

RESEARCH REPORT

The support and accommodation needs of older residents
and the anticipated impacts of aged care reform



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Executive Summary

Waverley's population is ageing, people are living longer and wanting to remain living in their homes and local communities for as long as they can. Whilst many people remain well and healthy as they age, at some stage many will experience a disability or illness and require access to aged care support services.

Within the older population there are also vulnerable groups that may require extra support and consideration of their needs including:

- People from culturally diverse backgrounds;
- Aboriginal and Torres Strait Islander people;
- People requiring assistance with core activities of daily living and people providing unpaid assistance to a family member;
- People in the workforce earning below the minimum wage;
- People experiencing rental stress; and
- People living alone.

The Australian Government has begun major reform of the aged care service system. The main changes of the reform include:

- emphasis on consumer choice and preferences, including enablement, consumer directed care, care planning and goal setting on an individual level;
- phasing out block program funding of community care services on a local level, and tendering to support services at a regional level;
- moving towards a user pays system which entail asset and income means tested care fees with caps for both in-home care and residential care; and
- moving towards individualised funding arrangements for in home aged care.

People want greater choice and flexibility from aged care services to meet their individual needs, cultural needs and preferences. Whilst in recent years, there has been an increased demand for and availability of in-home care services, the retention of residential care remains important to support older residents who need both care and accommodation to remain living in or near Waverley.

In Australia, the average age of entry into residential aged care is 80 years and over, and the average length of stay is between 1 - 5 years. This means that turnover is relatively high. The region that covers Waverley currently has 85.9 operational aged care places per 1000 people over 70 years of age and 27.7 allocated home care packages which gives an overall allocation ratio of 113.6 places per 1000 people over the age of 70. This is in line with the national standard set by the Australian Government of 113 places (DSS Stocktake of Australian Government Subsidised Aged Care Places and Ratios as at 30 June 2014).

According to the My Aged Care website the region has approximately 30 organisations providing a wide range of in-home care services to residents in the area. During the last Aged Care Approval ACAR funding round (2014), the government allocated a further 252 packages to in-home aged care services to the region that covers Waverley. As people are choosing to remain in their homes for much longer than was previously the case, supply of in-home care

packages is where the greatest demand will occur. Supply of aged care places in the area is likely to be sufficient for the medium term.

It is important to note that not all the detail of the reforms are yet fully known or understood. Further updates will be provided to inform the community and Council as new developments occur.

Recommendations are detailed in the conclusion of the report and include strategies to assist older people to remain connected to their community and support networks and strategies to improve the design and accessibility of accommodation and the built environment.

Introduction

This report provides an update on the provision of aged care and accommodation for Waverley's older people in the context of the current national aged care reforms.

The report includes;

- A profile of older people in the Waverley LGA
- An update on the national aged care reforms
- An overview of service provision for older people in Waverley in relation to in-home care and residential aged care
- An overview of independent housing/living options for older people in Waverley
- A preliminary analysis identifying areas of need as we plan for our ageing population

The Australian Department of Social Services is responsible for the regulation and allocation of funding for aged care programs and services across Australia. The aged care system is divided into regions. Resources are generally planned and allocated across these regions, and information is collected and reported on a regional basis. Waverley forms part of the South East Sydney Region which comprises Botany Bay, Hurstville, Kogarah, Randwick, Rockdale, Sutherland, City of Sydney, and Woollahra. Where possible, information sourced for this report has been broken down to the Local Government level, however this has not been possible in all instances.

Although local government has limited influence over the allocation of Australian Government funding to age care services, they are well placed to consult with local communities, monitor community need and if necessary advocate to other levels of government to address gaps in service provision. Local government also plays a major role in providing community information, co-ordinating and supporting local community services and addressing barriers to access within the built environment that can prevent older people from participating in community life. The supply of services to meet local demand will need to be monitored into the future as the reforms are finalised, services transition to the new systems and people seek access to services.

Profile - Older People in Waverley

In 2011, the proportion of Waverley residents aged 65 years and over was 12%, which was similar to Greater Sydney at 12.7%. The proportion aged over 85 years was 2.2% compared with 1.9% in Greater Sydney. Overall population growth for Waverley between 2011 and 2025 is predicted to be 12.6%, which is slightly lower than the Eastern Sydney Region (12.9%) and across NSW (13.6%). Corresponding with predictions of an ageing population, growth of the population over 65 is forecast to be much higher at 30% for Waverley and 37% for the Eastern Sydney Region. The highest growth in Waverley's population is expected to be amongst those aged between 75 and 79 years at just over 60%.

The 2011 Census also showed that;

- 64.2% of residents over the age of 65 were born overseas, making Waverley's older population more culturally diverse than the overall population, and Greater Sydney at 50.7%.
- 3.7% of Waverley's Indigenous population were aged over 65 years, whereas just 0.04% of the Indigenous population of Greater Sydney were aged over 65.
- Workforce participation among the 65+ age group has significantly increased, from 11.3% in 2001 and 11.9% in 2006, to 16.56% in 2011. More than two fifths (41.8%) of Waverley's older population had completed year 12, a much larger percentage than for Greater Sydney at 28.3%.
- 53.33% of older people in Waverley earned <\$600 per week compared to 68.86% in Greater Sydney. 16.24% of older people in Waverley earned >\$1,000 per week compared to 9.49% in Greater Sydney.
- Older renters are a vulnerable group in Waverley, affected by increasing rental costs in the area. 12.2% of all renters in Waverley were aged over 50 years old.
- 8.1% of residents over 65 occupied lone person households, which is similar to Greater Sydney (8%).
- Over a third (36.2%) of Waverley's population over 65 years provided unpaid assistance or support of some kind. 13.4% of this group reported volunteering, 12.3% provided childcare, and 10.5% provided assistance to a person with a disability.
- Only 16.5% of Waverley's population over 65 years reported a need for assistance with self-care, communication or mobility, compared to 19.2% in Greater Sydney. However, the need for assistance increased significantly with age, with only 3.9% of 60-65 year olds reporting a need for assistance, compared to 42.8% of people aged over 85 years.

