Holidays
Client fees	2018/19 Fees = $4.60 per return trip
Active clients	157 (No. individuals assisted at least once in 2017/18)

Outputs (unit: trips)

2013/14	2014/15	2015/16	2016/17	2017/18	13/14 -17/18 No.	13/14 -17/18 %
2,403	2,412	1,999	1,566	1,650	–753	–31%

Data prior to 15/16 is inclusive of all age groups

Financials 2017/18 actual

Total revenue	Program cost	Council contribution adjusted for variation from contracted outputs
$34,980	$448,315	$413,335

Note: Delivered Meals, Community Transport and Home Maintenance services are collectively supported by 1x Senior Team Leader, 1x Team Leader and 1.5 administrative positions.

Darebin Council currently spends more than $500,000 a year of its own funds on community transport, including direct services delivered by either a Council employee or a volunteer, or indirect services, including trips provided through vouchers.

Services include transport between older residents' homes and Yanada House, and to set destinations on set days, e.g. Senior citizens clubs, Northland, Northcote Plaza and Preston Market. Residents pay $4.60 for each return trip.

Alongside scheduled services DCC can sometimes accommodate one-off trips to other social activities; that said, availability is dependent on timetabling commitments and is not promoted.

> *"Some people using the bus need more time at the market to do their shopping. They do not have enough time to finish the shopping. They use walkers and cannot go fast." (Consultation feedback)*

Demand is falling, therefore the onus is on Darebin Council to change this trend as per recommendations below. Community transport is important in that it provides support for residents to get out of their homes and into the Darebin community.

It is recommended that DCC focuses on ensuring community bus availability is more fully utilised by:

    a. building up demand;

    b. increasing flexibility in routes;

    c. exploring the possibility of using newly available digital network tools to enhance door to door responsiveness and availability. (Recommendation 16)

However, if the demand continues to fall, a subcontracting arrangement that other councils have taken up should be considered.

Home maintenance

Repairs or maintenance of a resident's home or garden aims to improve safety and independence within the home environment, however CHSP program guidelines limit the range and extent of work that can be conducted:

 "Home Maintenance services provided to clients must focus on repairs or maintenance of the home and garden to improve safety, accessibility and independence within the home environment for the client, by minimising environmental health and safety hazards."[22]

DCC Home Maintenance service summary

Scope	Not in scope: • tasks requiring a plumber/any electrical work • tiles on walls or floor more than 1 square metre • installation of electric smoke detectors • fly wire screens which need to be constructed • broken windows/replace roof tiles • floor coverings not level (e.g. carpet)/replace floor boards • fencing –repair or replace posts or over 5 palings • paint concrete steps/paths/remove concrete paths • lawn mowing/cut down trees • remove or repair guttering (gutter voucher program does this) • move heavy furniture DCC is not funded for Home Modifications, but provides the following services under the Home Maintenance: • install handrails supplied with occupational therapist specifications • install premade bannisters up to 3 steps occupational therapist specifications • ramp to 1.5metre treat pine no finishing occupational therapist specifications • ross hinges to doors
Service hours	Monday to Friday only
Client fees	2018/19 Low Level Fees = $13.20 per hour
Active clients	691 (No. individuals assisted at least once in 2017–18)

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22 Department of Health, 2018, *CHSP Program Manual*

Outputs (unit: hours)

2013/14	2014/15	2015/16	2016/17	2017/18	13/14 –17/18 No.	13/14 –17/18 %
3,862	3,090	1,185	654	1,483	–2,379	–62%

Data prior to 15/16 is inclusive of all age groups

Financials 2017/18 actual

Total revenue	Program cost	Council contribution adjusted for variation from contracted outputs
$196,961	$205,573	$79,577

Unit price	Unit cost	Council contribution per unit
$49.87	$136.62	$53.66

* Note: (i) Financial data excludes corporate overheads; and (ii) Council contribution and Council contribution per unit is based on the difference between revenue and program cost, and includes an estimated adjustment to revenue to reflect the variation between target and actual outputs (i.e. reflecting potential 'claw-back' for under-delivery of agreed outputs).

Staffing

Position	Headcount	EFT
Home Maintenance Officers	2	1.5

Note: Delivered Meals, Community Transport and Home Maintenance services are collectively supported by 1x Senior Team Leader, 1x Team Leader and 1.5 administrative positions.

CHSP eligible clients, both owners and renters, are able to obtain available services; most home maintenance for renters will require permission from the property owner, and often needs to be taken out when renters move on.

While DCC is not funded by the Australian Government to undertake home modifications, DCC provides a range of services including installation of smoke detectors, installation of handrails, bannisters and ramps, installation of weather seals to windows and doors, pruning when shrubs or trees are blocking access paths to front or back doors, installation of hand held showers, repair front and back door locks, and installation of hinges that allow doors to be opened both inwards and outwards.

Nearly 700 residents were assisted at least once during 2017-18, paying just over $13 an hour for services.

There are significant benefits in Council remaining a provider of these service, however, many older people need more extensive maintenance work than DCC can provide; they are willing to pay but they find it hard to find reliable local trades people.

> *"I believe older people on pensions need low cost home maintenance options (including gardening) as they often do tasks that are too risky for themselves because private contractors are too expensive."* (Consultation feedback)

It is recommended that in addition to its own provision of home maintenance services, DCC investigates establishing a panel of local trades people who would be willing to undertake more extensive work than DCC provides. (Recommendation 17)

Gardening

Several submissions to this review suggested DCC should provide support to aged residents to maintain their gardens, and more specifically, offer a lawn mowing service.

> *"Why can't Council have a garden service? Council manages big parks and reserves, why can't you help oldies in their gardens?"* (Consultation feedback)

It is recommended that DCC provides a gardening service which includes mowing, plus a focus on DCC staff working alongside older people to garden. (Recommendation 18)

It is further recommended that DCC provides nature strip mowing and a trimming service for overhanging trees and bushes as these can be risk hazards for older people walking and wheeling on footpaths. (Recommendation 19)

4.2   DCC to continue CHSP and consider the feasibility of expansion into the delivery of HCP services to enhance continuity of care of clients

DCC could expand its delivery of community based aged care by providing a HCP service in addition to CHSP. DCC is not currently funded to provide HCPs, however, other Victorian local governments do provide HCPs in addition to providing CHSP.

An expansion to HCPs could be based on DCC's current suite of services and expertise, with DCC robustly entering the market to provide HCPs using its existing workforce, with the addition of some specialty staff for higher level packages or by purchasing brokered services.

In effect, improved and efficient CHSP services is the foundation and basis for considerations of expansion into HCPs i.e. DCC continuing to deliver CHSP if block funding continues while investigating and developing improvements to each service type to make services more responsive to client need, more flexible and more efficient.

However, expansion into HCPs would require development of a new operating model to include case management services, new administration systems and a more 'entrepreneurial' culture to be attractive to clients in a more competitive market.

Potential benefits to DCC providing HCPs in addition to CHSP, include:

- providing continuity for existing DCC clients who may require increasing levels of care over time. The Panel has heard how highly valued this would be. It is important that older people feel confident moving onto a HCP for higher levels of need and DCC providing these HCPs could both provide this reassurance and facilitate older people's entry into the HCP arena as higher level of services are required;
- maximising service impact for clients, particularly at Levels 3-4 (i.e. through providing important health services e.g. nursing, allied health), support (e.g. transport to medical appointments, aids & equipment, care coordination etc.) rather than just entry level home care;
- increased attraction to potential clients by offering a full spectrum of service to support older residents to age in place, (note that this may be an important determinant of future viability by attracting future clients in a market-based environment);
- expanding the volume of service hours to maintain or increase paid hours for staff; and potentially off-setting the trend in reduced hours and salaries due to declining demand for CHSP services; and
- supporting the financial sustainability of DCC service delivery if :
  - full cost recovery and through access to higher funding levels, particularly for Levels 3-4; and
  - service generates additional revenue to off-set Councils financial contribution to services to older people.

"I need more time from council. I only get 1½ hours cleaning a week and I have a big home that I don't want to sell." (Consultation feedback)

DCC previously provided a small number (33) of lower level HCPs but discontinued this service several years ago. The HCP program was different at that time to current arrangements, with providers applying to the Australian Government in competitive rounds for block funding to deliver a specified number of packages.

DCC was not successful in these rounds and it was determined that the small number of packages it managed was not viable or beneficial.

The option to provide HCPs for DCC is quite different from its previous position because:

- the funding and operating environment has significantly changed
- DCC would achieve viable scale by managing significantly larger number of packages
- DCC would provide packages at all levels to provide continuity of care.

Issues with HCPs

The Australian Government recently commissioned Dr Sarah Russell to investigate the operation of HCPs from a consumer's perspective.[23] Older people consulted for Dr Russell's review identified a range of systemic problems with HCPs, including:

- being unable to access reliable information;
- experiencing high fees;
- receiving unclear financial statements;
- having no benchmark to compare costs;
- lack of audits;
- poor quality of some services;
- poor communication;
- ineffective complaints system;
- policy of full cost recovery; and
- staffing issues, including:
    - inadequate training;
    - insufficient numbers of staff;
    - high turnover of case managers and support workers.[24]

Many of these issues are consistent with comments provided to the Panel during community consultation.

"My dad passed away a few months ago waiting for a level 4 package. The waiting times are too long, people are dying."
(Consultation feedback)

By addressing these issues as a HCP provider, DCC would benefit local residents who are HCP recipients. DCC is in a strong position to address these issues as an existing provider of quality aged care services, delivered by qualified and competent staff who are trusted by clients and residents.

However, it is important for DCC to develop and consider a full business case for expansion into HCPs that includes examining the potential reputational risk to DCC due to the application of potentially high client fees to cover operating costs and maintain a viable service. That is, DCC may be subject to similar adverse criticisms levelled at current HCP providers.

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23 Russell, S., 2019 *Older people living well with in-home support*
24 Ibid.

Towards an Age Friendly Darebin

The HCP market in Darebin

There is a substantial and growing market for HCPs, due to the Australian Government increasing the number of packages, growing numbers of older people and the increasing desire for older people to age in place to delay or avoid residential aged care.

However, while the size of the HCP market is increasing, DCC would be entering a significantly more competitive environment than for its current CHSP service: in metropolitan Melbourne there are a large number of providers currently registered to 23 Russell, S., 2019 Older people living well with in-home support provide HCPs; for example, there are approximately 60 providers listed in My Aged Care for the Reservoir postcode alone (it is likely that providers listed in one postcode are likely to provide services to the adjoining postcodes).

In developing a potential operating model for HCPs, DCC would need to factor in costs for marketing and publicity to establish and maintain a competitive position. DCC would also need to consider any potential reputational risk associated with marketing activities; e.g. provision of HCPs may be considered a waste of public funds, and a more entrepreneurial marketing campaign may not align with an established image of what is appropriate for local government.

In June 2018, there were 23,449 HCPs in Victoria; local governments in Victoria managed 4.5% of all HCPs. The number of HCPs managed by local governments had declined from 7.3% in June 2015.

The Australian Government does not provide data on the specific number of HCPs by LGA, however the potential number of HCPs in Darebin was estimated based on population projections, the likely number of HCPs per 1000 people aged 70+ and the ratio of higher and lower need packages.

Estimated number of HCPs by level in Darebin

	2018	2020	2025	2030
	@ 30 / 1000	@ 30 / 1000	@ 45 / 1000	@ 45 / 1000
Level 1–2	347	359	583	644
Level 3–4	149	154	250	276
Total	**496**	**513**	**833**	**919**

However, DCC would be strongly placed to be competitive because:

- DCC is currently the dominant provider of CHSP services in Darebin;
- existing CHSP clients are more likely to be prioritised for packages;
- current DCC clients are more likely to continue with their existing CHSP provider; and
- new HCP clients may be attracted by the reputation of DCC as an accountable, high quality and trustworthy service provider.

The table presents a conservative estimate of the number of HCPs DCC could secure based on a conservative assumption of 50% of newly available packages (i.e. not expecting that clients of alternative providers would change to DCC and also not expecting to secure all new HCPs clients).

Potential DCC share of the local HCP market

	Level 1–2		Level 3–4		
	Total local HCPs	DCC estimate	Total local HCPs	DCC estimate	DCC estimate total 1–4
2018	347	9	149	4	13
2020	359	24	154	10	34
2025	583	142	250	61	202
2030	644	173	276	74	247

Based on the current HCP program and funding guidelines, DCC could establish the expanded service as cost neutral to rate payers. A business case will need to be developed by officers to develop a new operating model and include any upfront commitment of resources to establish the service, and ongoing costs associated with the service. Additionally, reputational risk associated with DCC applying high client fees and service costs should be explicitly addressed in the business case.

Future planning would also need to consider additional risks as the service scope is expanded from the current entry level service, in order to maintain service quality.

It is unlikely to be viable for DCC to only provide Level 1-2 packages, because:

- clients are more likely to prefer a provider that can provide continuity of care as their needs increase;
- it is likely to require a mixed case load (i.e. Level 1-4 HCPs) to sustain the relatively the high cost of case management and administration; and
- DCC is likely to be unattractive to clients eligible for lower level packages due to DCC's relatively high costs, which are likely to result in lower levels of direct service hours

"I was on a level 2 Home Care Package... Council's CHSP is like a level 6 compared to the Home Care Package. Worst decision I've made to move to a package. I have no services now, I cancelled the package. I will look at coming back to the Council service." (Consultation feedback)

It is recommended that while the block funding continues from the Australian Government for CHSP, DCC investigates the feasibility of providing HCP's Levels 1-4 by DCC developing a detailed business case and operating model for a HCP service. Reputational risk associated with DCC applying high client fees and service costs should be explicitly addressed in the business case. (Recommendation 20)

Factors to consider in providing HCPs

A number of critical factors determine the viability of DCC continuing to provide CHSP services (and/or HCPs):

i.   The Australian Government discontinues block funding for CHSP;

ii. Clients choosing DCC as a service provider in a competitive market; and

iii. Application of National Competition Policy (NCP)

These factors are outside the control of DCC.

i. The Australian Government discontinues block funding for CHSP

Block funding provides DCC with a measure of certainty about the level of funding DCC must allocate from its own revenue sources to provide CHSP services (e.g. from rates, fees and fines).

However, if the volume of service specified in the block funding agreement is not provided (i.e. due to declining demand), DCC is required to re-pay the shortfall, in practice this is likely to result in a reduced block funding amount in the following year.

Without block funding, DCC is exposed to financial risks related to fully funding its aged care services from its own revenue without any guarantee of income.

ii. Clients choosing DCC as a service in a competitive environment

There are also associated cash-flow issues related to discontinuing block-funding due to expenses being incurred in advance of revenue; however, the relatively large size of DCC's total budget and its status as a tier of government should mitigate potential cash-flow issues.

iii. Application of National Competition Policy (NCP)

Client choice of DCC in a competitive environment will be highly dependent on DCC being price competitive, i.e. DCC's service viability will significantly depend on continuing to subsidise the full cost of its service to reduce client fees.

"I am disappointed in Council, they came for the cleaning, but they don't do it how I like it. You should leave it to other providers who do a better job. Help older people get out and about, to centres. Spend more on your libraries and leisure for older people." (Consultation feedback)

As previously discussed DCC would not be permitted to subsidise the cost of service delivery if the competitive neutrality principles of NCP apply to the delivery of community based aged care services. It is very unlikely that clients would (or could afford to) choose DCC if client fees were increased to cover the cost to DCC of providing the service. The table below compares current client fees types with estimated client fees required to cover DCC program costs for some indicative service. It is important to note that the estimated fees would be even higher than those shown if DCC corporate overheads were included in full costs.

	DCC client fee 2017/18	**Estimated client fee reflecting full program cost***
Domestic Assistance	$6.60 / hr	$35.90 / hr
Personal Care	$4.80 / hr	$41.27 / hr
Delivered Meals	$10.00 / meal	$38.75 / meal
Home Maintenance	$13.20 / hr	$53.66 / hr

* Note that costs do not include DCC corporate overhead

In summary:

- if NCP applies it is very unlikely that DCC could successfully compete with other providers due to the requirement to charge full cost reflective pricing; and
- if NCP did not apply, and block funding was discontinued Council would need to consider the relative risks and benefits of entering a competitive market as a provider of CHSP services.

It is recommended that DCC pilots a social inclusion program while addressing older people's system-related risks. (Recommendation 21)

4.3   Breaking down social isolation

The goal of reducing loneliness and social isolation by reaching out to people at risk of social inclusion is core to the development of an Age Friendly Darebin.

> *"Social isolation and loneliness is and will continue to be one of the most pressing needs in our community, particularly for people whose ability to get out into the community is compromised." (Consultation feedback)*

Social isolation occurs alongside other risk factors such as: chronic and/or acute health conditions, disability, poverty, and neighbourhood barriers and exclusion. Social isolation is a risk factor for mortality comparable with, if not greater than, such factors as smoking, obesity and physical inactivity.[25] International research into older peoples' social relationships and mortality risk suggests that older people with adequate social relationships have a 50% greater chance of survival compared to those with poor or insufficient relationships.[26]

> *"Since I had a stroke – it would be nice if you can provide someone at least once a week – just to chat – to talk – I believe all older people like to talk with somebody – some have a family – some don't. I don't go nowhere, no group. I am stuck in my chair." (Consultation feedback)*

For Darebin to become Age Friendly, it is therefore important for it to develop an approach to identifying and supporting at risk older people to connect and participate in the community. This requires action both with socially isolated individuals to support and encourage them to connect to informal networks and community.

However, action must be taken with the community - the physical and social group environment - to make sure that it becomes accessible and inclusive.

> *"A sense of isolation and the feeling that you have nothing worthwhile or of interest to contribute." (Consultation feedback)*

While Age Friendly Darebin must have accessible and inclusive communities across the municipality, without a strategy to identify and support socially isolated residents to participate, there will be widening gap between those who remain isolated and those who are well connected as they age - to neighbours and community activities of all kinds.

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25 Holt-Lunstad J., et al. 2010
26 Ibid.

A new DCC Social Inclusion Support Service

> *"Council should make it their business to knock on doors where older people live, see if people are ok and if they need anything."* *(Consultation feedback)*

In September 2018, Darebin Council agreed that …

"Council commits to continue its annual $6million investment into the longer term into the facilities, programs and services promoting the health and well-being of older people"[27]

Option 3 therefore proposes DCC pilot a new service targeting those who are socially isolated and therefore at risk of morbidity and premature mortality which can be prevented.

Therefore under this recommendation it is proposed to utilise available budget from this commitment to invite the participation of those current home support workers who would relish building on their skills for trialling a new role.

The older people in this group are likely to be eligible for CHSP or level 1,2,3,4 HCPs, although there are some who may not yet be receiving any service from MAC because they may not know about MAC or their eligibility. There is also another group of older people who may have recently retired and who find themselves socially isolated but not yet needing a service. This group of older people would benefit from time-limited social inclusion support to help them become part of community.

The pilot should also incorporate a strong outreach to vulnerable older people.

> *"About 80 % of the older people that live here live alone and don't get visitors. Many people would love to have someone knock on their door. Check on people who may not be doing well. Even a phone call might be nice."* *(Consultation feedback)*

It is expected that that the proposed pilot of a social inclusion service would be additional to CHSP or an HCP, with clients eligible for either CHSP or HCPs who are identified and assessed as at risk from social isolation, receiving CHSP or HCPs plus the social inclusion service as outlined below.

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27 Darebin City Council, 2018, *Minutes of the Council Meeting held on Monday 3 September 2018*

Outreach, identification and assessment for social inclusion support service

> *"Assessment is providing good quality service but we can't do both – navigator and assessment." (Consultation feedback)*

The current assessment team for CHSP is highly skilled. Therefore, this presents an opportunity to utilise current assessors to refocus from CHSP assessment:

- monitoring and identifying older people at risk of social isolation (using a wide range of networks from within DCC and from NGO's and community groups);
- proactive reaching out;
- identifying latent needs, including obvious health needs and link to community health and GP's and NGO's;
- assessing older people who are vulnerable to social isolation;
- supporting older people to identify social inclusion goals;
- supporting via information, navigation and one-on-one advocacy for all eligible older people to transition to quality CHSP or HCP providers depending on their level of need;
- informally monitoring quality of CHSP and/or HCP delivery; and
- collecting information and intelligence to systemically advocate for improvement in MAC.

> *"There should be a social worker that can ask that of elderly people – are you happy with the treatment you're getting? – that way older people more likely to open up – social worker could be an option." (Consultation feedback)*

Some of the target group for the proposed new service will already be receiving CHSP or level 1 to 4 HCPs and will continue to do so. Others ought to be receiving CHSP or packages but have not applied because they may not know they are eligible or their circumstance exclude them (homeless, itinerant, mentally ill, Culturally and Linguistically Diverse (CALD)).

> *"Could the Council help older people to navigate the aged care system? Council should help to coordinate between health services, hospitals, rehabilitation, doctors." (Consultation feedback)*

Client self-determination

Fully developed, the social inclusion support service would respond to choices as determined by eligible older people about how they would like a certain number of hours a week or fortnight to be used to assist them to break down their social isolation. This can change from week to week as social inclusion clients will be assigned hours rather than activities or services.

Genuine self-determination over how those hours with the social inclusion worker are used is core to having a sense of control over life and is also preventative of heart disease, stroke and type 2 diabetes.[28]

Under the proposed pilot, DCC social inclusion workers would provide a wide range of different support activities, for example:

- assisting isolated older people to walk or wheel around the neighbourhood and meet new people, including walking or wheeling with a dog;
- assisting isolated older people to go to a park with a dog and introducing and assisting interaction with other dog owners;
- facilitating neighbour introductions;
- assisting isolated older people to invite neighbours in or visit neighbours;
- visiting isolated older people to share a meal, cup of tea and/or to listen;
- co-gardening with isolated older people and where possible linking to local community gardens, gardening clubs, neighbour gardens;
- facilitating telephone contact between isolated older people with families, friends or volunteer (e.g. telephone befriending schemes)
- identification of isolated older peoples' interests and facilitate them to join community activities;
- introduction of isolated older people to local community groups including neighbourhood houses and helping them settle in;
- assisting isolated older people to use public transport, use parks and gardens and public spaces;
- driving isolated older people to doctor and other appointments and waiting with them if they are frightened; and
- sharing meals or facilitating others to share meals with isolated older people.

