GREATER DANDENONG
City of Opportunity

Engaging with our community and stakeholders to understand Council's future role in aged and disability services

Engagement Summary Report
City of Greater Dandenong
October 2023

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Executive Summary

The Commonwealth Government has been working through a reform intended to deliver a simplified and consistent aged care system. To adapt to expected changes, councils across Victoria have been individually assessing their ability and the need to continue to deliver aged and disability services under the future service model.

Overview of consultation

A broad consultation and engagement program was undertaken to seek community and stakeholder views about Council's current and future role in aged and disability services. Consultation activities were open from Friday 8 September to Sunday 8 October, 2023. Online and face-to-face engagement activities were used to reach 1341 participants:

- Online and hardcopy survey:
    - General community survey
    - Client and carer survey (those using services from Council or external providers)
    - City of Greater Dandenong staff survey
    - Service provider survey
- In depth telephone interviews:
    - Existing clients using Council's aged and disability services
    - Service providers
    - Carers and family members of someone receiving care.
- Community pop-ups (4) across Greater Dandenong.
- Focus groups (4) with community groups, advisory committees and special interest groups.
- Staff workshops (7) with home and community workers, support staff and other Council staff.

Participation in the consultation

Of the 1341 participants:

686 identified as clients

322 were general community members

227 were Council staff

45 were service providers

36 idenitified as carers

25 were representatives from community organisations

585 identified as women, 233 men, 3 non-binary and 1 self identifying

307 spoke a language other than English

425 participants were born overseas

8 participants identified as Aboriginal and/or Torres Strait Islanders

Living a healthy and connected life

Top priorities for leading a healthy and connected life was different for each stakeholder group. **For clients** it was having support at home, social and group activities/events, equipment to remain at home and activities to keep fit. **For the general community** it was social groups activities, activities to keep fit, support at home, equipment to stay at home and learning opportunities. **For carers** it was social and group activities/events, support at home, equipment to remain at home, activities to keep with and help with technology.

Across each of these stakeholder groups, to live a health and connected life community need (in priority order):
- Opportunities to socialise and connect with friends and community.
- Opportunities to keep fit and active with recreation and exercise.
- Accessible, relevant and affordable services.
- Enhanced communication and understanding of the services available.
- Access to healthcare and allied health services.
- Transportation to social activities and health appointments.
- Feeling safe within the community and home.
- Continued access to healthy foods and lifestyles.
- Suitable housing that is close to family, small in size and easy to manage.
- Continued opportunities for learning, being visible and engaged in the workforce or community through volunteering.

Service experience

Of the 54% of respondents that identified as being service users (either with Council or other providers), the most commonly used aged and disability services home and domestic care, followed by home maintenance and community transport. The least used service was respite care. Council infrastructure most used by older people were the parks and reserves, libraries, sports facilities and aquatic and leisure centres.

Top five service requests to service providers and staff, from existing clients and carers were (in priority order):

- Gardening.
- Extended hours or frequency of existing services.
- Transport.
- Activities and social support.
- Repairs and home maintenance: windows, gutters.

When all stakeholders were asked what would improve access to services for clients and carers it was (in priority order):

- Service information, availability and accessibility.
- Someone to contact (phone or in person) to get support.
- Increased availability of services (decreased waiting times, time between assessment and service access).
- Services close to home (reduced transport need).
- Transport to services and programs (safe, affordable and reliable).

Council's future role in aged and disability services

All participants were invited to provide additional feedback to help inform the Aged and Disability Services Review. Of the 358 responses received, 72 (20%) were related to participants' general satisfaction with Council's services, or to reiterate Council's continued role in the provision of aged and disability services, 51% wanted Council to provide greater support with access and care coordination. This includes support with system navigation and provision of appropriate information to ensure clients understand their entitlements, and are being guided through the process through a case manager, or supported to access other services through other providers, or other levels of government.

Themed responses in priority order were:

Access and care coordination (in priority order)
- Information and navigation.
- Care coordination.
- Customer support and complaints management.

- Links to the other services.
- Support to connect to other levels of government.

In home care (in priority order)
- Home maintenance.
- Domestic assistance.
- Allied health.
- Personal care.
- Home modifications.
- Meals on wheels.
- Respite.

Social Connection (in priority order)
- Positive ageing and group services.
- Group connections.
- Transport to access social activities.
- One on one support.
- Disability inclusion in social programs.

There was a high level of engagement from local residents, current clients of aged and disability services, carers and local service providers, reflecting the importance of these services and the aged care reforms to the Greater Dandenong community. With nearly 1400 participants this engagement project has demonstrated the value of broad communications and a commitment to involve those most affected in Council's decision making.

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Introduction

Conversation Co was engaged by the City of Greater Dandenong Council (Council) to design and deliver an engagement program to seek community and stakeholder views on how aged and disability support services are best delivered, and what role Council can best play in future, taking into consideration the significant level of socio-economic disadvantage and higher levels of cultural diversity in the municipality.

Project background

Council is currently contracted to provide home support services to eligible residents over the age of 65 years under the Commonwealth Home Support Programme (CHSP) and eligible residents under the age of 65 years under the Home and Community Care Program for Young People (HACC PYP). Each program aims to keep residents safe and healthy in their own home for as long as possible.

The current aged care and disability system is complex and confusing, the Commonwealth Government has been working through a reform intended to deliver a simplified and consistent aged care system. Transitioning to a client-directed care model, where funding is based on the assessed needs of eligible clients rather than allocated to service providers to provide specified volumes of different service types.

To adapt to expected changes, councils across Victoria who primarily provide CHSP have been individually assessing their ability and the need to continue to deliver services under the future service model. A new Commonwealth Government aged care program, called 'Support at Home', is expected to commence on 1 July 2024. All Councils will need to decide if they will provide services funded through this program before this date.

Engagement methodology

The purpose of this engagement was to understand the needs and aspirations of older residents and residents with a disability to help Council to decide on its future role in aged and disability services.

Specifically, consultation sought to:
- Understand challenges residents aged 55+ have when accessing services, support and experiences.
- Understand the challenges and experiences of people under 55 using Councils' disability services.
- Understand the emerging needs and aspirations of residents to lead a healthy and engaged life.

- Understand options for Council's role in delivering services, programs, and infrastructure to support older residents and residents with a disability.

A mixture of online and face-to-face engagement activities were used to reach a range of participants including people that work in the aged and disability sector, residents that use these services, people who provide care or support service users, to members of the general public with no prior experience in aged and disability support services. The engagement activities were based on the IAP2 Public Participation Spectrum of 'Inform', 'Consult' and 'Involve'.

Engagement was undertaken from 8 September to 8th October 2023. The engagement methods and their related stakeholders are listed in Table 1. The project Engagement Plan developed in August 2023 provides further information about the engagement purpose and scope.

Table 1. Engagement methods and stakeholders

Activity	Rationale	Stakeholders	Engagement
Online and hardcopy surveys	Provides opportunity for participants to provide confidential information at their convenience, without having to attend face-to-face engagement.	Council staff Service providers Carers Current clients/ service users General community	8 September - 9 October 2023 via Council website project page
Telephone interviews x 42 (30 mins duration)	Provides opportunity for participants to provide confidential information and understand further stakeholder experiences.	Aged care clients/service users (55+) Disability clients/service users (under 55s) Carers or family members Service Providers (3)	2 - 9 October 2023
Community pop-ups at four locations and attendance at community centre events (4)	Capture participants whilst out using community services and programs. Participants were invited to provide feedback in a variety of ways.	Wider community	17 September 2023, Little Day Out Noble Park 19 September 2023, Springvale Hub Turns 3 event 26 September 2023, Parkmore Shopping Centre

			26 September 2023, Dandenong Market
Staff Workshops (7)	Understand the experiences of staff from a client, carer and family perspective as well as their experiences of being an employee with Council.	Home and Community Care Workers and Support Staff Wider CGD staff	27 September 2023 28 September 2023 5 October 2023
Focus groups (4)	Focus groups to understand particular needs, challenges or aspirations.	Community groups, advisory committees, special interest groups	18 September 2023 25 September 2023 3 October 2023

Who participated?

The following section provides a detailed breakdown of participation numbers according to engagement method, interest in project, and demographics. Half of the participants self-identified as clients and had a range of service user experiences - some self-funded, most government supported, and others cared for by a family member or friend. Providing a range of needs, experiences, and barriers to seeking support. The project also had high participation from the broader community, allowing Council to understand what is likely needed in the future to maintain the general health and wellbeing of its community and feelings of connectedness.

Participation by engagement activity

Table 2 provides a summary of the engagement activities which involved a total of 1341 participants. It should be noted that some participants participated in more than one engagement activity e.g., attended a workshop and submitted a survey. Participation at an organisational level, in the face-to-face engagement activities, is shown in Appendix 1.

Table 2. Participation by engagement activity

Stakeholder and Engagement Activity	No.	% of all participants
Clients (n=686)		
Survey (online and hard copy)	647	48.2%
Client interviews (telephone)	39	2.9%
General community (n=322)		
Survey	165	12.3%
Pop ups	167	11.7%
Council Staff (n=227)		
Workshops	136	10.1%
Survey (online and hard copy)	91	6.8%
Service providers (Surveys=37, Interviews=5, Focus group=3)	45	3.4%
Carers (Surveys=30, Workshop=6)	36	2.7%
Community organisations, clubs and committees (Focus groups)	25	1.9%
TOTAL	**1,341**	**100%**

Note: The symbol "n" is used throughout this report to signify the number of participants, respondents or comments.

