Recommendations

1. The key role of social support to be recognised in enhancing people’s health and well being and as an integral component of the aged and disability service continuum.

2. Social Support to be included as a triennial basic HACC funding priority for 2006 – 2009 and the funding formula and allocation be reviewed in acknowledgement of the increasing demand and complexity of service needs.

3. The specialised nature of providing social support services to people with dementia to be supported through the development of services with flexible service hours that meet the diverse needs of carers.

4. The central role of volunteers in the delivery of social support to be supported by adequate funding to ensure professional volunteer coordination.

5. The Peninsula Social Support Network to be restructured and funding sought to ensure the diversity and strong working relationships are maintained and to enable it to undertake a more effective role in the planning, development and delivery of social support services in Frankston and Mornington Peninsula.

6. The current strong working relationships between the organisations providing social support programs to be strengthened through increased collaboration, sharing of resources and mentoring.

7. The Flexible Service Response Joint PAG Project to be expanded across the Peninsula Social Support Network and used as a model for the development of future joint projects.

8. Partnerships between social support providers and specialist services to be developed to ensure that marginalised target groups have equitable access to resources and services that meet their needs.

9. Frankston Mornington Peninsula PCP work in collaboration with the Peninsula Social Support Network to ensure more effective service coordination implementation for social support services.

10. The Peninsula Social Support Network continue to be involved in the Southern Region HACC Training Advisory Committee to identify and endorse training required for social support workers as articulated by the Network.
Executive Summary

The Frankston and Mornington Peninsula social support service system has developed in a somewhat ad-hoc manner through a range of funding allocations, both state and commonwealth. The increasing number, complexity and expectations of the target population requires a more coordinated and strategic response for the future development of social support. The current distribution of social support services does not adequately reflect the areas of need and there are some areas with virtually no access to social support services.

The Mornington Peninsula area has one of the highest projected increases in the aged population in the state, many of whom will live alone. A significant injection of funding will be required to meet this additional demand. At present there is high unmet demand for services for people with dementia, including younger people with early onset dementia. This demand will increase significantly with the projected aging of the population in this area. There is also a need to better accommodate people with special needs within the target group, particularly people living in insecure housing, younger people with cognitive disability and those with challenging behaviour. There is a need to develop greater capacity in the social support programs to cater for people with more complex needs. This could be achieved through the development of partnerships with specialist services, such as mental health services.

The historical foundation of social support from ‘Day Centre’ activities still influences the understanding of social support. Social support covers a broad spectrum from early intervention for frail older people who are socially isolated through to carer respite for people looking after loved ones with complex needs. It covers a range of service delivery models from large group centre based activity programs to individual interest based activities. Social support is well placed to play an important early intervention and carer respite role within the aged and disability service continuum. The full range of activities and functions within social support needs to be more effectively defined and articulated with relevant standards of practice developed and appropriate levels of funding allocated.

The current funding allocation for social support is inadequate and does not reflect the increasing requirement to provide a professional responsive service to people with complex needs. Currently social support programs are funded under a range of different funding formulas all with different accountability and data collection requirements. This not only increases the administrative workload on service providers but makes it difficult to analyse the real demand for social support services. The current level of program delivery is only made possible by the support from the organisations, their ability to continue to raise funds and the high level of volunteer participation. The fact that the full range of service functions are not adequately funded makes it difficult to enforce professional standards for tasks such as assessment, linkage, volunteer coordination and staff training and development.

The volunteer component is integral to the provision of social support programs. Not only do volunteers increase the capacity of the services, they also contribute a range of special skills such as cultural, music and creative art activities. The opportunity to become a volunteer to a local social support service also provides a powerful social inclusion strategy. The level of volunteer participation varies across the different services. Although all have some level of volunteer program, not all services receive funding for volunteer coordination. The current funding provided for volunteer programs is inadequate to provide a professional level of volunteer coordination.
The strengths of the current social support system in the Frankston and Mornington Peninsula area are the diversity of the service provider organisations, the range of service delivery models and the history of strong working relationships between the services enhanced through a services network. The challenge for the future is to retain the diversity of services while developing a more integrated service system with increased coordination around entry, assessment, linkage and sharing of resources. There is extensive goodwill among the services to further extend their collaborative approach through developing systems to share resources, pilot joint innovative service delivery models and build more formal service coordination onto the strong informal working relationships.

The Frankston and Mornington Peninsula area has had the advantage of an active network of social support service providers. This has provided a forum to develop collaborative approaches to service planning and delivery. However, the participation level of service providers varies. Some service providers are constrained from participating fully in the network because their small size restricts the ability of staff to be freed up to participate, other programs are very small programs in larger more complex services and the need for social support staff to participate in planning is not always acknowledged at a senior management level. The Peninsula Social Support Network needs to be formally supported by all service providers in the area and requires funding to enable it to undertake a stronger coordination role. With funding and a more formal structure it can more effectively guide the planning and delivery of social support in the area.
1.0 Introduction

1.1 Background
Social Support Services are activity based programs aimed at extending the social networks of socially isolated frail, older people and people with disabilities, with respite for carers a secondary service outcome. They are funded through the HACC program of: Planned Activity Groups, and Volunteer Coordination, Flexible Service Response and Service System Resourcing. Many Social Support Services complement this HACC funding with minor funding from the Commonwealth Carer Respite Program, trust funding and agency funding.

“These services maintain an individual’s ability to live at home and in the community by providing a planned program of activities directed at enhancing the skills required for daily living and providing physical, intellectual, emotional and social stimulation. They also provide an opportunity for social interaction as well as respite and support for carers.” (HACC Program Manual February 2003).

HACC funding for social support services has been frozen until 2006. This provides an opportunity to develop a strategic direction for social support within the context of changing population trends and policy initiatives. The changes in the aged population in Australia in terms of social characteristics, connection to family, cultural background, location, health status and expectations requires a re-development of social support services. The need for social support services will continue to grow especially for those in the 85+ age group who will present with more complex needs, particularly dementia.

1.2 Project Aim
Development of a cohesive strategic plan to inform the development of relevant support services into the future for implementation in the Frankston/Mornington Peninsula district. A Grant from the Department of Human Services Southern Metropolitan Region funded this project.

1.3 Project Objectives
1. To identify the existing and potential users of social support services;
2. To evaluate the current performance of the sector in the district with regard to the experience and expectations of service users;
3. To identify opportunities, objectives and strategies for future program development in the district.

1.4 Methodology
The project was undertaken in 4 stages

Stage 1  Project Planning including the establishment of a Project Steering Group and Terms of Reference

Stage 2  Evaluation of current services including site visits to all HACC funded Social Support Services incorporating consultation with staff and program participants. Consultation with other key stakeholders.
Stage 3 Workshops with Social Support Service Providers to establish best practice principles, identify future needs and explore potential service models.

Stage 4 Production of Final report and Strategic Plan

2.0 Context of Social Support Services

Social support services, provided through the HACC program, are a shared responsibility between the three tiers of local, state and commonwealth governments with the services provided by a diverse range of service providers. Historically they have developed from day centre activities focussed on providing a centre based program of a meal and some social activity for older people who lacked a friendship or support network. Today they are being used to support a broad and diverse range of people, particularly those with dementia. They have become more structured and accountable through the development of specific HACC funding, however there is still broad diversity in the programs provided. The aged and disability support service system has grown in sophistication and complexity with a much greater capacity to respond flexibly to individual needs however the place of social support services in this service continuum is somewhat unclear.

2.1 The Ageing Population

The policy context of Social Support Services is driven by the ageing of the Australian population. In 1996 Australia had 2.2 million people (12% of the population) over 65 years of age by 2016 there will be 3.5 million people over 65 years of age (16% of the population) (Australian Institute of Health and Welfare 1999). By 2021 1:4 Victorians will be classified as a senior - over 60 years of age.

The ageing population has occurred because of a number of factors:

- the ‘baby boomer’ population is now moving into old age,
- an increased life expectancy that is now one of the highest in the world;
- improvements in medical technology resulting in an increase in the frail aged population over 85 years
- the declining birth rate producing a higher proportion of aged people within the population.

Demand for Social Support Services will continue to increase due to the combined effect of:

- People living longer resulting in a steady growth in the older population and a significant increase in people who are over 80 years of age.
- A consequential increase in the number of people with dementia, cognitive and other functional disabilities
- Increasing fragmentation of families with older people facing increased social isolation as their adult children often live a long distance away from them and are thus able to provide less support.

2.2 Demographic Data

The Mornington Peninsula is a key ageing hot spot area brought about by both the ageing in place of its residents and the migration of older retirees to the area. Currently Mornington Peninsula has 31,409 people over 60 years of age which constitutes 24% of the population. By 2021 with a population of 56,044 people over
60 years comprising 37% of the population, Mornington Peninsula will have the second largest number of senior Victorians in Victoria. Mornington Peninsula also has a high proportion (4.4%) of people aged over 80 years, who are likely to have more complex needs (The Mornington Peninsula Shire Health and Well Being Resource Guide, 2004).

The high proportion of over 60 years population is predominately located in the southern parts of the Peninsula. The areas expected to have the highest number of people aged over 60 years in the next 20 years are:

- Mt. Eliza
- Rosebud/Rosebud West,
- Rye/Tootgarook/St. Andrews Beach
- Mornington/Mooraduc/Teurong (Dimitriadis Fitch 2002)
- Somerville/Tyabb/Baxter/Pearcedale

While Mt. Eliza and Rye area already have high numbers of aged people the age structure of the Somerville and Mornington East areas will change significantly over the next 20 years largely because of the ageing in place of the current population (Dimitriadis Fitch 2002)

Frankston has a less dramatic ageing profile. The current population of people over 60 years of age is 18,919 (17%) which will rise to 32,397 (25%) by 2021.

The highest aged population aged over 75 years is in the areas of:

- Frankston Central (8.7%) and
- Frankston South (10.3%)

This distribution can be partly explained by the larger share of aged care facilities in these areas.

The largest increases in this age group over the next 20 years are expected in the areas of:

- Carrum Downs/Skye,
- Karingal and
- Langwarrin/Langwarrin South (Frankston City Community Profile 2004)

2.3 Dementia

The ageing of the population also brings the added policy dimension of an increase in people with dementia. The number of people living with dementia in Victoria is expected to increase by a staggering 61% in the next two decades from an estimated 40,719 in 2001 to 65,520 in 2021. The prevalence rate of dementia increases dramatically with age from a rate of 0.7% in 60 – 64 year age group to 23.6% in 85-89 age group. The Southern region has the highest forecast growth in people living with dementia in Victoria. Given the age profile of Mornington Peninsula it is predicted that this area will have an extremely high rate of people living with dementia. The impact of dementia across all areas of society is severe as it is estimated that 98.5% of people with dementia are disabled. In terms of burden of disease data it is predicted that dementia will overtake depression as the largest source of disability burden in Australia by 2016. It is already the most expensive mental health item with the direct health costs estimated at $3.2 billion and indirect costs (productivity losses, value of carers, welfare payments, aids and modifications) also estimated at $3.2 billion (Access Economics 2002).
2.4 Diversity of Aged Population

As well as increasing in numbers, the aged population is increasing in diversity. These changes such as the increase in numbers of people from CALD backgrounds who are ageing will provide new challenges to service providers.

