REPORT ON THE EVALUATION OF THE COOLIBAH DAY CENTRE

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TABLE OF CONTENTS

PART ONE:

THE CONTEXT

1. INTRODUCTION

This report details the background, findings and conclusions of an evaluation of the Coolibah Day Centre conducted in late 1996 and early 1997.

1.1 Background To The Report

The Coolibah Day Centre (CDC) was last reviewed in 1990. Since that time, the Brotherhood of St Laurence (BSL) has undergone significant change across the organisation.

In 1994, a report was produced following a major review of the organisation as a whole. This report, *Directions 2000*, made a number of key observations and recommendations for future change within the Brotherhood.

Based upon consultations and the work already undertaken by Deborah Elkington, the report then drew up a series of guiding principles for service involvement. These principles are:

- The Brotherhood's activities are founded on the principle of empowering the people it seeks to serve.

- The Brotherhood will support and assist local communities to develop initiatives in new areas through empowering and seeding new ventures, but will try to avoid permanent colonisation.

- The Brotherhood will give priority to the needs of people who are poor, particularly in areas that are not being addressed by other agencies, or new and emerging areas of need in the community.

- The Brotherhood will give priority to areas where synergies between advocacy and services for target groups can be developed.

- The Brotherhood seeks to ensure diversity of funding in order to secure its independence.

- The Brotherhood will only do that which it can do well and where it can have a wider impact and strategic influence.

- The Brotherhood does not aspire to be simply the biggest service provider in any particular area of activity. (ibid 1994: 29)

These guiding principles may be said to set the parameters for this evaluation in that they establish the strategic purpose of the organisation's involvement in service delivery.

As well as organisational change, the funding environment has also experienced considerable change. From 1978 to 1995, the CDC was funded by the Health

Department of Victoria (this department is now known as Human Services). Until 1995, the funding of the service was under the umbrella of the Community Health Programme.

In July 1995, the programme name, emphasis and division responsibility was altered in response to a number of reviews. The name of the programme was changed from Day Hospitals/Day Centres to Community Rehabilitation Centres (CRC); the programme emphasis shifted from day attendance towards part-time and sessional programmes tailored to link up directly with earlier hospital discharge coupled with early post-acute and short-term rehabilitation; and the programme came under the auspices of the Aged Care Division of the Department - now the Aged, Community and Mental Health Division.

Whilst the programme was always under the auspices of the relevant government health agency, the re-definition of Community Rehabilitation Centres has reinforced its medical model of service delivery.

Thus the core services of a CRC are:

- Rehabilitation and/or Geriatric Medicine
- Nursing
- Physiotherapy
- Occupational Therapy
- Speech Therapy
- Social Work

Specialist services include:

- Podiatry
- Dietetics
- Psychology
- Neuropsychology
- Prosthetics
- Recreation/Leisure/Integration
- and others as required.

As befits this medical orientation, funding will be applied on an Output-Based Funding (case-mix) model.

Whilst the CDC does provide some of those services listed above, it has never had the provision of medical or allied health services as its main purpose. The search for an alternative funding source, given the lack of congruence between the Coolibah and its funding programme, has therefore been another important purpose behind this evaluation.

The funding situation of the CDC, like so many other long-standing services, arose in an ad hoc manner driven more by a submission-based approach and sphere of influence, and may be regarded more as an historical accident rather than as a specific

planned approach to service delivery. This is a key point which needs to be borne in mind in understanding how the CDC has developed over time and how it currently functions.

1.2 Project Aims

The overall purpose of the evaluation was to consider and recommend future programme directions for the Coolibah, taking into account the experiences of the current Coolibah service; the current and projected needs of the broader 50+ (low income plus) age group in the City of Yarra; the nature of existing service infrastructure in the City; broader service policy and future trends in aged services; and BSL service criteria.

Objectives

The evaluation had a number of specific objectives.

Primary objectives

1. To provide advice on who the Coolibah service should be working with in the next 3 to 5 years, giving particular consideration to the issue of targeting; and recommending any key target groups for the service.

2. To identify possible future service models, giving consideration to the implications of these for the current Coolibah service including any required changes/modifications or affirmations with respect to service philosophy, aims, objectives, desired outcomes, key programme elements, practice approaches and target groups.