Participation by funding source

Table 3 shows participation by clients through surveys and interviews across the different funding care plans. The majority (73%) are receiving services through government support with 22 of these participants aged 59 years and under. The second highest category is receiving care with support through a family member (n=61), or self-funded with no funding support (n=43).

Table 3. Participation by client funding source

Funding source/provider	No.	%
Government supported provider (through My Aged Care or HACC-PYP) (n=22 were 59 or under)	431	72.9%
Cared for by family member	61	10.3%
Self-funded (out of pocket, paid to another organisation or person	43	7.3%
Self-funded (private health)	27	4.6%
National Disability Insurance Scheme	8	1.4%
Cared for by friend or neighbour	7	1.2%
Other - Council (n=6), Hospital (n=4), Awaiting (n=4)	14	2.4%
TOTAL participants	**591***	**100%**

Data sources: Survey and interviews. *43 unsure and 13 did not answer.

Participation by Council staff

Tables 4a to 4c looks at participation by Council staff, summarised by the directorates, departments and teams within Council. Department and team membership questions were only asked of staff that sat within the Community Strengthening Directorate.

Table 4a. Participation by Directorate

Directorate	No.	%
Community Strengthening	135	64.9%
Business, Engineering and Major Projects	27	12.9%
Governance and Strategy	14	6.7%
Not stated	10	4.8%
City Planning, Design and Amenity	8	3.8%
Organisational Development and Innovation	7	3.4%
Communications and Customer Service	6	2.9%
Finance and Information Technology	1	0.5%
TOTAL participants	**208**	**100%**

Data sources: Staff survey and Home and Community Care Workshops.

Table 4b. Participation by Department

Department	No.	%
Community Care	124	91.9%
Community Wellbeing	3	2.2%
Community Arts, Culture and Libraries	3	2.2%
Community Development, Sport and Recreation	3	2.2%
Not stated	2	1.5%
TOTAL participants	**135**	**100%**

Data sources: Staff survey and Home and Community Care Workshops where they identified as Community Strengthening staff.

Table 4c. Participation by Team

Team	No.	%
In Home Support	36	81.82%
Community Access	8	18.18%
TOTAL participants	**44**	**100%**

Data sources: Staff survey where they identified as working in the Community Care Team. Higher levels of Community Care people participated through dedicated staff surveys.

Characteristics of all community participants

This section presents the demographics of the residential community with data collected through the client and carer surveys, interviews, community pop ups and surveys. Participants were asked to provide their age, gender, home suburb, Aboriginal and Torres Strait Islander identity and any languages spoken at home. Providing this information was voluntary, to not deter anyone from participating in the process. Where collected this information is reported in Table 5 against the 2021 Census information.

Overall, there was greater participation from women with the majority of participants aged 70+ years. Almost all (97%) of participants were residents of Greater Dandenong with Noble Park, Dandenong North and Dandenong the most represented suburbs. Over half of participants were born overseas with 40% of participants speaking a language other than English. Top languages represented among respondents included Dari, Mandarin, Vietnamese, Khmer, Sinhala, Spanish, Greek and Indonesian.

Table 5. Characteristics of participants

Selected characteristics	Total No.	%	2021 Census %	Selected characteristics	Total No.	%	2021 Census %
Gender				**Language other than English**			
Woman/female	585	71	49.2	Yes	307	40	69.1
Man/male	233	28	50.8	No	468	60	29.3
Non-binary	3	0.4	-	**Suburb**			
I identify as…	1	0.1	-	Dandenong	110	16	19.0
Age Group				Dandenong North	135	19	14.2
18-24	3	0.4	9.4	Dandenong South	24	0.2	0.1
25-34 years	20	3	17.6	Noble Park	163	23	20.4
35-49 years	46	7	20.6	Noble Park North	24	3	4.7
50-59 years	34	5	11.1	Springvale	81	11	14.1
60-69 years	70	10	9.6	Springvale South	51	7	8.1
70-84 years	376	53	9.1	Keysborough	84	12	18.9
85+ years	155	22	2.1	Bangholme	25	3	-
				Other	30	4	
Aboriginal and/or Torres Strait Islander				**Country of birth**			
Yes	8	1	0.4	Australia	305	42	36.6
No	519	97	94.9	Overseas	425	58	63.4
Prefer not to say	10	2	4.7	Data sources: Online survey (client, carer, community), community pop ups and client interviews. Client interviews did not collect suburb data, or languages other than English spoken. Data source for 2021 Census data is https://profile.id.com.au # Census data 'Need for Assistance' is only a proxy measure of disability.			
Do you live in Greater Dandenong							
Yes	675	97	-				
No	12	2	-				
Prefer not to say	10	1	-				

Key findings

Participant findings are reported on by question and where key differences exist, these data have been analysed by stakeholder groups. Questions asked of the different stakeholder groups were similar, however clients, carers and the community were invited to respond to questions based on their personal experience, whereas staff, service providers and community groups and organisations were invited to respond to questions based on an understanding of their clients, or community needs.

Participant feedback is analysed under the following sections:

- **Key findings: living a healthy and connected life** - questions that sought to understand current levels of connection to friends, family and the community; priorities and aspirations to leading a healthy and connected life; and the current barriers experienced.
- **Key findings: service experience** - questions that sought to understand current satisfaction with existing services, facilities and programs; awareness of Council services and their strengths; gaps in service through direct requests or identified need.
- **Key findings: Council's future role in aged and disability services** - questions that sought to understand issues or challenges with service delivery, the future role of Council; or participants direct feedback on the Aged and Disability Services Review.

Key findings: living a healthy and connected life

This section analyses participant feedback on questions related to living a healthy and connected life, including their current needs, barriers and future service needs. Questions presented in this section are as follows:

- What are your top five priorities to lead a healthy and connected life? (Closed question with predefined list of options, with 'other' free text option).
- What do you need to live a healthy and connected life? (Open ended).
- How often do you connect with your family, friends and community? (Closed question with predefined list of options).
- Are you concerned about any of the following issues for you or the person you care for? (Closed question with predefined list of options, with 'other' free-text option).

Priorities to leading a connected and healthy life

Community participants (clients, carers and the general community) and Council staff were asked what their top five priorities were to lead a healthy and connected life, staff were asked to provide feedback based on actual or anticipated community needs. Respondents were invited to select from a list of pre-populated responses.

Table 6 shows the feedback from the different stakeholder groups, with the numbers showing total preferences for each activity or program (top two highlighted). Overwhelmingly, as people age, or acquire a disability or illness they need or anticipate needing social groups and activities to participate in the community and support them in their home. Clients, carers and the general community seek recreational opportunities to keep fit. Staff identified more nuanced needs including equipment to support their clients to remain independent and support using technology.

Table 6. Top five priorities for leading a health and connected life by stakeholders

Stakeholder	Social/ group activities	Community events	Learning	Help with technology	Activities to keep fit	Equipment to remain in home	Support at home
Client	**342**	163	108	132	232	300	**385**
Carer	**15**	4	1	4	6	9	**12**
Staff	**74**	20	20	38	51	61	**79**
General community	**92**	50	54	39	72	60	**69**

Data source: Surveys

Table 7 shows the summary of themed feedback from the open ended question - *What do you need to live a healthy and connected life?* Community, clients and carers were asked this question directly, or by allowing respondents to provide additional feedback through an 'Other' option. Across each theme there was a need for cultural appropriate activities, translation of service details into languages and more connection with existing cultural groups. Feedback in Table 7 is summarised or quoted verbatim (indicated by quotation marks).

Table 7. Themed feedback to lead a healthy and connected life

Theme	Theme inclusions
Opportunities to socialise and connect with friends and community (74 comments)	Participants recognised the need to connect with other people and the benefit of having a purpose. "I need to be healthy, to be socially connected to remain hopeful, continue to have a purpose, to be mobile and to be financially free." "The mindset is the biggest thing. We can't sit there and say 'oh I can't do anything.' I go line dancing and am a crossing guard. Getting out and about is so important." Specific requests included: ● "More social support services and access to community groups such as gardening, walking, arts and crafts etc." ● "Widespread community activities not large one off places." ● "Knowing what is available and how to access these is important." ● "Opportunities to be involved in projects/ planning that make a difference in our community." ● "Excuses to be involved as a grandparent" ● "Pet groups." ● "Online groups."
Keeping fit and active with recreation and exercise (38 comments)	For some this was maintaining their health and wellbeing as they age through fitness and recreation. Other participants commented on, "understanding how to keep myself healthy so that I'm well enough to connect." There was also an emphasis on the need for older people to have more information on ways to prevent and protect themselves from disease. Specific requests included: ● Access to low cost gym memberships. ● Help with managing medication and prescriptions. ● Access to activities and fitness facilities - "Oasis is not enticing and the therapy pool is way too deep." ● More rehabilitation services and activities. ● Meditation courses for seniors.
Accessible, relevant and affordable services (30 comments)	Access to service was about more than treating an illness, it also encompassed prevention and "maintenance of good health." It was having opportunities to volunteer "knowing what we can get involved in". Furthermore, having the opportunity to enjoy experiences in the present

