

8 December 2008

Committee Secretary
Senate Finance & Public Administration Committee
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Secretary

Residential and Community Aged Care in Australia

The City of West Torrens (Council) has a significant and long standing involvement in the provision of a range of aged care services to its community, and while many services are funded or subsidised by the Commonwealth and/or State Governments, several are not and Council contributes both financially and 'in kind' to all of them.

Council owns and operates a 115 bed aged care facility, St Martins, operates 30 Commonwealth funded Community Aged Care Program places and (last year) provided nearly 15,000 hours of service to 1,123 Home and Community Care clients.

Council's late submission, has afforded it an opportunity to quickly review the range of submissions already made, and acknowledge the fine work that many agencies have undertaken, particularly other Councils and the peak bodies, especially the Aged Care Association and Aged and Community Services (Federal and SA based versions thereof), whose concerns we share.

Notwithstanding our genuine and very strong support of other submissions, Council is very much concerned about the impact of the current financial environment on its ability to appropriately address the needs of current and future residents of St Martins Aged Care Facility.

For nearly two years, Council considered various aspects concerning proposals to redevelop St Martins, before deciding to proceed with a \$12.4 M project to provide 115 beds, up from 71.

The Business Case for the redevelopment of St Martins concluded that (worst case) the Council would have to 'subsidise' the operations of the facility by approximately \$250,000 per annum for a number of years, while St Martins was expected to meet some \$500,000 p.a. of the estimated \$750,000 p.a. to service the loan which Council had expected to take out to finance the redevelopment.

As it turned out, legislative changes (primarily deeming provisions in Social Security); Council's decision to develop a 29 bed (closed) Dementia Unit and the good name of St Martins within the local community, meant that St Martins attracted high numbers of bond paying entrants to the expanded facility and did not need to borrow funds.

The \$12.4 M project, which included all costs from acquiring land, consulting fees, business case, construction and fit out etc, was 'covered' by what is now a \$15 M plus bond holding, a feat Council believes made St Martins the first fully resident funded redevelopment.

Because Council did not need to subsidise the facility, the \$500,000 per annum originally allocated from St Martins operational budget for loan repayments, was directed, at least initially, into purchasing additional equipment and providing extra staffing for our resident lifestyle programs.

Notwithstanding Council's long term commitment to residential aged care (exhibited by its preparedness to subsidise the redevelopment), three interconnected factors have conspired to effectively wipe out the financial benefits that had accrued to St Martins by not having to meet a large debt servicing obligation.

1. The ongoing and widening gap between what St Martins can afford to pay its nursing and other care staff, and therefore compete for qualified, experienced and suitable staff in a candidate poor labour market;
2. The introduction of the ACFI based funding model, with the added complexity of the documentation, but effective reduction in 'services' funded and failure to recognise the 'real costs' of providing services in an aged care environment e.g. salary costs for the provision of care; and
3. The failure of the last Government and (at least to date) the current Government, to implement the bipartisan recommendations of the House of Representatives Standing Committee on Health and Ageing's report (*The Blame Game*), especially the Committee's call (at recommendation 10) for the same Public Benevolent Institution status as enjoyed by the *Not for Profit* and (appropriately structured) State Government Aged Care Services, to be extended to Local Government.

In the absence of Council's ability to offer the tax benefits that PBI status would otherwise make available to employees of St Martins, it must try (but ultimately fails) to bridge the gap in 'take home pay' between what an employee with full salary sacrificing opportunities might achieve and what St Martins can afford.

Our inability to attract and retain employees requires St Martins to spend in the order of \$725,000 annually to contract agency staff to provide essential and direct services to residents. Use of agency staff attracts something in the order of a 35% penalty on what a St Martins employee might earn per hour, never mind the loss of continuity that residents might otherwise have enjoyed with permanent staff.