The diversity of the aged population is reflected in variations in:

- Family and housing situations – whether they live at home or “in a home”, whether they live with their spouse or other family members or live alone.
- Education
- Health status
- Gender
- Sexual orientation
- Cultural and social background
- Income and wealth.

Frankston (23.9%) and Mornington Peninsula (24.6%) has a greater percentage of lone households than the average for metropolitan Melbourne. The Peninsula has a very high proportion of lone households in Mornington, Rosebud/Rosebud West and Sorrento/Blairgowrie in particular with over 30% being lone households. This reflects the number of older age groups who retire to the Peninsula, many reliant solely on the aged pension and living alone after the death of a spouse. Significantly higher proportions are found in areas where there is a high concentration of people over 60 years of age. (The Mornington Peninsula Shire Health and Well Being Resource Guide 2004).

Whilst the Frankston and Mornington Peninsula have relatively small numbers of people from CALD backgrounds these numbers will increase. Frankston and Mornington Peninsula have significant numbers of indigenous people. The latest census data reported 576 indigenous people in Frankston and 578 in Mornington Peninsula (DHS Demographic and Social Statistics for the Southern Region 2002). These numbers are likely to be much higher as the census data has been shown to have low reporting rates for indigenous people. Whilst very few of these people will be over 60 years of age, there is likely to be a need for social support services for younger people in the 45 – 60 year age group with dementia and cognitive dysfunction.

Perhaps most importantly the expectations of older people are changing. The ageing ‘Baby Boomer” generation are better informed, more prosperous and will demand increased choices. Social support services will need to respond to these demands while still ensuring services are provided to the significant group of older people who are marginalised and isolated, poor with insecure housing options and a range of complex health and social needs.

2.5 Social Connectedness

“Social exclusion creates misery and costs lives so family relationships, friendships and other social supports are important” (The Mornington Peninsula Shire Health and Well Being Resource Guide 2004).

The growing understanding and recognition of the importance of social connectedness as a key determinant of health and well being will play an increasing
role in the development of social support services. There is a large body of research which has shown the correlation between low levels of social connection and reduced life expectancy. Social isolation not only affects people’s physical health such as prevalence of cardiovascular disease (Uchino et al 1996, Hemingway and Marmot 1999)) and mental health (Wilkinson and Marmot 1998) but also increases the risk of nursing home admission (Russell et al 1997). This was highlighted in the Mornington Peninsula Health and Well Being Survey where people who were able to identify good social supports rated their own health and well being as high.

Older people or those with disabilities are at risk of social isolation because of a number of risk factors such as:
- low income,
- living alone,
- lack of access to transport,
- poor mobility,
- poor health status including poor cognitive functioning.

The limited access to public and community transport in the Mornington Peninsula significantly increases the social isolation of older people in the area. “In a number of studies undertaken on the Peninsula, lack of transport was believed to hinder people’s ability to make and sustain social contacts, leaving people bored, depressed, lacking opportunity, and falling further into isolation (The Mornington Peninsula Shire Health and Well Being Resource Guide 2004). A significant number of people end up living alone following the death of their spouse and may become disconnected from community life, particularly if the remaining family live in Melbourne.

The importance of social connectedness has been acknowledged in the Victorian Government Policy for Senior Victorians with one of the key directions to create opportunities for senior Victorians to fully participate in the economic, social and community life (DHS 2004 Forward Agenda for Senior Victorians)

3.0 Principles for Social Support Services
These principles and vision statement were developed by the Peninsula Social Support Network.

3.1 Vision for Frankston and Mornington Peninsula Social Support Services
The Frankston and Peninsula social support services are based on the understanding that connectedness and social interaction is a key contributing factor to good health and well being. Social support will enhance the well being of frail aged and people with disabilities through increasing opportunities for social interaction. A normative approach will be used to provide meaningful stimulating activities based on people’s interests with an emphasis on integration into the community.
3.2 Principles

Social Support Services will:

1. Be client focussed and delivered in a way that:
   - enhances the dignity of participants
   - maintains personal identity,
   - maximises participation,
   - maximises an individual’s choice
   - builds on abilities and
   - preserves independence and well being.

2. Use a holistic, flexible and individual approach to link the person into meaningful activities that relate to their interests and capabilities.

3. Increase people’s capacity to participate in the community.

4. Provide supportive linkage into mainstream community activities in a way that not only enhances the quality of life of the participants but also provides benefit to the community as a whole.

5. Utilise a health and wellbeing approach to provide a non-stigmatising, non medical service.

6. Utilise a cooperative collaborative approach to maximise the funding allocation to deliver an effective and efficient service throughout the Frankston and Mornington Peninsula area.

7. Encompass early intervention and respite for carers and incorporate on-going support, assessment and linkage.

8. Be accessible to those in greatest need.

9. Be linked to a range of respite care.

10. Provide an effective response to people with a range of diverse needs including complex needs such as dementia.

11. Operate as a coordinated service system with:
   - common assessment tools
   - simple pathways to a range of services
   - coordinated waiting lists
   - sharing of resources where appropriate and possible
   - focus on continual improvement
   - coordinated approach to staff training and development
   - larger organisations mentoring smaller services.
4.0 Overview of Social Support Services System in Frankston and Mornington Peninsula

There are 12 agencies of varying size that provide HACC funded social support activities to a diverse range of people in the Frankston and Mornington Peninsula local government areas. They are:

- Andrew Kerr – Mornington
- Baptist Baxter Village - Baxter,
- Banksia Service for Seniors - Brotherhood of St. Laurence– Carrum Downs and Frankston
- Mt. Eliza Community Contact - Mt. Eliza
- Frankston City - Frankston
- Peninsula Support Services McCloud House – Frankston, Warilda - Mornington
- Mornington Peninsula Shire Memory Lane - Somerville
- South Central Region Migrant Resource Centre - Mornington
- Peninsula Community Health Service – Mornington and Hastings
- Rosewood House – Rosebud
- Southern Peninsula Community Care – Rosebud
- Wesley Do-Care – Frankston & Mornington Peninsula
- Vision Australia

Other services provide social support programs through other funding sources such as:
- BSL/Southern Cross/Anglicare – social support service for existing clients funded through Community Care Packages program.
- Range of informal social support services provided through church and community groups.

The programs vary in their history, organisational structure, client target group, staffing and the programs provided.

See tables in appendix1 for detailed description of services.

The Social Support System in Frankston and Mornington Peninsula has been analysed in terms of key elements discussed below.

4.1 Resources

Social Support services are funded through a range of government funding Planned Activity Group, Disability Services, Volunteer Coordination and Flexible Service Response. The majority of funding is provided through HACC Planned Activity Group funding. Planned Activity Group Funding is divided into two categories – Core and High.
1. Core is defined as group sessions where the majority of consumers are physically independent and do not require personal care, specialist dementia care or other types of specialist care in order to participate in activities.

2. High is defined as group sessions in which the majority of consumers are in one or more of the following consumer groups:
   - Frail older people who require personal care
   - People with acquired brain injury
   - People with disabilities who may have challenging behaviour
   - People with disabilities that require assistance with personal care in toileting, eating, mobility in order to participate in activities. (HACC Program Manual 2003)

The separation of funding into high and core may add an unnecessary complexity that doesn’t accurately reflect the reality and may disadvantage some clients. Services, that receive both categories of funding, report that the increasing complexity of client’s needs means that in reality most of their services are provided on the basis of high needs. Most people move from core to high needs as their needs increase while some move back and forwards between these categories. Where services are funded to only provide a core service then people are forced to move to another service as their needs change. It may be more effective to look at different funding formulas such as having just one category of funding or funding being allocated to the client which would then allow the service to be adapted to their changing needs.

Additional social support services are provided through the use of other government funding such as the program developed by the BSL/Southern Cross/Anglicare consortium, carer respite or through self funded programs delivered by churches and community groups.

Organisations make significant contributions to increase their capacity to provide additional social support services through active fundraising programs, use of volunteers and client fees. Client fees are set at a minimal rate but are waived for those who are unable to pay. The fees ranged from $3.40 to $15.00 per day.

The data from the Planned Activity Program outlined in the table below shows that the hours of social support delivered in this area exceeds the HACC funded targets. The impact would have been far greater however one service did not reach its targets and it includes data from 2 quarters only for one service. Apart from the service that did not reach its targets, all other services far exceeded their targets.

<table>
<thead>
<tr>
<th>Funding Type</th>
<th>Clients per Year</th>
<th>Hours of Service HACC Target</th>
<th>Hours of Service delivered</th>
<th>HACC PAG Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAG Core</td>
<td>253</td>
<td>19,788</td>
<td>25,077</td>
<td>$331,163</td>
</tr>
<tr>
<td>PAG High</td>
<td>1,536</td>
<td>76,302</td>
<td>77,255*</td>
<td>$1,191,385*</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,789</td>
<td>96,090</td>
<td>102,332*</td>
<td>$1,522,548*</td>
</tr>
</tbody>
</table>

* Figure lower than actual as includes data for 2 quarters only for one service
# Table does not include data from Wesley Do Care, Vision Australia, BSL/Southern Cross/Anglicare services
The allocation of social support resources has developed on a historical basis in a largely unplanned manner. Whilst some high needs areas such as Rosebud and Mornington are relatively well serviced, other geographic areas of high need do not have good access to social support. Westernport is a significant area that currently has very poor access to social support services. The key areas which require social support services because of current need and projected increase in the aged population are:

- Westernport
- Langwarrin
- Rye

**Strengths**

- The efficient operation of the services enables them to deliver additional hours of social support services above the HACC funded targets.

**Issues/Challenges**

- Social support services are not funded as one program but funded through a range of government funding allocations as well as organisational and client contributions. This complexity of funding makes it difficult to obtain meaningful
• Funding needs to be more effectively distributed across the Frankston and Mornington Peninsula to ensure areas that have historically missed out such as Westernport receive an adequate service.

• Funding needs to be directed to clients with highest need and to areas with highest projected growth in people over 70 years.

• The separation of PAG funding into high and core should be further examined.

• Funding allocation does not allow for effective assessment or linkage which is increasingly a component of social support particularly for high needs clients.

### 4.2 Target Group

The HACC target group comprises:

- Frail older people who are socially isolated
- Younger people with disabilities
- Carers of frail older people or younger people with disabilities

Special needs groups within the HACC target group are:

- CALD – people from culturally and linguistically diverse backgrounds
- Koori
- Complex needs
- Dementia
- Insecure Housing

The programs in Frankston and Mornington Peninsula are mainly targeted at frail socially isolated people. Younger people with disabilities are not as well supported. Unless specifically set up to cater for people with special needs the programs are not able to accommodate people with dementia, more complex medical needs or physical disabilities that require lifting hoists.

There are several dementia specific programs operating, however other services have the potential to accommodate people with dementia but are restricted by the lack of secure buildings which appears to be the major obstacle to programs being able to accommodate people with dementia who are likely to wander.

There is one CALD specific program delivered by MRC which provides a Greek specific group and an outings based group program for people from CALD backgrounds. All programs attempt to accommodate the special needs of people from CALD backgrounds as part of their general programs.

