

Regional Meals on Wheels Needs Assessment

*Prepared for the Southern Sydney Regional
Organisation of Councils (SSROC)*

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Executive summary

The Australian Government, *Key directions for the Commonwealth Home Support Programme*, Discussion Paper notes that Australia's population continues to age. It is estimated that the number of people aged 85 years and over will more than quadruple by 2050, increasing from 400,000 in 2010 to 1.8 million in 2050. It is expected that by 2050, over 3.5 million older people will access aged care services each year, with approximately 80% of services delivered in the community¹.

The Southern Sydney Regional Organisation of Councils (SSROC) is an association of 16 local councils, originally established in 1986. SSROC is the forum through which councils work together to achieve solutions to the challenges facing the southern Sydney region.

SSROC engaged the Australian Centre of Excellence for Local Government (ACELG) at the University of Technology, Sydney (UTS) to undertake a comprehensive needs assessment of Meals on Wheels (MoW) services and provision across the SSROC region.

SSROC comprises of 16 councils, of which 12 took part in this research project. . The councils that participated in this research project include:

- Ashfield Council
- Bankstown City Council
- City of Botany Bay
- Burwood Council
- City of Canada Bay
- City of Canterbury
- Leichhardt Council
- Marrickville Council
- Randwick City Council
- Rockdale City Council
- City of Sydney
- Waverley Council.

The councils that did not participate in this research project include:

- Hurstville City Council
- Kogarah City Council
- Sutherland Shire Council
- Woollahra Municipal Council.

This needs assessment is in response to a number of policy changes to the delivery of aged care services at a Commonwealth and State level. The need for changes to the Home and Community Care model (HACC) stem from a number of factors, including, but not limited to:

- An increasing ageing population
- An ageing volunteer base
- Challenges around recruiting younger volunteers
- Tighter legislative food safety requirements
- Older premise and equipment in service facilities

¹ Australian Government, *Key directions for the Commonwealth Home Support Programme*, Discussion Paper, Department of Social Services, p.5, 2014.

- Changes in demand for culturally specific meals, greater choices and more flexible services
- Unsustainable and unresponsive services due to a lack of clients and volunteers
- Economic and social isolation².

Councils can play an important role in ensuring their residents receive sustainable, quality meal delivery services, irrespective of whether council or an external organisation provides these services. Councils also play an important role in providing other community care and support based services and programs for frail older people and people with disability. Since the initiation of council-operated MoW services in 1957, various amalgamations and boundary changes have made it difficult to assess the number of customers receiving the services, number of meals provided and models of service delivery across the SSROC area. In addition, the changing demographic profile of Local Government Areas (LGAs), community expectations and service availability – amongst other social, economic, funding and regulatory factors – have seen the associated costs of MoW services increase, while the attendance and demand has decreased. As a result a number of councils have gradually withdrawn from direct service provision.

This needs assessment undertaken by ACELG on behalf of SSROC, directly engaged with service providers from across the region, as well as key stakeholders from government and other non-government organisations.

This report documents a review of key policy documents, including the move towards a Consumer Directed Care (CDC) model of service delivery, a current and future demographic analysis, key stakeholder engagement process, including one-on-one in-depth interviews and a facilitated workshop, an analysis of each services strengths, weaknesses, opportunities and threats (SWOT), and consideration of the needs and potential options for MoW service delivery across the SSROC region.

Policy context

Currently, the Australian Government’s HACC Program provides funding to a number of government and non-government organisations for MoW services.

Commonwealth Home and Support Programme (CHSP)

In 2012, the Australian Government announced the *Living Longer, Living Better* package to establish a national Commonwealth Home Support Programme (CHSP), which absorbs services provided under the existing HACC program. As part of the CHSP a review of a number of HACC services, including MoW is to be undertaken. These reviews aim to inform the transition to more consistent and equitable service delivery arrangements and a national consistency in the cost of service provision.

The CHSP will bring under one program all services currently providing basic home support to older people including the Commonwealth HACC program, the National Respite for Carers program, the Day Therapy Centres program, and the Assistance with Care and Housing for the Aged program.

² Southern Sydney Regional Organisation of Councils, Request for Quotation, Regional Meals on Wheels Needs Assessment, 2014, p. 27.

Home Care Packages Program

The Home Care Packages Program replaced the former Community Packaged Care Programs on 1 August 2013. A Home Care Package is a package of services tailored to meet the consumers specific care needs, coordinated by a home care provider, and offering support at one of four levels:

- Home Care Level 1 – a new package to support people with basic care needs, with a subsidy of approximately \$7,500 per annum
- Home Care Level 2 – a package to support people with low level care needs, equivalent to the former Community Aged Care Package (CACP), with a subsidy of approximately \$13,600 per annum
- Home Care Level 3 – a new package to support people with intermediate care needs, with a subsidy of approximately \$30,000 per annum
- Home Care Level 4 – a package to support people with high care needs, equivalent to the former Extended Aged Care at Home (EACH) package, with a subsidy of approximately \$45,000 per annum.

Consumer Directed Care (CDC)

After the current period of block funding ends, government and non-government organisations should prepare to operate HACC services under a Consumer Directed Care (CDC) model. From the 1 August 2013, all new Home Care Packages are to be delivered on a CDC basis. It is understood that the introduction of CDC in all packages will apply from July 2015³.

CDC is an initiative placing the individual at the centre of care decisions, fully engaging them in determining what and how their care needs are provided. Under a CDC approach, consumers are encouraged to identify goal, which could include independence, wellness and re-ablement. These will form the basis of the Home Care Agreement and care plan.

The care plan is required to include:

- The types of services that will be received
- Who will provide each service
- How much involvement the service provider will have in managing and co-ordinating the services
- When the services are delivered
- How much the service recipient will pay.

The consumer decides the level of involvement they wish to have in managing their package, which could range from involvement in all aspects of the package, including co-ordination of care and services, to a less active role in decision-making and management of the package. There should also be ongoing monitoring and a formal re-assessment by the provider (at least every 12 months) to ensure that the package continues to be appropriate for the consumer⁴.

³ Australian Government, Department of Social Services, *Evaluation of the Home Care Packages Programme and Consumer Directed Care*, Ageing and Aged Care, 2015, available at: <https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform/reforms-by-topic/home-care/evaluation-of-the-home-care-packages-programme-and-consumer-directed-care>

⁴ National Council of Social Services, 2013, Summary: Home Care Packages Program, accessed at: <http://www.ncoss.org.au/resources/130530-NCOSS-summary-HCP-Program.pdf>

Through the introduction of an individualised budget, CDC provides greater transparency to the consumer about what funding is available under the package and how those funds are spent.

On 1 July 2015, approximately 59,000 existing Home Care Places will convert to a CDC model of care⁵. The Department of Social Services (DSS) has also engaged KPMG to conduct an evaluation of the implementation of the Home Care Packages Programme, including the introduction of the CDC model of aged care service delivery. The evaluation will identify any operational issues that may be considered by DSS to support the successful conversion of all Home Care places to CDC arrangements before 1 July 2015, as well as identifying areas for future policy consideration.

Current and future demographic profile

The following outlines the key existing and future demographic trends relevant to the current and future provision of MoW services across the SSROC area.

- From 2011 to 2031 there will be an increase in population across within all LGAs across the SSROC area.
- From 2011 to 2031 there will be an increase in people aged 65 years and older across all LGAs within the SSROC area.
- Overall the SSROC region is culturally diverse.
 - Of those people not born in Australia within Ashfield, Burwood, Canterbury, Rockdale and Sydney, the second most common country of birth is China.
 - The coastal and inner west LGAs of Sutherland, Waverley, Woollahra, Leichhardt, and Marrickville all have notable proportions of people born in England.
 - Other countries of birth represented across the region include; Italy, Lebanon, Bangladesh, Vietnam, South Africa, India, Hong Kong and Greece.
- There are a smaller proportion of family households, a slightly higher proportion of single (lone) person households and a slightly higher proportion of group households across the SSROC region compared to Greater Sydney.
- The SSROC region has a higher percentage of renters compared to Greater Sydney.
- There is a higher median personal income, a higher median weekly family income and a slightly higher median weekly household income across the SSROC region compared to Greater Sydney.

Stakeholder engagement

To fully inform the needs assessment, a number of specific engagement methods and techniques were undertaken. The engagement techniques were complementary, and enabled the breadth and depth of views and perspectives from a range of stakeholders. The engagement techniques included:

- In-depth interviews
- Group discussions and meetings
- Facilitated workshop
- Final presentation.

⁵ Australian Government, Department of Social Services, 2015, Evaluation of the Home Care Packages Programme and Consumer Directed Care, available at: <https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform/reforms-by-topic/home-care/evaluation-of-the-home-care-packages-programme-and-consumer-directed-care>

In-depth interviews

A total of 10 in-depth interviews were undertaken with key representatives from MoW services across the 12 member council LGAs. Participants were asked to comment on the following:

- Their current role and type of work
- Information about their Meals on Wheels Service, including:
 - Number of meals delivered
 - Frequency of meal delivery
 - Number of staff
 - Geographic area of service delivery
 - Client characteristics
 - Funding
 - Capacity
 - Relationships and partnerships
- Impact of proposed policy changes
- Current and future needs
- Opportunities and strengths
- Weaknesses and barriers
- Threats.

In addition, a meeting was held with NSW Meals on Wheels to discuss the project.

Facilitated workshop

The facilitated workshop brought together key council representatives, associated MoW coordinators and HACC development officers (approximately 20 attendees). The purpose of this workshop was to have a holistic, strategic discussion that was open and transparent around the need of MoW services locally and regionally in light of a number of key considerations, including policy changes, aged care reform, and changing demographics. The workshop identified the strengths, weaknesses, opportunities and threats of services as well as opportunities for collaboration of delivery for MoW services across the region.

SWOT analyses

As a result of the one-on-one in-depth interviews the research team undertook individual strengths, weaknesses, opportunities and threats (SWOT) analyses. The SWOT analyses outlined the following details:

- Name of MoW service
- Location
- Geographic area of service
- The MoW provider type e.g. Council, NGO etc.
- An overview of the MoW service
- Funding arrangements
- Capacity
- Formal and informal relationships
- Strengths of the MoW service
- Weaknesses of the MoW service
- Opportunities for the MoW service

- Threats to the MoW service.

The draft SWOT analyses were then provided to relevant attendees at the facilitated workshop. A key task at the workshop was for the appropriate MoW service providers and associated council staff members to review and consider the information gathered. They were then asked to provide comments and feedback on their respective SWOTs.

The following provides an overview of the key strengths, weaknesses, opportunities and threats associated with MoW services across the SSROC area. It should be noted that these do not necessarily apply to each individual service.

STRENGTHS

The following provides an overview of the key strengths of MoW services across the SSROC area:

- **Volunteers**
 - The service of volunteers to MoW services is an enormous value-add
 - The value to volunteers being of part of the MoW service
 - Strong volunteer bases across the SSROC region
- **Referrals and partnerships**
 - Strong partnerships and relationships with other aged care services, including other MoW services
 - Ability to share resources and knowledge with other aged care services
- **Meals on Wheels offer**
 - Diversity of meals
 - Access to commercial kitchens
 - The provision of centre based meals (allowing people the opportunity to get out of their home)
- **Local context**
 - A number of services are within close proximity to other aged care services for support and referrals
- **Staff**
 - Passionate with specific skills and expertise
- **Supportive councils**
- **Economies of scale**

WEAKNESSES

The following provides an overview of the key weaknesses of MoW services across the SSROC area:

- **Ageing premises**
- **Ageing volunteers**
- **Policy and funding changes**
 - Uncertainty around what impact changes to policy and funding may have on MoW services specifically
 - Commonwealth Government not funding at levels required
 - Inability to adapt to potential future funding and cost frameworks
 - Lack of funding for promotional opportunities e.g. marketing materials
 - Food safety requirements and risk assessments
- **Decrease in clients**
- **Meals on Wheels image**
 - The 'image' or stigma attached to MoW as a service e.g. traditional, charity etc.
- **Referrals and partnerships**
 - The lack of referrals and partnerships with other aged care services
- **Competition**
 - The services and food options provided by MoW not keeping up with competition (private providers), supermarkets etc.
- **Staff**
 - Lack of skills, experience and knowledge of some staff
- **Location**
 - The location of MoW services within some LGAs e.g. located on the boundary of a number of LGAs, not located in easily accessible location for clients or volunteers etc.

OPPORTUNITIES

The following provides an overview of the key opportunities of MoW services across the SSROC area:

- **Regional collaboration**
 - Greater purchasing power, formation of relationships, learning and sharing
- **Capacity**
 - To include other aged care services in LGA
- **Meals on Wheels offer**
 - Expanding service to include food specific to CALD communities
 - Be more efficient, effective and sustainable
 - Increase shared menus and as a result increase number of clients
 - Increase bulk-meal delivery
 - Use commercial kitchens as distribution centres/hubs
 - Increase CALD specific meals through purchasing from other MoW services
 - Improve branding and packaging
- **Engaging new volunteers**
 - Focus on recruiting younger volunteers
- **Economies of scale**
 - The potential power of SSROC as a region – networking, buying and provision of services
 - Larger catchment and service areas needed – for economies of scale
- **Increased coordination and collaboration**
 - Work more closely with other LGAs at a strategic level that filters down through each MoW service
 - Sharing of services and different meal types
- **Benchmarking**
 - Benchmark meal costs across services
- **Increase food rescue**

THREATS

The following provides an overview of the key threats associated with MoW services across the SSROC area:

- **Unknown policy and funding changes**
 - Potential decrease/loss of funding
 - Policy changes
- **Losing local connection**
- **Losing volunteers**
- **Competition**
 - From supermarkets, clubs, or free food offers
 - Larger and more efficient organisations moving into the space of meal provision for older people
- **Local context**
 - Changing demographics – ageing population
 - Increase in cost of living
 - Potential council amalgamations

Needs assessment and options

MoW service is 'more than just a meal'...

MoW services provide hot and cold meals to frail older people and younger people with disability. The meals are delivered by volunteers on a daily basis, and encourage ageing in place, allowing recipients to live in their homes for longer. As well as providing a meal to recipients, volunteers and MoW services provide nutritional support, social contact, and the ability to monitor client's wellbeing, health and safety. This research project has highlighted the importance of the community support and care role volunteers provide as part of the MoW service. In light of the proposed policy changes and the diversifying and ageing population of the SSROC area, the following outlines the identified key challenges and needs of MoW services at a regional level (SSROC) as discussed and stated by key stakeholders as part of the in-depth interviews, facilitated workshop, and final presentation.

Identified challenges:

- **Geographical boundaries of LGAs** – servicing across LGA boundaries can sometimes be challenging due to different community needs and demographic profiles.
- **Loss of local volunteers** – the majority of volunteers associated with each individual MoW service live within the respective LGA. Due to increased travel implications, volunteer attainment and recruitment for a regional approach to MoW service provision may impact on the currently high number of volunteers working in their local community.
- **Local government voice on policy position to capture local issues** – a regional model of MoW provision may make it difficult for local governments to provide a voice on specific local issues within their local communities.
- **Administration and operation** – there may be challenges around the administration and operation processes associated with a regional delivery model for MoW that are currently operated at a local government level.

Identified needs:

FIGURE 1: OVERVIEW OF IDENTIFIED NEEDS



Meals on Wheels service positioning

- Establish professional skills-based board – allow staff who to undertake training opportunities to up-skill staff, particularly those in NGOs who may not have access to these opportunities.
- Recognition of all aspects of the MoW service – in light of any potential policy changes that may impact directly on MoW service, it is essential that recognition is made of the other aspects that MoW services provide; e.g. early intervention, social contact, nutritional aspects of food etc. It is necessary to ensure that these are not lost with the move towards the CDC model.
- Marketing and image – addressing the image/stigma associated with MoW as a charity-based service that is inferior to private organisations.
- Strategic planning – the need for an increase in the strategic planning of MoW service delivery at a local and regional level; for example amalgamation of smaller services and a clear governance structure.
- Maintain the simplicity of MoW service – a simple service that is non-threatening, easy to access, and affordable.

Service delivery style

- Partnering with private sector – due to the increase in competition from private enterprises, an identified need was the opportunity to partner with organisations such as local clubs, supermarkets or private health insurance agencies to deliver services including meals.
- Retain client focus – to continue to ensure the client is the focus of the service.
- Efficiency and sustainability of service – to provide a service/s that are efficient and sustainable. This may be done through distribution hubs that prepare and package the meals before delivering the meals to locally-based services for volunteers to deliver.

- Clearer consistency across services – there are a number of aged care related services provided by councils at the local level. There is need for a more consistent approach across all services and across adjoining councils.

Organisational arrangements

- Duty of care and work, health and safety – the safety of volunteers is integral to the delivery of MoW services.
- Clear structure outlining accountabilities – the need to have a clear structure of accountability of services, roles and responsibilities from regional to local level; e.g. who reports to who, how services find out information, support structures etc.
- Fee structure – a clear fee structure across all MoW services that outlines the costs per meal; for example, providing a standard cost per meal across all services.

Client needs

- Community based meal services – a greater understanding of local community demographics and needs to ensure the meals and associated delivery and costs are appropriate.
- Acknowledge changing demographics – the need to understand and acknowledge that there is a continuing ageing population and older people are living at home longer.
- Address complex needs – the complex needs of some clients, particularly through specific referrals, need to be more adequately addressed. MoW is often the first point of access to other HACC services.

Options for consideration

The aged care reform agenda and proposed changes to aged care policy at a state and federal level, including HACC funding and move towards a CDC model of delivery, will have an impact on how MoW services are delivered in the future. The research undertaken as part of this project, including a review of key policies, a demographics analysis and a number of key engagement processes has highlighted the importance of MoW at a local and regional level. A key component of the facilitated workshop undertaken during the research project was the discussion of potential future options for MoW service delivery across the SSROC area.

With respect to the proposed changes as well as the research undertaken, the following aims to provide SSROC with potential options to consider for the provision of MoW services.

Option 1 – MoW services to remain as they are and allow the policy changes and CDC model drive what happens

Pros	Cons
<ul style="list-style-type: none"> • Continue to provide a local service to a local community with local volunteers • Individual MoW services to retain large volunteer bases • Increase in ageing population and the continuing need to provide affordable meals • For services that are financially viable and sustainable - the ability to focus on continuing to provide MoW services at the local level 	<ul style="list-style-type: none"> • Individual MoW services unable to respond to policy changes and the proposed move towards a CDC service delivery model • Competition – other private services across the area will continue to provide cheaper meals • Potential loss of clients – other larger service providers may be able to attract current and future clients • The lack of a coordinated approach to meal service delivery at a regional level • For services that may not be as financially viable and sustainable may not be able to continue to operate without direct funding through government • Loss of specific funding to deliver services and provide adequate facilities for meal production • Reliance on ageing volunteers • No regional body to increase the potential for a more coordinated approach to meal delivery and enable a structure to share knowledge and facility opportunities

Option 2 – Services to remain as they are but increase coordination, collaboration and support around specific strengths

Pros	Cons
<ul style="list-style-type: none"> • Increasing ageing population across all LGAs that will need to access this type of service - therefore opportunities for growth if marketed etc. • An increase in open communication between service providers and councils – increasing exchange of knowledge, expertise and experience across boundaries • Specific meal types that may not currently be delivered within an LGA but could be in the future; e.g. halal, kosher, Chinese specific etc. • The ability to retain volunteers at the local level • Sharing back-of-house activities to decrease costs; e.g. operations, human resources etc. • Local government continues to have a ‘voice’ • Increase centre-based meals that invite residents from across LGAs to participate • Potential for increased cross-promotion of aged care services and assistance • Increase centre-based meals that invite residents from across LGAs to participate • Potential for increase in cross-promotion of aged care services and assistance across boundaries 	<ul style="list-style-type: none"> • The increase in competition from private meal services impacting on the financial sustainability of MoW services • MoW services will continue to compete with one another • The potential for smaller MoW services across SSROC to be more heavily impacted by policy changes and move towards a CDC model of delivery • The potential for smaller MoW services across SSROC to not have the capacity/funding to compete with larger MoW services and private competitors – having less ability to market their service/recruit clients and volunteers • Lack of a regional strategic vision and associated policies, roles and responsibilities that may be needed to ensure a competitive MoW service • Reliance on ageing volunteers

Option 3 – Amalgamate services to include three or four distribution hubs across the SSROC region.

Distribution hubs to be strategically located across SSROC area for the purpose of producing and packaging food. The food is then delivered to local services for their respective volunteers to deliver meals to clients.

Pros	Cons
<ul style="list-style-type: none"> • The ability to be more competitive against private organisations; e.g. supermarkets, clubs etc. • The ability to undertake a process that outlines a clear strategic direction for the delivery of MoW services at a regional level – including clear lines of accountability • The ability to continue to retain volunteers at a local level • Scales of economy which may decrease delivery costs and may impact on the cost of meals (cheaper options) • The ability of larger MoW services to share facilities; e.g. commercial kitchens • A larger quantity and more diverse range of meals produced to cater for an increasingly ageing and diverse community • Skills and expertise from individual MoW services to be shared and exchanged at a regional level • SSROC purchasing power – opportunity to use any potential funding more strategically and effectively • Consistency around costs of meals • The potential to increase marketing opportunities for MoW as a brand 	<ul style="list-style-type: none"> • Potential loss of volunteers • Loss of local identity for individual MoW services • Challenges around streamlining processes that are already in place in individual MoW services • Local government ‘voice’ is lost • Potential challenges around differing views from member Councils • Difficulty around defining catchment areas and location of hubs • Some councils subsidise the service in their LGA – but may not be able to subsidise meals outside their LGA – making it harder for any amalgamations or sharing kitchens

Note: MoW services were not directly asked whether they did or did not operate a commercial kitchen. However, as part of the one-on-one in-depth interviews and facilitated workshop, some MoW services did note that they operated a commercial kitchen. If services noted that they did operate a commercial kitchen, it was noted within their respective SWOT analysis at Section 7 of this report. Overall, feedback from the engagement process undertaken as part of this project is that most MoW services do have capacity.