St Martins has maintained a series of financial key performance indicators for several years now, and the Committee's attention is drawn to the two that follow:

1. Dollars spent per resident per day for care; Industry benchmark = \$71.44; St Martins = \$99.33 (year to date)
2. Daily operating surplus, per resident per day, to cover depreciation, plant replacement etc; Industry benchmark = \$8.08; St Martins = \$6.73 (year to date)

Funds spent on trying to top up salaries (in the absence of PBI) and the use of agency staff (in the absence of permanent staff), means less funds available to spend on resident focused lifestyle programs today, and a widening gap between funds set aside for depreciation and equipment/plant replacement and anticipated future costs.

Attachment One provides a brief summary of the development of St Martins as an aged care facility. *Attachment Two* comprises relevant sections of Council's submission to the House of Representatives Standing Committee, which canvassed other concerns about aged care services, concerns that have only heightened over the intervening period. *Attachment Three* outlines the range of services that Council provides for its ageing residents.

In addition to considering the raft of other factors impinging on the industry's capacity to deliver appropriate, high quality and highly personalised nursing, personal care and lifestyle services that our aged residents should be entitled to expect, as raised by our industry peers;

Council requests that:

The Senate Finance and Public Administration Committee formally endorse Recommendation 10 of The Blame Game (House of Representatives Standing Committee on Health & Ageing - November 2006) and Recommend that the Treasurer implements, as a matter of urgency, the necessary legislative changes to give effect to Recommendation 10.

Thank you for the opportunity to make this late submission, it is very much appreciated, we wish the Committee and its staff all the very best for the approaching festive season and for their deliberations in this extremely important area into 2009.

Kind regards



Declan Moore
Deputy Chief Executive Officer
City of West Torrens

Attachment One

The Development of St Martins

Council purchased St Martins in 1982.

At that time, the property was operating as a Private Hospital. Council immediately gained approval to operate the facility as a Nursing Home and commenced with 26 beds.

In 1985 this was upgraded to a 40-bed facility with the addition of 14 new beds and a building extension valued at \$1.6M. This helped to improve the operation and viability of the site.

In 1990, the property at the rear of the Nursing Home was purchased to build the Hostel Facility and 24 beds were introduced in June 1991.

In 1998, the Hostel was expanded by the construction of a further 6 bed extension at a cost of \$0.43M. This further improved the general viability of the Hostel.

In 2000, a single Nursing Home license (the only one available at the time) was purchased from another aged care provider for a premium sum of \$48,000, the purchase also acted as an indication to Government of the serious intention of Council to increase its resident numbers in the future.

St Martins then operated with 41 Nursing Home (high care level) beds and 30 Hostel (low care level) beds. Financial operating outcomes varied, with declining operating margins and lessening end of year surpluses since 2000.

Management of Council and St Martins became more acutely concerned about the Nursing Home's ability to meet its obligations of compliance with the 2008 Certification requirements for safety and environmental acceptance under the Department of Health & Ageing guidelines, particularly with regard to fire safety, resident privacy and spatial requirements.

Throughout the industry, small stand alone Aged Care Facilities were finding it more difficult to maintain acceptable levels of financial viability while continuing to meet the pressures of regulatory compliance, residential care standards, industrial relations demands and acceptable levels of compliance with accreditation and certification requirements.

To address these concerns, a series of exploratory options were investigated to assess the best possible course of action for Council to take, and which might secure the facility's future viability.

In December 2002, Council was successful with an application to the Department of Health & Ageing in gaining Provisional Approval for a further 10 Nursing Home (high care) licenses and 30 Hostel (low care) licenses.

It was felt that increasing the site occupancy to 111 residents would enable St Martins to create significant economies in staffing structures and site-specific fixed costs, which would improve the sites long-term viability immediately.

Prior to moving forward with a redevelopment, a range of issues and risks that would impact St Martins and Council, concerning the provision of aged care services were considered, including:

- Community demand for the services;
- Government expectations of and for aged care;
- Ability to meet Accreditation and Service Delivery Standards;
- Ability to meet building and environmental Certification;
- Staff availability, security of tenure and workplace safety;
- Ability to maintain satisfactory levels of return to Council;
- Viability and meeting economies of scale across the site;
- Access to long-term finance and financial stability.

