



Appendix 2

11.2 Aged Care Review

*Provision of Paper on CHSP Services by
Everybody's Business dated 6 April 2021*

Ordinary Meeting of Council

Wednesday 28 April 2021 at 7:00pm

Queenscliff Town Hall

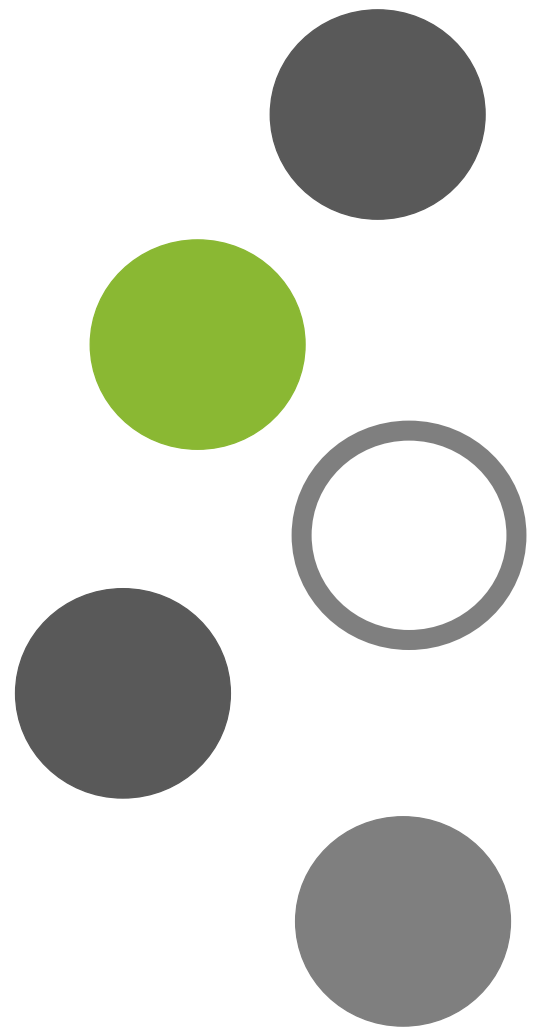
Borough of Queenscliffe

Provision of Paper on CHSP Services

Date Prepared
6 April 2021



Meg Henderson



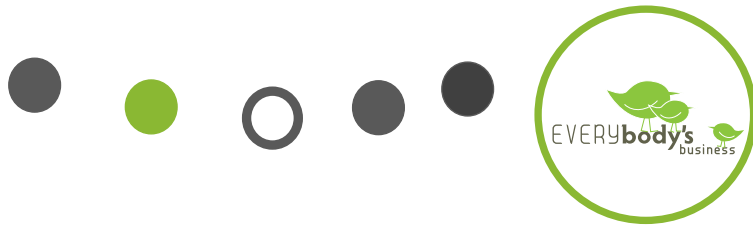
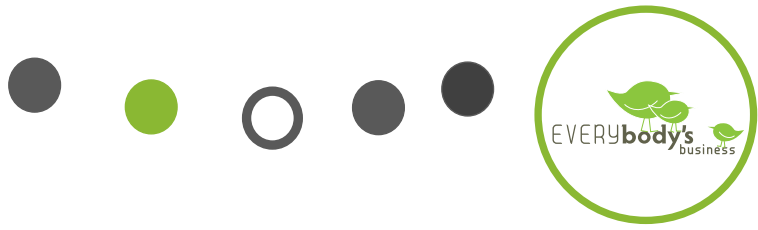
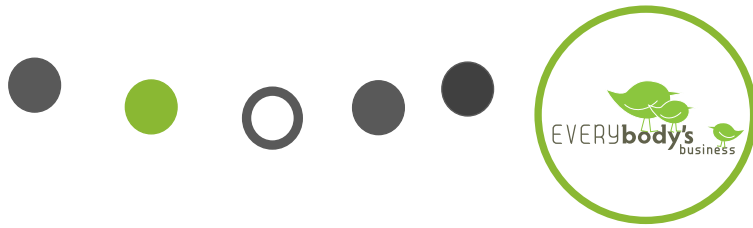


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1. Executive summary

Australia is undergoing significant change in the way services are provided for older people and people with disabilities. The reform agenda has introduced programs such as the National Disability Insurance Scheme (NDIS) and a shift in aged care away from State and local government towards Commonwealth responsibility for multiple programs, such as the Commonwealth Home Support Program (CHSP) and the Home Care Program (HCP).

These reforms are fundamentally changing the operating and funding environment for the aged and disability services sector, particularly through increased market contestability and client choice. Service providers, clients, carers and funded agencies are grappling with how to best respond to this new competitive environment.

Local government have been the major provider of CHSP services to the community in Victoria. Many local governments are rethinking their role in delivering services to older and/or people with disabilities, with some partially or fully withdrawing and reinvesting in other strategies to support people to age well.

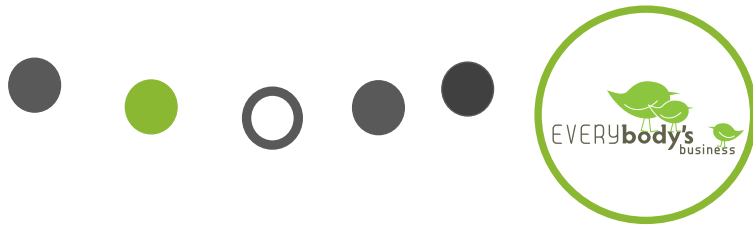
Over half (50.5%) of the permanent population in the Borough of Queenscliffe are aged 60 years and over with a higher proportion of retirees than surrounding municipalities. There are currently 150 people who access services delivered by the Borough of Queenscliffe, making up approximately 8% of all people aged 65 and over. The majority of people access domestic assistance and/or lawn mowing.

One hundred and three consumers shared their views in a survey, accounting for almost 69% of all current consumers in the Borough. In addition, one hundred and eleven people responded to the community survey. Respondents to both surveys overwhelmingly supported Council to remain in the business of delivering CHSP funded services to the community. When asked what they valued about the current services from the Borough of Queenscliffe, most responded with the reliability, affordability, the staff are good at what they do and the quality of the service.

There was a clear sentiment that other providers were not going to be able to meet the same standards as Council and that some providers were just out to make money. This was difficult to unpack without direct contact with those who contributed to the survey.

When those surveyed were asked about Councils ongoing role in supporting people to remain active and healthy as they age, the response was broad and included the following functions:

- Assistance to help people get the supports they need
- Transport



- Helping older people feel safe and valued in the community
- Footpaths and crossings to make it easier for me to get around my neighbourhood.

The responses to the survey were clouded by some misinformation about how the Council was funded to provide services, how competition will force Council to deliver services in a competitive neutral manner and that this was a cost cutting exercise.

Staff were also provided an opportunity to contribute to the review. When asked about the emergence of other providers staff wondered whether:

- The staff would have the knowledge, experience and training to deliver quality care
- Services would be more costly
- That continuity of staffing would be compromised
- There would be an overall decline on the quality of care.

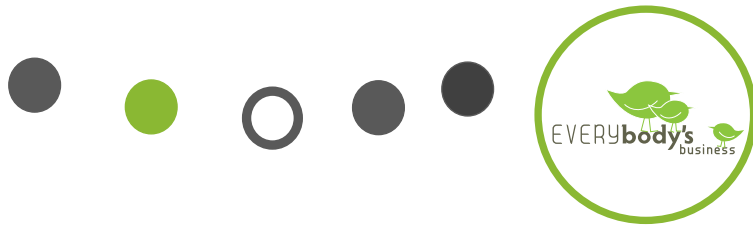
The potential that working conditions may change was of concern to staff. The main issues they raised include:

- Unemployment and lack of local employment opportunities
- They may be forced to work for less money
- Loss of connection with current consumers they have built a relationship with
- Being able to secure working hours and conditions that fit in with their lifestyle
- Not being paid to travel between clients
- The stress associated with the transition
- How Council is going to support them to retrain or gain alternative employment
- How Council will manage a redundancy process.

There are currently a small range of other providers already stating they can provide CHSP services in the Borough of Queenscliffe, although further work is required to engage with these and other local providers to better gauge the marketplace.

There appears to be four viable options for the Borough of Queenscliffe to consider in its ongoing role in aged care, with the first three being directly related to current service provision:

1. Continue service delivery as is until the competitive market is introduced and then increase fees and other strategies to deliver services cost neutrally
2. Continue service delivery as is for now with a planned exit strategy to coincide with or before the competitive market is introduced
3. Partner with another community organisation(s) to slowly transfer the business across or build a new entity
4. Reinvest Council funds to broaden the role of Council in aged care to include service system support and age friendly activities.



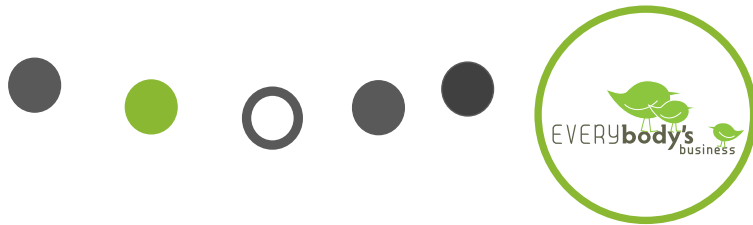
Key issues for Council to take into consideration when making the decision as to which is the best option include:

- It is neither viable nor feasible to deliver most Commonwealth services due to the cessation of guaranteed block funding from the Commonwealth, the ongoing requirement for subsidisation from Council, alternative appropriate providers in the market and the requirements of National Competition Policy
- There is no certainty in future funding levels due to increased competition
- Client choice in selecting from an increasing range of available service providers, many of whom can offer a broader range of services including from entry level to high needs at potentially a lower cost than Council can
- A transfer of services to an approved provider releases Council funds to invest in positive ageing initiatives to improve outcomes for a greater number of residents
- There is a need for initiatives to address stronger social connection and reduce social isolation
- Service provision needs to come from trusted, affordable and reliable providers where workers are 'vetted', and the service model is flexible and focuses on outcomes
- A key component of successful service delivery is the relationship between the worker and the consumer. Consumers tell us it is not the organisation they value as much as the worker they form a relationship with
- Council could play a valuable role by providing support to older residents to access information about services and community activities
- There is overwhelming community support to continue delivering CHSP services. Some of this expectation is based on misinformation as to why and what is required of Council as a provider of CHSP services
- Most service recipients have trust and confidence in the service from Queenscliffe as they have not experienced another provider
- It is difficult to know what future recipients will value – whether the services provided by Council will meet their expectations or whether they will be confident receiving services from another provider
- Experiences in other local government areas indicate that consumers have transferred successfully and with minimal disruption
- Councils are also facing additional challenges such as rate-capping, demographic shifts, cost growth and increasing community expectations.