53.33% of our older citizens earn less than \$600 per week

These statistics show that Waverley has a range of vulnerable groups within its older population. Waverley has a large culturally diverse older population. Challenges facing residents from culturally diverse backgrounds include: communication barriers, different cultural practices and difficulty in accessing appropriate services. For Aboriginal and Torres Strait Islander people there can be much higher levels of disability at a much earlier age and lower life expectancy.

Half of our older population in the workforce are earning less than the median wage. We have a pocket of older renters who are being affected by rising rental costs in the area. A significant percentage of our older people are living alone, potentially leading to risk of social isolation if there is an absence of family to support them as they age. Almost half of our older population over 85 years require assistance with self-care, communication or mobility, and over a third of our older people are providing some form of unpaid assistance.

DISABILITY

At some stage during their lifetime, most people will experience mobility loss, sensory or cognitive disability. The prevalence of disability is strongly linked to ageing. Around half of Australia's older population (1.7 million or 7.5% of Australians) have a disability. As such, older people with disability now form a larger part of the Australian population than previously measured, having represented only 7.1% and 7.0% of the population in the previous two surveys in 2009 and 2003.

The 2012 Survey of Disability, Ageing and Carers SDAC found that for people aged over 65 years:

- Around 42% needed assistance with at least one activity because of disability or age.
- 87% reported having a long-term health condition. The long-term health conditions most frequently reported as causing older people the most problems were arthritis (16%), hypertension (11%) and back problems (9.4%).
- One third of older people reported needing assistance with personal activities (29%), most commonly health care (25%) and mobility tasks (18%). Property maintenance (23%) and household chores (18%) were other activities that older people needed assistance with.

According to the 2011 Census, 16.5% of Waverley's population over 65 years reported a need for assistance with self-care, communication or mobility, compared to 19.2% in Greater Sydney. The need for assistance increased significantly with age, with only 3.9% of 60-65 year olds reporting a need for assistance, compared to 42.8% of people aged over 85 years.

The South Eastern Sydney Local Health Service, in their *Falls Injury Prevention Plan 2013 -2018*, reported that at least 1 in 4 people aged 65 years and over fall at least once per year, and many have multiple falls. Whilst many falls do not result in an injury, falls are widely acknowledged to be a leading cause of premature admission to residential aged care for the older age group. Just over 10% of falls in a community setting occur on footpaths, highlighting the importance of ensuring accessibility in the design, construction and maintenance of Council's public infrastructure. Data from the Eastern Sydney Medicare Local population health profile states that the rate of falls related hospitalisation in Waverley and across the eastern suburbs for those aged 65 years and over is higher than the NSW average. The rate in Waverley is 34.18 per 1000 population compared to the NSW average of 31.29 per 1000.

DEMENTIA

With the continued growth and ageing of Australia's population, the number of people with dementia is anticipated to increase significantly. Dementia is one of the fastest growing sources of major disease in Australia and it is now the third leading cause of death, after heart disease and stroke. According to Alzheimer's Australia, dementia is the single greatest cause of disability in older Australians (aged 65 years or older) and the third leading cause of disability overall.

By 2036, the number of people with dementia in NSW is expected to increase fourfold from 84,000 in 2009 to 341,000 in 2050 and corresponds with the diagnosis of almost 26,000 new cases annually in NSW (one person every 6 minutes) increasing to 116,000 new cases in 2050. It should also be noted that over 70% of people with dementia remain living in the community.

The estimated dementia prevalence to 2018 for the South Eastern Sydney region is predicted to be 14,193 people comprising of: Sutherland: 3729, Hurstville: 1347, Kogarah: 999, Rockdale: 1725 Botany Bay: 638 City of Sydney: 1717, Waverley: 982, and Woollahra: 1136.

CARERS

Over a third (36.2%) of Waverley's population over 65 years reported providing unpaid assistance or support of some kind and 10.5% reported providing assistance to a person with disability

OLDER RENTERS

In 2011 there were 2,837 people over 50 living in rental accommodation. Renters in this age range were 12.2% of all renters in Waverley, and 17.7% of the whole population in their age range. Males and females were about equally represented in all age groups except for people aged 85 years and over where females were two thirds of renters. The vast majority, 76.5%, were renting from a private landlord directly, or through a real estate agent. The proportion renting from a public agency including Department of Housing, a church or charity, or community housing provider was startlingly small, at 17.8%. Males were 50% of all renters, but 53% of renters in private rental, and 38% of renters in public rental.

More than half of renters 54.1%, over 50 years, lived in family households, compared with 63% of renters in all age groups. About one third, 36.1%, of older renters lived alone, compared with 29% of renters in all age groups. A small proportion of older renters lived in group households, 7.7%, compared with 21% for all renters.

