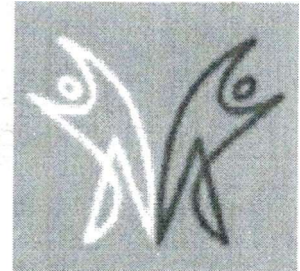


# DENCH MCCLEAN CARLSON CORPORATE ADVISORY

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INTERIM REPORT TO

Mallacoota Inlet Aged Care Inc. ■



## Feasibility of Establishing Residential Aged Care in Mallacoota Results of Consultation and Initial Option Development

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SUBMITTED BY

DENCH M<sup>C</sup>CLEAN CARLSON

Anne Larkins  
Jacinta Larkins  
Cameron Geddes

Date 21 November 20 ' 3

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Dench McClean Pty Ltd ACN 050 237 315

Dench McClean Pty Ltd ACN 050 237 315 ABN 42 050 237 315

Level 1, 155 Queen Street, Melbourne Victoria 3000 Australia

Phone: (613) 8617 2617 Fax: (613) 8617 2618

E-Mail: [admin@dmcca.com.au](mailto:admin@dmcca.com.au)

Website: [www.dmcca.com.au](http://www.dmcca.com.au)

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<b>1.0</b>	<b>EXECUTIVE SUMMARY</b>	

### Introduction

1.1 Mallacoota is a small town in the East Gippsland region of Victoria. At the 2011 census, Mallacoota had a population of 1,174. At holiday times,

particularly Easter and Christmas, the population increases by about 8,000. It is one of the most isolated towns in the state of Victoria. 25 kilometres off the Princes Highway and 523 kilometres from Melbourne. It is the last official township on Victoria's east coast before the border with New South Wales.

1.2 Its permanent population has a larger percentage of older Victorian than the State averages.

1.3 The community needs a residential aged care facility to ensure that its older vulnerable residents do not have to spend their final years far from their homes, family and community.

1.4 In the voices of the community, this need is expressed clearly:

"We are so remote from (residential) facilities. There are heart breaking stories of elderly, vulnerable people having to go into care many hours' drive away - cut off from visits from friends and limited family support."

"This type of facility is a requirement because of the remote rural geographic location of Mallacoota and its surrounding lands it is a very isolated position and there is only one way in and out of these isolated lands. It would be a Godsend if we could get this facility for our ageing community, so we would visit our loved ones more often and help to do a lot more for them."

"We are very remote and have to travel long distances, far from friends and loved ones if we need 24 hour care. "

"We have a wonderful team — doctors, paramedics, nurses, carers and lots of people that give their time to help. But desperately need a residential care facility here in Mallacoota. Being a resident here for over 30 years I have watched many elderly people have to leave, leaving friends and loved ones, it's terribly sad."

"Many many citizens have lived here most of their lives and when the time comes would rather be looked after here instead of being taken out of their home and sent away to a strange place to die. How sad in today's world that we can't look after our elderly better. "

"I do know that in 2012 two long term residents and one who had lived in Mallacoota all her life, all died at Lakes Entrance because there was no local facility to care for them. Another resident is now in care somewhere up the NSW Coast for the same reason. "

"Location main reason, being so far from existing residential care facilities. "

"If you are in residential care, it's important to be close enough to friends and relations so that they visit easily - perhaps daily. "

"To separate older members of the family because there is no service here is cruel. People need their own family, friends, doctors etc as a support network. They have a right for good (care) near their families. "

"We need residential care so that our aged do not have to move at least 2.5 hours away to get care"

"Elderly people in particular having to travel to Eden, Orbst or Bairnsdale to visit a partner who requires palliative care is a real problem."

## 2.0 BACKGROUND AND METHODOLOGY

### Background to the Feasibility Study

- 2.1 Dench McClean Carlson ("DMC") has been engaged by Mallacoota Inlet Aged Care Inc ("MIAC") to complete a feasibility study and report to describe the rationale, challenges and potential of establishing an appropriate residential care facility to address the needs of the Mallacoota community.
- 2.2 It is anticipated DMC will make recommendations including models that could be adapted to the service system and environment of Mallacoota, based on our understanding of the Aged Care sector, including funding and regulations, and the challenges of providing residential facilities in a small population.
- 2.3 This interim report prepared for the Annual General Meeting in November 2013 details the results of the consultative process and early considerations of options for residential care facilities.
- 2.4 DMC is in the process of building a financial model for the proposed facilities and when this is complete the final report will be prepared.

### Geographic Location

- 2.5 Mallacoota District is bounded by the localities of Chandlers Creek, Wangarabell and Maramingo Creek and the Wallagaraugh River in the north, the New South Wales border in the east, the Tasman Sea in the south, and the localities of Tamboon, Noorinbee and Noorinbee North in the west. This small area includes the townships and localities of Genoa, Gipsy Point, Mallacoota, Wallagaraugh and Wingan River.
- 2.6 Mallacoota is rated D on the Rural Categories rating, one of 18 such communities in Victoria, where A is the least isolated and E is the most isolated. There are 15 such communities located in East Gippsland.
- 2.7 In 2011, according to the ABS category of place of usual residence, Mallacoota District had a population of 1,174. According to ABS data Mallacoota Township has a population of 1,032.