Theme	Theme inclusions
	or in better health - "more free trips for seniors who can't drive long distances anymore, gives us a chance to see places." For some, accessing services and opportunities was about relevance - "as we age many women say they are not seen or feel irrelevant. It is important that everyone has a right to feel valued as a citizen." Keeping busy was also commented on - "keep a routine, going to church, my children care for me but they are busy with work." Affordability was a key consideration for some participants - "continued provision of subsidised services that don't put profit first", or, "special discounted membership charges into gyms and swimming pools."
Enhanced communication and understanding of the services available (31 comments)	Finding alternatives to communicate service availability - "connect with relevant cultural communities to relay the message." Receiving information in advance of needing the service to better prepare or plan. Continued use of translation services and ability to speak to someone in person about the service need and availability. "Directory of phone numbers of people and businesses that can assist i.e: window cleaner etc."
Access to healthcare and allied health services (25 comments)	Access to healthcare included affordable access that was bulk billed or available through a healthcare plan "easier- more affordable access to physiotherapy". Access also included better availability and decreased wait times for healthcare services "doctors and hospitals for easy access with minimal waiting time." A minor though important theme was access to healthcare free from judgement "better and less judgemental medicare treatment, treating the person not the stigma." Access to mental healthcare also featured "mental health doctors, quiet spaces without judgement, quiet rooms."
Transportation to social activities and health appointments (20 comments)	Better public transport featured highly as did a community bus service that takes residents to key places across the community (plaza, shopping centre) and personal appointments - "husband has blood tests every month, kids aren't helping out at home. Maybe a nurse at home or transport because neither of us drive." Particular requests for a Council run service due to safety concerns with the public transport system "…like being picked up and driven home for things like hospital… I have low vision and find public transport a bit tricky and I do not feel safe." Improved connectivity of bus service "better bus service, special more often and better connections."
Feeling safe within the community and home (14 comments)	Feeling safe in the home and in the community was something participants were considering as they age. Safety was connected to accessing the community and continuing to keep fit and healthy. "Safety is a key issue when walking in the street for exercise." Some were also concerned about the safety of their current

Theme	Theme inclusions
	living arrangements "I rent currently and live alone so when I retire I want to live in a community where there are other people around me."
Continued access to healthy food and lifestyle (11 comments)	For some this was maintaining the current level of healthy food enjoyed - "access to healthy foods"; "someone to go to the market for me so I can eat fresh fruit and veggies. "For others it was improving their current access to health goods to be delivered at home because with a disability it is getting harder to get them."
Other needs	Suitable housing - close to family, smallish in size and easy to manage. Continued opportunities for learning, being visible and engaged in the workforce or community through volunteering. Help with technology (future need) to remain relevant and connected.

Data sources: General community survey and pop-up responses.

Barriers to leading a healthy and connected life

Participants in the client and carer surveys were asked the question - *Are you concerned about any of the following issues for you or the person you care for?* Participants were able to choose multiple options from a list provided. Figure 1 shows that maintaining independence was considered the biggest barrier, followed by the potential or current health complications from falls or accidents, mobility issues and declining health or illness. Interview conversations with clients revealed a sentiment among participants that many of these issues are interlinked with the decline in one of these factors impacting others.

Figure 1. Participants' concerns
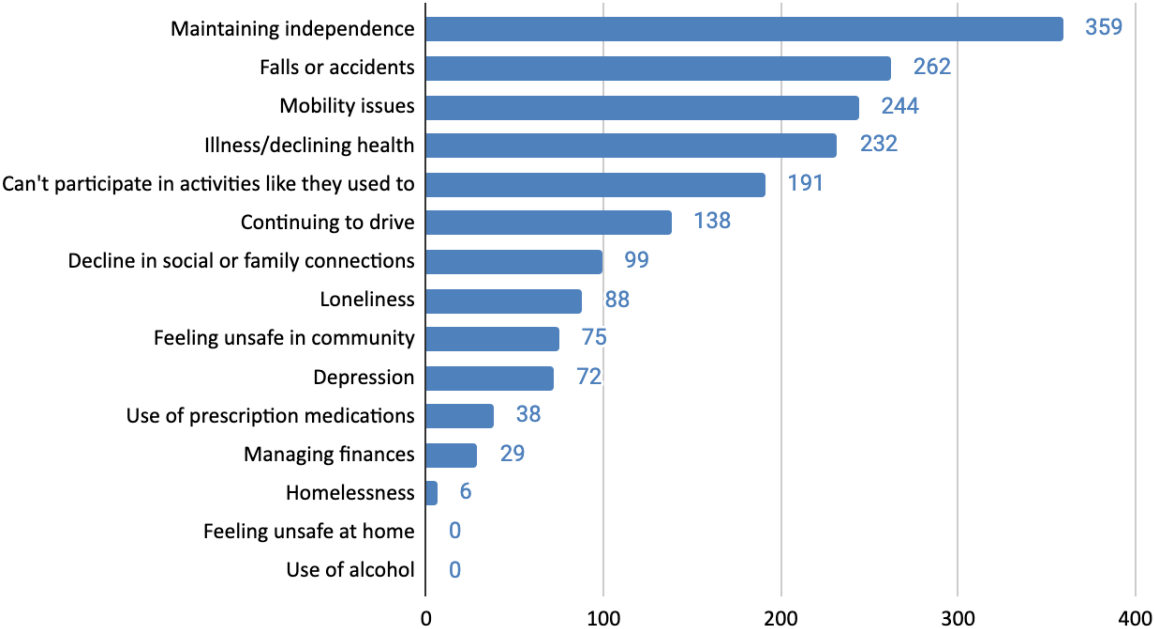
Data source: Client and carer surveys

Service users and carers via the survey and interviews were asked the open ended question - *Are there any barriers that are stopping you from living a healthy and engaged life?* There were 473 responses to this question. Multiple themes emerged from participants' responses, displayed in Table 8. Comments mentioned multiple themes and have been counted accordingly.

Table 8. Themed feedback surrounding barriers to living a healthy and connected life

Theme	Theme inclusions
No barriers (165 comments)	Those who felt they were well supported and did not face barriers to leading a healthy and connected life. Many participants reflected that this may change in the future. "Not at this present stage of my life. I am getting the help I need at present and more help is available for when I need it".
Declining physical health issues (140 comments)	Participants reported declining health or injury as impacting on their ability to achieve their goals. Various health issues were raised such as pain or disability that prevented them from connecting socially. Many reported they were waiting on healthcare or improvements before they could engage meaningfully. "I need a hip operation. Walk a lot slower than I used to. One leg shorter than the other. Having OP in December so hoping it will improve things".
Mobility issues (61 comments)	Participants who were unable or had difficulty moving around, leaving their homes, using different spaces or required equipment or support to get around. "Especially with the step at our front door - the lip can be challenging with my 4 wheel walker."
Transport (30 comments)	Participants who were unable to drive or drive far to get to their appointments or socialise. Participants who found public transport difficult to use or relied on a support person for transport. "I can't drive or speak English. I have to rely on family and friends for help"
Old age in general (24 comments)	Participants who understood ageing itself as a barrier that prevented them from engaging and living healthily. "Yes! The biggest barrier is being 95 and a half years old!"
Needing more assistance (22 comments)	Requests for further assistance to lower barriers to healthy living and engagement. Common requests were; gardening, home maintenance, additional hours and flexibility of support, additional social support, shopping and preparing healthy meals, communications and outreach to know what support is available. "I have no one to ask advice - when I need help with problems - House repairs & transport to events & doctors etc"
Mental health issues (18 comments)	Participants who reported mental health as main barriers, particularly depression and anxiety that prevented people from leaving the house. Mental health barriers were also often linked to physical injury or illness, disability or trauma.

Theme	Theme inclusions
	"I cannot go out as I have suffer from anxiety for many years"
Cost of living (15 comments)	Participants who felt the cost of programs, services or general living costs; transport, heating, water etc were preventing them from living healthy and engaged lives. "My disability and needing expensive wheelchair taxis to get places." "Managing my part time work, money, and my appointments."
Cultural and language barriers (12 comments)	Participants who required interpreter services or had limited understanding of English. Participants who reported cultural differences or discrimination as a barrier to getting care and support. This included racism in services and culturally inappropriate services.
Social isolation (13 comments)	Participants who had a lack of social connections, family or friends to support them. Participants whose social connections had been interrupted or cut off due to death or lifestyle changes. Participants who reported being lonely. "Since COVID everyone has moved further away, and I don't have the finances to see them, so I just stay at home by myself "
Lack of inclusive or accessible amenities or services (15 comments)	Participants reported they felt uneasy or unsafe in public spaces or in their own homes because of accessibility issues, lack of equipment or age-friendly design; footpaths, parking, public transport, furniture, doorways etc.
Caring duties (7 comments)	Caring for a spouse or other family member left people unable with adequate time or respite to care for themselves or prioritise their needs. "When my husband was sick then I couldn't leave him. I haven't got the motivation and energy to be honest".
Feeling unsafe in public spaces (7 comments)	Participants who felt unsafe leaving their homes due to perceived threats of violence, afraid of health impacts or general unease in public places. "I will not go out at night as it's unsafe for people to go out, what with gangs of kids roaming around threatening people with weapons etc."
Other (19 comments)	Mixed responses including: ● Lacking access to technology ● Needing support in finding out about or securing services ● Discrimination (age, cultural background) ● Disability or long-term health issues ● Impacts of trauma and family violence

Data sources: Client & carer surveys, interviews

Committees and community group participants in focus groups were asked to outline the most pressing issues for the people they support. A list of organisations engaged can be viewed in Appendix 1. Members within these organisations have the added benefit of seeing what it is their members find challenging, and hearing conversations directly related to these needs. Table 9 outlines themes and descriptions/examples that came out of these discussions in the focus groups.