41.6% of our over 50 years residents are not in the workforce

More than half of older renters were working, 52%, 3.7% were unemployed and looking for work and 41.6% were not in the workforce. The majority of older renters, 68.1%, earned less than the median income for Waverley which in 2011 was \$973 per week or \$50,596 per annum. More than a quarter of older renters, 28.0%, earned more than the median, some substantially more. The majority of these were 50-59 and likely to be still working.

Residential Aged Care in Australia

Although the following information is not available for Waverley, it provides an idea of the average age people in Australia are entering residential aged care facilities and the average length of stay.

In Government-funded aged care facilities in Australia, between 2010 and 2011:

- Most people living in residential aged care facilities were women, the majority were aged 80 and over and many were widowed.
- About three-quarters (77%) were aged 80 and over and 57% were aged 85 and over. The difference in life expectancy between men and women is evident with 70% of permanent residents being female and more women widowed (64%) than their male counterparts (26%).
- The average length of stay is increasing. For permanent residents who left residential aged care between 1 July 2010 to 30 June 2011, over one-third (38%) were in residential care for less than 1 year (27% for less than 6 months). Two-fifths (44%) had a length of stay between 1 and 5 years. Women tended to stay longer than men at an average of 168.1 weeks compared with 109.5 weeks, and most residents left due to death (91%).

The average length of stay is increasing

The average completed length of stay for permanent residents in 2010-11 was 145.7 weeks, an increase of 11% since 1998-99, when it was 131.3 weeks.

- The age profile for Aboriginal and Torres Strait Islander people was different. At 30 June 2011, there were 1,127 residents (0.7%) in permanent residential aged care identifying as Aboriginal and Torres Strait Islander. These residents had a younger age profile, with 24% under age 65 compared with 4% for all permanent residents in this age group, reflecting a tendency towards poorer health and eligibility for residential aged care at age 50.

(*Aged care packages in the community 2010-11: a statistical overview* Australia Institute of Health and Welfare).

National Aged Care Reforms

In August 2011, the Australian Government released the findings of a Productivity Commission inquiry into aged care in a report called *Caring for older Australians*. The inquiry was given the task of developing detailed options for redesigning Australia's aged care system to ensure that it can meet the emerging challenges of supporting older Australians. The report found that, while the aged care system had improved over the past decade, there were still key problems, including difficulties encountered by clients in navigating the range of services available, limited consumer choice, variable quality, gaps in coverage, inconsistent pricing and workforce shortages.

The aged care reforms announced by the Australian Government on 20 April 2012, aim to build a more nationally consistent and sustainable system and was largely informed by the Productivity Commission's report. The reforms give priority to providing more support and care in the home, improving access to residential care, giving greater support to people with dementia, and strengthening the aged care workforce (DoHA 2012).

By 2022, the Australian Government's vision is that Australia's aged care system will:

- Be sustainable and affordable, long into the future.
- Provide diverse and rewarding career options.
- Encourage aged care businesses to invest and grow.
- Offer greater choice, with control in the hands of consumers.
- Support people to stay at home, and part of their communities, for as long as possible.

In achieving this vision, the proposed changes include;

- Emphasis on consumer choice and preferences. Introducing consumer directed care, care planning and goal setting on an individual level.
- Phasing out block program funding of community care services on a local level, and tendering to support services at a regional level.
- Moving towards a user pays system, entailing asset and income means testing with caps for both in-home care and residential care.
- Move towards individualised funding arrangements for community care - individuals will be allocated a budget based on their assessed needs which is managed by the individual or by their chosen provider.

The reforms are still being implemented and not all the details are yet known. There is however a strong possibility that block funding for home support services will be phased out and individualised funding introduced when a singular home

support program is formed in 2018. Many smaller services will need to look at amalgamating or risk being pushed out by larger organisations. Council will also need to continue to support local in-home support services to successfully transition to the new consumer based care models.

Home and Community Care HACC-What is changing?

From November 2015, the Australian Government will introduce the Commonwealth Home Support Program (CHSP) that combines the existing Commonwealth HACC Program, the National Respite for Carers Program and Day Therapy Centres Program. The aim of the new Commonwealth Home Support Program is to provide entry level in-home and community support services for people over the age of 65 years and 50 years for Aboriginal and Torres Strait Islanders and their carers so that they can continue living in their own homes and community. This program will continue to provide basic support services such as personal care, domestic help, transport, meals, social support and respite services.

Key features of the proposed Commonwealth Home Support Program (CHSP)

- A standardised national assessment through My Aged Care to assist the development of goal orientated, person-centred support plans for people receiving services
- Wellness and enablement approach to service delivery that requires service providers to identify each person's goals and strengths, and to work with them to optimise their functional capability and independence
- Delivering time limited services when appropriate
- Supporting the transition of people with more complex or higher support needs to an appropriate level Home Care Package
- A fees framework which outlines principles providers can adopt in setting and implementing their fees, leading to greater consistency and fairness
- Review of the planning and funding allocation mechanisms, including ensuring greater contestability for funding

Home Care Packages - What is changing?

The Australian Government is expanding home care packages significantly to assist people who have higher or more complex needs to remain living at home and to introduce more choice and flexibility by ensuring that care packages are delivered through consumer directed care (CDC).

The Government will increase the total number of Home Care Packages from around 60,000 to 100,000 by 2016-17. More than 40,000 additional packages are expected to be available over the following five year period, from 2017-18 to 2021-22.