3. To identify the implications for funding, including the identification of possible funding sources.

   (Responses to these primary objectives are presented in Chapter 7 of this document as they go to the heart of the recommendations for the future of the service)

Secondary objectives

In order to achieve these objectives it was envisaged that the project would:

- document the current Coolibah service. Specifically:

- provide a brief overview of the history of the service, conveying a sense of the changes which have occurred over time in relation to target groups; the nature of the service provided and how it is provided; and identify emerging issues for targeting and service delivery;

- briefly describe the current programmes run by the service; identifying who the programmes work with, what the programmes provide, for what purpose, the types

of outcomes sought for service users, who funds the programmes, and clarify how individual programmes link to the broader purposes of the Coolibah and the intended outcomes for service users;

- identify who is currently using the service, what for, and overall patterns of usage;

- identify strengths and weaknesses of the current service use from the perspective of staff, service users and external agencies. (Identifying strengths and weaknesses of the service from a staff perspective should include consideration of strengths and weaknesses of the service relative to Directions 2000);

- provide information on the characteristics and needs of the 50+ age group in the City of Yarra, in particular those people who are 50+ and low income plus, and giving attention to the identification of any particularly vulnerable groups within the broader target group (e.g. those older people living in insecure/inadequate accommodation, those with disabilities etc.). Reflect on this in relation to the current group using the Coolibah, the nature of the current programme and possible future programme directions and target groups;

- provide information on the nature and extent of services available to the 50+ low income + group in the City of Yarra, identifying the perceived strengths, weaknesses and gaps in the current service infrastructure; vulnerable groups; agency backgrounds and areas of expertise; and reflect on these in relation to the role of the current Coolibah service in the broader system and possible future roles;

- provide information on broader policy/service delivery trends and any sub-groups likely to be most vulnerable in the 50+ low income + group and reflect on this relative to the needs and circumstances of the local environment, and possible future roles for the Coolibah, giving consideration to any strategic influence the current or potential programme could have;

- identify current service models which may be of relevance to the target groups;

- identify current Government funding options, and identify potential funding opportunities and constraints for the Coolibah;

- develop a discussion paper which synthesises the project's findings and develops options for the future Coolibah service taking into account key service criteria identified in *Directions 2000*;

- facilitate discussion between relevant the stakeholders (service staff/management, SAR and key external people) concerning the implications of the options developed for the current programme and for existing groups using the Coolibah, in order to inform the development of draft recommendations; and

- produce a final report recommending future programme directions to the Executive Council.

1.3 Project Method

Much of the project method has been specified in the preceding section. What follows below relates to how the data was collected. Both qualitative and quantitative data were collected for this project. More than 50 questionnaires were sent out to agencies within the City of Yarra who were identified as having some - if only tangential - connection with aged care. Twenty-one questionnaires were returned, representing a response rate of about 40%. Copies of this questionnaire can be found at Appendix 1. From these questionnaires, some key local agencies were identified and individual interviews were held. Consultations were also held with representatives from both Local and State government.

The views obtained from the external agencies are not contained in a separate chapter rather, these views have been utilised to inform the report throughout.

Within the Coolibah itself, group interviews were held with some thirty participants. Two surveys of service users were conducted. The first, conducted in January contained both qualitative and quantitative data and covered 25 service users. A copy of this survey instrument can be found at Appendix 2. A more detailed survey of over 60 participants was conducted in June. This represents a sample of approximately 30% of all service users of the Coolibah. A copy of this survey instrument can be found at Appendix 3. In addition, a forum was held to determine service user preferences which was attended by about 40 service users.

With regard to Coolibah staff, all previous co-ordinators of the service, bar one whose whereabouts were unknown and another who was deceased, were interviewed as were all current staff and some previous staff members. These interviews, as with those involving groups of service users, were conducted in a semi-structured format. The advantages of this approach is that it allows interviewees to express their views more widely than in a more structured format whilst still covering the same broad issues. In addition to these interviews, three workshops were held with staff to look at the meaning of outputs and to discuss the draft report.

Despite the intentions of the project brief, interviews with non-users of the service proved extremely hard to obtain. As only two interviews were completed, it has been decided not to include that material in this report.