This list is not a menu; rather it is indicative of the type of activities that would add to the health and well-being of older people because these activities and any others in the same vein break down social isolation.

But it is vital that older people themselves decide how engagement with the social inclusion worker is utilised within the broad remit of breaking down social isolation. Therefore, the role of the assessor and social inclusion worker would be to facilitate and back up the decisions of the older person. Older people will be encouraged to think outside the box and be creative in their decision-making.

Design and implementation of the pilot will need to promote stable one-on-one worker relationships, as the relationship with the social inclusion worker will be paramount to successful outcomes.

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28 Marmot M., 2013 *Review of social determinants and the health divide in the WHO European Region: final report*

Social inclusion assessor role

The new role will identify and assess older people who are isolated and link them to the new DCC social inclusion service and their social inclusion worker, as well as to DCC for meals, community transport and home maintenance – these services would be continued because of thin markets.

"Should Council employ welfare officers to monitor vulnerable residents and link them to relevant supports?" (Consultation feedback)

Social inclusion assessors selected for this pilot would:

• no longer be funded through RAS/MAC and would be fully funded by DCC;

• differ from local NGO outreach work funded with CHSP under the Assistance with Care and Housing sub-program by not being restricted by MAC eligibility and screening criteria, so able to take a comprehensive and preventative approach; and

• include older people who have recently lost a partner; or their social group is diminishing because their peers are dying; or who are newly living alone or who have lost mobility function, or their mental state is deteriorating.

"The Council structure could be vital in catching people who fall through the cracks. There needs to be a local safety net." (Consultation feedback)

An ongoing part of the proposed role for assessors would be to assist and advocate for older people to navigate and gain access to MAC. This would require assessors to provide both information and assistance to older people in accessing aged care services. Such a role would capture and retain the detailed knowledge and 'street wisdom' DCC assessment staff already hold.

"Perhaps your role can be more of an advocate and practical supporter for our local community elders as they and their families try to navigate the new systems or simply those who for various reasons don't even try to access the new systems." (Consultation feedback)

Assessor to provide support for vulnerable residents to access My Aged Care

Assessors could also provide support for vulnerable residents to access My Aged Care assessment and HCPs.

For many older residents, securing appropriate services from MAC will be a demanding challenge, a challenge more likely to be addressed with advice and support from experienced assessors. In addition, engagement with assessors will enable residents to be informed about other DCC services that could support them to age well.

> *"Overall I think the hardest thing is having to make all the decisions on my own and no one wants to help me with that they all say I have to choose." (Consultation feedback)*

Assessors are well placed to develop and conduct a monitoring system for outreach to vulnerable older people.

An important tool for assessors to be able to reach out to older people would be to establish and maintain a comprehensive monitoring system of vulnerable and isolated older people. This monitoring system could utilise:

- self-registration;
- GP referral;
- CHC referral;
- Primary Health Network referral;
- Senior Citizens Centres and other community groups of older people; and
- Heat wave registry.

Social Inclusion Workers

The Panel heard from the ASU, current CHSP clients, management and the workers themselves about the quality, stability, and commitment of the DCC workers, many of whom are also from the local Darebin area. It would seem therefore that the current workforce has the capacity to take on the new role proposed for piloting under Option 3. This role of social inclusion support worker will use current worker skills of listening, responding, supporting and identifying risk of social isolation, calling in volunteers and other resources.

Current certificate levels 3 and 4 might be helpful to the role, but a Registered Training Organisation (RTO) could be supported to design and mount a dedicated new certificate for social inclusion worker training.

The social inclusion worker would have many of the same qualities essential for their current role:

• empathy and listening skills;
• detailed knowledge of community activities;
• ability to undertake neighbourhood audits and assessment of neighbourhoods in terms of friendly neighbours, parks and gardens, walking paths, risks and street seats; and
• facilitation skills.

The goal of reducing social isolation by reaching out to residents at risk of social isolation is core to the development of an Age friendly Darebin. For Darebin to become fully age friendly it is important that DCC can identify and support socially isolated residents to connect and participate in the community. It is therefore recommended that Darebin pilot, with a view to eventual expansion, a strategy to identify and support isolated, older residents to participate more fully in their community.

• providing new roles for assessment officers and home support workers in delivering a navigation, monitoring and social inclusion service.

"Council should make it their business to knock on doors where older people live, see if people are ok and if they need anything. Give that a go. There are some people quite vulnerable that can't get around." (Consultation feedback)

It is recommended that DCC to commence trial of social inclusion service when resource availability permits, while addressing older people's system-related risks by re-directing its own source revenue and re-developing roles and responsibilities to utilise assessment officers and community support workers in the piloting of the social inclusion service. (Recommendation 22)

Value of a bolt-on volunteer program

It is vital that social inclusion workers do not replace informal friendships and do not form dependency relationships with isolated older people.

It is undesirable for people to only have paid workers in their lives as even with the best intentions, these relationships are inevitably one way and somewhat transactional. Although the social inclusion role would be far more focused on relationship and community linkage, they must remain at a professional level.

Volunteers could provide a step towards friendships and informal contacts, as they are unpaid and there is an inherent mutuality where both the older person and the volunteer contribute to each other. Volunteer relationships at times can grow into friendships. Although to avoid pressure on both parties, there should not be an expectation and friendship must remain as a bonus.

"Other older people can be trained to volunteer and reach out to the people who have put a wall up around themselves."
(Consultation feedback)

It is recommended that DCC provides a volunteer service to support the social inclusion service with more intense engagement where needed:

    a. **The volunteers would not replace paid workers, rather social inclusion workers would work hand-in-hand with the volunteer service and call volunteers in to provide more hours of contact;**

    b. **The volunteer service would include older people as volunteers for isolated older people.**
        (Recommendation 23)

Council should also consider services to address vulnerability to service holes and/or 'thin markets'

"Darebin Council need to get back to basic principles and puts its money in the direction of residents who don't have a voice but do have a great need to remain safe, healthy and social."
(Consultation feedback)

There is a risk that alternative providers may not enter the market for some CHSP service types due to the relatively low unit price paid by the Australian Government for these services. While these services may be available in Darebin, CHSP clients may not be able to attract providers (i.e. a service hole); alternatively there may be only a limited number of local providers (or none) for some service types (i.e. a local thin market). For example:

- It is likely to be difficult for a CHSP client to secure home maintenance for very small but crucial activities; (e.g. changing a light bulb) without paying an inappropriately large call-out fee; and
- Similarly, it may be difficult to purchase a regular, nutritious, home delivered meal within the price of the current CHSP subsidy plus current DCC client fee.

"When you get quotes for work people see that you are old and alone and they quote a huge amount for the work, people feel like they can charge whatever they like and you cannot 'get a fair deal' " (Consultation feedback)

It is recommended that alongside the Social Inclusion Service, DCC continues to provide its own directly funded services where there is a risk that vulnerable CHSP clients may not be able to access necessary services due to 'service holes' or 'thin markets' for example: delivered meals and home maintenance (including gardening). (Recommendation 24)

These service types were identified by older residents during the community consultation as important in maintaining their ability to age in place and engage with their community. It is also important that older people have a strong say in contributing to the development of models of delivery that would lead to good outcomes that include maximising independence, socialisation and inclusion.

"Maintain and if possible extend services to help older people stay at home...Greater provision and access to social activities to prevent loneliness and isolation." (Consultation feedback)

5 SOMEWHERE TO CALL HOME

Key to an Age Friendly Darebin is the issue of affordable, safe, supportive housing for older people.

Many older people spend a large proportion of their time at home, and are frequently at home alone[29]:

- For people over 80 they can spend more than 80% of their time at home;
- For people between 65 and 84, approximately two thirds live with a partner (67%);
- For people 85 and over, the proportion of those living with a partner decreases to about one third (32%), while almost half live alone (47%).[30]

Home therefore needs to be a place where older people are able to leave and come back to safely. Home needs to be part of community: in a place where older people are known and are familiar with.

Ageing in place is dependent on home being a place that an older person can:

- afford;
- access;
- be safe;
- be connected with others; and
- remain as independent as possible for as long as possible.

> *"I strongly feel that it is so important to remain independent and remaining in your home is vital to physical and mental health"*
> *(Consultation feedback)*

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29 Iwarsson, S., 2007 'Housing Matters in Very Old Age —Yet differently due to Adl Dependence Level Differences' *Scandinavian Journal of Occupational Therapy Vol. 14 No.3*
30 Ibid.

5.1   Affordability

Being able to find and afford a home is fundamental to developing an Age Friendly Darebin. However, the gentrification of Darebin has made the affordability of ageing in place a significant challenge for many long-term Darebin residents.

> *"Through our work we also support many older people who are sleeping in cars and couch surfing...Lack of affordable housing is a huge issue for people on low incomes in an area of gentrification such as Darebin. As people age, health becomes more vulnerable... Housing is therefore essential in supporting older people's health and wellbeing."   (Consultation feedback)*

Housing affordability is especially a problem for older women. According to the latest Household, Income and Labour Dynamics in Australia (HILDA) Survey, women over 60 are the lowest earning of all demographic groups nationally. Having raised families, worked part time or in unpaid roles (e.g. running the school tuck shop or caring for elderly parents) women retire with less savings and assets than men their age and are therefore at greater risk of homelessness.[31]

(i) Renting in the private market

Rent for private dwellings is soaring in Darebin, as for other inner Melbourne suburbs with demand exceeding the supply of rental housing. The rental market is further limited for older people because there is no minimum regulation that requires private housing to be accessible: therefore, the stock of accessible, low rent housing for older people is limited and becoming less available.

One solution that generates more affordable lower rental housing stock comes from a number of cities in Europe. These schemes provide rate concessions to landlords who charge moderate to low rents to low income residents.[32] It would be valuable to explore these in more detail, including the cost and the benefit. DCC may also need to seek legal advice to ensure that these schemes are within Ministerial guidelines in relation to rates.

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31 Wilkins, R. et al., 2018 *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 16*
32 WHO, 2017 *Age Friendly Environments in Europe: A Handbook*

"I can't afford my private rental – Council should work with other Government for housing solutions. It affects me directly.... I am 65 next month and will need to work for longer than intended. Council could do support work or advocacy when we have to deal with Centrelink, Housing – help us get outcomes." *(Consultation feedback)*

It is recommended that DCC examines schemes that give private landlords rate concessions for charging moderate rents to low income older people. (Recommendation 25)

As well, it is recommended that DCC renews its efforts to advocate hard for a minimum regulation for private dwelling accessibility so that there is more accessible rental stock for frail older people. (Recommendation 27)

(ii) Public/social housing

The high public housing waiting list (2,499 people on the Darebin wait list) indicates that there is not enough public/social housing available.

In addition, many of the public housing estates are walk ups and inaccessible for older people using walking frames and in wheelchairs.

(iii) Supported Accommodation Services (SRS) and boarding/rooming houses

There are six SRS and 39 rooming houses in Darebin. Older people are often placed in SRS as an emergency response to homelessness and also as a response to lack of affordable housing. Some are discharged from hospital into SRS and/or boarding houses as a short-term option but are continuing to live long term in these sometimes dangerous environments.

(iv) Living in parks and gardens, sleeping in cars or in the street

Living rough is a huge risk to the health and safety of older people and is unacceptable. Housing is essential to support peoples' health and wellbeing.

5.2   DCC contribution to public housing

New public housing stock is urgently needed to reduce the waiting list and also to accommodate private SRS, rooming and boarding house residents, homeless older people and market renters who can no longer afford market rents after retiring.

In the seventies, along with other progressive councils, Northcote and Preston Councils introduced a scheme with the Ministry of Housing where DCC provided land for the Ministry of Housing to build public housing. This scheme continues to this day and in conjunction with NGO's, DCC nominates people who live in the area to this housing.

> *"We are really grateful for Darebin keeping the Darebin Council Housing sponsorship program ...that is a really valued program in the community ... It is often our best option." (Consultation feedback)*

There is a total of 218 places for elderly single people sponsored by DCC and managed by the Victorian Government Office of Housing. These places are provided at three locations in Northcote and Thornbury.

The success of this scheme and the continuing large waiting list for public housing supports the scheme's expansion.

> *"You have helped me to get into this property so I am really happy." (Consultation feedback)*

It is recommended that DCC considers purchase of additional land or alternative use of existing land to partner with potential housing providers or with the Office of Housing to expand the volume of fully accessible public and community housing stock to be offered to older people who are homeless and/or older people living in SRS or rooming houses. (Recommendation 26)

5.3   Accessibility

For Darebin to become Age Friendly, older people need to be able buy or rent accessible homes, visit friends who live in accessible houses, enter accessible shops and other commercial buildings. Universal design describes the concept of designing all buildings, products or environments to make them accessible to all people, regardless of age, disability or other factors.

> *I would very much like to stay in Reservoir when I sell my home, but I don't want a townhouse which may present problems as I age. Why are we not seeing more single storey housing? It's money. More money in townhouses than single storey. Sad, a shame." (Consultation feedback)*

Local government has strong "persuasion" powers to promote the application of universal design, despite being restricted by state and federal government planning and building regulation and codes, and the dominating influence of the property and building industry lobbies.

DCC's persuasion powers should begin with a clear expression of Council's position on universal design. This should be supported by information and advice for developers by DCC to demonstrate Council's seriousness in its commitment to making Darebin fully accessible to all. For example, DCC could provide detailed kits, tools and an advisory service function.

The objective of DCC's support activities is to assist and support developers to decide to make their buildings accessible at the beginning of their development process, recognising that it is much cheaper to build in access than to add it in at a later stage.

In the specific area of access standards for private dwellings, for over a decade Darebin has provided important leadership.

In 2012 and 2015 DCC (and other local governments), advocated for improved accessibility standards for residential development during State Government planning reform processes. The State Government responded to a limited extent through some changes that were introduced to the planning scheme in 2017, particularly requiring minimum access to door openings, aisle widths, and accessible/adaptable bathrooms and toilets for 50% of new apartment dwellings that are the subject of planning permit. This means that only half of the dwellings contained in a proposed development must comply with the requirements.

It is now time for DCC to return to this battle.

It is recommended that DCC strongly renew its advocacy to the Victorian and Australian Governments for minimum regulation and building code reviews.

As well, DCC should update its approach to access in its planning requirements and make it a top priority to push access as hard as possible. This is absolutely fundamental to achieving an Age Friendly Darebin.

Similar to green standards, where DCC requires higher standards than required under statute, DCC should establish stronger than mandated access standards for all new, renovations and refurbishment of buildings – commercial, shops and dwellings and really promote them hard.

For example, DCC could consider adopting the approach taken by the City of Banyule. From 2013 Banyule Council has required the incorporation of liveable Design guidelines to improve the accessibility of new homes (refer to Appendix 3).[33] Liveable Housing refers to basic and easy to implement features that improve the accessibility of new homes so that they are:

- easier to enter;
- easier to navigate in and around;
- designed to meet changing needs of residents who may experience a disability, injury or change in the family; and
- of increased value and easier to rent by providing a marketing edge and appealing to a broader demographic.

It is recommended that DCC updates its approach to access in its planning requirements by:

a. reviewing existing tools/levers in the planning scheme that could be used to encourage/require accessible features in housing;

b. developing additional tools and resources to support developers; and

c. implementing liveable housing guidelines similar to Banyule City Council. (Recommendation 28)

Co-generational housing is another option that should be supported by DCC. According to a recent US research report nearly one in five Americans live in a household comprising three generations. Within Australia, 2012 research by the Australian Housing and Urban Research Institute (AHURI) indicated that, at least at the time of that research, three generation households consisting of grandparents, parents, and young children were still a relatively uncommon phenomenon. However, with benefits including stronger intergenerational family bonds, greater financial flexibility for all involved, and older family members staying active physically and mentally through their daily engagement with their grandchildren, alongside the financial benefits of pooled costs, and young parents gaining the daily support that can help balance career, family and home, it is not surprising that several Australian home construction business are now marketing 'homes for all generations'.

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33 Banyule City Council, 2013, *Liveable Design Guidelines*

5.4 DCC Advocacy for Affordable and Accessible Housing

It is important that DCC reinvigorates its position as a strong advocate for affordable and accessible housing. Restating its strong views as advocacy commitments would support the allocation of necessary resources and stimulate energy, making it more likely that results would be achieved from advocating to the Australian and Victorian governments.

> *"Darebin Council has a role in advocating for the needs of the vulnerable members of its community with service providers and all levels of government. I would like to see my local council do more of this on my behalf." (Consultation feedback)*

It is recommended that Council adopts a policy position and advocacy commitments similar to the City of Whittlesea:

a. **"That every person has a right to affordable, adequate and appropriate housing to enable their participation and sense of belonging in community life."**

b. **Commitment 1: State-wide planning measures should be adopted that mandate and incentivise Social and Affordable Housing (Victorian Government)**

c. **Commitment 2: All new social housing dwellings should be required to comply with the Liveable Housing Design Guidelines Housing (Victorian Government)**

d. **Commitment 3: Take action to break the cycle of homelessness by adequately investing in the housing and homelessness sector to assist people across all the life-stages Housing (Victorian and Australian Government)**

e. **Commitment 4: The National Rental Affordability Scheme should be reinstated (Australian Government)[34] (Recommendation 29)**

> *"Can Council encourage/force developers to provide a percentage of low-cost housing as part of a build?" (Consultation feedback)*

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34 Whittlesea City Council, https://www.whittlesea.vic.gov.au/about-us/advocating-for-community-needs/social-and-affordable-housing/

5.5   Safety: preventing injuries at home

Home (for those who have one), should be a sanctuary and a safe place, however, for many home is certainly not a safe place. Injury from falls is a common reason for people having to leave their home and enter residential care. While there are multiple causes for falls, creating a safe environment in the home will help to significantly reduce the risk of falls. It is undoubted that a fall that results in a fracture or other serious injury can have dire consequences that in many cases could be prevented:

- Almost half (49%) of all fall injury cases for people aged 65 and older that required hospitalisation occurred in the home (including the driveway to the home).
- Falls are the most preventable causes of needing nursing home placement: more than one-quarter of all people suffering a hip fracture die within a year of falling; another 50% never return to their prior level of mobility and for many they do not return to their home; and
- a further 16% of falls in the home were recorded as occurring in the outdoor areas of the home, with falls occurring in the bathroom and bedroom also relatively common -11% and 10% of falls in the home, respectively.[35]

"Council needs more of an emphasis on ensuring aged persons homes are safe, secure and equipped with appropriate railing, safe footpaths and security." (Consultation feedback)

Therefore, preventing injuries including falls in the home is an important priority for DCC, health services and community health centres.

DCC, in conjunction with community health services, provides 'light touch' home maintenance and home modifications, while community health provides occupational therapy assistance to older people to identify and address hazards that might cause injury at home.

It would however appear that those most vulnerable, living in private rentals, rooming and boarding houses or who are itinerant, are less or not likely to gain access to the support needed to prevent injury in their living space. Therefore, a priority needs to be given to older people who do not own their own home for assessment and provision of home modifications.

"Our ministry of housing flats are too dark, the lighting is not good enough. Security lights would be good. People could trip or fall." (Consultation feedback)

It is important to recognise that landlord permission is required for rental modifications and payment may also be required to remove modifications after the rental is over, highlighting the importance and benefit of advocating for the application of accessible private dwelling.

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35 AIHW: Kreisfeld, R., et al. 2017, *Trends in hospitalisations due to falls by older people, Australia 2002–03 to 2012–13*

Mobility aids and appliances

Proactive injury prevention also relates to access to equipment that might keep older people safer as they age in place. For example, one approach to dealing with increasing unsteadiness while walking or standing is to audit the home for hazards and to modify the home and make it as safe as possible.

However, a useful addition would be to provide equipment, such as electric or manual wheelchairs. While low cost equipment is available through CHSP, (although DCC currently is not funded by the Commonwealth in the block grant to provide this service type), higher cost equipment such as manual wheelchairs and electric mobility aids are almost impossible to get fully funded. This leaves older people in falls and injury danger, as well as being less likely to cook if standing and carrying is no longer possible.

In addition, access to equipment that may prevent falls is more likely to be unavailable to vulnerable low-income older people, who are less likely to be able to pay the sizeable gap (with the annual cap of $500 in total support – where the cost of a mobility scooter is closer to $3,500 - $4,200).

DCC providing a loans scheme for mobility equipment

There is likely to be an increase in discarded mobility items in general household waste, refuse centres and landfill sites, in part because of the boom in equipment supply and turnover about to be generated by the NDIS.

> *"Mobility equipment is expensive and could be subsidised to make them more affordable." (Consultation feedback)*

In contrast to people eligible for the NDIS, the cap on spending for individual pieces of equipment through CHSP prohibits those older people on low incomes purchasing many pieces of equipment that could assist them to not only be safer, but also to get out and take part in neighbourhood and community life.

It is recommended that DCC establishes a Mobility Equipment Loans Scheme (similar to a Toy Library), in partnership with an NGO expert in disability equipment. (Recommendation 30)

The Mobility Equipment Loans Scheme would recover, recycle and reuse electric mobility scooters and wheelchairs, manual wheelchairs, crutches, wheeled and framed walkers.

It is further recommended that DCC explores the possibility of donated and recovered equipment being restored by using a volunteer program established with a Men's Shed, also including older people. (Recommendation 31)

Home modifications

Home modifications can increase or maintain levels of independence, safety, accessibility and wellbeing and can also assist in creating a home environment that supports reablement and restorative practices.

Replacing steps with sufficient length of ramp at the correct gradient, widening doorways to make bathrooms and kitchens accessible to wheelchairs and walkers are all invaluable steps to reduce injury and promote independence among older people.

However, as the community told us, the importance of home modifications to reduce home-based injuries and promote independence to ageing in place is not reflected in the low-level funds available through CHSP or the impact of home modifications on HCPs.

For example, a basic bathroom accessible conversion is likely to cost at least

$15,000 which is beyond the CHSP cap ($10,000) and Level 1 and 2 HCP levels ($8,000 and $14,500 respectively) and would severely impact available funding for service delivery and case management for Level 3 and 4 HCPs ($32,500 and $49,500 respectively). Clearly, major modifications are not possible within the limits of either CHSP or HCPs.

Additionally, there are insurmountable barriers to major home modifications when even minor modifications can be resisted, including landlord reluctance to have houses modified and then requiring that properties are returned to their former (inaccessible) condition. And issues related to boarding house and rooming house markets add an additional layer of complexity.