The HACC Indigenous Access Program provided by the Mornington Peninsula Shire is developing a social support program for Indigenous elders. This program is funded under Flexible Service Response funding. Outings occur on a fortnightly basis to the Dandenong Aboriginal Cooperative and special events during specific times such as Seniors Week and NAIDOC Week are organised.

Whilst some specific programs cater well for people with challenging behaviour, people whose behaviour limits their ability to participate in group activities, disrupts the group or upsets other group members. currently face barriers in accessing social support services such as:
• the concentration on Centre Based Structured Group Activities as a means of providing social support
• the skills of staff in managing people with challenging behaviour
• the staff client ratio possible within current funding allocations
• the facilities.

Carers are supported through the provision of respite as part of the social support program as well as through support groups. There are 6 carer support groups in the area. These meet monthly and use a mix of guest speakers and informal support.

Table 2 in appendix 1 contains detailed data on the target group and those who are excluded for each service.

**Analysis of Current Clients**

This data is taken from an analysis of the HACC minimum Data Set reports for 2003-2004.

The typical profile of the participants of the core social support services in this area is:

• Frail aged person in the 70 – 84 year age group
• Over 2/3 of participants are female.
• Living in their own home
• Over half of the participants in the general social support programs live alone.
• Approximately half of the participants of the general social support programs have carers; apart from a few exceptions all the high needs dementia specific program participants have carers with the majority living with their carer.
• Apart from the CALD specific program provided by Southern Region Migrant Resource Centre, there are only small numbers of people from CALD background involved in the programs – mainly from Western European countries – Greece, Italy, Netherlands. This reflects the cultural composition of this area which has limited cultural diversity.
• There are a very small number of indigenous people.
• Almost all participants are on aged or disability pension.

The typical profile for the Dementia Specific High Needs differs from this in:

• Almost half the participants are male
• Most have carers and live with family

**Strengths**

• Carers are well catered for through 6 Carer Support Groups
• There is a diverse range of programs catering for frail aged people and people with dementia
• The current program participants comply with the HACC target group.

**Issues/Challenges**

• There is a large unmet need in services for people with dementia which will increase with the projected increase in people over 80 years of age. Many of the
programs would like to provide services to people with dementia but are restricted by the lack of secure buildings.

- The need for more services for younger people with dementia or other cognitive disability was identified by all services.
- The number of men in the target group is increasing requiring modifications to the program.
- More than half of the participants live alone; this will increase the demand for social support services as they age.
- Although perhaps at the highest risk of social isolation, people living in insecure housing, particularly caravan parks and SRS’s tend not to be involved in the social support programs. One service actively reaches out to this population but otherwise they tend to be overlooked. An assertive approach and a modified program will need to be used to provide social support to this population.
- The reliance on Centre based structured group activities and group outings can exclude people with challenging disruptive behaviour as current funding levels limits the capacity to provide individual based programs.
- Currently some people with relatively low level need are accessing several programs across a number of services while other high needs people may not be able to access any service for a range of reasons.
- Whilst organisations operate have their own internal priority access systems according to the HACC standards, there is no structured coordinated system across the service system to ensure that people with the highest need receive support.
- Planning for the future of social support services will need to take into account the changes to the client group. Some of the key changes in the future will be:
  - Increasing numbers of frail aged in 85+ age group
  - Increasing numbers with dementia and complex medical needs
  - Increasing numbers of older people living alone without family support available
  - The ageing ‘Baby boomer’ generation will have much higher expectations around choice in participating in active, meaningful, educational social, recreational and cultural activities.

4.3 Organisational Structure

The organisations providing social support services cover a broad spectrum of organisational structure from small stand alone community based organisations such as Community Contact, which provides a weekly planned activity group program from Mt. Eliza Neighbourhood House, to Local Government services and large state wide multi service organisations such as the Brotherhood of St. Laurence and Wesley Mission. Most of the programs are part of larger organisations such as Baxter village (large independent living estate), Andrew Kerr (nursing home and hostel with 60 residents in each) Rosewood House (Rehabilitation Hospital) and Peninsula Community Health.

Whilst the programs incorporated into larger organisations believed they may lose some independence and flexibility this was outweighed by the advantages of being part of a larger organisation such as:
- Back-up available if needed, particularly in nursing or other allied health professionals
• Enhanced training and development opportunities
• Access to up to date policies and improved documentation
• Access to resources such as reception and administration
• Opportunity to share resources and combine activities across the organisation.

Strengths
• Diversity of organisational structures.
• Ability and willingness of larger organisations to mentor and support smaller organisations.
• Smaller organisations which specialise in social support develop expertise in this area and can influence larger organisations like local government in relation to best practice in this area.
• The excellent relationships that exist between the social support services and their willingness to work together and share ideas and resources.
• The history of formal partnerships between the organisations in submitting for funds for shared projects.

Issues/Challenges
• The difference in organisational structure and capacity needs to be accommodated when developing common standards and practices across the service system.
• The capacity of the small stand alone services to undertake staff development and create a broad range of service options may be limited.
• The smaller community based organisations require skill development for their Committees of Management who have increasing expectations and accountability.
• The existing social support network provides an opportunity to further develop existing collaborative approaches and projects.
• Many of the Coordinators have been in their positions for a long time – there is need to ensure succession planning occurs to limit the loss of expertise and experience in the service system.

4.4 Building Infrastructure
The Centre Based planned activity programs operate from a broad range of sites from a small Neighbourhood House to a large Elderly Citizens Club. The physical environment has a big impact on the atmosphere generated for the program with all services making a concerted effort to create a friendly bright environment. The Dementia Specific Programs operate most effectively if delivered in a home like environment. Most programs identified the physical environment as limiting their capacity to further develop their program. Some of the problems identified were:
• Lack of adequate kitchen facilities which prevents hot meals being cooked on site
• Small space limits capacity to take on more people
• Inadequate bathroom facilities prevents taking people with incontinence as they are unable to be showered
• Inability to secure exits was a common problem with many of the buildings which excludes people with dementia who wander
• Not having access to secure and safe outside garden area limits programs to indoor activities
• Inadequate storage for equipment and resources.
• The building is not well sited in terms of access.

Strengths
• Diverse range of buildings and sites.
• Most sites are well suited to the delivery of the programs.

Issues/Challenges
• The need to develop new sites in areas of high need.
• Need to modify buildings to ensure they are able to accommodate people with physical disabilities and dementia as the Centre Based programs will increasingly specialise on people with high needs.
• Increase the use of existing community facilities such as Senior Citizen’s Centres, community libraries, Neighbourhood Houses for social activities for people with less complex needs.

4.5 Staffing
There is no minimum staffing qualification in the Social Support Program, however, all services have staff with relevant professional qualifications with the Certificate 4 in Aged Care and the Certificate in Diversional Therapy being the most common qualifications for staff. The program coordinators tend to have higher level tertiary qualifications in nursing, education or allied health.

The most dominant staffing feature is the part time nature of employment. Most staff work less than half time which severely limits their opportunities to participate in staff development and program planning and development. Some programs employ special staff to undertake a particular activity such as singing, art etc.

Strengths
• The quality, enthusiasm and commitment of staff were highlighted as the key strengths by program participants and managers.
• Staff have an excellent retention rate.
• Staff have relevant professional qualifications.
• Staff are employed on a permanent part time basis which provides job security and ability to retain trained staff.

Issues/Challenges
• The part time nature of employment limits the opportunities for staff to participate in training and program development.
• There are opportunities for services to support each other to enable staff to attend training etc.
• There is a need for a prescribed minimum mandatory qualification of Certificate 3 in Aged Care.
• The increasing complexity of the role of staff in social support needs to acknowledged and supported through access to a range of training.
• The important early intervention role of social support in on-going assessment, picking up gradual loss of function and increased risk may not be acknowledged and explicitly built into staff skills.

• There is a need to train staff to enable programs to more effectively cater for people with more complex needs and challenging behaviours.

4.6 **Access and Intake**

The services provide varying levels of assessment prior to acceptance into the programs. The dementia specific programs tend to have more structured assessment and intake processes with the majority of the referrals coming from other services or the Aged Care Assessment Team. The intake process for the core activity programs, particularly the large group outings are much less structured with many of the referrals being either self referral or from family members. Some services maintain an active waiting list for different programs and link people into other programs such as group outings until a place becomes available in the centre based activity program. Other services do not maintain a waiting list.

**Strengths**

- All services use the SCOT tools as part of their intake and referral processes.
- Services have a good knowledge of the range of services available in the area through participation in various service provider networks and are able to link people into appropriate services as their needs change.

**Issues/Challenges**

- There is no formal coordinated intake system across the service system.
- Whilst there is a range of social support models and programs across Frankston and Mornington Peninsula people are not necessarily matched to the most appropriate program for their needs; it can depend more on their geographic location.
- Access to social support programs varies according to where you live. Some areas such as Mornington and Rosebud are well serviced while other areas of high need have no services.
- There is no structured system to ensure that those with the greatest need and highest risk of entry into residential care are given priority access. Whilst one service has a program targeting people living in SRS’s an analysis of the current clients would suggest that high risk groups such as those living in insecure housing such as SRS and caravan parks are not accessing the other general programs.
- Redirection of low needs people to mainstream community social activities with the Centre Based Programs used for high needs people with complex needs such as dementia.
- There is no structured system to ensure that the services do not self select people with low needs and less challenging behaviour and exclude more challenging people.
- There is no structured system to ensure that other services know whether a person is accessing a number of services and may be taking the place of someone who has no support.
- The lack of any centralised waiting list makes it difficult to capture data on the demand for services.
4.7 Assessment and Linkage
Social Support services should be viewed as an integral part of the aged and disability service system continuum. They are ideally placed to fulfil an early intervention function as well as the role of carer respite. The potential of social support services to provide effective early intervention with the early assessment of need and timely linking of people into a range of appropriate supports is largely unacknowledged and not currently built into the funding allocation. HACC has started to make some acknowledgement of this role through minimal funding for assessment and care management. Several services receive assessment and care management funding but at less than 1% of their social support funding allocation it is largely ineffective. In order to fulfil this role a more structured approach will be required for assessment and linkage including increased skills development and this can only occur with realistic funding allocation.

Strengths
- Social support services are well placed to monitor the health and well being of participants and link them into more appropriate services as their needs change in a non threatening and effective manner.

Issues/Challenges
- Assessment and linkage should be funded as part of social support this would ensure that this important function is undertaken according to professional standards.
- The capacity to provide on-going assessment and effective linkage into appropriate services requires particular skills and training of staff. The current capacity to undertake this function varies across the services.
- Social Support services need to explicitly articulate their early intervention role.
- A structured system needs to be developed to more effectively coordinate access and referrals across the service system.

4.8 Program Description
Social Support has traditionally been seen as a Planned Activity Program based at a ‘Day Centre’, however a broad range of social activities are now funded under social support. The programs can be roughly divided according to the location and focus of the program.

1. Centre based – group structured activity based program with morning tea, morning and afternoon group activities and lunch.