Table 9. Pressing issues identified

Theme	Theme inclusions
Assistance with information and understanding services available (27 comments)	Committee members within community groups and organisations were being asked about ways to navigate My Aged Care, in particular the assessment and referral phase "members ask me for advice on My Aged Care". Particular situations where different information needs were required: ● Lack of digital connectivity "everything that goes online becomes an access issue - we spend a lot of time helping people accessing systems, even simple automatic phone systems are difficult." ● Where capacity of other family members to support is low - "family facing crisis outcome depends on the capacity of the children to access and navigate the system". "Family carers not understanding the services and providers available." ● Cultural nuances - "targeting information at the children - carers to access for parents particularly in cultural circumstances." ● Sharing of medication or refusing support (e.g. mobility aid, personal alarm) perceived shame of ageing. ● Additional assistance due to increased mobility challenges (transportation due to lack of driving).
Affordability of programs and package entitlements (17 comments)	Many members received feedback related to the affordability of services and programs and funding gaps. Specific examples: ● VISA entitlements of care - "reliant on grandchild, or child for social connection and support." ● Cost of service becomes a barrier to seeking help - e.g. "hoarding and the cost of cleaning and maintenance of a client with mental health needs." ● Clients opting for food service options through the grocery store as opposed to meals on wheels. ● Package has not been revisited and no longer meets the needs of the individual. ● Lack of funding where there is family violence/elder abuse and a disability. ● Package does not cover the full cost of care - "all available funds are put into daily care - leaving no room for social activities and other social transport."

Theme	Theme inclusions
Social connection (15 comments)	Community clubs, organisations and centres provided an opportunity for social connection. Many had seen a decline in membership and/or active participation as a result of COVID-19. This is in part due to a family member safeguarding them against catching a virus, and advising them not to attend, or a fear that the individual had learnt as a result of COVID-19. Some examples that created this disconnection, or could help to improve: ● Members feeling shame around putting a family member in a home, then not returning to programs, fear of judgement. ● Calls of support from family asking individual members or committee members for transport to an activity. ● Loss of sight or increased mobility challenges limited physical access. ● Loss of social purpose or relevance "when members retire from work completely, they leave the club…" ● Need a course - "reminder of how to access services - socialisation preparedness" ● Lack of reliable transportation that limits an individual's access to social activities. ● Inaccessible community, lack of ramps, all ability facilities or simply the 'unknown' of access puts in place a barrier - "don't want to be a burden."
Diverse needs of elderly (9 comments)	Information and the provision of service needs to be tailored to the needs of the individual, and contextualised to what is happening in the media and world at the time. Emerging needs from members included: ● Higher interest in personal home security. ● Reluctance to move into a residential home. ● Resistance to get care, greater expectation on family caregivers (both from the person needing care and the caregiver). ● Lack of acceptance of disability and stigma in the disability.
Elder abuse and manipulation (9 comments)	Examples provided: ● Manipulation by taxi service - "make the fare longer and go a longer way." ● Manipulation by family - needing housing for two weeks - "staying for two years, stealing and trashing the house needing to contact the police…" ● Financial abuse by family - "refused to change Land Title, they stopped them from seeing their grandchildren…" ● Coercive control by primary carer - "information is withheld by family care, therefore not getting the support they need." Broader community mistreatment of older people or people with a disability: ● Increased prevalence of scamming phone calls.

Theme	Theme inclusions
	• 'Seeing' people go "downhill fast when in aged care." • 'Seeing' things on the news about youth crime and older people being attacked.
Education and employment opportunities for carers (4 comments)	Participants had seen some members needing to stop work or volunteering to care for a family member and suggested more flexible opportunities to allow them to do both.

Across both clients and community groups there was a common desire to support the maintenance of independence at home. Both groups of stakeholders understood cost of living, mental health and social connection to be major factors contributing to wellbeing and independence. Transport, mobility and providing inclusive and accessible spaces were understood as pertinent to the success of other wellbeing and connection activities, particularly with service users.

Among service users there was a sentiment that old age in general was a barrier to a healthy and connected life with many participants who reported 'no barriers', anticipating that this will change as they age. This sentiment was not shared by community groups who prioritised providing information about available services and activities to support people as they age.

Current and desired connection to community

Client and community survey respondents, alongside interview participants were asked the question - *How often do you connect with your family, friends and community?* Table 10 outlines the frequency of connection overall, followed by Table 11 which shows how often participants would like to have these connections.

Table 10. Participants' current connection to family, friends and community

Combined totals: client carer and community member surveys & interviews	Daily	Once a week	Once every few weeks	Rarely	Never
Friends (749 respondents)	229	290	145	63	22
Family (756 respondents)	263	234	95	46	22
Community (678 respondents)	46	246	134	119	133

Table 11. Participants' desired connection to family, friends and community

Combined totals	Daily	Once a week	Once every few weeks	Unsure	Current connection is enough
Friends (n=490)	89	152	55	6	188
Family (n=489)	131	123	26	4	205
Community (n=459)	26	120	95	16	202

Data sources: Client, carer & community surveys and interviews*
*Open ended responses from interview data were coded into the above set options where appropriate.

Overall, participants were most connected to their family members. More participants wanted more frequent connection to their friends, family and community than those who were satisfied with their current level of connection. Participants wanted to increase their connectedness to their friends the most, followed by family and community.

Interview participants outlined further comments surrounding their connections to family friends and community:

- Families are supportive and act as carers. Often getting support from family members is 'an excuse' for older people to reach out and get to spend social time with them.
- Living in retirement villages supports a good social life for residents with easily accessible, frequent events or activities and friends conveniently located.
- Community volunteering, places of worship and cultural groups keep older people connected to their community.
- Participants reported having mobility or health issues made it difficult to attend organised groups or events. Participants wanted flexibility, close proximity to home, accessibility or adjustments of spaces and support to attend activities or events.
- Participants desired more access, transport and support to visit residential care homes to see friends and family.
- A number of participants reported that the COVID-19 pandemic disrupted friendships and social routines that have not since recovered or returned to normal.
- Mental health and confidence was a strong factor in desire for more social connection. Some participants wanted to build personal confidence before reaching out to the community. This was particularly prominent for participants who had changing health conditions or had experienced trauma.
- A small number of participants were particularly isolated, living alone without social interaction.
- Participants under 55 receiving disability services reported additional barriers to social connection including the sentiment that Council organised events and

activities were not catered towards their age group or people who did not have complex care needs. These participants felt isolated and lonely when taking part in these programs.

Key findings: service experiences

This section analyses participant feedback on questions related to current awareness of Council services, use of Council facilities and perceived strengths of Council's service delivery. Also presented are the identified gaps in service through direct requests (client or carer) or observed need (service provider or Council staff). Engagement questions presented in this section include:
- What services or support do you currently use? (Closed question with predefined list of options).
- What Council services or facilities do you regularly use? (Closed question with predefined list of options, with 'Other' option).
- What requests for services or programs do you receive from older people or people with a disability (if any) that aren't available at this time? (Open ended question).

Services currently used

Clients and their carers were asked what services they currently use. Figure 2 shows the most used services were 'home and domestic care' (509 selections) followed by home maintenance (181 selections) and community transport (71 selections). The least used service was 'respite care' (20 selections). Other (8) services used by clients and carers included shopping assistance and Activity Groups.

Figure 2. Services used by clients

Service	Count
Home / domestic care	509
Home maintenance	182
Community transport	71
Personal care	66
Exercise and social activities	64
Social support	59
Home modifications	47
Meal service	45
Health provider/specialist	43
Respite care	20
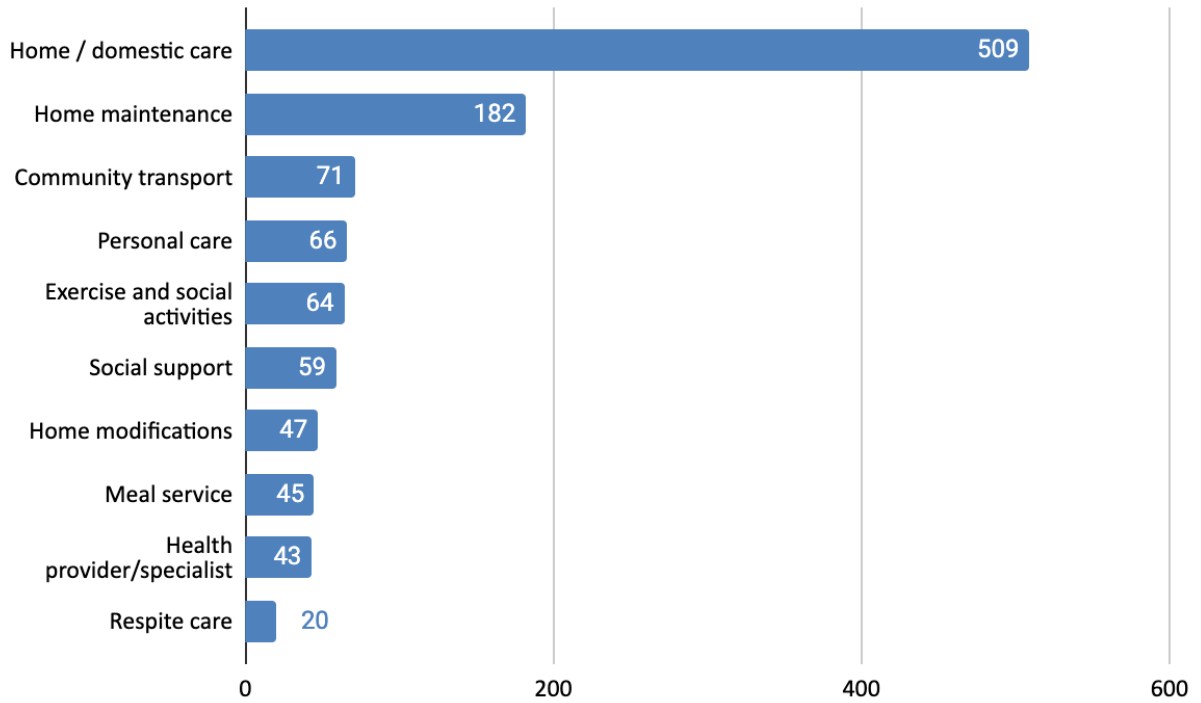
Service users and general community members were asked which general council services they used. Gathering this data sought to support an Age Friendly Cities approach to providing services in a holistic and inclusive manner across all departments. Figure 3 outlines the top services and facilities used.