Recommendations

To ensure a healthy and prosperous community supporting older people to age well it is recommended that the Borough of Queenscliffe realign its aged services to enhance ways older residents can pursue fulfilling lives, reduce social isolation and get practical assistance to access services and programs when required, as follows:

1. Transition from the delivery of highly subsidised services which can be provided by other providers in the market based aged care system (domestic assistance, personal



care, respite, home and property maintenance, home modifications, transport and social support)

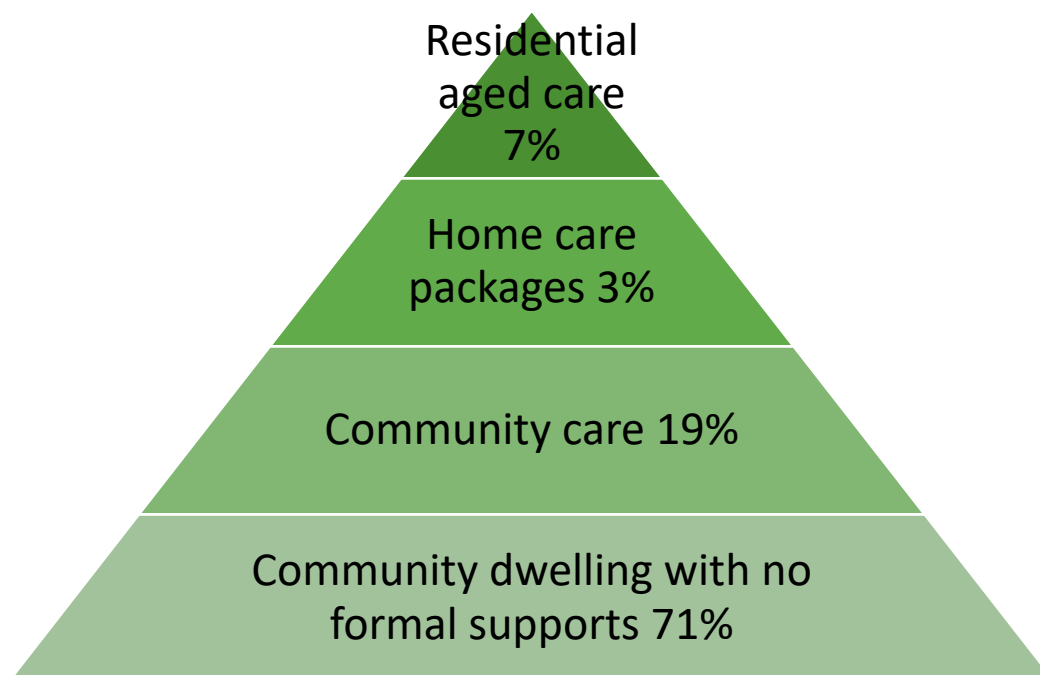
2. Work with the community, existing consumers and staff to better understand the constraints and opportunities in the current environment
3. Engage with other local and emerging providers to discuss options and opportunities
4. Continue to deliver regional assessment services until the Commonwealth and State Governments determine the future operating and funding model and then review Council's role
5. Establish a Council funded information, advocacy and navigation service that supports older residents and carers/families to navigate a significantly changed service system and a diverse range of positive ageing programs
6. Develop and resource a transition plan to effectively implement these changes in a timely and efficient manner.

2. Background

Australia is undergoing significant change in the way services are provided for older people and people with disabilities. The reform agenda has introduced programs such as the National Disability Insurance Scheme (NDIS) and a shift in aged care away from State and local government towards Commonwealth responsibility for multiple programs, such as the Commonwealth Home Support Program (CHSP) and the Home Care Program (HCP).

As demonstrated in Figure One, Australia currently has a multi-tiered approach to aged care. The most resource intensive and highest level of support is provided by residential aged care facilities (RACFs), which accommodate seven percent of Australia’s older population¹. The pyramid base illustrates older people living independently without any formal supports, which comprise the majority of older Australians at 71 percent². The middle section depicts community-based programs such as the entry level Commonwealth Home Support Program (CHSP) and more intensive Home Care Packages (HCP). Both of these programs provide a range of services aimed to support people to age well in their own homes, accounting for 22 percent of older Australians³.

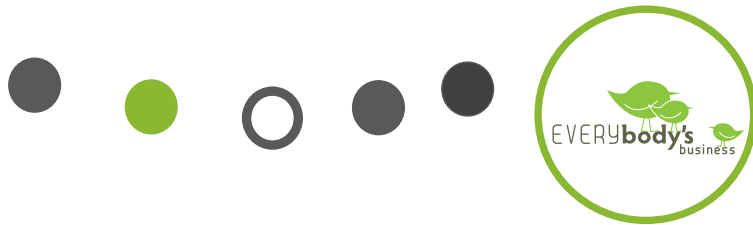
Figure 1: Type and intensity of aged care supports



¹ Australian Institute of Health and Welfare, 2019

² Australian Institute of Health and Welfare, 2019

³ Australian Institute of Health and Welfare, 2019



The CHSP is intended to provide ongoing or short-term care and support services, such as help with housework, personal care, meals and food preparation, transport, shopping, allied health, social support and planned respite. CHSP is currently block funded to a growing range of providers until the end of June 2022 (current end date, although this has changed several times), when it will be opened up to the marketplace where any registered provider could provide services in any location.

HCP provides a more structured and comprehensive package of home-based care support, provided over four levels of care:

- Level 1—to support people with basic care needs;
- Level 2—to support people with low level care needs;
- Level 3—to support people with intermediate care needs; and
- Level 4—to support people with high care needs.

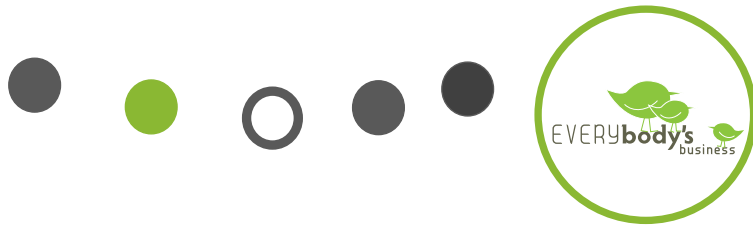
Under a HCP, a range of personal care, support services, clinical services and other services are tailored to meet the assessed needs of the person.

The Commonwealth government has flagged that the CHSP and HCP programs will merge at some stage in the future. What this means to the range of services and access to services for older people is yet to be clearly defined. Predictions from those in the sector suggest that older people may need to be at a HCP Level 1 or above to receive some services such as domestic assistance. In other words, domestic assistance may not be available as a single service in the future, but rather part of a package of services for those that are eligible. The bottom line it is difficult to predict what the program is going to look like into the future and when the merge will occur.

My Aged Care (MyAC) acts as the gateway to the formal aged care service system for all older people seeking support. This is supplemented by the Carers Gateway, which provides a designated pathway offering a range of packages and supports to meet the needs of carers.

The Federal government has introduced key reforms that are impacting both the range and delivery of community and residential services for older people. These include a greater emphasis on consumer control and choice and changing some service types from block funding to funding per service user. Alongside this, it is expected that there will be increased levels of competition in the marketplace, offering older people greater choice about services and how these will be delivered (although whether this occurs beyond the major townships is yet to be seen).

These reforms are also developing different pathways for older people accessing supports, primarily through the implementation of MyAC and the Carer Gateway as centralised entry points and sources of information. These programs will be complemented by the re-



development of assessment services across the country for older people, planned for 2021-22.

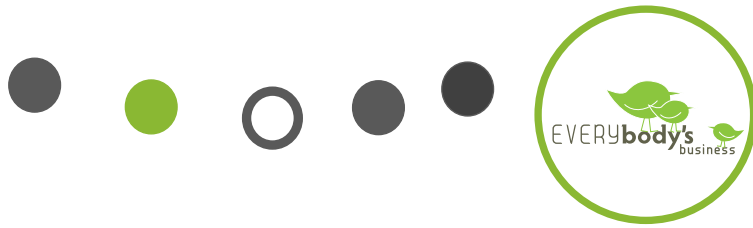
Sitting alongside these reforms is the Royal Commission into Aged Care Quality and Safety. The Commission has been in progress since October 2018, with an interim report released in November 2019 and a final report in February 2021. As the Commission is considering both current and future models of care, it is likely to impact on all service providers.

The reforms and outcomes of the Royal Commission are challenging the business models of existing service providers, the way services are to be delivered and the way people access and receive support from services.

The NDIS was introduced in 2013 with the fundamental tenet being individualised needs-based funding and choice of providers. The scheme entitles people with a 'permanent and significant' disability (under the age of 65) to full funding for any 'reasonable and necessary' support needs related to their disability. Funding is allocated to the individual, who in turn can choose which providers will supply the funded goods and services. Additionally this allows consumers more mobility, they can exercise consumer choice and control by moving from a service that no longer meets their needs to a new service relatively easily.

Essentially, both the aged care and NDIS reforms open the marketplace up to new providers and innovative service responses to meet the needs of people accessing both the aged care and disability sectors.

The Victorian Government funded Home and Community Care (HACC) Program for Younger People (HACC PYP) is a remnant program supporting people aged under 65 who do not qualify for the NDIS. Traditionally both people with a disability and older people were supported under the HACC program, however, this changed with the reforms detailed above. The small numbers of people now being supported under the HACC PYP mostly have health issues that impact on their ability to manage day to day tasks. This program provides block funding to specific providers and is not open to competition.



3. Introduction

The funding and administrative arrangements for in home and residential aged care across Australia are undergoing significant reform towards a client driven, market based and sustainable model. This approach has been designed to meet the anticipated increased demand for all forms of aged care generated by the aging population. To meet this demand, the reforms focus on a market driven system of provision including arrangements to enable the private sector greater access to the in home care market. The new service landscape involves an entry system via a call centre, publicly accessible website and regional assessment services coupled with a contractual arrangement to manage service provision using a portal to track all elements of care, service delivery and acquittal. During this period of significant reform the Borough of Queenscliffe, like many other every providers of aged care services is seeking to clarify and balance the expectations of both the community and the Federal Government.

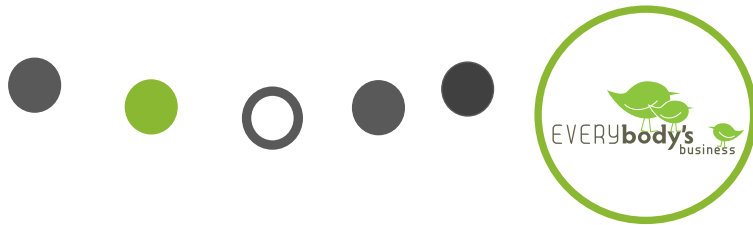
Local government have been the major provider of HACC PYP and CHSP services to the community in Victoria. Many local governments are rethinking their role in delivering services to older and/or people with disabilities, with some partially or fully withdrawing and reinvesting in other strategies to support people to age well.

The Borough of Queenscliffe has a long history of providing in home aged care services in what is now CHSP. The Borough is undertaking this project to explore options for a positive future for aged care. This project is designed to assist the Borough of Queenscliffe consider a set of options for the future of home aged care services and identify opportunities that could draw upon the strengths of the region.

The new system of aged care introducing 'client choice' by funding multiple providers competing for clients means that many of Council's services will be uncompetitive even if significant changes are made to the way it delivers home support services. Council typically contributes \$125 000 annually toward delivery of services and programs for the aged. The cost represents a significant subsidy of the Commonwealth's responsibility for funding these services.

3.1 The Borough of Queenscliffe

The Borough of Queenscliffe sits on the Bellarine Peninsula and has a permanent population of just under 3000 people. It encompasses the townships of Queenscliff and Point Lonsdale. Over half (50.5%) of the permanent population are aged 60 years and over with a higher proportion of retirees than surrounding municipalities. In the 2016 census, there were 1,161



people aged 65 and over living in the Borough. The most prominent ancestries are Australian and the United Kingdom (English and Irish).

When compared to neighbouring municipalities, the Borough has:

- a larger percentage of persons aged 65 to 69 (11.5% compared to 5.9%);
- a larger percentage of persons aged 70 to 74 (10.3% compared to 4.4%); and,
- a larger percentage of persons aged 75 to 79 (7.7% compared to 3.2%)⁴.

The SEIFA ranking is 1070⁵ for the Borough of Queenscliffe. This puts the Borough in the 92nd percentile for relative advantage – meaning this is one of the most relative socio economically advantaged communities in Australia.

According to the VicHealth Indicators Survey 2015:

- Queenscliffe residents rated their wellbeing at 84 out of 100, compared with the state average of 77.5
- Most (97.8%) Queenscliffe residents agreed that they felt safe walking alone during the day, which is significantly more than the Victorian estimate (92.5%)
- Almost eight out of 10 (78.1%) Queenscliffe residents agreed that they felt safe walking alone in their local area after dark, which is significantly more than the Victorian estimate (55.1%)
- Life satisfaction measures how people evaluate their life as a whole. When asked to rate their general satisfaction with life on a scale from zero to 10, residents of Queenscliffe reported an average score of 8.5. This is significantly higher than the Victorian life satisfaction average score of 7.8
- The majority (89.9%) of residents felt that they live in a close knit neighbourhood, significantly more than the Victorian estimate (61.0%)
- A significantly larger proportion of Queenscliffe residents agreed that people in their neighbourhood can be trusted (96.0%), compared to the proportion of Victorians who agreed (71.9%)⁶.