NEW HOME CARE PACKAGES PROGRAMME

Since 2013, a new Home Care Packages Program replaced the former community packaged care programmes - Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) packages, and Extended Aged Care and Home Dementia (EACHD) packages.

A Home Care Package is a coordinated package of services tailored to meet the individual's specific care needs. The package is coordinated by a home care provider, with funding provided by the Australian Government. There are four levels of Home Care Packages:

- Home Care Level 1 – to support people with basic care needs.
- Home Care Level 2 – to support people with low level care needs.
- Home Care Level 3 – to support people with intermediate care needs.
- Home Care Level 4 – to support people with high care needs.

A range of services can be provided under a Home Care Package, including care services, support services, clinical services and other services to support a person living at home.

CONSUMER DIRECTED CARE (CDC)

From July 2015, service providers must offer all Home Care Packages to consumers on a consumer directed care (CDC) basis—CDC provides care recipients and their carers with greater control over the types of care they access and the delivery of those services. Individualised funding will be introduced from 2017. This means the funding for a package will be directly allocated to clients, rather than to services. Clients can then decide if they want to engage a service to manage their funds for them. While consumers will have greater choice and flexibility to direct their package to their preferred approved provider, planning ratios will continue, capping the overall supply of packages available.

CONSUMER CONTRIBUTIONS FOR A HOME CARE PACKAGE

People who start receiving a Home Care Package from 1 July 2014 can be asked to pay a basic daily fee and an income tested care fee. The income tested care fee is dependent upon a person's assessable income.

A BASIC DAILY FEE

This is a fee which all people receiving care are asked to pay. The maximum fee that can be charged is 17.5 per cent of the single basic age pension, which is currently \$136.78 per fortnight.

AN INCOME TESTED CARE FEE

This is an extra contribution towards the cost of care that some people may need to pay. The income tested care fee is payable depending on the amount of income someone has. It is calculated at the rate of 50 per cent of income above certain income thresholds with annual caps limiting the maximum that can be charged. The Department of Human Services will assess whether someone needs to pay this fee and how much. Full pensioners will not need to pay an income tested care fee.

You can only be asked to pay an income-tested care fee if you have a yearly income above the following approximate thresholds:

- individual person – \$25,316
- member of a couple but now separated due to illness (individual income) – \$24,848
- member of a couple living together (combined income) – \$39,306.

NEW SUPPLEMENTS – DEMENTIA AND COGNITION AND VETERANS WITH ACCEPTED MENTAL HEALTH CONDITIONS

Additional government funding is also available to help people with a mental health condition. A dementia and cognition supplement and a Veterans' supplement is paid to a home care provider for people who are eligible. These supplements apply across all four package levels of Home Care Packages and are paid at 10% of the government subsidy for the relevant level of Home Care Package.

A SINGULAR HOME SUPPORT PROGRAM

From July 2018, the Home Care Packages Program and the Commonwealth Home Support Program will be consolidated into a single home care system. Details of the new program have not yet been released. The Government has promised consultation with stakeholders on potential program and funding options, as well as options for implementation and transition. Currently, the CHSP is block funded, while home care packages are funded through individual budgets.

Residential Aged Care - what is changing?

The aged care reforms recognise that while older Australians prefer to receive care at home for as long as possible, there will also be an increasing demand for residential care.

REMOVAL OF THE HIGH CARE AND LOW CARE DISTINCTION

From 1 July 2014, the distinction between low care and high care has been removed in permanent residential aged care. This will result in flexible, simple and more transparent arrangements in permanent residential aged care, reducing red tape for consumers and providers without compromising the levels of care provided to residents.

MEANS TESTING IN RESIDENTIAL CARE

Income and asset tests have been combined since 2014 to ensure a consistent fees policy. The changes are intended to improve the fairness and sustainability of the aged care financing arrangements, with strong safeguards to ensure access to care for those who cannot afford to contribute to the cost of their care and accommodation.

ACCOMMODATION PAYMENTS FOR RESIDENTIAL ACCOMMODATION

From 1 July 2014, all residents who can afford to do so have the choice of paying for their accommodation through a daily accommodation payment (DAP) or a refundable accommodation deposit (RAD), or a combination of both. Aged care providers are not able to choose between aged care recipients on the basis of how they elect to pay for their accommodation. Residents have 28 days from when they enter care to decide how to pay for their accommodation.

MEANS-TESTED CARE FEE

Depending on a resident's income and assets they may be asked to pay a means-tested care fee. This is an additional contribution towards the cost of care that some people may be required to pay. It contributes to day-to-day care costs such as nursing and personal care.

FEES ACCORDING TO ABILITY TO PAY

A residential aged care facility may ask residents to pay one or more of the following fees:

- A basic daily fee: this covers living costs such as meals, power and laundry. For some people this is the only fee they are required to pay.
- An accommodation payment: this is for accommodation in the residential care facility. Some people will have their accommodation costs met in full or in part by the Australian Government, while others will need to pay the accommodation price agreed with the residential aged care provider. The Department of Human Services will advise which applies based on an assessment of each resident's income and assets.
- Fees for extra or additional optional services: additional fees may apply if a higher standard of accommodation is chosen or additional services requested. These vary from facility to facility.

The amount a resident will be required to pay will depend on their income and assets; however, there are limits in place. Furthermore, accommodation providers are expected to meet targets for concessional places as set by the Australian Government to ensure that residents who cannot afford to pay have equitable access to care.