### Population

- 2.8 The following table shows the number of residents in the Mallacoota district who are above the age of 75 and therefore more likely to need residential care services. This does not preclude any younger people who may require residential care services but is purely to demonstrate potential demand for the service. Age structure — Five year age groups:

Mallacoota District	2011	2006	Change
Five year age groups	Number	Number	2006 to 2011
65 to 69	75	84	-9
70 to 74	61	76	-15
75 to 79	59	54	+5
80 to 84	57	22	+35
85 and over	24	23	

- 2.9 Source: Australian Bureau of Statistics, Census of Population and Housing 2006 and 2011. (Usual residence data). This demonstrates that there has been a large increase in particular for the 80-84 age bracket.
- 2.10 The ABS data for East Gippsland shows a projected increase in the 65+ age bracket from 2011 to 2021 of 45.4%, which is much higher than the average projected increase across all ages of only 14.5%. In summary,

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there is forecast to be a significant increase in the number of people over 65 across East Gippsland in the next eight years.

2.11 In Mollacoota 24% of people are aged over 65; in Victoria 14% of people are over 65.

### Lack of Residential Aged Care

2.12 There is no residential aged care facility in Mollacoota. In-home care services are provided by Mollacoota District Health and Support Service ("MDHSS"), and the town has four independent living units at Miva Miva.

2.13 Those who need full-time care are forced to relocate to a new town to access adequate aged care services, which puts a considerable strain on family and friends.

2.14 The closest residential facility to Mollacoota is in Pambula, New South Wales, a three hour round trip. There are no public transport options to making this drive.

### History of Mollacoota Inlet Aged Care Inc

2.15 MIAC was created about 20 years ago in response to community interest in establishing a residential aged care facility to meet the needs of this small isolated community.

2.16 MIAC has conducted its own surveys and a residential facility is identified as a major lack in Mollacoota. MIAC has conducted successful fundraising events and has secured corporate support for a project to address this need.

### Methodology

2.17 To date we have interviewed 15 people nominated by MIAC to understand their views and gather information on the issues associated with the proposed development of a residential aged care facility in Mollacoota. We noted that not all of those interviewed are supporters of the proposal.

2.18 We have analysed the results of the 210 responses to the survey and found the community overwhelmingly in support of the proposal.

2.19 We have prepared a set of options based on our research into potential models in Victoria for residential aged care facilities.

2.20 We have met with representatives of Health in the region to consider the potential of the various options.

2.21 We are currently preparing a financial model to capture the likely costs of establishment and operation of a facility.

### 3.0 KEY FINDINGS - INTERVIEWS AND SURVEY

#### Key Findings from Interviews

3.1 The interviews were structured around the following discussion points:

- Existing service options - advantages and disadvantages
- Are they flexible and responsive
- Do they meet the needs of the community
- What key aspects of the Mallacoota environment and community impact on the need for aged care services
- Are there frail elderly people at risk in remote locations
- Are there waiting lists for accommodation for elderly people
- Is there community support for provision of local residential aged care services
- Is there government support — local and State
- What level of residential aged care is needed
- What physical facilities are desirable for residential aged care

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- What model of care is preferred standalone service or combined with an existing service
  - What ongoing services are necessary or desirable
  - What are the implications for the health workforce
  - What are the cost implications of additional care and what are the community options for additional support
  - What are the barriers or challenges to the introduction of residential aged care in Mallacoota
  - What are the enablers and facilitators
  - What would be the benefits to the community of residential aged care services

#### Existing Services

3.2 The existing service options are well-regarded for the support of elderly people able to stay in their own homes.

3.3 The services offered by MDHSS include nursing services, respite care, palliative care, post-acute care, living at home assessments, allied health services, family counselling, drug and alcohol counselling, volunteer transport services and welfare services.

3.4 The medical facility is well-regarded; it currently has 16 patients receiving home visits. The community has a chemist.

- 
- 3.5 These services mean that older people stay in their homes longer in Mallacoota than other places. The town is considered very supportive of old people.
  - 3.6 The long distances to any available residential care and the difficulties associated with older community members travelling to visit loved ones was consider a substantial disadvantage.
  - 3.7 The lack of a hospital or any sizeable treatment room is a significant disadvantage, although the availability of an air ambulance is well regarded.
  - 3.8 The lack of residential aged care is likely to mean more hospital visits late in life and people with a terminal illness with no one as carer more likely to be hospitalised.
  - 3.9 Interviewees noted some old people slipping through the system eg having a peanut butter sandwich as their only meal.
  - 3.10 Existing services were considered flexible and responsive although there was a concern that services were not generally known by old people. The District nurses were considered very responsive. Access to the GP for older people was fast.
  - 3.11 The existing services were considered to meet the needs of the community except for high care residential services.

### Mallacoota's Need for Residential Aged Care

- 3.12 The Mallacoota community is remote and isolated. It is an older community (and ageing) with many retirees and little industry
- 3.13 In the last years of life more hospital visits are needed (especially without residential aged care) and the nearest hospital is a four hour round trip.
- 3.14 Mallacoota has nearly double the percentage of people over 65 than the Victorian average and 1.6 times the number of widowed community members.

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### Frail Elderly People at Risk

- 3.15 In the last six months at least three elderly people at risk have had to leave town to go to residential care.
- 3.16 Elderly people at risk are known to the MDHSS and can be monitored but no residential care can be offered in Mallacoota at this time. At least some elderly people are seen to be at risk of falls, inadequate nutrition and other issues where safety may be a concern.
- 3.17 The older people interviewed talked with sadness of friends in their late 80s and 90s who had to leave to go to Lakes Entrance

and Melbourne. One spoke of seeing families torn apart by distance and noted they all get angry.