These outcomes are consistent with and inform the priorities of the Council Plan 2017-21 (currently under review). Relevant strategic priorities include:

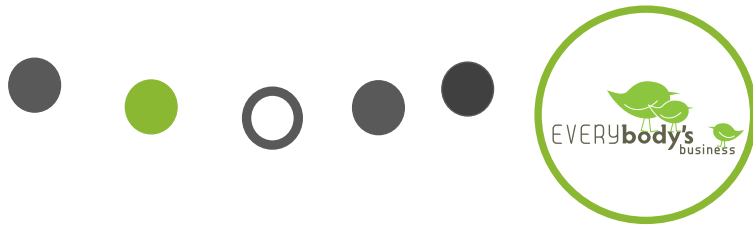
Enhance community wellbeing by providing a safe environment where people are involved, healthy and active in recreation, arts and culture

- Maintain the Borough's standing as a safe place for residents and visitors
- Protect, enhance and promote public health
- Support older residents to live safely and independently
- Increase participation in sport, recreation and life-long learning opportunities
- Enhance opportunities for participation in arts and cultural activities
- Support local clubs, community organisations and volunteers

⁴ ID community, 2020

⁵ Australian Bureau of Statistics, 2017

⁶ Borough of Queenscliffe Health and Wellbeing Action Plan 2017-21



- Develop path and trail links that encourage walking and cycling and connections to neighbouring towns and the region
- Promote shared use of community facilities⁷.

3.2 People who currently access CHSP services in the Borough of Queenscliffe

There are currently 150 people who access services delivered by the Borough of Queenscliffe, making up approximately 8% of all people aged 65 and over. The majority of people access domestic assistance and/or lawn mowing. Twelve of the consumers are on a Home Care Package and are thus provided services on a subcontracted basis to Bellarine Community Health Service.

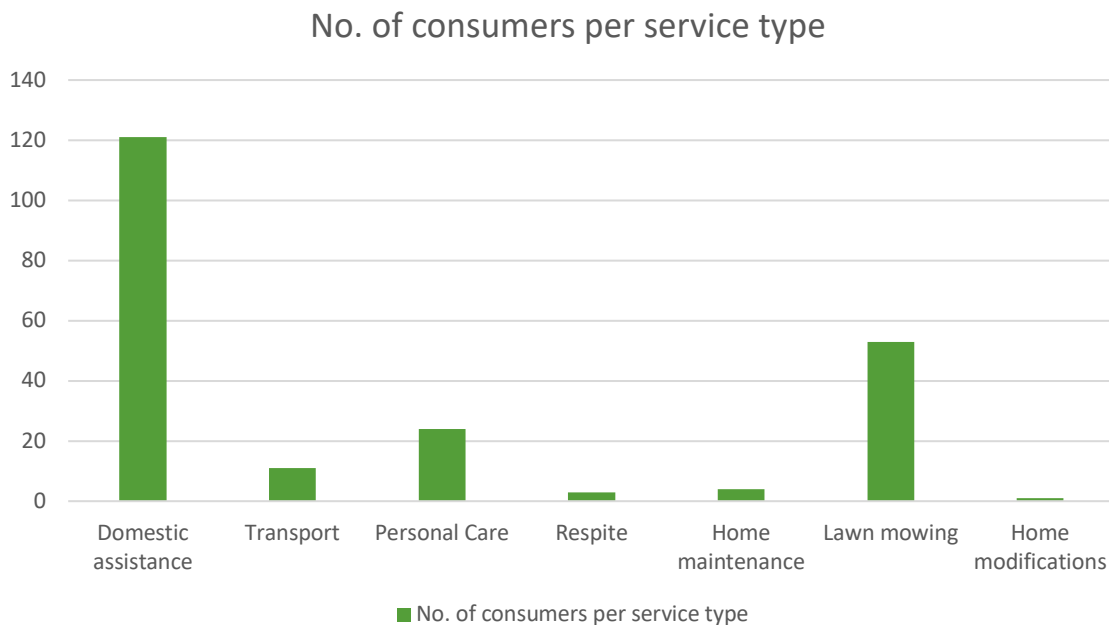
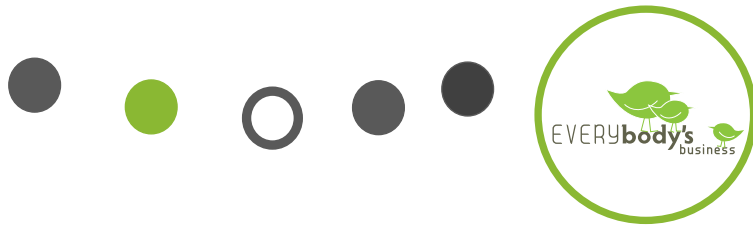


Table 1: Number of people using each service type

The vast majority of people are aged 65 years and over, with a large cohort being aged between 75-85 years and a significant number aged over 85 years. This is reflective of the substantially older age profile across the Borough as detailed above. Most people using services live on their own and the majority are female.

⁷ Council Plan 2017-21



4. Project description

The Borough of Queenscliffe engaged Everybody's Business in December 2020 to undertake a review of their aged care program with an aim of advising on best options going forward and community sentiment for these options.

4.1 Project aim

This project set out to engage with the community, current consumers and staff delivering services to the Borough of Queenscliffe and the current literature to develop a paper detailing the options available for Councils consideration, with a recommendation on the option most likely to deliver the most positive outcomes for stakeholders in the Borough of Queenscliffe.

4.2 Methodology

The impact of COVID limited the methods that were available to engage with both consumers and the community. Two surveys were developed:

- A consumer survey that was delivered in hardcopy to each existing consumer with the option to complete the survey online or return to Council in a sealed envelope;
- An online survey for community members that was promoted on Councils website, Facebook page and community newsletter.

Around 12 people also responded directly to Council staff or Councillors sharing their views either in person or in writing.

The current direct care staff employed by the Borough were invited to a 90 minute focus group, conducted in February 2021 with two of the external consultants working on this project. In total eight staff attended the session, discussing their concerns and expectations.

To complement the strategies described above two other methods were employed to inform this project:

- A scan of literature relating to the aged care reforms and the role of local governments in Victoria
- A scan of the local service system to understand capacity and market interest.

5. Findings

This section of the report details the findings of the consumer, community and staff consultations, as well as the scans of the local service environment.

5.1 The consumer survey

One hundred and three consumers responded to the survey, accounting for almost 69% of all current consumers in the Borough. The majority were female (n=80) and aged on the 75-84 year old age group, although the 85 and over age group was well represented with 41% of all respondents. Just under 60% of respondents lived alone. The most commonly accessed services were domestic assistance and lawn mowing. Most respondents (87%) only accessed services from the Borough of Queenscliffe.

When asked what they valued about the current services from the Borough of Queenscliffe, most responded with the reliability, affordability, the staff are good at what they do and the quality of the service. (See Table 2 below for a breakdown of all responses).

What respondents value about the community services for older people currently provided by Council

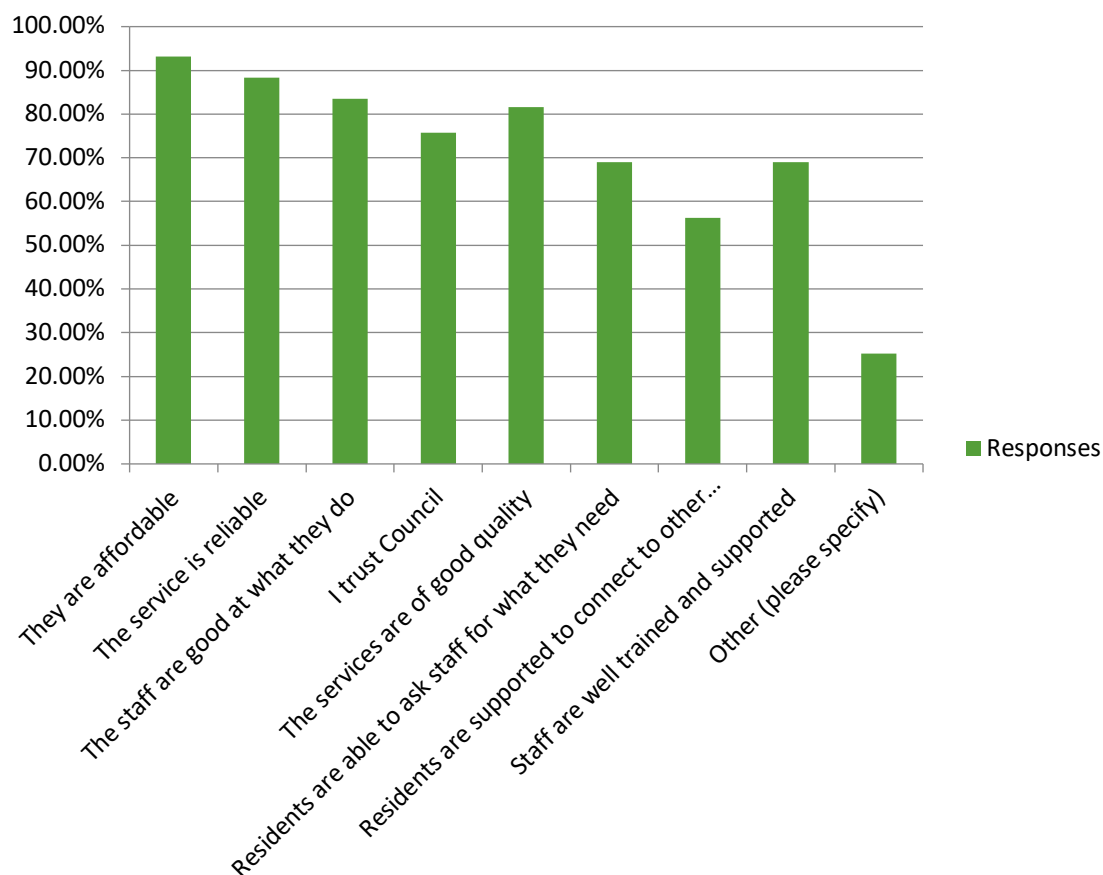


Table 2: What respondents value about the services for older people currently provided by Council

When asked about their concerns if other providers stepped into the Queenscliffe area, respondents stated they were mainly concerned with getting access to these services, that there may be a reduction in quality, staff may not be as well trained and supported and that the change would impact upon them negatively.