TREATMENT OF THE FAMILY HOME IN MEANS TESTING

It is important to note that the treatment of the family home has changed. For couples, half of their combined income and assets are considered in the income and assets assessment, regardless of which partner earns the income or owns the asset. Part of the value of the home may be counted in an assets assessment, but there are some exceptions to this. It won't be counted as an asset if:

- a partner or dependent child is living there, or
- a carer eligible for an Australian Government income support payment has been living there for at least two years, or
- a close relative who is eligible for an Australian Government income support payment has been living there for at least five years.

*Income and assets
assessment criteria are
changing*

The full value of your home will not be included in the assessment of your assets. Instead a capped amount of \$157,051.20 (as at 20 March 2015) will be included or the net market value of your house, if lower. Where the home is included as an asset, and the person is a member of a couple, 50 per cent of the net market value of the home will be attributed to each member of the couple, and each member's proportion will be subject to the full value of the cap that applies at that time. It will be the lower amount of either the cap or the net value of each member's part of the home that will be included as an asset.

ANNUAL AND LIFETIME CAPS

There are annual and lifetime caps that apply to the means-tested care fee for aged care. Once these caps are reached, a resident cannot be asked by their service provider to pay any more of a means-tested care fee. Any income-tested

care fee paid in a Home Care Package will also count towards a resident's annual and lifetime caps in residential aged care. The Australian Government will pay the means-tested care fee for a resident after they have reached these caps.

- *Annual cap* - The maximum means-tested care fee a resident can be asked to pay each year is \$25,000.
- *Lifetime cap* - The maximum means-tested care fee a resident may be asked to pay is \$60,000 in their lifetime.

PUBLICATION OF ACCOMMODATION PRICES

Since 2014, all aged care homes have been required to publish their maximum accommodation prices and descriptive information on the My Aged Care website, their own website and in other relevant materials they provide to prospective residents and their families. This information is for residents who have entered an aged care home on or after 1 July 2014, and means that prospective residents and their families are now able to compare accommodation prices and descriptive information for different aged care facilities.

INCENTIVE TO BUILD MORE AND UPGRADE RESIDENTIAL CARE FACILITIES

The Government is reforming aged care financing arrangements to give aged care providers the certainty they need so that more aged care facilities can be built, and existing facilities can be significantly refurbished. From 1 July 2014, facilities that are newly built or significantly refurbished on or after 20 April 2012 qualify for a higher level of Government accommodation supplement paid for residents with low means. The maximum level of the accommodation supplement in these residential aged care facilities will increase to \$52.49 (1 July 2014 rate).

Service Provision in Waverley

HOME SUPPORT IN WAVERLEY

There are currently over 30 organisations delivering entry level home support services. The services funded to cover Waverley may also provide services to people across the Eastern Sydney region. Furthermore, some services are funded to provide specialist services for specific target groups such as:

- People with dementia
- Carers
- Veterans
- People from a cultural or linguistically diverse backgrounds
- Aboriginal and Torres Strait Islanders

The home support services located in or on the border of Waverley are: Waverley Community and Seniors Centre, The Junction Neighbourhood Centre- ECHO, Randwick Waverley Community Transport, Sydney COA and JewishCare. The majority of organisations in the region funded through the HACC program have taken steps over the last year to prepare for the introduction of the new Commonwealth Home Support Program from 1 November 2015 and have built capacity to expand their services to meet future demand if needed. Under the new CHSP arrangements, the majority of services will have their funding levels extended until 30 June 2018.

REVIEW OF COUNCIL'S HACC SERVICES

In response to the reforms, Council reviewed what the changes would mean for its HACC funded services. After careful consideration, Council decided it would not continue the Waverley Meals on Wheels service after 30 June 2015.

Council's decision took into consideration a number of factors. Firstly, Waverley Council was operating a relatively small-scale Meals on Wheels service, meaning that the cost of running the service significantly exceeded the grant made available by the Australian Government. Secondly, a number of large not-for-profit organisations also operate a Meals on Wheels service in Waverley, and these organisations intend to expand and further improve their service in the years to come. Competition with these service providers was not in the best interests of our Meals on Wheels clients. Thirdly, the larger Meals on Wheels services operating in Waverley provide the option of other types of low cost services which were not being provided by Council. These include in home support and care services, social activities and meals in a community setting.

All clients were successfully transitioned to other local subsidised providers by the set date.

At this time, Council also determined to continue activities for active and frail aged people at the Waverley Community and Seniors Centre. The service is preparing to transition to the new Commonwealth Home Support Program (CHSP) in November 15 with a three year funding agreement and a strong focus on 'enablement'.

All CHSP services will need to prepare for the introduction of consumer directed care by 2018. For many services, they will need to develop a robust business model, requiring review of staffing and financial strategies, and tailoring of services to individuals. Many of the smaller community services will continue to require Council support with social planning and service development.

HOME CARE PACKAGES

All package providers who are funded to cover Waverley also cover at least two or more of local government areas in the region. Some packages are also restricted to veterans or to people from specific cultural and language backgrounds.

The number of aged care packages funded through the Australian Government's Aged Care Approvals Round (ACAR) in the South East Sydney Region has grown significantly since 2005 from 463 packages delivered by 6 service providers to 1107 packages to be delivered by 10 providers in 2013/14 funding round. The Australian Government has indicated that they intend to continue the growth of the Home Care Package program to meet increasing community demand for in-home support.

According to the My Aged Care website, there are 30 organisations providing Home Care Packages to residents in the Waverley LGA. These services range from home maintenance and modification services to home delivered meals, allied health care, personal care and case management services.