2. Outings based – large or small group outings such as shopping, pictures, BBQ’s in park

3. Community Activity – group organised activity such as concert

4. Hobby or interest based small group activity - such as scrabble, coffee group often facilitated by volunteers.

5. Individual flexible activity such as gallery or shopping visit or individual program delivered as part of in-home, Host Home, telelink or home visiting programs.

The Centre Based Programs are still the most common program offered on Frankston and Mornington Peninsula and all follow a consistent formula:
- Pick up and arrival
• Morning tea
• Morning group activity tends to be more active such as gentle exercise, shoot and shuffle
• Lunch *
• Afternoon group activity tends to be more passive such as stories, card games.
• Transport Home

*Most programs provide a hot lunch cooked at the Centre which is a key component of the social support program. However, with more prescriptive food safety regulations some services are no longer able to do this.

The programs incorporate any current themes such as sporting events, holidays, seasons etc to enhance the interest and cognitive functioning of the participants.

A detailed description of the programs provided by each service is included in Table 3 in the appendix 1

Discussion with program participants as part of program visits highlighted the following:
• Participants enjoy the outings the most
• The cooked lunch is an important component of the day activity programs
• Music – singing is a very popular activity
• There is an opportunity to build in more gentle exercise and falls prevention activities.

Strengths
• There is an increasing awareness of the need to provide a range of creative, flexible activities as part of social support.
• There are a range of models operating in the Frankston/Mornington Peninsula area.
• There will be an increased emphasis on flexible interest based activities; Wesley Do Care provides good examples of this model. See case study attached in appendix 6.

Issues & Challenges
• Development of increased choice for people to participate in activities in which they are interested rather than the generic structured group activity program.
• Development of more activities that utilise normal community resources such as Senior Citizen’s Centres, Neighbourhood Houses, Libraries etc.
• Development of activities that contribute to the community generally or to specific groups within the community such as story telling at local kinder.
• Some structured activities tend to be passive and more female oriented. The increase in male and younger participants requires the development of more suitable activities.
• The centre based structured group activities program should be modified to cater for people with complex needs while people with low needs are supported to participate in mainstream community activities this could be provided through flexible funding that is attached to the individual as occurs in the disability funding model or through the funding of outreach workers to actively work with a number
of designated organisations to increase their capacity to accommodate people who are currently accessing core social support programs.

- The provision of a hot meal cooked as part of the centre based program activity is increasingly under threat owing to stricter food safety regulations and costs. It is highly desirable that this be retained as part of the program for a number of reasons:
  - it assists with adequate nutrition,
  - enhances the home like atmosphere of the setting,
  - stimulates the sense of smell as well as taste and sight which can encourage appetite.

### 4.9 Volunteers

Most of the programs have a volunteer component although the number and extent of participation varies across programs. Some programs such as Wesley Do Care are based on volunteer facilitators while other programs have minimal or no volunteer involvement. Many of the programs could not function effectively without the assistance of volunteers, however the recruitment, training and supervision and support of volunteers is quite resource intensive which is largely unfunded. Some programs are able to use volunteers with special skills that add another dimension to the program eg one program has a volunteer who plays the piano each morning for the group sing along while another uses volunteers from different cultural groups to cook culturally appropriate meals for their CALD group.

**Strengths**

- Volunteers are able to significantly extend the capacity and activities of the programs.

**Issues/Challenges**

- The work involved in quality volunteer coordination is not acknowledged in funding levels.
- Volunteer base is getting older and the difficulty in ongoing recruitment and training makes it difficult to sustain a strong volunteer base.
- There is an opportunity to share some aspects of volunteer coordination and training and share volunteers across programs particularly those that have special skills such as the bi-lingual volunteers trained by MRC.
- The social support network needs to ensure formal links with the Frankston and Mornington Peninsula Volunteer Resource Group to take advantage of any developments in volunteer coordination.

### 4.10 Transport

Transport is a particularly important issue in the Mornington Peninsula because it is so poorly serviced by public transport. Access to transport to and from centre based activities is a key component of the social support program. Very few people have the capacity to organise their own transport to the activities. This aspect of the program is not funded, however, and most services rely on the use of volunteers to assist with the transport of clients. Most services have their own buses that they use for outings as well as transporting clients to and from the Centre based activity program. There is an opportunity to maximise the use of these buses through development of a system to share them across the services.
Strengths
- Frankston and Mornington Peninsula local governments are developing community transport programs which may be able to assist with the transport needs for social support programs.
- Most services provide transport as part of their programs.
- Most services have buses they are able to use for outings as well as transporting clients.
- Volunteers assist with transport.

Issues/Challenges
- There is an opportunity to develop a more coordinated approach to transport; this could occur through the community transport program in the future.
- There is an opportunity to share resources such as buses and volunteer drivers across the services through the development of a structured system.
- Opportunity to provide coordinated training across the services for volunteers and staff on transport of clients – functions and responsibilities of being a driver and jockey.

4.11 Service Development and Coordination
The social support network in Frankston and the Peninsula are well organised in terms of professional service networks. There are two key networks:
- The Peninsula Social Support Network
- The Peninsula Care Planning Group

There is a history of strong collaboration between the HACC funded social support services. Banksia Service for Seniors and Southern Peninsula Community Care deliver respite through a Host Home program. Services combine with other services in their area for occasional shared activities. A consortium of HACC funded Frankston and Mornington Peninsula social support services has been funded by DHS for a joint project to provide emergency or crisis response through the delivery of extra social support activities.

Strengths
- Service provider networks established
- History of strong collaboration between services
- Strong level of trust and cooperation between services.

Issues/Challenges
- The Peninsula Social Support Network to be re-structured to reflect the need to take on a more formal role in coordinating the social support program across the services.
- Need to ensure that the workload involved in the social support program is spread across the different organisations according to capacity to participate.
- Ensure the Peninsula Social Support Network is linked to other key planning networks such as Peninsula Care Planning Group, Primary Care Partnership, the Frankston and Mornington Peninsula Volunteer Resource Group, and the Frankston and Mornington Peninsula Community transport working group.
5.0 Summary and Conclusion
The Frankston and Mornington Peninsula social support services currently provide an efficient and diverse range of social activities for the frail aged and people with disabilities. However there is currently unmet demand in services for people with dementia and younger people with cognitive disabilities. The high risk groups of people living in insecure housing are also not well catered for by existing programs. Services have developed historically in a largely unplanned manner. This has resulted in some high needs areas not receiving any service while other areas have several services available in their area.

The demand for social support services will increase in accordance with the projected population increase in older people particularly in the Mornington Peninsula. The services will need to respond to the increasing numbers of consumers, the increased complexity of consumer needs as well as raising expectations regarding individual choice and flexibility.

The key strength of the Frankston and Mornington Peninsula social support services is the diversity of organisations and the strong networking and collaboration between the different service providers. In order to meet the challenges the service providers will need to build on this strength and develop systems and processes that enable them to operate as a more coordinated cohesive service system. There are strong informal relationships between the services with good knowledge of each others programs but a more formal structured intake and assessment system will need to be developed. The strong working relationships between the services also provides an opportunity to develop a coordinated approach to staff training, volunteer coordination, transport, waiting list priorities, special programs and resource sharing.
## 6.0 Strategic Plan

<table>
<thead>
<tr>
<th>Element</th>
<th>Objectives</th>
<th>Strategy</th>
<th>Indicators</th>
<th>Key Responsibility</th>
</tr>
</thead>
</table>
| **1. RESOURCES** | To obtain adequate resources that adequately reflect all the activities of Social Support | Lobby DHS to increase the funding allocation for social support to include assessment and linkage.  
Lobby DHS to re-examine HACC PAG funding formula to develop one category of funding rather than current high/core which would better reflect the complex needs of clients.  
Lobby for social support to be included as a triennial HACC funding priority for 2006-2009.  
To ensure additional social support funding is provided to areas of high need particularly in the areas of projected high aged care growth.  
Establish and maintain a resource registry so that resources can be shared across services.  
Develop partnership approaches for development of new social support programs. | Funding allocation for social support will reflect all functions.  
Social support included as priority  
Services available in areas of high need.  
Resource registry established.  
Collaborative programs developed. | DHS & Peninsula Social Support Network.  
Peninsula Care Planning Network  
DHS & Peninsula Social Support Network  
Peninsula Social Support Network.  
Service Providers with assistance from Peninsula Social Support Network. |
<table>
<thead>
<tr>
<th>Elements</th>
<th>Objectives</th>
<th>Strategies</th>
<th>Indicators</th>
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<tbody>
<tr>
<td>2. TARGET GROUP</td>
<td>To ensure all HACC target groups are accommodated within the social support service system.</td>
<td>Develop collaborative programs to engage people living in insecure housing. Develop programs for younger people with cognitive dysfunction and/or early onset dementia. Work with indigenous services to develop culturally appropriate models to ensure indigenous people have access to social support. Work with CALD services to develop culturally appropriate models to ensure people from CALD backgrounds people have access to social support. Increase the capacity of services to accommodate people with challenging behaviour through: • Policy &amp; procedures • Staff training • Program design Modify programs to better meet the needs of men. Develop alternatives to centre based activity programs that focus more on flexible individual or small group programs to cater for people with special needs. Re-direct low needs people to community activities and telelink and use Centre Based Programs for high needs/carer respite through seeking funding to</td>
<td>People from all special needs groups access social support programs.</td>
</tr>
</tbody>
</table>