### Community Support for Local residential Aged Care

- 3.18 It was considered that there is strong community support for residential aged care in Mallacoota (and this was ratified by the survey results). People noted that 200 community members subscribe to MIAC.
- 3.19 Some interviewed believed that the community support was not strong, but no basis for this belief was given.
- 3.20 There is acceptance that older people want to stay in their own homes as long as possible, but when they can no longer be supported at home, they want residential care in their own community close to friends and family.

### Government Support for Local Residential Aged Care

- 3.21 The level of Government support was not generally known although it was felt that local government might be supportive.
- 3.22 It was appreciated that State Government supported the community with MDHSS, and that Medicare generally would support the medical needs of older community members.

### Level of Care

- 3.23 Those who believed residential care was needed believed that the highest level of care not requiring full time medical care/constant medical intervention was required.
- 3.24 They believed this would enable local residents to remain in the community until they die rather than having to be hours and hundreds of kilometres away from family and support networks.
- 3.25 They gave the example of an elderly woman with local family who lived her whole life in Mallacoota. She wanted to live all the days of her life in Mallacoota. When her illness made it impossible for her to \_\_\_\_\_ look after herself, because there was no place for her in Mallacoota, she ended up in a home in Lakes Entrance, a five hour round trip away from those who had watched out for her for years.

### Physical Facilities Desired

- 3.26 Desired facilities included:

- High care \_\_\_\_\_ beds  
designed so couples can stay together
- Ideally providing accommodation for shared, private with partner co-location and private single



- Shared dining/kitchen, social/recreational facilities, rehabilitation

e.g. hydrotherapy, walking/swimming pool, gym

### Model of Care

- 3.27 All agreed the numbers in residential care are likely to be small and the possibility of residential care offered in combination with other health/community facilities was suggested.
- 3.28 The Orbost model with residential care under the auspices of the hospital was considered a good model.
- 3.29 A service combined with MDHSS if properly resourced was seen as desirable, although not by MDHSS.
- 3.30 One noted that a large part of the motivation for the MIAC initiative is for people to retain their interaction within the community until the last day of their lives. They stated that this includes all age ranges as the Mallacoota community mixes all ages in many pursuits.

### Ongoing Services

- 3.31 Those who supported residential aged care wanted the full range of services necessary for people's health and wellbeing through to their death.
- 3.32 They wanted the services integrated with other health services and believed it should include allied health services such as physiotherapists, optometrists. They want services to include physical rehabilitation from strokes, cardiac events and surgery.

### Health Workforce

- 3.33 Interviewees felt that some skills were available in the community but that the workforce would need to be assessed.
- 3.34 Some noted that not only the health workforce would be affected, but all aspects of immediate and operational support would be impacted. This would include cooks, cleaners and suppliers within the community.
- 3.35 They believed that the need for medical and health professionals, nurses, doctors, aged care specialists both full and part time would create employment opportunities. This could in turn encourage some of the local younger people to qualify in any of the health and medical fields and return to town. This would in turn increase the natural resilience of this small, remote community.

### Cost Implications and Additional Support

- 3.36 It was generally acknowledged that costs would be relatively high and maybe difficult to sustain.

- 3.37 It is suggested that community volunteer support would be very high \_\_\_\_\_in roles able to be filled by volunteers (ie book reading to patients, nursing aides) even where requiring some formal training/certification to work in such a role. It is reported that the community has an extremely high level of volunteer activity (2.3 times the national average —41.1% versus 17.8).

### Barriers and Challenges

- 3.38 The financial aspects including establishment costs and ongoing operational costs were seen to represent the biggest challenge.
- 3.39 There was also some concern that there was a reluctance to share structures and resources to establish a broad based community facility.
- 3.40 A potential lack of trained staff would need to be addressed in the short term.

### Enablers and Facilitators

- 3.41 The community has raised significant funds to support this project — around \$600K.This is seen as a strength and an indication of commitment.
- 3.42 As an isolated community, most people will work together for a common purpose. Mallacoota is a cross generational community where, for instancev school children may be successfully engaged in

reading to residential care clients as they will be well used to interacting with older people in the community.

- 3.43 The medical workforce is considered another strong enabler. It was noted that the community needs a larger medical building to support a wider range of services such as allied health and patient treatments and the opportunity exists for a medical facility to be colocated with a residential aged care facility.

### Benefits

- 3.44 Those who support the proposal believe the benefits are clear.
- Older people could stay in town longer within their community
  - It would be less stressful for old people and their loved ones without the need for extensive travel for visits
  - It would probably obviate the need for some hospital visits in the last years of life
  - The community would be happier
  - There would be an economic benefit for Mallacoota with more employment
  - People would know that they could come to Mallacoota and stay as they got older
  - It would potentially increase the attraction of Mallacoota to families with relatives requiring residential care

### Enhancements to health services

3.45 The following enhancements to health services in Mallacoota that could be considered when establishing an aged residential facility have been identified:

- A patient holding bay and treatment room
  - Respite care
  - A hospice room for palliative care equipped with oxygen, a suitable bed and appropriate pain relief e Hydrotherapy pool
  - Rehabilitation room, gym
- 3.46 From a strategic perspective there is a belief that there should be full integration of all medical and health services to achieve economies of scale, cross agency cooperation for cost effective utilisation and support of all personnel and facilities including rehabilitation and fitness services. As much community joint use of facilities as possible is considered the key.

### Key Findings from Survey

- 3.47 The questionnaire was developed to survey the Mallacoota community to understand the community's needs and expectation with respect to aged care. Interviews allow ideas to be developed and discussed but they do not allow a quantitative analysis i.e. the degree of support for a particular idea cannot be measured.
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3.48 Stakeholders to be interviewed are not randomly selected and their views may not be reflected of the wider community view.