Concerns about other providers delivering the main services supporting older residents instead of Council

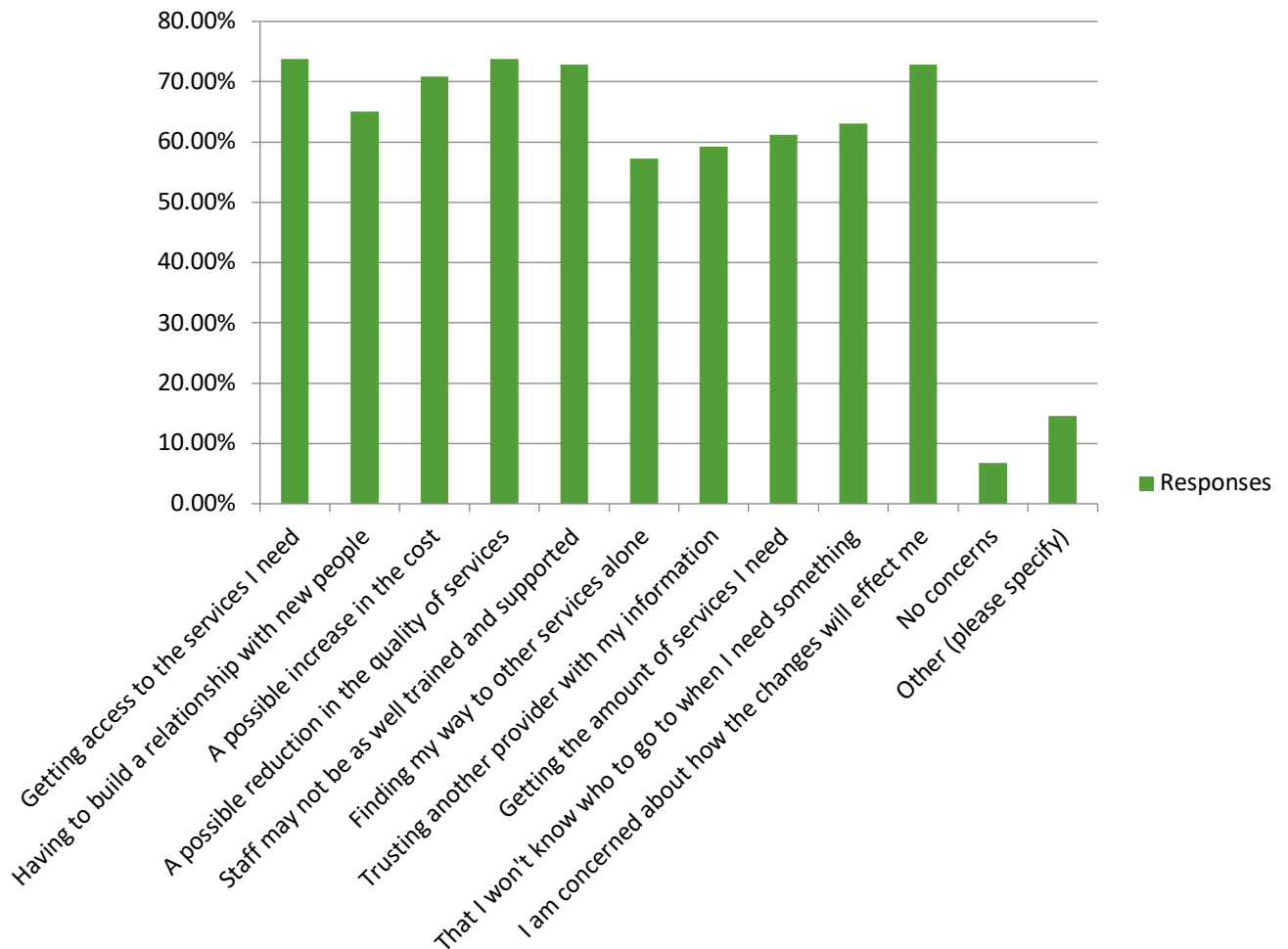
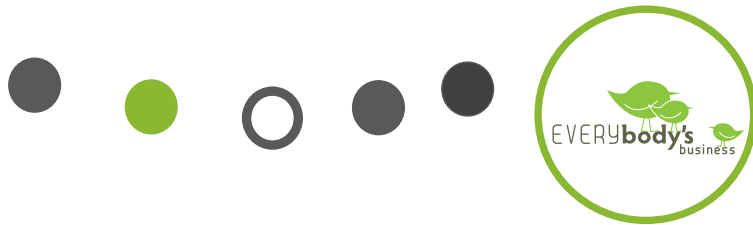


Table 3: Concerns about other providers delivering services supporting older residents

The majority of respondents either did not know (49%) or did not identify (29%) any benefits if other providers delivered services instead of Council. For those who did nominate benefits the most selected options included: being able to get services when I want them to come; I may be able to get more hours of service for my money; and, services may be cheaper.

When asked whether they thought another provider could deliver to a standard equal to or better than Council, only 4% said yes, 48% said no and 48% stated they did not know.



When those surveyed were asked about Councils ongoing role in supporting people to remain active and healthy as they age, the response was broad and included the following functions:

- Assistance to help people get the supports they need (n=68)
- Transport (n= 51)
- Helping older people feel safe and valued in the community (n=51)
- Footpaths and crossings to make it easier for me to get around my neighbourhood (n=49).

Council's ongoing role in continuing to support people to remain active and healthy as they age

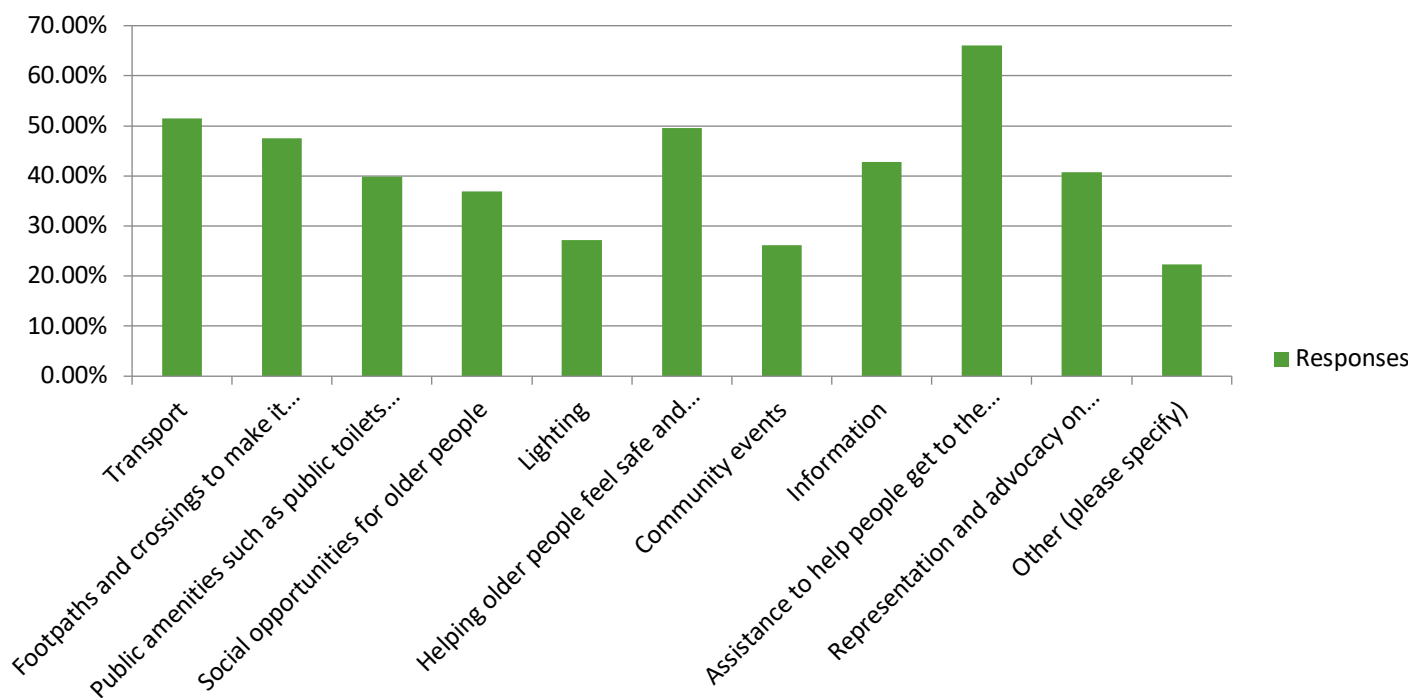


Table 4: Council's ongoing role in continuing to support people to remain well as they age

There was majority support (55%) for current funds being used to provide CHSP services being redirected to other community support initiatives if Council chose to discontinue being a provider. Although there was a clear sentiment that the preference was that Council continue in their role as a provider.

As Council currently subsidises the provision of services and is likely not to be able to continue this practice as they may breach competition laws, consumers were asked if they were prepared to contribute more to their services. The majority (77%) answered yes, with most nominating the range of between \$5-10 per service.



The extra amount consumers would be prepared to pay if Council continued to be a community service provider

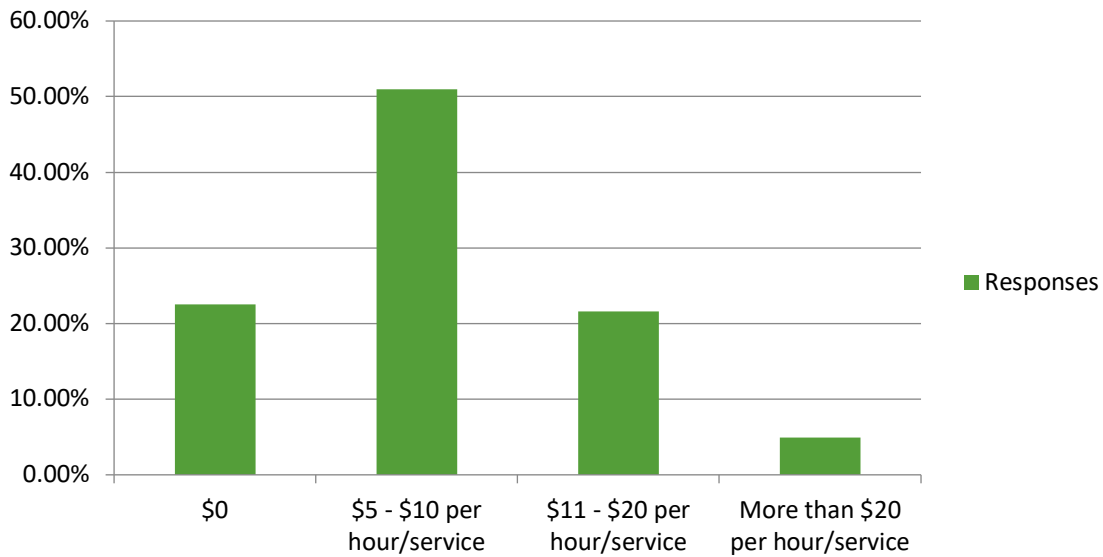


Table 5: The extra amount consumers are prepared to pay if Council continued to be a service provider

5.2 The community survey

One hundred and eleven people responded to the community survey. Just over 71% of the respondents were female and nearly 90% were permanent residents of the Borough of Queenscliffe. There was a fairly even split of residents from Queenscliff (52%) and Point Lonsdale (48%). The age of respondents was spread from those over 20 up to people aged over 85, with the majority being aged between 55-64 (29%) or 65-74 (34%).

Percentage of respondents and their age

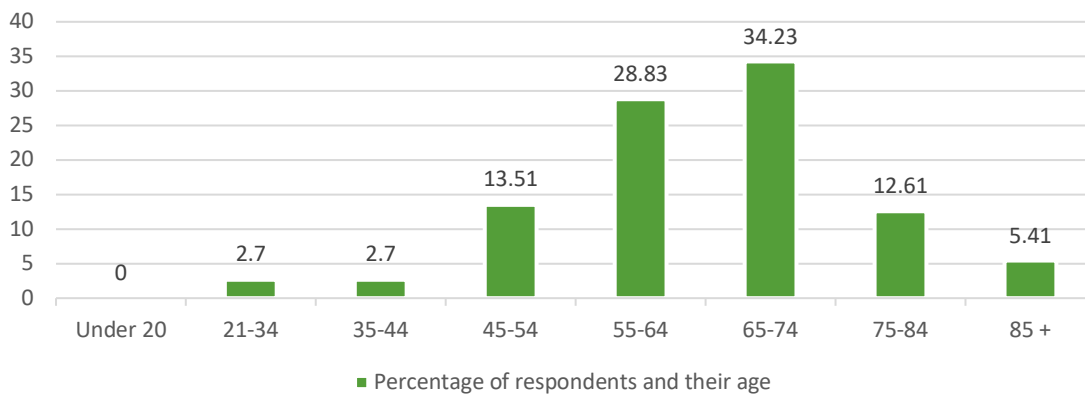


Table 6: Age range of respondents to the community survey

The majority of respondents (60%) did not have a connection to someone currently using services.

Respondents were provided with a list of options as to what they value about services for older people provided by Council. The most prominent choices included that services were affordable, reliable, of good quality and that staff were good at what they do. See Table 7 for a representation of all the responses.