Figure 3. Other council services/facilities used

Facility	Count
Parks and reserves	275
Libraries	199
Sports facilities	108
Aquatic and leisure centres	102
Other (please specify)	97
Art galleries / theatre	60
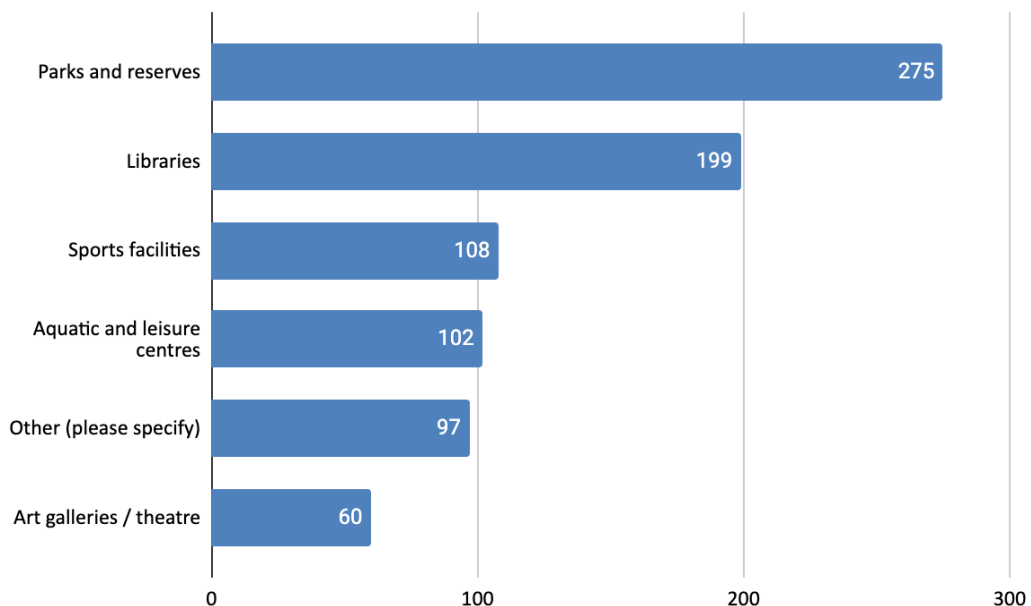
Interview conversations elaborated on the importance of maintaining accessibility of public spaces for aged and disability services users, particularly walking trail, outdoor gym equipment and public areas i.e outside shopping centres, bus stops etc. Interview participants also shared the desire for social support, family members or friends to accompany them to use Council facilities like leisure centres or libraries. Other (97) services mentioned by participants included: community buses, council day trips, U3A, City of Greater Dandenong Market, information services, cultural and community groups, parks and events.

Additional services requested

Staff, service providers and interviewees (aged and disability clients) gave feedback on the gaps in services they experienced. Service providers and staff were asked - *What requests for services or programs do you receive from older people (if any) that aren't available at this time?* Interviewees were asked - *Are there any services you would like to access but haven't? Why not?* Table 12 shows the summarised responses.

Table 12. Requests for additional aged services

Theme	Services mentioned
Gardening (39 comments)	Assistance with lawn mowing or weeding.
Extended hours or frequency of services (27 comments)	Participants were happy with the type of services they received, but would like more frequent visits or longer service times. E.g: shopping for longer than 1.5 hrs, cleaning once a week, more personal care visits or higher intensity or higher skilled support i.e RNs.
Transport (22 comments)	Affordable transport to services, appointments, activities. Preferably with a regular support driver, who is trained in assisting elderly people or those with mobility issues.
Activities and social support (19 comments)	Day programs, trips, group activities. One on one social support; home visits, welfare calls. Requests to offer activities on weekends.
Deep cleans, windows, gutters (14 comments)	Additional cleaning support outside of the regular services offered i.e oven clean, outdoor clean, gutters, windows, curtains etc.
Home maintenance, repairs (12 comments)	Minor repairs, changing light bulbs/smoke detectors etc, help to identify issues like leaks, drainage etc.
Information or contact person (8 comments)	Improvement to processes and communication with clients. Providing a consistent contact person; providing information about available services; notification about changes to service or staffing; continuity of care.
Healthy food (8 comments)	Support for shopping assistance, grocery delivery, meal delivery.

Theme	Services mentioned
Specialised equipment (7 comments)	Equipment to support independence; walking frames, shower heads, ramps, rails, beds or chairs.
Allied health & specialised support (7 comments)	Access to physio, podiatry, speech therapy, dietician or specialised services for dementia, nursing, palliative care.
Support with technology (5 comments)	Support to use a home computer to pay bills etc. Support for CALD groups learning technology skills.
Respite care (5 comments)	More availability of respite care, longer hours and overnight respite.
Housing (4 comments)	Support for tenancy and housing, securing rentals, transitional or crisis housing for survivors of family violence, elder abuse.
Support or advocate to accompany users to appointments or activities (4 comments)	Assistance and advocacy at appointments, classes or support with mobility.
Recreation and exercise (3 comments)	More exercise programs or expanding available classes/services/services to include people with mobility aids, injuries or need further support to participate.
Other (32 comments)	Mixed responses including: ● Financial advice (3) ● Client centred models, engagement and co-design for care planning (2) ● Workforce diversity and staff able to speak different languages: Burmese, Dari, Greek (2) ● Mental health support ● Support finding and securing employment ● Haircuts ● General comments seeking improved service quality/staff skills ● General comments from users satisfied with services or anticipating seeking services in the future i.e after a planned operation etc.

Service providers, staff and disability service user interviewees were also asked whether there were any requests for services they could not offer at this time. These open-ended responses are outlined in Table 13. It is worth noting that some services cross over, however, participants considering disability services had different needs including specialist disability support and skilled staff across general services provided; i.e gardening, transport.

Table 13. Requests for disability services

Theme	Theme inclusions
Extended hours or frequency of services (4 comments)	Longer sessions, after hours support, increased support as disability service users age.
Transport (3 comments)	Regular support drivers were particularly important for this group. Participants wanted drivers trained in assisting people with physical, cognitive or mental health disabilities. Transport to support disability service users' caregiving i.e (school pickup, transport for family members).
Housing (3 comments)	Support to secure appropriate, affordable housing.
Support navigating the NDIS (3 comments)	Requests for help understanding entitlements, updating circumstances, assessment, getting better deals for services.
Social support (3 comments)	Social support groups, activities separate from aged services and able to cater for the breadth of different disability experiences.
Gardening (3 comments)	Lawn mowing, weeding.
Equipment or modifications (2 comments)	Support for modifications at home: ramps, showers etc.
Other (10 comments)	Mixed responses: ● Support with technology (2) ● Dignity and respect in service delivery ● Allied health ● More accessible built environments

Recognising the unique needs and supports that are required by carers, service providers and staff were asked if there were any service requests for this stakeholder group. Table 14 shows these service requests.

Table 14. Requests for carer services

Theme	Theme inclusions
Support coordination and training (5 comments)	Support to manage appointments with different services and support in navigating packages and entitlements. This was particularly in relation to the NDIS, assistance to access services, additional ESL resources and support.
Health and mental health care (4 comments)	Recognising that carers may also have health issues and need mental health support.
Respite care (3 comments)	More availability of respite carers, longer hours and overnight respite.

Social connection (3 comments)	Reflections that being a primary carer is often isolating. Desire for more community engagement or carer support groups. Support for carers of young people as they move to different schools or life stages. It is worth noting that some carers do not recognise their role as care work and require outreach to provide social connection or support.
Other (6 comments)	● Transport (3) ● Housing ● General response

Overall, participants across stakeholder groups prioritised at home maintenance, care or support services. All stakeholder groups also requested additional hours or increased availability of the services they currently received. Seeking additional support beyond the level of services Council provides as a contractor to the Commonwealth Government, and above and beyond the recommended four hours of CHSP funded services under the CHSP Guidelines.

Gaps in services identified by participants included gardening, repairs or deep cleans more shopping assistance or healthy food provision. Transport was mentioned as a service request across all stakeholder groups, with only 71 participants using existing community transport services.

Suggestions for improved, specialised or additional transport to support older people and people with a disability was a priority. Social connection was also a priority for participants, with carers and disability service users wanting more tailored activities or connections for younger people or social activities that reflect the diversity of disability experiences.