Key Responsibility: The Peninsula Social Support Network. Social support service providers Local government and service providers CALD services and social support service providers Service Providers Service Providers Service Providers |
<table>
<thead>
<tr>
<th>To develop increased capacity to provide social support services for people with dementia including early onset dementia.</th>
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<tbody>
<tr>
<td>To ensure programs are available in areas of high need.</td>
</tr>
<tr>
<td>Support mainstream services. Peninsula Social Support Network to link in with the Peninsula Dementia Advisory Group Work with CADMS &amp; ACASS to expand services for early on-set dementia Build on current effective models of service for people with dementia. Seek funding to develop increased overnight and short stay programs for people with dementia. Lobby DHS to provide one off grants to modify buildings, particularly in creating secure exits to enable them to accommodate people with dementia. New programs to be located in areas with large projected increase in aged population. Investigate possibility to re-locating some existing programs to these areas of high need.</td>
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<tr>
<td>Community activities Increase social support available for people with dementia. Social support programs distributed across Frankston and Mornington Peninsula according to need.</td>
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<tr>
<td>Peninsula Social Support Network Service Providers, CADMS &amp; ACASS Service Providers Peninsula Social Support Network Service Providers &amp; DHS regional office.</td>
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</table>
| 3. ORGANISATIONAL STRUCTURE | To maintain the diversity of organisations providing social support services. | Enhance mentoring program between larger and smaller organisations.  
Develop a more cohesive coordinated social support system across the organisations.  
Increase collaboration between social support service organisations in development and delivery of programs.  
Support smaller services to increase their capacity to participate in planning and development. | The diversity of organisations is maintained while a more coordinated cohesive service system is developed.  
All social support services participate in planning and development of the service system. | Peninsula Social Support Network |
| 4. BUILDINGS & INFRASTRUCTURE | To ensure programs are delivered from appropriate buildings. | Increase the use of existing community infrastructure for the delivery of social support programs.  
Greater emphasis on utilising community facilities – link people into day activities in their own communities.  
Increase focus on community based individual and small group activities which will enable programs to expand without the need for larger buildings.  
Buildings to be modified to ensure the range of clients can be accommodated. | Social support programs are delivered from range of community facilities as well as specific planned activity sites.  
Services are able to accommodate people with special needs such as dementia. | Service Providers  
DHS to provide one off capital grants to modify buildings |
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<tr>
<td>5. STAFFING</td>
<td>To ensure staff have appropriate skills to undertake the full range of activities required in social support.</td>
<td>Peninsula Social Support to have representation on the Southern Region HACC Training Advisory Committee to ensure identified priority training options are provided for Peninsula area. Through the Southern Region HACC Training Advisory Committee the network to contribute to the development of an appropriate Certificate 3 in Social Support. Develop register of specialist sessional staff and resources to ensure they are utilised across services.</td>
<td>All social support staff participate in training coordinated through the Peninsula Social Support Network. Register of specialist staff and resources is established and maintained.</td>
<td>The Peninsula Social Support Network and Southern Region HACC Training Advisory Committee. The Peninsula Social Support Network</td>
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<tr>
<td>Elements</td>
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<td>Strategies</td>
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</table>
| 6. ACCESS & ENTRY | To develop a coordinated access and entry system that provides simple clear pathways into a range of services. | Utilise the Primary Care Partnership service coordination framework to develop a coordinated referral system for the Peninsula Social Support service system  
Explore the development of a common needs assessment form and process.  
Develop a social support information kit for Frankston and Mornington Peninsula linked to Primary Care Partnership Resource Directory and Carelink.  
Utilise services with specific expertise such as Local Government HACC Assessment to undertake joint assessments where required.  
Redirect low needs people to mainstream community activities and focus centre based activity program on people with more complex needs.  
Use social support staff to support mainstream social, recreational and cultural groups to be able to accommodate people within HACC target group. | There is a structured coordinated referral system across the social support system.  
Project assessing the effectiveness of a common needs assessment tool is completed.  
Information resource directory developed.  
High needs people are able to access appropriate social support. | The Peninsula Social Support Network.  
The Peninsula Social Support Network.  
The Peninsula Social Support Network.  
Social Support Service Providers |
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<tr>
<td>7. ASSESSMENT &amp; LINKAGE</td>
<td>To ensure people’s needs are assessed effectively and they are linked into appropriate services as their needs change.</td>
<td>Lobby DHS for increased funding that recognises the early intervention role of social support services in terms of assessment and linkage. Social support programs to seek assessment and case management funding through HACC. Develop a central social support services information resource directory in conjunction with Frankston Mornington Peninsula PCP and Carelink.</td>
<td>There is an effective system to link people into appropriate services as their needs change.</td>
<td>The Peninsula Social Support Network, Service Providers and DHS.</td>
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<tr>
<td>Elements</td>
<td>Objectives</td>
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<tr>
<td>8. PROGRAM DEVELOPMENT</td>
<td>To extend the range of service delivery models in the social support program</td>
<td>Develop ‘one stop shop’ models for range of social support activities accessed from one location</td>
<td>Collaborative approaches developed with specialist services for the delivery of social support programs.</td>
<td>Social Support Service Providers</td>
</tr>
<tr>
<td></td>
<td>To provide more innovative programs to cater for changing population and increased choice that are appropriate to the target group.</td>
<td>Seek flexible service response funding to fund innovative pilot models.</td>
<td></td>
<td>Peninsula Social Support Network &amp; DHS regional office.</td>
</tr>
<tr>
<td></td>
<td>To ensure the community benefits from the social support program as well as the participants and carers.</td>
<td>Develop partnerships with specialist programs in order to extend social support programs.</td>
<td>Project completed.</td>
<td>Service Providers</td>
</tr>
<tr>
<td></td>
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<td>Expand flexible interest based activities.</td>
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<td>Develop programs with increased physical activity such as tai chi, dancing, singing etc.</td>
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<td></td>
<td>Seek funding from DHS for a special project to support mainstream community social activity programs to integrate social support target group people.</td>
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<td></td>
<td>Provide more joint client/carer activities</td>
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<td>Seek funding to extend program 7 days a week from 3.00 – 8.00 pm.</td>
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<tr>
<td>9. VOLUNTEERS</td>
<td>To extend the capacity of the social support programs through increased involvement of volunteers.</td>
<td>Lobby DHS to acknowledge the central role played by volunteers in social support and the resources required to effectively coordinate volunteers. Lobby DHS to review the current volunteer coordination funding formula to better reflect the range of volunteer roles, responsibilities and tasks. Seek additional funding for volunteer coordination; many services with an active volunteer program currently receive no volunteer coordination funding. Services to investigate funding opportunities through the DHS Volunteer Initiative. Utilise the Frankston and Mornington Peninsula Volunteer Resource Coordination Group to advocate in relation to volunteer issues. Explore opportunities to coordinate and share some aspects of volunteer coordination between services. Develop central volunteer skills register for interested volunteers with specific skills so that they can be shared across the programs.</td>
<td>Volunteer coordination funding that reflects the requirements of providing a high standard program is incorporated into social support funding. All eligible services receive volunteer coordination funding. Some aspects of volunteer coordination such as training are provided through the Peninsula Social Support Network.</td>
<td>The Peninsula Social Support Network and DHS. Service Providers and DHS The Peninsula Social Support Network</td>
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<tr>
<td>Elements</td>
<td>Objectives</td>
<td>Strategies</td>
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</table>
| 10. TRANSPORT | To enhance the capacity to provide transport as part of the program.  
To effectively utilise transport resources | Participate in and support the development of the Frankston and Mornington Peninsula community transport action plan.  
Maintain representation from Social Support Network on the Frankston and Mornington Peninsula community transport working group.  
Share transport resources – buses and drivers across services. | Transport is maintained as key component of social support but provided through volunteers and community transport system rather than by social support staff. | The Peninsula Social Support Network. |
### 11. SERVICE DEVELOPMENT AND COORDINATION

**Objectives**: To ensure that the social support services continue to develop in line with best practice principles and research in meeting the increased service needs and complexity.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Indicators</th>
<th>Key Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Peninsula Social Support Network to be re-structured in order to take on a more formal role in the development and coordination of the social support service system.</td>
<td>An active Social Support Network involving all social support services is funded to undertake the planning and development of the social support program.</td>
<td>The Peninsula Social Support Network</td>
</tr>
<tr>
<td>The Peninsula Social Support Network to seek funding from DHS to enable it to undertake activities identified in this strategic plan.</td>
<td>Best Practice Principles developed and adopted by all member organisations of the Peninsula Social Support Network.</td>
<td>DHS and The Peninsula Social Support Network</td>
</tr>
<tr>
<td>The Peninsula Social Support Network adopts Best Practice Principles for Social Support to guide service practice.</td>
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</tr>
<tr>
<td>The Peninsula Social Support Network to be linked into other key planning and service provider groups and networks such as PCP, Peninsula Care Planning Group, Frankston and Mornington Peninsula Community Transport Working Group, Frankston and Mornington Peninsula Volunteer Resource Coordination Group.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish Southern Metro Social Support Practice and Planning Forum to progress the recommendations of the social support projects.</td>
<td>Forum facilitated by DHS involving representation from all Southern Metro social support projects is established.</td>
<td></td>
</tr>
</tbody>
</table>

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Frankston & Mornington Peninsula Social Support Strategic Directions Report
Produced by Create Change January 2005
7.0 References

DHS (2004) Forward Agenda for Senior Victorians

DHS (2002) Southern Metropolitan Region Demographic and Social Statistics.


8.0 Consultations

Joan Ahern – Andrew Kerr Day Centre
Lynn Blake – Banksia Service for Seniors
Christine & Theresa - South Central Region Migrant Resource Centre
Mary Dawkins - Banksia Service for Seniors
Rosemary Draper – South Central Region Migrant Resource Centre
Ann Fitts - DHS
Jan Glithro – Peninsula Community Health
Kathy Heffernan – Mornington Peninsula Shire
Ila Howard – Banksia Service for Seniors
Jay Jarvie – Memory Lane
Peter Kalathas – South Central Region Migrant Resource Centre
Sue Leake – Carer Respite Centre
Gail Lynch – Frankston City
Margaret Martin – Site manager Peninsula Community Health
Christine Morka – BSL Community Care Packages
Rita Moore – Vision Australia
Rosemary Nicholas – Wesley Do Care
Marja Park – Mornington Peninsula Shire
Bryan Quin – Baptist Village Baxter
Sandra Hughes- Baptist Village Baxter
Deb Reid – Peninsula Social Support
Janet Richards – Wesley Do Care
Adele Thomas – Community Contact
Barbara Williams – Rosewood House
Carole Wilson – Southern Peninsula Community Care
Volunteers of range of services
Participants of all HACC funded Social Support Services
Carers of Banksia Service for Seniors
## Appendix 1. Organisational Context

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Organisational Structure</th>
<th>Staffing</th>
<th>Qualifications</th>
<th>Volunteers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Kerr</td>
<td>Part of larger organisation including hostel, nursing home 60 residents in each</td>
<td>1 staff plus coordinator</td>
<td>Diversional therapy Primary Education</td>
<td>Volunteer Pool of 15</td>
</tr>
<tr>
<td>Banksia BSL</td>
<td>BSL Community Based Board. Provides range of aged care respite services</td>
<td>30 staff</td>
<td>Cert 4 aged care Diversional Therapy</td>
<td>40 volunteers</td>
</tr>
<tr>
<td>Baxter Village</td>
<td>Baptist Community based aged care organisation – hostel, residential village</td>
<td>3 x permanent part time</td>
<td>Nursing – Div 2 Cert 4 aged care</td>
<td>Yes</td>
</tr>
<tr>
<td>Mt. Eliza Community Contact</td>
<td>Small community based organisation – only service</td>
<td>2 x part time staff</td>
<td>Diversional therapist</td>
<td>Volunteers as part of program</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4 volunteer drivers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2-3 volunteers for program</td>
</tr>
<tr>
<td>Frankston City</td>
<td>Frankston Local Government</td>
<td>Part time coordinator, part time staff</td>
<td></td>
<td>15 Volunteers</td>
</tr>
<tr>
<td>Memory Lane</td>
<td>Mornington Peninsula Local Government</td>
<td>3 x part time</td>
<td>Coordinator – Div 2 nursing + special education Diversional therapist</td>
<td>Yes</td>
</tr>
<tr>
<td>Southern Region Migrant Resource Centre</td>
<td>Southern Region Migrant Resource Centre – provides range of services</td>
<td>2 part time staff plus part time coordinator</td>
<td>Dip Recreational Leadership Education</td>
<td>Volunteer coordinator 2 days per week 25 volunteers just completed training</td>
</tr>
<tr>
<td>Peninsula Support Service McCloud House,</td>
<td>Community based mental health support service</td>
<td>McCloud (3 staff) Morn (Mon 2 Staff) Morn (Thur 2 staff) P/t Coordinator 1 day every 3 weeks at Centre</td>
<td>Coordinator – OT Diversional therapy</td>
<td>No volunteers – need volunteer drivers</td>
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<tr>
<td>Peninsula Community Health</td>
<td>Community Health Service provides broad range of services</td>
<td>3 x permanent part time staff including coordinator</td>
<td>Diversional therapy Allied health Cert 3 Community Care Aged Care</td>
<td>140 volunteers across Community Health Centre with volunteer coordinator 13 volunteers for program – been there for years 2 volunteers cook</td>
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<tr>
<td>Rosewood</td>
<td>Part of Rehabilitation Service</td>
<td>8 permanent part time</td>
<td>Manager – Div 1 nursing Division 2 nursing Cert 3 in Aged Care</td>
<td>25 used for specific activities</td>
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<tr>
<td>Southern Peninsula Community Care</td>
<td>Small Stand Alone organisation Community based COM provides broad range of services</td>
<td>6 EFT 3 on floor, admin asst, cook, manager, host home staff</td>
<td>2 x diversional therapy, 3 x cert 4 Paid under SACS permanent P/T</td>
<td>Total 120 – (80 transport program 4 0 - work across program – 5 in each day centre based program Volunteers involved in outings/host home</td>
</tr>
<tr>
<td>Vision Australia</td>
<td>State wide organisation</td>
<td>4 p/t staff</td>
<td>Diversional Therapy Div 2 nursing, Cert 4 Aged Care Psychology</td>
<td>350 volunteers</td>
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<tr>
<td>Wesley Do Care</td>
<td>Wesley Mission Melbourne Large organisation with Community Based Board</td>
<td>Social work, welfare studies</td>
<td></td>
<td>120 volunteers in Frankston &amp; Peninsula</td>
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## Appendix 2. Service Overview