DCC facilitating a home modification social enterprise

It is recommended that DCC examines the opportunity for facilitation of a start-up home modification social enterprise, connected to a Men's Shed and/or Technical and Further Education (TAFE) and supported by local businesses in a community business partnership. (Recommendation 32)

The market for home modifications could also include NDIS funded participants, who would pay in full and thereby cross subsidises home modifications for vulnerable older people.

Squalor and hoarding services

We heard from the community that squalor and hoarding also create risks of injury as well as broader health hazards at home and impedes independent living as well as socialisation. There are complex causal factors underlying squalor and hoarding behaviours that are not addressed through simple response like rubbish removal alone. DCC has recognised the need for a municipal protocol to respond to residents who have hoarding behaviours and/or living in a squalid environment.

DCC has recently (January 2019) commenced improving processes and responses to local people who have hoarding behaviours. People are generally identified by DCC staff monitoring municipal laws, but may also self-refer, or be referred by community members or other DCC staff. Residents may be vulnerable for a variety of reasons e.g.: risk of homelessness, cognitive impairment, financial risk (pending fines to clean up), elder abuse etc. The process has so far reached half a dozen residents of whom the majority have been reluctant to engage with the service system.

It is recommended that DCC considers the extent of services for people living in squalor, particularly considering older people living in rentals and boarding and rooming houses, as well as home-owners, and develops a comprehensive approach with NGOs that currently provide services to people with hoarding issues and people living in squalor. (Recommendation 33)

Cold and Heat

Low and high temperatures can also make home unsafe as a health risk to those who cannot afford heating and cooling.

> *"I live by myself, I have trouble walking and asthma. In summer in hot weather I need electricity to stay on. I need someone to call me on these days I panic because I can't breathe." (Consultation feedback)*

DCC currently monitors CHSP clients at risk on high heat days. As far as cold goes, apart from NGO's supplying blankets and clothing, there is no support.

It is recommended that DCC adds to its monitoring of CHSP clients during heatwaves by also monitoring those at risk on extreme cold days, especially focusing on homeless older people. (Recommendation 34)

5.6   Safety: Feeling safe from crime

Older people told the Panel that they no longer felt safe at home as well as safe in their neighbourhoods.

> *"Safety is an issue for me, what do you do for people (especially women) living alone…Not enough police presence." (Consultation feedback)*

On reviewing the data, it would appear that the incidence of crime has marginally increased; crimes against the person by a small number over eight years, although property and deception offences have increased more significantly. Fear is one reason for older people locking themselves inside and giving up going outdoors into the world.

In the case of older people living in rooming and boarding houses and who are homeless, there is also a greater threat of violence and abuse.

Victoria Police has a Proactive Policing Operative in charge of crime prevention. Victoria Police conducts community education sessions to improve safety at home; (e.g. awareness, behaviours, physical environment, etc.). The team also scans crime statistics daily: if an older person is a victim of a burglary or aggravated burglary a police officer makes a home visit to conduct a safety audit and provide coaching and reassurance to help the person restore their sense of feeling safe at home. DCC already has a positive working relationship with Victoria Police in Darebin.

It is recommended that DCC formalises a program to collaborate with local police to improve older peoples' awareness of common at-home risks. (Recommendation 35)

In addition, it is recommended that DCC partners with Victoria Police to reinvigorate Neighbourhood Watch to have a particular focus on older people. (Recommendation 36)

> *"I hope that we live in a safe area. Other than increase police patrol, (Council) can utilise elderly resident to patrol areas, make them feel part of the community and able to contribute to the community." (Consultation feedback)*

5.7   Feeling safer at home by breaking down isolation

Interestingly, Darebin police have identified social connection and social contact as critical factors in people feeling safe, finding that loneliness and feeling unsafe go together. A contribution towards assisting older people to feel safe, as well as actually be safer at home, is to break down isolation by expanding the range of outside interactions – both formal and informal. This would require that social isolation be considered as the serious risk factor that it is.

If DCC focused on assisting isolated people to expand their neighbourhood and community networks with a Social Inclusion Service, older people would be regularly visited by social inclusion workers who would call in volunteers, and fears that can be associated with isolation would decline.

Recommendations are made above for the development of a social inclusion service with a bolt on volunteer program.

Safer and less isolated at home: Home Share and Co-housing

Schemes such as Home Share and Co-housing enable older people to share their homes with a person who has been vetted and matched to live with the older person in their own or rented home for a lower rent contribution. In exchange, the home sharer undertakes agreed on tasks such as putting out rubbish, walking dogs, playing games and watching TV.

Co-housing is an alternative home share arrangement where people of a similar age with similar needs rent a multi-roomed house. They can enjoy secure accommodation, and the support and company of each other, while a home carer can respond to all their needs in the same place.

> *"Home-sharing is a great option...It ticks so many boxes; helps support older people to live in their own home for longer by providing practical and emotional support." (Consultation feedback)*

Home Share has proven to be an effective program for breaking down isolation and loneliness as well as supporting older people.[36]

It is recommended that DCC facilitates a Darebin Home Share and co-housing program in partnership with an NGO with established home share systems and processes. (Recommendation 37)

It is also recommended that DCC markets and promotes Home Share and co- housing to older people via social inclusion workers and community organisations. (Recommendation 38)

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36 WHO, 2017

Safer and less isolated at home: Monitoring and engagement through a Home Phone Contact Scheme

There are numbers of schemes in other countries that are organised at the municipal level and provide volunteers to phone older people at home once a week, for quite lengthy 15 (or more) minute chats at a regular time in the evening and/or on weekends when isolation can be keenly felt.

These schemes are additional to monitoring and checking schemes in that the purpose as well as seeing that all is well, is to enable social contact for very isolated older people, who often because of physical decline, become housebound.

It is recommended that DCC explores further the opportunity to facilitate a home phone contact scheme with a NGO partner. (Recommendation 39)

6 AGE FRIENDLY OUTDOORS

Coming out of home and into the neighbourhood is taken for granted for most people and for many older people too. But there are those trapped in a cycle of isolation that can be caused by an unsafe and/or inaccessible environment outside the home which may often be initiated and/or reinforced by a fall or illness, with older people experiencing:

- difficulty walking or walking safely, particularly due to lack of mobility aids and appliances;
- physical barriers that make it difficult or dangerous to get out of the house and move around the community; and
- psychological barriers that can develop into a cycle of fear that can escalate to agoraphobia,

An Age Friendly outdoor environment should invite and encourage older people to come out of their home into their neighbourhoods and communities; knowing they can walk or wheel easily and safely to their destination; or that they can stay outdoors and enjoy a variety of open spaces. To ensure an Age Friendly outdoor environment, older people should have easy access to different modes of transport – public, community and cars with easy parking when needed.

> *"We want to get out of the house, we want to be safe."*
> *(Consultation feedback)*

Coming out of their homes and into the streets, neighbourhoods and parks can be the beginning of greater community connection and participation and may lead to involvement in organised community groups and activities. Or it can be an end in itself, but either way it is an important part of an Age Friendly Darebin to have an Age Friendly outdoor environment.

6.1 Walking and wheeling: A Network for older people

"Walking is the most popular physical activity and is essential to the mobility for many residents to get out and about. Concerns over road safety, falls in the street, footpath cycling and access to good walking facilities are important issues that should be addressed." (Consultation feedback)

DCC has responsibility for many of the significant features of the external environment that can either be filled with barriers and dangers or alternatively can facilitate older people (and people with disabilities and families with prams) to be able to leave their home and actively participate in the community. Age Friendly should result in being friendly for everyone.

DCC is responsible for providing both the means: local roads, footpaths, walking tracks; and the destinations: open spaces, activity centres, for older people to safely walk, exercise and relax, meet others and enjoy the wellbeing benefits of natural and green environments.

"...investment in and management of public assets has a direct bearing on the health and well-being of all citizens, vital for promoting active citizen participation in mainstream life..."[37]

While the Panel found that all DCC departments contributing to the outdoor environment know that older people are an important group to receive services, use facilities and assets and to consult, it was less clear that there are specific plans (or activities and targets in plans) that take particular account of older people and their needs. For example, Darebin's Safe Travel Strategy recognises that the proportion of older people is increasing, however there are no specific targets or measures in relation to older people.[38]

Detailing actions that are targeted to older people's outdoor access is valuable because such actions also pick up people with disabilities and families with prams and walkers – a large proportion of Darebin residents.

Darebin needs a seamless, safe and accessible walking and wheeling (i.e. or people using wheelchairs and mobility scooters) network for older people, that includes consideration of footpaths, pedestrian crossings, toilets, benches, water fountains and lighting.

Darebin Council has recognised that:

"Not only do we need to ensure that our walking environments are safe, convenient, pleasant and accessible, we also need to encourage everyone to walk more often..."[39]

Walking is of great importance to the maintenance of health and wellbeing and also should be encouraged as an important mode of transport. As well, walking with others enables social connectedness.

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37 *Darebin Asset Management Strategy 2015-2019* p. 4
38 *Darebin Safe Travel Strategy 2018-28*
39 *Darebin Walking Strategy 2018-2028* p. 2

Walking groups initiated and organised by DCC, Community Health Centres and/or Neighbourhood Houses would be of great value in that they generate health and at the same time promote social engagement and support.

It is recommended that DCC develops a walking (and wheeling) group program to facilitate groups of older people, including older people in public housing, boarding and rooming houses as well as those using walking frames and wheelchairs. (Recommendation 40)

Older people should be able to walk to public and open spaces to sit and watch or find people to chat to. And if close enough, older people should be able to choose to walk to shops, businesses and community centres.

However, as DCC recognises, in a car dominated society, walking requires encouragement through conducive infrastructure such as: well-maintained footpaths, accessible walking tracks, comfortable and adequate seating, well positioned and unlocked toilets, adequate lighting for safety and well-placed water fountains.

Both the reality and the fear of injury outside the home can be a significant barrier to older people leaving home. This can be the trigger to a cycle of isolation – of being stuck inside too afraid to go beyond the front door.

"Darebin City Council is committed to reducing the risk of injury on our roads and pathways to a level where there are no fatalities. We want people of all ages and abilities to be free to travel on the road and path network to their chosen destinations safely, and with confidence."[40]

It is recommended that DCC establishes an Older Persons Open Space Audit Advisory Team made up of older volunteers who would be willing to participate in regular audits with DCC staff to consider footpaths, seating, toilets, bus and tram shelters and lighting. (Recommendation 41)

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40 *Darebin Safe Travel Strategy 2018-28*

6.2   Mobility aids and appliances

Where older and/or people with disabilities cannot walk or are at risk of falling when they do go outside the home, it is still vital for them to get out and about as they are particularly at risk of isolation. As outlined in Section 5: Somewhere to Call Home, mobility devices are important for maintaining independence in the home; they can also be life-changing for older people outside the home when mobility declines, opening up the capacity to go out and about in neighbourhoods, on walking paths, shopping and to all other activities that people can walk to.

It is recommended that DCC adds the word 'wheeling' and the disability symbol into all of its walking policies, strategies and projects in order to normalise 'walking' with a walking frame, in a wheelchair or on a mobility scooter, and ensure that people who are using mobility equipment are included in walking strategies. (Recommendation 42)

Mobility Loan Scheme

Enabling older people to remain or regain independent mobility outdoors when they can no longer walk can be critical to being able to age in place. For older people over the age of 65 who are not eligible for the NDIS, CHSP does not provide sufficient amounts for these mobility line items, nor does CHSP enable older people to make decisions to spend funds on equipment from their packages. Earlier in this report the Panel recommended that DCC establishes a library/loan scheme for older people to borrow equipment.

> *"Could mobility aids be rented? Not everyone can afford them." (Consultation feedback)*

6.3   Footpaths and kerbs

Uneven broken footpaths are not only hazardous to older pedestrians, they can be lethal for people with walkers, in wheelchairs or on crutches. Sustaining a fall outdoors can erode confidence and lead to older people becoming prematurely housebound and frightened to walk in the streets.

> *"I had a heavy fall, bruising to my face and stitches in my hands. It was on the footpath … I couldn't take a photo of the broken concrete path because of my injured hands." (Consultation feedback)*

There is 1,033,879 linear metres of footpaths within Darebin. In 2018/19 DCC allocated approximately $3.5 million for footpath renewal; resulting in approximately 20,000m2 of footpath renewed. Additionally, DCC also allocated $700,000 for footpath maintenance, with remedial intervention for trip hazards being triggered when horizontal or vertical displacement is greater than, or equal to 25mm.

DCC has developed a Principal Pedestrian Network (PPN) to guide the management of Darebin's footpaths. The PPN has three levels of priority that determine the frequency of inspection and renewal of footpaths:

PPN hierarchy	Walking strategy description	Inspection frequency
Primary	highest level of pedestrian activity is expected; the major focus for the implementation of future walking infrastructure improvements	12 month
Secondary	assigned a high level of pedestrian priority	18 months
Other	the remainder of the pedestrian network: recognised as providing a feeder role from residential and employment origins to the Secondary and Primary routes	24 months

DCC is also currently completing a Footpath Condition Audit, which will be used to review the footpath renewal schedule and inform future budgets.

"Improve footpaths – I had a fall last week – tripped on a footpath – resulted in a gash on my forehead in Northcote." (Consultation feedback)

Stepping or wheeling down from kerbs should be easy and safe, encouraging confidence for older users. It was reported that there are kerbs that are too steep and require stepping down: this is both a hazardous falls risk and is an impassable barrier for wheelchairs and walkers. The building of appropriate ramps; (i.e. 'pram crossings') should be a high priority as part of the DCC road renewal activity.

"There is broken concrete on the corner near me and in my wheel chair I can't go over it safely, so I go out on to the road to get around it. The police told me not to do that as it is dangerous. What can I do? Stay at home all the time?" (Consultation feedback)

It is recommended that DCC introduces an additional footpath category into the PPN that addresses access for older people. This additional category should:

   a.   **be based on the location of older people's homes and their daily needs including access activity and recreation centres, health and community services, parks, clubs, public transport and shopping;**

   b.   **have a higher inspection frequency than the current 'Other' category (i.e. 12 months);**

   c.   **provide a mechanism to allocate targeted funding to address priority renewals (i.e. additional to the footpath renewal budget); and**

   d.   **identify footpaths and roads to be prioritised for renewal in order to construct appropriate ramps across kerbs and gutters (i.e. pram crossings). (Recommendation 43)**

6.4   Public toilets

"Public toilets make an important contribution to Darebin's liveability … They can support increases in walking and the use of parks and public transport, and increase public involvement in local facilities, businesses, festivals and public spaces…This essential infrastructure promotes wellbeing by encouraging active community participation in economic, social and recreational activities"[41]

Darebin has 58 public toilets. Not all public toilet facilities are made available to the public all of the time due to usage trends, staffing and budgetary limitations. Twenty-four toilets are open seven days per week (8:00am-8:00pm); four are open only on weekends; and 29 are permanently closed or only opened on request.

For many older people, continence declines with age and not reaching the toilet in time is mortifying and can become a very real barrier to going out into the streets and open spaces.

"Seniors need more public toilets along the high street shopping areas. The same applied to some parks where we walk regularly but at times have had to cut our visits short." (Consultation feedback)

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41 *Darebin Public Toilet Strategy 2015–2025* p.3

We heard from the community that toilets need to be strategically positioned and located so they are sufficient in number and placed to be easily reached. And they must be open: there is nothing more frustrating and upsetting than finally reaching a toilet to find it locked with no convenient and quick way of locating a key or getting someone to open it. Alternatives such as codes or keys available to older residents could be assessed, but whatever the solution, it is recommended that at least during the daytime, toilets should be accessible and useable for older people to promote their access to the outside environment.

"Toilets are always closed and/or there are no toilets."
(Consultation feedback)

It is recommended that DCC ensures that the location of new toilet facilities (which should all be fully accessible to people in wheelchairs) is informed by the location of older people's homes and their daily needs including access to activity & recreation centres, health & community services, parks, clubs, public transport and shopping. In particular, the location of new toilets should be integrated with the proposed new Older Person category of PPN discussed above. (Recommendation 44)

It is further recommended that DCC ensures that public toilets, including accessible toilets be open, at a minimum, for use during daytime. (Recommendation 45)

6.5   Pedestrian crossings

DCC has committed to

"Improve safety for people that walk by ensuring that our roads are designed in a way that minimises actual risk of harm to people who are walking, particularly for the most vulnerable members of our community including older people..."[42]

"Traffic lights are too fast. Need to run across the road."
(Consultation feedback)

The need to improve road safety for older people is starkly highlighted by two statistics:

- pedestrians represented approximately one quarter of all fatalities and serious injury crashes on Darebin's roads over the last 5 years; and
- approximately one third of all pedestrians killed on Victorian roads in 2015 were aged over 60, however, only 12% of older pedestrians were at fault in accidents affecting them.

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42 *Darebin Walking Strategy 2018-28* p 6

"Make pedestrian crossings easier at a range of different centres – especially shopping centres – this makes older people feel more confident to access the community." (Consultation feedback)

In response to community opinion it is recommended that DCC ensures that pedestrian crossings be well signed, clearly marked, plentiful and well positioned to prevent older people from taking risks crossing roads, most particularly in more disadvantaged pockets of Darebin. (Recommendation 46)

It is also recommended that DCC ensures that traffic lights be positioned in high traffic areas and have mechanisms to slow them down so that older people can walk across the street safely. (Recommendation 47)

It is further recommended DCC ensures that pedestrian crossings are brought into alignment with the new Older Person category of PPN to create a seamless safe walking network. (Recommendation 48)

6.6   Water fountains

We heard from the community that ensuring that older people remain hydrated is important for their health; dehydration for older people is a significant risk factor, especially in hot weather. Older adults naturally have a lower volume of water in their bodies and may have conditions or take medications that increase the risk of dehydration. This means that even minor illnesses, such as infections affecting the lungs or bladder, can result in dehydration in older adults.

"More Water taps and drinking and toilet amenities!" (Consultation feedback)

Drinking fountains are recognised in DCC's draft Open Space Strategy as important infrastructure in public open spaces. They encourage walking and cycling and provide water for dogs. They also reduce dependency on single use plastic bottles.

The draft Open Space Strategy commits to "Providing freely accessible drinking water in open space and gathering spaces" and "Increasing the provision of drinking fountains with tap and dog bowl in public open spaces, retail streetscapes, sporting reserves and cycling/walking paths."

It is recommended that DCC ensures that water fountains be available and easy to use in all open spaces and along walking paths. (Recommendation 49)

6.7   Street and open space seats

When walking to shops or open spaces or just taking a stroll, finding somewhere to sit can make the difference between staying at home or coming out into the neighbourhood and participating in the community. We heard from the community that walking is more likely if it is possible to sit down and draw breath and walk from seat to seat.

"We need more seating in places such as Northland, Preston Market and other places. Older people cannot walk very far." *(Consultation feedback)*

It is recommended that DCC ensures that street seats are sufficient in number and well- positioned on walking routes for older people to be required to walk for no more than 0.5 km before being able to have a seat. (Recommendation 50)

It is recommended that DCC ensures that in parks and gardens and other recreation spaces, seats are plentiful and grouped to encourage conversation and exchange. (Recommendation 51)

"The council should provide seating along main streets for aged residents to be able to sit as they become tired when going for a walk to the shops" *(Consultation feedback)*

Older people told us that they prefer backs on street seats to be able to rest fully.

It is recommended that street seats have backs rather than benches. (Recommendation 52)

6.8   Street lighting

Coming outdoors to take a stroll, talk to neighbours or sit in the cool of the evening on hot days is life enhancing; for many older people from CALD communities it is reminiscent of twilight sociability in plazas and parks in countries of origin. Outdoor activities during the evening can be particularly attractive and important when the weather is hot and older people can feel trapped indoors through the heat of the day. However, well-lit footpaths, walking tracks and outdoor gathering places are essential for older people to feel safe and can also assist in preventing falls.

"Street lighting in Fairfield from the train station to Fulham Rd (is poor)... I do this walk after going out to dinner but I feel unsafe on the way home. A lot of elderly people are barricaded at home for fear of going out." *(Consultation feedback)*

It is important that older people are not left trapped at home because it is too dark and dangerous for them to come outdoors in the evening. However, there is a complex set of issues in relation to increasing lighting for some open spaces.

Increased lighting can create other problems, such as the potential impacts from light spillage and glare on surrounding residents/local wildlife and increased energy consumption.

> *Improve lighting in walkways. E.g. between Plenty Rd & Dunne St Reservoir– no lighting. Solar pathway lights would be good. I do most of my walking in the evenings." (Consultation feedback)*

DCC currently considers a range of factors in relation to street lighting, including:

- community safety outcomes;
- meeting Australian lighting standards;
- promoting improved environmental and efficiency outcomes; and
- operational considerations (e.g. coordinating lighting changes / upgrades with other road works).

DCC's draft Open Space Strategy recognises that lighting upgrades have been shown to sometimes decrease crime and reduce fear of crime when the purpose is to increase visibility at night, activate an open space and support natural surveillance. While the draft strategy suggests that lighting does not prevent crime in isolation, it does recognise that it may be effective as an important contributor.

Therefore, DCC's works across the spectrum of crime prevention to enhance community safety and support the reduction of crime. This may include increasing passive surveillance, improving lines of sight, activating unused spaces, or defining boundaries between private and public spaces. Essentially whole of place upgrades that incorporate a framework of best practice principles applied to urban design to reduce the likelihood of crime occurring are likely to be more effective than lighting upgrades alone.

While the relation of street lighting to crime is complex, street lighting in relation to falls and personal injury is more straight-forward and clearly of concern to both older people and DCC.

It is recommended that DCC refers street lighting, particularly in relation to risk of falls and personal injury, to an Older Persons Open Space Audit Advisory Team. (Recommendation 53)

6.9   Outdoor plazas, parks, gardens and nature reserves

"It is important residents of all abilities, ages and interests are encouraged to use open space for both structured and casual activities. (and that there...) are many benefits that are realised from using and enjoying open space including physical, social, emotional and developmental."[43]

Open spaces are vital meeting places. They are important destinations for creative and recreational activities that are accessible, inclusive and reaching out to older people.