There was a sentiment among aged participants that more support was needed to secure access to these additional services or to take part in these activities once secured. There was a sentiment among disability service users that services, although helpful were tailored to the aged community and oftentimes did not cater to physical or mental health needs of clients to safely engage in services; i.e community transport drivers not trained in disability, an understanding of complex mental health to provide services to people with dignity and respect.

Key findings: Council's future role in aged and disability services

This section analyses participant feedback related to Council's role in the delivery of aged and disability services. Questions presented in this section include:

- Have there been any issues with the services you access? (Client interviews only)
- What are the challenges you experience with delivering services? (Staff participants only)
- What three things would help you to better access services and support? (Closed question with predefined list of options, with 'Other' option).
- How do you believe Council can best support older people and people with a disability to have a healthy, connected and enjoyable life? (Service Provider/Community Group).
- Key strengths of Council's service delivery? (Open ended)
- Is there any other feedback that you would like to provide to help inform the Aged and Disability Services Review? (Open ended question)

Service delivery issues

Clients who took part in in-depth interviews were asked the question - *Have there been any issues with the services you access?* Open-ended feedback formed the following themes shown in Table 15.

Table 15. Current service issues- clients

Theme	Theme inclusions
No issues (17 comments)	Participants who were happy with the services they received. There was a sentiment that once clients had their initial engagement and were 'on the books' the services ran smoothly.
Staffing (12 comments)	Difficulty in keeping regular staff for home visits. Staff who were: late for appointments or left early; who had not done an adequate job (cleaning, home maintenance); were unfriendly, disrespectful or unsupportive towards people with disabilities; were not adequately trained to work with frail aged people or people with disabilities. Sentiments that fill-in staff were not adequate when regular staff were on leave. Desire for longer appointment times.
Communications and cancellations (7 comments)	Feedback surrounding communications about cancellations or changes to services. Lack of notice about cancellations, late notice cancellations or rescheduling of appointments. Failure to respond to or follow up complaints made to Council. Failure to notify customers when a different staff member will be filling an appointment. This was described as particularly difficult for people with disability or with mental health issues.

Theme	Theme inclusions
Accessibility of services, more services needed (4 comments)	Difficulties in accessing services or contacting council to rearrange appointments or update circumstances/needs. Miscommunications between council, providers, assessors and other parties leading to confusion about entitlements or the services offered.
Other (4 comments)	● Issues with technology- accessing services or rescheduling appointments ● Individual problems reported

Staff shared their open-ended feedback surrounding the challenges they experienced in delivering services to older people and people with a disability. Table 16 presents analysed responses from staff.

Table 16. Challenges to service delivery - staff

Theme	Theme inclusions
Internal system changes needed (31 comments)	● Coordination and communication between departments, providers and clients to meet the diverse needs of a client. ● Siloed services stifle responsiveness. ● Inadequate technology or internal systems to manage appointments, rostering, complaints or updates. ● Desire to streamline admin and reporting systems. ● Inadequate communication with service users. ● Desire for front line staff engagement in service planning. ● Complaints surrounding the Gold Care system.
Providing appropriate services for client needs or expectations (27 comments)	● Sentiment that there is a mismatch of services offered or available services and client needs or what they can access through a package. ● Balancing client needs or expectations with what staff are resourced to or are allowed to safely provide. ● Being responsive and altering services to changing client needs. ● Difference in family member requests to client needs. ● Conflict in the quality of aged vs disability services.
Funding and resourcing (20 comments)	● Funding constraints and time constraints result in unsafe work practices, incomplete jobs, inability to meet clients needs or changing needs, inability to engage clients in service design. ● Staff wanted more frequent appointments with clients, adequate time at appointments.
Assessment and access challenges (20 comments)	● Confusion navigating the CHSP, Home Care Packages Program, MyAged Care and the National Disability Insurance Scheme (NDIS) ecosystem ● Misinformation about the services available and access requirements.

Theme	Theme inclusions
	• Reliance on inaccessible technology, lengthy wait times for program access or changes to services. • Focus on what Council can offer as opposed to 'when' clients should seek packages or changes to their package • Clients delaying accessing services • Requests for assistance with managing packages - advocacy and navigator position to assist clients accessing services
Staffing (15 comments)	• More staff needed for particular services i.e showering/lifting a client. • More skilled staff needed; Personal Care Assistants, dementia care, attracting younger staff. • Limited availability of care workers; managing staff leave and staff vacancies. • Desire to provide continuity of care with familiar staff is compromised by shortages.
CALD services (14 comments)	• Difficulties communicating with CALD communities, lack of interpreters or community language resources.
OHS issues and safety (6 comments)	• Time pressure creating unsafe work environments for staff • Abuse of staff by clients, lack of follow up or engagement in service planning • Ageing workforce need reasonable adjustments • Staff feeling unsafe at home visits
Affordability for clients (6 comments)	• Cost barriers for service users and potential clients • Client expectations of free services
Other (18 comments)	• Transport issues (3) • General comments: e.g 'mostly not an issue', 'providing care to a diverse community'

Clients through interviews were particularly invested in securing consistent staff and continuity of care; however, staff feedback shows the difficulties this presents with current positions and resourcing. Both staff and clients reflected on inconsistent communications between various parties highlighting the need for streamlining scheduling, rosters and appointments.

Some clients shared the need for more services or better quality services, which was countered by staff feedback surrounding the need to better inform clients about their service expectations and what the service can safely consist of. Staff feedback implied that confusion surrounding assessment and communications created a mismatch between packages, eligibility and what client needs were. Both groups shared this communication breakdown and the complexity of the system compromised responsiveness or flexibility for both staff and clients.

Client referral and service access improvements

Participants were also asked to consider what would improve their access to services, this question was asked of service providers, from the perspective of clients accessing their services, staff and the way their clients currently seek support and of carers and clients. Participants were presented with options and invited to select their top three service providers and were invited to provide additional feedback shown beneath Table 17.

Table 17. What would improve access to services by stakeholders

Stake-holder	Service information - availability and access	Digital device support	Personal contact/ phone	Online services support	Transport	Translation services	Services close to home	Increased availability
Client	**374**	46	**272**	33	151	45	171	183
Carer	**11**	1	6	2	6	3	**8**	**8**
Community	**100**	18	**53**	23	**53**	17	**52**	43
Staff	**54**	15	36	9	**51**	22	30	39
Service provider	**20**	-	12	9	**15**	9	**15**	13
Total	**559**	80	**379**	76	276	96	276	286

Overwhelmingly, participants from all stakeholder groups highlighted the need for providing information on the available services and how to access them. The need for education, advertisement and building awareness were themes that ran through the entire engagement, highlighted as a crucial first step.

This was followed by the need to speak with someone about support either in person or over the phone, increased availability of services, locally available services and transport to attend services or programs. Access to or support for online services or using technology for service access was a lower priority for all stakeholder groups.

Interview participants outlined in further detail reliance on family or community members to provide them with information and support navigating service access, understanding entitlements and their options.

A large number of participants reported an inability or unwillingness to use online services, particularly for assessment. There was a sentiment that these methods of communication could be impersonal or untrustworthy for sensitive matters, or alienating for some people making it difficult to ask questions or develop a rapport. A number of participants shared

good experiences with assessment workers making home visits or ringing council customer service and highlighted the need for having a contact person, in person services and hardcopy information.

A small number of participants, particularly for disability service users, also reported that by the time they found out about services or support available through Council, their situations had become more complex highlighting the need for early intervention, referral and advertisement.

Service providers were invited to provide additional feedback related to the way clients accessed or were referred to their services. Three provided additional information:

- **Working across municipality boundaries** - some suggested that often a barrier for clients accessing activities and social groups is not knowing anyone, sometimes having a friend to accompany them can increase ease; often a positive ageing group is open to only residents within the municipality and if an individual lives in another area they are not eligible. Proximity to home is an important factor, for those living on the border, activities within the City of Greater Dandenong might be closer than their own Council, however they are not eligible.
- **Outreach support** - services are accessed by those that are somewhat engaged or have support to navigate the system, however some service providers were concerned about the potential clients who Council has no relationship with; how do we get to the people sitting in their homes that do not know what they are entitled to? " Support workers could go out into the community to explain the different package alternatives so that clients can get more support and care sooner."
- **Educating caregivers in what is possible** - some service providers felt that among some cultures the expectations placed on a young person with a disability were too low, and that the individual was restricted to the home; similarly sometimes the expectations were so high and there need to be ongoing conversations about the care and support needed to help the individual maintain independence, while remaining health and connected.
- **Keeping activities affordable** - some service providers had seen the cost (though minimal) a detractor for those wanting to participate in planned activity groups or social activities "access to disposable income is low for many families, who do not work due to caregiving requirements."
- **Support to understand service entitlements** - similar to client and carer needs, service providers had witnessed a lack of understanding and confusion around the meaning of each service, how to use the funding that is available. "Some clients have a lot of money in their package, however they don't know how to spend it."
- **Gap in service transition and availability** - often there is a delay in clients accessing services because of wait lists, decreased availability in the area or a more complex need.

Service strengths

Service users (clients, carers and community) were invited to provide their feedback on the perceived strengths of Council's services where they were aware that the service existed - 'Are you aware of current services that Council provides? If so, what do you believe are the key strengths of Council's current services?' Staff were also invited to consider the services and support delivered and think about the strengths of Council's service, as compared to others - this could be based on feedback received from clients, their other experiences of working in other organisations or their general expertise in the sector. Service users and staff feedback was analysed separately and is presented in Tables 18 and 19.