3.49 The survey was delivered to about 700 post office boxes in Mallacoota Genoa. In all 210 responses were received. This is considered a very significant response; it is more usual for responses to be in the order of 5% or 10% rather than 30%. This response tells us that the community has strong views about this initiative and the results are clearly reflective of the community view.

3.50 The following table summarises the results:

Need for residential care services	More than 90% support the need
Number of beds required	More than 80% believe there should be between six and ten beds
Priority ranking of types of accommodation	High level care, palliative care and respite care ranked as the top priorities Rehabilitation and hostel accommodation were second ranked Trauma monitoring was the lowest priority
Awareness of frail elderly people at risk	More than 80% of respondents were aware of frail elderly people at risk
Adequacy of existing services in other locations	More than 80% believe that these services are not adequate for the Mallacoota community
Level of direct experience with these services in other locations	More than 70% have direct experience with these services
How often do visits to the aged in other locations occur	More than 60% were only able to visit once a month and only one person reported being able to visit four or more times a week.

3.51 More detail about the survey results with specific figures is provided at section 5.0.

3.52 From the free text responses the following issues were noted:

- The majority of respondents mention favourably the home care services provided by MDHSS, with many including details of the independent living units at Miva Miva (but noting they were not suitable for frail aged)
- The general response is that the lack of residential aged care is inadequate for the future needs of the ageing population, and that moving to another town is not an acceptable solution
- The comments regarding accommodation included the strong need for high care beds but with the facility to accommodate some low care

- Most respondents feel that having a residential care facility in Mallacoota would have a good impact on the local community, including the existing local health workforce.
  - Many feel that it would present good employment and training opportunities for locals, with some mentioning unemployment or low employment opportunities as problems in Mallacoota. Some claim there are trained people living in the community currently travelling elsewhere for work
  - Some note this will also encourage people and families to move to Mallacoota for work, some adding this would mean more houses sold. Some claim that covering workforces such as cooking and cleaning would not be a problem.
  - A few respondents feel there would not be enough suitably qualified people in Mallacoota to staff the proposed facility, adding that it would be hard to attract people to the area to fill the roles
  - Many respondents mention Mallacoota's isolated geographic location as driving the need for residential care; they note that the limited nature of local health services as well as issues of distance and transport for the elderly and their visitors increase the need for local residential care services
  - Many add that Mallacoota has a growing aging population, and \_\_\_ -that people who move there after retiring should not be forced to move again to receive adequate care. Some note that the lack of funding and foresight has impacted on Mallacoota's residential care services.
  - Some feel that current MDHSS services can complement a residential care facility if they work together
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- The majority of respondents feel that funding (from government, private or local sources) is the biggest barrier
  - People feel funding could be acquired in the form of start-up and ongoing grants from local, state and/or federal governments, in addition to local fundraising efforts and potentially even private contributions
  - Many also note that governmental support and a more flexible approach to government guidelines that acknowledge the growing ageing population in Mallacoota would assist
  - Many feel that a community-based, collaborative methodology would assist, with some arguing that 'thinking outside the box' is required to introduce residential care in Mallacoota
  - Many respondents feel that community discussions, town meetings, volunteers, detailed surveys of community needs, media attention, community commitment to a plan, engaging those in surrounding towns and increased lobbying will assist
  - Some respondents feel that finding an appropriate site for a residential care facility would assist

- The benefits were identified as - the elderly could stay in town with family and friends in the comfort and security of a familiar

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community and environment, elderly couples would not be separated and there would be peace of mind for the aging community considering their aged care options

- The community would be more "united", "cohesive", "integrated"
- Employment, training and volunteer opportunities would be good for locals and job creation would encourage new residents to move into the area. It would benefit the town's businesses and economy
- It would end the stress of relocation and the strain on friends and relatives of the time and resources that go into visiting residents in other towns
- It would increase the health, care, wellbeing and quality of life of elderly residents - now and into the future

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## 4.0 OPTION DEVELOPMENT

- 4.1 The purpose of option development is to consider the possible range of solutions and to analyse the possible advantages and disadvantages of each.
- 4.2 Once this is complete the options are ranked in order of best fit for purpose and a financial model is built for the two or three most likely options to determine their feasibility.
- 4.3 Generally the options with more advantages than disadvantages are preferred.
- 4.4 In the following tables the options are described and the advantages and disadvantages listed.
- 4.5 Option 1 Base Case — No change

Description
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Care in the home by Community Health and then for those not able to stay at home, residential aged care in areas remote from Mallacoota such as Pambula (105 km), Eden (85 km), Lakes Entrance (200 km) and Orbost (145 km).	
Advantages	Disadvantages
Low cost	Removes vulnerable people from their local community Removes access to their social support structures Separates elderly couples Access for visitors (especially elderly visitors) is poor ie large distances, little public or community transport

#### 4.6 Option 2 Develop a Multipurpose Service

Description	
<p>A MPS is generally established when the local population is not large enough to support separate services, such as a hospital, a residential aged care service, home and community care services and where there is poor access to essential health and aged care services.</p> <p>A MPS must comprise of a residential aged care component and provide at least one of the following:</p> <ul style="list-style-type: none"> <li>a health service provided by a State; a home and community care service; dental or other health care; transport services; community care under the Aged Care Act 1997; a service for which a Medicare benefit is payable under the Health Insurance Act 1973; the provision of a pharmaceutical benefit under the National Health Act 1953; a service that the Minister nominates, in an agreement with the responsible Minister of the State, as an appropriate service.</li> </ul> <p>Within these legislative parameters a MPS may provide a wide variety of health and aged care services including but not limited to community nursing, domestic assistance, meals on wheels, respite care, acute care, emergency services, dental services, mental health services and a range of allied health services including physiotherapy and podiatry.</p>	
Advantages	Disadvantages