"I suggest the idea of creating the promenade like in Europe where people meet and greet at their local squares in Italy, Greece and Spain & probably France." (Consultation feedback)

Open spaces are vital for older people to break down isolation and help them feel a part of a community. All uses of open spaces by older people add to their health and wellbeing, as well as to the dynamism of the city, from being able to sit and watch others, to conversation, through to actively participating in deliberate recreational activities and games.

"More opportunities for older people to do more free exercise for older people exercise equipment that older people can use i.e. Moreland (Coburg Lake)." (Consultation feedback)

DCC has developed a draft Open Space Strategy to guide the future planning and functions of open spaces in Darebin.[44] Extensive community consultation was undertaken during the development of the draft strategy which identifies the need for increasing and improving basic facilities in open space areas like seating, shade, bins, footpaths and drinking fountains.

"Edwardes Lake: not enough seating: tables/chairs/shady spots near the water." (Consultation feedback)

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43 *Darebin's Open Space Strategy 2007-17 p.54*
44 *Rewilding Darebin – The Open Space Strategy 2018. Draft for Consultation*

It is recommended that a specific section of Darebin's Open Space Strategy be developed with the aim of increasing older peoples' usage. The development of this section should involve older people as the lead advisers. (Recommendation 54)

It is recommended that DCC explores the possibility of permanent games and exercise equipment for older people as part of this targeted strategy aimed at older people. (Recommendation 55)

It is recommended that open space planning is informed by the location of older people's homes and their daily needs including access to activity and recreation centres, health & community services, parks, clubs, public transport and shopping. (Recommendation 56)

6.10   Dogs in Parks

There is important research that shows that living with a pet promotes health and wellbeing and breaks down a sense of loneliness and isolation.[45]

Darebin's Domestic Animal Management Plan recognises a wide range of benefits to owning a pet in relation to health and wellbeing, responsibility and companionship.

These include:

- preventing loneliness;
- motivating people to exercise regularly;
- creating opportunities to meet people and make new friends; and
- teaching responsibility.[46]

> *"Please let dogs have access to off lead areas in local parks."*
> *(Consultation feedback)*

Taking dogs for walks to parks and outdoor spaces has many benefits for older people. It encourages walking, although as older peoples' mobility declines so too does their ability to walk their dog far. In addition, dogs are great social connectors: linking people and promoting contact with others.

It is recommended that DCC takes into account risks and benefits to older people in any future reviews about the rules relating to dogs in open spaces. (Recommendation 57)

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45 *Domestic Animal Management Plan 2017 – 2021*
46 Ibid.

6.11 Accessible community facilities

For inclusion in community activities, including sports and recreation to become a reality: facilities must be accessible for older people using wheelchairs, mobility scooters and walkers at entry, toilets and doorways.

It is in the remit of DCC to be able to ensure that there is a rolling plan to upgrade all community and recreational facilities within a specified timeframe such as three years, so that they all become accessible however, there is currently no strategic plan (or designated budget) to achieve this objective.

Historically DCC has had a small reactive capital works budget ($25,000) that can be used to respond to access issues as they arise or are identified. This includes funding access audits and design work, as well as minor capital projects or procurement to improve access outcomes on an interim basis. This budget allows issues to be addressed immediately, as opposed to having to wait for the next budget process, which could potentially result in more than year long delays. Recent work conducted includes access audits of the Arts Precinct Facilities and Reservoir Leisure Centre as well as an access audit and lift audit at Darebin North East Community Hub. It has also been utilised to purchase portable ramps and to fund curb ramp design work. Recently, DCC had also taken a strategic approach to improving accessibility across all of its facilities with a financial commitment to support this approach. This is above and beyond the reactive minor work approach.

It is recommended that DCC's next infrastructure audit:

    a. **undertakes a comprehensive access audit of all Council facilities;**

    b. **develops a priority list to address the access issues as identified above;**

    c. **allocates adequate recurrent funding for annual minor works that should not be less $50,000; and**

    d. **considers an appropriate and feasible timeframe to ensure that all DCC facilities are accessible for the current generation of older people. (Recommendation 58)**

Going further afield

While walking and/or wheeling are important ways to get out and about into local neighbourhoods, it is important for older people to be able to go further afield. As well as participating in non-local activities, older people also need to be able to attend appointments, go shopping and visit friends and relatives. All activities outside home have a social inclusion benefit and therefore barriers to getting there by other means of transport must be addressed.

6.12   Public transport

As an environmental strategy DCC has a strong interest in promoting public transport and reducing car usage. For the present though, for many older people who are becoming frail, some forms of public transport such as trams and buses are hazardous.

> *"It can be difficult/ impossible to manage public transport as an older person. It's difficult to pull myself on to the tram or bus and I don't always get a seat." (Consultation feedback)*

Darebin's Transport Strategy 2007-2027 recognises that:

"The ability for Darebin's residents to access jobs, schools, community services and shops is an essential element of 'social inclusion'— the degree to which people are able to participate in community life. However, a significant number of Darebin's residents do not have easy access to a car. This is exacerbated by the fact that the north of the municipality, where car ownership is lowest, is also the part of Darebin that is least well–served in terms of public transport."[47]

Local government is not responsible for the provision of public transport and there is a history of state governments refusing to bite the bullet to make public transport accessible.

The Commonwealth Disability Discrimination Act 1992 requires the removal of discrimination from public transport services on the basis of disability.[48] The Disability Standards for Accessible Public Transport (2002) prescribe national requirements that public transport providers and facility operators must meet in order to comply with the Act when providing public transport services, however, full compliance is only required over a 30-year period.[49]

> *"We need better public transport – you can't get on a bus with a wheelie walker." (Consultation feedback)*

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47 *Darebin Transport Strategy 2007 – 2027*
48 *The Disability Discrimination Act 1992* (C'wth)
49 *The Disability Standards for Accessible Public Transport 2002*

For public transport services to be accessible, older people with mobility restriction must be able to:

- get to and from stations, stops and terminals including adequate way-finding;
- move on and off trains, trams, buses and coaches and manage any boarding gap between the conveyance and the platform (including direct assistance where required);
- access allocated space inside the train, tram, bus or coach including the use of mobility aids or assistance animals;
- understand information and announcements on board in an acceptable format including screen based as well as audio;
- obtain information or assistance from staff or drivers where boarding or other assistance is required.

This means, at the least, that there are no steps up and down. As we heard from the community, steps are prohibitive for older people in wheelchairs or on mobility scooters and with walking frames (as well as for families with children and prams); and can be a major barrier and just plain dangerous for ambulatory older people.

It is acknowledged that DCC has generally played an important advocacy role in campaigning to making public transport more accessible.

It is recommended that DCC undertakes a strategic piece of advocacy in conjunction with other Councils, targeting the State Government's unrealistic timelines for making public transport fully accessible for the current generation of older people. (Recommendation 59)

As well, when an older person has been dependent on a car but can no longer drive, they need to learn how to use public transport and to become confident and as safe as possible in its use.

It is recommended that DCC provides public transport familiarity training opportunities for older people. (Recommendation 60)

6.13   Bus and tram shelters

Lack of bus and tram shelters makes waiting for public transport impossible for many older people who cannot stand comfortably or safely. Darebin needs to advocate for shelters to be placed at every stop.

> *"More seating needed in public areas, especially on the main street, and near Northland and at bus stops." (Consultation feedback)*

Darebin's Transport Strategy 2007-2027 has identified minimum levels of service quality for each of the proposed levels of public transport to retain existing passengers and, most importantly, attract new passengers, including 100% of residents being within 400m of a service on a public transport network.

It is recommended that DCC consults with the State Government on the development of an implementation plan to ensure adequate provision of bus and tram shelters. (Recommendation 61)

It is recommended that DCC ensures that seating at bus and tram stops is consistent with recommendations in relation to a seamless, safe and accessible walking network for older people. (Recommendation 62)

6.14   Cars

Many older people have been driving all of their adult lives and wish to continue to do so for convenience as well as valuing the skill. However, capacity and response rates decline with age and it can be especially dangerous in a busy inner-city suburb even with familiar routes and certainly be less safe than a country town.

It is recommended that DCC arranges for regular 'driving brush up' courses for older people to be provided with driving instructors as a way of lowering risk. (Recommendation 63)

6.15　Car Parking

> *"I don't drive as I suffer from blackouts. (I would like) ease of access to disability parking and a pass so people can use it when they take me out." (Consultation feedback)*

Parking is currently a vexed issue for those older people wanting to drive to and stay at seniors' clubs or community groups for a period of time. Adequate numbers of dedicated parking around all clubs, for seniors and people with a disability, would be in the social inclusion interests of older people, as well as for people with disabilities.

DCC is currently developing a Parking Strategy, which has included significant community consultation with older people as a specific target group in the consultation. DCC has been very conscious of the diverse needs of older people and parking, not just those who drive but also those who are passengers.

One option is age specific parking similar to pram/pregnant parking. This type of parking does not have the status of signed disability parking; i.e. it cannot be formally enforced with an infringement/fine. On the other hand, it also does not have the resource requirement of disability parking in that it does not require the bureaucratic apparatus necessary for proving, assigning and paying for a permit or maintaining a data base.

More Disability Parking Spaces

There is a range of infrastructure issues related to assigning disability parking; e.g. additional size of parking space, access across curb and gutter, camber of road etc. Therefore, it may be easier to assign a non-regulated space to older people bearing in mind that other parking will be limited/impacted by allocating to specific target cohorts such as older people; e.g. younger people with disabilities, pregnant mothers, people with prams.

> *"Designated Seniors' car parking is good– could be more of this at other shopping centres." (Consultation feedback)*

It is recommended that DCC expands the number of non-regulated parking places close to senior citizens centres. It is further recommended that DCC consider a range of more innovative approaches to meet older people's need for parking, for example:

    a.　creating drop-off/pick-up parking zones for older people in front of services older people frequently use; e.g. health services, shopping centres, seniors' clubs, sport and community groups;

b. allocating parking for older people at designated times:

   – designated parking for older people could be based on identifying times that older people are likely to need parking in conjunction with lower use times for other residents;

   – this may be used to support DCC's economic development activities: encouraging older people to participate in economic / social activities in the 'down-time' for general business activities;

   – this could be used in conjunction with programs to encourage businesses to offer 'senior discounts' to coincide with these designated times;

c. working with business owners /traders' associations to allocate parking for older people at the rear entrance of shops (i.e. where staff park or for non-delivery times) This may also improve disability access at rear entrances to permit clients to go through some shops to access main thorough-fare; (e.g. access to High St Northcote, from car park off Arthurton Rd);

d. linking with volunteer driver or develop 'Uber local' for pick-up and drop- off. This should also be considered as possible economic development activity;

e. advocating for free public transport for older people in off-peak periods (note that this is the case in other States, for example in Adelaide: the South Australian Seniors Card also serves as a Seniors Metrocard, providing card holder's public transport fare concessions, and free travel on all Adelaide Metro public transport services Monday to Friday 7.00pm to 7.00am (i.e. through the night) and 9.00am to 3.00pm);

f. including drop-off/pick-up drive throughs as a requirement in the design of new developments or re-developments. (Recommendation 64)

"Public transport subsidy needed, even free. I can spend $10 a day on public transport which is a lot of money for a pensioner. I don't drink or smoke. I reckon it's more than the cost of petrol. I want to get out, not be here all day." (Consultation feedback)

6.16   Community transport

Community transport is an important means of transport for older people especially in groups for activities and shopping. Community transport in itself can assist in breaking down social isolation and help older people connect to others beyond the paid worker, for example, regular community bus users developing social connections and creating "communities on wheels".

"The council should keep supporting community transport and social outings for isolated community members and focus on social interactions – i.e. go to the gallery or cinema etc. help to maintain social connections, and foster physical and mental health." (Consultation feedback)

DCC provides a community transport service to residents from their homes or requested pick up points to set destinations (e.g. Northcote Plaza, Preston Market). DCC also makes buses available to community clubs for outings and contracts Link Community Transport, an NGO provider of community transport to take older people to appointments outside Darebin. Link Community Transport must be booked ahead by clients and uses a pool of volunteers.

DCC's community transport services are provided Monday to Friday 8.00am to 4.00pm (excluding public holidays). Residents are required to contact DCC to book a trip and are advised about approximate pick-up and drop-off times depending on time-tables, routes and vehicle capacity. Due to DCC subsidising the cost of this service from its own source revenue the cost to users is relatively modest: in 2018/19, return trip fares are $4.60.

However, despite low fares and door to door travel, DCC's community transport service has relatively low usage: in 2017/18, 157 individuals made at least one trip on DCC's community transport service.

It is recommended that DCC encourages the use of community transport by older people living in boarding and rooming houses, public housing and from other vulnerable groups and also in more disadvantaged parts of Darebin, to broaden the group of older people who know of its availability and how to access it. (Recommendation 65)

7 INFORMATION AND DIGITAL EMPOWERMENT

7.1 Participatory approach to information

"Better information and a clear directory – who do you access for what – what services and for social connection." (Consultation feedback)

Information is power: power to know what the range of choices, options and possibilities are for ageing in place and for becoming fully included in the community.

Information is usually provided by those who have it to those who don't. Power over access and choice requires information in formats that are accessible, and about the issues and options that older people identify as important to them.

Research into the utilisation of information indicates the value of a participatory community development approach to:

- identifying what information;
- information needs of different groups;
- in what format;
- distribution;
- regularity;
- outreach to reach and include vulnerable groups; and
- accessible formats.

Often focus groups are used to test that the information is relevant, but once the focus groups on a particular topic are completed, the information may well be out of date or not relevant, especially to vulnerable communities, who are usually not included in the focus groups.

A participatory process ensures that both the information and the formats in which information is made available are what older people themselves say they want, that it is continuously being updated, and so the information is kept fresh, is provided in relevant formats, and most importantly is used.[50]

DCC establishing an ongoing older peoples' participatory information project.

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[50] Blair, T., et al. 2009, 'Participatory action research with older adults: key principles in practice', *Gerontologist*.49 pp.651–662

A participatory approach to information would require DCC to establish an information steering committee of older people, including representatives from all vulnerable groups. Council workers would support the Information Steering Committee (ISC), but the ISC would be in charge of deciding what information, in what formats and the regularity of updating. The ISC would utilise focus groups for more in-depth analysis as needed. The ISC would decide:

- the types of information wanted;
- agree on an index;
- formats and details;
- dissemination (including older people playing the lead role in communication, dissemination and guidance);
- reviewing effectiveness;
- updating; and
- continual improvement and addition.

A secondary outcome from establishing a major focus on information provision is that the quality of MAC services and DCC's service provision and social participation efforts, can be improved by public feedback loops.

It is recommended that DCC establishes an ongoing older peoples' participatory information project. (Recommendation 66)

It is recommended that DCC establishes an Information Advisory Group of older people, including representatives from all vulnerable groups. (Recommendation 67)

7.2   Information about MAC: access to services

With the Commonwealth's dramatic changes to aged care, the Panel heard that there is a huge information abyss about My Aged Care (MAC). MAC is the main entry point to the aged care system in Australia. However, it appears to the Panel that many people from the most vulnerable groups have no idea what the changes to aged care mean and what MAC is all about.

This information gap has two serious outcomes. It makes people terrified to leave what they know (CHSP) even if they need more service contact that is available only from HCPs. It also means that many others who might be eligible will not participate in MAC because they know nothing about it.

Perversely the more vulnerable older people, the more likely it is that they will be excluded completely from MAC because information about MAC does not reach them and is not in a format that is easy to understand or on a website that can be easily navigated. By contrast, the more educated and with higher incomes will persevere and find out what they need to know. This builds serious inequity into MAC that DCC should tackle.

7.3   Information through MAC: supporting client choice

Residents told the Panel that the MAC website was a nightmare to penetrate much less navigate. The central driver of the MAC market model: that people should be expected to ascertain the pros and cons of different providers, especially in terms of quality, is simply wishful thinking without one of the essential foundations of any market system: easy to access and understand information.

> *"There are a lot of elderly people who do not own a computer – hard copies are still necessary – My Aged Care takes an incredibly long time to get back to people – who are the other recommended service providers?" (Consultation feedback)*

Unless older people are able to gather sufficient information to genuinely assess and compare services for price, quality and match, then the MAC competitive market model will not work.

At the very least easily accessible information is needed about:

- available services;
- ability to compare between services like Trip Advisor
- how to transition to higher numbers of hours of services (higher packages);
- cost comparison and management fees;
- how to navigate MAC website; and
- how to prepare and interact with the MAC contact centre.

This list outlining information needed about MAC is by no means exhaustive.

In fact, the identification of the information that is needed is a dynamic process and is central to information remaining relevant.

7.4   Information beyond MAC: breaking down social isolation

> *"It is one thing to have info – but we need you (Council) to outreach – explain things, leave info for me. Tailor to us. We need to be savvy about what we are looking for. We need someone to help guide us." (Consultation feedback)*

A wide range of information is needed to assist people to participate and be included in the community. This information is required in a format that older people can understand and access easily.

Information is needed about both age specific community groups and activities and generic groups and activities that should be promoting participation by people of all ages.

Information can drive inclusiveness if it goes beyond description and has a mechanism for older people's involvement in program design and governance. For example, this could include a feedback loop with a "trip advisor" capability that allows older people to be engaged in quality monitoring and improvement, and peer support such as how older people:

- found the experience welcoming;
- were helped to feel included; and
- found the activities are the ones they hoped they would find.

It is a high priority for there to be an ongoing process for developing, reviewing and circulating information that is continuously updated and that includes quality measures for not only assessing MAC providers, but also Darebin's own social participation groups of all kinds. It is important for understanding rights and entitlements, comparison and choice of service providers as well as for the promotion of community inclusion among older people.

Unfortunately, during consultation, the Panel heard some negative views regarding the information that DCC provides about community groups for older people. At a minimum, DCC information should include:

- up to date information about what community groups were available at this point in time;
- how to access, where, when, cost;
- transport to get there;
- identifying which groups were welcoming; and
- the groups that had age friendly practices.

Other areas that require improved information relate to the built environment, toilet locations, transport, building access, street seats and water fountains. Older people also want to know about reliable local businesses, for example, about local trades people.

7.5   Information beyond MAC and DCC: digital enabling

The Internet is highly conducive as a platform for up to date, dynamic information collection, formatting, reviewing, updating and dissemination. The Internet is also key to older people being able to access information about every other aspect of life beyond MAC and DCC, from health to shopping (including banking and shopping online) to online friendships and dating.

"Older people need help with the fast developing technology, how to use a computer, write emails, use the internet for shopping and socialising." (Consultation feedback)

The Internet enables people to join online communities and so break down isolation and loneliness with continuous interaction in areas of interest. Measurement of the health and wellbeing benefits from being part of online communities indicates that it is an important tool for social connectedness and for the associated health benefits, even though face-to-face engagement in communities yields even higher rates of health and wellbeing. But for people aged over 85, who spend 80% of their time at home, often alone, online community connection can be of great value.

DCC website

DCC's own website's content for older people must be up to date. New content from the proposed older people led information project may require changes to the DCC website or it may require a dedicated platform: the proposed information steering committee would have a central role in examining all the options and making recommendations to DCC.

Help and access

> *"Technology can be very daunting. Managing pin numbers, keeping information secure. It is embarrassing to have to ask for help. But it is amazing what you can learn." (Consultation feedback)*

While all community and seniors' centres can contribute, the core role of libraries would lend them to becoming central to the provision of assisted access to computers and iPads.

It is also important that libraries play a role in assisting older people to understand and, if required, fill in the plethora of forms and applications that are now required for day-to-day living.

It is recommended that DCC considers using volunteers from a proposed volunteer service at libraries, to assist older people to fill in online and paper forms and applications – regular weekly sessions could be trialled. (Recommendation 68)

Apps

There are numerous new applications (Apps) being developed to connect older people and break down social isolation, and DCC needs to have some systematic method for tracking and selecting models to trial in Darebin.

An example of a new model to investigate is "One Good Street" – a neighbour-initiated care model using an App developed by Bolton Clarke – a health and care service company. From starting an "Air Con Club" to help older residents during the heat, to sharing aged care equipment through tool libraries, to "Casserole Clubs" that provide nutrition and connection, "One Good Street" inspires and empowers neighbours to make a real difference in the lives of older people. "The One Good Street" App includes a feature that allows older people with similar interests who are feeling isolated to connect with each other within their local area. They are encouraged to spend one day or more in each other's company.

This is only one of hundreds of Apps developed already or under development. It is therefore important to enable older people to participate in active online participation using the internet as the enabler.

The ageing cohort, especially the older end of that spectrum, is more likely to be digitally excluded for many reasons, from the cost of technology, to the challenges of new learning, with no one available to take the time and effort to assist people to connect up. The more vulnerable the group, the less likely to be connected, especially for people who are homeless, living in SRSs, rooming and boarding houses and those who have a mental illness or alcohol and drug problem.

The Older Persons Information Advisory Group recommended above, should play the role of assessing and selecting possible applications.

Digital opportunities for the most vulnerable older residents

An evaluation of the Digital Inclusion Initiative (DII) (which provided digital access to 1,680 properties in two public housing estates in Melbourne, Victoria, with 1,820 residents trained) found that social benefits included a greater sense of empowerment and equity of access by these communities, increased computer literacy and greater interaction between residents.[51]

It is recommended that DCC takes a systematic approach to ensuring that digital opportunities are extended to its most vulnerable older citizens who are currently excluded. This may include:

 a. supply of basic equipment such as iPads;

 b. supporting neighbourhood houses to undertake training and supply equipment to loan to house-bound older people; and

 c. developing robust outreach programs to encourage those who are able to attend to come into a wide range of community groups for flexibly timetabled digital learning opportunities.

 d. courses to be provided in more disadvantaged parts of Darebin and tailored for diverse needs that may include social media, communication such as Skype or email or for those who want to find information online. (Recommendation 69)

Libraries, Neighbourhood Houses, U3A, and seniors' groups could all play an important role in dissemination of information as well as providing access and training for older people.

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51 Infoxchange, 2017, *Assessing the economic benefits of digital inclusion*

8 SOCIAL PARTICIPATION FOR OLDER PEOPLE

Social participation is broadly defined as a person's involvement in activities that provide interaction with others. Changes throughout the life course, including life events such as retirement, death among family and friends, illness and/or health conditions and socio-economic status can lower rates of social participation.[52] Conversely unwanted isolation is a significant risk factor for physical and psychological ill health and for overall morbidity and mortality.