Clients were asked whether they were aware of the current services that Council provides and asked to identify their key strengths. Overall, there were 162 participants who mentioned that they were aware of services, 37 that expressed they were somewhat aware and 95 participants who mentioned that they were unaware of the services provided by Council.

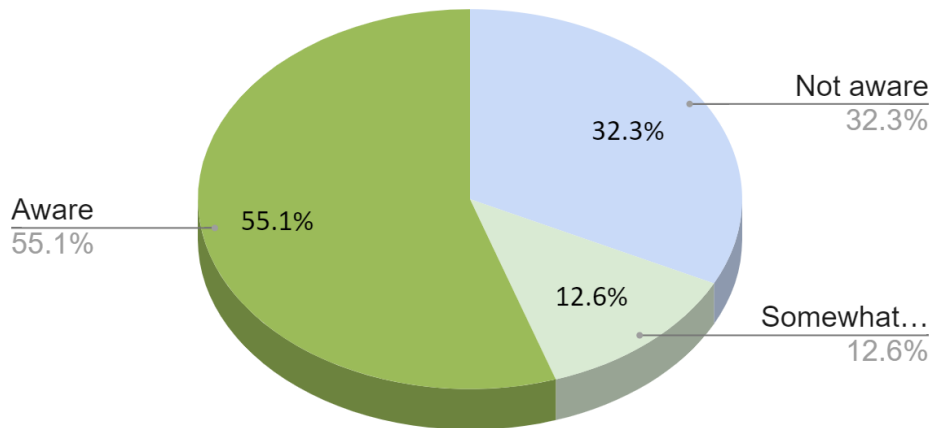**Figure 3. Awareness of current Council services**

Table 18. Strengths of Council services - clients, carers and community

Theme	Theme inclusions
Responsive and flexible services (79 comments)	• Feedback stating services were trustworthy, reliable and easy to access. • Good communication about services provided, new services and changes to services. • Timely access to services. • Sentiment that if something changes or participants required more support they could call the Council.
Staff expertise (65 comments)	• Professional high quality service experience. • Friendly and experienced workers. • Reliable and consistent staff. • Workers and admin staff are supportive, empathetic and respectful. • Good communication with staff. • Local staff with local knowledge are best placed to support the Dandenong community.
General positive comments (31 comments)	"I find it very helpful." "Council service is the best."
Affordable services (18 comments)	• Low cost, value for money services. • Sentiment that Council is not profit motivated compared to other providers.
Supports independence (12 comments)	• Sentiment that the services allowed clients to stay at home and remain independent. • Services improved people's quality of life or allowed people to recover from illness or injury.
Variety of services (11 comments)	• Finding support across a range of different services.
Culturally appropriate services (5 comments)	• Support in community languages. • Sentiment that Council is connected to the community and are able to provide services appropriate to diverse communities.

Clients, carers and community valued the responsiveness of Council's services, as compared to other private providers. Council was trusted and kept clients up to date about changes to their service, changes to staffing or information related to their entitlements. They also valued the expertise of Council, continuity of staff was valued as was their local knowledge of the area and services.

Similarly staff also consider the expertise of staff a strength, in comparison to the private service counterparts it was the regular training that was provided through Council, the required certification and willingness of staff to support clients. The top strength identified by staff was the holistic service provided, or client centred approach. Staff were able to connect clients and carers to other departments within Council, connect to other service

providers or support clients to advocate for changes to the assessment/package entitlements.

Table 19. Strengths of Council services - staff

Theme	Theme inclusions
Holistic service (49 comments)	● Quality of services - non-judgmental, flexible and receptive to clients needs. ● Advocacy, trust and connection for community. ● Monitoring the wellbeing of clients while also providing care. ● Services provided and delivered locally. ● Culturally appropriate and progressive.
Carer/worker expertise (36 comments)	● Ongoing training and diversity of expertise. ● Qualifications/experience in the aged care/disability sector. ● Providing clients assistance with technology. ● Reliable, consistent and committed to clients. ● Regular staff.
Responsive, flexible, tailored (24 comments)	● Client centred approach. ● Accommodating clients choices and preferences. ● Developing new services in response to clients needs. ● Same day delivery. ● Regular communication with clients and their families. ● Responsive to feedback from clients. ● Monthly detailed invoices. ● Knowledge of information and support available (point of contact for multiple services).
Support independence (22 comments)	● Maintaining clients independence through keeping them at home for as long as possible. ● Focus on clients safety and autonomy. ● Accessibility in the home. ● Respite care and activities.
Social activities and variety (16 comments)	● Day trips introduce a new circle of friends. ● Addresses social isolation. ● Community Care provides a safety net for vulnerable clients who may not have any other forms of support. ● Connecting clients to their community. ● Clients can access a wide range of services through the same service provider. ● Variety of support available- tech, transport, personal care, meal delivery.
Assessment process (11 comments)	● Longevity of CGD services against other services that no longer operate. ● Accessible administration process. ● Ongoing support and 12 month assessment. ● Service of information, internal referrals and care coordination.

Theme	Theme inclusions
Affordable (6 comments)	● Cost effective services. ● Cheaper than private service providers.
Transport (5 comments)	● Prioritise transport to medical appointments ● Community transport allows clients to travel outside their homes safely - shopping, clubs, social activities ● Bus services to programs

Council's future role in the delivery of aged and disability services

All participants were invited to provide any additional feedback to help inform the Aged and Disability Services Review. Table 20 shows the high level themes from this feedback, note that some responses contained multiple themes.

More detailed responses related to delivery of in-home services and support, social connection programs and support and access and care coordination are analysed in Tables 21, 22 and 23.

Table 20. Additional feedback received about the Review

Theme	Topics mentioned
Access and support (150 comments)	● Care coordination (42) ● Information and navigation (76) ● Customer support/complaints (24) ● Linkages to other levels of government (12) ● Market steward connection to service providers (16)
Social connection (62 comments)	● Individual connections (7) ● Group connections (21) ● Transport (14) ● Positive Ageing Program (37) ● Disability Inclusion (7)
In-home care (82 comments)	● Personal care (7) ● Respite (1) ● Allied health (13) ● Maintenance (39) ● Home modifications (6) ● Meals on wheels (5) ● Domestic assistance (18)

Others used it as an opportunity to reiterate additional services needed including
- Legal advice and support.
- Overnight stay for animals when owner is unwell or receiving treatment (2)

- Treatment within aged care facilities - particularly allied health (2) or transport from aged care facilities.

Of the 358 responses received, 72 (20%) were related to participants' general satisfaction with Council's services, or to reiterate Council's continued role in the provision of aged and disability services:

"... the point of local government is to be there for its local community. Dandenong has a growing elderly population with high levels of socioeconomic disadvantage. If anything, support levels need to INCREASE not decrease. Private sector will put profit ahead of support and won't fund things that they deem to be low demand."

"Council has great workers who have knowledge of services and care."

"I feel that services provided by council are less focused on the cost than private providers would be. Companies need a profit margin, therefore the services suffer."

"Devastated if the service with Council stops."

As part of the review, staff comments (11) wanted the project team to consider:
- Provision of equipment for cleaning.
- Staff training and staff retention.
- Rostering to provide task diversity.
- Carer stresses and availability of Employee Assistance Program services to staff.
- Reporting back to the office to ensure clients have follow up.
- Improvements to pay and staff conditions.

Other participants (n=19) provided feedback related to the service review process, inputs used to support the review, or implementation of the outcomes:
- Ensure the review considers accurate population projections to understand future needs.
- Planning for staff attraction to the sector.
- Role of local government is to care for our most vulnerable - delivery of aged care and disability services delivers public value.
- "Any learnings or feedback coming out of the review that are not reflected in the decision regarding aged and disability services are taken on by council afterwards becomes part of its advocacy role."
- Prioritise services that are both a priority for clients and are financially viable.
- "Review services that pose a risk of high injury rates (and consider) is it viable to continue to provide these, are they available elsewhere in the community?"
- Consideration of how far Council can subsidise services and how well the services will be delivered if prioritised.
- "Review the State and Federal Government policies, strategies and plans..."
- "Take into account the outcomes from the NDIS review and Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability..."

- Consider ways to work with clubs and committees to provide social connection (transport, outings) and home care (meals) through grants and meal subsidies.

Table 21 elaborates on the feedback surrounding access to care and support. Participants want Council to provide greater support with system navigation and more appropriate information to ensure clients understand their entitlements, can self advocate and have choice in their care.

Participants would like to see greater case management and coordination and an opportunity for clients to make a complaint or seek improvements to care. Both service providers and clients identified a need for someone to assist with market coordination and help to match providers to clients, along with advocating for new providers to meet demand or emerging needs.