Respondents were also given the opportunity to provide a freehand response, with 16 people taking this up. A common theme was that people knew of the reputation of the services provided by Council, with one respondent stating “...they are part of the reasoning we moved to Queenscliff as we transition to retirement in the coming years”.

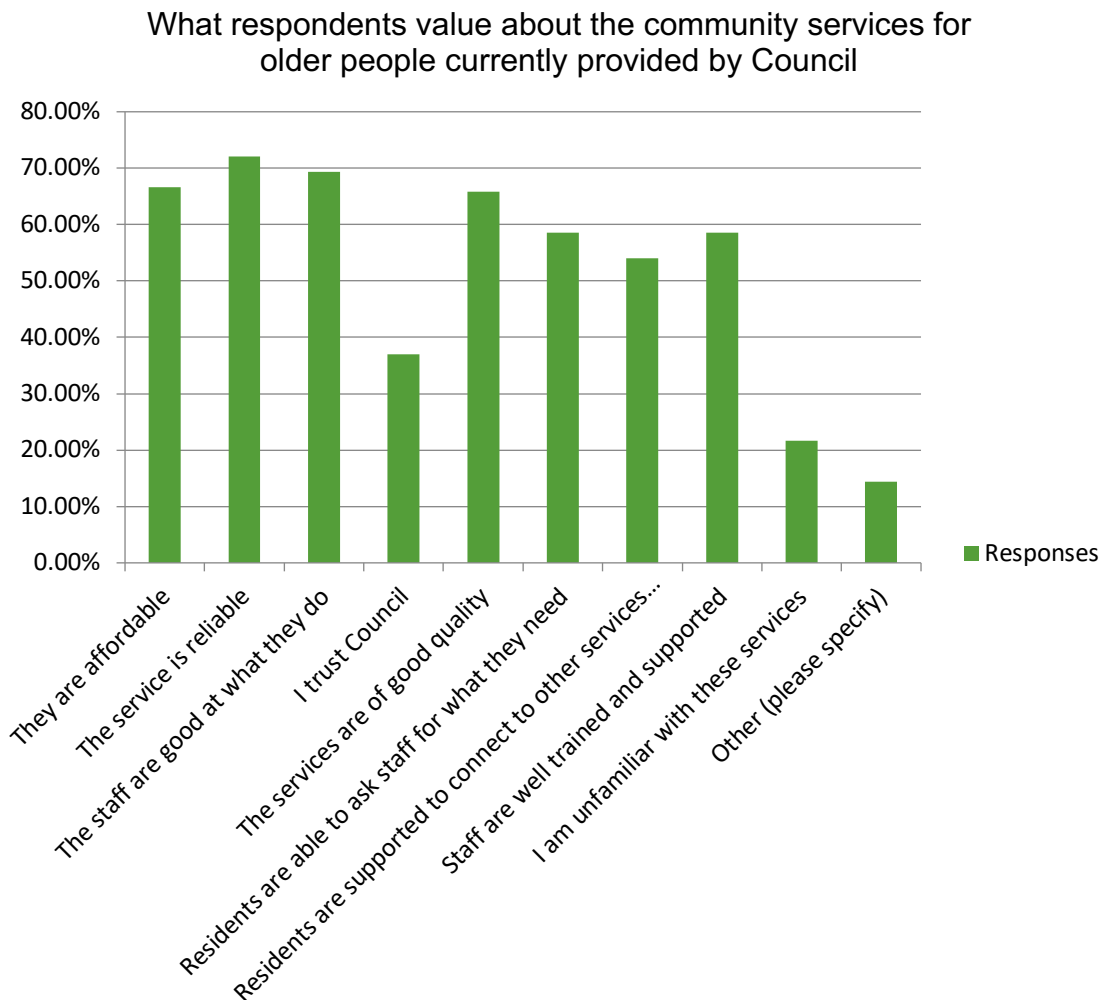
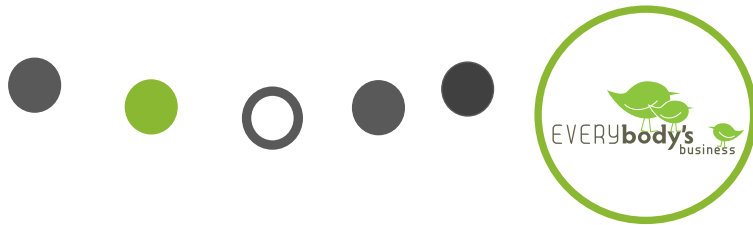


Table 7: What the community values about the current services provided by the Borough

There was significant concern about the introduction of other providers with the most cited reasons being:



- A possible reduction in the quality of services (n=93)
- That vulnerable older people may slip through the cracks (n=90)
- Access to services may be more challenging (n=88)
- Getting the amount of services residents need (n=86)
- A possible increase in cost (n=84)
- Navigating the service system may be more difficult (n=83)
- That residents won't know who to go to when they need something (n=82)
- Residents will have to build relationships with new people (n=73)
- Staff may not be as well trained and supported (n=71)
- That older people may be concerned about the change (n=69)
- Trusting another provider with personal information (n=63).

There was a flavour that “*new providers*” assumed “*private, for profit providers*” that would not employ local staff or staff known to the consumers. The perception that “*people become a number in the system*” was also a common concern with the potential of larger providers.

The majority of respondents (71%) do not believe that other providers can deliver services to older people as well or better than Council, with 20% stating they did not know and only 9% responding positively. When asked about the benefits of other providers coming into the Queenscliffe area, the majority of respondents either stated they did not know of any (n=50) or did not list any benefits (n=41). For those that did see benefits, the most common answers were:

- Services may come to people when they want them to (n=14)
- Residents may be able to get more hours of service for their money (n=13)
- Services will do what residents want and need (n=10)
- The services may be more reliable (n=10).

The final questions asked of community members related to the ongoing role for the Borough in continuing to support people remain active and healthy as they age. There were a range of responses as detailed in Table 8 below, with the most common being assistance to help people access the supports they need, closely followed by the provision of transport, helping older people feel safe and valued in the community, and advocacy on issues related to older people to other levels of government.

Council's ongoing role in continuing to support people to remain active and healthy as they age

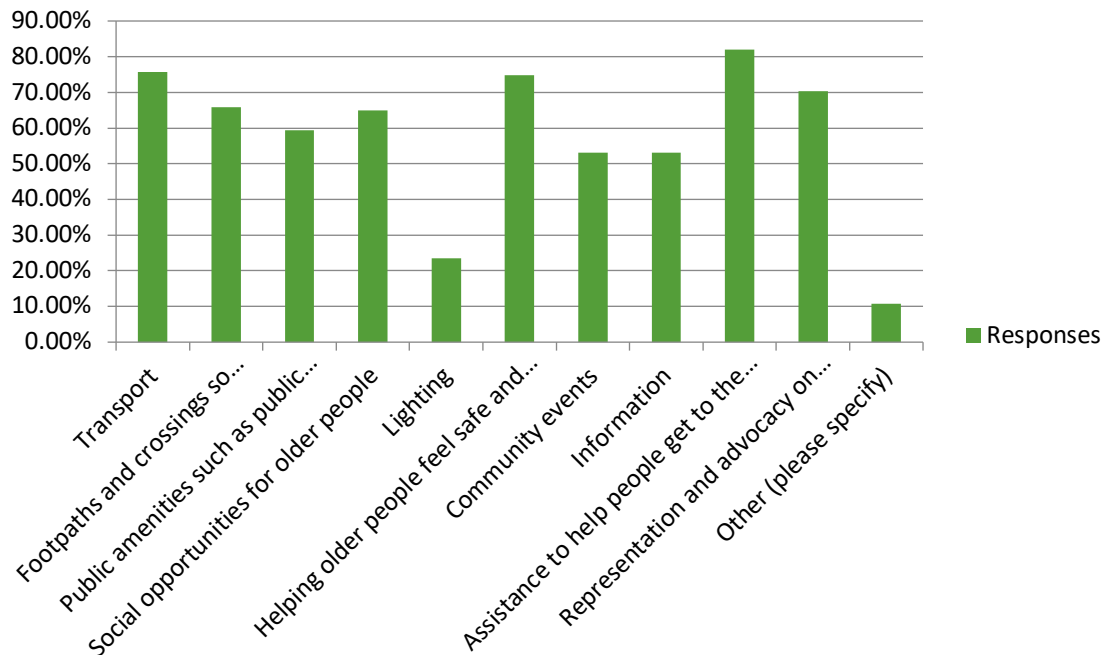


Table 8: Activities to assist people remain active and healthy as they age

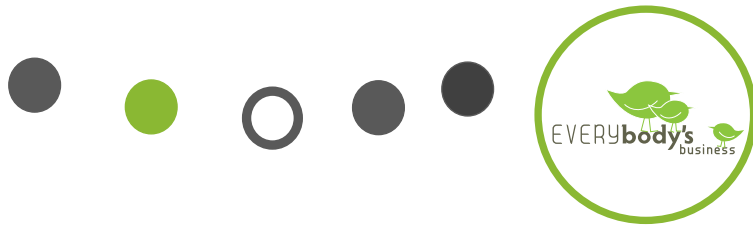
Lastly respondents were asked if they would endorse funding that currently supports the delivery of services, being used for other activities to support older people if Council elected to cease being a provider of the Commonwealth Home Support Program. Of the 108 people who responded to this question just over half (n=56) agreed, whilst 52 respondents said no.

A few community respondents raised concern about the survey, believing that it was designed with an outcome in mind and that questions were biased toward this outcome.

5.3 Staff consultation

Eight current direct care staff attended the focus group. Staff discussed their concerns about potential changes to the services delivered at the Borough, including those for both the consumers they support and for them personally. Two staff stated they are close to retirement so whatever the outcome it was unlikely to impact them personally, but they shared concerns for the consumers and their fellow workers.

Much of the first half of the session was spent explaining the reforms and clarifying the role that Council currently plays. Staff expressed concern that if Council withdrew from being a provider that consumers would be forced to pay full cost for their service. There was limited understanding of the current and proposed funding system. Spending time debunking myths and answering specific questions around funding streams and the Commonwealth funded



program was important to ensure that staff understood the variety of contributing factors which must be considered by local government for delivering aged care now and what the future may look like.

Staff were able to share, proudly, that they are regularly told by consumers that they do a great job and deliver a quality service. When asked to name what they thought consumers valued about the service they suggested:

- Trust
- Friendship
- Psychological support (especially through the recent COVID-19 lockdowns)
- Well trained and well supported staff
- Continuity with the same staff
- Flexibility.

They stated that many of the people they support are socially isolated. Families have also told staff that they value the support provided to assist their parent(s) stay at home.

When asked about the emergence of other providers staff wondered whether:

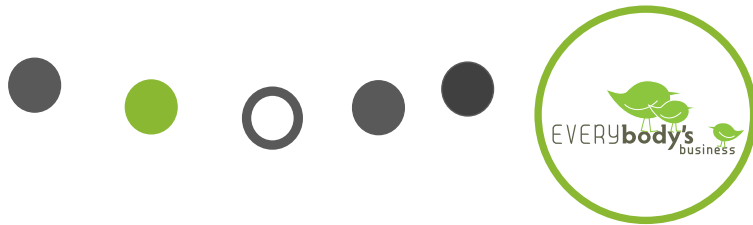
- The staff would have the knowledge, experience and training to deliver quality care
- Services would be more costly
- That continuity of staffing would be compromised
- There would be an overall decline on the quality of care.

Some staff shared their experience of working for other providers, stating that the Borough was a more preferable place to work. The potential that working conditions may change was of concern to staff. The main issues they raised include:

- Unemployment and lack of local employment opportunities
- They may be forced to work for less money
- Loss of connection with current consumers they have built a relationship with
- Being able to secure working hours and conditions that fit in with their lifestyle
- Not being paid to travel between clients
- The stress associated with the transition
- How Council is going to support them to retrain or gain alternative employment
- How Council will manage a redundancy process.