Each of these issues were fully expanded upon in the Business Case presented for Council's consideration.

Although St Martins had enjoyed a positive financial operating position in more recent years, it was evident that its viability was reducing, even though it was situated in the centre of a community seeking the very services that St Martins was well capable and positioned to provide.

Although access to the new licenses appeared to place St Martins in a strong position, Council fully explored several options:

- **Sale of St Martins Aged Care Facility**

This would have involved the disposal of the business, land, buildings and equipment at St Martins to a prospective buyer who would continue its operation as a Government Funded Aged Care Facility into the future.

- **Minimal Redevelopment – 57 Beds**

Would meet Certification requirements without changing the external nature of the building, but to enable 2008 Certification requirements to be met, the facility would have to be down sized to 57 beds; 27 Nursing Home and 30 Hostel residents. The existing Hostel remained untouched in this option.

Maintain Current Capacity – 71 Beds

Upgrade the facility to meet 2008 Certification requirements for the Nursing Home and retain the existing resident occupancy numbers i.e. 71 bed capacity, 41 Nursing Home and 30 Hostel residents. This would involve modifying the existing Nursing Home structure with the introduction of ensuite toilet and bathroom facilities and fire sprinkler systems throughout the facility, in accordance with Department of Health & Ageing 2008 Certification requirements.

To maintain the same level of resident occupancy a 14-bed extension would be added to the existing facility. The existing Hostel also remained untouched in this option.

- **Major Redevelopment – 115 Beds**

Redevelop the facility to introduce a 52-bed two storey extension and downsize the existing Nursing Home to meet 2008 Certification requirements. This would involve introducing ensuite bathrooms for all residents, achieving a 115-bed capacity of 53 Nursing Home and 62 Hostel residents, requiring an additional 4 licences to be obtained over the next few years (2 obtained in late 2006).

For each option, consideration was been given to the following aspects:

- **Operational Implications** impacting on the service delivery, residents and staff;
- **Financial Implications** over a sustained period of 15 years, and the general funding impacts over that time period.
- **Economic Issues** and benefits that would accrue to the Council, the Community and the Service;
- **Community Issues** affected by the level of and type of service delivery each option provides;
- **Risk factors** and other key implications that would be influenced by each option.

For nearly two years, Council considered various aspects concerning the proposed redevelopment of St Martins Aged Care Facility, before deciding to proceed with a 12.4 M redevelopment of the facility to provide 115 beds.

While the facility could not be used exclusively to accommodate residents from the City of West Torrens, Council accepted that retention of the facility would enhance the opportunity for frail aged to secure this type of accommodation in areas that had been important during their lives or relevant in terms of family and/or social relationships.

The Business Case for the Redevelopment of St Martins, contained a number of financial forecasts including the redevelopment costs, an operating budget for the facility in its first full year as a 115 bed facility and debt servicing costs, and concluded that (worst case) the Council would have to 'subsidise' the operations of the facility by approximately \$250,000 per annum for a number of years.

St Martins was expected to meet some \$500,000 p.a. of the estimated \$750,000 p.a. to service the loan Council had expected to take out to finance the redevelopment.

As it turned out, legislative changes (primarily deeming provisions in Social Security); Council's decision to develop a 29 bed (closed) Dementia Unit and the good name of St Martins within the local community, meant that St Martins attracted bond paying entrants to the expanded facility and did not need to borrow funds.

The \$12.4 M project, included all costs from acquiring land, consulting fees, business case, construction and fit out etc, was 'covered' by what is now a \$15M plus bond holding.

Council did not need to subsidise the facility and the \$500,000 per annum allocated for loan repayments was directed, initially, into additional equipment and staffing for resident lifestyle programs.