The project was overseen by an advisory committee whose members comprised:

Sally Ryan, Manager Aged Care, BSL Metro Region
Lesley Dredge, Director Community Services, BSL
Val Power, Co-ordinator Coolibah Day Centre (Until June 1997)
Mara Pacers, Senior Manager Prahran Mission
Mandy Leveratt, Senior Policy Officer, BSL and Project Officer

2. HISTORY OF THE COOLIBAH DAY CENTRE

The CDC was established by Father Gerard Tucker as the Coolibah Club in 1946 on the same site as it currently inhabits. The initial service user group comprised older males living in the many slum dwellings, rooming houses and low-cost hotels within the local area of South Fitzroy because these were the people Father Tucker saw sitting outside on benches in the cold. The original purpose was therefore to provide shelter, warmth and a hot meal for these men.

Tucker's response to a perceived need epitomised the BSL's early services and was characteristic of his "deeds not words" approach to social action and service delivery.

In 1954 the Club was opened to women for the first time which apparently provoked hostility on the part of the men. It was not until the Club obtained a television set that there appeared to be any mixing between the women and the men, as the television was located in the women's room.

In 1954, also, it was decided to involve the Club members in the decision-making processes of the Coolibah. However, according to Williamson, the advisory committee which had been established for this purpose "was disbanded because it created friction between the club participants and staff". (Williamson 1981: 3) This early experiment in, and failure of, service user participation reflected both the Brotherhood's reputation for innovation and its limitations as a charitable agency very much in the mould of "welfarism".

The original staff members in the period to 1978 were Jessica Sumner and Jessica Millott. Until Jessica Millott took over as Manager in 1962, both women were unpaid but full-time volunteers and neither had any specific training in running a centre nor in social work more generally. If they saw a problem, they responded to it; whether that be delivering meals on foot to local housebound older persons - a forerunner of meals on wheels - or giving character evidence in court.

The ethos of the Coolibah at that time was firmly established around the notion of "we know best", which involved doing things for others rather than a mutual understanding of the problem and a joint movement towards solution or resolution. As Jessica Millott recalled: "I used to do the members' tablets before they went to their rooms, otherwise they would take them at Five and more at Eight."

Thus, a spirit of paternalism permeated the Coolibah. Having said this, it would be erroneous to interpret this approach as peculiar to the Coolibah or to the Brotherhood as a whole. Rather, what is being described here is an approach which was common across the welfare sector until the 1970s and 1980s.

The early model of Coolibah is difficult to discern because, although it was clearly established to assist men living on the streets around Fitzroy, it appears to have evolved fairly rapidly more along the lines of a Senior Citizens Centre. Thus, although some services were available for those who lived on the streets - such as showers - these people do not always appear to have been encouraged to become members of the service, particularly if they were alcoholics or otherwise "unsavoury" characters. As

one former co-ordinator said, the service would "take men from the tram shelters, shower and clean them, and put them back outside". Some local agencies in the course of the consultation process, whether correctly or not, still believe that the Coolibah has a reputation for only taking "a better class of person".

Nonetheless, it is clear that the service was typical of its time in that it was essentially a charitable service with the BSL determining the needs of service users - the experiment in participant decision-making notwithstanding. Certainly the available evidence suggests that participants were not encouraged to take control over their own lives, with Coolibah staff controlling their money, their medication and their appearance.

In 1978, the Coolibah received government funding for the first time to establish a Day Centre as well as the Club. A nursing sister, Lyn Bathurst, was employed as overall manager of the service replacing Jessica Millott.

A number of key changes occurred with this new development. The first was the introduction of specific rehabilitation programmes. This was a consequence of the Coolibah receiving referrals from the Mount Royal Hospital in Parkville, most of whom were stroke victims. Because of this development, the Wandarrah workshop was established to provide activities for the people referred from Mount Royal. The BSL provided the equipment and paid the rent on the premises in Fitzroy Street, whilst Mount Royal supplied occupational therapists on a part-time basis. The products made in the workshop were sold through the BSL's retail outlets.

Over time, it would appear that the service user group accepted by the Coolibah for the workshop departed from that envisaged in the original aims and objectives of the programme and this led to Mount Royal withdrawing its support and resources. Over time, too, Wandarrah disappeared altogether - swallowed up by the re-development of the current Brotherhood site. The disappearance of Wandarrah occasioned considerable anger at the time and in subsequent years a number of proposals for the re-establishment of a workshop have been mooted but to no effect.

A second key development was the provision of a number of para-medical and allied health services including, physiotherapy, occupational therapy and chiropody.