When asked about what opportunities they saw in how consumers and residents could be supported better, they suggested the following:

- More social opportunities
- Transport
- One on one social support



- Carer support
- Opportunities to connect with volunteers to support access to leisure activities.

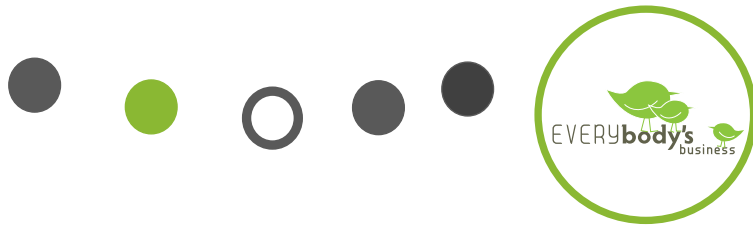
Staff were quite vocal in expressing their concern that this review has been managed poorly and believe the consultation is tokenistic – that decisions have already been made about Councils future in service delivery. They also expressed concern that this was a cost cutting exercise and were unaware of the parameters in which Council will need to comply when the open market is established, currently proposed for July 2022. There was a strong belief by the staff engaged in the consultation that Council had an obligation to continue in its role as a provider of services to older eligible residents. When the consultants challenged this, discussing equity and reach, the majority of participants did not share this view.

5.4 Scan of local providers

There are currently a small range of other providers already stating they can provide CHSP services in the Borough of Queenscliffe. There are 2 providers offering domestic assistance; 2 for home maintenance; 2 for home modifications; 1 who provides personal care; 11 providing social support; 2 who provide garden maintenance including lawn mowing; 7 who provide respite; and 0 who state they provide transport.

Follow up with a number of these proved difficult – most either not wanting to share this information or unable to determine what role they will play in the future at this stage. Given the location of the Borough with close proximity to both Surf Coast Shire and the City of Greater Geelong, it is likely that a range of providers will be interested in extending their services from NDIS to also include aged care or their reach into the Borough. Since Surf Coast Shire decided to cease being a provider of most CHSP service in October 2020, three providers have stepped into the service delivery space covering their large catchment area. MECWACare has become a provider in the eastern end of the catchment operating across the Torquay and Anglesea districts.

A decision was made early by the project sponsor that engagement with potential partner organisations and key stakeholders other than through the survey, was outside the scope of this project. It would be valuable to understand the appetite and ability to develop a sustainable partnership or alternate model in the region.



6. Discussion

This project in many ways is an opportunity for the Borough of Queenscliffe to step back and consider its ongoing role in supporting residents to age well. The concept of ageing well goes well beyond the delivery of services – it involves having a community that values and respects older people, that provides an environment where older people can engage in civic activity, where older people can confidently and safely navigate their way around and where older people have choice and control.

6.1 More than service delivery

Age friendly Cities is an initiative promoted by the World Health Organisation. Making both cities and rural communities age-friendly is an effective local policy approach for responding to population ageing. The physical and social environments are key determinants of whether people can remain healthy, independent and autonomous long into old age.

Local government has a significant role to play in providing conditions that assists people to age well. Taking an Age friendly approach is gaining popularity with local governments across Australia.

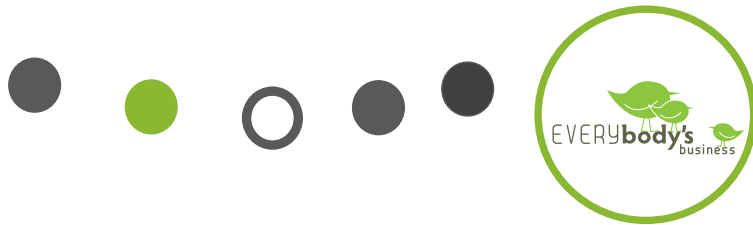
The Commissioner for Senior Victorians undertook consultations with just over 5,000 Victorians, aged 60 and over in 2020. One of the questions related to what older people saw was necessary to age well. They identified 8 attributes;

- A positive attitude
- A life with purpose and meaning
- Respected and respectful
- Connected to family, friends and society
- In touch with a changing world
- Personal and financial safety and security
- Able to manage physical and mental health
- Able to get around⁸.

An alternative study undertaken in the United Kingdom asked older people what was important to having a good quality of life. The most popular response (in descending order) included:

- Being active, healthy and contributing
- Continuing to learn
- Community – being valued, belonging

⁸ Commissioner for Senior Victorians, 2020



- The importance of family and friends
- Valuing diversity
- Approachable local services
- Having choices, taking risks⁹.

In the Victorian study, factors *reducing* quality of life for participants included:

- Isolation and loneliness
- Cost of living and activities
- Insufficient opportunities that meet interests
- The significance of the digital divide
- Feeling unsafe when out in the community
- Lack of information on what is available in the community
- Practical problems such as:
 - inadequate parking facilities
 - inadequate community transport
 - loss of mobility
- Difficulty navigating service systems to find support.
- Ageism and disrespect¹⁰.

Ageing well is multi-faceted, offering up many opportunities for governments of all descriptions to support people to maximise their health and wellbeing. This goes beyond direct service delivery. Local government can play significant role in addressing the barriers, either in partnership with other local providers (e.g. through provision of venues, transport, etc) or through existing programs to address things such as information provision, adequate parking, community safety, opportunities for volunteerism and engagement. Focusing on these areas enables Council to support a broad range of residents, not just those at the frailer end of the spectrum.

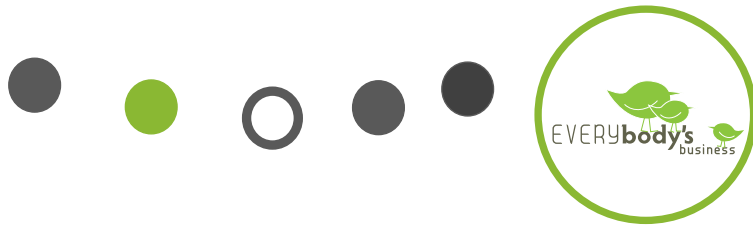
Given that a significant proportion of the population in the Borough is aged 60 and over, it seems imminently sensible that the Borough invests in building the capacity of the community through a focus on age friendly and health ageing strategies.

6.2 Service delivery

The Borough of Queenscliffe is being challenged to set a strategic direction for council's future role in service provision, in the face of uncertainty about future funding models and the availability, capacity and quality of new market entrants. The Commonwealth has implemented a new system of aged care introducing 'client choice' by funding multiple

⁹ Bowers et al, 2007

¹⁰ Commissioner for Senior Victorians, 2020

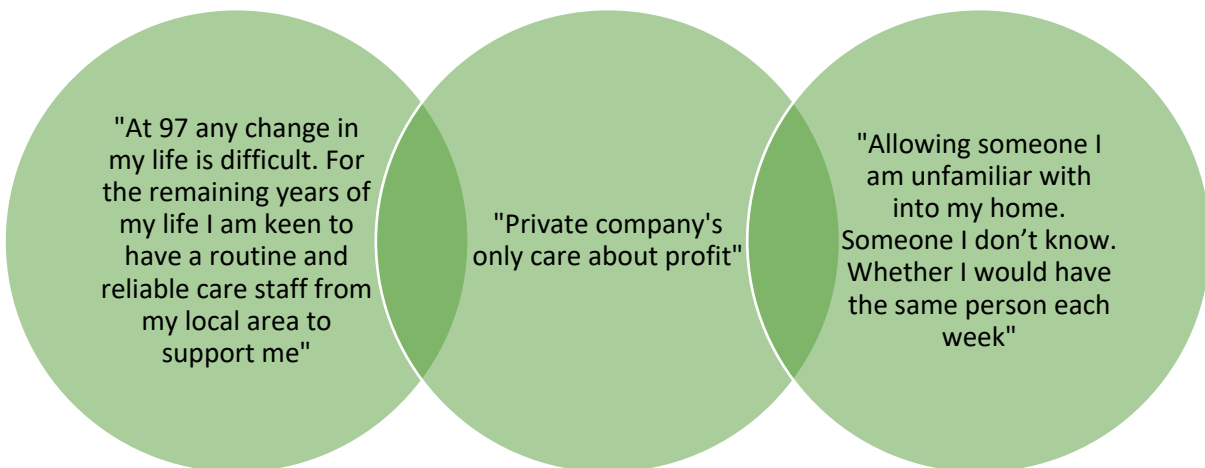


providers competing for clients that is set to be implemented in July 2022. This means Council's services may be uncompetitive even if significant changes are made to the way it delivers home support services.

The Borough has a long history of delivering a range of services to support older people through Commonwealth and State government funding agreements. These services are highly valued by the community and consumers, receiving consistently good feedback about the quality of the service and the staff.



The possibility that the Borough may consider changes to service delivery has caused significant concern in both the community and with current users of the service. Residents were particularly concerned about a large 'for profit' provider would take over and not give the same personal touch, nor delivery the quality and consistency of service as Council.



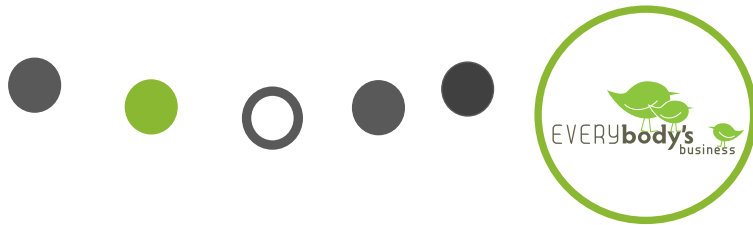


There were also concerns that Council is letting down the community by not delivering on what is perceived as its responsibility.



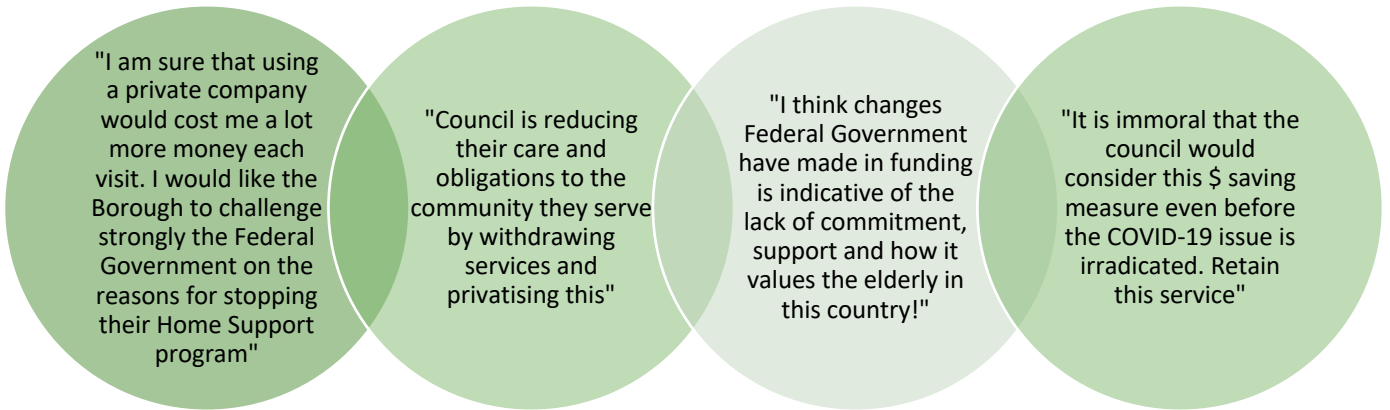
There are also a mixture of assumptions and misinformation about the aged care reforms and Councils role. There are perceptions that:

- Council has control over delivering aged care services in the Borough, rather than it is a funded provider under the CHSP program
- That the Federal government is cutting or reducing funding to Council for the provision of services, rather than there is a change in the funding model. As a community the Borough should not be disadvantaged in this change of funding model, it might mean



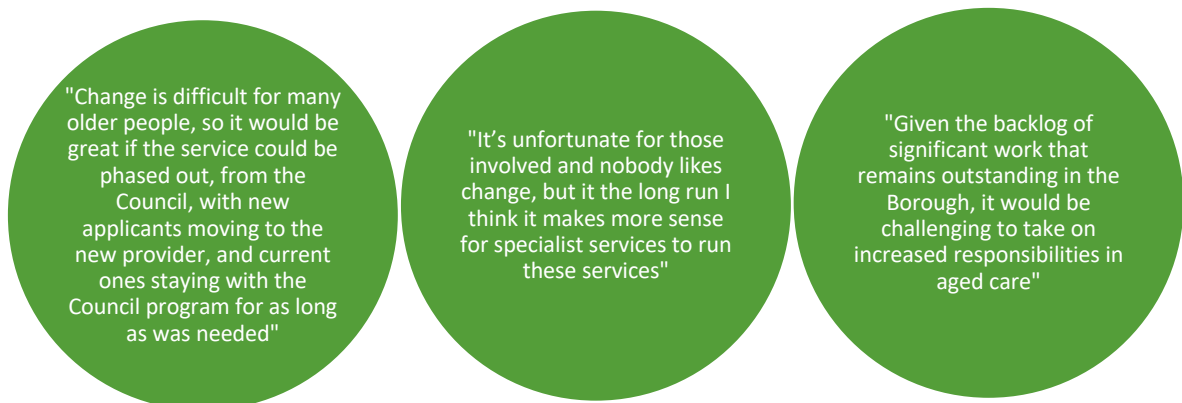
that there are other providers who come into the mix to deliver services rather than the majority of funding being provided to the Borough as a block of funds

- That private providers are going to charge more for services
- That Council has control over who may become providers offering services to residents of Queenscliffe.