Notwithstanding Council's long term commitment to residential aged care (exhibited by its preparedness to subsidise the redevelopment), three interconnected factors have conspired to effectively wipe out the financial benefits that had accrued to St Martins in the absence of a large debt servicing obligation.

1. The ongoing and widening gap between what St Martins can afford to pay its nursing and care staff, and therefore compete for qualified, experienced and suitable staff in a candidate poor labour market;

2. The introduction of the ACFI based funding model, with the added complexity of the documentation, but reduction in 'services' funded and failure to recognise the 'real costs' of providing services in an aged care environment i.e. salary costs for the provision of care; and
3. The failure of the last Government and the current one, to implement the bipartisan recommendations of the House of Representatives Standing Committee on Health and Ageing's report (*The Blame Game*), especially the Committee's call (at recommendation 10) for the same Public Benevolent Institution status as enjoyed by the *Not for Profit* and (appropriately structured) State Government Aged Care Services, to be extended to Local Government.

In the absence of Council's ability to offer the tax benefits that PBI status would otherwise make available to employees of St Martins, it must try (but ultimately fails) to bridge the gap in 'take home pay' between what an employee with full salary sacrificing opportunities achieves and what St Martins can afford.

Our inability to attract and retain employees requires St Martins to spend in the order of \$725,000 annually to contract agency staff to provide essential and direct services to residents. Use of agency staff attracts something in the order of a 35% penalty on what a St Martins employee might earn per hour.

Council therefore request that:

The Senate Finance and Public Administration Committee formally endorse Recommendation 10 of The Blame Game (House of Representatives Standing Committee on Health & Ageing - November 2006) and Recommend that the Treasurer implements, as a matter of urgency, the necessary legislative changes to give effect to Recommendation 10.

Attachment Two

Excerpts from Council's May 2006 Submission to the House of Representatives Standing Committee on Health & Ageing

Council acknowledges:

- The complexities in the 'health system and health industry' and that Local Government is a minor player in the grand scheme.
- The Commonwealth's support for a raft of health and ageing programs run by local government.
- That Local Government receives funding from the Commonwealth and State Governments to provide a broad range of health and aged care services.
- That Local Government has a genuine role to play in the provision of primary health and aged care services and that some local authorities have elected to participate in the provision of direct services (eg personal care and nursing).
- A general concurrence with most of the matters raised in the May 2005 ALGA submission to the inquiry, though I personally support the proposition that the biggest problem with respect to GP services (and other health care providers) relates to their maldistribution, rather than their overall number, and subscribes to geographic bonding for both medical practitioners and Medicare provider numbers.
- That the City of West Torrens is the beneficiary, on behalf of its community, of millions of dollars per annum from the Department of Health and Ageing, and several hundreds of thousands of dollars per annum from joint Commonwealth/State funded programmes.
- That Council would be unable to provide many of the services it does, without the financial support offered by other levels of government, unless it elected to significantly increase the rate burden on its community.

The City of West Torrens' Community Plan is built around the Vision and Mission statements, which describe Council's long-term goal, and detail a range of strategies or means by which we intend to work towards its achievement.

The Plan is used to align Council's organisation and budget structure with its mission, priorities and objectives. The Plan sets the directions for Council to follow over the next few years and indicates how we intend to accomplish the various steps. In other words, it is our map for the future.

The Plan demonstrates cohesiveness between Council and the community by mapping out key directions, strategic objectives and financial and economic plans, and enables our residents to be informed of where Council is headed, why, how and when it plans to get there.

Vision

West Torrens - the best place to live, work, invest, grow, learn, play, enjoy and rest.

Mission

To strive for excellence in serving our community, improving their quality of life and protecting our environment.

Values

Accountability: We act on behalf of the West Torrens community and are therefore accountable to them for our actions.

Advocacy: We will act as an advocate with other levels of government and the private sector to help achieve Council's Vision.

Inclusivity: We will foster the development of an inclusive city, one that recognises the value of all people, celebrates their diversity and treats them all with respect and dignity.