<p>Allows people to age in their own community</p> <p>Allows elderly couples to see one another on a daily basis</p> <p>Allows volunteers in the community to care for aged members of the community</p> <p>Generates local employment for aged care workers and supports small businesses eg suppliers</p> <p>May provide facilities for respite and rehabilitation in Mallacoota</p> <p>May provide for palliative care services</p>	<p>No identified partner for the residential aged care component</p> <p>Cost of building and operation</p> <p>Feasibility issues when running a service with small bed numbers</p> <p>Uncertainty of available health workforce:</p> <ul style="list-style-type: none"> <li>number of resources e</li> <li>level of training required</li> <li>• number potentially available to transfer from CHS workforce</li> </ul> <p>There are only seven MPS in Victoria (including one at Orbost) and the Victorian Government does not favour establishing more</p>
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4.7 Option 3 Develop a secondary site supported by an existing Residential Aged Care Service

<p><b>Description</b></p>	
<p>This would be the development of a secondary site for residential aged care services by one of the existing RACS used by the Mallacoota community such as Eden, Pambula, Bairnsdale and Lakes Entrance, or an existing MPS such as Orbost, or the Bairnsdale Regional Health Service.</p>	
<p><b>Advantages</b></p>	<p><b>Disadvantages</b></p>



<p>Economies of scale in the following areas:  development of operational guidelines to support accreditation  development of business processes such as employment and account management availability of skilled workforce on a part-time or as needed basis shared business costs such as insurances shared administration arrangements and overheads such as payroll</p> <p>The financial arrangements for residents would be similar to accessing the service in the main site</p> <p>Allows people to age in their own community  Allows elderly couples to see one another on a daily basis</p> <p>Allows volunteers in the community to care for aged members of the community</p> <p>Generates local employment for aged care worker and supports small businesses eg suppliers</p> <p>May provide facilities for respite and rehabilitation in Mallacoota</p> <p>May provide for palliative care services</p> <p>Provides for a supportive work environment with access to specialist skills within the service for the Mallacoota workforce</p> <p>Bairnsdale Regional Health Service has indicated it may consider supporting a secondary site but believe Mallacoota would be better served in a strategic sense by developing its own health services centre with residential aged care, a medical centre and community health services.</p>	<p>No identified partner  Cost of building and operation  Feasibility issues when running a service with small bed numbers</p>
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4.8 Option 4 Develop a standalone Supported Residential Service

<p>Description</p>
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<p>Supported Residential Services (SRS) provide accommodation and support for people who need support in everyday life, for example, people who are frail or have a disability.</p> <p>SRS are privately operated services. They do not receive government funding but must be registered with the State Government and are monitored to ensure they provide certain standards of personal support and accommodation.</p> <p>SRS vary in the services they provide, the people they accommodate and the fees they charge.</p> <p>The Department of Health has responsibility for administration of the legislation governing SRS under the Supported Residential Services (Private Proprietors) Act 2010.</p> <p>There are about 160 SRS registered with the Department of Health ranging from small facilities to larger facilities with up to 90 residents.</p>	
Advantages	Disadvantages
<p>Can be owned and run by MIAC Inc</p> <p>Can be tailored to changing requirements because run by an independent community board</p> <p>Allows people to age in their own community</p> <p>Allows elderly couples to see one another on a daily basis</p> <p>Allows volunteers in the community to care for aged members of the community</p> <p>Generates local employment for aged care worker and supports small businesses eg suppliers</p> <p>May provide facilities for respite and rehabilitation in Mallacoota</p> <p>With support of medical services may be able to be configured for palliative care services</p>	<p>Less skilled health workforce than a MPS</p> <p>Very high cost model - no government subsidies</p> <p>Cost of building and operation</p> <p>Feasibility issues when running a service with small bed numbers</p> <p>Uncertainty of available health workforce:</p> <ul style="list-style-type: none"> <li>• number of resources</li> <li>• level of training required</li> </ul> <p>Very high risk model — limited access to other qualified aged care workers</p>

#### 4.9 Variation to Options - Utilise and re-develop existing residential units

<p><b>Description</b></p> <p>Three residential units built previously for accommodating elderly residents. They are currently used for storage.</p> <p>This variation assumes they would be used as the core of the new facility with development of additional rooms and facilities.</p>	
Advantages	Disadvantages
<p>Makes better use of an existing community resource</p> <p>Potentially reduces the cost of building all new facilities for a service</p> <p>Is located near MDHSS on government land</p>	<p>Change of control of facilities needed to utilise buildings</p> <p>Modifications may be more expensive than a greenfield site</p> <p>The units rather than beds may not be what is most useful in residential aged care</p>

#### 4.10 Variation to Options — Develop new medical premises colocated with the new Service

<b>Description</b>	
This option would build new medical premises that would incorporate a larger treatment room for medical purposes.  The co-location with the new residential service would ensure ready access to medical support for the residents.	
<b>Advantages</b>	<b>Disadvantages</b>
Would provide Mallacoota with better medical facilities  Would provide aged care residents with ready access to medical support  Would provide Mallacoota with access to a bed for sick or injured visitors with medical support  Could provide an additional facility for the ambulance service where there is more than one person needing monitoring in an emergency	Would involve additional costs

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## 5.0 SURVEY RESULTS

5.1 A questionnaire was developed to provide the opportunity for the wider Mallacoota community members to be able to offer their perception of the need, or lack thereof, for an aged care facility.