Option 4 – Councils to provide community care and support based services only.

Moving forward, MoW services may not be able to provide meals at the rate and cost of competitors. There is an opportunity for councils to focus on providing community care and support based services for frail older people, younger people with disability and their carers. This may include social interaction, home maintenance, and routine wellbeing and safety assessments.

Pros	Cons
<ul style="list-style-type: none">• A number of councils already provide programs and services for older people and people with disability. The skills, experience and expertise of MoW staff and volunteers as well as councils could be transferred to a new service model of care that does not provide a meal• No cost associated with preparing and distributing meals• No resources and costs associated with operating a commercial kitchen – including food safety and compliance• Retain the community development aspect of the service, and continue to provide a locally based care and supports for frail older people and younger people with disability• The possibility of retaining locally based volunteers. Current MoW volunteers may be able to transition to support other community care and support programs within their local area• Local government continues to provide a worthwhile service that caters for the current MoW clients, and can assist clients transition to new meal arrangements• A revised service may provide the opportunity for strategic alignment and consistency across the SSROC region	<ul style="list-style-type: none">• The loss of local services providing home-delivered meals to frail older people, younger people with disability and their carers• The loss of services providing meals that are nutritional and cater for culturally specific requirements• Potential loss of current volunteers• Challenges around operation and design of the service – the meal as providing a reason to go to someone’s home• Challenges around agreement on a regional approach. This may in turn impact on strategic planning and a more consistent approach to HACC services across the SSROC area.• Some Councils may not be able to transition to a new service model due to funding constraints, lack of resources or lack of agreement/ support from elected members

1 Introduction

This report has been prepared by the Australian Centre of Excellence for Local Government (ACELG) at the University of Technology, Sydney (UTS). ACELG has undertaken a needs assessment of Meals on Wheels (MoW) services for the Southern Sydney Regional Organisation of Councils (SSROC).

SSROC is an association of 16 member councils that provide a governance structure that develops, implements and supports projects across council boundaries. SSROC was established in 1986 and allows the 16 member Councils to work together to achieve solutions to challenges facing the broader region.

This needs assessment is in response to a number of policy changes to the delivery of aged care services at a Commonwealth and State level. Currently, the Australian Government's Home and Community Care (HACC) Program provides funding to a number of government and non-government organisations for MoW services. This funding is then forwarded on to specific community volunteer management committees and aged care services within local communities. These committees and services control the funding to employ one or more people to manage the day-to-day coordination and operation of the MoW services.

In 2012, the Australian Government announced the *Living Longer, Living Better* package to establish a national Commonwealth Home Support Programme (CHSP), that absorbed services provided under the existing HACC program. As part of the CHSP a review of a number of HACC services, including MoW, is to be undertaken. These reviews aim to inform the transition to more consistent and equitable service-delivery arrangements and a national consistency in the cost of service provision.

The need for changes to the HACC model stem from a number of factors, including:

- An increasing aged population
- An ageing volunteer base and the challenges of recruiting new/younger volunteers
- Tighter legislative food safety requirements
- Older premises and equipment in service facilities
- Changes in demand for culturally-specific meals, wider choices and more flexible services
- Unsustainable and unresponsive services due to lack of clients and volunteers
- Economic impacts of social isolation/exclusion on the health for older people.

1.1 This needs assessment

This needs assessment provides an evidence-based understanding of existing and likely future demand for MoW services across the SSROC region, taking into consideration the Commonwealth Government's proposed changes to the policy, funding, and service delivery models from 2017/18.

The key findings and options contained within this report have been developed through a range of activities, including:

- A project inception meeting
- A project management plan and schedule
- A document and policy review, including a review of the Consumer Directed Care model
- An analysis of current and future demographics at Local Government Area (LGA) and SSROC region levels
- Stakeholder-engagement process, including:
 - One-on-one interviews with 12 MoW service providers across the SSROC region

- One-on-one telephone interviews with three service providers who are currently operating within a Consumer Directed Care model
- A meeting with NSW MoW
- SWOT analyses (strengths, weaknesses, opportunities and strengths) of each MoW service
- A facilitated workshop with representatives from each MoW service and associated Council
- Reporting – including recommendations and potential service delivery options
- Presentation to executive board of SSROC.

Note: A number of avenues were undertaken to interview an appropriate representative from DSS to provide a clearer understanding and outline of the proposed policy and reform changes for aged care services; however the proposed discussion with the Department of Social Services (DSS) did not occur.

The purpose of this report is to provide an assessment of the need for MoW delivery across the SSROC region, incorporating the findings of the key research tasks undertaken. The needs assessment will be used to develop an options paper for MoW delivery across the region, incorporating the findings of the needs assessment and recommended way forward for councils. As SSROC is a forum through which Councils work together to achieve solutions, it is important to understand and consider the involvement Councils have with the MoW services across the region.

2 SSROC and MoW services

SSROC is an association of sixteen (16) local Councils, originally established in 1986. It provides a governance structure to develop, implement and support projects across council boundaries. SSROC member Councils have an important part to play in ensuring their residents receive sustainable, quality meal-delivery services.

The Councils that form the SSROC region are:

- Ashfield Council
- Bankstown City Council
- City of Botany Bay
- Burwood Council
- City of Canada Bay
- City of Canterbury
- Hurstville City Council
- Kogarah City Council
- Leichhardt Council
- Marrickville Council
- Randwick City Council
- Rockdale City Council
- City of Sydney
- Sutherland Shire Council
- Waverley Council
- Woollahra Municipal Council

12 of the 16 Councils were confirmed as part of this project. Those Councils include:

- Ashfield Council
- Bankstown City Council
- City of Botany Bay
- Burwood Council
- City of Canada Bay
- City of Canterbury
- Leichhardt Council
- Marrickville Council
- Randwick City Council
- Rockdale City Council
- City of Sydney
- Waverley Council

Since the Council-operated MoW services commenced in 1957, various Council amalgamations and boundary changes have made it difficult to ascertain the number of customers receiving the meals, number of meals provided and models of service delivery across the region.

In addition, changing demographics, specifically an ageing population, community expectations, service availability and access, funding and regulatory factors, and an increase in meal provider competition have seen the costs for the provision of MoW services and the associated meals increase, while attendance and demand for these services have remained stagnant or decreased.

As a result, a number of Councils have gradually withdrawn from direct MOW service provision. Across the SSROC region, some councils provide direct grants or subsidised facilities to local organisations for the provision of MoW services as well as to the non-government and private providers that have taken on the role. Other Councils have no involvement in the sector.

Of the 12 Councils involved in this project, seven (7) have a direct involvement; that is, providing grants or a MoW service. The Councils providing a MoW service is outlined in Table 1 below. The table also shows that all these services are part of this project.

TABLE 1: SSROC COUNCILS PROVIDING A MOW SERVICE

Council name	MoW name	Part of this project
Bankstown City Council	Bankstown City Council Food Services	Yes
City of Botany Bay	Botany Meals on Wheels	Yes
City of Canada Bay	Drummoyne Meals on Wheels	Yes
Marrickville Council	Tom Foster Community Care	Yes
Rockdale City Council	Rockdale Meals on Wheels Service	Yes
City of Sydney	City of Sydney Meals on Wheels	Yes
Waverley Council	Waverley Council Meals on Wheels	Yes

The additional five (5) Councils (of the 12 Councils that are involved in this project) do not provide direct MoW services; however some support the local MoW service through the provision of premises or minor capital works.

Table 2 below outlines the SSROC member Councils not engaging in direct MoW service provision. It also illustrates who the MoW provider is, any other support that may be provided by Councils and whether they are involved in this project.

TABLE 2: SSROC MEMBER COUNCILS NOT PROVIDING DIRECT MOW SERVICES

Council name	MoW provider type	MoW name	Part of this project	Other support provided
Ashfield Council	Does not provide MoW service	Burwood Community Welfare Services	Yes	None
Burwood Council	NGO (shared with Ashfield)	Burwood Community Welfare Services	Yes	Premises – free rental
City of Canterbury	NGO	Canterbury Meals on Wheels Inc.	Yes	Leasing of premises, minor capital works
City of Canada Bay	NGO in part of LGA	Drummoyne Meals on Wheels	Yes	Council services Drummoyne side of LGA
Leichhardt Council	Does not provide a MoW service	Tom Foster Community Care (Marrickville) operates across Leichhardt LGA	Yes	None
Randwick City Council	NGO	Randwick Meals on Wheels Inc.	Yes	None
Kogarah City Council	NGO	Keystone Community Solutions Inc.	No	None
Hurstville City Council	NGO	Hurstville Food Services	No	None
Sutherland Shire Council	NGO	Sutherland Food Services	No	None
Woollahra Municipal Council	NGO	Holdsworth Community Centre	No	Premises – free rental

The purpose of this report is to undertake a needs assessment of MoW services across the SSROC region and consider potential options for future service delivery. As SSROC is a forum through which Councils work together to achieve solutions, it is important to understand and consider the involvement Councils have with the MoW services across the region. The following depicts each MoW service within an overarching ‘continuum.’ It illustrates SSROC member Councils that are directly and/or indirectly involved in the provision of Mow services within their LGA.

FIGURE 2: MOW SERVICES BY PROVIDER TYPE



SSROC notes the importance of member Councils’ role in ensuring their residents receive sustainable, quality meal-delivery services, irrespective of whether Council or NGOs provide the service. A key component of this project is to engage with member Councils and their MoW services. The important role that Councils have in this project is highlighted in the engagement process of the project. The facilitated workshop brought together key Council representatives, associated MoW coordinators and HACC development officers. The purpose of this workshop was to have a holistic, strategic discussion around the needs of MoW services locally and regionally that was open and transparent in light of a number of key considerations including policy changes, aged-care reform, and changing demographics. The workshop identified the strengths, weaknesses, opportunities and threats of services as well as opportunities for collaboration of delivery for MoW across the SSROC region.

The following figure provides a visual representation of the location of MoW services across the SSROC area. Also shown is the type of service at each location; e.g. council operated and run, NGO operated and run, or a mix of both council and NGO operated and run.

FIGURE 3: LOCATION OF MEALS ON WHEELS SERVICES ACROSS THE SSROC AREA



3 Policy context review

This section provides a review of key Federal and state policies and documents which inform the needs assessment of MoW services across the SSROC region. The review highlights the proposed HACC Program changes, future service directions and the need to consider the move towards a Consumer Directed Care (CDC) model of provision.

Australia's population continues to age. It is estimated that the number of people aged 85 years and over will more than quadruple by 2050, increasing from 0.4 million in 2010 to 1.8 million (5.1% of the population). By 2050, it is expected that over 3.5 million older people will access aged care services each year, with approximately 80% of services delivered in the community⁶.

The Australian Government has recognised this shift and has and is continuing to collaborate with clients and carers, aged care providers, workers, and health professionals on an aged care reform agenda. The agenda seeks to reshape the aged care system to make it easier for clients and carers to access services that are high-quality, client-centred, maximise independence, and are responsive to the changing needs of people as they age⁷.

3.1 Living Longer, Living Better

The *Living Longer Living Better* aged care reform package was announced in April 2012. This package outlines a 10 year plan to reshape aged care and build a better, fairer and more nationally consistent aged care system⁸. The *Living Longer, Living Better* aged care reform provides \$3.7 billion over five years. These reforms enable more support and care in the home, better access to residential care, more support for those with dementia, and strengthening of the aged care workforce.

A key objective of the *Living Longer, Living Better* aged care reform is helping older people age in place. The reform will bring together existing programs, including the Commonwealth Home and Community Care (HACC) Program to which MoW services belong, into an integrated Commonwealth Home Support Programme (CHSP).

3.2 The Commonwealth Home and Community Care (HACC) Program

In July 2012, the Australian Government assumed full funding, policy, and operational responsibility of HACC services for older people in all states and territories (the Commonwealth Home and Community Care (HACC) Program) except Western Australia and Victoria, where it is currently jointly funded between Commonwealth and State Governments. However, Western Australia and Victoria have agreed that HACC service responsibility will transition to the Commonwealth over the coming years.

The Commonwealth HACC Program funds and administers responsibility of services for people aged 65 years and over, and Aboriginal and Torres Strait Islander people aged 50 years and over.

⁶ Australian Government, *Key directions for the Commonwealth Home Support Programme*, Discussion Paper, Department of Social Services, p. 5, 2014.

⁷ Australian Government, *Key directions for the Commonwealth Home Support Programme*, Discussion Paper, Department of Social Services, p. 5, 2014.

⁸ Australian Government, *Living Longer Living Better*, Department of Health, 2013, accessed at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-aged-care-review-measures-living.htm>

The underlying approach to service delivery within the Commonwealth HACC Program is ‘wellness’, based on the principle that ‘people want to retain their autonomy and build their capacity, which in turn has a positive impact on their self-esteem and ability to manage day-to-day life’⁹.

The objectives of the Commonwealth HACC Program are to:

- Provide a comprehensive, coordinated and integrated range of basic maintenance, support and care services for frail older people and their carers;
- Support these people to be more independent at home and in the community, thereby enhancing their quality of life and/or preventing or delaying their admission to long term residential care; and
- Provide flexible, timely services that respond to the needs of these people¹⁰.

MoW is noted as a basic maintenance, support and care services that contributes to a person’s well-being; for example, nutrition, community nursing, home help and personal care.

The NSW Government’s approach is based on five core values. These values are:

- The needs of the individual provide the rationale for activities (person focus);
- Services should be equitable and accessible within available resources;
- Services are based on honesty, openness and accountability in dealing with others (integrity);
- There is an emphasis on striving for excellence and continuous improvement; and
- The inherent value in all people is recognised¹¹.

HACC services include MoW services, domestic assistance, personal care and respite care. HACC funding can also be accessed for social, recreational and educational programs.

3.3 The Commonwealth Home Support Program (CHSP)

As part of the *Living Longer, Living Better* aged care reform package, the Commonwealth Home Support Program (CHSP) is proposed to be introduced on 1 July 2015. The CHSP will bring under one program all services currently providing basic home support to older people including the Commonwealth HACC program, the National Respite for Carers program, the Day Therapy Centres program, and the Assistance with Care and Housing for the Aged program. Services including meals on wheels, transport, and home modifications and maintenance will be reviewed to ensure they are being delivered the best way possible and gain a better understanding of what older Australians want and need. This review will be worked through in consultation with service providers and consumers to inform a move towards a more consistent and equitable service delivery arrangement.

3.4 Home Care Packages Program

The Home Care Packages Program replaced the former Community Packaged Care Programs on 1 August 2013 and, as part of the *Living Longer, Living Better* aged care reforms, home care is being significantly expanded to assist people to remain living at home for as long as possible¹². It is

⁹ Australian Government 2012, Commonwealth HACC Program Manual, Australian Government Department of Health and Ageing, Canberra

¹⁰ Australian Government 2012, Commonwealth HACC Program Manual, Australian Government Department of Health and Ageing, Canberra

¹¹ NSW Government, Family and Community Services 2012, Guidelines for NSW Community Care Supports Program, Ageing Disability and Home Care, accessed at: https://www.adhc.nsw.gov.au/__data/assets/file/0006/275685/CCSP_Guidelines_Oct2012.pdf

¹² Australian Government 2014, Living Longer Living Better – Aged Care Reform in Action, accessed at: <http://www.livinglongerlivingbetter.gov.au/>

envisioned that the number of new community care packages will increase by 40,000 from 2013 to 2017/2018¹³.

A Home Care Package is a package of services tailored to meet the consumer's specific care needs. It is coordinated by a home care provider, and offers support at one of four levels:

- Home Care Level 1 – a new package to support people with basic care needs, with a subsidy of approximately \$7,500 per annum;
- Home Care Level 2 – a package to support people with low level care needs, equivalent to the former Community Aged Care Package (CACP), with a subsidy of approximately \$13,600 per annum;
- Home Care Level 3 – a new package to support people with intermediate care needs, with a subsidy of approximately \$30,000 per annum;
- Home Care Level 4 – a package to support people with high care needs, equivalent to the former Extended Aged Care at Home (EACH) package, with a subsidy of approximately \$45,000 per annum¹⁴.

3.5 Towards Consumer Directed Care

After the current period of block-funding ends, government and non-government organisations should prepare to operate HACC services under a Consumer Directed Care (CDC) model. From the 1 August 2013, all new Home Care Packages are delivered on a CDC basis. It is *understood* that the introduction of CDC in all packages will apply from July 2015, although providers will be able to convert existing packages to a CDC basis earlier than this date.

On 1 July 2015, approximately 59,000 existing Home Care Places will convert to a CDC model of care¹⁵. The Department of Social Services (DSS) have stated that the new Home Care Packages Programme, including CDC, will be evaluated prior to the requirement for all Home Care places to be delivered on a CDC basis from July 2015¹⁶.

The DSS has also engaged KPMG to conduct an evaluation of the implementation of the Home Care Packages Programme, including the introduction of the CDC model of aged care service delivery. The evaluation will identify any operational issues that may be considered by DSS to support the successful conversion of all Home Care places to CDC arrangements before 1 July 2015, as well as identifying areas for future policy consideration. For more information on this evaluation please refer to Section 4.4 of this report.

¹³ National Council of Social Services, 2013, Summary: Home Care Packages Program, accessed at: <http://www.ncoss.org.au/resources/130530-NCOSS-summary-HCP-Program.pdf>

¹⁴ National Council of Social Services, 2013, Summary: Home Care Packages Program, accessed at: <http://www.ncoss.org.au/resources/130530-NCOSS-summary-HCP-Program.pdf>

¹⁵ Australian Government, Department of Social Services, 2015, Evaluation of the Home Care Packages Programme and Consumer Directed Care, available at: <https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform/reforms-by-topic/home-care/evaluation-of-the-home-care-packages-programme-and-consumer-directed-care>

¹⁶ Australian Government, Department of Social Services, 2015, Evaluation of the Home Care Packages Programme and Consumer Directed Care, available at: <https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform/reforms-by-topic/home-care/evaluation-of-the-home-care-packages-programme-and-consumer-directed-care>

Any government funding received under CDC will be paid directly to the service provider and needs to be based on a Care Recipient Agreement made between the provider and the service recipient¹⁷. This care plan is required to include agreements on:

- The exact types of services that will be received;
- Who will provide which services;
- How much involvement the service provider will have in managing and co-ordinating the services;
- When the services are delivered; and
- How much the service recipient will pay.

If they so choose, service recipients will be able to have an active role in managing the support package, which may include brokering services, interviewing support workers, and designing the budget. All packages will enable a case manager to support the consumer in taking on these roles (NCOSS 2013). After commencement of the package, the service recipient will receive a monthly statement of income, expenditure, and the balance of funds, which will enable her or him to see how the money is being spent (DPS Publishing 2013).

A key change from the previous system is that the total value of a single package will need to be spent on the targeted individual: providers will no longer be able to 'cross-subsidise', that is, to use surplus funds to support another consumer with higher support needs¹⁸.

¹⁷ Aged Care Guide, DPS Guide, DPS Publishing, 2014, available at: <http://www.agedcareguide.com.au/>

¹⁸ National Council of Social Services, 2013, Summary: Home Care Packages Program, accessed at: <http://www.ncoss.org.au/resources/130530-NCOSS-summary-HCP-Program.pdf>

4 Consumer Directed Care

There is a need to explore provider experiences, views, and insights with the CDC program implementation, including transition to the new care levels and additions, Aged Care Assessment Team assessments (ACAT), interface with other aged care services, and implementation of CDC (for those providers delivering CDC places).

The following provides a brief desktop review of CDC research and provider information, and a summary of key issues raised by selected organisations providing CDC Home Care Packages.

4.1 What is Consumer Directed Care?

CDC is an initiative placing the individual at the centre of care decisions, fully engaging them in determining what and how their care needs are provided. CDC is a way of delivering services that allows consumers and their carers to have greater control over their own lives by allowing them to make choices about the types of care and services they access and the delivery of those services, including who will deliver the services and when¹⁹.

Under a CDC approach, consumers are encouraged to identify goals, which could include independence, wellness, and re-ablement. These will form the basis of the Home Care Agreement and care plan²⁰.

The consumer decides the level of involvement they wish to have in managing their package; this could range from involvement in all aspects of the package, including co-ordination of care and services, to a less active role in decision-making and management of the package. There should also be ongoing monitoring and a formal re-assessment by the provider (at least every 12 months) to ensure that the package continues to be appropriate for the consumer²¹.

Through the introduction of an individualised budget, CDC provides greater transparency to the consumer about what funding is available under the package and how those funds are spent.

4.2 Consumer Directed Care and Home Care Package Principles

The Australian Government Department of Health's Home Care Packages Program Guidelines, released in July 2014, outline six guiding principles intended to underpin the operation and delivery of Home Care Packages on a CDC basis. These include²²:

Consumer choice and control

Consumers have managed their own lives for a long time. They should be empowered to continue to manage their own life by having control over the aged care services and support they receive. This requires the provision of, and assistance to access, information about service options that enable a consumer to build a package that supports them to live the life they want.

Rights

The premise of CDC is to acknowledge an older person's right (based on their assessed needs and goals) to the individualised services and support that will assist them. As part of this process, consumers are encouraged to identify their own goals, as well as decide on the level of involvement

¹⁹ Ibid.

²⁰ Ibid.

²¹ Ibid.

²² iCareHealth 2013, CDC: Key considerations for home care providers.

they wish to have in managing their own package. This could range from complete involvement including decision-making and allocation of care and services, to a less active role in the management of the package whereby a consumer requires assistance.

Respectful and balanced partnerships

The development of respectful and balanced partnerships between consumers and home care providers, which reflect the consumer and provider rights and responsibilities, is crucial to consumer control and empowerment. Part of creating such a partnership is to determine the level of control the consumer wants to exercise. This will be different for every individual, with some people requiring or wanting assistance to manage their package and others choosing to manage on their own.