Community Involvement: We will regularly consult with our community and seek to actively engage them in the operations, functions and activities of Council.

Community Capacity: We will work with local communities to assist them strengthen their support and problem solving resources, so that they may obtain more control over their relationships, resources, learning, information and decision-making.

Quality: We will provide quality services that are continuously improving, focused on customer service and accountable to the community.

Supportive Working Environment: We will provide a safe, supportive and family-friendly working environment that promotes staff development.

Healthy Communities: We will work in partnerships with community, business and government sectors to provide a safe, clean, healthy and sustainable environment, one that balances social, cultural, heritage, environmental and economic factors.

Difficulties being encountered

- The number of people requiring services and/or level of support required exceeds service capacity, so services try to prioritise and establish complex eligibility criteria to protect the available dollars. But other levels of government and other agencies sometimes 'suggest' that there is capacity elsewhere, just not in their programmes, which is unhelpful.
- High admin tasks (data collection and reporting) and therefore higher administration costs = reduced direct services
- Government funding increases are influenced by c.p.i. not labour costs, especially not professional services
- We understand that services must meet quality criteria, recognise client sovereignty, account for expenditure of public funds, meet OHSW requirements for workers and clients, provide literature in community languages and have grievance procedures in place, BUT, the practical reality is that fewer dollars are being spent on actual service delivery to clients and, as administrative requirements become more onerous, agencies must continuously review the extent to which they can remain as service providers.
- Tight guidelines in terms of what we can/can't do for individuals because most programme guidelines are designed to 'quarantine' their funds for specific purposes, Generally to ensure that a mix of clients are serviced, but can actually be counter productive when you are presented with clients who have multiple/mixed needs and a lot of admin time is chewed up in case management trying to meet needs.

- Greatest concern is for the group of people that we know little about because they haven't been referred, are not yet assessed or are waiting lists. If you are 'in' a programme (of any type) its easier to move around the system picking up support (If you have a good advocate) but if you aren't in the system yet, you can exist on a waiting list for ages with the most significant needs, but until a vacancy opens up, you remain minimally or unsupported.
- Programme discharges (for turnover) are difficult because in this area needs are rarely satiated, they increase in number/complexity and programme exits are generally to another programme delivering greater services or death.
- Establishing priorities and conducting assessments to determine highest needs, generally only works at programme start up, and even then only if people make themselves known. Moving people up through the 'aged care continuum' works fine if we can identify all those in need and have sufficient places to accommodate them, but finding people 'late' with resource intensive needs is almost a daily occurrence so you try to 'shoe horn' them into whatever programme you can.

Attachment Three

Seven Steps to Aged Care Service Provision - 2004

For over 30 years, the City of West Torrens has acknowledged its role and responsibilities in providing care and support services for its elderly population. The City of West Torrens has undertaken a number of major initiatives in this field, which have mainly been concentrated in the provision of residential focussed aged care. This included the following initiatives:

- Centenary Village (Ballantyne Street, Thebarton)
- George Robertson Retirement Village (Major Avenue, Lockleys)
- Kandahar Retirement Village (Marion Road, North Plympton)
- Ken Richards Retirement Village (Beckman Street, Glandore)
- Kintore Street Retirement Village (Kintore Street, Thebarton)
- Lockleys Retirement Village (Cross Street, Lockleys)
- Steve Hamra Retirement Village (Marion Road, North Plympton)
- St Martins Aged Care Facility (Cudmore Terrace, Marlestone)

Council undertook most of these initiatives in partnership with the State Government and the SA Housing Trust. St Martin's provides High and Low Care personal services, other facilities provide for more independent living and some provide for low-key communal support.