As older people are choosing to remain in their homes for as long as possible, in home community support services is where the greatest demand will be as the population ages. The supply of Home Support services in Waverley will need to be monitored into the future.

AGED CARE PLACES IN WAVERLEY

Aged Care places are planned, approved and allocated on a regional basis. Waverley is located in the South East Sydney Region which comprises Botany Bay, Hurstville, Kogarah, Randwick, Rockdale, Sutherland, City of Sydney, Waverley, Woollahra and Lord Howe Island. The funding ratio set by the Australian Government is currently 113 places per 1000 people aged over 70 years. This ratio includes the number of Home Care Packages delivered in people's homes and the number of care places delivered within residential facilities. A new target ratio of 125 aged care places has been released by the Australian Government and it is to be achieved by 2021-22. The ratio comprises 80 residential places and 45 Home Care Packages per 1000 residents aged 70 years and over.

RESIDENTIAL AGED CARE IN WAVERLEY

Below is a table of residential aged care facilities in the Waverley LGA. There are currently 16 facilities providing residential aged care in Waverley, Randwick and Woollahra, offering 1,087 beds. Two facilities are under construction, and another facility is pending approval to provide an additional 11 beds.

FACILITY & TYPE	ADDRESS	CURRENT BEDS
Altona Nursing Home	40 Henrietta Street, Waverley	26
BUPA at Queens Park (former Amity)	142 Carrington Road, Waverley	71
Edina Nursing Home, Uniting Care	150 Bronte Road, Waverley	40
Summit Care Waverley - previously Phillip House	321 Bronte Road, Waverley	67
Vaucluse Aged Care, Hall and Prior	13 Young Street, Vaucluse	63
Bondi Waters Advantaged Care	47 -51 O'Brien Street, Bondi	56
Charingfield Hostel	282a Bronte Road, Waverley	55
Edina Hostel, Uniting Care	150 Bronte Road, Waverley	41
Illowra Hostel, Uniting Care	195 Birrell Street, Waverley	42
Woollahra Montefiore Home	23 Nelson Street, Woollahra	50
Ronald Coleman Lodge	88 Wallis Street, Woollahra	63
The Little Sisters of the Poor Mount St Joseph's Home	70 Market Street, Randwick	62
SummitCare Randwick	15 Frenchmans Road, Randwick	94
Randwick Montefiore Home	36 Dangar Street, Randwick	276
Milford House Nursing Home	2 Milford Street, Randwick	51
Brigidine House	7 Coogee Bay Road, Randwick	30
Total Providers: 9		Total Beds: 1,087

RESIDENTIAL FACILITY	ADDRESS	STATUS	BEDS
PENDING			
Loreto - St Vincent's	363 Bronte Road, Bronte	DA approved includes dementia places. Under Construction.	106
Vaucluse Aged Care Hall and Prior	13 Young Street Vaucluse	DA under consideration for 11 extra beds	11 extra
Mark Moran Vaucluse	46 New South Head Road, Vaucluse	Under construction	
			Total: 117

Council is aware that there are plans under way to explore the feasibility of an Aboriginal and Torres Strait Islander facility. The La Perouse Local Aboriginal Land Council in conjunction with the federal government and in consultation with Aboriginal service providers is currently exploring ways of making this happen.

VACANCY RATES

The status of residential bed vacancies varies from day to day. Information about vacancies in a region is monitored by hospitals and can now be found on the My Aged Care website which is updated on a daily basis. On 17 August 2015, there were 6 vacancies in 4 facilities in the Waverley LGA.

AGED CARE SUPPLY IN WAVERLEY

An accepted measure of the supply of aged care places across the country is the number of available aged care places relative to the size of the population most likely to require these services.

The national target for aged care places is set by the Australian Government at a 113 places per 1,000 population over the age of 70 years.

At 30 June 2014, in the South East Sydney Region, there were 7,649 operational residential aged care places and 2,473 home care places, equating to 85.9 residential aged care places and 27.7 home care places per 1000 people 70 years and over and an overall supply ratio of **113.6**. This is in-line with the national target.

The difference between allocated and operational places usually results from the time lag between the Government allocating places and the construction of residential facilities in the region. With the redevelopment of the Loreto site and two facilities on the border of Waverley in the near future, the supply of residential aged care in the area is likely to be sufficient in the medium term. The allocated number of residential aged care places in the South East Sydney Region is 105.1 places and 27.7 home care places per 1000 people aged 70 years forming combined supply ratio of 132.8 which is well over the forecast target of 125 by 2021/22.

An analysis of aged care places in 2014 by Eastern Sydney Medicare Local found that Waverley has 72% more community aged care packages per 1000 persons, 20% more high care places and 15% fewer low care places compared to Eastern Sydney. This data appears to support the trend towards people staying in their homes for as long as possible and entering residential care only when in need of high levels of care.

It should be noted that many in the industry continue to advocate for the removal of service rationing for all aged care services. The implementation of consumer directed care will require careful monitoring, especially with the trend towards older people having to meet more of the costs themselves.

Analysis

AGEING POPULATION

The population is ageing and people are living longer, therefore, the prevalence of disability, including the number of people experiencing dementia is likely to increase. Waverley will require an adequate supply of aged care services and accommodation options that are affordable to meet this growing demand. At this point in time, the supply of aged care services in Waverley appears to be reasonably sufficient to meet the needs of the community.