Consumers should have the opportunity to work with the home care provider in the design, implementation and monitoring of a CDC approach. Home care providers should be encouraged to include consumers in their CDC redesigns.

Participation

Getting out of the home and in to the community to develop networks, socialise and participate are all important aspects of general wellbeing for everyone. Therefore one of the key principals of CDC is designed to facilitate community participation for older people, if it is something the individual values and in which he or she wishes to be involved.

Wellness and re-ablement

For people who may have been discharged from hospital or are otherwise entering the care system following a crisis, they may require the initial provision of re-ablement services to help with daily-living activities and other practical tasks. But with CDC, there should always be an assumption that a re-ablement framework will enable the consumer to continue to be as independent as possible.

Transparency

The guidelines also stipulate that in order to make informed decisions about their care, consumers need to have access to budgeting information, including the cost of services, the contents of their individualised budgets and how their package funding is spent. The introduction of individualised budgets provides greater transparency to the consumer about what funding is available and the flexibility to use those budgets to purchase the services they choose.

4.3 Provider and consumer roles and responsibilities

Home Care Package services are based on individual needs. CDC providers are responsible for selecting consumers, undertaking needs assessments and care planning, administering participant allocations and organising and coordinating the delivery of supports.

A provider coordinates the care and services to support the consumer at home which may include²³:

- Transport for shopping or appointments
- Social support by taking a participant shopping, banking or just providing company for a chat
- Domestic assistance for household jobs like cleaning, clothes washing and ironing
- Personal care assistance with bathing or showering, dressing, hair care and going to the toilet
- Home maintenance for minor general repairs and care of the consumer's house or garden
- Home modifications such as installing safety aids such as alarms, ramps and support rails

²³ Department of Social Services 2014, Home Care Package Guidelines

- Nursing care where a qualified nurse comes to dress a wound or provide continence advice
- Food services such as providing meals at a community or day centre, preparing and storing food and delivering meals to your home
- Assistance in taking medications.

The pathway for the consumer involves a series of steps from finding information about the Home Care Packages Programme, assessment by an Aged Care Assessment Team (ACAT), contacting local home care providers, being offered a package by a provider, care planning and budget setting, service delivery, understanding how funds are being spent, monitoring and re-assessment, and exiting the programme²⁴.

4.4 Evaluation of the Home Care Packages Programme and Consumer Directed Care

The first group of new home care places allocated through the 2012-13 and the 2014 ACARs will provide an opportunity to further evaluate the potential of CDC to deliver better care for consumers, and to test the effectiveness of the new Home Care Package levels in providing a seamless continuum of care.

In April 2014, KPMG was engaged by the Department of Social Services (the Department) to conduct an evaluation of the implementation of the Home Care Packages Programme, including the introduction of the CDC model of aged care service delivery.

The evaluation will identify any operational issues that may be considered by the Department to support the successful conversion of all Home Care places to the CDC arrangements before 1 July 2015, and may identify areas requiring future policy consideration.

The primary objective of the evaluation is to review and assess the implementation of the Home Care Packages Programme arrangements including CDC. This includes consideration of:

- Consumer experience and outcomes, including people from special needs groups and people with dementia
- The ability of the Programme, and particularly the new CDC arrangements, to meet consumers' needs
- Experience of/impact on carers and family members
- An outline of the different CDC models being used, including models used in rural, remote and regional areas
- Provider operations
- Assessment processes, including the impact on Aged Care Assessment Teams (ACATs)
- The interface between the Programme and other elements of the aged care system, such as the Commonwealth Home and Community Care (HACC) programme and residential aged care
- The effectiveness of the new arrangements in delivering a graduated continuum of care, including re-ablement and wellness for consumers
- The effectiveness of the new arrangements in delivering choice and flexibility for consumers
- The range of supports used by older people
- Whether CDC has supported increased access to digital technology by consumers and providers
- Any recommended operational improvements (such as lessons learned) that will enable adjustments to the Programme ahead of the full implementation of CDC in all places from 1 July 2015
- Advice on any areas that may require further policy consideration.

²⁴ Department of Social Services 2014, Home Care Package Guidelines

The evaluation will also consider:

- The range of supports used by people with a disability, and the ability of Home Care Packages and particularly the new CDC arrangements to meet their needs; and
- Whether CDC has supported increased access to digital technology by consumers and providers.

Any lessons learned during the evaluation will be used to refine the CDC arrangements before they are applied across all Home Care Packages from July 2015²⁵.

The outcomes of this evaluation will have significant implications for this project, in particular the impact of the new arrangements on provider operations and consumer outcomes. More information on the evaluation and its timeline can be found on the DSS website under Ageing and Aged Care [here](#).

4.5 Implications of CDC for service providers and consumers

Moving to a CDC based system is a fundamental and significant shift from how aged care services operate currently and how consumers experience the service system. For the implementation of CDC to be effective, any short term action needs to be taken with an understanding of the longer-term vision balanced with operational practicalities²⁶.

With significant changes in the roles and responsibilities of the consumer and home care provider, the extent of the impact when CDC finally takes full effect in coming years remains unclear.

From the perspective of the home care provider there are a number of important issues to consider. These include²⁷:

- The **administrative tasks** and overheads for home care providers in administering CDC and directly communicating with the consumer.
- **Informing consumers** about what brokered services are available to them, and how to make choices that will correspond with better quality of care and life. Consumers will also require assistance in planning and contracting their choice of service support.
- **Flexibility** within the home care providers' operational structures and systems, with the capacity to respond to the expressed preferences and consumer choice.
- **Management** of budget allocation in a way that ensures transparency, and clearly outlines the consumer's preferences and where expenditure has been distributed via regular invoices and statements.
- The **cost implications** of CDC as a consequence of substitution effects for informal-care or individualised care service needs.
- **Recruiting and retaining staff** that has the required training and qualifications to be able to deliver CDC.
- Ensure consumers have the **resources** available to take full advantage of the opportunities that CDC presents for them.

²⁵ Australian Government Department of Social Services 2014, Home Care Package Guidelines

²⁶ National Aged Care Alliance, Advice on Phase One development of CDC Home Care Packages

²⁷ iCareHealth 2013, CDC: Key considerations for home care providers.

5 Demographic analysis

The following provides an overview of the key social and demographic characteristics of the SSROC region. The SSROC region is located in the southern and eastern area of Sydney. The SSROC is an association of 16 local Councils, originally established in 1986. The Local Government Areas (LGAs) that are located within the SSROC region include:

- Ashfield Council
- Bankstown City Council
- City of Botany Bay
- Burwood Council
- City of Canada Bay
- City of Canterbury
- Hurstville City Council
- Kogarah City Council
- Leichhardt Council
- Marrickville Council
- Randwick City Council
- Rockdale City Council
- City of Sydney
- Sutherland Shire Council
- Waverley Council
- Woollahra Municipal Council

The demographic data for these LGAs has been combined to reflect the SSROC region. Demographic characteristics that have a direct relationship to aged care service provision, e.g. age, cultural background, income, and household composition, demographic data specific to each LGA has been outlined and analysed. This aims to inform existing and emerging trends of the ageing population at a local level. The demographic analysis considers data from profile.id and the Australian Bureau of Statistics (ABS) 2011 Census. The demographic characteristics of the SSROC region have also been compared with the Greater Sydney Area (GCCSA).

Note: Meals on Wheels enables frail older people and younger people with disabilities and their carers to remain in their own homes and enjoy a level of independence and style of living to suit their individual needs²⁸.

²⁸ Meals on Wheels New South Wales, Getting to know you, 2015, available at: <http://www.nswmealsonwheels.org.au/About-us/About-Us/Eligibility>

5.1 Age and population profile

At the time of the 2011 Census, there were a total of 1,494,254 people within the SSROC region. The SSROC region makes up approximately 34.0% of the Greater Sydney population. The official population of the SSROC region as of the 30th June 2013 is 1,631,072²⁹. Table 3 outlines the age distribution for each LGA within the SSROC region, compared to the combined SSROC region and Greater Sydney.

TABLE 3: CURRENT AGE AND POPULATION PROFILE FOR EACH LGA, THE SSROC REGION AND GREATER SYDNEY - 2011

Age cohort	Ashfield	Bankstown	Botany Bay	Burwood	Canada Bay	Canterbury	Hurstville	Kogarah	Leichhardt	Marrickville	Randwick	Rockdale	Sydney	Sutherland	Waverley	Woollahra	SSROC region	Greater Sydney
0-4 years	2400 (5.8%)	13794 (7.6%)	2650 (6.7%)	1653 (5.1%)	5195 (6.9%)	10440 (7.6%)	4860 (6.2%)	3369 (6.0%)	4297 (8.2%)	5002 (6.5%)	7703 (6.0%)	6434 (6.6%)	6069 (3.6%)	13927 (6.6%)	4292 (6.8%)	3028 (5.8%)	95113 (6.4%)	298,900 (6.8%)
5-14 years	3816 (9.3%)	25757 (14.1%)	4497 (11.4%)	3123 (9.6%)	7548 (10.0%)	17016 (12.4%)	9137 (11.6%)	6476 (11.6%)	4488 (8.6%)	6232 (8.1%)	11798 (9.1%)	10495 (10.8%)	5983 (3.5%)	26443 (12.5%)	5503 (8.7%)	5029 (9.6%)	153341 (10.3%)	544,315 (12.4%)
15-19 years	1909 (4.6%)	12946 (7.1%)	2248 (5.7%)	1962 (6.1%)	3660 (4.8%)	8089 (5.9%)	4642 (5.9%)	3449 (6.2%)	1642 (3.1%)	2891 (3.8%)	6919 (5.4%)	5026 (5.2%)	5803 (3.4%)	13466 (6.4%)	2317 (3.6%)	2553 (4.9%)	79522 (5.3%)	275,786 (6.3%)
20-24 years	3190 (7.7%)	12486 (6.8%)	2561 (6.5%)	3268 (10.1%)	5163 (6.8%)	9193 (6.7%)	5722 (7.3%)	4070 (7.3%)	2594 (5.0%)	5699 (7.4%)	13207 (10.2%)	6549 (6.7%)	21146 (12.5%)	13415 (6.4%)	3914 (6.2%)	3039 (5.8%)	115216 (7.7%)	307,257 (7.0%)
25-34 years	7861 (19.1%)	24681 (13.5%)	6313 (16.0%)	6139 (18.9%)	13289 (17.5%)	21936 (16.0%)	11927 (15.1%)	8414 (15.1%)	9804 (18.8%)	16461 (21.5%)	24348 (18.9%)	17113 (17.6%)	55270 (32.6%)	25977 (12.3%)	15363 (24.2%)	9465 (18.1%)	274361 (18.4%)	676,894 (15.4%)
35-44 years	6359 (15.4%)	24387 (13.4%)	6226 (15.8%)	4161 (12.8%)	12226 (16.1%)	20290 (14.8%)	10891 (13.8%)	8032 (14.4%)	10984 (21.0%)	14824 (19.4%)	19966 (15.5%)	14568 (15.0%)	29298 (17.3%)	30491 (14.5%)	11526 (18.2%)	7855 (15.1%)	232084 (15.5%)	653,490 (14.9%)
45-54 years	5594 (13.6%)	24140 (13.2%)	5067 (12.9%)	4204 (13.0%)	10116 (13.4%)	18208 (13.2%)	10934 (13.9%)	8050 (14.4%)	7112 (13.6%)	10316 (13.5%)	15821 (12.3%)	12268 (12.6%)	18536 (10.9%)	30116 (14.3%)	7312 (11.5%)	6643 (12.7%)	194437 (13.0%)	594,978 (13.5%)
55-64 years	4144 (10.1%)	19118 (10.5%)	4135 (10.5%)	3227 (10.0%)	8073 (10.7%)	13765 (10.0%)	8612 (10.9%)	6088 (10.9%)	5894 (11.3%)	7089 (9.3%)	12314 (9.5%)	10145 (10.4%)	14036 (8.3%)	25596 (12.1%)	5666 (8.9%)	6052 (11.6%)	153954 (10.3%)	475,608 (10.8%)
65-74 years	2533 (6.1%)	12164 (6.7%)	3077 (7.8%)	2142 (6.6%)	5313 (7.0%)	9604 (7.0%)	5750 (7.3%)	3953 (7.1%)	3107 (6.0%)	4316 (5.6%)	8278 (6.4%)	7122 (7.3%)	7800 (4.6%)	16152 (7.7%)	3700 (5.8%)	4378 (8.4%)	99389 (6.7%)	298,140 (6.8%)
75-84 years	2174 (5.3%)	8956 (4.9%)	1909 (4.9%)	1735 (5.4%)	3676 (4.9%)	6683 (4.9%)	4255 (5.4%)	2662 (4.8%)	1643 (3.1%)	2768 (3.6%)	5859 (4.5%)	5141 (5.3%)	4124 (2.4%)	10684 (5.1%)	2505 (3.9%)	2576 (4.9%)	67350 (4.5%)	185,238 (4.2%)
85 years and over	1234 (3.0%)	3922 (2.2%)	671 (1.7%)	811 (2.5%)	1504 (2.0%)	2230 (1.6%)	2125 (2.7%)	1243 (2.2%)	633 (1.2%)	904 (1.2%)	2775 (2.2%)	2479 (2.5%)	1441 (0.9%)	4595 (2.2%)	1389 (2.2%)	1542 (3.0%)	29498 (2.0%)	81,067 (1.8%)
Total	41214	182351	39354	32425	75763	137454	78855	55806	52198	76502	128988	97340	169506	210862	63487	52160	1494265	4,391,674

Source: ABS, 2011

²⁹ Profile.id, community profile, SSROC region, 2014, accessed at: <http://profile.id.com.au/ssroc/population>

The following aspects of the community age profiles for each LGA compared to the SSROC region and Greater Sydney are highlighted:

- There is a higher proportion of children aged 0-4 years old within the LGAs of Bankstown (7.6%), Canterbury (7.6%), and Leichhardt (8.3%) compared to the overall SSROC region (6.4%) and Greater Sydney (6.8%).
- There is a higher proportion of youth aged 5-19 years old within the LGAs of Bankstown (21.2%), and Sutherland (18.9%) compared to the SSROC region (15.6%).
- The LGAs of Ashfield (26.8%), Burwood (29.0%), Marrickville (28.9%), Randwick (29.1%), Sydney (45.1%), and Waverley (30.4%) have a higher proportion of people aged 20-34 years old compared to the SSROC region (26.2%) and Greater Sydney (22.4%).
- The proportion of people aged 65-74 years old across the SSROC region (6.7%) is comparable to that of Greater Sydney (6.8%). The LGAs within the SSROC region that have a notably higher proportion of people aged 65-74 years old compared to the overall SSROC region and Greater Sydney include: Botany Bay (7.8%), Hurstville (7.3%), Rockdale (7.3%), Sutherland (7.7%), and Woollahra (8.4%).
- The SSROC region has a higher proportion of people aged 75-84 years old (4.5%) and 85 years and over (2.0%) compared to Greater Sydney (4.2% and 1.8% respectively).
- It is evident that the majority of LGAs that make up the SSROC region have a higher proportion of people aged 75-84 years old compared to Greater Sydney. However, the LGAs within the SSROC region that have a notably higher proportion of people aged 75-84 years old compared to the overall SSROC region (4.5%) and Greater Sydney (4.2%) include: Ashfield (5.3%), Burwood (5.4%), Hurstville (5.4%), Rockdale (5.3%), and Sutherland (5.1%).
- The LGAs within the SSROC that have a notably higher proportion of people aged 85 years and over compared to the overall SSROC region (2.0%) and Greater Sydney (1.8%) include: Ashfield (3.0%), Burwood (2.5%), Hurstville (2.7%), Rockdale (2.5%), and Woollahra (3.0%).

5.2 Predicted population trends

The SSROC region has experienced a steady increase in population from 2003 to 2013, with an additional 25,765 persons (+1.61%) over this period³⁰. This analysis is based on the New South Wales Department of Planning and Environment (NSW DP&E) Local Government Area Population Projections (2014). As the NSW DP&E does not provide population projections for Regional Organisations of Councils, the population projections for each LGA within the SSROC region have been combined to reflect the overall SSROC region. The following table illustrates each LGA's predicted population change and the SSROC regions predicted change in population (numbers and percentage change) from 2011 to 2031.

³⁰ Profile id, Community Profile, SSROC region – Estimated Resident Population (ERP), 2014, available at: <http://profile.id.com.au/ssroc/population-estimate>

TABLE 4: SSROC POPULATION PROJECTIONS 2011-2031

Local Government Area (LGA)	2011	2016	2021	2026	2031	Total change	Total change %	Annual % change
Ashfield	43,550	45,550	48,800	51,200	53,400	+9,850	+22.7%	+1.0%
Bankstown	190,850	201,500	214,750	228,800	240,800	+49,950	+26.2%	+1.2%
Botany Bay	41,500	45,300	48,150	52,500	56,050	+14,550	+35.0%	+1.5%
Burwood	34,200	37,850	41,200	44,700	47,500	+13,350	+39.0%	+1.6%
Canada Bay	80,050	90,250	98,150	105,250	111,350	+31,300	+39.1%	+1.6%
Canterbury	145,100	152,600	161,900	171,750	181,850	+36,800	+25.3%	+1.1%
Hurstville	82,800	87,200	93,750	99,600	104,950	+22,150	+26.7%	+1.2%
Kogarah	58,900	62,450	66,850	71,500	76,350	+17,450	+29.6%	+1.3%
Leichhardt	55,650	58,150	61,300	64,400	67,550	+11,900	+21.4%	+1.0%
Marrickville	81,100	85,550	90,950	96,550	102,300	+21,200	+26.1%	+1.2%
Randwick	137,800	147,100	156,800	165,400	174,300	+36,500	+26.5%	+1.2%
Rockdale	103,500	113,400	120,900	127,550	134,350	+30,850	+29.8%	+1.3%
Sutherland	220,250	229,800	243,200	256,350	267,750	+47,500	+21.6%	+1.0%
Sydney	183,300	207,250	232,200	252,900	273,500	+90,200	+49.2%	+2.0%
Waverley	68,700	71,450	74,850	78,450	82,150	+13,450	+19.6%	+0.9%
Woollahra	56,300	58,250	61,100	64,150	67,250	+10,950	+19.4%	+0.9%
SSROC region (TOTAL)	1,583,550	1,693,650	1,814,850	1,931,050	2,041,400	457,950	+29%	+1%

Source: NSW Department of Planning and Environment, 2014

Table 4 shows that the SSROC region will increase from 1,583,550 people in 2011 to 2,041,400 people in 2031 – an increase of 457,950 people (+29.0%) expected to be living within the SSROC region by 2031.

The three LGAs within the SSROC region that are expected to experience the greatest total percentage change in population from 2011 to 2031 are:

- Sydney (+49.2%)
- Canada Bay (+39.1%)
- Burwood (+39.0%)

The three LGAs within the SSROC region that are expected to experience the least total percentage change in population from 2011 to 2031 are:

- Woollahra (+19.4%)
- Waverley (+19.6%)
- Leichhardt (21.4%)

An increase in population is expected to be seen across all LGAs within the SSROC region.

The following figures provide a visual representation of the predicted population change of people aged 65 years and over across the SSROC area. Key findings from these figures include:

- All LGAs across the SSROC area are expected to experience some form of population increase across all age cohorts (65-74 years old, 75-84 year olds and 85 + year olds) from 2011 to 2031. This demonstrates a continuing ageing population within each LGA.
- From 2011 to 2016 the LGAs that are expected to experience the highest population growth for people aged 65 years and over include: Canada Bay, Leichhardt, Sydney, Marrickville, and Sutherland.
- From 2016 to 2021 the LGAs that are expected to experience the highest population growth for people aged 65 years and over include: Sydney and Leichhardt.
- From 2021 to 2026 the LGAs that are expected to experience the highest population growth for people aged 65 years and over include: Sydney, Canada Bay, and Burwood.
- From 2026 to 2031 the LGAs that are expected to experience the highest population growth for people aged 65 years and over include: Ashfield, Burwood, Hurstville, and Rockdale.