More recently the City of West Torrens, in developing its new vision and strategic objectives, acknowledged the growth in its ageing population and the critical need to provide a more strategic approach to the provision of aged care services and support. Both direct and indirect service provision and intervention approaches are utilised to deliver a wide range of services and opportunities to the target group, and both approaches are underpinned by the following key principles:

- Maintaining the independence of older people.
- Providing choice of services.
- Encouraging active participation and meaningful involvement in social, recreational, educational and health related activities.
- Promoting accessibility to services through the provision of community transport.
- Providing responsive, effective and well-focussed initiatives for the aged population in all of their stages (50 years+).
- Recognising elderly people's capacity to positively contribute to the life of the community.
- Empowering elderly people, through community capacity building initiatives, to manage their daily lives, and to make decisions that influence and enhance the quality of their lives and well-being.
- Collaborating with other service providers, both within the City of West Torrens and on a regional basis, to provide a more comprehensive service to the elderly.

Council's strategies for the provision of aged care services are based on a view that people's lives (50 years+) consist of various stages, conditions, capacities and abilities, ranging from fully independent and self-sufficient to being totally dependent on others for most activities of daily living.

The implementation of Council's strategies is based on seven [7] steps of intervention, each responsive to the various levels of people's capacity and ability to be independent, as well as recognising the cultural diversity of the community:

Step One

This intervention is specifically targeted towards people with high-level independence and a high capacity to manage their own lives.

Council provides information and general support through the following mechanisms:

- Information Directories
- Talking Points
- Website
- Messenger
- Community Noticeboards
- Community Centres
- Presentations to various seniors clubs and aged care service organisations
- Community facilities and resources to culturally and linguistically diverse populations (e.g. Italian Pensioners, Greek Pensioners, St Nicholas group etc)
- Community Transport

Step Two

Specifically targeted towards people with medium to high levels of independence and a reasonable capacity to manage their own lives.

- Seniors Community Centre
- Community Centres providing various support programs
- Thebarton Seniors Group
- Community Support Programs
- Community Grants
- Preventative Health Programs (e.g. Wise Use of Medicine, Aqua Fun, Well-being for Seniors)
- Community Transport

Step Three

Specifically targeted towards people with medium levels of independence and a reasonable capacity to manage their own lives

- "Links" Newsletter
- Celebrate Seniors Festival
- Senior Citizens Network
- Service Clubs Network
- Preventative Health Programs (e.g. Wise Use of Medicine, Aqua Fun, Well-being for Seniors)
- Regional Projects (e.g. Better Gardens Project)
- Community Transport

Step Four

Targeted towards people with a reasonable level of ability but may lack opportunities for social interactions, are socially isolated, experiencing loneliness, or are maybe without a partner.

- Community Meal
- Social Outings
- Health related seminars/talks
- Preventative Health Programs (e.g. Wise Use of Medicine, Aqua Fun, Well-being for Seniors)
- Community Capacity Building
- Community Transport

Step Five

Targeted towards people with partial independence and a low level capacity to manage the maintenance of their home due to their limited physical capacity and/or mental ability.

- Home And Community Care (HACC)
 - Home Assist Services (HAS)
 - Home Clean – Short term and long term
 - Home Security and Safety
 - Minor Gardening and Pruning (for safety and security)
 - General Home Maintenance and Repair
 - Cleaning for people from culturally and linguistically diverse (CALD) communities
 - Home Support Volunteer Service
 - Disability Day
 - HACC Rag
 - Specifically targeted multi-lingual HACC information packages
- Preventative Health Programs (e.g. Wise Use of Medicine, Aqua Fun, Well-being for Seniors)
- Community Transport

Step Six

Targeted towards people who have partial independence and a minimal capacity to manage their own lives.

- Community Aged Care Packages (CACP) e.g. Council's *Elder Choices* program
- Specifically targeted multi-lingual CACP information packages
- Retirement Villages
- Respite care e.g. St Martins low care
- Referrals from Hospitals and the Western Aged Care Assessment Team
- Preventative Health Programs (e.g. Wise Use of Medicine, Aqua Fun, Well-being for Seniors)
- Community Transport

Step Seven

This intervention is specifically targeted towards those elderly people (aged 70 and over) who have been assessed as requiring high or low level care provided through full time residential care. Higher levels of frailty/disability or the need for closer monitoring/supervision may lead to this level of intervention.