5.2 The survey was developed by incorporating issues raised during the interview process to further understand the extent of different opinions that had become apparent.

5.3 A combination of open and closed questions was used in order to gather objective data as well as collecting key themes from the respondents based on their thoughts and experience.

5.4 The survey was able to be completed in three ways:

- On-line by going to [www.dmcca.com.au](http://www.dmcca.com.au) and clicking on the survey link
- By completing a paper form (distributed to post office boxes in Mallacoota and Genoa) and posting or faxing it to Dench McClean Carlson
- By emailing Dench McClean Carlson and requesting a PDF copy of the questionnaire which they could type into then email back

5.5 The survey was distributed by copies placed into about 700 post office boxes in Mallacoota and Genoa.

5.6 The survey was open from 18/4/13 till 13/8/13 and received 210 responses of which 44 were submitted through the online survey link and 166 were received in hard copy.

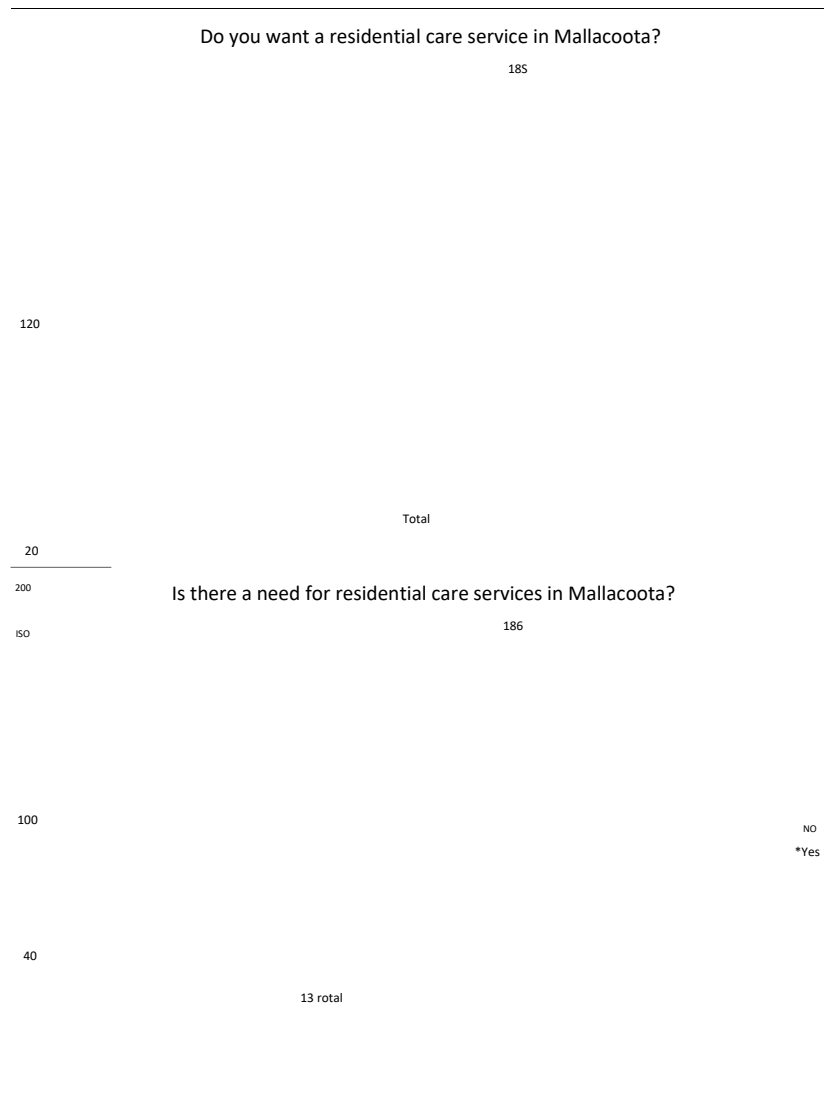
5.7 According to the ABS population data for 2011, there are 927 people aged 25+ and 792 people aged 40+ in the Mallacoota District.

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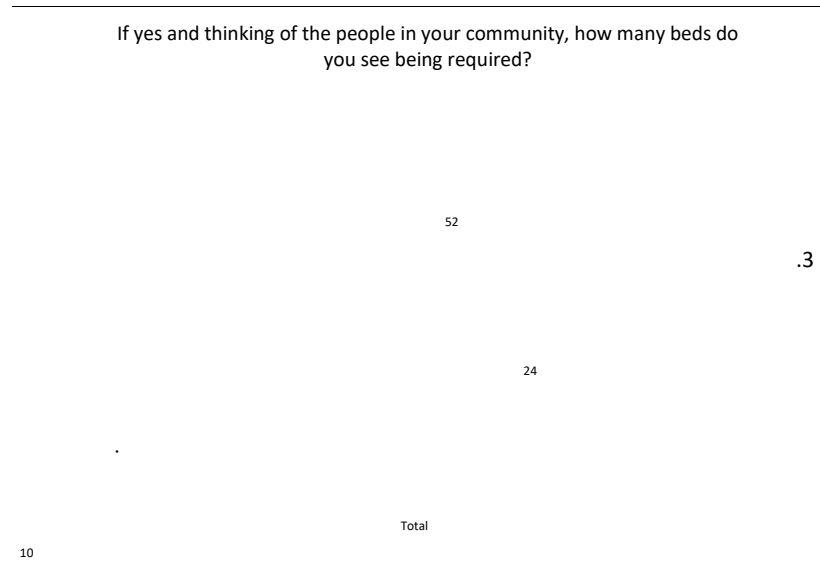
5.8 The response rate for these two age brackets is therefore 22.7% and 26.5% respectively.