At the same time, the Coolibah Club itself continued to constitute the main programme of the overall service. In 1979 physical integration of the day centre and the Club was achieved, although not without certain tensions between the two groups of service users which continued to be discernible in the Coolibah throughout the 1980s and may be discerned today in the very small number of Club members who still attend the service.

With the co-location of a rehabilitation day centre and what was, to all intents and purposes, a senior citizens centre, such tensions were bound to occur. The two groups were heterogeneous and were attending for quite different reasons. Indeed, it could be argued that from this point onwards, the Coolibah started to experience some difficulties in determining its role as a service delivery agency which are still evident today.

Nonetheless, during the 1980s, with a further change of co-ordinator, a number of key innovations were introduced into the Coolibah which succeeded in breaking down some of the divisions in the service - not merely the divisions between different service user groups but also those between service users and staff.

Among these innovations were: the introduction of consumer participation in the decision-making processes; a stress upon the importance of relationships, between service users and between service users and staff; and the use of the group as a whole as a therapeutic mechanism. These changes represented a conscious shift away from a medical model, with all its stress upon illness and disability, towards a notion of therapeutic communities with an emphasis upon socialisation and consumer empowerment.

However, any reconciliation of the disparate groups that was achieved during this period received a setback at the end of the decade when a new co-ordinator was appointed who came from a background of working with homeless men and therefore sought to orientate the service towards this group by establishing the centre as a drop-in and by an explicit welcoming of those not traditionally seen as elderly.

In the early 1990s, an additional element was introduced to the service with the establishment of an integration programme for older persons with an intellectual disability. Thus, within the space of a few short years, the Coolibah service user group had changed significantly.

Over the past twenty years, then, it is clear that the Coolibah has been subject to a number of major changes which have, in their turn, altered the nature of the service user group attending the service. Some of these changes were planned. Others, however, have been unplanned and somewhat opportunistic with little apparent thought given to the ways in which altering the service user group would affect the overall service and the manner in which it could and should deliver its programmes.

This is not to say that the service was, and is, not attempting to respond to the different needs which have presented themselves rather, that insufficient attention appears to have been paid as to how the service was actually going to respond to those needs beyond the simple act of opening its doors.

Since 1980, the Coolibah has been reviewed six times through formal evaluations and in-house reviews. The current evaluation constitutes the seventh review of the service. Despite the changes which have occurred in the funding and policy environment, and the BSL more generally, some common themes can be discerned as running like a thread through all the previous reviews.

These themes include:

- who should be the target group for the service
- what should be the role of the Coolibah in service delivery within the local area/region
- how to appropriately recognise, respond to and meet service user needs

- how to assess service user needs
- co-ordination and networking with other local agencies
- how to involve participants from a non-English speaking background
- how to involve service users in the decision-making processes of the centre

That most, if not all, of these themes are pertinent to the current evaluation indicates the long-term nature of some of the problems which beset the CDC and highlight the problematic legacy bequeathed to the service today of previous decisions.

What makes the development of the CDC over the last twenty years all the more intriguing is that, at exactly the same time as government funding was being sought for the Centre, the Social Policy and Research section of the Brotherhood was outlining a project proposal which became the SPAN project.

In her proposal for a "developmental programme for the aged", Connie Benn wrote:

> A developmental approach to ageing acknowledges the expertise and skills accumulated by any person who has lived for many decades, and the capacity of older people to transfer those skills to anyone in society who wishes to learn them. A developmental approach does not discriminate against older people but includes them in the mainstream of society by valuing their contributions and acknowledging their potential for growth and the possible contributions they will make in the future. A developmental approach recognises that token participation in helping to run the services which create dependency, e.g. meals-on-wheels, is not genuine participation in community life but social control. Confining participation of the aged to remedial services which encourage dependency is a less than subtle way of informing the aged that they are powerless, that they have no right to choose their own lifestyle, or to have their views heard in order to influence community decisions. (Benn 1977: 9)

The SPAN project was funded by the Brotherhood from 1978 to 1981. During this time the project implemented a number of activities which were considered highly innovative. These activities included: the establishment of a home handyman (sic) service which provided minor repairs to the homes of frail older persons; the formation of a transport group who agitated for the provision of a mini-bus by the then Northcote Council for use by community groups and who also prepared a submission on the need for taxi vouchers for the frail aged and disabled residents of Northcote; a reading programme which involved SPAN members in teaching literacy and reading skills to local schoolchildren and; a number of other activities linking SPAN into other local communities. In addition to this range of activities, a key feature of SPAN was its organisational structure which stressed self-management leading to eventual autonomy.