FIGURE 4: PROJECTED POPULATION CHANGE OF PEOPLE AGED 65 YEARS AND OVER (2011-2031)

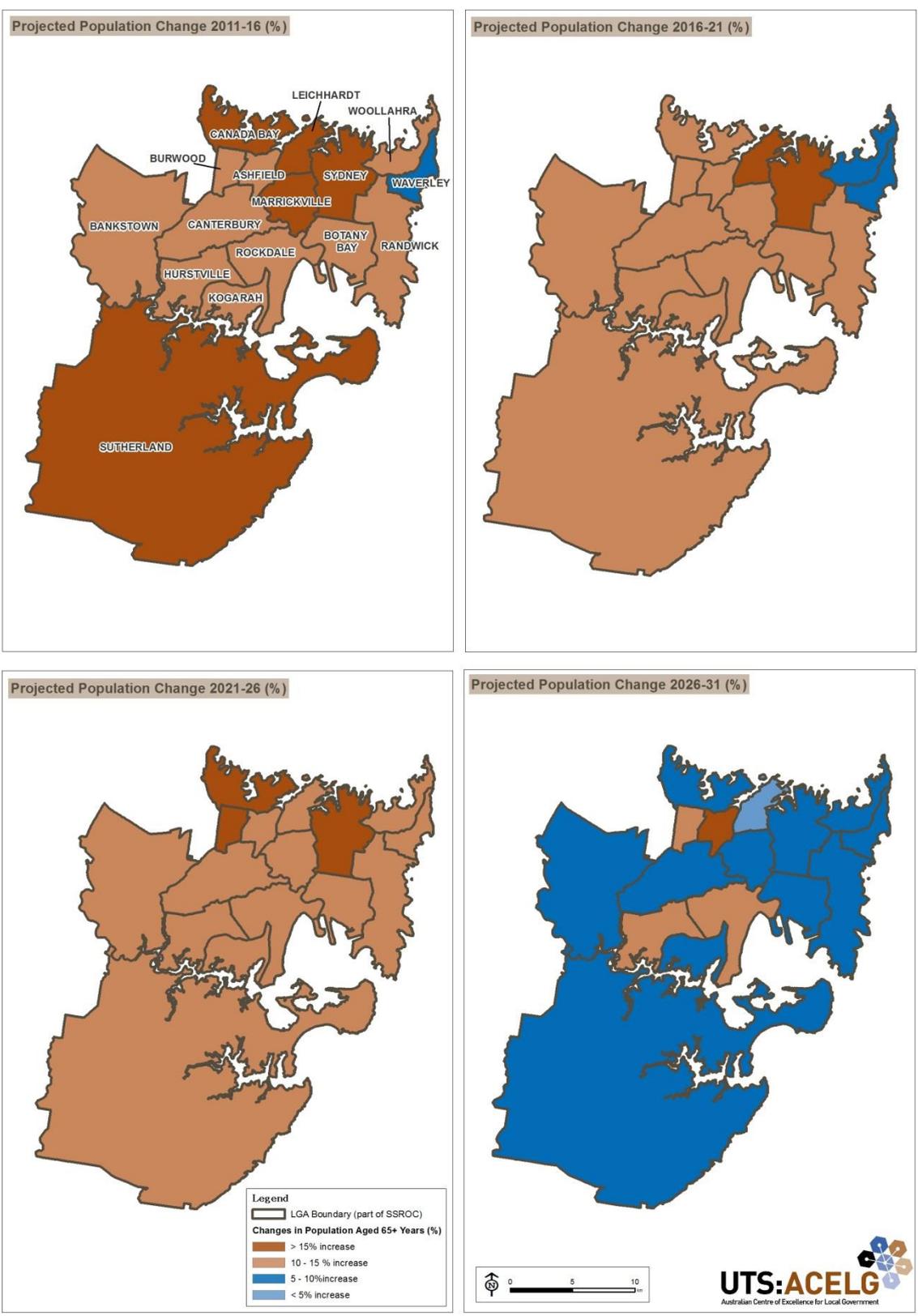


FIGURE 5: PROJECTED CHANGE IN POPULATION (65-74 YEAR OLDS, 75-84 YEAR OLDS AND 85+ YEAR OLDS) FOR LGAS LOCATED IN THE EASTERN SSROC REGION (2011-2031)

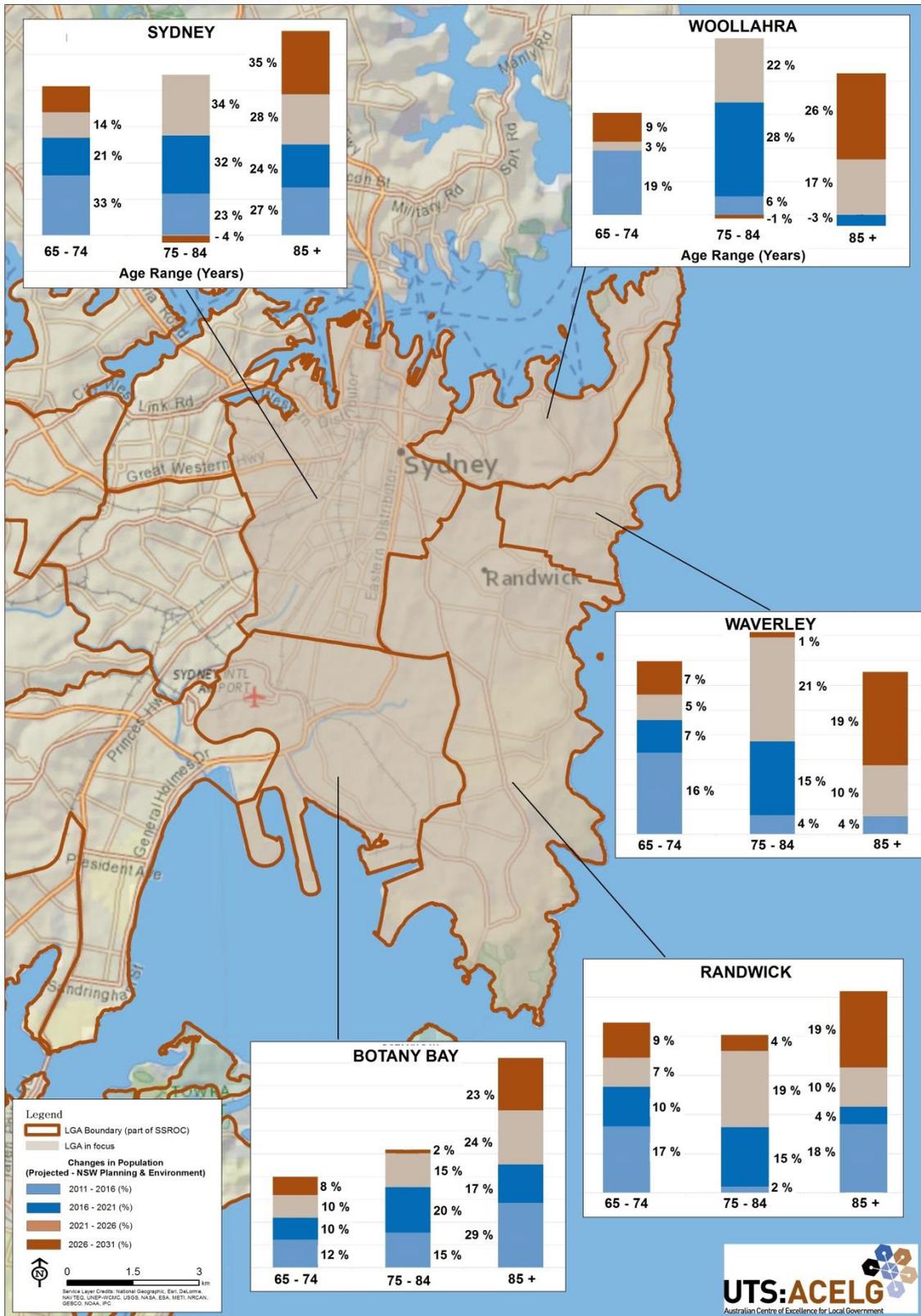


FIGURE 6: PROJECTED CHANGE IN POPULATION (65-74 YEAR OLDS, 75-84 YEAR OLDS AND 85+ YEAR OLDS) FOR LGAS LOCATED IN THE NORTH WESTERN SSROC REGION (2011-2031)

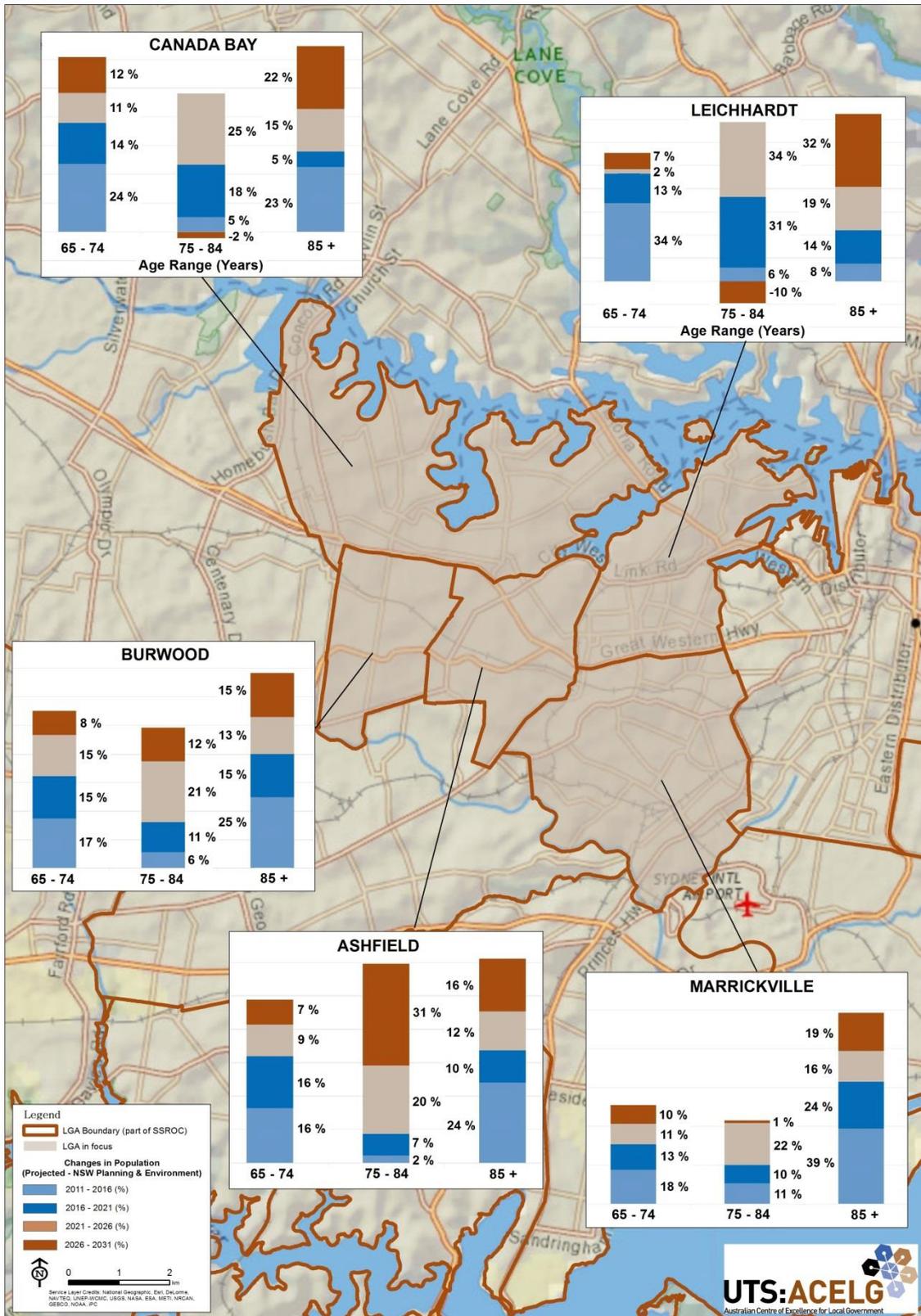
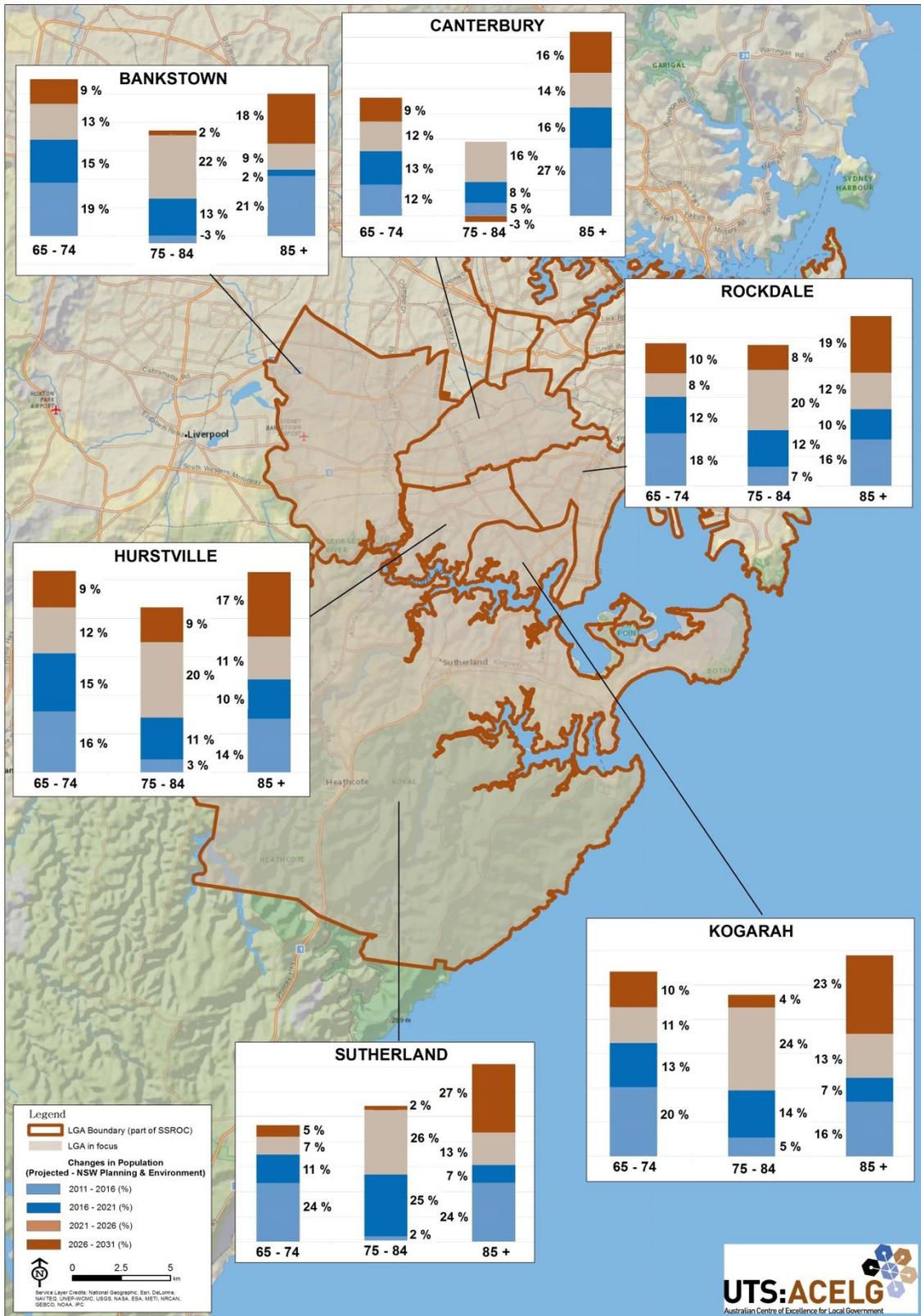


FIGURE 7: PROJECTED CHANGE IN POPULATION (65-74 YEAR OLDS, 75-84 YEAR OLDS AND 85+ YEAR OLDS) FOR LGAS LOCATED IN THE SOUTHERN SSROC REGION (2011-2031)



5.3 Country of birth and language

The cultural and linguistic diversity (CALD) of each LGA that makes up the SSROC region is reflected in Table 5. At the time of the 2011 Census, the LGAs of Ashfield (49.3%), Burwood (41.7%), Canterbury (44.7%), Rockdale (49.7%), and Sydney (44.0%) all had lower proportion of people born in Australia compared to other LGAs within the SSROC region and Greater Sydney (59.9%). Of those people not born in Australia within Ashfield (10.1%), Burwood (14.9%), Canterbury (7.1%), Rockdale (6.3%), and Sydney (5.4%), the second most common country of birth was China. Other LGAs within the SSROC region that had a notable proportion of people born in China included: Botany Bay (3.3%), Canada Bay (5.7%), Hurstville (14.3%), Kogarah (13.0%), and Randwick (4.5%). The coastal and inner west LGAs of Sutherland (3.8%), Waverley (6.8%), Woollahra (6.5%), Leichhardt (7.3%), and Marrickville (3.8%), all have notable proportions of people born in England. Overall, the SSROC region is culturally diverse with proportions of the region born in a number of countries, particularly China and England. Other countries of birth represented across the region include: Italy, Lebanon, Bangladesh, Vietnam, South Africa, India, Hong Kong, and Greece.

TABLE 5: TOP THREE COUNTRIES OF BIRTH PER LGA WITHIN THE SSROC REGION

Local Government Area (LGA)	Country of birth (top three)
Ashfield	Australia (49.3%) China (10.1%) Italy (4.3%)
Bankstown	Australia (56.3%) Lebanon (7.1%) Vietnam (6.8%)
Botany Bay	Australia (51.4%) China (3.3%) Bangladesh (2.9%) Indonesia (2.9%)
Burwood	Australia (41.7%) China (14.9%) India (4.7%)
Canada Bay	Australia (58.0%) China (5.7%) Italy (5.1%)
Canterbury	Australia (44.7%) China (7.1%) Lebanon (4.9%)

Local Government Area (LGA)	Country of birth (top three)
Leichhardt	Australia (65.3%) England (7.3%) New Zealand (3.2%)
Marrickville	Australia (58.3%) England (3.8%) Greece (3.0%)
Randwick	Australia (53.9%) China (4.5%) England (4.3%)
Rockdale	Australia (49.7%) China (6.3%) Greece (3.2%)
Sydney	Australia (44.0%) China (5.4%) England (4.9%)
Sutherland	Australia (78.8%) England (3.8%) New Zealand (1.6%)

Local Government Area (LGA)	Country of birth (top three)
Hurstville	Australia (53.9%) China (14.3%) Hong Kong (2.8%)
Kogarah	Australia (54.2%) China (13.0%) Greece (2.2%) Hong Kong (2.2%)

Local Government Area (LGA)	Country of birth (top three)
Waverley	Australia (51.0%) England (6.8%) South Africa (4.2%)
Woollahra	Australia (57.6%) England (6.5%) South Africa (3.8%)

Source: ABS, 2011

The following table provides an overview of country of birth data for the entire SSROC region compared to Greater Sydney.

TABLE 6: MOST COMMON COUNTRY OF BIRTH (OTHER THAN AUSTRALIA) FOR THE SSROC REGION COMPARED TO GREATER SYDNEY AT 2011

Birthplace	SSROC region (number)	SSROC region %	Greater Sydney %
China	73,620	4.9	3.4
United Kingdom	56,373	3.8	4.1
New Zealand	30,507	2.0	1.9
Lebanon	28,171	1.9	1.3
Vietnam	25,362	1.7	1.6
Greece	21,844	1.5	0.7
Italy	19,446	1.3	1.0
India	17,199	1.2	2.0
Indonesia	14,825	1.0	0.6
Hong Kong	14,162	0.9	0.8

Source: profile.id, 2014

Overall, 36.8% of the SSROC region population were born overseas, with 28.9% from a non-English speaking background, compared to 34.2% and 26.3% respectively for Greater Sydney. The largest non-English speaking country of birth in the SSROC region was China (4.9% or 73,620 people). This is notably higher compared to Greater Sydney (3.4%).

Between 2006 and 2011, the number of people born overseas within the SSROC region increased by 71,127 or 14.8%, and the number of people from a non-English speaking background increased by 58,368 or 15.6%. The largest changes in birthplace countries of the population across the SSROC region from 2006 to 2011 were of those born in³¹:

- China (+19,132 persons)
- Nepal (+7,307 persons)
- United Kingdom (+4,818 persons)
- India (+4,605 persons).

Analysis undertaken by profile.id compared language spoken at home in the SSROC region and Greater Sydney at 2011. Compared to Greater Sydney, the SSROC region had a smaller proportion of people who spoke English only (56.3%), and a larger proportion of those speaking a non-English language (37.0%) either exclusively or in addition to English (62.2% and 32.5% respectively). In the SSROC region the dominant language spoken at home, other than English, was Arabic (5.5% or 82,054 speaking this language at home).

Profile.id states the following major differences between the languages spoken at home for the population of the SSROC region and Greater Sydney in 2011:

- A larger percentage speaking Greek at home (4.1% compared to 1.8%)
- A larger percentage speaking Arabic at home (5.5% compared to 4.1%)
- A larger percentage speaking Mandarin at home (4.2% compared to 3.0%)

Between 2006 and 2011, the number of people who spoke a language other than English at home increased by 15.4% , and the number of people who spoke English only increased by 5.6%. The largest changes in the spoken language of the population in the SSROC region between 2006 and 2011 were those speaking:

- Mandarin (+16,407 persons)
- Nepali (+7,364 persons)
- Arabic (+6,528 persons)
- Bengali (+4,344)

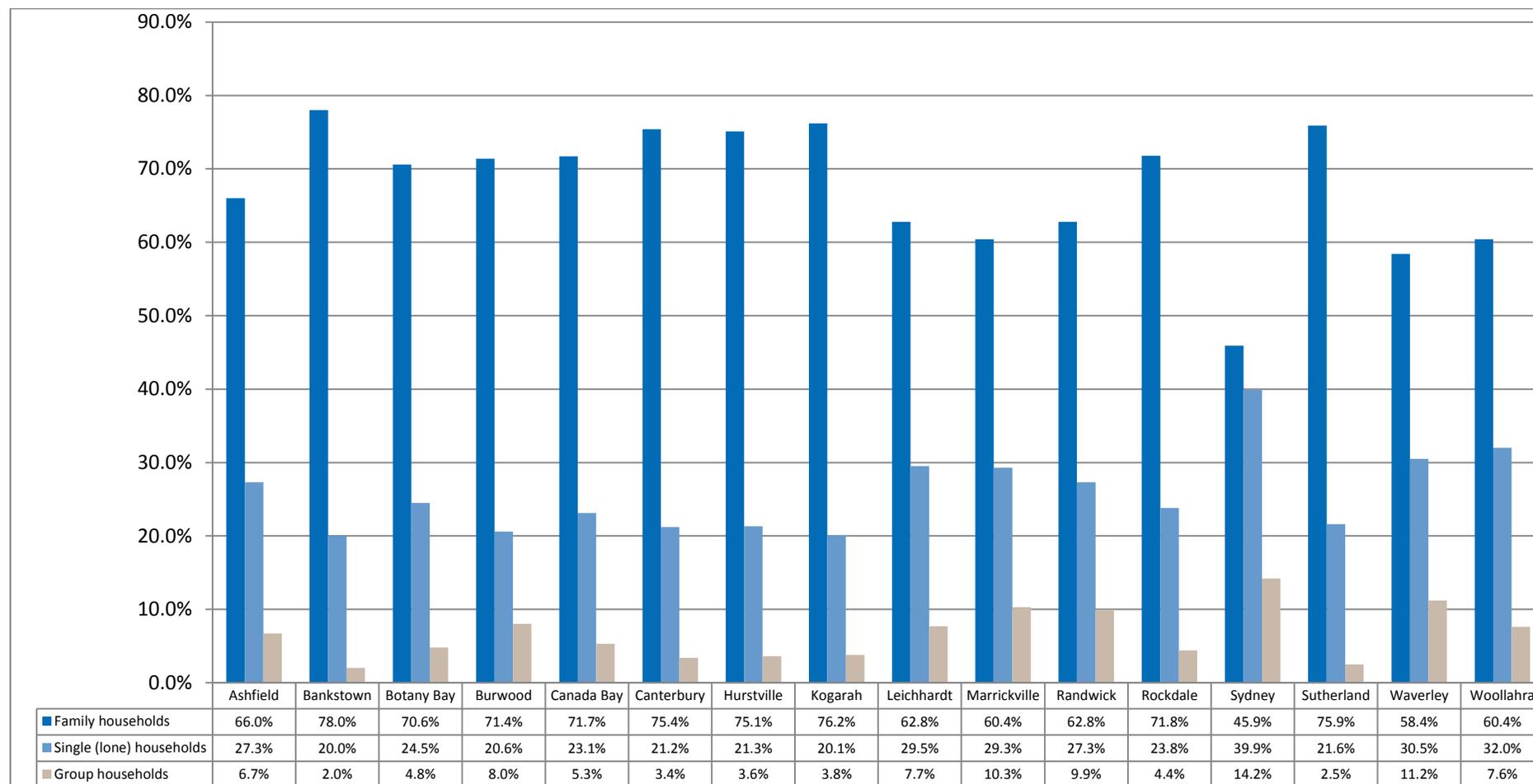
This reflects the largest changes in birthplace counties of the population across the SSROC region from 2006 to 2011.