Although, local government has limited influence over the allocation of Australian Government funding to the age care sector, it is well placed to consult with and monitor local community need and if required advocate to other levels of government to address gaps in services. Through a host of plans and policies, Councils also implement legislative requirements to ensure access, equitable share of resources, and targeted support to those most in need.

Local government also play a major role in providing community information, co-ordinating and supporting local community services and addressing barriers within the built environment that can prevent older people from participating in community life. The adequate supply of services will need to be monitored into the future as the reforms are finalised, services transition to the new systems and people seek access to services.

DISABILITY

The prevalence of disability within the community will grow as the population ages, it is important to analyse the potential implications of the new consumer directed care system on local services and consumers. While the reforms will give the individual more choice and flexibility in tailoring packages to best suit their needs, the costs associated could be much higher than before, particularly for those with complex or high care needs. This is something that will need to be monitored as services transition to the new model.

While Council's focus on access and inclusion is currently channelled through the Access and Mobility Plan, new mandatory requirements will soon come into force under the Disability Inclusion Act. By 1 July 2017, and in consultation with key stakeholders, Councils will need to have developed a new Disability Inclusion Action Plan. Council will continue to place importance on ensuring that disability access standards and universal design features are integrated in all planning, development and maintenance of public infrastructure. Priority should be given to ensuring ease of access to public and community transport, parking, residential developments, shopping centres, medical hubs, parks and beaches. Under the new plan, there should also be a focus on supporting social, employment, recreational and educational opportunities. The Bondi Junction Civic Heart project is an

New Disability Inclusion Action Plans in 2017

example of where Council has an opportunity to significantly improve the accessibility of the public domain and develop initiatives that support older people to remain connected and engaged in community life.

CARERS

A significant percentage of older people in Waverley provide unpaid support or assistance of some kind. While for some older residents this is in a volunteering capacity, many are providing childcare support or support to a person with a disability. Grandparents may be taking on the responsibility of caring for their grandchildren as parents often feel pressured to return to work and the cost of childcare can be a burden. Some older people are also taking on the role of caring for their spouses as they age in their homes. Carers often require support and respite themselves, have additional expenses attributed to taking on this role, and their ability to work can be impeded by their caring responsibilities. Considerations for this group include access to affordable childcare, access to services that can support them in their caring role, access to flexible work opportunities and access to affordable housing.

SUPPORTING AGEING IN PLACE

As older people are choosing to stay at home longer, there will be increased demand for in-home care services. Block funding of home support services will be phased, will be phased out and there is a strong possibility that services will eventually be delivered through consumer directed care and individualised budgets allocated to the client. Smaller services will need to look at amalgamating or risk being pushed out by larger organisations. Council will need to continue to support local in-home support services to successfully transition to consumer based care.

With the introduction of means-tested care fees based on income and assets, older residents could end up paying more for the care they need and some may be required to sell their home if they need a high level of care in a residential care setting. The new system will mean that people who can afford to pay will be contributing more to their care, but those who are less well-off will continue to benefit from Government subsidies and will not be excluded from receiving a level of care. Some people, however, may be reluctant to pay for services that they perceive as not necessary such as social outings or home maintenance, especially if they need to pay for high levels of personal care or domestic help. This could also potentially increase the social isolation of people in this situation.

AFFORDABLE HOUSING

According to the 2011 Census, there is a shortage of low cost rental housing and social housing in the eastern suburbs. Consideration will need to be given to improving this supply as older people are choosing to remain at home longer; one third of our older renters live alone; only half are employed and the majority of those employed earn less than the median wage.

Council's social and affordable housing portfolio currently provides over 100 units of housing for residents in Waverley. Recent changes to Council's social housing policy has lowered the eligibility age and allowed carers to live with family members in this housing which has been a positive move. Ongoing commitment to this program will be important in meeting the needs of people who do not own their own home and are on a low income.

Council provides over 100 units of social and affordable housing stock

The situation in the Waverley area reflects national demographic trends. Waverley Council has identified the ageing of the population and housing affordability as two of its most significant community issues in its current Social Plan (Waverley Together 3). As in many other parts of Australia, there is a shortage of housing that is suitable for older people's changing circumstances. This can create major difficulties for long term older residents of Waverley when

health problems make their housing unsuitable, especially for those on low incomes who have modest or no assets. For low income home owners, their home represents a significant potential asset but one that may only be able to be realised if they are prepared to move out of the area.

Gentrification of the area over the last 20-30 years has resulted in major increases in prices and older people who own a house certainly have more options than do those who own apartments. However, many are reluctant or cannot afford to maintain their homes, in some instances putting their safety at risk. Almost half of Waverley's lower income older homeowner households live in apartments, many in older style blocks without lifts. Low income older renters are under very intense pressure and are rapidly being forced out of the area altogether. Council could consider advocating for greater supply of social housing across the eastern suburbs.

INDEPENDENT LIVING OPTIONS

There are a number of Retirement Villages in the Eastern Suburbs, but largely the model has become outdated and can foster separation and 'otherness' if the location and design isolates people from their family, friends and interests. Retirement villages are typically a more expensive living option with higher transaction and living costs. They often feature smaller properties, there is a limited choice of locations as well as accommodation products and there is generally a poor financial outcome for residents upon exit.