## Findings

5.9 The following two graphs represent a strong support of both need and desire for a facility with greater than 90% affirmative for each question.



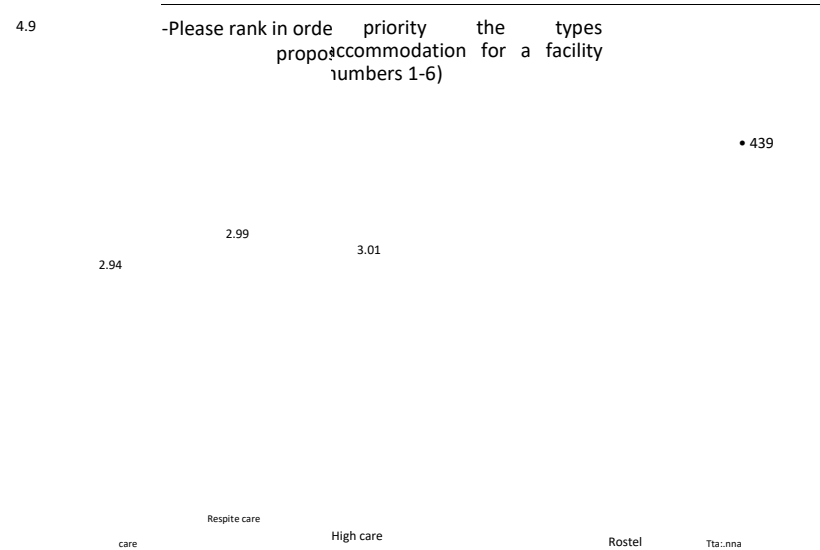
5.10 The perceived number of beds required varied somewhat, however more than 80% of respondents believed there should be between six and ten beds.



5.11 Respondents were asked to rank their perception of the priority for each of the following accommodation types:

- Respite care
- Rehabilitation
- Palliative care
- Hostel
- Trauma monitoring
- High level care

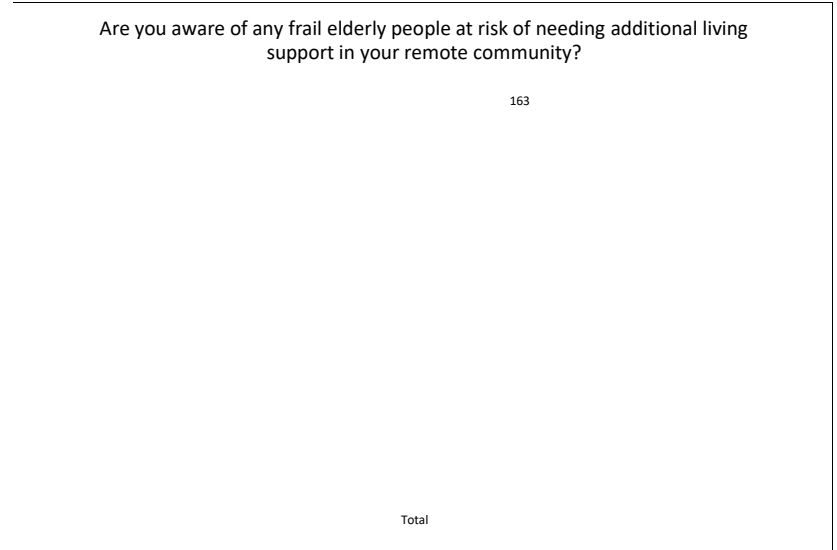
5.12 The following graph depicts the average score for each category where the lower the number, the higher the perceived priority



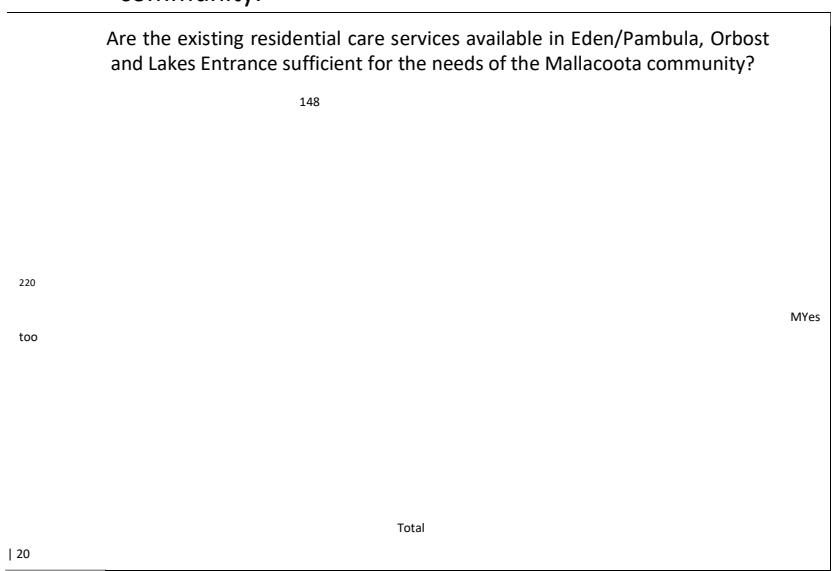
5.13 It can be seen that palliative care, respite care and high level care are all ranked closely as the top priorities for a proposed facility.