³¹ Profile.id, community profile, SSROC region, birthplace, 2014, accessed at: <http://profile.id.com.au/ssroc/birthplace>

5.4 Household composition

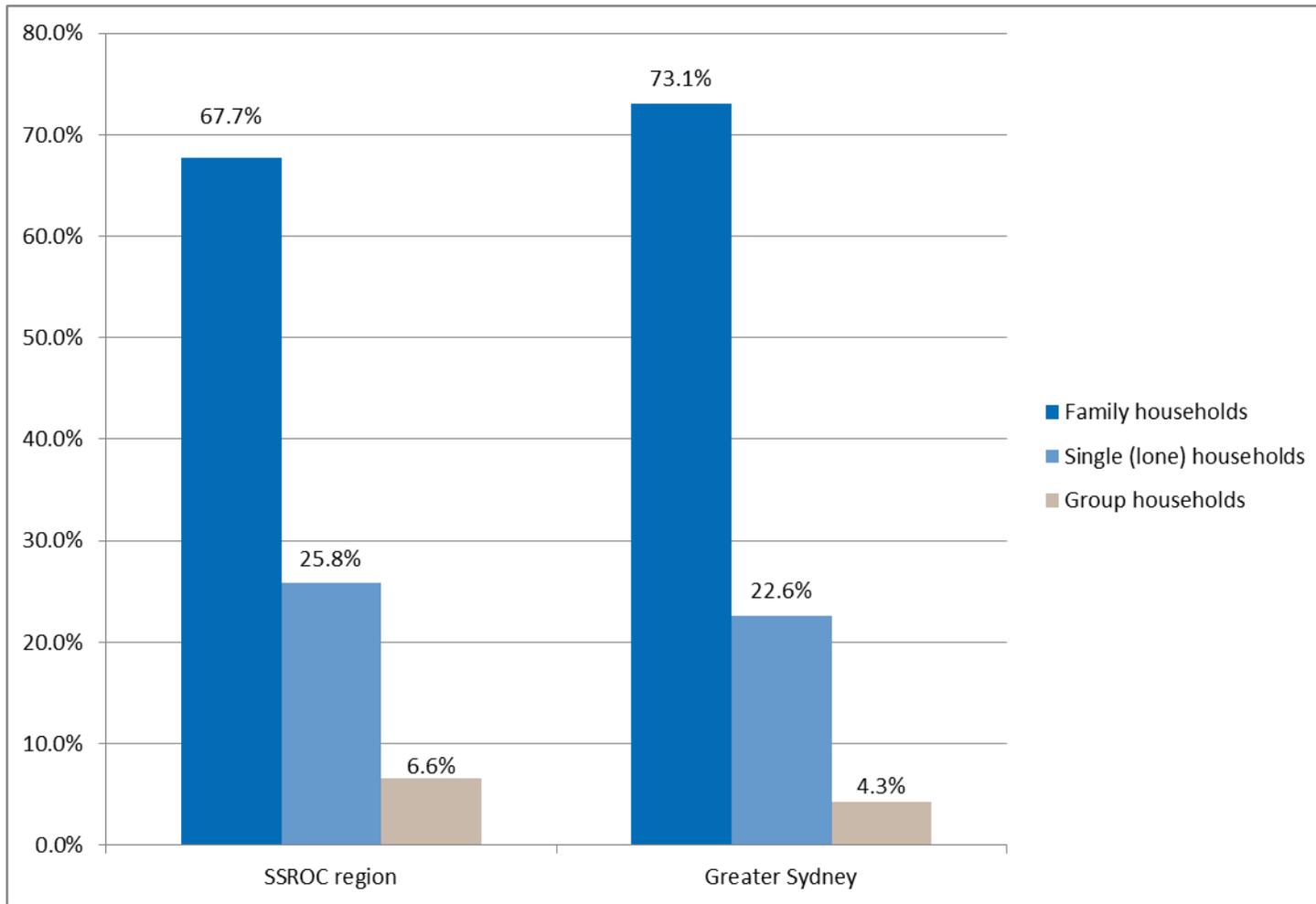
Figure 8 provides an overview of the predominant household structures within each LGA of the SSROC region. Figure 9 illustrates the overall household composition for the SSROC region compared to Greater Sydney.

FIGURE 8: HOUSEHOLD COMPOSITION FOR EACH LGA WITHIN THE SSROC REGION AT 2011



Source: ABS, 2011

FIGURE 9: HOUSEHOLD COMPOSITION: THE AVERAGE PERCENTAGE ACROSS THE SSROC REGION COMPARED TO GREATER SYDNEY AT 2011



Source: ABS, 2011

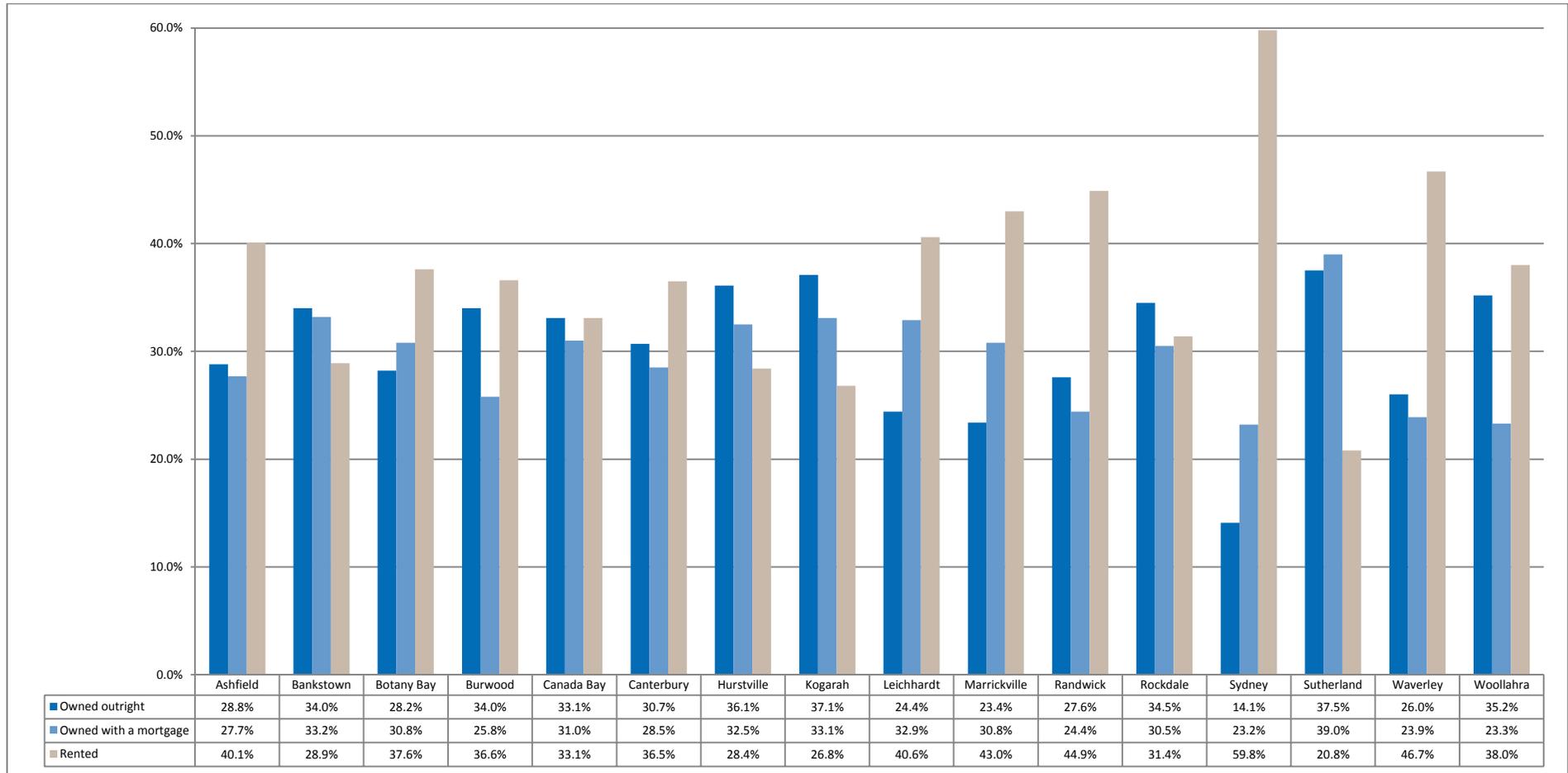
Figure 8 and Figure 9 highlights the following points:

- There is a smaller proportion of family households within the SSROC region (67.7%) compared to Greater Sydney (73.1%). The LGAs that have a notably higher proportion of family households compared to the overall SSROC region and Greater Sydney include: Bankstown (78.0%), Canterbury (75.4%), Hurstville (75.1%), Kogarah (76.2%), and Sutherland (75.9%). The LGAs within the SSROC region with notably lower proportions of family households compared to the overall SSROC region and Greater Sydney include: Leichhardt (62.8%), Marrickville (60.4%), Randwick (62.8%), Sydney (45.9%), Waverley (58.4%), and Woollahra (60.4%).
- There is a slightly higher proportion of single (lone) person households within the SSROC region (25.8%) compared to Greater Sydney (22.6%). The LGAs with a notably higher proportion of single (lone) person households compared to the overall SSROC region and Greater Sydney include: Leichhardt (29.5%), Marrickville (29.3%), Sydney (39.9%), Waverley (30.5%), and Woollahra (32.0%). The LGAs within the SSROC region with notably lower proportions of single (lone) person households compared to the overall SSROC region and Greater Sydney include: Bankstown (20.0%), Burwood (20.6%), Canterbury (21.2%), Hurstville (21.3%), and Kogarah (20.1%).
- There is a slightly higher proportion of group households within the SSROC region (6.6%) compared to Greater Sydney (4.3%). The LGAs with a notably higher proportion of group households compared to the overall SSROC region and Greater Sydney include: Burwood (8.0%), Marrickville (10.3%), Randwick (9.9%), Sydney (14.2%), and Waverley (11.2%). The LGAs within the SSROC region with notably lower proportions of group households compared to the overall SSROC region and Greater Sydney include: Bankstown (2.0%), Canterbury (3.4%), Hurstville (3.6%), Kogarah (3.8%), and Sutherland (2.5%).

5.5 Tenure type

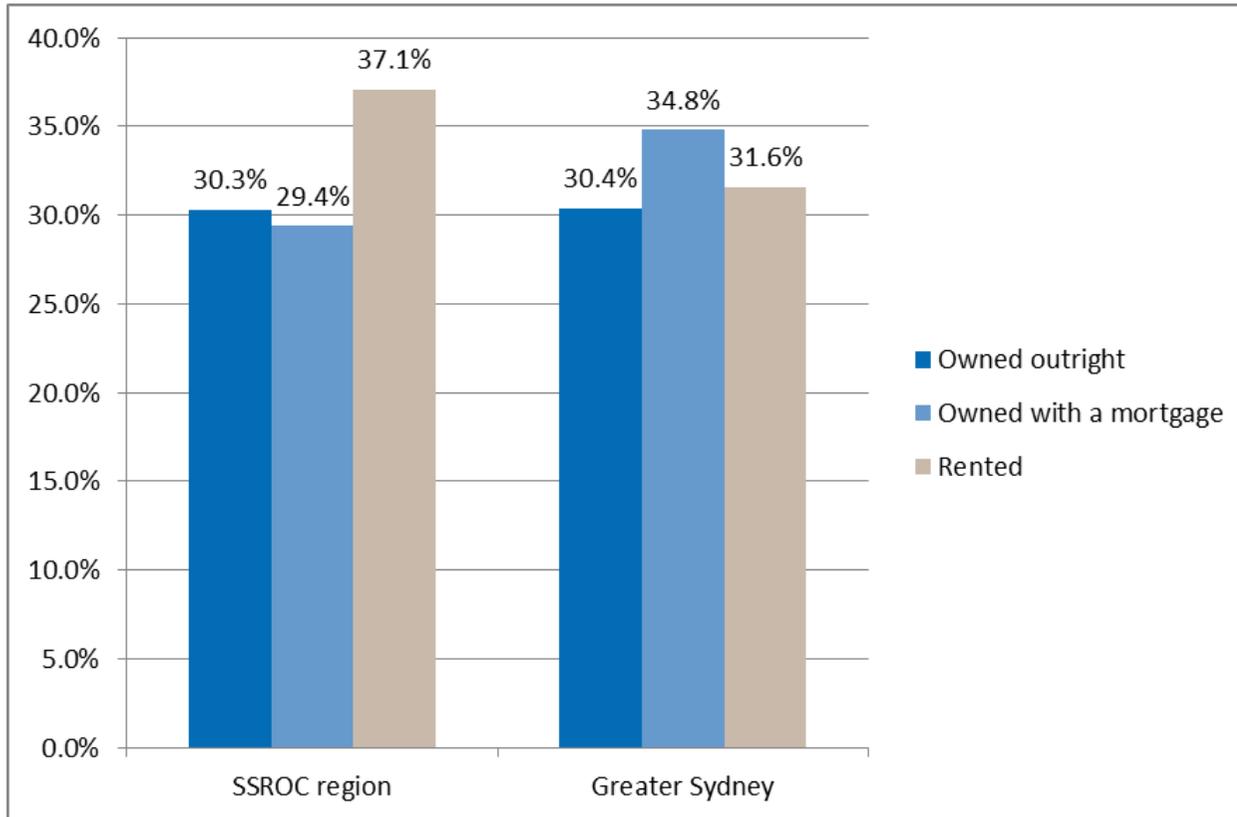
Figure 10 and provides an overview of the tenure types within each LGA within the SSROC region. Figure 11 provides the overall tenure types of the SSROC region compared to Greater Sydney.

FIGURE 10: TENURE TYPES (OCCUPIED PRIVATE DWELLINGS) FOR EACH LGA WITHIN THE SSROC REGION AT 2011



Source: ABS, 2011

FIGURE 11: TENURE TYPES (OCCUPIED PRIVATE DWELLINGS) FOR THE OVERALL SSROC REGION AND GREATER SYDNEY AT 2011



Source: ABS, 2011

Figure 10 and Figure 11 highlight the following points:

- Compared to Greater Sydney (30.4%), the SSROC region (30.3%) has a similar percentage of people who own their property outright. The LGAs with a notably higher proportion of people who own their property outright compared to the overall SSROC region and Greater Sydney include: Bankstown (34.0%), Burwood (34.0%), Hurstville (36.1%), Kogarah (37.1%), Rockdale (34.5%), Sutherland (37.5%), and Woollahra (35.2%). The LGAs within the

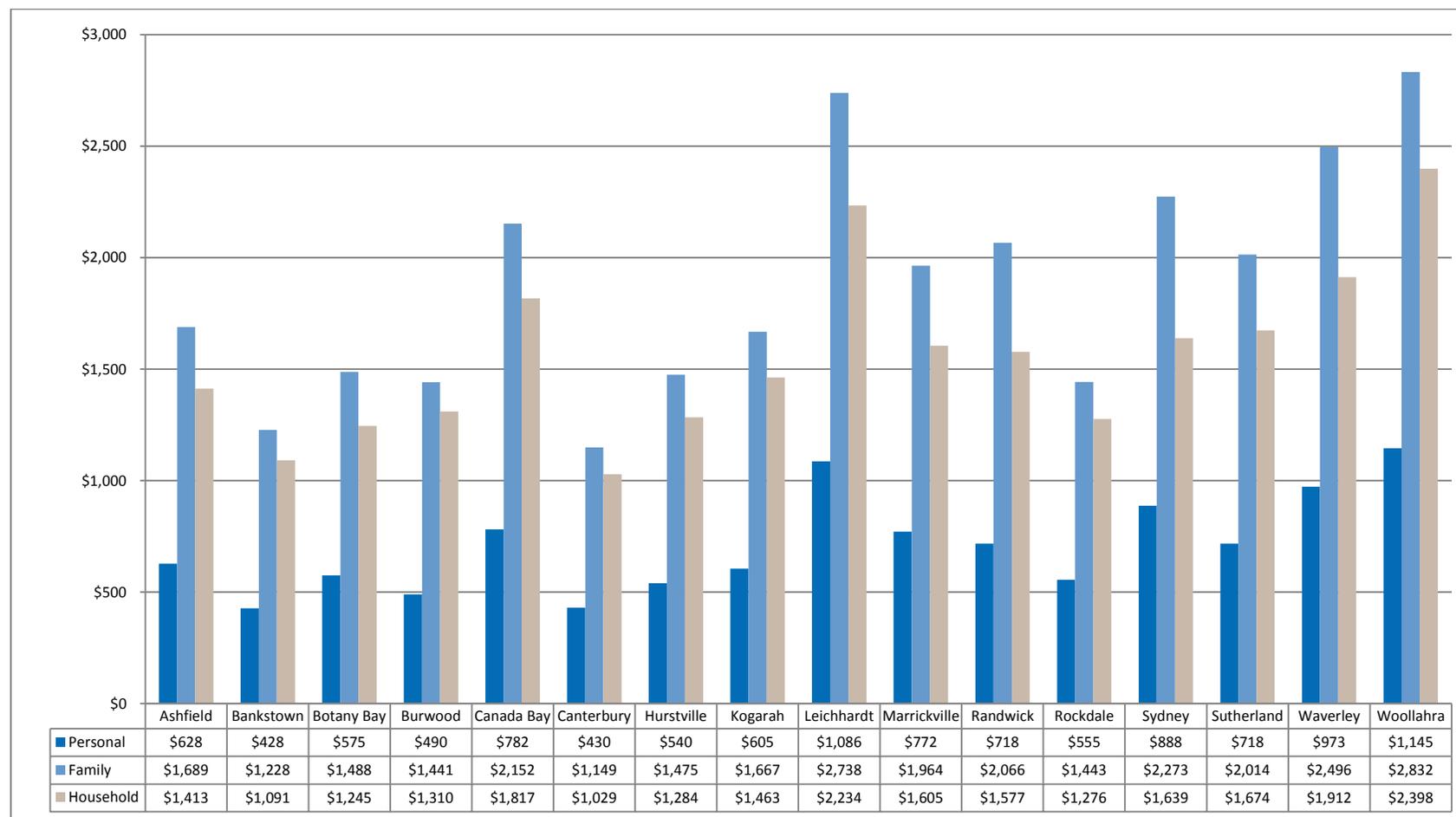
SSROC region with notably lower proportions of people owning their property outright compared to the overall SSROC region and Greater Sydney include: Leichhardt (24.4%), Marrickville (23.4%), Sydney (14.1%), and Waverley (26.0%).

- The SSROC region has a lower proportion of people who own their property with a mortgage (29.4%) compared to Greater Sydney (34.8%). The LGAs with notably lower proportions of people who own a property with a mortgage compared to the SSROC region and Greater Sydney include: Burwood (25.8%), Randwick (24.4%), Sydney (23.2%), Waverley (23.9%), and Woollahra (23.3%). Sutherland has the highest proportion of people who own a property with a mortgage (39.0%).
- The SSROC region (37.1%) has a higher percentage of renters compared to Greater Sydney (31.6%). The LGAs with a notably higher percentage of renters compared to the SSROC region and Greater Sydney include: Ashfield (40.1%), Leichhardt (40.6%), Marrickville (43.0%), Randwick (44.9%), Sydney (59.8%), and Waverley (46.7%). The Sutherland LGA has a notably lower proportion of renters compared to the SSROC region and Greater Sydney (20.8%).