> *"How can you still feel useful in our current society? How do we take advantage of experience and skills of retired people? We want to be included and recognised." (Consultation feedback)*

8.1   Benefits of social participation for older adults

Social participation is important because a large body of research demonstrates that social participation in community activities has a wide range of health benefits for older people. The University of Manitoba Centre on Aging for example, reported:[53]

Injury prevention: For every one point decrease on a social activity scale, there was a 33% more rapid rate of decline in motor function (e.g. Grip strength, muscle strength) within an average of five years.[54]

Mobility and disability prevention: The risk of developing a disability in activities of daily living decreased by 43% over an average of five years for each additional social activity engaged in; the risk of mobility disability decreased by 31%.[55]

Depression prevention: Among older adults with depression, those who were highly socially active were over 2.5 times more likely to have improvements in their depressive symptoms two years later than those with low social activity.[56]

52 Ashida, S., et al. 2008 'Differential Associations of Social Support and Social Connectedness with Structural Features of Social Networks and the Health Status of Older Adults', Journal of Aging and Health, Vol. 20, No. 7, pp. 872-893. (as cited in Novek, S. et al, 2013)
53 Novek, S., et al. 2013, *Exploring the Impacts of Senior Centres on Older Adults*
54 Buchman, A., et al., 2009 'Association Between Late-Life Social Activity and Motor Decline in Older Adults' *Archives of Internal Medicine*, Vol. 169 No.12 pp.1139-1146. (as cited in Novek, S. et al, 2013)
55 James, B., et al 2011,'Relation of late-life social activity with incident disability among community dwelling older adults', *Journals of Gerontology Series A: Biological Sciences & Medical Sciences*, Vol. 66A No. 4, pp.467–473, (as cited in Novek, S. et al. 2013)
56 Isaac, V., et al. 2009. 'Social activity and improvement in depressive symptoms in older people: A prospective community cohort study' *American Journal of Geriatric Psychiatry*, Vol. 17No. 8, pp. 688–696. (as cited in Novek, S. et al. 2013)

Cognitive decline prevention: The rate of cognitive decline was reduced by an average of 70% in older adults who were frequently socially active compared to those who were infrequently socially active over an average of five years.[57]

Dementia prevention: Older adults who participate on a daily or weekly basis in social activity have a 40% reduced risk of developing dementia compared with those who were not socially engaged.[58]

Lower rates of mortality and morbidity in women: Older women who participated in organised activities or study circles had half the likelihood of dying within a twelve-year time period compared to those who did not participate in these social activities.[59]

As a result of these significant health benefits, social participation is widely regarded as a strong determinant of healthy ageing. Yet social participation decreases with age and older adults face increased risks from social isolation. As social participation decreases with age, providing opportunities for social participation among older adults is particularly important.[60]

Given the significant impact of social participation on health and the heightened risk of social isolation in older adults, opportunities for social participation constitute a critical component of policies, strategies and services designed to promote health and wellbeing in older adults.

Local government is critical in contributing to social participation as it is the level of government that is:

- closest to residents;
- best placed to provide extensive community development opportunities; and
- with the knowledge of who and where the most vulnerable community members are and how to include them in social participation.

8.2   Locational disadvantage of community groups and activities for older people

Geographic location can contribute to social exclusion. More disadvantaged neighbourhoods have negative intrinsic characteristics (for example, housing stock, public infrastructure, amenities and economic structure). The long-term concentration of disadvantage can create further problems such as poor environments, services and facilities and higher rates of crime.

> *"I feel it is not fair that we have no activities in our own suburb as everything is in Preston." (Consultation feedback)*

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57 James, B., et al. 2011, 'Late-Life Social Activity and Cognitive Decline in Old Age', *Journal of the International Neuropsychological Society*. 2011 Nov; Vol.17 no. 6, pp.998-1005.(as cited in Novek, S. et al. 2013)
58 Wang, H., et al. 2002 'Late-life engagement in social and leisure activities is associated with a decreased risk of dementia: a longitudinal study from the Kungsholmen project' *American Journal of Epidemiology*, Vol. 155 No.12, pp.1081-7. (as cited in Novek, S., et al., 2013)
59 Agahi, N., et al., 2008, 'Leisure Activities and Mortality: Does Gender Matter?' *Journal of Aging and Health*, Vol 20 no. 7, pp. 855–71. (as cited in Novek, S., et al., 2013)
60 Lee, H., et al. 2008, 'The relationship between social participation and self-rated health by sex and age: A cross-sectional survey', *International Journal of Nursing Studies*, Vol. 45, No. 7, pp. 1042–1054. (as cited in Novek, S., et al., 2013)

It is therefore not surprising that more disadvantaged areas have fewer community groups and those groups are weaker in governance, fundraising and outreach for membership.[61]

This means that DCC needs to ascertain whether more disadvantaged parts of Darebin have fewer local community group activities for older people to join – such as senior citizens groups as well as generic community activity such as sports, recreation, cultural, libraries, carers groups and Men's Sheds.

It is recommended that DCC pilots a model in more disadvantaged pockets of Darebin that enables a council worker to run social activities programs for older people, with the aim of developing local ownership and governance, so that ultimately the program turns into a senior's group with its own local ownership, control and governance rather than remaining as a service offering. (Recommendation 70)

It is also important for DCC leisure and recreation facilities, such as swimming pools, libraries and open space, be available in more disadvantaged parts of Darebin and for there to be outreach health promotion programs.

In the meantime, providing community transport to existing leisure and recreation facilities would be an important strategy to assist in encouraging disadvantaged populations to attend DCC facilities.

If DCC finds that there are fewer and weaker community groups for older people in more disadvantaged areas it is recommended that it devise a strategy to facilitate, fund and encourage community groups to set up in more disadvantaged areas with ongoing DCC support to assist them to not only survive but to flourish.

8.3   A Darebin network of community groups

"This is my first day at a seniors club. I am very nervous, but it was the good work by the staff at Darebin who encouraged me to come. Since my husband died 4 years ago I have been very sad and lonely. I wanted to do something like this but was scared to." (Consultation feedback)

Many older peoples' community groups are working in isolation and yet they are confronting similar issues such as:

• outreach to recruit and welcome new members so they feel included;
• providing relevant activities that are wanted;
• the ageing of committees and committee renewal;
• dealing with friction and struggles over governance.

Solutions to these and many other issues have common elements that should be shared so that groups can help each other move forward.

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61 Wain, D., 2008, *Community Group Audit Project: Final report*

These meetings would work best if facilitated with regular meeting times and would provide opportunities for the groups to share strategies and experience about issues including:

- policy and practice;
- strategies about what works and what doesn't, especially to improve inclusion of vulnerable people into groups;
- approaches to inclusion; welcoming and supporting new members and actively seeking and approaching potential new members to join;
- identification of potential new members especially from vulnerable groups who are often discriminated against such as: older people with a mental illness, from rooming and boarding houses, people who have recently lost a partner, people who are ill, etc.;
- outreach volunteering, for example phoning, visiting, inviting;
- welcoming: warm introductions, buddying;
- mentoring and monitoring: to identify and support members who seem isolated or feel rejected;
- dealing with committee and/or member friction;
- deciding on activities; and
- identifying and adding new activities.

It is recommended that DCC develops and facilitates an Older Persons Community Group Network of all older peoples' community groups for learning and knowledge exchange, with participation by all presidents of older peoples' community groups. (Recommendation 71)

8.4 Co-location for older people's community groups

Ross House was developed in the 1980's as a building that houses 50 small community and peer support groups. It enables networks to develop, strategies to be shared and know how to be transferred between groups. Each group has its own place to leave files and equipment and all other equipment and meeting rooms are shared.

"There are not enough spaces for older people to gather. We meet in East Reservoir SCC but it's too small." (Consultation feedback)

There is a significant benefit in developing connections between DCC's older peoples' groups to share strategies and practices, and in view of the competition for space and decline in the amenity of senior citizens centres.

It is recommended that DCC considers adding to the space available for older peoples' groups that would benefit from a permanent venue by:

a. identifying one larger DCC owned space that is little or unused and two smaller DCC owned spaces - with at least one of these being located in a more disadvantaged part of Darebin;

b. refurbishing the three spaces into numbers of offices/desks (sharing photocopiers etc.) and numbers of large meeting and activity spaces - enough so that groups can schedule many more activities;

c. some of the larger community organisations such as U3A could have branches in the smaller satellite co-shared spaces;

d. a lead organisation such as U3A or a Neighbourhood House should be identified and funded to manage the space as well as support the co- tenant groups. (Recommendation 72)

8.5   Intergenerational benefit of community groups that are not older people specific

DCC is a generous funder of a large number of community groups in a huge range of areas such as sport, arts and cultural, Aboriginal and Torres Strait Islander, disability, faith, environment, education, community health centres. DCC spends more than $237,816 on community groups that are not older people specific. DCC also provides additional funding to some community organisations to supplement State Government funding (such as Neighbourhood Houses, discussed below)

Some of these groups are age specific and provide community activities for children or parents. Even so, groups for children and parents should also consider reaching out to grandparents, as many older people are taking on larger responsibility for children and are complementing or in some cases compensating for parent availability.

> *"Older people are not homogeneous, and benefit from involvement with younger people. Activities/interests should aim to attract people across age groups." (Consultation feedback)*

Other more general sports, recreation, environmental, historical and cultural groups potentially provide a huge number of community opportunities for older people that are by their nature intergenerational. A wide diversity of interests can be met, as well as enabling older people to contribute their knowledge and experience to the group.

Numbers of these community groups and activities receive DCC funding and are supposed to be there for everybody and therefore could be of value to older people if:

- older people feel welcome and believe that there are genuine opportunities for them to participate and to contribute;
- the activity and/or rules are adapted to enable the inclusion of older people; for example, the Panel was told about exercise and sporting activities being run at a level that is dangerous for people as they age – and yet older people want to be able to continue to participate and also want to exercise and/or play with a cross section of ages; and
- there is an understanding and respect for the value of natural intergenerational mixing; for example, in their justifiable attempts to attract younger participants – especially in sports or activities that have been traditionally the choice for older people, such as lawn bowls, or Neighbourhood House lunches, older people can feel pushed out. It is important in diversifying the ages of participants that older people continue to be fully respected and included.

It is recommended that DCC provides targeted grants for general community groups planning to include more older people to provide:

> **a. adapted equipment for sports and recreation;**
> **b. outreach to attract older people;**
> **c. development of creative works with older people participating.(Recommendation 73)**

8.6   Identifying gaps and encouraging groups

It could be argued that there are too many community groups and activities and that they should be rationalised and amalgamated for efficiency. This is contrary to the evidence about the health and wellbeing value of participating in social activities.

> *"My mother would love to join social organisations (clubs) that provide common interest to her e.g. excursions, social lunch, knitting groups, exercises, walking, music, to name some areas."*
> *(Consultation feedback)*

It is recommended that DCC makes small grants available to support new groups and activities, as well as to assist generic community groups to adapt and include older people. These grants should focus particularly on assisting community activities and groups in geographically disadvantaged areas of Darebin and groups, such as Matrix, that have not received funding to date. (Recommendation 74)

Supporting older people to participate in social activities in the community is directly within the remit of DCC through:

- DCC's community grants program;
- DCC's funding and support for seniors' clubs & groups.

8.7   Older peoples' one-off events and festivals

While one-off events are not of themselves sufficient to promote ongoing social connectedness, these events can be a starting point for older people to meet to put on the events, as well as meeting at the event to be referred and put in contact with ongoing activities.

An important outcome from festivals focusing specifically on celebrating ageing is that the events can break down stereotypes and utilise older peoples' creativity.

"Older people have a wealth of skills and experience to offer. Perhaps Council could have a database of skills and occasionally call upon when organising community events. Or establish a jobs board seniors can tap into." (Consultation feedback)

It is recommended DCC supports older peoples' events and encourages older people to lead festivals and event initiatives. (Recommendation 75)

It is also recommended that DCC develops a robust outreach strategy for festivals and events focused on including disadvantaged groups and ensuring that participation in the event is not limited to those 'in the know'. (Recommendation 76)

It is further recommended that DCC provides certainty for multiyear funding for events to increase participation rates by allowing the knowledge to be disseminated that the events will be annual. (Recommendation 77)

8.8   Senior Citizens' Clubs

Senior citizens clubs provide subsidised meals, outings, games, networking and friendship opportunities. They provide a community focal point for ageing by enabling older adults to come together for activities that enhance their dignity, support their independence and encourage their involvement in and with their community. In Darebin, Senior Citizens' Clubs for people with a CALD background are particularly prominent.

"Mum attends the Italian Social Group and it has made a huge difference to her life." (Consultation feedback)

Compared to neighbouring councils, DCC allocates the highest level of funding to senior citizens clubs. Grants support clubs to:

- organise social events
- purchase of food for club lunches

- transport to support outings Membership and funding model

DCC provides two levels of support to Senior Citizens' Clubs:

- Level 1 Support (direct and indirect financial support) In 2017-18
  - DCC provided Level 1 support to 29 Senior Citizens Clubs
  - DCC contributed $37.14 per member
  - grants to clubs ranged from $2,179 to $23,961
  - a total of $141,038 was paid in grants to Senior Citizens Centres.

  DCC also assists with costs of financial auditing, public liability and facility costs

- Level 2 Support

DCC provides resources via staff support to all clubs in Darebin, including clubs who do not receive grants. This includes information, advocacy, constitutional processes, networking opportunities, forums etc.

Issues in relation to DCC support to Senior Citizen's Clubs

Inclusion and outreach is not required

Health and wellbeing benefits should accrue to an older person who is a member of the group. However, some clubs find it hard to welcome new members and as a result new members may not experience the positive health and wellbeing outcomes; for example, new members trying to fit in can experience anxiety and an increased sense of isolation; and/or new members leave before experiencing any positive benefits.

There does not appear to be an expectation that one of the roles of the clubs in exchange for DCC funding is to actively welcome to new members and make them feel at home.

Inclusion of vulnerable members is not required

Becoming a member of a club can be challenging, particularly for vulnerable groups. There is no requirement or an incentive for clubs receiving funding to actively encourage or seek membership from identified vulnerable groups.

Conversely, groups of older people forming around Aboriginality, cultural background, gender, and sexuality do provide health and wellbeing benefits for their members. However, there may be particular difficulties providing support and overcoming barriers to participation for those with particular vulnerabilities such as a particular frailty, mental illness, chronic illness and disability - including intellectual disability and early onset dementia.

Fewer opportunities in geographically disadvantaged areas

In more disadvantaged parts of Darebin there are fewer clubs and no support for residents to get to clubs and demographic projections and analysis of low socio-economic status are not used as a basis for allocation of club grants.

Incorporation requirements

Clubs are required to be incorporated in order to receive funding from DCC, however, in special circumstances, Level 1 support (i.e. for financial auditing and public liability insurance) may be provided to groups who do not meet incorporation criteria.

Clubs with a very small membership struggle to maintain a committee, much less incorporate. This may be exacerbated where one of the stalwart members of the committee becomes ill. Yet these small clubs can be vital places of social participation for their members.

Grants are saved not spent on activities for members

There is no time limit for DCC funds to a club being spent on activities for members. Therefore clubs can, and do, elect to save the funds for the future, sometimes amassing savings considerably in excess of the yearly grant amount. High savings over a consistent number of years raises questions on the necessity for DCC funding to enable the club to operate.

In addition, the decision to save grant money or to spend fully on activities can be a cause for friction between club members.

Competition for venues and resources

Often club activities are not held at preferred times or at the frequency desired, due to limited space. Additional space/venues would assist in increasing the numbers of meeting and activities. In addition, increased bus availability for more outings would serve health and wellbeing goals.

Members are not Darebin residents

DCC only requires 60% of members to be Darebin residents. Because grants funding is primarily from Darebin ratepayers, it might expect that a higher percentage of club members should be Darebin residents. Additionally, larger grants reflect larger memberships, even though an increase in membership is likely to result from membership outside Darebin.

Correlating grants funding with Darebin residency may provide an incentive for clubs to undertake more vigorous outreach within local communities to seek, identify, and encourage more local members.

Perceived inequity in decision-making and lack of consistency and transparency in selection of Level 1 funding

New applicants for Level 1 funding have to meet additional criteria which are not transparent. This may result in new and emerging groups being excluded from grants funding.

DCC has already committed to "reimagine and revitalise Seniors' Citizen Centres to support active healthy ageing"[62]. Spending DCC funds to develop new activities on outreach, and/or volunteer programs to attract new members would be valuable for health and wellbeing. Spending saved funds could also be used on health and wellbeing activities such as exercise, walking groups, more communal meals.

Additionally, the decision on how savings could be spent could be made by older people while being facilitated by DCC.

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"The criteria and limitations applied to grant applications could be broadened to cater for a wider range of activities involving older people." (Consultation feedback)

It is recommended that DCC develops a new model for funding senior citizens clubs, which should include consideration of:

a. ceasing funding based on per capita membership;
b. providing a base amount to all groups for the running cost for the group-meetings, governance;
c. continue to provide in kind financial auditing and public liability insurance for all groups;
d. providing in-kind venues (and where requested office/desk);
e. directly subsidising bus trips, including procuring a bus charter;
f. ensuring that older people from vulnerable groups are included in club activities with targeted funding for specific activities;
g. separately funding (through an application process) specific outreach activities and Darebin area focused membership drives;
h. separately funding (through an application process) activities in more disadvantaged pockets of Darebin;
i. looking for three locations to establish co-location spaces for interested senior citizens groups to be able to have office/desk space to establish as headquarters;
j. funding a lead organisation to undertake venue management, support, facilitation, mediation; and
k. establishing clear expectations and measures outcomes regarding outreach and inclusion of older people who are vulnerable (e.g. frail, low socioeconomic, etc.). (Recommendation 78)

8.9   The University of the Third Age (U3A)

U3A is an international movement that encourages older people to take part in lifelong learning activities for the pleasure of learning.

DCC currently provides $2,000 per annum to U3A. The Darebin U3A is a dynamic organisation that provides learning opportunities, educational activities and social interaction for older people over 50, helping them to keep mentally and physically active and involved. Activities span literature, fitness, games, creativity, planning activities and events. Similar to other groups, U3A is run entirely by volunteers.

U3A's membership is expanding, although in order for it to cover the running costs, the cost of membership is increasing and is now $50 per year. The impost of $50 on older people who are on an aged pension may be relatively high and in particular, may discourage potential participants from a low socio-economic background.

Increasing funding to U3A would support U3A extending its participation base to include an outreach to vulnerable groups, including those on low income. In addition, U3A is located in Northcote with classes in Thornbury. Location of U3A classes in the north of Darebin would be valuable for older people living in those areas, especially considering the trend for an increasing proportion of older people to be living in the north.

It is recommended that DCC supports U3A with an annual DCC grant of a minimum of $4,000. (Recommendation 79)

It is recommended that DCC provides targeted funding to U3A to reach out to older people in the community who do not know about U3A and/or may feel intimidated attending and to offer buddying and support for participation. (Recommendation 80)

It is further recommended that DCC considers U3A as a possible lead organisation in the recommended co-located space for older peoples' community groups. (Recommendation 81)

This would potentially assist in supporting U3A to extend its reach into Darebin's north, so making it more likely that residents from that area might participate in its valuable activities.

8.10   Men's Sheds

Men's Sheds provide important opportunities for men to meet while making, restoring, fixing, tinkering and obtaining new skills and learning together. Men's Sheds help men connect up while undertaking useful community work.

Men's Sheds are self-determining but are open to conducting activities that might be of value to the community and older people that are recommended in other sections of this report. For example, Darebin's Men's Sheds could be approached to ascertain interest in home modifications for older people and recycling of mobility equipment.

Men's Sheds should be encouraged to make all major decisions including decisions about opening hours, including considering opening for lonely times such as weekends.

Darebin's Men's Shed is located in East Reservoir in a relatively disadvantaged area where there is a lot of public housing. It is staffed and run by Your Community Health, which also supplies the venue. Darebin Men's Shed offers programs Monday to Friday, partly funded under CHSP as a social group activity and partly funded by DCC (a worker for two days and transport one day).

Darebin Men's Shed programs are generally well attended, however more transport assistance would allow more to attend at this location.

It is recommended DCC provides community transport assistance to allow more men to attend a Darebin Men's Shed. (Recommendation 82)

There could be significant value in establishing at least one more Men's Shed in the North with DCC in partnership with a CHC. This could be co-located in a new Ross House type community group headquarter arrangement as outlined above.

It is recommended that DCC considers establishing a new Men's Shed in Darebin, to promote geographical access, either co-located with a Neighbourhood House or at the proposed new co-located community hub (refer to Recommendation 72). (Recommendation 83)

8.11   Probus clubs

There are three Probus clubs offering interesting and informative speakers and opportunities for regular monthly socialising. They are located in Reservoir, Kingsbury and Preston. Probus is perceived to appeal to older people who may previously have been members of service clubs.

It is recommended that DCC considers offering targeted funding to Probus Clubs to reach out to older people in the community who do not know about Probus and/or may feel intimidated attending and to offer buddying and support for participation. (Recommendation 84)

8.12 Carers' groups

The Panel heard from the community that the number of people actively engaged in caring for a frail ageing family member is likely to increase in proportion to the ageing community. Many carers are also part of the ageing cohort itself, with women significantly more likely to be primary carers (71%).

Carers' groups at local level are generally peer-supported, i.e. run by and for carers. They provide invaluable support for carers that tangibly improves the health and wellbeing of members and in turn improves the lives of the older and disabled people they care for.

There are a range of carers' groups in Darebin and DCC directly supports one: Yanada House Carers' Support group. DCC also supports Action on Disability within Ethnic Communities (ADEC) who have seven groups in Darebin which are mostly attended by carers: Arabic, Chinese, Greek, Italian, Japanese, Turkish and Vietnamese groups. Also Span Community House hosts a carers' high tea and a carers' support group.

It is important to ensure that carers of older people and carers who are older have groups that are convenient and culturally appropriate for them to join.

These groups need to be completely accessible and local for best impact. They also need to be available specifically for Aboriginal and Torres Strait Islander communities, CALD and LGBTIQ carers as needed.

It is also important to make sure that isolated carers are identified, informed and assisted to join carers' groups.