- Council's St Martins Aged Care Facility
- Other residential aged care facilities

Future Directions

It is critical that West Torrens develops a clear, concise and well-focussed direction for the future delivery of aged care services. Council can capitalise on the strength of its present involvement, identify and minimise some of the existing weaknesses and expand into areas which will complement and move towards the provision of a more complete 'Aged Care Continuum' based on an integrated approach. The following initiatives will go a long way toward completing this cycle:

▪ Consumer Advisory and Advocacy Group

The Social Development Unit will establish a Community Advisory and Advocacy Group under the guidelines set out according to the HACC National Standards and Audit. The Group will advise and comment on services provided by the Social Development Unit for the aged and younger disabled. It will ensure that services are customer focussed and responsive to client needs.

An independent person, approved by the Group Manager City Services, will chair the Group and training will be provided to all members of the Group on meeting procedures, HACC National Standards and the Community Aged Care Package program.

▪ Carers Respite Project

As a result of the recent review of the City of West Torrens' Aged Care Service provision, Respite Care was identified as a crucial gap in the provision of a "continuum" of aged care support services. It is proposed that Council, in partnership with formal and informal aged care service providers, develop and implement a community-based project providing support to local carers by way of respite opportunities, as a pilot initiative.

It is planned that upon completion of this pilot initiative, a review and evaluation would be undertaken to improve and enhance the delivery of such a service, and to ascertain the feasibility of expanding it to engage other local and regional formal and informal service providers. A planned expansion is critical to delivering an effective response to a clearly identified gap in local service provision.

▪ Collaborative Projects with Western Linkages (Regional Projects)

The Western Linkages Project identifies gaps in services and encourages a collaborative approach across service providers to create regional collaborative responses. The City of West Torrens works in partnership with members of Western Linkages on projects as identified.

One such project is the "Better Gardens Pilot Project", which involves:

- The City of Charles Sturt
- The City of Port Adelaide Enfield
- The City of West Torrens

The "Better Gardens Project" will target low socio-economic frail aged and disabled residents and aims to reduce garden maintenance by using techniques such as mulching, planting of low maintenance and water-friendly plants and installing "soaker" irrigation systems. This project will be of minimal cost to the clients, as people who are registered with Centrelink and are part of the Work for the Dole Program will deliver these services.

It is planned that upon the completion of this pilot project, and subject to its evaluation, an expanded program to include such strategies as paving and the installation of other low-maintenance ground cover (instead of lawn) will be developed.

- **Expanded HACC and CACP Services**

There is a clearly identified need for the expansion in the delivery of the range of HACC services and Community Aged Care Packages. Current waiting lists for services, in addition to an increasing number of elderly people who are recently arrived migrants and refugees, indicate that more services are required. This expansion can only be achieved through the successful negotiation with State and National Governments for an increase in funding.

- **Active Ageing (for both Physical and Mental well being)**

This is one of the most critical areas that requires serious attention by all levels of government, non-government agencies, the voluntary, formal and informal sectors, as well as individual citizens.

It has become evident locally, nationally and internationally, that as people are living longer as a result of improved nutrition and environmental conditions, advances in medicine and medical technology and the provision of a range of personal care services, attention is being diverted away from the need to maintain a healthy and fit physical and mental state of being.

The following range of initiatives aim to address some of the issues arising from the lack of fitness (physical and mental), generally found in the aged population:

- Cross-generational exchange between elderly people of different cultural backgrounds sharing a variety of skills and knowledge with young people and with people from other cultural backgrounds
- Expansion and consolidation of the Aqua Fun program, Yoga and Relaxation, Body Balance, Wise Use of Medicine, Walk with Care, Massage and Grooming, Health related seminars, workshops and presentations and the Community Meal.