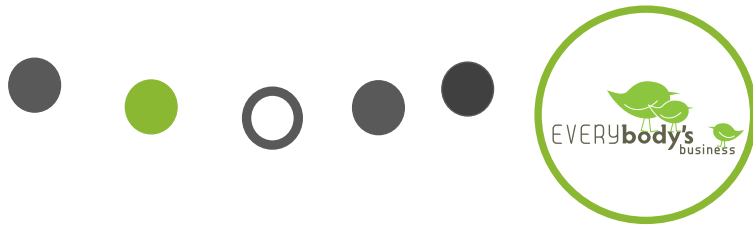


By only being in a position to undertake a survey, it is difficult to adequately analyse the feedback about perceived quality and the reality of quality from a current provider and potential future providers. Direct engagement may have allowed a better process of unpacking this to better understand whether the comments made were reflective of firsthand service experience or perception.

Whilst the majority of residents who completed the survey clearly wanted the Borough to remain in service delivery, there were some who support stepping away and allowing the market to pick up the responsibility. Some because of dissatisfaction with their current service, others as they saw it as a common sense approach.



Any future service will need to be highly responsive and flexible based on immediate demand generated by consumers who exercise choice in a mature market. Due to these changes being



driven by the Commonwealth, Council will need to determine its preferences for future service delivery and its ability to operate in this competitive environment.

6.3 Financial implications

The Commonwealth has a current service agreement with Council for around \$347,000 per annum in block funding, secured until June 2022, to deliver CHSP services on behalf of the government. This is supplemented by the fees each consumer contributes for the services which totals around \$69,000 per annum. Whilst Council receives this funding, in a normal (non COVID-19 year) it costs around \$541,000 per annum to deliver CHSP services, resulting in a \$125,000 (23%) subsidisation by Council. This subsidised service is provided to 8% of all residents aged over 65 in the Borough.

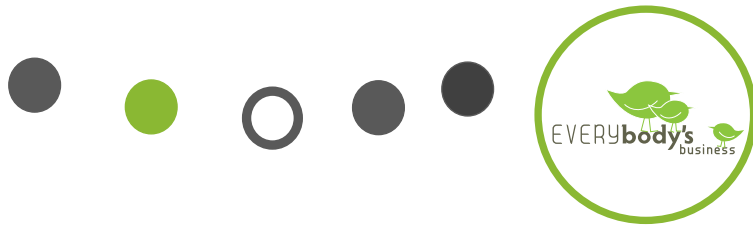
Table 9 provides a breakdown of the costs to deliver each service type, including how much the Borough receives in grants, consumer fees and the contribution Council makes to each of the service types per annum. These figures are based on a typical year (non COVID-19) when Council is able to operate at maximum capacity.

	Domestic assistance	Personal care	Respite care	Social support	Home maintenance	Total
CHSP service grant	\$175,935	\$56,904	\$35,641	\$10,055	\$40,930	\$319,465*
Consumer fees collected	\$43,433	\$17,779	\$1,169	\$0	\$6,320	\$68,701
BoQ contribution inclusive of all costs	\$84,903	\$27,860	(\$8,345)	\$11,697	\$9,470	\$125,585
Total	\$304,271	\$102,543	\$28,465	\$21,752	\$56,720	

*Other funding is received for service and sector development that is not included in this figure

Table 9: Cost to deliver each CHSP service type at the Borough of Queenscliffe

Assuming there is little efficiencies that can be gained through changes in structure and delivery modes (as has been explored unsuccessfully by other councils), current fees collected from consumers does not cover the gap in costs to deliver the services. To be cost neutral and meet the competitive neutrality conditions, Council would need to collect fees totalling around \$193,700 per annum. This would require consumers to pay an increase of 280%. For example, the current fee for a single person on a low income for domestic assistance is \$5.25 per hour. This would increase to around \$14.70 per hour and likely be out of the reach of low income consumers.



In previous projects, we have benchmarked the cost to deliver different service types and estimate the typical costs to be as described in Table 10. These costs provide a breakdown of all components in the delivery of an hour of service including travel, corporate overheads, materials, wages and administrative costs.

Cost type	Domestic assistance	Personal care	Respite care	Home maintenance
Contact time	\$26.09	\$27.11	\$27.11	\$27.75
Non-contact time ^{11 12} (15%)	\$3.91	\$4.07	\$4.07	\$4.16
On costs ¹³ (16.5%)	\$4.30	\$4.47	\$4.47	\$4.58
Corporate costs ¹⁴ (18%)	\$4.70	\$4.88	\$4.88	\$5.00
Materials and supplies ¹⁵ (4%)	\$1.04	\$1.08	\$1.08	\$1.11
Travel and allowances ¹⁶ (17%)	\$4.43	\$4.61	\$4.61	\$4.65
Administration ^{17 18} (60%)* (45%)^	\$15.65*	\$16.27*	\$16.27*	\$12.49^
TOTAL cost per hour	\$60.12	\$62.49	\$62.49	\$59.74

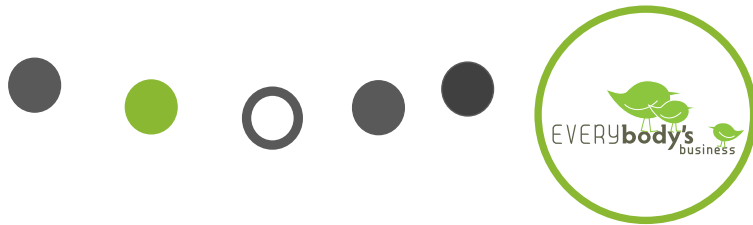
Table 10: Estimated cost to deliver each CHSP service type

Some respondents to the survey either wanted more information about the financial component or wanted Council to contribute a greater proportion of the overall budget to aged care.

- "QBC also has some \$900k in discretionary funding some of which could be used to assist in aged care services"
- "The survey should have asked ratepayers about where aged care services should fit in a ranked list of council activities"
- "I would also have like more detail around the aged care budget in context of the council budget as I cannot appreciate the scale of the issue"
- "We need to do better than only 8% is used on aged and family care! After all over 50% of our community is aged over 60 years"

The new policy environment will deliver a service system that is based on an open and competitive market model. As a result, Council is unlikely to receive block funding, nor will it be the sole provider of CHSP services in the municipality. There are a number of considerations

¹¹ Based on calculations as suggested by National Disability Services, 2017
¹² Includes travel time, training, supervision, cancellations, incident reporting, meetings, administration time
¹³ Includes Workcover, superannuation, leave
¹⁴ Includes finance support, payroll, human relations, organisational development, OHS, purchasing and tendering, IT support, facilities, management allocation, accommodation, debt recovery, office supplies, computers, desks, postage, photocopying/faxing, fleet, utilities, capital maintenance
¹⁵ Includes uniforms, protective equipment
¹⁶ Includes travel and telephone reimbursement, and allowances for laundry, uniform, service margin
¹⁷ Includes time for rostering, service set up, service review, processing time sheets
¹⁸ As calculated by figures provided by benchmark organisations



for Council when making this decision including how to continue to respond to the needs of older people, providing a flexible service that responds to client choice, addressing competitive neutrality and containing or reducing costs.

Under the competitive neutrality policy, governments can subsidise service delivery where they can illustrate that efficiency or social objectives cannot be achieved without a subsidy. Governments are required to conduct and pass a Public Interest Test (PIT) to illustrate the need for subsidies. To satisfy the requirements of the policy, the Public Interest Test should, at a minimum:

- Clearly identify the policy objective(s) to be achieved and ensure that it has official endorsement
- Demonstrate that achieving the stated policy objective(s) could not be achieved without a subsidy
- Determine the best available means of achieving the overall policy objectives, including assessing alternative approaches¹⁹.

Councils need to be completely transparent about the costs of each alternative option, compared to a council- subsidised service. It is unlikely that the Borough of Queenscliffe could justify continuing to subsidise services by successfully demonstrating a need under the Public Interest Test. This then forces the Borough's hand to either work out a way to deliver services in an unsubsidised manner or withdraw from services that are likely to be delivered by alternative providers. If there are appropriate alternatives Council won't need to provide a competing service.

6.4 Options

Numerous other local governments in Victoria have considered their ongoing role in CHSP service delivery. At a workshop auspiced by the Municipal Association of Victoria, a range of potential options were generated and are summarised in the table below. The first two options considered the role in service delivery as either:

- Work out strategies to continue delivering services in a cost neutral way; or
- Consider options to transition out of service delivery.

The latter two options are ways that Council could continue to support older people, regardless of the decision to continue or cease service delivery:

- To actively provide incentives and strategies to build a healthy marketplace; and/or
- To invest in strategies to support all older people to age well.

¹⁹ Incite Information, 2018



Figure 2: MAV workshop generated options²⁰

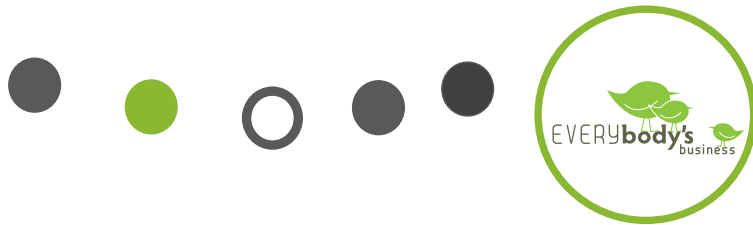
As Councils are considering their role, most are choosing option two – transitioning out of service delivery. There has been a mixed approach to this, with some opting to subcontract their current services to another provider and cease inhouse operations; some have a planned exit strategy over a fixed timeframe; whilst others have worked with other local providers to transfer consumers across in an orderly fashion. Three major driving forces inform their decision:

- Even after significant consideration and engagement with experts, they were unable to find a way to reduce operating costs to a level where they no longer subsidised the outlays;
- Secondly, there is increasing recognition that Council no longer needs to compete in the marketplace as there are a range of suitable providers in existence; and,
- Thirdly, that by moving away from direct service delivery, they have increased capacity to impact all older residents to age well.

There appears to be four viable options for the Borough of Queenscliffe to consider, with the first three being directly related to current service provision:

1. Continue service delivery as is until the competitive market is introduced and then increase fees and other strategies to deliver services cost neutrally.