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Target Group</th>
<th>Exclusions</th>
<th>Referrals</th>
<th>Geographic Area</th>
<th>Client Numbers</th>
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<tbody>
<tr>
<td>Andrew Kerr</td>
<td>Frail aged</td>
<td>Aggressive behaviour, wanderers, Need to be able to participate and enjoy group activities, Those with difficult behaviour that rest of group can’t tolerate</td>
<td>GP’s Mt. Eliza Centre, Psych Services, Community Care packages</td>
<td>Mornington, Mt. Martha</td>
<td>18 – 19 each day total 54</td>
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<tr>
<td>Banksia</td>
<td>Frail, socially isolated, people with dementia and their carers</td>
<td>No lifting transfer – need to be able to transfer with help from staff</td>
<td>GP’s, Family, ACAT, Other services</td>
<td>Frankston, Kingston, Casey, Mornington</td>
<td>108</td>
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<tr>
<td>Baxter Village</td>
<td>Frail, elderly, socially isolated, dementia</td>
<td>Severely incontinent - no showering facilities, No lifting transfer – need to be able to transfer with help from staff, Younger people (40 – 50) with disabilities – particularly psych disabilities</td>
<td>Village residents ACAT, community</td>
<td>Frankston Peninsula</td>
<td>12-15 per day</td>
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<td>Mt. Eliza Community Contact</td>
<td>Frail, socially isolated, Dementia</td>
<td>Wanderers - held in Neighbourhood House so can’t secure doors</td>
<td>GP’s Self, family, Mt. Eliza Centre</td>
<td>mainly from Mt. Eliza, South Frankston</td>
<td>10 – 12</td>
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<tr>
<td>Frankston City</td>
<td>Socially isolated</td>
<td>Dementia, Wanderers</td>
<td>Referral thru central Shire HACC, referral - 50% HACC Shire senior citizens, self</td>
<td>Mon – 16-17, Thurs &amp; Fri -9-10, Total 37</td>
<td>37 clients</td>
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<tr>
<td>Memory Lane</td>
<td>Frail socially isolated</td>
<td>Wandering – can’t secure doors</td>
<td>Referral thru central Shire HACC, referral - 50% HACC Shire senior citizens, self</td>
<td>Mon – 16-17, Thurs &amp; Fri -9-10, Total 37</td>
<td>37 clients</td>
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<tr>
<td>Southern Region Migrant Resource Centre</td>
<td>Frail aged from CALD background</td>
<td>Severe dementia, Aggressive behaviour, Wheelchair because can’t transport in bus</td>
<td>CAPS programs, CHC’s Self</td>
<td>Patterson Lakes, Frankston, Rosebud, Rye</td>
<td>Total 25, Thu Greek group 15, Tue – combined group 9</td>
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<td>Peninsula Support Service (McCloud House, Warilda)</td>
<td>Contact with aged psychiatry, Living at home or in SRS</td>
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<td>Self, Family, ACAT, Mental Health Services, Other services</td>
<td>Kingston Frankston, Mornington Peninsula, Eliza Park SRS, Acacia SRS,</td>
<td>McCloud - 15 (1day/week) Warilda 10 women on Mon 10 men on Thursday 42 Eliza Park SRS, Acacia SRS</td>
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<td>Peninsula Community Health</td>
<td>Frailty and complex medical needs, Increased no men</td>
<td>Challenging behaviour, If can’t participate in shared group activities</td>
<td>Other CHS programs, Self, Family, ACAT</td>
<td>Mornington Hastings</td>
<td>17 in each group – Wed – Fri 12 in Mon &amp; Tues</td>
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<tr>
<td>Rosewood</td>
<td>High needs dementia</td>
<td>None</td>
<td>Self, Family, ACAT, Other services</td>
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<td>Wed &amp; Fri 14+ clients</td>
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<tr>
<td>Southern Peninsula Community Care</td>
<td>Mix of frail &amp; dementia /socially y isolated– 12 people with CALD backgrounds (mostly on Mon)</td>
<td>people with challenging behaviour or if wander</td>
<td>Self, Family, ACAT, CAPS Other services, ACAT</td>
<td>Sorrento – Safety Beach</td>
<td>25 each day + 100 150 for community access – 1 outing/month (20 shopping, 8 hydrotherapy)</td>
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<tr>
<td>Vision Australia</td>
<td>People vision impairment</td>
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<td></td>
<td>Mt. Eliza, Hallam, Rosebud</td>
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<tr>
<td>Wesley Do Care</td>
<td>Frail older people with disabilities and their carers</td>
<td>Client’s needs can’t be met by volunteer &amp; requests that role of paid service provider</td>
<td>Self, Family, Other services, ACAT</td>
<td>Frankston, Mornington Peninsula</td>
<td>145 social support and respite</td>
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## Appendix 3 Social Support Program Matrix

### CENTRE BASED PROGRAMS

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
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<td>McCloud House</td>
<td>McCloud House</td>
<td>McCloud House Mornington</td>
<td>McCloud House</td>
<td>McCloud House Mornington/Psych-geriatric Women</td>
<td>McCloud House Mornington/Psych-geriatric Women</td>
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<tr>
<td>Andrew Kerr – Mornington</td>
<td>Banksia – Frankston Women</td>
<td>Andrew Kerr – Mornington</td>
<td>Andrew Kerr – Mornington</td>
<td>McCloud House</td>
<td>McCloud House</td>
<td>McCloud House Mornington/Psych-geriatric Women</td>
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<td>Eliza Park SRS</td>
<td>Eliza Park SRS</td>
<td>Eliza Park SRS</td>
<td>Eliza Park SRS</td>
<td>Eliza Park SRS</td>
<td>Eliza Park SRS</td>
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<td>Vision Australia</td>
<td>Vision Australia</td>
<td>Vision Australia</td>
<td>Vision Australia</td>
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<td>PCHS Hastings Mt. Eliza</td>
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*Blue denotes dementia specific programs*
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<th>Comments</th>
<th>8.00 – 9.00</th>
<th>9.00 – 10.00</th>
<th>10.00-11.00</th>
<th>11.00 – 12.00</th>
<th>12.00 – 1.00</th>
<th>1.00 – 2.00</th>
<th>2.00 – 3.00</th>
<th>3.00 – 4.00</th>
<th>Overnight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banksia Carrum Downs</td>
<td>Social Program</td>
<td>Pick up</td>
<td>activity</td>
<td>activity</td>
<td>Lunch cooked on site</td>
<td>activity</td>
<td>Activity</td>
<td>Transport home</td>
<td></td>
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<tr>
<td>Andrew Kerr Mornington</td>
<td></td>
<td>Pick up transport</td>
<td>Morning tea &amp; sing along</td>
<td>11.30 – 12.30 activity</td>
<td>12.30 lunch delivered soup &amp; sandwiches</td>
<td>1.30 – 2.30 activity</td>
<td>2.30 transport home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baxter Village Frankston South</td>
<td></td>
<td>Pick up transport</td>
<td>Morning tea + activity</td>
<td>activity</td>
<td>Lunch cooked on site</td>
<td>activity</td>
<td>Activity Quiet time</td>
<td>Transport home</td>
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<tr>
<td>Mt. Eliza Community Contact</td>
<td>*Outing every 6 weeks</td>
<td>Pick up by volunteer</td>
<td>Arrive 10.30 morning tea</td>
<td>activity</td>
<td>Lunch prepared on site</td>
<td>activity</td>
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<td>3.30 transport home</td>
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<td>Memory Lane Somerville</td>
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<td>activity</td>
<td>Lunch – meals on wheels</td>
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<td>2.30 transport home</td>
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<td>PCHS Hastings</td>
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<td>activity</td>
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<td>activity</td>
<td>activity</td>
<td>Transport home</td>
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<tr>
<td>PSS Mornington</td>
<td>Psycho geriatric women</td>
<td>Pick up by staff</td>
<td>10.30 morning tea</td>
<td>activity</td>
<td>Cooked lunch</td>
<td>activity</td>
<td>2.30 transport home</td>
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<td>SPCC Rosebud</td>
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<td>9.30 pick up morning tea</td>
<td>activity</td>
<td>Lunch cooked on site</td>
<td>activity</td>
<td>activity</td>
<td>Transport home</td>
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<tr>
<td>Vision Australia Mt. Eliza</td>
<td>Vision Impaired</td>
<td>Morning tea Activity</td>
<td>activity</td>
<td>Lunch</td>
<td>activity</td>
<td>Finish 2.30</td>
<td></td>
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Frankston & Mornington Peninsula Social Support Strategic Directions Report
Produced by Create Change January 2005
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<tr>
<th>Service</th>
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<th>8.00 – 9.00</th>
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<th>12.00 – 1.00</th>
<th>1.00 – 2.00</th>
<th>2.00 – 3.00</th>
<th>3.00 – 4.00</th>
<th>Overnight</th>
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</thead>
<tbody>
<tr>
<td><strong>Banksia Frankston</strong></td>
<td><em>Dementia Specific</em></td>
<td>Settle in</td>
<td>Morning tea</td>
<td>activity</td>
<td>activity</td>
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<td>activity</td>
<td>activity</td>
<td>Afternoon tea</td>
<td>Overnight til 10.00 am Wed</td>
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<td><strong>Andrew Kerr Mornington</strong></td>
<td><em>Ladies Group</em></td>
<td>Pick up transport</td>
<td>Morning tea &amp; sing along</td>
<td>11.30 – 12.30 activity</td>
<td>12.30 lunch delivered soup &amp; sandwiches</td>
<td>1.30 – 2.30 activity</td>
<td>2.30 transport home</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Baxter Village Frankston South</strong></td>
<td><em>Dementia Group</em></td>
<td>Pick up transport</td>
<td>Morning tea + activity</td>
<td>Lunch cooked on site</td>
<td>activity</td>
<td>Activity Quiet time</td>
<td>Transport home</td>
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<td>8.45 Seagulls</td>
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<td>St. Lukes Lunch 2nd/4th week</td>
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<td>lunch</td>
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<td>activity</td>
<td>Transport home</td>
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<td><em>Psycho geriatric women</em></td>
<td>Pick up by staff</td>
<td>10.30 morning tea</td>
<td>activity</td>
<td>Cooked lunch</td>
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<td>2.30 transport home</td>
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<td>11.30 finish</td>
<td>Acacia 1.30 start</td>
<td>3.30 Finish</td>
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<tr>
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<td>Pick up &amp; arrival</td>
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<td>Lunch</td>
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<td>morning tea</td>
<td>activity</td>
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<td><strong>SRMRC</strong></td>
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<tr>
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## WEDNESDAY PROGRAM