5.6 Income

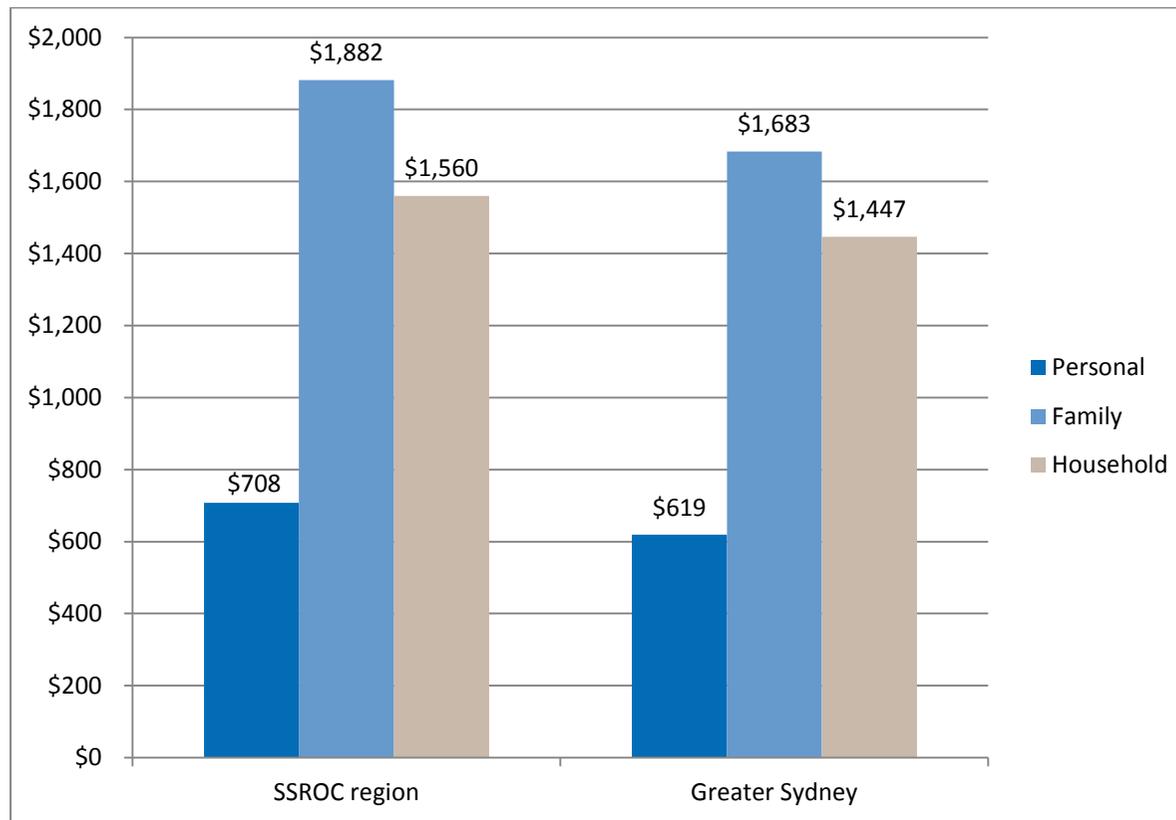
Figure 12 provides an overview of the median weekly personal, family and household incomes within each LGA of the SSROC region. Figure 12 provides an overview of the median weekly, personal, and household incomes for the overall SSROC region compared to Greater Sydney.

FIGURE 12: MEDIAN WEEKLY INCOME (PERSONAL, FAMILY AND HOUSEHOLD) PER LGA WITHIN THE SSROC REGION AT 2011



Source: ABS, 2011

FIGURE 13: MEDIAN WEEKLY INCOME (PERSONAL, FAMILY AND HOUSEHOLD) FOR THE OVERALL SSROC REGION AND GREATER SYDNEY AT 2011



Source: ABS, 2011

Figure 12 and Figure 13 highlight the following points:

- The median weekly personal income within the SSROC region (\$708) is higher compared to Greater Sydney (\$619). The LGAs that have notably higher median weekly personal incomes compared to the SSROC region and Greater Sydney include: Leichhardt (\$1,086), Sydney (\$888), Waverley (\$973), and Woollahra (\$1,145). The LGAs that have notably lower median weekly personal incomes compared to the SSROC region and Greater Sydney include: Bankstown (\$428), Burwood (\$490), Canterbury (\$430), and Hurstville (\$540).

- The median weekly family income for the SSROC region (\$1,882) is higher compared to Greater Sydney (\$1,683). The LGAs that have notably higher median weekly family incomes compared to the SSROC region and Greater Sydney include: Canada Bay (\$2,152), Leichhardt (\$2,738), Randwick (\$2,066), Sydney (\$2,273), Sutherland (\$2,014), Waverley (\$2,496), and Woollahra (\$2,832). The LGAs that have notably lower median weekly family incomes compared to the SSROC region and Greater Sydney include: Bankstown (\$1,228), Burwood (\$1,441), Canterbury (\$1,149), Hurstville (\$1,475), and Rockdale (\$1,443).
- The median weekly household income for the SSROC region (\$1,560) is slightly higher compared to Greater Sydney (\$1,683). The LGAs that have notably higher median weekly household incomes compared to the SSROC region and Greater Sydney include: Canada Bay (\$1,817), Leichhardt (\$2,234), Waverley (\$1,912), and Woollahra (\$2,398). The LGAs that have notably lower median weekly household incomes compared to the SSROC region and Greater Sydney include: Bankstown (\$1,091), Botany Bay (\$1,245), Canterbury (\$1,029), and Rockdale (1,276).

6 Stakeholder engagement

The overall approach to the engagement process was workshopped and agreed at the inception-meeting phase of the project. A review of all MoW service providers across the SSROC region was undertaken to ensure the views of the diverse range of services were captured through the process.

Effective engagement with stakeholders was crucial to the quality of the information generated and gathered. To fully inform the needs assessment, a number of specific engagement methods and techniques were undertaken. The engagement techniques were complementary, and enabled the breadth and depth of views and perspectives from a range of stakeholders. The engagement techniques included:

- In-depth interviews
- Group discussions and meetings
- Facilitated Workshop
- Final presentation.

The policy and document review, demographic analysis, and stakeholder identification and mapping were undertaken to ensure that engagement activities were appropriate and included the broad representation of MoW services and councils across the SSROC region.

6.1 Stakeholder identification and mapping

A key component of the stakeholder-engagement phase of the project is to engage with key services providers and councils across the SSROC area. A stakeholder-identification-and-mapping process was undertaken to identify the relevant service-provider managers and/or coordinators and council representatives included in the project. This process also enabled for the most appropriate and effective engagement techniques to be identified and undertaken.

Each MoW service provider that formed part of this research project was provided the opportunity to participate in a one-on-one in-depth interview. In addition, each MoW service provider and associated council that formed part of this research was provided the opportunity to participate in a group workshop.

The following table outlines the range of stakeholders engaged as part of the project. In addition it outlines the engagement technique used to engage each stakeholder or stakeholder group within the project.

TABLE 7: STAKEHOLDER IDENTIFICATION AND MAPPING

Key stakeholder	Engagement method
The Southern Sydney Regional Organisation of Councils	<ul style="list-style-type: none"> • Meetings and discussions • Attendance at workshop
Meals on Wheels New South Wales	<ul style="list-style-type: none"> • Meeting and discussions • Present at workshop for observational purposes only

Key stakeholder	Engagement method
Department of Social Services (DSS)	<ul style="list-style-type: none"> • A number of avenues were explored to ensure an interview was undertaken with a key representative from DSS. The purpose of this interview was to gain further understanding on the proposed policy changes at state and federal levels and the specific impact these may have on MoW services. At the time of writing this report, an interview with a representative from DSS had not occurred.
Bankstown City Council Food Services	<ul style="list-style-type: none"> • One-on one in-depth interview with MoW service provider • Did not attend workshop
Botany Meals on Wheels	<ul style="list-style-type: none"> • One-on one in-depth interview with MoW service provider • Representatives from City of Botany Bay Council attended workshop
Burwood Community Welfare Services (services Burwood and Ashfield LGAs)	<ul style="list-style-type: none"> • One-on one in-depth interview with MoW service provider • Representatives from Burwood Community Welfare Services and Burwood Council attended workshop
Canterbury Meals on Wheels Inc.	<ul style="list-style-type: none"> • One-on one in-depth interview with MoW service provider • Representatives from Canterbury Meals on Wheels Inc. and City of Canterbury Council attended workshop
City of Sydney Meals on Wheels	<ul style="list-style-type: none"> • One-on one in-depth interview with MoW service provider • Representatives from City of Sydney Meals on Wheels and City of Sydney Council attended workshop
Drummoyne Meals on Wheels	<ul style="list-style-type: none"> • One-on one in-depth interview with MoW service provider • Did not attend workshop
Randwick Meals on Wheels Inc.	<ul style="list-style-type: none"> • One-on one in-depth interview with MoW service provider • Representative from Randwick Meals on Wheels Inc. attended workshop

Key stakeholder	Engagement method
Rockdale Meals on Wheels Service	<ul style="list-style-type: none"> • One-on one in-depth interview with MoW service provider • Representatives from Rockdale Meals on Wheels Services and Rockdale Council attended workshop
Tom Foster Community Care (services Marrickville and Leichhardt LGAs)	<ul style="list-style-type: none"> • One-on one in-depth interview with MoW service provider • Representatives from Tom Foster Community Care, and Marrickville and Leichhardt Councils attended workshop
Waverley Council Meals on Wheels	<ul style="list-style-type: none"> • One-on one in-depth interview with MoW service provider • Did not participate in workshop

6.2 In-depth interviews

A total of 10 in-depth interviews were undertaken with key representatives from MoW services across the SSROC area. The 10 services operate across 12 different LGAs. The MoW services that took part in the in-depth interviews include:

- Bankstown City Council Food Services
- Botany Meals on Wheels
- Burwood Community Welfare Services (servicing Burwood and Ashfield LGAs)
- Canterbury Meals on Wheels Inc.
- City of Sydney Meals on Wheels
- Drummoyne Meals on Wheels
- Tom Foster Community Care (servicing Marrickville and Leichhardt LGAs)
- Randwick Meals on Wheels Inc.
- Rockdale Meals on Wheels Service
- Waverley Council Meals on Wheels

Each key stakeholder was asked a number of questions as part of the interview, and the collation of responses occurred after all interviews were completed. The in-depth interviews were designed to capture a greater understanding on the need and demand of MoW services across the region; in particular they aimed to identify the strengths, weaknesses, opportunities and threats associated with each service. It was outlined to stakeholders that the needs assessment was in response to a number of policy changes to the delivery of aged care services at a state and federal level. The in-depth interviews were undertaken throughout December 2014 and January 2014 and were approximately 45 minutes in length, semi-structure in nature, and utilised a discussion guide (located at Appendix A).

Participants were asked to comment on the following:

- Their current role and type of work
- Information about their MoW service, including:
 - Number of meals delivered per week
 - Frequency of meal delivery
 - Number of staff

- Geographic area of service delivery
- Client characteristics
- Funding
- Capacity
- Relationships and partnerships
- Impact of proposed policy changes
- Current and future needs
- Opportunities and strengths
- Weaknesses and barriers
- Threats

At the conclusion of these interviews, a meeting was also held with key representatives from NSW Meals on Wheels.

As a result of the one-on-one in-depth interviews, a strengths, weaknesses, opportunities and strengths (SWOT) analysis was produced for each service.

6.3 Facilitated workshop

The engagement process also included a facilitated workshop. The workshop was held at the University of Technology, Sydney on Monday 23 February 2015 (approximately 20 attendees). An invite to attend the facilitated workshop was sent to representatives of the 10 MoW services (managers and coordinators) as well as community-service and development representatives from the 12 council areas across which the services operate. As a result, a variety of stakeholders from MoW services and councils across the SSROC region attended. Two representatives from NSW Meals on Wheels also attended.

The workshop was an opportunity to bring together MoW and council staff to have a holistic, strategic discussion on the needs of MoW services across the SSROC area. The facilitated workshop provided a chance to consider the key findings of the project to-date and to discuss the future of MoW service delivery moving forward. It also identified opportunities for collaboration and coordination of MoW service delivery at a regional level. The workshop encouraged an open and transparent discussion and allowed councils to learn, communicate and empower each other. The following outlines the agenda of the workshop.

TABLE 8: AGENDA FOR FACILITATED WORKSHOP

Agenda – Facilitated Workshop – Monday 23 February 2015
<p>Welcome</p> <ul style="list-style-type: none"> • Introductions • Aim of today
<p>SSROC MoW needs-assessment project</p> <ul style="list-style-type: none"> • Overview of project by SSROC • What has been undertaken to date by ACELG <ul style="list-style-type: none"> • Demographic analysis • The engagement process
<p>Key Question 1 – Where are we now?</p> <ul style="list-style-type: none"> • Current context • Overview of SWOT analysis undertaken • Council-specific activity – Council and MoW representatives to review and amend SWOT
<ul style="list-style-type: none"> • Report back from Council-specific activity • Form an overarching SWOT analysis for the SSROC region
<p>Key Question 2 – What the future may look like?</p> <ul style="list-style-type: none"> • What do you think the needs are? <ul style="list-style-type: none"> • Small-group discussion – outline the top key needs (local and regional) • Bring group back together to explore needs
<p>Key Question 3 – How do we get there?</p> <ul style="list-style-type: none"> • Open up the floor for a group discussion • Potential options for MoW service delivery moving forward
<p>Close</p> <ul style="list-style-type: none"> • Next phase of project • Thank you

6.4 Final presentation

The information gathered from the facilitated workshop was collated and appropriately included within the draft report. A draft report was submitted to SSROC for review. SSROC also provided the draft report to representatives from each of the member councils involved in the project (The Community Working Group).

The ACELG team presented the key findings from the project to approximately 20 representatives from the Community Working Group. This included an opportunity to an open and transparent discussion. At the conclusion of the final presentation, comments and feedback were provided to the research team to consider and incorporate into the final report.

7 SWOT analyses

As a result of the one-on-one in-depth interviews the research team undertook individual strengths, weaknesses, opportunities and threats (SWOT) analyses. The SWOT analyses outlined the following details:

- Name of MoW service
- Location
- Geographic area of service
- The MoW provider type; e.g. Council, NGO etc.
- An overview of the MoW service
- Funding arrangements
- Capacity
- Formal and informal relationships
- Strengths of the MoW service
- Weaknesses of the MoW service
- Opportunities for the MoW service
- Threats to the MoW service

The draft SWOT analyses were provided to the relevant attendees at the facilitated workshop. A key task of the workshop was for the MoW service providers and associated council staff members to review and consider the information already gathered. They were asked to provide comments and feedback on their respective SWOT.

After providing comments and feedback on the individual SWOT analyses (at a local and individual service level), the attendees at the workshop were asked to think of the strengths, weaknesses, opportunities and threats that may be associated for MoW services at a regional level (SSROC area). The following provides an overview of the key strengths, weaknesses, opportunities and threats associated with MoW services across the SSROC area. It should be noted that these do not necessarily apply to each individual service. The 10 individual SWOT analyses are located at Appendix B.

7.1 Strengths and Weaknesses

The following provides an overview of the key strengths and weaknesses of MoW services across the SSROC area:

STRENGTHS

The following provides an overview of the key strengths of MoW services across the SSROC area:

- **Volunteers**
 - The service of volunteers to MoW services is an enormous value-add
 - The value to volunteers being of part of the MoW service
 - Strong volunteer bases across the SSROC region
- **Referrals and partnerships**
 - Strong partnerships and relationships with other aged care services, including other MoW services
 - Ability to share resources and knowledge with other aged care services
- **Meals on Wheels offer**
 - Diversity of meals
 - Access to commercial kitchens
 - The provision of centre based meals (allowing people the opportunity to get out of their home)
- **Local context**
 - A number of services are within close proximity to other aged care services for support and referrals
- **Staff**
 - Passionate with specific skills and expertise
- **Supportive councils**
- **Economies of scale**

WEAKNESSES

The following provides an overview of the key weaknesses of MoW services across the SSROC area:

- **Ageing premises**
- **Ageing volunteers**
- **Policy and funding changes**
 - Uncertainty around what impact changes to policy and funding may have on MoW services specifically
 - Commonwealth Government not funding at levels required
 - Inability to adapt to potential future funding and cost frameworks
 - Lack of funding for promotional opportunities e.g. marketing materials
 - Food safety requirements and risk assessments
- **Decrease in clients**
- **Meals on Wheels image**
 - The 'image' or stigma attached to MoW as a service e.g. traditional, charity etc.
- **Referrals and partnerships**
 - The lack of referrals and partnerships with other aged care services
- **Competition**
 - The services and food options provided by MoW not keeping up with competition (private providers), supermarkets etc.
- **Staff**
 - Lack of skills, experience and knowledge of some staff
- **Location**
 - The location of MoW services within some LGAs e.g. located on the boundary of a number of LGAs, not located in easily accessible location for clients or volunteers etc.

7.2 Opportunities and threats

The following provides an overview of the key opportunities and threats of MoW services across the SSROC area:

OPPORTUNITIES

The following provides an overview of the key opportunities of MoW services across the SSROC area:

- **Regional collaboration**
 - Greater purchasing power, formation of relationships, learning and sharing
- **Capacity**
 - To include other aged care services in LGA
- **Meals on Wheels offer**
 - Expanding service to include food specific to CALD communities
 - Be more efficient, effective and sustainable
 - Increase shared menus and as a result increase number of clients
 - Increase bulk-meal delivery
 - Use commercial kitchens as distribution centres/hubs
 - Increase CALD specific meals through purchasing from other MoW services
 - Improve branding and packaging
- **Engaging new volunteers**
 - Focus on recruiting younger volunteers
- **Economies of scale**
 - The potential power of SSROC as a region – networking, buying and provision of services
 - Larger catchment and service areas needed – for economies of scale
- **Increased coordination and collaboration**
 - Work more closely with other LGAs at a strategic level that filters down through each MoW service
 - Sharing of services and different meal types
- **Benchmarking**
 - Benchmark meal costs across services
- **Increase food rescue**

THREATS

The following provides an overview of the key threats associated with MoW services across the SSROC area:

- **Unknown policy and funding changes**
 - Potential decrease/loss of funding
 - Policy changes
- **Losing local connection**
- **Losing volunteers**
- **Competition**
 - From supermarkets, clubs, or free food offers
 - Larger and more efficient organisations moving into the space of meal provision for older people
- **Local context**
 - Changing demographics – ageing population
 - Increase in cost of living
 - Potential council amalgamations

8 Needs assessment and options

The following section builds on the large quantity of data and information collected throughout the project. The key findings have been collated and synthesised to inform the overall needs assessment of MoW services across the SSROC area.

8.1 The Meals on Wheels service

MoW service is 'more than just a meal'...

MoW services provide hot and cold meals to frail older people and younger people with disability. The meals are delivered by volunteers on a daily basis, and encourage ageing in place, allowing recipients to live in their homes for longer. As well as providing a meal to recipients, volunteers and MoW services provide nutritional support, social contact, and the ability to monitor client's wellbeing, health and safety. This research project has highlighted the importance of the community support and care role volunteers provide as part of the MoW service. In light of the proposed policy changes and the diversifying and ageing population of the SSROC area, the following outlines the identified key challenges and needs of MoW services at a regional level (SSROC) as discussed and stated by key stakeholders as part of the in-depth interviews, facilitated workshop, and final presentation.

8.2 The policy context

The Australian Government's Home and Community Care program (HACC) currently provides funding for MoW services. This funding is provided to a number of government and non-government organisations that then forward the funding on to community volunteer management committees. The management committees receive and control funding to employ one or more people to manage and coordinate the daily operations of the service.

In 2012 the Australian Government announced the development of a the *Living Longer, Living Better* package to establish a national Commonwealth Home Support Programme (CHSP), and absorb services provided under the existing HACC program.

The development of the CHSP involves the review of a number of aged care services, including MoW. This review aims to inform a transition to more consistent and equitable service-delivery arrangements and a national consistency in the cost of service provision.

As a result of the proposed aged care policy changes and reform, the SSROC sought a suitably qualified and experienced organisation to undertake a comprehensive needs assessment of MoW services and provision across the SSROC region.

8.3 Consideration of Consumer Directed Care

All services interviewed as part of this research were aware of proposed policy changes to HACC service delivery. However, services were uncertain as to how the proposed changes may potentially impact on their MoW service. Without clarification from the DSS, it is difficult to predict the exact impact the proposed changes may have on MoW services specifically. However, as discussed earlier in this report, it is clear that MoW services across the SSROC region will need to be aware of the need for all HACC services to move towards the Consumer Directed Care (CDC) model. The CDC model approach will enable each individual HACC client to decide how, and on what services, they wish to spend their allocated HACC funds, therefore potentially driving service offer and the market overall. A clearer picture of the potential impact this model may have on HACC services, including

MoW, will come to light over the coming months. The DSS has engaged KPMG to conduct an evaluation of the implementation of Home Care Packages Programme, including the introduction of CDC model of aged care service delivery. The evaluation will identify any operational issues that may be considered by DSS to support the successful conversion of all HACC places to CDC arrangements, as well as identify areas for future policy consideration. The evaluation is expected to be published in April 2015.

8.4 Changing demographic characteristics

The demographic characteristics that have a direct relationship to aged care service provision, specifically MoW, were reviewed; these included: age, cultural background, income, and household composition. The following outlines the key existing and emerging demographic trends relevant to the current and future provision and need of MoW services across the SSROC region:

- From 2011 to 2031 there will be an increase in population across all LGAs across the SSROC area.
- From 2011 to 2031 there will be an increase in people aged 65 years and older across all LGAs across the SSROC area.
- Overall the SSROC region is culturally diverse.
 - Within Ashfield, Burwood, Canterbury, Rockdale and Sydney, of those not born in Australia, the second most common country of birth is China.
 - The coastal and inner west LGAs of Sutherland, Waverley, Woollahra, Leichhardt and Marrickville all have notable proportions of people born in England.
 - Other countries of birth represented across the region include Italy, Lebanon, Bangladesh, Vietnam, South Africa, India, Hong Kong and Greece.
- Across the SSROC region there are a smaller proportion of family households, a slightly higher proportion of single (lone) person households, and a slightly higher proportion of group households compared to Greater Sydney.
- The SSROC region has a higher percentage of renters compared to Greater Sydney.
- Across the SSROC region there is a higher median personal income, a higher median weekly family income, and a slightly higher median weekly household income compared to Greater Sydney.

8.5 Stakeholder engagement

As part of the stakeholder-engagement process representatives from MoW services and associated councils were asked to discuss the strengths, weaknesses, opportunities and strengths (SWOT) of their MoW at a local and regional level (SSROC).