Contemporary design features are being incorporated within new housing developments such as, a home-like environment and onsite cafes and shops. A group home model, designed for people with dementia, operated by Group Homes Australia and the Mark Moran development currently under construction are examples, in the area, that feature a home-like environment. Arguably, however, housing development for seniors is still largely driven by compliance with building standards, rather than innovation in design to assist people to age in place and remain engaged in community life. Many of the options in the area are also high end and beyond the reach of a large percentage of people on middle to low income. The area is likely to continue to attract high end developments as the area is largely viewed as home to an affluent community.

The loss of the Benevolent Society's Apartments for Life development has reduced available options for local residents with moderate means to age in place. A key feature of the Apartments for Life model is that it offers people a chance to remain in their own home as they age to avoid having to move if their health declines and they require increased levels of care and support. The model also provided affordable and social housing units for those on low to moderate incomes.

A shortage of suitably designed housing is likely to be a growing issue, especially for people who wish to downsize and remain in the local area. Strategies to support and promote the development of innovative housing design with accessible and adaptable features to developers, architects and designers could be explored to improve housing options for older people in the area, moving towards individualised funding arrangements for in home aged care.

The New Architecture for a New Age (NANA) project offers a new way of thinking about the design of accommodation, exploring how architects can design better environments for people as they age that improve their enjoyment of life. Guy Luscomb, an award winning architect, specialising in the aged sector, studied 13 residential developments across Europe as part of the NANA project. He argues that 'creating places that are appropriately designed, that aid health and wellbeing, promote participation by an increasingly elderly workforce and make cities and neighbourhoods more 'age friendly', will not only benefit individuals but would have bottom line benefits for the economy, potentially decreasing the projected demand on health services and providing a whole new group of active citizens.'

Key recommendations from the project include: society should view older age as the norm not the exception and architects should be trained on how to include the needs of people at all stages of life; design should embrace inclusiveness and equal opportunity and move away from a compliance driven approach; the Liveable Housing Guidelines should be applied to all new buildings; and multigenerational housing and design that promote community should be encouraged with more housing and facilities for seniors included in urban centres, connected to facilities and public transport.

Conclusion

Waverley's population is ageing and, correspondingly it can be expected there will be an increase in the prevalence of disability and an increasing need for both in-home support and residential aged care. Within Waverley's older population there are vulnerable groups which will require adequate planning and support, including:

- people from culturally and linguistically diverse backgrounds;
- people requiring assistance with core activities or providing unpaid assistance to a family member;
- people in the workforce earning below the minimum wage;
- people experiencing rental stress; and
- people living alone.

The main changes as a result of the aged care reforms for home care and residential aged care include an emphasis on wellness, consumer directed care and the implementation of means-tested care fees for people accessing these services.

As people are choosing to remain living in their homes for much longer, an accessible built environment and access to an adequate supply of in-home care services and packages will be needed. The supply of aged care places, both residential places and home care packages, in the area is considered reasonably sufficient at this time but as the full detail of the reforms are not yet known, the longer term impact will need to be monitored and Council and the community kept informed of developments. Council's Community and Seniors Centre and assisted by well targeted partnership arrangements will play an important part in the provision of best practice information, referral and support services under the Consumer Directed Care model.

Council will need to continue its efforts to ensure universal design features are integrated in all planning, development and maintenance of public infrastructure to provide ease of access for older people within the public domain, and strategies to support social inclusion and community engagement opportunities. The concept of healthy ageing is

encapsulated in a number of different ways. It includes a strong focus on making our public spaces, open and inviting. It also refers to a host of supports that enable people to stay active and well as they age through social, recreational and cultural programs. The new requirements under the new Disability Inclusion Action Plan will provide a framework and focus to plan and monitor the progress for Council's work in this area.

There is a shortage of, and demand for, innovative, affordable and well-designed housing options for older people. Although, local government has limited influence over the allocation of aged care, Council could take a proactive role in promoting good practice and bringing architects, urban planners and developers together to explore ideas on how best to improve the supply, design and promotion of innovative design in housing that better meet the needs of older people in the area.

RECOMMENDATIONS

- Hold a forum to stimulate regional discussions to facilitate partnerships around innovative housing design options for people as they age. The forum would attract architects, urban designers, developers, government agencies and planners to explore affordable options and multigenerational developments that support community engagement and ageing in place.
- Continue to monitor the supply of residential care and seniors housing options
- Endorse development of a Disability Inclusion Action Plan to identify actions Council can take to support people to remain healthy, active and well, and engaged in community life.
- Continue service improvements at the Waverley Community & Seniors Centre to become a centre of excellence for the region under the Consumer Directed Care model.

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Appendix 1

Government responsibilities in aged care services

	LEVEL OF INFLUENCE IN AGED CARE	KEY FUNCTIONS
Federal Government	Primary responsibility for aged care	National Regulation and funding of residential care and home support services. Sets national target for allocated places for residential care and home support.
State Government	Limited influence over aged care. Regulation and funding for disability inclusion until NDIS roll out is complete.	NSW Ageing Strategy sets out actions that state government agencies will take to support an aging population eg: Seniors Card NSW Disability Inclusion Act 2014 requires State government agencies and Councils to develop a plan to support and promote the inclusion of people with disability in community life.
Local Government	Limited influence over aged care	Urban planning and implementation of access improvements to the built environment. May directly provide services and supports for older people Undertakes social planning, community consultation and advocacy to address needs and inform Council's strategic planning

Development and operation of aged care facilities

Aged care facilities can be developed and operated by government, private business and not for profit agencies.

The development of aged care facilities require compliance with basic built environment standards
Aged Care providers must comply with aged care quality standards and stringent funding requirements.