It is recommended that DCC considers commissioning Carers Victoria to partner with DCC in supporting the development of new Carers' groups for LGBTIQ, CALD and in other locations and with communities that do not have carers groups. (Recommendation 85)

8.13 Grief groups

Losing a partner is a significant risk factor for illness and decline in health and wellbeing. Peer support groups focusing on dealing with grief and re-establishing life without one's partner have been found to be of great benefit, especially if they are facilitated. Grief groups need to be available for CALD, Aboriginal and Torres Strait Islander and Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) communities. Once facilitated, grief groups can continue without external support (i.e. similar to neighbourhood carers' groups).

It is recommended that DCC considers commissioning Compassionate Friends to partner with DCC to explore the benefits of trialing grief groups. (Recommendation 86)

8.14   Neighbourhood Houses: Older Peoples' Inclusion Strategy

Neighbourhood Houses are in a good position to include older people as members and participants in a range of activities: community lunches, community gardens, computer clubs and creative activities are but a few of the activities that Neighbourhood Houses might offer.

DCC supplements State Government funding to Neighbourhood Houses with a considerable level of support:

- $51,000 contribution to the overall operational budget of the Neighbourhood House, which is generally used as a contribution to staff salaries (Note that DCC provides $66,330 to the Reservoir Neighbourhood House because it receives less State Government funding than the others and is in a priority community for Council); and
- an additional $10,000 for program delivery attached a specific proposal that aligns to the council plan goals. This funding is attached to specific output and outcome measures for a particular Neighbourhood House.

Neighbourhood Houses exist to be responsive to community issues and interests and use a community development model to ascertain their activities and facilitated groups.

All Darebin Neighbourhood Houses provide a huge range of activities that should be for all ages, including older people.

Neighbourhood Houses often develop parent groups: playgroups, childcare, after school programs. These could also include older people in their role as grandparents (where sometimes they are taking complete responsibility for grandchildren) or for older people who are not grandparents but would like to play a grand parenting role. Also, older people can provide mentoring coaching and skills for young people.

Community gardens are also intergenerational community activities and are often facilitated by Neighbourhood Houses.

Community gardens are an important activity for older people as well as for people from different cultural backgrounds in that they provide the opportunity to grow produce that relates to culture.

The Preston Reservoir Adult Community Education (PRACE) Neighbourhood House also specifically supports senior's clubs by providing space, mediation, advocacy and facilitation for clubs as needed. PRACE's role in supporting numbers of older people's groups is an effective model and could be funded to support their clubs to expand and reach out to new members from vulnerable groups. It would be valuable to compare a Neighbourhood House such as PRACE receiving funds to facilitate outreach to vulnerable groups compared to funds going straight to the seniors' club for this purpose.

Span Community House provides a focus on diverse programing that includes specific programs for older people such as road safety workshops for seniors, carers groups and an Older Men New Ideas social group.

It is recommended that DCC works with Neighbourhood Houses and older people to develop a list and best method for information dissemination (dynamic – with in-built update mechanism) of low-cost and free programs, services and events that Darebin Neighbourhood Houses run for older people. (Recommendation 87)

The audit and survey should include all Neighbourhood House activities such as: choirs, orchestras, community gardens, history groups, lunches, arts programs, digital training, health and wellbeing activities and volunteers for children's and other activities.

It is recommended that DCC works with Neighbourhood Houses and older people to identify best methods for outreach to older people who currently do not participate in Neighbourhood House programs, and to assign shared responsibility for outreach. (Recommendation 88)

In annual reports provided by Neighbourhood Houses there is a request for information regarding specific activities and numbers of older people participating, and generic activities and numbers of older people participating. (Recommendation 89)

8.15　Online community groups

The value of online community groups has been referred to in Section 7: Information and Digital Empowerment for An Age Friendly Darebin. Among many other benefits, they provide:

- continuous opportunities for interaction;
- choice across endless interests and domains;
- can be supportive as well as informative – but this is dependent on the group culture;
- available to housebound older people; and
- connect to CALD and other communities internationally.

While face-to-face groups have many additional advantages especially to older people who no longer have the opportunity to meet with people in the workplace, online communities are important to supplement or at times be the main community connection. However as is discussed in Section 7 this requires major attention to enhancing older peoples' online access, skills and cost.

It is recommended that DCC adopts the goal of enabling older people from all income levels and backgrounds to bridge the digital divide and join online community groups and activities. (Recommendation 90)

It is further recommended that DCC develops a digital community group strategy, including an implementation timeline. (Recommendation 91)

8.16   Libraries

There are four libraries in Darebin, in Fairfield, Northcote, Preston and Reservoir. Libraries in Darebin already play an important role in enabling community activities and supporting community groups for older people.

> *"I would like Darebin libraries (and Northcote Town Hall) to be resourced to provide a greater role in supporting older (and younger) people to participate in socially inclusive activities." (Consultation feedback)*

In order to embrace the ageing Darebin population, libraries need to plan and prioritise services for older people.

Libraries provide:

- **Places to meet:** A place for older people to meet informally and formally – participating in community groups run in library spaces as well as volunteering (such as older people reading to groups of children after school);
- **ePlatforms:** to support lifelong learning, e-government, independent living and support, accessing MAC, MAC website;
- **Supportive contact with Age Friendly staff:** Library staff are vital points of contact for lonely, isolated older people, therefore time and responsibility for being able to establish relationships is an important part of all roles of people working in libraries;
- **Information and education about ageing:** Providing information and education about health, ageing, supports, CHSP, MAC, older people's groups, U3A, other community groups;
- **Improved library design and access** to transportation by including older people in design;
- **Digital inclusion:** Providing state of the art computer access and training for older people (for example, computer and gaming clubs specifically for older people); and introducing the latest technologies to revolutionise the types of resources available to upgrade genealogy and history research;
- **Support to older people with specific needs:** including library services for older people with vision or hearing impairment; for older people from a CALD community, and visiting library services for frail older people who are housebound or living in residential centres;
- **Employment and volunteering of older people in the library:** considering opportunities to employ older people. Separately from paid employment there is an opportunity to harness the capacity of retired people as volunteers;

- **Adaptive technologies and methods for inclusion of older people:** investigating the opportunity to utilise and make available adaptive technologies for older people with vision impairments, such as:
  - voice output
  - screen enlargement software
  - document readers
  - equipment to assist older people with physical disabilities such as modified keyboards; and
  - large print book formats.
- **Other opportunities** for inclusion such as:
  - hearing loops;
  - audio books in community languages;
  - reminiscence kits including: handling objects, listening to poetry and prose, and viewing photographs to encourage older people to share their memories.

In view of the value of library services in providing and supporting community activities, it is vital that they include vulnerable groups and communities.

It is recommended that DCC funds the visiting library service to expand its support of homebound residents. (Recommendation 92)

It is further recommended that as DCC develops its new library strategy, the needs of older people are strongly considered, particularly in terms of their residential location. (Recommendation 93)

8.17   DCC Volunteering program

A Volunteering Victoria publication on volunteering by older people provides a review of literature which evidences how volunteering benefits the health and wellbeing of older volunteers as well as recipients,[63] for example:

- **Hypertension:** In 2013 a US study followed people aged over 50 for four years and found that those who had volunteered at least 200 hours in the previous 12 months were less likely to develop hypertension than non-volunteer.[64]

- **Pain:** People suffering from chronic pain experience declines in their pain intensity when they assist others also suffering from chronic pain.[65]

- **Cognition:** A 2009 study found that older adults who volunteered were able to delay or even reverse declining brain functioning. They made gains in brain regions that support cognitive abilities important to planning and organising daily life.[66]

- **Mortality:** A 2013 university of Exeter meta-analysis of five studies identified a 22% reduction in early mortality among volunteers compared to non-volunteers.[67]

Within seniors' groups there are many volunteer roles that need to be filled in order for the group to be able to operate and reach out to new members. These volunteer roles require skills and knowledge in areas such as: governance, meetings, outreach and marketing, organising outings, fundraising.

In the past DCC may have considered that volunteers could become substitutes for paid workers. Volunteers are however different from paid workers in that their role is non-transactional with reciprocal benefits to receiver and volunteer.

It is recommended that DCC establishes a Volunteer Program to provide the opportunity for older people and people of all ages to contribute to others in the community. (Recommendation 94)

These volunteering roles should address:

- volunteering to assist people of all ages in many different capacities;

- specifically, intergenerational; for example, as older people reading to children at schools and in libraries (grandparents' corner in libraries);

- volunteering to regularly assist other older people including: regular visiting, regular telephoning for longer catch-up calls rather than just checking up (these catch up call schemes would be specifically organised by DCC); handyperson using skills to assist other older people, reading and library book delivery, transport;

- volunteering to regularly share meals;

- volunteering to regularly pick up isolated older people and participate with them in community activities; and

- joining service clubs that are specifically focused on volunteering – providing a double benefit of being a member of the group, as well as volunteering.

63 Volunteering Victoria, 2016, *The impact of volunteering on happiness and health*

64 Sneed, R.S, et al., 2013, 'A Prospective Study of Volunteerism and Hypertension Risk in Older Adults', *Psychology and Aging*, Vol. 28, No. 2, pp.578-586 (as cited in Volunteering Victoria, 2016)

65 Arnstein, P., et al., 2002, 'From chronic pain patient to peer: benefits and risks of volunteering', *Pain Management Nurses*, Vol.3, no.3, pp.94-103 (as cited in Volunteering Victoria, 2016)

66 Parsons, T., 2009, 'Brain benefit for seniors who volunteer,' Johns Hopkins University, 24 December 2009, http://www.futurity.org/brain-benefit-for-seniors-who-volunteer/,(as cited in Volunteering Victoria, 2016)

67 Jenkinson, C.E., et al, 2013, 'Is volunteering a public health intervention? A systematic review and meta-analysis of the health and survival of volunteers' *BMC Public Health* Vol.13 no 703 (as cited in Volunteering Victoria, 2016)

"I found out through chatting to a neighbour that their son was struggling with English subject at school – I help him with English and it is great – this contact with him does me good. It gives them a different view of older people." (Consultation feedback)

It is recommended that the proposed DCC's Volunteer Program undertakes identifying, recruiting, informing, as well as training and support for volunteers, including older volunteers. (Recommendation 95)

Volunteers could add value to the impact of social inclusion workers.

Where it is assessed that isolated older people need more contact than could be provided even with the social inclusion worker as outlined in recommendation 22, it is recommended that a volunteer be brought in to extend the intensity and contact for an activity for the older person for a period of time.

It is important to note that the proposed volunteer roles would:

- not replace the paid workforce;
- be in reciprocal relationships;
- contribute to a time-intensive community development approach;
- bolt onto a social inclusion service providing more intensive one-on-one contact to isolated older people; and
- fulfil a range of potential roles such as: home visiting, outings, transport, library support programs, information services.

The skilled matching of volunteers to individuals is important to the success of such a program.

Circles of Support

Matching volunteers with socially isolated older people to extend the role of the social inclusion workers could expand into developing 'Circles of Support' for very vulnerable older people living on their own, where regular meetings of people prepared to play a role in supporting the older person discuss and plan methods and ideas for supporting the older person to stay connected and included.

A systematic approach to volunteering will harness a huge resource for Darebin as well as providing older people with rich opportunity for social inclusion.

9 NEXT STEPS TOWARDS AN AGE FRIENDLY DAREBIN

In many ways development of an Age Friendly Darebin builds on DCC's commitment to a bolder, more connected city, and DCC's mission to preserve and improve the physical, social, cultural and economic health of all neighbourhoods while ensuring quality of life for current and future generations.

Following Council's and the community's consideration of this report, it is expected Council will respond to the report's recommendations and set a direction for the development of an Age Friendly Darebin.

> *"In all applications and projects before council could there be a requirement "How does this affect people over 65?" (Consultation feedback)*

It is expected that implementation of agreed recommendations of this report will, of necessity, have to occur over a number of years and will require Council to make decisions in regard to prioritising activities and allocating resources, including redirecting existing resources or allocating new or additional resources.

A fundamental principle for Age Friendliness is that older people should be actively involved in the development, monitoring and improvement of services and infrastructure that affects them. Throughout the report there are specific recommendations for opportunities for older people to become the auditors, designers and informers to make Darebin Age Friendly. The contribution, participation and support of older residents is central to an effective implementation of agreed recommendations.

> *"When council does follow up work, gather us together, I need to say, look – this does or does not make sense. Invite us back when you are designing the follow up – ask us - does this meet the needs you've expressed." (Consultation Feedback)*

While final responsibility for delivering agreed recommendations should reside with DCC's CEO.

It is recommended that DCC should establish a Cross-Organisational Project Control Group, to be charged with responsibility for implementation.

The Project Group to be chaired by a General Manager from DCC's Executive Leadership Team and comprised of officers from across DCC with appropriate experience, information and authority to oversight the development of an Age Friendly Darebin. The Project Control Group to:

a. be chaired by a General Manager from DCC's Executive Leadership Team and comprised of officers from across DCC with appropriate experience, information and authority to oversee the development of an Age Friendly Darebin;

b. to consider and provide advice for Council regarding prioritisation, resourcing and implementation of Age Friendly Darebin initiatives and activities; and

c. to conduct regular consultation and seek advice from DCC's:
   - Active and Healthy Ageing Advisory Board
   - Older Persons Community Group Network
   - Information Advisory Group
   - Older Person Open Space Audit Advisory Team (Recommendation 96)

It is further recommended that the proposed Cross-Organisational Project Control Group to report to Council on progress towards agreed commitments to develop an Age Friendly Darebin annually as part of the monitoring achievement towards Council's 2017 - 2021 Goals, particularly:

a. Goal 2: improving the wellbeing of people in our community by providing opportunities for them to live their lives well;

b. Goal 3: ensuring our planning system facilitates high-quality and sustainable development that extracts social, environmental and economic benefits for our community; and

c. Goal 5: leading on equity and recognizing our diverse community as our greatest asset for solving future challenges. (Recommendation 97)

When reporting against these goals the Committee should also provide advice to Council on:

a. progress and challenges in ensuring an Age Friendly Darebin; and

b. appropriate action to address emerging issues that may impact on DCC's ability to deliver its Age Friendly Darebin commitments. (Recommendation 98)

APPENDIX 1: REVIEW'S TERMS OF REFERENCE

Purpose

1. The Advisory Panel on Creating an Age Friendly Darebin will collect and consider evidence, ideas, and community input about how Council can best create an Age Friendly Darebin where older people are valued, supported and empowered to live well, including but not limited to these topics:

   a. social inclusion, social and civic participation
   b. built environment, transport and housing
   c. community support and health services.

2. In considering community support and health services, the panel will consider Council's future role in providing services, programs and facilities to older people post-2020 within the context of the federal My Aged Care system, federal funding reform and changing community needs.

   The panel will consider and investigate a range of options, including the following:

   i. continuation of existing Council services to older people

   ii. expansion, growth, reduction or adaptation of existing Council services (including consideration of whether council can become a provider of home care packages)

   iii. transitioning clients of identified existing Council services to other service providers over time

   iv. establishing new or additional services, programs or facilities for older people.

   The impact of competition policy must also be considered when assessing the options.

3. After collecting information and evidence, and hearing community submissions and feedback, the panel will prepare a report making recommendations to Darebin Council on the above topics.

4. Darebin Council is committed to an Age Friendly City which values, supports and empowers older people – so that older people can live well, be healthy, be socially connected, and live independently within their community.

5. Older people must have access to the quality services, programs and facilities that they need. In particular, vulnerable and disadvantaged older people will need additional support.

6. Darebin Council intends to have a long-term role in supporting and advocating for the wellbeing of older people.

7. Darebin Council is committed to maintaining investment in the health and wellbeing of our older residents. Council must also ensure that we spend our resources responsibly for the benefit of older people.

8. Darebin Council cares for its clients and for the Darebin community. We will consult and communicate openly about the decision making process.

9. Darebin Council cares for its staff. We will consult and communicate openly with staff about the decision making process.

10. Darebin Council must at all times comply with legislative and regulatory requirements.

11. The review must take into account that the lifestyle, work and needs of older people are changing and will continue to change into the future.

12. The review must consider innovative models of service provision, initiatives and programs.

13. "Is committed to open and transparent decision-making processes and will therefore bring any recommendations emanating from the review process back to an open Council meeting for a decision by Councillors."

Scope

The Advisory Panel on Creating an Age Friendly Darebin will:

14. Review evidence and information about: community views and needs; Council's current aged care services and programs; federal funding reforms; options for future service provision including potential new or expanded services or programs; innovative or best practice initiatives, projects or services in Australia or overseas.

15. Identify any additional information or analysis required

16. Issue a public discussion paper which sets out ideas and options for creating an Age Friendly Darebin, including options for future service delivery.

17. Invite submissions from the community, from staff and from stakeholders in relation to the discussion paper.

18. Specifically invite consultation and comments from:
- Existing Council clients, including clients and stakeholders from CALD backgrounds
- Senior citizens clubs, U3A and other groups
- The Darebin Active and Healthy Ageing Advisory Board
- Carers Victoria, Council of the Ageing and other bodies
- Council staff
- Service providers, peak bodies, regulatory bodies and relevant unions.

19. Ensure that information materials and information sessions are provided in key community languages.

20. Ensure that submitters have an opportunity to publicly address the panel about their submission, and for the panel to ask questions.

21. Consider evidence, analysis and community feedback.

22. Prepare a preliminary report containing recommendations to the Council.

23. Issue this preliminary report and invite further community submissions.

24. Consider the second round of community submissions.

25. Finalise the report and recommendations to Council.

APPENDIX 2: SUMMARY OF PROJECT METHODOLOGY

Panel membership:

Council appointed Rhonda Galbally AO and Peter Allen as members of the Review Panel for Creating an Age Friendly Darebin.

Principles for conducting the review

26. Darebin Council is committed to an Age Friendly City which values, supports and empowers older people – so that older people can live well, be healthy, be socially connected, and live independently within their community.

27. Older people must have access to the quality services, programs and facilities that they need. In particular, vulnerable and disadvantaged older people will need additional support.

28. Darebin Council intends to have a long-term role in supporting and advocating for the wellbeing of older people.

29. Darebin Council is committed to maintaining investment in the health and well-being of our older residents. Council must also ensure that we spend our resources responsibly for the benefit of older people.

30. Darebin Council cares for its clients and for the Darebin community. We will consult and communicate openly about the decision making process.

31. Darebin Council cares for its staff. We will consult and communicate openly with staff about the decision making process.

32. Darebin Council must at all times comply with legislative and regulatory requirements.

33. The review must take into account that the lifestyle, work and needs of older people are changing and will continue to change into the future.

34. The review must consider innovative models of service provision, initiatives and programs.

35. Is committed to open and transparent decision making processes and will therefore bring any recommendations emanating from the review process back to an open Council meeting for a decision by Councillors.

Approach

The Review Panel conducted the following activities:

36. Reviewed evidence and information about: community views and needs; Council's current aged care services and programs; federal funding reforms; options for future service provision including potential new or expanded services or programs; innovative or best practice initiatives, projects or services in Australia or overseas.

37. Prepared and released a public discussion paper which set out ideas and options for creating an Age Friendly Darebin, including options for future service delivery.

38. Invited submissions from the community, from staff and from stakeholders in relation to the discussion paper.

39. The Review Panel conducted a significant community consultation process (refer to Appendix 5, for further details) which included:
    • meetings with specific stakeholder groups and community organisations;
    • meetings with DCC A&D services staff;
    • meetings with the general public;
    • meetings with representatives across different DCC departments;
    • regular project update meetings with DCC's General Manager, Community and Manager Aged and Disability;
    • review Panel meetings with service providers, peak bodies, regulatory bodies and relevant unions; and
    • public hearings conducted by the Review Panel.

40. The Review Panel was supported by DCC staff who provided background information and information in response to particular requests. The Panel also received external support appointed by DCC.

41. DCC staff conducted internal and external meetings to collect and provide information to the Panel, including:
    • DCC staff meetings with specific stakeholder groups and community organisations;
    • DCC meetings with the general public; and
    • DCC staff meetings (e.g. ideas hack, focus groups etc).

42. Preparation of a draft report for consideration by Council.

43. Release of the draft report for community consultation.

APPENDIX 3: BANYULE CITY COUNCIL: SUMMARY OF LIVEABLE HOUSING GUIDELINES[68]

Banyule's liveable Housing guidelines are in relation to:

Access to the dwelling:

- a continuous accessible path of travel from the street to the dwelling entrance.
- a continuous accessible path of travel from car parking areas to the main entrance or another dwelling entry.
- the path of travel must be minimum 1000mm wide and at a maximum gradient of 1:14 and with a crossfall no greater than 1:40.

Entrances:

- at least one level (step free) entrance into the dwelling that provides:
- direct access from the accessible path of travel described above.
- a level landing area of 1200mm x 1200mm, exclusive of the swing of the door.
- a minimum doorway width of 850mm.
- the height difference between abutting surfaces must be no greater than 5mm.

Corridors:

- the width of internal corridors must be a minimum of 1000mm.

Doorways:

- the width of doorways must be a minimum width of 850mm.

Toilets:

- a toilet on ground floor that provides:
- a clear width of 900mm and a space of 1200mm (length) forward of the pan (exclusive of the swing of the door) if toilet is located in a separate room.
- reinforced walls to allow for future installation of grab rails.

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68 Banyule City Council, 2013, *Liveable Design Guidelines*, Banyule City Council, https://www.banyule.vic.gov.au/Services/Planning/Livable-Housing

Bathroom and shower:

- access to a shower on the ground floor that provides:
    - a step free shower area of at least 900mm x 900mm in width and length
    - a clear space in front of the shower that is 1200mm x 1200mm in width and length.
    - reinforced walls to allow for future installation of grab rails.

Bedroom:

- a room on the ground floor that could be used as a bedroom that is at least 10m2.