In light of the proposed policy changes and changing demographic profile of the SSROC area, as discussed and stated by stakeholders as part of the in-depth interviews and facilitated workshop the following outlines the key challenges and needs of MoW services at a regional level (SSROC area):

Identified challenges:

- **Geographical boundaries of LGAs** – servicing across LGA boundaries can sometimes be challenging due to different community needs and demographic profiles.
- **Loss of local volunteers** – the majority of volunteers associated with each individual MoW service live within the respective LGA. Due to increased travel implications, volunteer attainment and recruitment for a regional approach to MoW service provision may impact on the currently high number of volunteers working in their local community.
- **Local government voice on policy position to capture local issues** – a regional model of MoW provision may make it difficult for local governments to provide a voice on specific local issues within their local communities.

- **Administration and operation** – there may be challenges around the administration and operation processes associated with a regional delivery model for MoW that are currently operated at a local government level.

Identified needs:

The following section outlines the identified needs of MoW services across the SSROC region.

FIGURE 14: OVERVIEW OF IDENTIFIED NEEDS



Meals on Wheels service positioning

- Establish professional skills-based board – allow staff who to undertake training opportunities to up-skill staff, particularly those in NGOs who may not have access to these opportunities.
- Recognition of all aspects of the MoW service – in light of any potential policy changes that may impact directly on MoW service, it is essential that recognition is made of the other aspects that MoW services provide; e.g. early intervention, social contact, nutritional aspects of food etc. It is necessary to ensure that these are not lost with the move towards the CDC model.
- Marketing and image – addressing the image/stigma associated with MoW as a charity-based service that is inferior to private organisations.
- Strategic planning – the need for an increase in the strategic planning of MoW service delivery at a local and regional level; for example amalgamation of smaller services and a clear governance structure.
- Maintain the simplicity of MoW service – a simple service that is non-threatening, easy to access, and affordable.

Service delivery style

- Partnering with private sector – due to the increase in competition from private enterprises, an identified need was the opportunity to partner with organisations such as local clubs, supermarkets or private health insurance agencies to deliver services including meals.
- Retain client focus – to continue to ensure the client is the focus of the service.
- Efficiency and sustainability of service – to provide a service/s that are efficient and sustainable. This may be done through distribution hubs that prepare and package the meals before delivering the meals to locally-based services for volunteers to deliver.
- Clearer consistency across services – there are a number of aged care related services provided by councils at the local level. There is need for a more consistent approach across all services and across adjoining councils.

Organisational arrangements

- Duty of care and work, health and safety – the safety of volunteers is integral to the delivery of MoW services.
- Clear structure outlining accountabilities – the need to have a clear structure of accountability of services, roles and responsibilities from regional to local level; e.g. who reports to who, how services find out information, support structures etc.
- Fee structure – a clear fee structure across all MoW services that outlines the costs per meal; for example, providing a standard cost per meal across all services.

Client needs

- Community based meal services – a greater understanding of local community demographics and needs to ensure the meals and associated delivery and costs are appropriate.
- Acknowledge changing demographics – the need to understand and acknowledge that there is a continuing ageing population and older people are living at home longer.
- Address complex needs – the complex needs of some clients, particularly through specific referrals, need to be more adequately addressed. MoW is often the first point of access to other HACC services.

8.6 MoW service delivery - options for consideration

The aged care reform agenda and proposed changes to aged care policy at a state and federal level, including HACC funding and move towards a CDC model of delivery, will have an impact on how MoW services are delivered in the future. The research undertaken as part of this project, including a review of key policies; a demographics analysis; and a number of key engagement processes, has highlighted the importance of MoW at a local and regional level. A key component of the facilitated workshop undertaken during the research project was the discussion of potential future options for MoW service delivery across the SSROC area.

With respect to the proposed changes as well as the research undertaken, the following aims to provide SSROC with potential options to consider for the provision of MoW services.

Option 1 – MoW services to remain as they are and allow the policy changes and CDC model drive what happens

Pros	Cons
<ul style="list-style-type: none">• Continue to provide a local service to a local community with local volunteers• Individual MoW services to retain large volunteer bases• Increase in ageing population and the continuing need to provide affordable meals• For services that are financially viable and sustainable - the ability to focus on continuing to provide MoW services at the local level	<ul style="list-style-type: none">• Individual MoW services unable to respond to policy changes and the proposed move towards a CDC service delivery model• Competition – other private services across the area will continue to provide cheaper meals• Potential loss of clients – other larger service providers may be able to attract current and future clients• The lack of a coordinated approach to meal service delivery at a regional level• For services that may not be as financially viable and sustainable may not be able to continue to operate without direct funding through government• Loss of specific funding to deliver services and provide adequate facilities for meal production• Reliance on ageing volunteers• No regional body to increase the potential for a more coordinated approach to meal delivery and enable a structure to share knowledge and facility opportunities

Option 2 – Services to remain as they are but increase coordination, collaboration and support around specific strengths

Pros	Cons
<ul style="list-style-type: none"> • Increasing ageing population across all LGAs that will need to access this type of service - therefore opportunities for growth if marketed etc. • An increase in open communication between service providers and councils – increasing exchange of knowledge, expertise and experience across boundaries • Specific meal types that may not currently be delivered within an LGA but could be in the future; e.g. halal, kosher, Chinese specific etc. • The ability to retain volunteers at the local level • Sharing back-of-house activities to decrease costs; e.g. operations, human resources etc. • Local government continues to have a ‘voice’ • Increase centre-based meals that invite residents from across LGAs to participate • Potential for increased cross-promotion of aged care services and assistance • Increase centre-based meals that invite residents from across LGAs to participate • Potential for increase in cross-promotion of aged care services and assistance across boundaries 	<ul style="list-style-type: none"> • The increase in competition from private meal services impacting on the financial sustainability of MoW services • MoW services will continue to compete with one another • The potential for smaller MoW services across SSROC to be more heavily impacted by policy changes and move towards a CDC model of delivery • The potential for smaller MoW services across SSROC to not have the capacity/funding to compete with larger MoW services and private competitors – having less ability to market their service/recruit clients and volunteers • Lack of a regional strategic vision and associated policies, roles and responsibilities that may be needed to ensure a competitive MoW service • Reliance on ageing volunteers

Option 3 – Amalgamate services to include three or four distribution hubs across the SSROC region.

Distribution hubs to be strategically located across SSROC area for the purpose of producing and packaging food. The food is then delivered to local services for their respective volunteers to deliver meals to clients.

Pros	Cons
<ul style="list-style-type: none">• The ability to be more competitive against private organisations; e.g. supermarkets, clubs etc.• The ability to undertake a process that outlines a clear strategic direction for the delivery of MoW services at a regional level – including clear lines of accountability• The ability to continue to retain volunteers at a local level• Scales of economy which may decrease delivery costs and may impact on the cost of meals (cheaper options)• The ability of larger MoW services to share facilities; e.g. commercial kitchens• A larger quantity and more diverse range of meals produced to cater for an increasingly ageing and diverse community• Skills and expertise from individual MoW services to be shared and exchanged at a regional level• SSROC purchasing power – opportunity to use any potential funding more strategically and effectively• Consistency around costs of meals• The potential to increase marketing opportunities for MoW as a brand	<ul style="list-style-type: none">• Potential loss of volunteers• Loss of local identity for individual MoW services• Challenges around streamlining processes that are already in place in individual MoW services• Local government ‘voice’ is lost• Potential challenges around differing views from member Councils• Difficulty around defining catchment areas and location of hubs• Some councils subsidise the service in their LGA – but may not be able to subsidise meals outside their LGA – making it harder for any amalgamations or sharing kitchens•

Note: MoW services were not directly asked whether they did or did not operate a commercial kitchen. However, as part of the one-on-one in-depth interviews and facilitated workshop, some MoW services did note that they operated a commercial kitchen. If services noted that they did operate a commercial kitchen, it was noted within their respective SWOT analysis at Section 7 of this report. Overall, feedback from the engagement process undertaken as part of this project is that most MoW services do have capacity.

Option 4 – Councils to provide community care and support based services only.

Moving forward, MoW services may not be able to provide meals at the rate and cost of competitors. There is an opportunity for councils to focus on providing community care and support based services for frail older people, younger people with disability and their carers. This may include social interaction, home maintenance, and routine wellbeing and safety assessments.

Pros	Cons
<ul style="list-style-type: none"> • A number of councils already provide programs and services for older people and people with disability. The skills, experience and expertise of MoW staff and volunteers as well as councils could be transferred to a new service model of care that does not provide a meal • No cost associated with preparing and distributing meals • No resources and costs associated with operating a commercial kitchen – including food safety and compliance • Retain the community development aspect of the service, and continue to provide a locally based care and supports for frail older people and younger people with disability • The possibility of retaining locally based volunteers. Current MoW volunteers may be able to transition to support other community care and support programs within their local area • Local government continues to provide a worthwhile service that caters for the current MoW clients, and can assist clients transition to new meal arrangements • A revised service may provide the opportunity for strategic alignment and consistency across the SSROC region 	<ul style="list-style-type: none"> • The loss of local services providing home-delivered meals to frail older people, younger people with disability and their carers • The loss of services providing meals that are nutritional and cater for culturally specific requirements • Potential loss of current volunteers • Challenges around operation and design of the service – the meal as providing a reason to go to someone’s home • Challenges around agreement on a regional approach. This may in turn impact on strategic planning and a more consistent approach to HACC services across the SSROC area. • Some Councils may not be able to transition to a new service model due to funding constraints, lack of resources or lack of agreement/ support from elected members

Appendix A In-depth interview discussion guide

Regional Meals on Wheels Needs Assessment

The Southern Sydney Regional Organisation of Councils (SSROC)

The University of Technology, Sydney Australian Centre of Excellence for Local Government (UTS:ACELG) has been engaged by the Southern Sydney Regional Organisation of Councils (SSROC) to undertake a needs assessment of Meals on Wheels (MoW) services across the region.

We are hoping to speak with you today to gain a greater understanding of your thoughts on the need and demand of MoW services across the region, in particular the strengths, weaknesses, opportunities and threats associated with your service (current and future) in light of the proposed changes (policy and funding).

This needs assessment is in response to a number of policy changes to the delivery of aged care services at a Commonwealth and State level. Currently, the Australian Governments Home and Community Care (HACC) Program provides funding to a number of government and non-government organisations for MoW services. This funding is then forwarded on to specific community volunteer management committees and aged care services within local communities. These committees and services control the funding to employ one or more people to manage the day-to-day coordination and operation of the MoW services.

Today I would like to ask you a few questions about your service offering, capacity and future plans.

This is one of a number of interviews we are conducting with key service providers across the SSROC region.

A few things to note:

- The interview may take up to 30 minutes.
- You or your organization will not be identified by name in any reports or papers using information from this interview without your permission and after your review of the materials.
- All information collected will be kept strictly confidential and stored securely and any subsequent use of the data will be subject to standard data use policies which protect the anonymity of individuals and organisations.
- I will take notes as we talk to help with the analysis.

Do you have any questions? Can you please confirm that you have understood this information and agree to the interview being recorded?

Thank you, let's begin.

Background information (for the interviewer ONLY)

Policy context:

The Living Longer Living Better aged care reform package was announced in April 2012. This package outlines a 10 year plan to reshape aged care and build a better, fairer and more nationally consistent aged care system¹.

Under the Living Longer Living Better aged care reform, from 1 August 2013, all new Home Care Packages need to be delivered on a Consumer Directed Care (CDC) basis (Australian Government 2014).

CDC is an initiative placing the individual at the centre of care decisions, fully engaging them in determining what and how their care needs are provided. CDC is a way of delivering services that allows consumers and their carers to have greater control over their own lives by allowing them to make choices about the types of care and services they access and the delivery of those services, including who will deliver the services and when².

SSROC:

SSROC is an association of 16 member Councils that provide a governance structure that develops, implements and supports projects across council boundaries. SSROC was established in 1986 and allows the 16 member Councils to work together to achieve solutions to challenges facing the broader region.

¹ Australian Government, Living Longer Living Better, Department of Health, 2013, accessed at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-aged-care-review-measures-living.htm>

² Ibid.

Introduction:

1. Can you please tell me briefly a little bit about your current role and the type of work you do? (E.g. position/title/organisation etc.)
2. What services do you provide your community?
3. Where are you located?

The Meals on Wheels service:

Background:

4. Can you please name the Meals on Wheels service that you are associated with?
5. How many meals do you deliver a week?
6. How often do you deliver meals?
7. How many people work for your service?

Number or % paid -

Number or % volunteer -

Location (service area):

8. What geographic area do you currently service? (E.g. suburbs, LGA, regional etc.)

Clientele:

9. How many people currently access your service?
10. Who are your clients? (E.g. age, ethnicity, demographic characteristics etc.)

% CALD backgrounds

% frail aged

% with disabilities

% other (please describe.....)

11. If you have a high proportion of clients from CALD backgrounds, what are the primary ethnicities of these clients?
12. Are your services/programs specifically targeted at eligible HACC clients? (E.g. services for people over 65 and Aboriginal and Torres Strait Islander people over 50) If yes, which of your services are specifically targeted at eligible HACC clients?
13. Why do you think your clients choose your service over others?

Funding:

14. How is your service currently funded? (E.g. Commonwealth Government, State, Council, private etc.) (If yes, what type of funding e.g. recurrent, one off, block funding etc.)
15. What is your relationship with your local Council? (E.g. how does Council support the service or is there no involvement (in terms of service, funding, building etc.)? Is there any formal or informal agreements between your service and Council?)

Capacity:

16. Is your meals on wheels service currently at capacity?
17. Do you have plans to expand your meals on wheels service in the future? (If yes, what services are you looking at expanding, how would this be implemented and funded?)

Relationships:

18. Do you work with or have any relationships with any other similar services in the region? (E.g. other Meals on Wheels, NGOs, private agencies)
19. Are these relationship based on referrals, partnerships, MoUS's?
20. What is the purpose of these relationships? (share resources, service more clients etc)

Policy changes:

21. Are you aware of the changes that will be taking place with the Commonwealth Home Support Program from 2015/16? (If no – elaborate and provide detail on the proposed changes) – 2015/16 is the official date of change, although there may be transitional arrangements that keep services operating as usual until later.
22. What do you understand the intent of the changes to be?
23. Will these changes affect your service? If so, how?
24. Do you have any future plans for your service to respond to these changes? (E.g. changes in service provision, changes to the area you service, internal re-structure, possible amalgamations etc.)

Needs:

25. Generally speaking, has there been an increase or decrease in the number of clients over the past 2, 5, 10 years?
26. Do you think this trend (increase or decrease in clients) will continue into the future? Why/ why not?
27. Are there any specific things that you think you need to help/assist you continue the level of service your currently provide your community? (E.g. funding, volunteers, staff, support from government, facilities etc.)
28. Do you know whether the people who use your service are generally happy about the availability of services and programs tailored to older people and people with disability in the local area? (E.g. do they think there are too many services and programs in the local area or are there not enough, if there are not enough what else would they like to see?)

PROVIDE A BRIEF DESCRIPTION OF THE MOVE TOWARDS A CONSUMER DIRECTED CARE MODEL (INTERVIEWER ONLY)

Opportunities and Strengths:

29. What do you think are some strengths/benefits of your service in its current form?
30. What are your future plans for the service? (E.g. continue with current arrangements, expand services, offer new service)
31. Are there any plans for shared meal service models or partnerships with other services in the local area?

32. Do you think there are any opportunities for meal services that cater for the older population and people with disability to work more closely together?

(E.g. regional collaboration)

Weaknesses and barriers:

33. Do you think your current service has any weaknesses in its delivery? If so, please explain.

34. What do you think are some barriers for meals on wheels services operating and collaborating at a regional scale?

- For organizational management
- For relationships between service providers
- To meals on wheels staff and volunteers
- To meals on wheels clients

35. Do you think there are any gaps in meal services that cater for older people and people with disability in the local/regional area? If yes, what are these?

36. What do you see are the major barriers or challenges of meal services within the local area and region moving forward?

37. What do you think are some challenges of the Consumer Directed Care model?

Threats:

38. Are you able to think of any potential threats to your service continuing in its current form? (E.g. other meal services, changes to funding allocation, move towards a CDC model etc.)

39. Has there been an increase in competition for meals on wheels services in the local or regional area? If so, what are they?

40. How has, or will, this competition impact your service?

Concluding remarks:

41. Do you have any other comments?

Thank you very much for taking the time to speak to me today, your contribution is valuable to us. If you have any further comments or questions for me following our conversation, please don't hesitate to call us on XXXX.

Appendix B SWOT analyses

Bankstown City Council Food Service

Location: Greenacre Citizens Centre, 202 Waterloo Road, Greenacre, NSW, 2190

Council: Bankstown City Council

Meals on Wheels provider type: Council

Overview: Currently located in the Greenacre Citizens Centre, the Bankstown MoW service delivers approximately 1,000 – 1,200 meals a week with the help of approximately 180 – 200 volunteers. The service delivers hot, cold or frozen meals, Monday to Friday across the Bankstown LGA. Special diets are also catered for and the average cost of a meal is \$7.00 (consisting of a main meal, dessert and juice). The service caters to HACC eligible clients that are predominantly frail, aged and people with disability, with a notable culturally and linguistically diverse (CALD) community.

In addition to the MoW service, the Bankstown City Food Service provides centre-based meals at the Senior Citizen Centre Monday to Friday. This service includes a morning tea, hot lunch and associated activities.

Funding: The service is currently jointly funded by the Department of Social Services and Bankstown City Council.

Capacity: It was noted that there is currently capacity within the service to take on more clients. There are currently no plans to expand the service in the near future.

Relationships: Bankstown City Council Food Service works closely with Canterbury Meals on Wheels – sharing experiences and knowledge. The service also has informal relationships with the Baptist community group, Catholic Care, Aged Day, Bankstown Hospital and client's family members. The purpose of these relationships is to provide information about the service, connect with other service providers that may assist the Bankstown MoW service through community care support, events, programs or other initiatives, and to provide updates to family members on any concerns.

STRENGTHS

- Centre-based meals (community restaurant) – available each week day for people to come together, share a meal and a story and undertake activities
- A continuing flow of new volunteers
- Clients are generally happy about the service
- The daily contact with volunteers provides reassurance for the client that someone will be coming to see them
- The diversity of food options

WEAKNESSES

- Slight decrease in clients over past three years
- The difficulties sometimes experienced with food production services aligning with council policy (rules and regulations)
- Only delivers once a day (lunch time) – this could be a possible weakness
- Ability to provide exactly what a client wants/needs – some things are becoming very niche
- Unable to provide healthy options like fruit due to regulations e.g. cleaning, higher costsetc
- Although necessary – the large amount of paperwork – food authorities, funding authorities, council regulations can take away from quality time for the service

OPPORTUNITIES

- To potentially provide twice daily delivery of meals (evenings as well as at lunch)
- For a 'universal cost' for all services across the region to limit competition
- For broader regional collaboration between services

THREATS

- Funding isn't guaranteed – if funding is cut, the service may be reviewed
- An ageing volunteer base
- The changing expectations and perspectives of clients – new generations are now accessing MoW services and the expectations of what they want and need may be different to the previous
- The potential loss of a significant volunteer base (if funding /service is cut)
- Difficulty in establishing rapport with clients if the service provided is too broad (regional versus local)
- That meal services are completely privatised
- The increase in supermarkets providing similar type food options – but are unable to provide the day-to-day contact

Botany Meals on Wheels

Location: 21 Vernon Ave, Eastlakes, NSW, 2018

Council: City of Botany Bay

Meals on Wheels provider type: Council

Overview: Botany Meals on Wheels, located at the Eastlakes Senior Citizen Centre, provides a selection of healthy meals (approximately 400 per week) at a low cost to frail and older residents as well as people with disability. Cold and hot meals are delivered on weekdays (Monday to Friday) and a wide variety of frozen meals for the weekend. The service has approximately 35 volunteers, some of which have been volunteering for 20 years. The service operates across the Botany Bay LGA and delivers to approximately 120 clients. Clients are culturally diverse and information is available in nine different languages based on the demographics of the area.

In addition to the MoW service, the City of Botany Bay provides centre-based meals (approximately 28 people) for residents who are isolated, providing them an opportunity to meet with other people in a social setting. Transport is also provided by Council's Community Bus.

Funding: The service is currently jointly funded through Commonwealth and State funding until June 2015.

Capacity: It was noted that there is currently capacity within the service to take on more clients. The service is hopeful for future expansion of the service – looking at different meal options to better provide for the CALD community, as well as younger and older people.

Relationships: The Botany Meals on Wheels service has limited contact with other groups and organisations within the sector. The service does liaise with other community groups around social activity programs, with a number of options highlighted in the future to combine services. Closer partnerships with these groups is something that the service will be looking at in 2015.