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<th>12.00 – 1.00</th>
<th>1.00 – 2.00</th>
<th>2.00 – 3.00</th>
<th>3.00 – 4.00</th>
<th>Overnight</th>
</tr>
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<tbody>
<tr>
<td>Andrew Kerr Mornington</td>
<td>Higher Needs group</td>
<td>Pick up transport</td>
<td>Morning tea &amp; sing along</td>
<td>11.30 – 12.30 activity</td>
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<td>1.30 – 2.30 activity</td>
<td>2.30 transport home</td>
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<td>2nd &amp; 4th Wed</td>
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<td>Finish 2.30</td>
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# THURSDAY PROGRAM

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<th>3.00 – 4.00</th>
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<td>Program till10.00 pm</td>
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<td>Banksia Carrum Downs</td>
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<td>Morning tea + activity</td>
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<td>Activity Quiet time</td>
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<tr>
<td>Rosewood Rosebud</td>
<td>Dementia Pick up &amp; arrival Morning tea activity Lunch activity activity</td>
<td>Transport home</td>
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<tr>
<td>SRMRC</td>
<td>Greek Group Morning tea activity Lunch activity</td>
<td>Finish 2.30</td>
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<tr>
<td>SPCC Rosebud</td>
<td>9.30 pick up morning tea activity Lunch cooked on site activity activity</td>
<td>Transport home</td>
<td></td>
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<tr>
<td>SPCC Rosebud</td>
<td>Group Shopping Pick up shopping shopping lunch shopping</td>
<td>Transport home</td>
<td></td>
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</tr>
<tr>
<td>Vision Australia Mt. Eliza</td>
<td>Vision Impaired Morning tea activity Lunch activity</td>
<td>Finish 2.30</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Comments</td>
<td>8.00 – 9.00</td>
<td>9.00 – 10.00</td>
<td>10.00-11.00</td>
<td>11.00 – 12.00</td>
<td>12.00 – 1.00</td>
<td>1.00 – 3.00</td>
<td>2.00 – 4.00</td>
<td>Overnight</td>
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<tr>
<td><strong>FRIDAY PROGRAM</strong></td>
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<tr>
<td>Banksia Carrum Downs</td>
<td>Social Program</td>
<td></td>
<td>Pick up activity activity Lunch cooked on site activity Activity Transport home</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Banksia Frankston</td>
<td>Dementia Specific weekend respite</td>
<td></td>
<td>Settle in Morning tea activity activity Lunch cooked on site activity Activity Afternoon tea Weekend til Sunday 4.00</td>
<td></td>
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<tr>
<td>Baxter Village Frankston South</td>
<td></td>
<td>Pick up transport Morning tea + activity Lunch cooked on site activity Activity Quiet time Transport home</td>
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</tr>
<tr>
<td>Frankston City</td>
<td>Group Outings</td>
<td></td>
<td>10.00 morning tea activity Lunch Activity Bosnian senior Milparra Hostel Shopping</td>
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<td>Memory Lane Somerville</td>
<td>Group Outing</td>
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<tr>
<td>PCHS Mornington</td>
<td>Acacia SRS</td>
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<tr>
<td>Rosewood Rosebud</td>
<td>High Needs Dementia</td>
<td>Pick up &amp; arrival activity Morning tea activity Lunch Sandwiches activity Activity Transport home if needed Activities Til sat am</td>
<td></td>
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<tr>
<td>SPCC Rosebud</td>
<td></td>
<td>9.30 pick up morning tea activity Lunch cooked on site activity Activity Transport home</td>
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<tr>
<td>Vision Australia Mt. Eliza</td>
<td>Vision Impaired Square Dancing 1st &amp; 3rd Fridays</td>
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## WEEKEND PROGRAM

<table>
<thead>
<tr>
<th>Service</th>
<th>Comments</th>
<th>Friday Night</th>
<th>Saturday</th>
<th>Saturday Night</th>
<th>Sunday</th>
<th>Sunday Night</th>
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</thead>
<tbody>
<tr>
<td>Banksia Frankston</td>
<td>High Needs Dementia</td>
<td>Dementia activities based respite</td>
<td>Dementia activities based respite</td>
<td>Dementia activities based respite</td>
<td>Dementia activities based respite</td>
<td>Dementia activities based respite</td>
</tr>
<tr>
<td>Baxter Village Frankston South</td>
<td>High Needs Dementia</td>
<td>Dementia activities based respite</td>
<td>Dementia activities based respite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rosewood Rosebud</td>
<td>High Needs Dementia</td>
<td>Dementia activities based respite</td>
<td>Dementia activities based respite</td>
<td>Every 2nd Sat night</td>
<td>Every 2nd Sunday</td>
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## INDIVIDUAL & GROUP VOLUNTEER BASED PROGRAMS

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wesley DO CARE</td>
<td>Wesley DO CARE</td>
<td>Wesley DO CARE</td>
<td>Wesley DO CARE</td>
<td>Wesley DO CARE</td>
<td>Wesley DO CARE</td>
<td>Wesley DO CARE</td>
</tr>
<tr>
<td>BSL/Southern Cross/Anglicare CAPS Funded For own client group</td>
<td>BSL/Southern Cross/Anglicare CAPS Funded For own client group</td>
<td>BSL/Southern Cross/Anglicare CAPS Funded For own client group</td>
<td>BSL/Southern Cross/Anglicare CAPS Funded For own client group</td>
<td>BSL/Southern Cross/Anglicare CAPS Funded For own client group</td>
<td>BSL/Southern Cross/Anglicare CAPS Funded For own client group</td>
<td>Wesley DO CARE</td>
</tr>
</tbody>
</table>
### Appendix 4 Carer Groups

<table>
<thead>
<tr>
<th>Carer Group</th>
<th>When</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Banksia Carer’s Group (Dementia)</strong>&lt;br&gt;Banksia Centre Williams Rd Carrum Downs</td>
<td>Last Thursday of the month&lt;br&gt;10.00 – 12.00</td>
<td>Ph 9782 9322</td>
</tr>
<tr>
<td><strong>Baxter Village Carer’s Group</strong>&lt;br&gt;Baxter Village Robinsons Rd Baxter</td>
<td>1st Tuesday of the month</td>
<td>Rita Ballerina 5971 6372</td>
</tr>
<tr>
<td><strong>Frankston Acquired Brain Injury Carer’s Support Group</strong>&lt;br&gt;Orwil St Community House&lt;br&gt;16 Orwil St Frankston</td>
<td>4th Wednesday of the month&lt;br&gt;10.00 am – 12 noon</td>
<td>Lani Peach 978 1276</td>
</tr>
<tr>
<td><strong>Peninsula Community Health</strong>&lt;br&gt;62 Tanti Ave&lt;br&gt;Mornington</td>
<td>Meets bi-monthly</td>
<td>Jan Glithro 5975 8266</td>
</tr>
<tr>
<td><strong>St Peter’s Carer’s Group</strong>&lt;br&gt;St. Peter’s Church Meeting Room&lt;br&gt;Octavia St Mornington</td>
<td>2nd Thursday of the month&lt;br&gt;10.00 am – 12 noon</td>
<td>Lani Peach 978 1276</td>
</tr>
<tr>
<td><strong>Rosewood House</strong>&lt;br&gt;1497 Nepean Hwy&lt;br&gt;Rosebud</td>
<td>Meets monthly</td>
<td>Barbara Williams 5982 0147</td>
</tr>
</tbody>
</table>
### Appendix 5 Resource Table

<table>
<thead>
<tr>
<th>Service</th>
<th>Resources</th>
<th>Availability</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew Kerr</td>
<td>Bus - 9 seater plus wheelchair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Baxter Village</td>
<td>10 Seater Bus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frankston City</td>
<td>18 seater bus modified to take frame</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Memory Lane</td>
<td>2 x Mercedes 10 seat Buses including wheel chair access</td>
<td>Part of community transport pool</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Senior Citizens hall</td>
<td>Available Tues - Sun</td>
<td></td>
</tr>
<tr>
<td>PECHS</td>
<td>140 volunteers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPCC</td>
<td>3 x buses – self funded, rotary, DHS volunteers Bi-lingual staff (Italian)</td>
<td>Seven Days a week by negotiation</td>
<td></td>
</tr>
<tr>
<td>SRMRC</td>
<td>Bi-lingual volunteers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wesley Do Care</td>
<td>Expertise in volunteer coordination</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 6 Best Practice Case Studies

Banksia Service for Seniors – BSL

Banksia provides a range of integrated programs aimed at promoting a healthier and more enjoyable lifestyle for socially isolated older people with disabilities or dementia and their carers. People on low income are given priority. The programs are:

- Centre Based Planned activity groups - weekdays and weekends
- Overnight respite (weekdays and weekends)
- Host home respite 1 day a week - 6 hours
- In Home respite - 52 hrs per quarter
- Men’s Group
- Carer’s Support Group

Centre Based programs operate out of two separate facilities.

Dementia Specific Service - provides HACC funded planned activity programs during the day to approximately 90 people a week.

This centre remains open three nights a week. Tuesdays, Fridays and Saturdays and four people can sleepover giving their carers access to occasional community respite.

Good practice ensures that people who are confused are not immediately introduced into the overnight sleepovers. People are encouraged to participate in the day activity programs first until they feel secure and until their carers know and trust the staff. However, if it is necessary to access overnight respite immediately this can also be accommodated. Not all families use day care as an entry point into overnight respite. A care plan is established to maximise the success of the initial stay so that the family can continue to access respite as required.

People with memory loss enjoy staying overnight because the centre is very homely and welcoming. Consistency of staff enables them to feel secure and safe. The carer gains quality respite knowing that their family member is quite happy to stay in a familiar setting.

Assessments are undertaken consistently over the initial few weeks, so that by the time the person with memory loss is ready to sleep overnight all their needs will be met adequately. This ensures that carers are not disturbed or contacted unless an emergency arises.