APPENDIX 4: DATA AND INFORMATION TABLES

A4.1. City of Darebin Population Forecast (ERP: Estimated Resident Population)

Age Group	2016 ERP (adjusted)	ERP 2021	ERP 2026	Change from 2016 to 2021	Change from 2016 to 2026
Total Population	155,022	173,386	189,985	18,364	34,963
Total 65–79	14,163	15,425	17,599	1,262	3,436
Total 80+	7,359	7,911	8,187	552	828
Total 65+	21,522	23,336	25,786	1,814	4,264
% Total 65+ of Total population	13.9%	13.5%	13.6%	9.9%	12.2%

Source: 2016 Census data and the population forecast data were adjusted by id consulting (November 2017)

A4.2. City of Darebin Index of Relative Socio-economic Disadvantage, 2016

Area	IRSED index score	Postcode
Australia	1001.9	
Victoria	1010.0	
Greater Melbourne	1021.0	
City of Darebin	1004.0	
Alphington	1088.9	3078
Fairfield – Alphington	1073.0	3078
Northcote (East)	1065.1	3070
Northcote	1064.4	3070
Fairfield	1064.2	3078
Northcote (West)	1063.4	3070
Northcote Activity Area	1060.4	3070
Bundoora – Macleod	1055.7	3083
Thornbury (West)	1055.3	3071
Thornbury	1038.3	3071
Thornbury (East)	1026.2	3071
Preston (West)	1024.4	3072
Kingsbury – Bundoora	1013.6	3083
Preston	996.2	3072
Reservoir (Edwardes Lake)	982.7	3073
Preston Activity Area	981.7	3072
Preston (East)	971.0	3072
Reservoir Activity Area	954.8	3073
Reservoir	952.6	3073
Reservoir (Cheddar)	946.0	3073
Reservoir (Merrilands)	941.2	3073
Kingsbury	938.4	3073
Reservoir (Oakhill)	935.7	3073
Northland Activity Area	840.5	3072

A4.3. CHSP Outputs 2017/18 Actual

Service type	Output type	Outputs	% total hours
Assessment	hours	8,357	7.5%
Domestic Assistance	hours	66,245	59.3%
Personal Care	hours	20,678	18.5%
Respite	hours	4,396	3.9%
Social Support	hours	10,614	9.5%
Home Maintenance	hours	1,483	1.3%
Delivered Meals	meals	30,818	na
Community Transport[1]	trips	1,650	na
TOTAL	**hours**	**111,773**	**100%**

1. Community Transport NOT funded through CHSP

A4.3. DCC Aged & Disability Services: total revenue and expenditure 2017/18 Actual

Service type	Revenue	Program cost	Council contribution	Council contribution (adjusted)
Assessment	$751,096	$1,577,778	−$826,682	−$826,682
Domestic Assistance	$3,152,626	$5,530,594	−$2,377,968	−$2,377,968
Personal Care	$1,501,454	$1,942,046	−$440,593	−$853,419
Respite	$374,381	$344,336	$30,046	−$120,146
Social Support	$327,768	$532,413	−$204,645	−$265,255
Home Maintenance	$196,961	$205,573	−$8,612	−$79,577
Delivered Meals	$493,151	$1,613,839	−$1,120,688	−$1,194,210
Community Transport	$34,980	$448,315	−$413,335	−$413,335
Community Participation	$261,896	$1,100,764	−$838,868	−$838,868
TOTAL	**$7,094,313**	**$13,295,659**	**−$6,201,345**	**−$6,969,459**

Note:

- Program cost does not include corporate overheads
- Program cost total varies by $1.00 from sum of service type costs due to rounding
- Council contribution is the difference between revenue and program cost
- Council contribution (adjusted): reflects variation from contracted outputs if the Australian Government 'claws back' revenue for outputs below agreed targets. Note:
  - 2017/18 Assessment and Domestic Assistance actual in excess of agreed outputs
  - No CHSP funding for Community Transport and Community Participation

APPENDIX 5: ENGAGEMENT & CONSULTATION REPORT

Background

Council's strong commitment to consultation is expressed in the Council Plan:

"Goal 5. We will lead on equity and recognise our diverse community as our greatest asset for solving future challenges...

5.2 We bring the ideas of our diverse community into our decision-making."[69]

The public consultation comprised two rounds and formed a significant component of the overarching Communications and Engagement Strategy of the Age Friendly Darebin Review. The review was also informed by evidence from research literature, and information about community needs, aged care services data and programs, federal funding reforms, innovative or best practice initiatives locally and internationally.

This report details how the consultation was implemented and summarises the community response that formed a vital source of data available for analysis by the Panel.

Federal Government funding extension of block funding for aged care home support services

The expected transition to a full competitive market for home support services in 2020 played a significant role in the community's engagement during the first phase of the Age Friendly Darebin consultation process. This consultation was undertaken before the Federal Government committed to extend block funding until 2022. The community's engagement was strongly focused on council continuing Home Support services provision. An Aged Care Services Petition was raised by a group of City of Darebin residents which called on Council to commit to maintaining its role as a provider of aged care services into the future. Publication of the Panel's Draft Report in April 2019 coincided with the funding extension announcement. The level of community engagement and the number of feedback submissions was significantly less for the second round of consultation.

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69 Darebin Council Plan 2017-2021

Aged Care Services Petition

A petition was raised by a group of City of Darebin residents at a Council meeting on 30 April 2018. The petition called on Council to commit to maintaining its role as a provider of aged care services into the future.[70] The tabling of this petition coincided with Council's announcement that a decision about the process on how to consult with the community, and not about Council's role in the future, would be made at the Council Meeting on 21 May 2018. The petition was tabled at four subsequent Council meetings throughout 2018 and culminated in a final tally of 1850 signatures received by Council on 15 October 2018. This petition is a data source that was considered by the Panel, however the numbers of signatories are not aggregated with data collected during the Age Friendly Darebin Review and consultation as it was a separate process.

Similarly, results from the 2017 Aged & Disability community consultation "A Review of the needs of older people in Darebin" was considered by the Panel but not aggregated with the Age Friendly Darebin review data.[71]

Consultation Method

The consultation method was guided by the Terms of Reference of the Age Friendly Darebin Review and the intentions of the Panel.

It was therefore designed to offer:

- sufficient time for individuals, groups, organisations, staff and other stakeholders to consider, respond and provide ideas;
- a broad range of locations, formats, languages and possible means for clients and community members to understand the purpose of the review and to contribute their thoughts.

The reach and methods of the consultation enabled broad community participation and therefore met the requirements of the terms of reference in this regard. In particular, substantial efforts were made to reach residents whose first language is not English and those who need support to be heard. In general the conversation was lively and people responded positively to the opportunity to have a say.

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70 Full wording of the Petition:

"We the undersigned residents and ratepayers of Darebin, petition Council to publically commit to maintaining its current role as a provider of aged care services including transport, cleaning, personal care, meals, home maintenance and respite care, into the future.

We urge Council not to abandon its role in providing the above aged care services in view of the Federal Government's privatisation agenda of aged care services.

We are proud that Darebin Council is a long-standing provider of high quality aged care services and has built a strong and trusted reputation as a preferred provider with elderly residents and their families in the community.

In Darebin 25,534 people (18.8% of the total population) are aged over 60 and many are receiving, or will soon require, support services to enable them to remain in their home. We firmly believe that current and future aged community members should continue to have the choice to receive home care service directly from trusted and committed Darebin Council staff."

71 Pope., J, 2018, *Review of the needs of older people in Darebin*

Timing of activities

Date	Activity
9th October 2018	Release of Discussion Paper
Throughout October and November	Community meetings and focus groups - See table below for the list of meetings and events. These were held in community and council locations
23rd November 2018	Closing date for submissions
6th December 2018	Panel hearing
9 April 2019	Release of Draft Report and Draft Report Summary in English and 12 community languages
April and May 2019	Call for feedback submissions, Senior Citizen Clubs and other stakeholder meetings, Darebin staff workshops – see table for list of activities below
15 May 2019	Closing date for submissions
30 July 2019	Release of final report

Description of activities

Pop-up: A small team of (two to four) staff attended the scheduled location for a specified time (usually two hours), and set up a temporary "stand" with copies of the Discussion Paper and a range of other relevant information to hand out and Council banners. Usually with a table and chairs. Staff, actively engage with community members to inform and encourage their discussion and comment.

Drop in session: A larger scale (longer duration, more staff, larger set-up, refreshments provided) event held at Council venue, where community members were invited to attend. Panel members and senior management attended.

Focus Groups: Up to eight to ten representatives of stakeholders of similar cohorts invited to a meeting facilitated by the Panel and/or staff to discuss issues in more depth. Notes were taken by staff and added to the consultation material available for the Panel's consideration.

Panel meetings: Ranged in size, some very large (e.g. 100 staff) where Panel encouraged comment, questions and discussion. Some singular and by specific appointment, e.g. with Commissioner for Senior Victorians.

Department meeting: Regular (quarterly) meeting of the Aged & Disability Department. Specific theme regarding the Review on this occasion.

Consultation Session: Some similarity to a Pop-up but attending an existing group/club/program/meeting by invitation/arrangement.

Workshops: Held with Darebin Council experts from various departments.

Panel Hearing: Formal, scheduled, public session held in Council Chambers, chaired by Panel. Written submissions were required prior, and presenters had a specified time to speak to their submission. Session was recorded.

First round consultation

List of consultation events

Event Attendees	Event Type
Australian Services Union	1x Panel Meeting, 1x Meeting with Council Staff
Italian Seniors Clubs	Panel Meeting
U3A, Matrix, Probus	Panel Meeting
AHAAB Active and Healthy Ageing Advisory Board	Panel Meeting
Progress Association	Panel Meeting
Aboriginal Stakeholders	Panel Meeting
Greek Seniors Clubs	Panel Meeting
Macedonian Seniors Clubs	Panel Meeting
Organisations that work with hard to reach communities	Panel Meeting
Aged & Disability staff	Department Meetings
Aged & Disability staff	3 x Panel Focus Groups
General Public: Preston Library	Pop Up session with Council staff
General Public: Reservoir Senior Citizen Centre	Pop Up session with Council staff
Council Staff	Council Meeting
Council Staff	Workshops with Council staff
General Public: Your Community Health, Men's Shed	Pop Up session with Council staff
General Public: Preston Market	2 x Pop Up session with Council staff
General Public: Preston Shire Hall	Drop In session with Council staff
General Public: Kingsbury Bowls Club	Pop Up session with Council staff
General Public: Holmes Street public housing residents	Pop Up session with Council staff
General Public: Reservoir Library	Pop Up session with Council staff
General Public: Preston Church of Christ Community Lunch	Pop Up session with Council staff
General Public: Summerhill Retirement Village residents	Pop Up session with Council staff
Arabic Seniors Groups	Consultation session with Council staff
Maltese Seniors Groups	Pop Up session with Council staff
General Public: Agg Street public housing residents	Pop Up session with Council staff
Chinese Seniors Groups	Consultation session with Council staff

Kingsbury Probus	Consultation session with Council staff
General Public: Northcote Library	Pop Up session with Council staff
Aged Care Services Clients	Panel Focus Group
Carers	Panel Focus Group
Active and engaged seniors	Panel Focus Group
Italian and English Seniors Clubs	Consultation sessions with Council staff and interpreters
General Public: Fairfield Library	Pop Up session with Council staff
Greek Seniors Clubs	Consultations with Council staff and interpreters
Carers	Consultation session with Council staff
Vietnamese Seniors Groups	Consultation session with Council staff
Aged Care Services Clients	Focus Group with Council Staff
Macedonian Seniors Groups	Consultation sessions with Council staff and interpreters
General Public – Community Sunday Lunch Reservoir Senior Citizen Centre	Pop Up session with Council staff
Aboriginal Elders	Panel Meetings
Peak Bodies: COTA, Seniors Rights Victoria, Merri Health	Panel Meeting
General Public: Northland Shopping Centre	Pop Up session with Council staff
Gerard Mansour, Commissioner for Senior Victorians	Panel Meeting
Council Staff	Ideas Hack with Council staff
Women's Advisory Committee	Consultation session with Council staff
General Public	Public Panel Hearing

Discussion Paper

Structure

The Discussion Paper was comprised of five main sections:

- introduction;
- themes and questions;
- how to have a say;
- glossary and appendices;
- feedback form (response sheet). A reply-paid fold-up sheet that provided a blank page for open comment.

The Discussion Paper introduced the concept of an Age Friendly City, the various issues and challenges of ageing, Darebin demographics, aged care services generally, and the role of Council historically and currently in service provision.

People were welcome to respond to the consultation and Discussion Paper in any way they chose (phone, in person, written), however most respondents made use of the response sheet. The response sheet included a section asking for (voluntary and anonymous) basic demographic information to enable an evaluation of reach to, and diversity of, respondents.

Key themes and questions

The Discussion Paper presented five main themes, each with a list of questions intended to elicit discussion and response:

- **Living in your home.** Questions included whether Council should continue to provide all of its existing aged care services, or expand, reduce or adapt them? Questions also explored what role Council should have in contributing to service quality generally, to the support of older Aboriginal and Torres Strait Islander residents, and older residents from culturally diverse backgrounds, LGBTI communities, and the vulnerable.
- **Quality information, navigation and brokerage.** What are the best ways for people to get the information they need? How can older people be assisted to exercise choice and be in control? Who should advocate for the needs of the most vulnerable, socially isolated older people?
- **Beyond the home.** What can Council do to enable older people to be able to get out and about and enjoy Darebin's public spaces, streets, shopping centres and parks easily and safely, to have access to affordable housing, and access to mobility equipment?
- **Connection to contribute.** How should Council enable an expansion of opportunities to draw on the skills, experience and expertise of older people?
- **In the community.** What can Council do to assist residents to connect to community, including groups? Are there enough venues? How should Council structure its grants program to assist older people's needs?

Promotion

The consultation schedule and review were publicised widely in traditional (press conference, paid advertisements, radio interviews) and social media (Facebook, Twitter) and via Council's internal municipal promotional mechanisms (Website, Darebin Community News) and Aged & Disability's networks (clients, newsletter subscribers, clubs and groups). There were also numerous by-invitation meetings and focus groups with a range of stakeholders (see table above for full list).

Some stakeholder groups met more than once with the Panel (e.g. staff, AHAAB). Some individuals contributed as an individual and also as a member of a stakeholder group.

In all there were 50 separate events during the consultation period encompassing meetings, pop-ups, and focus groups, located across the municipality. These included 44 Community events with 60 community organisations/groups and eight staff events (224 staff members participated).

Seventeen of these events were chaired by the Panel, the remainder were conducted by Council staff on the Panel's behalf.

Where indicated, interpreters were arranged to encourage and enable participation of community members whose first language is not English.

Participation and response

Reach

4500 copies of the Discussion Paper were distributed in hardcopy via mail out and from various locations across the municipality. It was translated into six community languages: Italian, Greek, Macedonian, Vietnamese, Chinese, and Arabic. Verbal participation in languages other than English was enabled via language-specific meetings and focus groups and on an individual basis as required via provision of interpreters or bilingual staff.

The Discussion Paper was also available on line via the Darebin YourSay platform and website, and via email on request.

Response

Community and stakeholder participation in the Age Friendly Darebin Review consultation was diverse and substantial:

- 1,130 people in total participated in engagement events;
- 773 people provided feedback in some form (366 of these in person- meetings, focus groups, pop-up and drop-in sessions or panel hearing)
- 407 written items of feedback were received, of these
  - 75% (307) were on the hardcopy version of the response sheet that came with the Discussion Paper;
  - 15% (65) were on the electronic online version of the response sheet;
  - 10% (35) were separate submissions (letters, emails, papers);
- twenty-three respondents chose to speak to their submission at the public hearing;
- some people who gave written feedback, also gave verbal feedback.

Review respondent demographics compared to client and broader Darebin community demographics

Demographics	Respondents	Council clients (2017-18 data)	Darebin (2016 Census)
Geography			(all ages)
Reservoir	49%	47%	30%
Northcote	20%	13%	15%
Preston	14%	22%	20%
Thornbury	10%	10%	11%
Fairfield/ Kingsbury/ Bundoora/ Alphington/ Other	7%	18%	24%
Language			(all ages)
English	52%	57%	56%
Other	48%	43%	44%
Age			
20–50	4%	3%	50%
51–65	17%	7%	15%
65–79	49%	31%	9%
80+	30%	59%	5%
Clients/ non-clients	48% Council clients 47% no services 5% Other services	Not applicable 100% (of council clients are council clients)	14% of over 65s are Council clients
Carers/ non-carers	29% carers/ 71% non-carers	Not available. (We only collect if clients have a carer = 32%)	(all ages) 9% Darebin residents all ages identify as carer

*N.B. The figures in this table do not include data received from the Darebin aged care services petition referred to above, this data is taken from the demographic data included on submitted Feedback Forms

The following observations were made regarding the reach and response of the consultation, on the basis of demographics:

- geographically, a broad representation of the older person target group was achieved, with some over representation of people from Reservoir and Northcote;
- regarding language – respondents were skewed to CALD compared to the client and Darebin cohorts;

- age - a broad representation was achieved.;
- client-non-client split - nearly 50% of respondents are current clients;
- carer-non-carer split - the respondent sample was skewed toward carers, which was considered desirable for the purposes of the consultation.

Results

The below sections present themes, ideas and recommendations that were shared by the community with the Panel and Council staff during the Age Friendly Darebin consultation period on the Discussion Paper.

Section 1 is a summary of the feedback received via completed feedback forms.

Section 2 summarises material presented at consultation meetings and focus groups (listed above).

A full list of all submissions including those made at the Panel's hearing is available on the Council website.

Section 1

Feedback received from individuals via feedback form

The feedback form was an insert provided with the Discussion Paper, it was a free text form with the following prompt

"Use this page after reading the Discussion Paper to provide your feedback about the key issues for older people. How can Darebin become a truly Age Friendly City?"

The form collected basic de-identified data about the respondent including:

- language spoken
- age bracket
- postcode
- provides support to an older person - Yes/No
- receiving an aged care service - Yes from Darebin - Yes through other provider - No

Data collation and coding method

Most feedback forms were completed in hardcopy and posted to Council via reply-paid. Some forms were completed via web form or submitted to the Aged Friendly Darebin email address. All verbal feedback received, by phone, or at Pop-up events, was recorded in written form by staff and included in the data pool for coding.

Verbal feedback spoken in languages other than English was verbally interpreted and then notes taken in English. Written responses in languages other than English were professionally translated to enable coding.

The analysis of the material or coding was conducted by council officers based on judgement in reading all submissions (i.e. was not algorithmic based on word frequency).

Therefore it was possible to record multiple themes for individual submissions as expressed by the respondent, rather than officers determining a primary/priority theme for individual submissions, see table below for the results of the coding.

Limitations

Numeric or quantitative data resulting from the feedback should be treated with caution because:

- it is possible for one person to submit multiple times
- submissions may not be free of influence
- several staff were involved in recording verbal feedback so recording may not have been consistent
- it is an open text submission format, not a statistically- validated instrument
- weighting of responses is unavoidably subjective e.g. an idea submitted by 20 people is not necessarily superior to an idea put forward by only one person.

The consultation process was not designed or intended to be a quantitative. Research process and therefore no statistical significance can be concluded from numbers or proportions of respondents or responses. The results are best interpreted as illustrative only of some of the views of those who chose to and were able to participate.

The feedback form did not allow for clients who are dual service recipients to indicate that they are service recipients of both Council and another service provider

Respondent categories

169 = Council clients

164 = Not a service user

19 = Did not indicate if client or not

17 = Clients of other aged services

Total response items = 369

Response themes in rank order of frequency

N.B Most responses included more than one theme (average = 3.7)

Theme	Rank
Council should stay in aged care services	1
Council's aged care service standards are good	2
Increase flexibility of Council aged services	3
Council aged care services should expand/offer additional types of services	4
Council's aged care service staff are valued and trusted	5
Affordability: Council should provide more low cost or free activities	6
Council's aged care services should include gardening support e.g. lawn mowing	7
Challenges experienced navigating the aged care system and choosing aged care services	8
Council should provide additional, accessible and flexible community transport options	9
Challenges experienced with Council's information and communication about services	10
Public transport system and physical access is not Age Friendly (e.g. Myki/ accessible stops)	11
Housing challenges – feel safe and secure in affordable housing	12
Concerns about health issues and access to health services (including mental health)	13
Concerns about unsafe footpaths – risk of falls	14
More opportunities needed for social interactions with others	15
Concerns about loneliness and isolation (about others or self)	16
Challenges with limited finances and cost of living	17
Concerns about vulnerable residents – Council should have a monitoring role	18
Culturally appropriate services are important	18
Council should provide improved places and spaces for physical activity of seniors	18
Council to offer more opportunities for older people to go on social outings/trips	19
Concerns about access to (wait times) and quality of Home Care Packages	20
Council's aged care service standards are not good/not good enough	21

Council's focus should be on core business: rubbish, signs, assets, graffiti management	21
Seniors clubs and groups are valued	21
Informal support through family and neighbours is valued	22
My Aged Care System is confusing and complicated	23
Council should provide more advocacy to Government on behalf of older people e.g. housing, transport etc.	24
Don't privatise aged care	25
Concerns about safety & personal security (crime)	25
Facilities, centres and parks don't meet the needs of older people	25
My independence is important to me	26
Council should provide community connector service (connecting people to services and supports that they need)	26
Council should provide transport to medical appointments	26
Not enough public seating	27
Improve parking options for older people (accessibility, availability, timeframes)	28
Not enough safe and accessible public toilets	28
Improve pedestrian crossings with older people in mind	29
Council Facilities, centres and parks are valued	29
Council should support skill development of older people, e.g. computer literacy education	29
I don't like change	30
Increase opportunities for intergenerational activities	30
More opportunities to contribute to community, e.g. volunteering	30
Concerns about access and affordability to mobility equipment e.g. scooters etc.	31
Improve lighting across the community	31
Increase funding for aged care services	32
Darebin is a good place to live	32
Council should stop providing aged care services	33
Council should employ more aged care services staff	33
Age friendly planning is important	33
Public transport should be subsidised for older people	34

Most frequent response themes sorted by client–non-client respondents

Non-Client top themes	Rank	Client top themes	Rank
Council should stay in aged services	1	Council should stay in aged services	1
Increase flexibility of Council aged services	2	Council's aged care service standards are good	2
Council aged care services should expand/offer additional types of services	3	Council's aged care service staff are valued and trusted	3
Challenges experienced navigating the aged care system and choosing aged care services	4	Council aged care services should expand/offer additional types of services	
Public transport system and physical access is not Age Friendly(e.g. Myki/ accessible stops)	5	Increase flexibility of Council aged services	4
Housing challenges – feel safe and secure in affordable housing		Council's aged care services should include gardening support e.g. lawn mowing	5
Council's aged care service standards are good		Issues with community bus access, additional community transport options	6
Challenges experienced with Council's information and communication about services		Challenges experienced navigating the aged care system and choosing aged care services	7
Council's aged care service standards are good	6	Challenges experienced with Council's information and communication about services	8
Concerns about unsafe footpaths – risk of falls		Concerns about health issues and access to health services (including mental health)	9
Council's aged care service staff are valued and trusted		Challenges with limited finances and cost of living	10
Council's aged care services should include gardening support e.g. lawn mowing			
Council should provide additional, accessible and flexible community transport options	7		

Section 2

Summary of stakeholder Feedback provided at meetings and focus groups

Council staff worked with the Panel to offer the community a range of opportunities to share their opinions and ideas throughout the Age Friendly Darebin consultation period. See table above for a full outline of the consultation schedule. The consultation officially commenced with the release of the Age Friendly Darebin Discussion Paper on October 9 2018. The Panel met with some stakeholder groups prior to October 9. The purpose of these pre-consultation meetings was to enable the Panel to tune in to the local issues affecting older people in Darebin and to ensure that the proposed consultation methods would allow as much reach as possible.