STRENGTHS

- Reliable volunteer base that have provided services to the community for many years
- Personal approach – residents of the area have always been dependent on council as the gateway to support services
- The flexibility of the service to respond to change
- The high use of the centre-based program and shopping program
- The number of clients is reasonably steady
- The service provides more than just a meal – monitoring and duty of care (complete package) – that private food suppliers don't provide
- MoW is a terrific service that can introduce people to other HACC services
- Friendly service that is familiar and trustworthy allows clients to remain in home longer
- Volunteers are very much part of their community and council
- Good feedback from clients on the service
- Reliability – service is government funded with procedures in place to protect them
- MoW name is a draw card for volunteers – people know it is community focused
- Higher standards of food compliance that other food providers may not be bound to

WEAKNESSES

- Some stigma associated with a council run service – but people depend on government style services as they are reliable and trustworthy
- Never at capacity for MoW service – may need to offer a fortnightly service
- People can sometimes be suspicious of services that come into their home – relinquishing independence and privacy – it's about showing that extra assistance and support
- Stigma historically associated with MoW service – it is a food service not a charity
- Weakness of regional scale– reduction in types of meals if the service base is too broad
- Weakness of regional scale – volunteers may be lost and often better when working within their own community

OPPORTUNITIES

- Expansion of MoW service generally
- Ability to take on more clients
- Increase the diversity of food to include more culturally specific options
- Increase in referrals from people with mental health issues – this could be a space to focus on in the future
- Currently have an older group on centre-based day program – opportunity to work with other groups to get a younger older focus
- Ability to introduce clients to other support services
- Looking at providing meals at different times during the day
- Opportunity for SSROC region to form collaboration even on a referral basis and distribution centres
- Regionalized benefit – purchasing power, policy and experience sharing

THREATS

- An ageing volunteer base and difficult to engage others
- A reliable service that people depend on could be lost to an increase in competition from the private sector or changes to funding
- Uncertainty about what is happening at a strategic level – unclear on future progression
- Light and Easy and supermarkets
- No guarantee of funding
- Difficulty in establishing rapport with clients and service providers if the service is too broad
- Competiveness around prices – supermarkets may make it difficult for MoW to compete

Burwood Community Welfare Services Inc – (Burwood Ashfield Food Services)

Location: 2 Wyatt Avenue, Burwood, NSW, 2134

Geographic area of service: Burwood and Ashfield LGAs

Meals on Wheels provider type: NGO

Overview: The Burwood Community Welfare Services Inc. is a not-for-profit organisation that provides a number of services including MoW. The philosophy is to provide nutritional assistance to frail aged, people with disabilities and their carers. It provides a community support service that enables senior and disabled members of the Inner West to remain living at home as long as possible. In addition to the MoW service, the Burwood Community Welfare Services Inc. provides a community hall, social support and centre-based meals. The service delivers to approximately 210 clients and delivers approximately 20,000 meals a year. It operates five days a week, with frozen and chilled meals delivered on Friday for weekend consumption. The cost per meal ranges from \$3.50 (breakfast) to \$8.50 (premium). The service has approximately 25-30 volunteers and caters for the Burwood and Ashfield LGAs. The majority of clients are aged 65 years and older, with a small percentage of people with disability. The centre-based meals attract a large culturally diverse (Italian, Greek and Spanish) community (approximately 75-80%), with home delivered meals predominantly delivered to people with an Anglo Saxon background. The service is continually reviewing opportunities to expand. However, in light of potential policy and funding changes, the service finds it difficult to respond to unknown expectations. One specific area being explored is providing an increase of culturally specific food options e.g. Chinese.

Funding: The service is supported by volunteer drivers and assistants and is funded by the Department of Social Services. Burwood Community Welfare Services Inc. also has formed good relationship with local aged care and community service providers. Council supports the service through a donation towards rent, and access to a vehicle for meal delivery.

Capacity: The service currently has no waiting list and there is always room to take on new clients.

Relationships: The service works closely with both community HACC development officers in Burwood Council and community development officers in Ashfield Council.

STRENGTHS

- Provides a service that offers client directed care and a personal approach that tailors services to client needs
- Always flexible – use different suppliers and providers to source a variety of food
- Choice – breakfast and snack packs – small and large meals
- Clients are generally happy with the service (through client satisfaction survey)
- Currently cover two LGAs and working with a third
- Purchasing CALD
- Working with other HACC services to provide two service types
- History, trust and credibility
- Management experiences
- A holistic service that provides more than just a meal

WEAKNESSES

- Coordination of what is happening with Council and other services – and gaining agreement and support
- Policy requirements in current structure is challenging
- Inability to adapt quickly to changing needs?
- Volunteer reliance
- Cultural perceptions
- Number of people providing service to
- DSS funding for training and IT
- Volunteers are ageing – need to recruit
- Increase marketing of service
- Current Burwood premises inadequate
- Lack of partnership with other agencies

OPPORTUNITIES

- Extra funding could allow for a bigger facility and IT upgrades
- Currently works with Strathfield, Concord, Canada Bay MoW – future opportunity around expansion
- Provide a model that captures a broader area – funded by region and have capacity to capture bigger area
- Regional – reduce cost of service and address provision of CALD communities
- Deliver bread and milk to clients
- Cover CALD communities in broader region and cross purchasing from other providers
- Build partnerships with other HACC agencies

THREATS

- Keeping up with policy changes and meeting all policy requirements
- Increase in competition – we are a not-for-profit organisation competing with those that profit from the services – privatised services have a greater capacity to invest in expertise, skills and resources
- Clubs want to enter the sector
- DSS restricting the system
- Future Fees Policy
- Change in funding model
- Money to clients which means they may ‘shop’ elsewhere for services – decrease viability of Burwood/Ashfield service
- Capacity to manage a larger area

Drummoyne Meals on Wheels

Location: 2 Crane Street, Concord, NSW, 2137

Council: City of Canada Bay

Meals on Wheels provider type: Council (part) and NGO (part)

Overview: The Drummoyne Meals on Wheels service provides frozen meals delivered to frail aged and people with disability in the local Drummoyne community area. The Drummoyne Meals on Wheels service is one of two meal providers (Concord Meals on Wheels – board of management with no connection to Council) within the City of Canada Bay LGA. The two services are located within the same building and have a shared kitchen. The Drummoyne Meals on Wheels service predominantly operates across the suburbs of Drummoyne, Five Dock and Abbotsford. It has approximately 25 clients, delivers approximately 5,000 meals a year and has a volunteer base of approximately 40 people.

The service primarily caters to people from Anglo Saxon backgrounds. There have been efforts in the past to promote the service to the large Italian and Asian communities within the area.

Funding: The service is currently funded through Council and Federal government.

Capacity: The service is capable of taking on more clients. The service had over 35 clients approximately four years ago and has had a steady decline since.

Relationships: The service is supported by Council, from management to Councillors. The service has a strong relationship with OzHarvest – donating food on a regular basis (once a week). Other relationships include; NSW Neighbour Aid and Social Support Association (NASSA) – referring clients, a number of church groups (Catholic Community Care and Anglicare), and continuous relationship with HACC providers in the area.

STRENGTHS

- Large volunteer base
- Council is involved
- Friendly volunteers
- Our relationship with OzHarvest – noting that if a client was unable to have the meal that someone else in need would be able to receive it
- Council managements
- Social interactions with clients
- Volunteers get good experience – linking clients with the community

WEAKNESSES

- Hot meals becoming too difficult due to food licenses
- Difficulty in attracting culturally and linguistically diverse communities
- Location of service (Drummoyne) away from Council (Concord)
- Marketing isn't hitting the mark
- Council is currently looking at viability of the service
- Way it is delivered is very traditional
- There are a lot of smaller meal services in a small area
- Two services in one LGA
- Federal government being unclear
- Accessing and communicating information to clients in an easily understandable way
- Onerous reporting for smaller organisations (easier for those supported by Council – more knowledge and experience)
- Only funded to provide the meal – can't do extra tasks that are often asked by clients e.g. getting the paper or bread
- Attitude of longer term volunteers and participants locked in to traditions and unwilling to change – limits progress
- Getting people interested

OPPORTUNITIES

- Significant local Italian population
- Opportunity to 'move with the times'
- Bring together smaller services to form a regional hub e.g. Hunter
- The need to make it seamless for clients – so they notice little change and still receive the same meal
- With regards to potential change in service – it may be a benefit to the client – saving cost, cheaper rates, different services – open client up and could be of benefit to them (how it could be sold to clients in the future)
- Looking at different models of delivery – bigger players looking to position themselves and need to offer more services under the umbrella of MoW

THREATS

- Increase in competition
- Commercial realities play a big part in the success of the service
- Uncertainty around funding support
- Bigger players
- Long term viability
- Changes to the current services may become overwhelming for people – dependent on type of information they receive at first assessment point
- Potential of more strain on families
- Older people not being able to access a computer
- Age of volunteers

Canterbury Meals on Wheels Inc.

Location: 2/2 Carrington Square, Campsie, NSW, 2194

Geographic area of service: City of Canterbury

Meals on Wheels provider type: NGO

Overview: Canterbury Meals on Wheels Inc. is a not-for-profit organisation dedicated to providing home delivered meals to the frail aged, disabled and their carers within the Canterbury LGA. The service provides a variety of different meals, including cultural and dietary specific. It enables those who are unable to shop and cook for themselves to remain in their own homes for longer. The service has a production kitchen and also sells meals to other services. There are approximately 330 clients, with approximately 1,000 meals delivered per week, Monday to Friday by a volunteer base of approximately 60 people. In addition to providing delivered meals, clients come in to the centre to collect meals and the volunteer visit offers clients a regular safety check.

The Canterbury LGA is culturally diverse, and this is reflected in the cultural backgrounds of clients and volunteers (e.g. Middle Eastern, Greek and Chinese). The cost of hot, chilled or frozen meals are \$6.50 each (main meal, dessert and a piece of fruit or juice).

Funding: Canterbury Meals on Wheels Inc. is part of the Home and Community Care program and receives funding from the Commonwealth Department of Health and Ageing. The service is also linked with a commercial MoW supplier (Flagstaff Group and Master Catering and ARB) that assists with free transportation of meals to distribution hubs.

Capacity: Although not currently at capacity, the service does 'on-sell' their meals and is linked with major distribution hubs in the Hunter, Central Coast and Nepean areas.

Relationships: The service has a good relationship with Canterbury Council. Canterbury Council does not provide any monetary support, however they provide the building for the service and assist in minor maintenance tasks and equipment issues.

STRENGTHS

- Responds immediately
- Flexible
- Friendly and approachable
- Halal certified
- Choice of frozen, chilled and hot – cater to dietary requirements
- Experienced staff
- Commercial kitchen – individualised meals
- Hygienic (A rating)
- Client focus
- Positive feedback from clients
- Allow clients to come and collect food
- Episodic delivery for people when their illness flares up
- Strong volunteer base – clients and their relatives have security that someone is going to check on them
- Ability to transfer the food safely
- Proactive promotion
- Cost versus local commercial options
- Benefit of other associations coming in to help with meal delivery – Australian Foundation for Disabilities and Autism Spectrum
- Iconic brand
- More than a meal – social and community support element
- Benefits for the volunteers (mostly retired)

WEAKNESSES

- Not knowing what will happen with funding – hard to plan strategically and into the future
- Transport – medical and community transport – difficult to access and long waiting times
- Volunteers with cars are harder to find
- Volunteers ageing
- Red tape of compliance – a lot of paperwork
- Cost of petrol and software
- Transport is expensive to bring clients in for meals etc. e.g. centre-based
- Focus on efficiency, business development, financial management, amalgamations
- Lack of innovation
- Benchmarking

OPPORTUNITIES

- Increase input in the Hunter, Central Coast and Nepean regions – economies of scale
- Increasing branding and packaging
- Shared service delivery and distribution centre being a larger part of meal access
- Social meals – centre-based
- Try to partner with other suppliers
- Seek to establish larger centres

THREATS

- The potential loss of block funding – the need to competitive tender – may be difficult to plan ahead
- Increase in commercial packaged meals
- Cheaper products – that clients don't receive the nutrition that our meals provide
- That volunteers are no longer viable and the social aspect to meal delivery is lost
- Costs overall – food, electricity and rent
- Economies of scale – competition – a number of meals being produced all across NSW
- Changing demographics - cost of living in Sydney – older people with limited income
- Potential Fees Policy
- Private sector/other providers

Tom Foster Meals on Wheels Service

Location: 11-13 Darley Street, Newtown

Geographic area of service: Marrickville and Leichhardt LGAs

Meals on Wheels provider type: Council

Overview: The Tom Foster Meals on Wheels Service provides a range of meals which are delivered by volunteers. The service is available for citizens living in the Marrickville and Leichhardt local government areas that are frail aged, have a disability or are a carer. On a daily basis there is a choice of two main meals. Sandwiches, dessert and drinks are optional. Meals may be frozen, chilled or hot. Chilled and frozen meals are delivered in the morning on Mondays, Wednesdays and Fridays. Hot meals are delivered at lunch time daily Monday to Friday. Currently there are approximately 356 clients accessing the service, and there are around 750-800 meals delivered per week. This is significantly lower than numbers in the past 10 years. The meals service has a volunteer base of approximately 80-100 people.

Funding: The Tom Foster MoW Service is currently jointly funded through the Federal/ State Government HACC program and Marrickville Council.

Capacity: The service is currently operating below capacity.

Relationships: The service provides some bulk meals to organisations in the inner west. The service also has good relationships with all MoW services across the inner west, in particular, Canterbury and Rockdale. The service also works closely with the hospitals in the area.

STRENGTHS

- Fresh, quality and nutritional meals
- Provides other services – social support and centre based meals – that link clients to other people and community
- Increase in clients coming for centre-based meals
- Good volunteer base
- Highly skilled staff
- Not just a meal – volunteers provide checkups and social contact for clients
- Good relationship with clients and an in-depth knowledge of their needs – place based, local connection for clients
- Yearly satisfaction survey shows approximately 90% of clients are happy
- Good financial and in-kind support from Marrickville Council
- Providing service to most vulnerable and disadvantaged
- Existing kitchen facility
- Chef

WEAKNESSES

- Uncertainty around funding in the future
- Diminishing client base
- Services not working together
- Staffing structure that doesn't respond to the uncertainties of future policy changes
- Marrickville Council are subsidising the MoW service across Marrickville and Leichhardt LGAs
- Commonwealth Government not funding at a level required to meet care costs

OPPORTUNITIES

- Looking at opportunities to increase meal provision, such as contracts with other food service providers, bulk meal provision etc
- Looking at opportunities to hire out the Tom Foster Community Centre
- Focusing more on centre-based meals and being a distribution centre
- Robust assessment of the nutritional value of frozen foods
- Leichhardt – more focus on service provision
- Regional power by SSROC

THREATS

- Uncertainty around amalgamations and future funding source
- Increasing competition
- Capacity of clients to pay for meals in the future
- Increasing competition from supermarkets and other providers
- Dropping demand for meals
- High staffing costs
- Changing demographics – younger population and more people moving into aged care
- Burwood – inner west

Randwick Meals on Wheels Service

Location: 1 Norfolk Parade, Matraville

Geographic area of service: Randwick LGA

Meals on Wheels provider type: NGO – with some support from Randwick Council (provision of the building)

Overview: The Randwick MoW service is located in Matraville, and delivers approximately 450-500 meals a week (Monday to Friday). The service employs two office staff, and has a volunteer base of 120 people. Approximately 69 people from across Randwick LGA access the shopping service, and 249 access the meal service. The service is targeted at HACC clients, with the majority frail aged, with Australian backgrounds.

Funding: The service is currently funded through the Federal/ State Government HACC program.

Capacity: The service is currently not operating at capacity.

Relationships: The service enjoys good relationships with Randwick Council and other aged care service providers in the area.

STRENGTHS

- Client numbers are currently trending up
- Proactive in promotion of the service to other aged care services and the Prince of Wales Hospital
- Good volunteer base
- Have affordable accommodation into the future

WEAKNESSES

- Minimal relationships with other services (meals and HACC)

OPPORTUNITIES

- Leasing a new building with a larger freezer in the future
- Introducing multicultural meals for the CALD community
- Expanding the service and offering a shared menu with other service providers

THREATS

- Unable to expand – administrative resource
- Takeover by a larger more effective organisation

Rockdale Meals on Wheels Service

Location: Rear 476 Forest Road, Bexley 2207

Geographic area of service: Rockdale City Council

Meals on Wheels provider type: Council

Overview: Rockdale Meals Service is located in Bexley, and currently employs 6 staff and has approximately 50 volunteers. The service delivers to approximately 70 clients a day, Monday – Friday. A frozen meal costs \$7.50. It is run out of a rental premises building, with a commercial kitchen. The service does catering for other meal services, some on the Central Coast and Hunter Region of NSW. Clients are mostly frail aged with some CALD client base, including Macedonian, Lebanese and Chinese. The service also provides approximately 80- meals a fortnight to multi-cultural communities in Wollongong.

Funding: The service is currently jointly funded by Rockdale City Council and the State/ Federal Government HACC program.

Capacity: The service currently operates at well below capacity.

Relationships: Catering for other meal services in Wollongong, Hunter and Central Coast.

STRENGTHS

- Choice and variety of food, including multi-cultural options and meal sizes, wholesome and nutritional, menu for allergies and health needs etc
- Flexibility in service, including delivery times
- Good referrals through hospitals, other aged care services, and word of mouth
- Good relationship and support from Rockdale Council
- Meeting the needs of the clients – generally happy
- Good volunteer base that also offer care and social interaction to clients
- More than just a meal

WEAKNESSES

- There has been a consistent decrease in the number of clients
- Operating at below capacity
- Large overheads due to operating a commercial kitchen
- Uncertainty around funding sources in the future
- Decrease in client numbers over the past ten years
- Difficulties meeting multicultural needs
- Aged volunteer base that cannot be available at certain times
- Uncertainty of funding into the future
- Lack of ability to prepare for policy changes in June 2015
- Ageing infrastructure

OPPORTUNITIES

- In light of policy changes, the service has begun exploring new models for the service, including; regional models, partnerships with other services (including Canterbury and Fairfield) etc
- Ability to show the service can be flexible
- Increasing promotion of service to volunteers

THREATS

- Competition from more independent aged care providers
- Competition from other private meal providers and supermarkets
- Organisational management capacity to cope with policy change
- Impending policy changes in June
- Rising cost of allied services e.g. driver for social meals

City of Sydney Meals on Wheels

Location: 7 8-10 Burrows Road, St Peters, NSW, 2044

Geographic area of service: City of Sydney LGA

Meals on Wheels provider type: Council

Overview: City of Sydney Meals on Wheels provides over 48,000 meals to frail older residents, people with disabilities and their carers and people recovering from surgery or a chronic illness every year. The service provides meals to suit client's personal requirements, whether they are dietary or cultural. The seasonal menu is rotated over a four week period to ensure a nutritional diet is provided. Individual meal packages start at \$6.00 for a standard meal. The meals are delivered Monday to Friday by staff and volunteers. The service caters for the City of Sydney LGA and has approximately 180 clients and approximately 30 volunteers split between four volunteer runs. The service also provides lunches at a number of local community venues.

The breakdown of client demographics include; approximately 70% elderly and 30% people with disability, mainly Anglo Saxon and only a few people with Aboriginal and Torres Strait Islander backgrounds. The Australian Chinese Community Association of NSW Inc. also provides Chinese specific meals across the City of Sydney LGA.

Funding: The service is currently funded through Department of Health and NSW Family and Community Services – Ageing, Disability and Home Care.

Capacity: The service has capacity and in recent years has experienced a decline in client numbers.

Relationships: The service is administered by the City of Sydney Council. The service's meals are produced and packaged by Master Catering in Lidcombe. For meals that cannot be provided e.g. culturally specific, the service seeks assistance from Fairfield and Rockdale food sources. City of Sydney Meals on Wheels also has other informal relationships with other HACC services in the Eastern Suburbs area – inter-referring of clients to Neighbour Connections, community transport and shopping services.

STRENGTHS

- Providing a service to the most vulnerable and disadvantaged
- Being administered by City of Sydney Council
- Offering the social side as well as the food side
- Good client feedback
- The people involved in the service are passionate
- Staff satisfaction is high
- Welfare monitor
- Being part of the broader HACCC program – if something is not quite right with a client – interventions can take place – linking the client with other services and family members
- More approachable – foot in the door – work with them to link up with other services
- Reducing social isolation
- MoW has a positive image
- Food forums with other service providers in the region – sharing ideas and feedback
- Increase in younger volunteers
- Paid staff (packing and delivering)
- Variety of food – chilled, cold and hot
- Flexible meal options
- Strong processes to ensure nutritional balance
- Robust food safety program

WEAKNESSES

- Numbers have decreased
- Sometimes the stigma attached to service – people need help/charity
- No broad understanding of how a regional meal service would work – many organizations or one organization
- No shopping service
- People preferring other options or alternative care that isn't provided
- Procurement process – limits number of suppliers
- Geographic location of centre (Burrows Road) within City of Sydney LGA

OPPORTUNITIES

- Rebrand – promotional campaign – development of new logo
- Increase speaking to other service providers, letterbox drops in areas that have an ageing population
- Work more closely and collaboratively with other meal service providers
- Increase collaboration with other providers in the region
- Look at incorporating shopping as part of the service
- Teach clients to cook or to cook with them in their homes – increasing the social support aspect

THREATS

- Competition of other commercial suppliers – cheaper supermarket options
- Uncertainty around the role Council may play in the future
- Uncertainty around how a regional model may work – how different councils would work together, what services would survive, impact on employment and volunteers
- Location within the city – access to many supermarkets and take-away restaurants as well as food trucks and vans
- Changing demographics
- Free food available in LGA
- Amalgamations

Waverley Meals on Wheels

Location: 31-33 Spring St, Bondi Junction NSW 2022

Council: Waverley Council

Meals on Wheels Provider type: Council

Overview: Located on the Waverley Council premises, Waverley Meals on Wheels currently employs 3 staff members and has a volunteer base of around 30. The service's operating dock is located in the Waverley Library carpark. It offers meal delivery and a home delivery shopping service (Monday to Friday), and delivers around 300 meals a week to elderly and frail people in the Waverley LGA. Clients of the Waverley MoW service are predominately of an Anglo-Saxon, English speaking background. There are few CALD clients accessing the service.

Funding: The service is currently jointly funded through the NSW HACC program (DSS now?) and Waverley Council.

Capacity: The service is currently operating far below capacity.

Relationships: The service has relationships with some Home Care providers.

STRENGTHS

- Regular client surveys with 70 – 80 percent very positive feedback
- Provide more than a meal – social contact for isolated people
- Personalised service – staff know clients and have developed trust

WEAKNESSES

- Uncertainty around future funding arrangements

OPPORTUNITIES**THREATS**

- Competition from supermarkets offering home delivery services and frozen meals
- Changing demographics
- Other services that have diversified to incorporate meals, transport services, shopping services and aged care programs etc



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