Table 21. Access to care and support

Sub-theme	Participants' comments
Information and navigation (76 comments)	"Amount of information is overwhelming for clients to process." "More readable information about what services are available to help me live well." "Help us to better understand how the service is performing against the expected standards for care and services, and to identify quality and safety issues in aged care."(self advocacy) "I recently joined the NDIS system. I did not know my local council was a service provider." "Use a personable approach not online, a conversation and a chat with a person means the world to them." "More diverse language dealing care workers." "Assessment would be translated in their own language to be clearly understood."
Care coordination (42 comments)	"Services need to work a lot faster when people are in crisis." "The system navigation is so complex. As people age they are less likely to 'ask' and then slip through the cracks - case management … is so important." "Having a centralised point of access for such services is very important as we age. It is difficult to source what we need if these are fragmented." "Service providers need to be in communication with each other to ensure individuals receive the support they require and are not overwhelmed or overlooked due to bureaucracy." "Carers are often reluctant to ask for respite care or what we offer is insufficient for them to attend to outside obligations or opportunities." "… requirement to discuss and agree options is not appropriate for clients with cognitive and or language barriers." "… families will help to form decisions but the individual needs to

Sub-theme	Participants' comments
	have a voice."
Customer support/complaints (24 comments)	• "Quicker response times to requests for help. I am having problems with domestic cleaning." • "… ongoing mistakes with the roster… I tried to contact the office staff all day, however the Community Care services would not answer the phone. No one called me." • "… the office organises different workers continually." • "The workers often do a very mediocre job." • "It would be great if home care providers could advise a time of arrival on the day - sometimes they can be an hour early or late, and once I waited all morning then called the office, to be told she was coming the following week. No-one had called to advise me of the change!" • "An assessment was made with Council to get a flexible shower installed- waiting on the results- this was about 2 months ago.."
Market steward connection to service providers (16 comments)	• Connecting service providers to the right type of client "we would like ATSI clients to have better awareness of who we are and the services we offer." • Monitoring changes and charges "make sure providers aren't taking/changing too much." • Service provider attraction "increase number of care providers." "…look at new disability services primarily." • Council to adjust service offering to fill in gaps "… what they do (Council) gives flexibility to those outside providers…" • Supporting alternative offerings as the market changes. • "A forum of providers in various locations where 'seniors' gather…"
Links to other levels of government (12 comments)	• "We need the Council to continue to provide service to fill in where the Federal Government misses, which is affecting many people who are over the NDIS age limit." • "The NDIS does not cover everything. There are already gaps in the service and (unfortunately) we need to always ask what services they have access to without first asking what they need." • "Advertise elder abuse line to help support the elderly." • "(reporting)Misuse of care packages." • "We've had a lot of previous CHSP clients that are calling to return as they are not supported as they were with our program… They have mentioned how misled they were with HCP providers not delivering what they promised. They have a lack of staff and they don't have the one on one support as they do with our staff in Community Care."

Table 22 shows the feedback surrounding social connection. A large focus was on health prevention and promotion, making sure Greater Dandenong was a welcome, safe and inclusive place for older people and people with a disability to access.

Table 22. Social connection

Sub-theme	Participants' feedback
Positive Ageing Program (37 comments)	• Creating an Age Friendly City that supports all its residents and has an influence on the built form - buildings, provision of parking and pathways (including footpath treatment); community safety and making Greater Dandenong a place safe to walk and access. • Programs focused on improving the health and wellbeing of older people so they have better health outcomes. • Making every Council staff member aware of services available to support older people and people with a disability so that in general interactions we can be connecting people to services.
Group connections (21 comments)	• Recognition that older people and people with a disability lose connections, death of loved ones, inability to participate like they used to all contribute to isolation; group activities can provide that sense of social connection. "I saw my parents withdraw as they got older and it was difficult to link them into a service." • Activities across a range of interests and cultural connections. • Expanding the program to those in other municipalities "Consider access requirements for PAG and excursions to extend to non residents."
Transport (14 comments)	• Transportation is central to support older people or people with a disability. • Lack of transportation and access leads to many other health and wellbeing complications. • Council provided transportation is preferred over public forms of transport (taxi, bus) due to safety concerns and navigation challenges. • Need for transport that is wheelchair suitable. • Transport for individuals to access health and professional services (banks, post offices).
Disability inclusion (7 comments)	• Providing activities for people with a disability, giving consideration to travel and too and from the activity. • Employment opportunities for people with a disability. • Better awareness and understanding of disability types and needs.
Individual connections (7 comments)	• Flexible services tailored to individual needs. • Activities that help people reconnect after the loss of a loved one, or after receiving treatment.

Table 23 shows the feedback surrounding in-home care. There were a variety of priorities commented on, however, home maintenance was most mentioned, followed by domestic assistance.

Table 23. In-home care

Sub-theme	Participants' feedback
Maintenance (39 comments)	● Gardening services (lawn mowing, weeding, pruning) ● Home maintenance (gutter clearing, repairing fence/gate, general repairs)
Domestic assistance (18 comments)	● Additional house cleaning (more than once a fortnight, additional time, deeper cleaning). ● Ironing ● Rotating a mattress ● Making a bed and changing the doona
Allied health (13 comments)	● General practitioners ● Access to psychologists ● Access to podiatry services ● Access to in home nurse visits ● Access to physiotherapists
Personal care (7 comments)	● Assistance with showering and using the bathroom. ● Taking medications and injections (nurse services)
Home modifications (6 comments)	● Building a ramp ● Bathroom modifications (shower, bath removal) ● Repairs to the home (roof) ● Widening hallway for wheelchair
Meals on wheels (5 comment)	● More variety (cultural variety, less spice, more spice). ● Cooking in the home as a supported activity.
Respite (1 comment)	● Better provision of information to carers to uptake this service.

Engagement evaluation

An important part of our practice is to reflect on the actions that supported participation as well as some of the barrier participants may have experienced through the process.

Measures of success

The project engagement plan identified a set of measures of success for the engagement. Overall the project met the measures of success determined, exceeding the number of clients participating in the process and total participation overall. With 1341 participants, we can estimate that 8.5% of the community were engaged. Table 24 provides commentary of our progress towards these measures.

Table 24. Measures of success for engagement

Measure	Success Criteria	Result
Seek feedback from a broad section of the community (clients, carers) to understand their needs and aspirations	Participation by 300 carers/older residents aged 55+ Participation by 10 young (n=190) people with a disability on a HACC-PYP	Achieved, good representation of clients reached through this process with 688 clients participating, 22 were 59 years or under.
Widespread understanding of Council-wide concerns and opportunities	Participation from a range of locations across CGD	Engaged with participants from every suburb in Greater Dandenong. Highest representation from Noble Park, Dandenong and Keysborough.
Observation of carer and consumer behaviour during engagement activities	Level of comfort to provide honest feedback, concerns articulated about confidentiality	Both Conversation Co and Council facilitators observed disclosure of instances of elder abuse, financial manipulations and general fears around ageing.
Participation from key multicultural groups across CGD	Participation from top 10 language groups	58% of resident participants (carers, clients and community members) were born overseas. Representation from over 40 different countries of birth. Higher levels of representation from Indian, Chinese, Sri Lankan and Vietnamese communities. 40% of participants spoke languages other than English with over 35 languages represented. Only 1% of participants identified as Aboriginal or Torres Strait Islander.
Participation by Council Officers	Participation by a range of staff members working directly with aged and	227 staff participated in this process. Participation was highest from those within the Community Strengthening Directorate (135). While no targets were

	disability stakeholders and indirectly	set for other Directorates, lower representation could be indicative of the work the project team needs to do to embed a positive ageing lens across Council's work.
Lack of negative feedback towards Council or the project	Adequate communication about the project and opportunity to provide feedback into Council's future role in aged and disability services.	To be assessed at the project debrief

Strategies to support participation

Project information and the available opportunities to participate in the engagement were provided to the community using the following channels:

- Hardcopy of the survey was mailed out to all 2,865 existing clients with a reply paid envelope, approximately 530 were returned.
- Project postcard was posted to 57,840 households encouraging residents to participate.
- Dedicated project page on Council website.
- Collection of client and staff surveys across the municipality and within Council offices.
- Detailed media and communications campaign where the project was promoted using a variety of Council communication channels and tools. Including publication in the City Magazine and article in the Dandenong Journal (September Issue).
- Variety of online and in-person engagement activities, provided convenient opportunities for people to participate.
- Promotion of the translation service and support provided for survey completion.
- Council provision of Mandarin and Vietnamese translators to attend key community events where this language was prevalent.
- Council promotion of the project to community centres, neighbourhood houses and other community services and networks to increase participation through referral.
- Displays and hard copy surveys in a variety of locations including civic / customer service centres, libraries, aquatic and leisure centres and key community centres.

Barriers to participation

- Some interview participants were difficult to reach via cold calling and phone interviews. Those accessing disability services had complex mental health issues or suffered from anxiety and depression. Speaking to a stranger over the phone about their experience was not something they were comfortable with.
- Lack of digital literacy may still have presented a barrier for some participants.

- Lack of understanding of the aged and disability services environment and its complexity. Many participants were unable to give feedback surrounding their service as they were uncertain about who provided their services and supports and how it was financed.

Appendices

Appendix 1. Businesses and organisation participants

Organisation	Interview	Focus Group
Arabic Women's Seniors Group		●
Burke and Beyond	●	
City of Greater Dandenong Disability Action Committee		●
City of Greater Dandenong Positive Ageing Committee		●
Dandenong and District Aborigines Co-Operative	●	
Dandenong Community Learning Centre		●
Evergreen Seniors Club		●
Italian-Spanish Club		●
Keysborough Learning Centre		●
Noble Park Community Centre		●
Polish Seniors Club Rowville		●
Probus Club of Noble Park		●
Southern Migrant and Refugee Centre	●	
Springvale Italian Seniors Club		●
Springvale Neighbourhood House		●
U3A Dandenong Focus Group		●
Wellsprings for Women		●