Notes were recorded from all meetings and focus groups that occurred during the pre-consultation and consultation stages. Each event is considered to be a source of data that informed the Panel's Report to Council. Summaries of each stakeholder's responses are represented below. Some summaries are grouped together where the cohort were consulted more than once.

A few key representative and advisory groups were consulted before the Age Friendly Review Consultation period. These included the Active and Healthy Aging Advisory Board (AHAAB), The Darebin Ethnic Communities Council and The Darebin Progress Association. Members of these groups provided firm and consistent messages to the Panel and Council staff. Table 4 below outlines some of this feedback. The Panel also consulted the Australian Services Union throughout key stages during the review.

1. Feedback from key advisory and advocacy groups

1. 27 August 2018 – Darebin Ethnic Communities Council
Including Panel Members and Council Staff

2. 20 September 2018 – Darebin Progress Association
Including Panel Members and Council Staff

3. 10 August & 19 September 2018 – Active and Health Aging Advisory Board
Including Panel Members and Council Staff

Some Viewpoints

Valued Council aged services should be retained

- Council's workforce is trusted, well trained and highly skilled. This workforce will be negatively impacted if Council withdraws from services.
- Firm recommendation that Darebin Council commits to remain in aged care service provision (with reference to strong community will as per petition to Council).

Avoid privatisation of aged care services

- Strong concern that the Commonwealth's privatisation of Aged Care Services will result in poor service outcomes for older people in Darebin, and particularly people who may be vulnerable or for people that have cultural barriers to service access.
- Privatisation creates transient workforce with low minimum standards, this in turn will lead to poor quality service outcomes for older people.

Concerns about consultation

- Costs relating to hiring an external Panel of experts was unnecessary and the review could have been achieved by Council Officers.

2. Darebin Women's Advisory Group

29 November 2018

Members of Darebin women's advisory committee, including Council staff, Panel members not present

Some Viewpoints

- Opportunities need to be available for older people to be included and valued in community life.
- It is important for older people to have intergenerational experiences.
- Council to consider how it can support volunteering options for older people, such as through libraries or community events.

3. Aged Services Service Delivery Unit staff with Panel Members

2 meetings on 18 October 2018

Including Panel members

Some Viewpoints

Strengths of Services

- Trusted and skilled workforce, provides good monitoring and support of older clients that may be vulnerable.

Limitations of current practices and My Aged Care

- Most service complaints are due to windows of time for service; lack of service flexibility; not providing routinely consistent CSW.
- My Aged Care is confusing for older people – more could be done to provide information and navigation assistance.

Future options for Council

- Review Occupational Health & Safety guidelines to allow flexibility.
- Expand to include – social contact or welfare checks with vulnerable, isolated clients; more transport to appointments/social activities; help with filling out forms; tailored support based on client goals; Home Care Packages, gardening.
- Some office functions and roles could be structured more efficiently.

4. Council's Regional Assessment Service staff

1 October 2018

Including Panel Members

Some Viewpoints

Challenges with My Aged Care Access and Pathways

- Registration and access is challenging for vulnerable groups.
- Service navigation and informed choice about service options after an assessment is difficult for clients.
- Support that assessors can provide is constrained by referral rules and conflict of interest rules (this means Council Assessors cannot show bias, or influence a decision of a client in choosing a Council service as opposed to another local service organisation).

Services

- Lack of local transport options, gardening and social isolation are issues that are identified often by clients.
- The quality and reputation of Darebin services is perceived to be higher than other services. Other CHSP providers are not always accountable (e.g. not offering a timely service, not picking up the referred client).

Future Options

- Council to consider:
- Home Care Packages
- Navigation and support service
- Support for vulnerable older people, including Short term case management

5. Council Staff "Ideas Hack"

22 November 2018

Including 21 staff from across Council departments

(Panel members not present)

Staff from each Council Division shared broad strategies and ideas about how their areas can promote an Age Friendly municipality and Age Friendly Council organisation. The ideas reflected a shared commitment to think about how liveable communities are communities for all people across the lifespan. Many ideas were generated for each theme – some examples are below.

Theme 1 – Good Quality Information

- Use of Libraries and Community Spaces as knowledge hubs for Aged Friendly Information.
- Technology assistance and education for seniors.
- Technology platforms for Information and education/free wifi.
- Staff trained to have awareness of Age Friendly customer responses.
- Location based information.
- Education programs for carers.
- Peer/volunteer programs.
- Good accessible information/including diversity – use of interpreters and translations.
- Navigation support for older people re: services (not just aged services).

Theme 2 – Beyond the home

- Planning precincts to be age friendly.
- Built environment safe, accessible, pedestrian friendly and connected by transport.
- Important services and amenity should be well connected by age friendly transport.
- Mobility equipment – recharge stations.
- Social inclusion built into the design of our spaces.
- Advocacy around age friendly developments and housing solutions.

Theme 3 - Connection to contribute

- Employment and transition to retirement options for older people.
- Volunteering options for and with older people - Intergenerational.
- Representation of older people – challenge stereotypes – promote capacity and skills of older people.
- Arts - positive participation of and depictions of older people.

Theme 4 - In the Community.

- Re-think or improve spaces and places to invite social inclusion, exercise and participation in arts and cultural events.
- Partnerships with community organisations that have relationships with older people at local level.
- Promote intergenerational infrastructure.
- Welcome older people visually - physical signs promoting age friendly.
- Comfortable spaces that cater language, culture, and welcoming spaces that are linked by public transport and walkability.

6. Clients of Darebin Aged Care Services

1. 7th November 2018 including Panel members and Council staff

2. 14th November 2018 with Council Staff

Some Viewpoints

- High level of satisfaction with Darebin services, although would like more flexibility with hours of service.
- Important for workers to have local knowledge of supports.
- Like to have more resources that list services available in the community.
- Support in home also has benefit of socialisation which is an important component.
- Personal security is a concern – trust in services.
- More out and about activities.
- Accessibility to community is challenging – uneven footpaths, overhanging branches, access to trams and trains.
- Difficult to access services using My Aged Care, not user friendly.
- Important to stay active and be supported to do this.
- No cost effective gardening available.
- Intergenerational options, want to be part of the community and offer skills and knowledge to younger people.
- Support for people from non English speaking background to navigate the service system and be informed of what is available.

7. Carers of older people/people with dementia

1.	7th November 2018 including Panel members and Council staff
2.	8th November 2018 including Council staff

Some Viewpoints

- Transport to social groups and to appointments is limited.
- There is need for respite for carers as their caring role leaves no time for socialisation, impacting on their informal relationships.
- Socialisation with others is important to client wellbeing.
- There is trust in council provided services that is a priority for some people.
- Fear of loss of services to support people with dementia.
- Specialised services for people with dementia needs to be a priority.
- Other community members are not skilled in working with people with dementia eg: taxi drivers, hospital staff.
- Difficult navigating aged care system (Home Care packages, residential care).
- Access to community is compromised by unsafe footpaths (using a frame), limited transport options and public transport accessibility (platforms at tram stops).
- My Aged Care contact centre has long wait times and is difficult to navigate for older people.

Aboriginal and Torres Strait Islander Seniors and Elders and workers who provide support to Aboriginal elders

8. Aboriginal and Torres Strait Islander Elders, seniors and carers

19 November 2018

Aboriginal Seniors and Elders with Panel members and staff from Council. Other community organisations present (including Banyule Community Health, Banyule Council staff)

Some Viewpoints

- Aboriginal and Torres Strait Islander seniors need information and support to access health and aged services.
- Culturally safe aged services and health services are important, ideally with members of staff that are Aboriginal and Torres Strait Islander people.
- Aboriginal Elders take large burden of responsibility within immediate and extended family, including direct care of grandkids, where family members are suffering from trauma and mental health issues. These issues often lead to Elders neglecting their own needs to help others.
- Cost of living issues are challenging for older Aboriginal people, especially at important times of year, E.g. Christmas.
- Council could help with transport – consider trips for Elders back to country.
- Council to advocate for better, linked up services for younger Aboriginal people – youth workers that can support young people and reduce impact of drugs and violence – so that Elders do not have to bear the brunt of these issues, including elder abuse.
- Community safety and safety at home is important, including the condition of public housing, having access to duress buttons.
- Council could put on afternoon tea for Elders.
- Council could promote and recognise the contribution of Elders in community.

9. Community organisations that work with Aboriginal and Torres Strait Islander Elders and Seniors

Focus Group

26th September 2019

Participants from organisations including - Aboriginal Advancement League, Victorian Aboriginal Health Service, Victorian Aboriginal Community Controlled Health Organisations (VACCHO), Banyule Community Health (Counsellor and legal service), Aboriginal Housing Victoria.

Panel Members

Council Staff

Some Viewpoints

- Darebin Council are doing well respecting and acknowledging Aboriginal people, however could improve by training and employing more Aboriginal and Torres Strait Islander people.
- Council needs to understand that Elders are busy, they have Sorry business, family and community responsibility and they must travel– to involve Elders you need to give many opportunities and keep trying.
- Council can help older Aboriginal people and Aboriginal organisations to understand the Aged Care reforms and how to navigate My Aged Care. Information should be over multiple mediums – in person, through Aboriginal media such as the Koori Mail or 3knd radio. Provide a My Aged Care information session for Elders.
- Aboriginal community organisations will struggle if/when block funding is removed. These organisation will need support to continue to provide the kinds of support older Aboriginal and Torres Strait Islander people need. It is difficult for Aboriginal people to navigate the NDIS and My Aged Care supports.
- Darebin needs a gathering place, like in Banyule or the one being built in Whittlesea. A space where a whole family can access support – E.g. where grandkids can have a playgroup and the older person can have a health check, or legal support in a safe space.
- Fundamental supports such as housing, access to health services and legal services are most important, assist Elders by making these supports readily available without confusing bureaucratic processes.

Members of senior's clubs and groups - Culturally specific

10. Greek Seniors who are members of clubs that meet in Darebin

Focus Groups

1. 20th September 2018 – including Panel members and Council staff

2. 8th November 2018 – including Panel members and Council staff

Some Viewpoints

- Concerned about bureaucratic matters such as club funding, rules and processes.
- Council should offer expanded assistance around garden and home maintenance and home care should offer greater flexibility.
- Council's transport service should offer outings further afield.
- Council should enhance its role providing information in language.
- Seniors would benefit from Council rate and pet registration concessions; and public transport should be subsidised.
- Parking availability near senior's centres – parking timeframes not adequate for older people.
- Improve upkeep of the City – E.g. waste and litter management and mowing nature strips.
- Some concerns about elder abuse in families (by children or partners).

11. Italian Seniors who are members of clubs that meet in Darebin

1. 21st September 2018 – Italian Seniors group members, Panel members and Council staff

2. 7th November 2018 – Italian Seniors group members, Panel members and Council staff

Some Viewpoints

- Concerned about club funding rules – incorporation requirements and Council's stance not to fund clubs that attend venues with pokie machines.
- Appreciate that Council provides good support to members of Italian senior citizens clubs.
- Would like more transport support for members to get to clubs and to have outings further afield; public transport is not easy to use for older people.
- Council's Aged Services should be more flexible with less restrictions.
- Community safety and safety at home (from crime) is an issue for older people, especially older women.
- Parking availability near senior's centres and parking timeframes are not adequate for older people. Members risk parking fines, which are too high for seniors.
- Concern expressed for disengaged or vulnerable older community members, such as people who might be hoarders.

12. Macedonian Seniors who are members of clubs that meet in Darebin

1. 26th September 2018 – Macedonian Seniors' group members, Panel members and Council staff

2. 14th November 2018 – Macedonian Seniors' group members, 1 worker from Macedonian Community Welfare Association (MCWA), Panel members and Council staff

Some Viewpoints

- Council Aged Services are appreciated by those older people that receive them, although many families try to provide care and support to older people instead of calling on services.
- Council to consider gardening support to older people.
- Some are concerned for isolated older community members, especially those that are vulnerable to elder abuse from adult children. Council and/or MCWA could perform a role checking on those at risk of isolation.

A range of views about the supports that Council offers seniors clubs including that:

- Council offers good support to clubs in terms of funding and through support provided to groups by Council staff.
- Some participants welcomed Council's stance on pokies others were frustrated by this.
- Some additional transport would be welcome, including trips further afield, although one club reports that they are managing to charter their own transport.
- Some groups manage to provide their members with some light catering others would like support from Council to do more in this area.
- Upkeep of Council facilities that host the clubs could be improved E.g. kitchen and toilet facilities.
- Incorporation paper work and applications are challenging, MCWA tries to assist but more assistance from Council would be welcome.

13. Indo-Chinese Seniors group

Friday 9th November 2018

Participants from Preston Reservoir Indo Chinese Seniors' Group and Council Staff

Some Viewpoints

- Older people in the group have limited awareness about what services and supports are available to them.
- Translated information about Council services would be welcome.
- Use of interpreters at events is important.
- Having translated material about events such as elections is important as older community members often struggle to know what they need to do.
- Families try to support each other for care of older people in the home.

Quotes

'We would like the Council to provide us with information in Vietnamese'

14. Chinese Seniors group

2nd November 2018

Reservoir Chinese Seniors' Group and Council Staff

Some Viewpoints

- Council should continue to provide aged services.
- Mandarin speakers employed by Council would be welcome.
- Council should advocate on behalf of older people – for low cost public transport , lower bank fees and to Centrelink.
- Council to install Age Friendly exercise equipment in parks.
- Council to improve availability and accessibility of toilets.
- Medication costs are high for older people.
- Community safety is a concern (crime) for older people.

15. Arabic Seniors group

Friday 9th November 2018

participants Arabic Speaking Women's Group and Council Staff

(The Islamic Elderly Group (men from this community) meet regularly in Merrilands Community Centre, however, the hall is being redeveloped so they are having a break.)

Some Viewpoints

- Information provision is important for older people.
- Transport to get to social support is important for older people.
- Support with garden and home maintenance would be welcome.

16. Peak Bodies and Organisations that support older people and carers

19th November 2018 including Panel members and Council staff

Representatives from COTA-Vic, Seniors Rights Victoria, Merri Health (Carer Links)

Some Viewpoints

- There is a need for an intergenerational focus.
- Liveable communities rather than Age Friendly communities provide an age friendly lens.
- Need to measure outcomes, possible use existing systems to capture data.
- Role definition of State and Local Government unclear.
- Difficult for carers and consumers to navigate systems - Doubts in the sector about under-funded/narrow commonwealth navigation service.
- The My Aged Care system is predicated on consumers being able to exercise choice in a complex system and market.
- Lack of transparency re providers - administrative costs passed onto consumers.
- Co-design plans for re-engaging, working with people to increase capacity and build on strengths.
- Connection for people in residential care and retirement villages.
- Public health and wellness plan. Social connectedness/preventing isolation.

17. Meeting with Commissioner for Senior Victorians

21st November 2018

Gerard Mansour Commissioner for senior Victorians

including Panel members and Council staff

Some Viewpoints

- Access to navigation support is a gap.
- Focus on positive ageing and carers needs are important for local government regardless if a provider of CHSP services.
- Local government is seen in a positive light by consumers – brand is associated with service quality.
- Focus on long term planning, vulnerability and isolation of older people as a result of current system issues.
- Importance of intergenerational approach and sustainability of senior citizen programs.
- Role for capacity building of individuals, access support and community information provision.

18. Staff from local community based organisations that work with older people in Darebin who are undergoing hardship

26th September 2018

Organisations represented:

Haven Home Safe, Merri Outreach Support Services, Your Community Health, Spectrum Migrant Resource Centre (Assistance with Care and Housing for the Aged program), SPAN Neighbourhood House, PRACE Community Centre, Jika Jika Neighbourhood House

Meeting with Panel Members and Council staff

Some Viewpoints

- Older public housing tenants can face a range of challenges to varying degrees including, but not limited to: cost of living; social isolation; exposure to crime, noise and abuse; food insecurity; lack of information about or support to access health care or aged services; disrepair of property; transport issues; lack of affordable recreation options (other than gambling venues).

- People over 65 living in private rental face regular rent hikes, significant housing related poverty and can be at risk of homelessness.

- There is a lack of affordable or social housing options in Darebin and the public housing waitlist is prohibitive. Council should continue or increase advocacy for more social housing.

- Darebin Council's Public Housing sponsorship program is a valued service that is often a last resort for people who require urgent housing access.

- Homelessness for older people is a growing problem in Darebin and the Northern Metro Region. Older people are sleeping rough, sleeping in cars and are vulnerable to exploitative rooming house operators.

- Many Supported Residential Services do not provide enough support to residents. Exposing sub-standard housing services is a catch 22 as closing a service can increase homelessness.

- Some older people are caring for grandchildren where child protection issues are present in the family. These older people's own needs are often put second.

- Services are struggling to keep up with demand, the Tennant's Union has had its funding cut, DIVRS has had to stop emergency relief and they now are focused on food parcels.

- Neighbourhood houses and community centres provide 'wrap-around' supports which enable older people to maintain their connection to community and derive wellbeing outcomes. Council might consider supporting these organisations with rental costs so they can maintain and expand their reach.

19. Seniors interest groups

1. Focus group on 19th September including participants from Matrix Guild (support and advocacy for older lesbians), Darebin U3A (University of 3rd Age), Kingsbury Probus, Preston Probus, Darebin Life Activities Club. Panel members and Council Staff

2. 24 November 2018 presentation by Council staff to Kingsbury Probus

Some Viewpoints

Matrix:

- Older lesbians need non-discriminatory service delivery – Council aged services are a trusted service.
- Council's domestic assistance is inflexible.
- Social isolation and loneliness is an issue in the community – social inclusion strategies are important.
- Council should promote accessible housing developments.
- Provide sheltered bus stops and street seating.

U3A:

- U3A offers opportunities for social inclusion.
- Sourcing funding is challenging, Council provides some rent assistance, however more funding (approx. 4,000 dollars annually) is needed.
- Older people have the capacity to 'co-produce' rather than have things done for them.
- Safe accessible transport is needed by older people, and accessible parking close to amenity.
- Council run exercise programs need to be more mindful of the limitations and needs of older participants.

Probus:

- Securing funding and recruiting new members can be difficult, Council grant processes and applications are onerous.
- Transport support to social activities is important for older people.

20. Focus Group with Darebin Seniors that do not access aged care services

11th November 2018 with Panel Members and Council Staff

Some Viewpoints

- Council has a good reputation for aged services, but could do more to support older people with information and navigation - about services, but also to use technology – navigate Centrelink, provide a retirement consultant.
- Better and timely services are needed for people toward the end of their lives such as palliative care or high level packages.
- Council Recreation services and exercise could be more age friendly – e.g. promote social inclusion and be safe to use.
- More Bus trips and expand to Gardening and Home maintenance.
- Elder Abuse is an issue in the community and needs more broad responses from community and Council.
- Council could check in more with Seniors before designing things for them. Involve Seniors to audit Council communications and plans.
- More to be done to address loneliness and social isolation.

21. Meetings with Your Community Health social support

1.	Tuesday 24th October 2018 – Men's Group with Council Staff
2.	Tuesday 24th October 2018 – Women's Group With Council Staff

Some Viewpoints

- Social isolation and loneliness is an issue for many, social support group and services are the only contacts for some.
- More information about services and social options.
- Transport access is a challenge, however the Community bus support provided by Council and Your Community Health is valued.
- Poor paths and pedestrian crossings make mobility with walking aids/wheel chairs challenging. Lighting is poor in some areas.
- More support to know who older people can trust – e.g. with accessing trades.
- Neighbours – some are supportive and friendly, others make us feel unsafe.

Second round consultation- Draft Report

Full Draft Report structure

The Draft Report was comprised of five main sections:

- executive summary;
- summary of the 98 recommendations;
- themes and recommendations;
- next steps;
- glossary and appendices;

The full Draft Report comprised 171 pages and included detailed discussion of the Panel's research, considerations and rationale. To enhance community accessibility of the content, a "Snapshot" version was produced, comprised of 23 pages.

Snapshot version structure

The Snapshot was comprised of three main sections:

- Introduction to the Panel
- Summary of the 98 recommendations
- How to provide feedback

The Panel had reviewed all community feedback on the Discussion Paper and other information to prepare the Draft Report. The report was presented to Councillors on 1 April and made available to the public from 9 April. 4,500 Snapshot brochures were distributed and translated versions in Darebin's 12 main community languages were passed on to members of CALD communities. The Draft Report was publicised widely via (hardcopy and electronic) mail-out to aged care services clients, newsletter subscribers, seniors clubs and other stakeholders. The call out for feedback was promoted through the Darebin website, social media, radio interview with the Mayor and during a variety of community events. English and translated versions of the executive summary were presented to various seniors groups including Aboriginal and Torres Strait Islander Elders, supporting stakeholders to provide feedback. Second round feedback submissions closed on 15 May 2019.

Feedback on the Draft Report

The community was asked to provide feedback via posted letter, email or to leave a comment on the Darebin Website. People were offered support to provide feedback via phone and/or in their spoken language. Twenty-one submissions were received, including feedback from eight individuals, five community organisations and eight seniors groups.

The small number, and diversity, of submissions means it is not feasible to derive themes from the content. The clearest common thread is from the concerns expressed by seniors groups' about being adequately funded.

The Draft Report was also discussed with council officers with relevant expertise from across Council to elicit comment on the Panel's recommendations and to inform the Panel in preparing their Final Report.

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