²⁰ Incite Information, 2018



2. Continue service delivery as is for now with a planned exit strategy to coincide with or before the competitive market is introduced.
3. Partner with another community organisation(s) to slowly transfer the business across or build a new entity. Potential partners include Bellarine Community Health Service, Barwon Health, City of Greater Geelong, MECWACare. (It was not within the scope of this project to engage with potential partners).
4. Reinvest Council funds to broaden the role of Council in aged care to include service system support and age friendly activities.

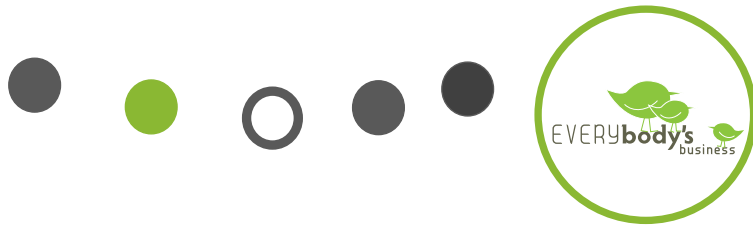
"We have a high proportion of our older age demographic in the Borough and perhaps some "high level" thinking, in conjunction with Bellarine Community Health could see the services grow and expand and remain very responsive to local needs"

Continuing service delivery (Option 1)

Continuing in service delivery is clearly the most popular option with those that contributed to the survey. For Council to contemplate this option there are a few key considerations:

- It is estimated that fees would need to increase by around 280% to eliminate the need for Council subsidisation
- Survey respondents stated they were prepared to pay more for services, although the rise of 280% exceeds this
- It is questionable whether this approach is sustainable over the longer term and whether consumers would continue to choose the Borough if other providers offered services at a lower rate
- The resulting consumer attrition makes it difficult to manage staff and other resourcing
- Financial modelling undertaken by Ernst and Young for a range of councils in Melbourne's north indicated that Councils contribution for this option will increase rather than decrease over time²¹
- This option would maintain good relations with the community and existing consumers
- That some of the community and consumer sentiment is not based on a true understanding of the position the Borough is in with the funding and competitive neutrality provisions. Some respondents suggest that Council should contribute more funding, where in reality it will be forced to contribute less to service delivery.

²¹ City of Whittlesea, 2018



Transitioning from being a service provider (Options 2 and 3)

The benefits of council transitioning from direct service delivery, whether that be by a planned withdrawal or through partnering with other organisations, include:

- An opportunity to re-invest savings into other services or activities to better address health and wellbeing objectives within existing limited resources
- Alternative provider/s may offer a higher quality service and/or wider range of services
- Ceasing a service provider role provides an opportunity to enhance the effectiveness of council as advocate, planner and/or system steward
- Opportunity to shape the emerging market through partnering with a trusted local provider such as Bellarine Community Health and/or undertake activities to attract a locally based businesses or not-for-profit organisations and potentially increase or maintain local employment opportunities.

Whether other organisations are prepared to undertake all the current services provided by Council is a question to consider. A scan of the services picked up by MECWACare when Surf Coast Shire discontinued service delivery indicates that they deliver a comprehensive range including domestic assistance, personal care, respite care, home and garden maintenance, home modifications, transport and social support. This would leave the role of assessment still to consider in conjunction with the state government who still oversees this role in Victoria.

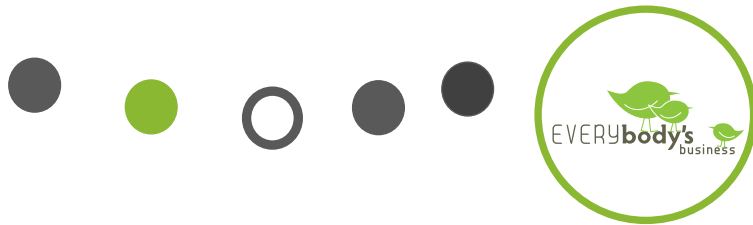
The disadvantages of ceasing services includes:

- Reputation damage with the local community who strongly support the continuation of service delivery as it is;
- Short term disruption and unrest as transition occurs; and,
- Loss of control over the quality of service being delivered (although this is not the remit of local government).

Reputation damage can be somewhat mitigated through engaging the current consumers, the broader community and staff in a transparent and open dialogue about the drivers for change, and attending to their concerns. With a well planned transition, good engagement and adequate time to implement the plan, disruption can be minimised.

Ceasing service delivery and reinvesting funds to strengthen Council's role in supporting older people to age well (Option 4)

The need for information and practical assistance to navigate the service system is a consistent message from older people who participated in the survey. It is a role that Council could perform, providing information and support to navigate and access services and programs. This service could provide information to the community on a range of topics relevant to ageing well and short term practical assistance to navigate the pathways to get started or to

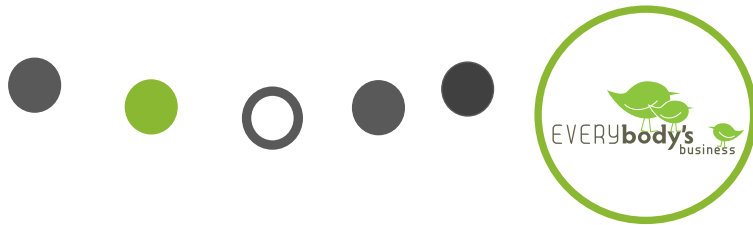


make change such as access to My Aged Care. This service could complement the existing assessment function. Training and support would need to be planned and implemented thoughtfully to ensure success if the Borough decides to shift focus to facilitating ageing well in the Borough of Queenscliffe rather than providing operational support.

In addition, there are opportunities for the Borough to strengthen its leadership role in advocacy, policy and local population planning, and responding to issues and needs as they arise. Council can play a role in lobbying other levels of government to ensure the needs of their ageing communities are met.

Further prospects also include considering establishing the Borough of Queenscliffe as an accredited Age-friendly City to further solidify commitment to the ageing community. This could entail:

- Becoming a local point of contact and connecting older people by working in partnership with service providers to ensure older people receive services and to address issues and gaps in services as they arise
- Provide infrastructure to support smaller providers/services, such as office space and community buildings where social support and other complementary programs could operate from
- Ensure a seniors' lens supports the shaping of Council's planning going forward
- There is the potential to work with providers in the community to use demographic insights from Council, as well as service delivery trends and insights from providers, to identify gaps in policy, services and infrastructure in the local community and develop pilot programs
- Deliver on a broader health promotion and healthy ageing agenda such as health literacy, promotion, communication, community capacity building and education on healthy ageing, to achieve improved outcomes.

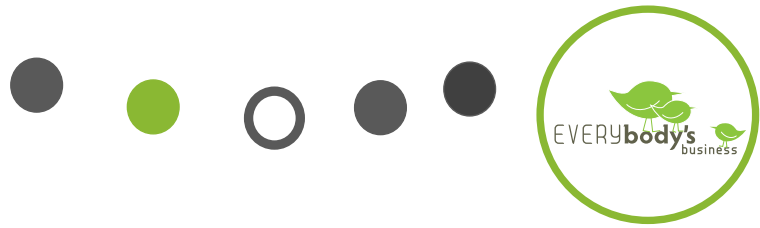


6.5 Key considerations

Key issues for Council to take into consideration include:

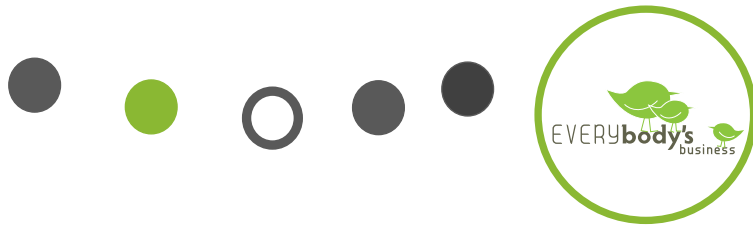
- It is neither viable nor feasible to deliver some Commonwealth services due to the cessation of guaranteed block funding from the Commonwealth, the ongoing requirement for subsidisation from Council, alternative appropriate providers in the market and the requirements of National Competition Policy
- There is no certainty in future funding levels due to increased competition
- Client choice in selecting from an increasing range of available service providers, many of whom can offer a broader range of services including from entry level to high needs at potentially a lower cost than Council can
- A transfer of services to an approved provider releases Council funds to invest in positive ageing initiatives to improve outcomes for a greater number of residents
- In addition to deciding to continue or transition away from direct service delivery, there is the need for Council to consider their broader role in supporting the development of empowered residents, supportive communities and sustainable community organisations
- There is a need for initiatives to address stronger social connection and reduce social isolation
- Service provision needs to come from trusted, affordable and reliable providers where workers are 'vetted', and the service model is flexible and focuses on outcomes
- A key component of successful service delivery is the relationship between the worker and the consumer. Consumers tell us it is not the organisation they value as much as the worker they form a relationship with
- The reformed aged care system can be experienced by older people and their families/carers as 'daunting' and 'overwhelming'; with a lack of information and support to navigate the system and understand the available choices. Council could play a valuable role by providing support to older residents to access information about services and community activities
- There is overwhelming community support to continue delivering CHSP services. Some of this expectation is based on misinformation as to why and what is required of Council as a provider of CHSP services. This would benefit from community engagement to explore and discuss the issues
- Most service recipients have trust and confidence in the service from Queenscliffe as they have not experienced another provider
- It is difficult to know what future recipients will value – whether the services provided by Council will meet their expectations or whether they will be confident receiving

"I would have liked much more detail on the changes made by the Commonwealth and how they affect the council and service users"



services from another provider. Experiences in other local government areas indicate that consumers have transferred successfully and with minimal disruption

- Councils are also facing additional challenges such as rate-capping, demographic shifts, cost growth and increasing community expectations.

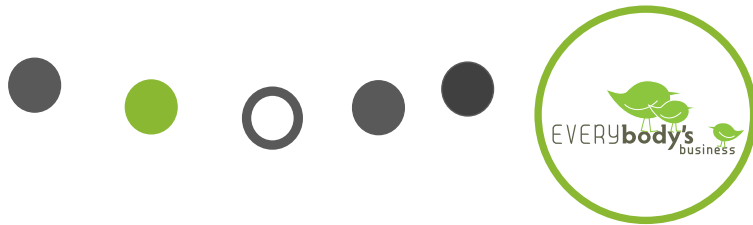


7. Recommendations

Aged care reforms and the introduction of the National Disability Insurance Scheme (NDIS) are fundamentally changing the operating and funding environment for the aged and disability services sector, particularly through increased market contestability and client choice. Service providers, clients, carers and funded agencies are grappling with how to best respond to this new competitive environment.

To ensure a healthy and prosperous community supporting older people to age well it is recommended that the Borough of Queenscliffe realign its aged services to enhance ways older residents can pursue fulfilling lives, reduce social isolation and get practical assistance to access services and programs when required, as follows:

1. Transition from the delivery of highly subsidised services which can be provided by other providers in the market based aged care system (domestic assistance, personal care, respite, home and property maintenance, home modifications, transport and social support)
2. Work with the community, existing consumers and staff to better understand the constraints and opportunities in the current environment
3. Engage with other local and emerging providers to discuss options and opportunities
4. Continue to deliver regional assessment services until the Commonwealth and State Governments determine the future operating and funding model and then review Council's role
5. Establish a Council funded information, advocacy and navigation service that supports older residents and carers/families to navigate a significantly changed service system and a diverse range of positive ageing programs
6. Develop and resource a transition plan to effectively implement these changes in a timely and efficient manner.



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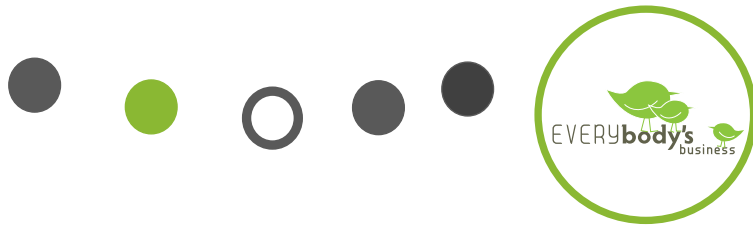
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