5.14 Rehabilitation and hostel were similarly evenly ranked as a second priority and trauma monitoring was seen as the lowest priority by the respondents.

5.15 When asked about awareness of any frail elderly people at risk of needing additional living support, more than 80% of respondents were aware of people at risk.



5.16 This question was followed up with a question about the adequacy of the existing services available in Eden/Pambula, Orbost and Lakes Entrance. Again, more than 80% of respondents believe that the existing services are not adequate for the needs of the Mallacoota community.



5.17 In order to gauge how informed the perceptions of the survey respondents were, they were asked about their direct experience with the other facilities. The following graph demonstrates that almost 70%

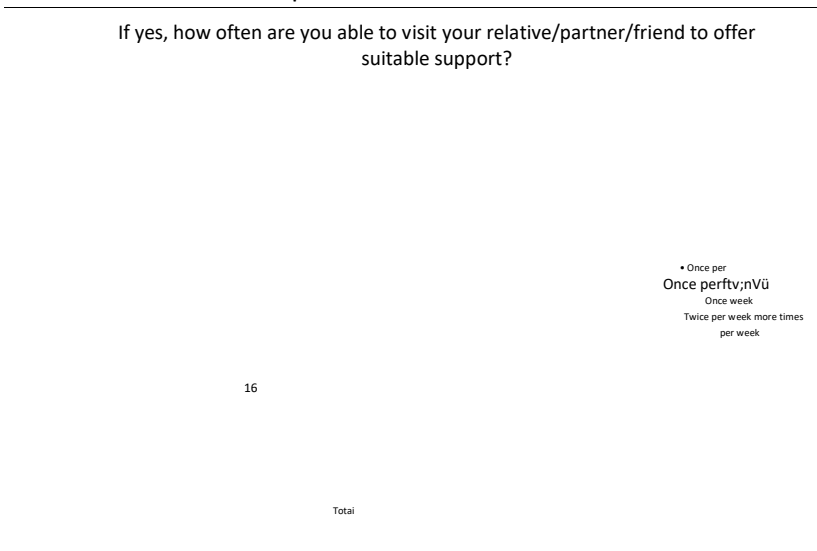
of the respondents have had direct experience with one of the existing facilities in Eden/Pambula, Orbost and Lakes Entrance.

Has a relative/partner/friend of yours been a resident in one of the existing facilities in Eden/Pambula, Orbost or Lakes Entrance?



5.18 The impact of the location was assessed by asking about how often the respondents were able to visit the facility where their relative/partner/friend resided. More than 60% were only able to visit monthly and only one person (1.1%) reported being able to visit four or more times per week.

If yes, how often are you able to visit your relative/partner/friend to offer suitable support?



## 6.0 NEXT STEPS

7.1 This interim report has been prepared to provide a report to the 2013 Annual General Meeting of MIAC on progress to date.

7.2 DMC is currently working on the development of a financial model which will be discussed with Bairnsdale Regional Health Service finance staff to ensure that costs represent likely actual costs in a regional environment.



7.3 DMC would welcome feedback on the interim report, especially the options identified and any further advantages and disadvantages considered appropriate by Mallacoota residents.

7.4 Comments can be sent to:

Anne Larkins at [alarkins@dmcca.com.au](mailto:alarkins@dmcca.com.au)

Cameron Geddes at [cgeddes@dmcca.com.au](mailto:cgeddes@dmcca.com.au)

Or posted to Dench McClean Carlson

Level 1/155 Queen Street, Melbourne 300

PO Box 5555, Melbourne 3001

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"Geographic location is always our biggest problem - and anyone having to go away from the town at the most important time when they need personal contact from family or friends is very disheartening for anyone, and I would think make life even harder for them, and this should be averted at all costs if possible, local accommodation is absolutely essential. "

"Will always need more residential care services - Baby boomers getting older and living longer - Need facilities al/ over the place now. "

"Mallacoota is classified as being remote and isolated. Public transport is limited and it is a tragedy where the frail aged in our community here have to leave their family and friends to spend the last part of their life in a strange lonely environment."

"Geographic location says it all! Mallacoota is Victoria's most remote community. Some Australian outback communities are better serviced."

"If you look on the map you will see it is the most remote town in Victoria. It is discriminating against the elderly to make them leave town in order to get proper care. "

Geographic location, great community, high proportion of older adults, wonderful location for retirement, and insufficient current residential care services all mean there is a need for residential care services. "

"High level care is not available, nor is palliative care, which has led to distressing situations and/or choices of people who he forced to leave their community."

"Our remote location has a serious impact as people have to go far away from family and social support networks this has a negative impact on the mental health and recovery potential of the patient. "

"Our small community has raised over \$700,000 (for residential aged care) in 20 years we are still raising money, so hey what about some help?"

"Ageing in place - a beautiful notion. Having friends and relations able to visit easily - perhaps daily. "

"(Currently) Eden 3 hrs return drive, Pambula is 3.5 hrs, Orbost is 5 hrs, Lakes is 6 hrs. As most friends and acquaintances tend to be in a similar age group as the residents the above time frames extremely limit. The possibility of maintaining regular contact with any individual that has been forced to leave Mallacoota is extremely difficult and expensive. Orbost and Lakes almost require an overnight stay. Winter daylight to dusk. "