Social program for isolated older people and people with disabilities is provided in a spacious facility in a bushland setting. This program provides a range of stimulating social activities, cooked meals and opportunities for social interaction, including social outings. It also provides the opportunity for early intervention for those clients who are self referred and without organised supports. The planned activity program provides a casual friendly environment to undertake assessment, referral, provision of support to both the client and carer, linkage and care management.

In-home Respite
Carers of those who have dementia or memory loss are supported in their own home by a paid worker who can provide companionship, assistance with meals, general household duties and other support and information.
Host Home Care
Trained respite workers host in their own home up to four people with memory loss or dementia for activities, socialisation and a meal.

Case Study 1
Over a 12 month period, three ladies, all in the early stages of dementia were referred to the Planned Activity Group. They lived in the same street but did not know each other.

One was a grandmother with undiagnosed memory loss and quite confused. She was able to express that she was lonely and she experienced frequent periods of distress. She had rearmed her two grandsons because her daughter had passed away when they were infants. One grandson lived with her and worked part time while the other grandson lived nearby and was attending a tertiary institution. Both were very supportive and very caring, and Banksia played a major role in assisting them to navigate the system as well as gain an understanding of dementia.

The second woman was a mother in her late 70's with regular bouts of depression, mild memory loss and a heart condition. She had been widowed for over 30 years and was cared for by her son, who was in his 50's. He had acquired brain injury and received a disability pension. Her son was still able to drive, take her shopping, mow lawns and provide company and support.

The third woman was in her 80's, she had never married and was in good health. She had lived a fairly sheltered life protected by her older sister who had recently died. An unmarried brother also lived in the family home. She was referred to Banksia because her brother was very unwell and his sister needed to build up community support networks in case his support had to be withdrawn.

Stage 1
Because the three ladies were all referred at different stages, they were initially attending Centre based planned activity programs on different days, however, it soon became obvious that they could possibly benefit from being linked together to give each other support and reduce loneliness. It took quite some time to discuss with them and their carers the advantages of changing current arrangements. Once they agreed, intense support was given by Banksia staff to minimise disruption and confusion due to change of days and different transport arrangements (changed from bus to taxi).

Stage 2
Over a period of time suggestions were made to their carers to consider the option of utilising overnight respite for two nights (weekend). The coordination of this initiative took a long time - engaging carers and arranging respite was no easy task due to the health status of two of the carers and the grandson working part time. It took time to assist them to understand the benefits of their family member being able to sleep over. Eventually the three ladies enjoyed regular weekend respite together and became good friends. It was also organised for them to share a taxi to the Planned Activity Group. When their need for respite increased they were able to go to the same Host Home. Recently one of the ladies has moved into full time residential care but the other two continue to access host home respite and overnight respite together.

The carers were linked together and were able to share some of the tasks of caring such as getting their relatives organised to travel to respite. The flexibility of the model of care enabled the three ladies to develop a friendship which was able to be maintained through their changing needs. It also linked the carers so that they could obtain support from each other.
Southern Peninsula Community Care (SPCC)

SPCC provides a ‘one stop centre for a broad range of services:

- Centre Based Social Support
- Community Access Social Support
- Shopping
- Volunteer Transport
- Host Home Respite

This range of services within the one organisation enables clients to build a flexible; package of care; transition from one program to another is very easy and there is no disruption to continuity of care. The following individual case study illustrates the strengths of this service delivery model.

<table>
<thead>
<tr>
<th>Margaret is a 58 year old professional, single woman who has had a series of strokes and has no family support. She has severe difficulties with speech and mobility but is very independent, determined and reluctant to accept help. She lives in community housing, and was referred to SPCC by the Council Home Help for assistance with transport to medical appointments.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over the next few months our volunteer escorted transport program assisted Margaret to attend medical appointments locally and in Melbourne. During this time we were able to build a trusting relationship with Margaret and offered to help her with her shopping. She agreed and joined our fortnightly shopping program, where she is picked up in 12 seater bus and taken with a group of shoppers to the local shopping centre. The shopping program has dual functions, it enables people who may need assistance to shop independently and then meet for coffee and a chat before they are taken home. This social contact was at first difficult for Margaret because of her physical limitations but with encouragement and support she regained confidence.</td>
</tr>
<tr>
<td>After several months of transport and shopping help we offered Margaret a place on our community access program. She gladly accepted and enjoyed a couple of years of full day Wednesday outings on our 12 seater bus. The outings were wide and varied, trips to Melbourne for Puffing Billy, Federation Sq., local trips to galleries, nurseries and the movies, ferry trips to Queenscliff and to feed the dolphins, picnics and lunches at every RSL and pub on the Peninsula.</td>
</tr>
<tr>
<td>As the health of Margaret declined she started to find the outing program physically difficult, so we offered her a place in our Day Centre. While at first hesitant, she agreed to attend and give it go. Margaret is the youngest participant attending Day Centre but her physical decline and limitations means she needs assistance at meal times and with toileting. Margaret had been a highly skilled musician before her strokes and really enjoys the music therapy program in the day centre. She also played cricket and golf and still has competitive desires, to her pure delight she has found that she can play and enjoy shott “n’ shuffle, which is highly skilled table game.</td>
</tr>
<tr>
<td>Margaret has also been on a few “weekend away” trips with SPCC, as she had not had a holiday for over 25 years.</td>
</tr>
<tr>
<td>Margaret needs assistance with many aspects of her day to day living, at her request on her behalf we arrange her medical appointments, ensure her bills are paid, take her cat to the vet and do whatever is required.</td>
</tr>
<tr>
<td>SPCC has been able to work with Margaret over many years offering her help as required; her current care plan has her receiving transport, shopping, day centre and case management.</td>
</tr>
</tbody>
</table>
**Wesley Do Care**

Wesley Do Care is a social support program that utilises volunteers to support socially isolated frail aged people and adults with a disability who live independently in the community. In contrast to larger group centre based social support programs, Wesley Do Care is able to offer a flexible approach tailored to the individual’s needs and interests. The Wesley Do Care program assists people to reconnect with important aspects of their lives and where possible, become reintegrated into their local community. It aims to increase people’s social opportunities through the support of friendly, trained volunteers. Involvement may be on a one to one or group basis.

Shared activities may include:
- Conversation and companionship
- Walks, local drives, visits to places of interest
- Playing cards and board games
- Gardening, golfing and fishing
- Sharing a meal

Wesley Do Care also provides a Telelink program which enables groups of up to 10 socially isolated people to talk together on the telephone from the comfort of their own home on a weekly basis. The Telelink program caters to a broad range of interests such as groups for friendship, gardening, music, literature, language, current affairs, armchair travel, trivial pursuit and many more.

The following individual case studies highlight the benefits of this service delivery model.

**Wesley Do Care Case Study A 1:1 Volunteer & Telelink**

June is a 66 year old divorced woman who lives alone. Her only child is a professional sportsman who spends most of the year travelling. Due to a spinal condition and multiple health problems June finds it extremely difficult to leave her home. She uses a 3 wheel walker. June receives Delivered Meals, Home Care and Personal Care.

At assessment June stated her interests in the past were travel and sport. She enjoys history and current affairs. June also expressed her Christian beliefs and values.

June’s request was for an intelligent volunteer with challenging conversation and similar values to hers. The coordinator had recently trained a male volunteer who works in a managerial position & has been a pastoral minister for 8 years. Tony shares some similar interests to June’s.

June & Tony were matched for weekly home visits; in this instance outings were not an option. Tony has been visiting regularly for 6 months. June is delighted to have the opportunity to discuss subjects of interest to her.

The coordinator suggested Tony’s visits could be supplemented by Telelink. June now participates in Trivial Pursuit, Sale of The Century, Word Games and Meditation. June is able to participate from her bed or special lounge room chair depending on her health at the time. Participating with like minded people for 45 minutes on each link spread over a week has resulted in June now having the confidence to facilitate one of the telelink groups.

June recently commented to the coordinator that “Do Care has turned my life around”.

Wesley Do Care Case Study B: Small Group

John is an 89 year old man who lives alone. His wife has dementia & lives in a Nursing Home. John has no children or extended family and no friends. John was referred to Wesley Do Care by a mental health service. He had declined referrals to all other support services.

John saw himself as a victim blaming his wife and others for his lifelong misfortunes. At assessment John presented as extremely isolated & lonely but he initially declined Wesley Do Care services or referrals to a planned activity group. The coordinator offered to leave information with him & phone at a later time. John was suspicious of Wesley Do Care’s intentions. He stated he “wasn’t born to live alone”.

The coordinator persevered with weekly phone calls inviting John to the local lunch group. Four months later John attended his first lunch. Whilst everything was wrong from the food to the other people attending he ‘reluctantly’ continued to attend. John now phones the coordinator to check the date for the next lunch. An experienced volunteer who John first met at a lunch also phones each week and occasionally takes John and another client out.

The coordinator received a phone call from the referring psychologist saying she was very surprised anyone had been able to engage with John. She has been able to reduce her contact with John who she describes as no longer being clinically depressed.

Wesley Do Care Case Study C: 1:1 Support and Outings

Sam, an 81 year old man from central Europe lives in an SRS. He is estranged from his family. He has few interests but is a keen chess player. He was referred to Wesley Do Care by the SRS manager. Sam did not connect with other residents.

Whilst not easy to engage initially Sam’s demeanour brightened when chess was mentioned. Sam agreed to have a volunteer to play chess with away from the SRS.

Sam and his volunteer Charles play once a week at Charles home. Approximately once a month another volunteer and client join them. The volunteer’s teenage son also joins in from time to time.

After 9 months the SRS Manager reports that Sam is a happier, more communicative person.
Appendix 7 TOR for Project Steering Group

Project Aims
To develop a cohesive strategic plan to inform the development of relevant support services into the future for implementation in the Frankston/Mornington Peninsula district.

Project Objectives
- To identify the existing and potential users of social support services;
- To evaluate the current performance of the sector in the district with regard to the experience and expectations of service users;
- To identify opportunities, objectives and strategies for future program development in the district.

Project Deliverables
1. Report outlining:
   - the service demand for HACC services in the Frankston/Mornington Peninsula district,
   - the performance of current services,
   - opportunities for future development and
   - the service delivery model that is responsive to the future needs of this area.

2. Strategic Plan for the development of HACC social support services in Frankston/Mornington Peninsula area.

Aims of Steering Group
1. To provide project management and oversight of the strategic planning project.
2. To ensure accountability of project worker.
3. To contribute information and ideas to the project worker.
4. To assist the project worker to link in with relevant services and consumers.
5. To promote links and networks between social support services.
6. To advocate on behalf of social support programs to local government and DHS.
7. To disseminate the findings of the project

Operation
- Meet monthly on 3rd Wednesday of the month from 2.00 – 3.30 pm at the Mornington Peninsula Local Government Office in Hastings for the life of the project.
- Communicate via email and minutes.
**Membership**

All Social Support Programs operating in the Peninsula:

- Andrew Kerr Day Centre
- Banksia Service for Seniors
- Frankston City Council
- Mornington Peninsula Shire
- Mt. Eliza Community Contact
- Peninsula Support Services
- Rosewood House
- Southern Peninsula Community Care
- South Central Migrant Resource Centre
- Wesley Do Care
- Vision Australia

Plus
DHS.