The question needs to asked as to why the ideas which lay behind the formation of SPAN did not penetrate other areas of the Brotherhood's aged care services - especially a non-residential service such as the Coolibah. Part of the answer seems to lie with where such ideas originated; in other words, SPAN was a project initiated and

operated through the social policy and research arm of the organisation rather than through community services. However, this does not sufficiently explain why ideas did not traverse from one section of the organisation to another.

It is perhaps more plausible to seek an explanation in a confluence of factors, of which the tension between a welfarist perspective and innovative practise may be arguably the most important. The identification of this tension, for example, underlies many of the recommendations contained in *Directions 2000* and may also explain why a number of individual attempts to introduce new ideas into the service have not changed the service as intended.

A further explanation for the dichotomy in approaches between the Coolibah and SPAN may also be found in their funding sources. Thus, SPAN was a project funded entirely through the research and policy arm of the Brotherhood and had an explicit developmental perspective whilst, as the discussion in the following section illustrates, the Coolibah received government funding through the Health Department Victoria, which may be considered the Cinderella of government services when compared with programmes operating under the auspices of Community Services.

3. THE CHANGING POLICY ENVIRONMENT

When the Coolibah was first established in 1946 there was neither Government funding nor a policy framework for the delivery of such a service. Although older persons were entitled to receive an aged pension, there was no universal access to free medical services such as the Medicare scheme today. The Victorian Housing Commission had been established eight years earlier thereby accepting the role of governments in housing services for low-income people. Just one year prior to the CDC opening, the Commonwealth Government also acknowledged its responsibility in this area - primarily in response to a housing shortage and the need to provide accommodation for returned service people - but this remained the sole area of service delivery of the Commonwealth (if one excepts the universities, which, again, the Commonwealth took funding responsibility for in 1945 because of the exigencies of the time). Thus Commonwealth involvement in funding for services was generally restricted to two areas considered of high priority in post-war re-construction - education and housing.

Any gaps in service provision, which were myriad, had been, and remained for some time, the responsibility of larger welfare agencies such as the Brotherhood. Centres like the Coolibah therefore developed not as a response to governmental initiatives but rather more as a reflection of the direction and philosophy of their mother organisation.

The ad hoc nature of the development of day services like the Coolibah is not peculiar to Australia; nor is the latter-day rationale for their existence. In her study of day services for adults in Britain, Carter found that they were very much a post-war phenomenon, with accelerated growth in the 1960s and 1970s following the promotion of community care and a gradual shift away from institutional care. Carter also found that the service providers and funders were quite diverse thereby also reflecting the development of several different models of service delivery.

The largest service providers were local authority social service departments with three-quarters of their units being located outside institutions. The second largest providers were the area health authorities, with more than 90 per cent of their units located in an institutional setting as day hospitals for the "elderly confused" and the "mentally ill". The third largest providers, Carter found, were voluntary agencies; almost none of whom had units based in an institution.

Three strands can be discerned in this arrangement, representing different service user types and service models. The first provider, the local authorities, had tended to concentrate upon the provision of disability services; the second on residential health-related services; and the third upon social (or non-psychogeriatric) aged care. (Carter 1981) The three models represented here are rehabilitation; health-related; and socially focussed.

Thus, whilst all these services shared the same name, their different service user groups and providers reflected the differing levels of government funding and responsibility and the differing directions they had taken.

The pattern of three distinct, but often in practice overlapping, models of service delivery for adult day care has been well-documented in the literature from overseas and in Australia.

Thus, according to Tate and Brennan, in the United States: "Most adult day care centres describe their programme by utilising one of three types of programme models. Currently these models include (1) the health or restorative model; (2) the maintenance model; and (3) the (psycho) social model. Each of the three models have commonalities such as psychosocial activities to improve and maintain mental health, health supervision and supportive services, nutrition services including noonday meals and snacks and transportation." (Tate & Brennan 1988: 5)

According to this typology, the first model emphasises medical and/or rehabilitation services for service users who might otherwise require institutional care. The second model provides long-term care to those who might be at risk of institutionalisation in the near future through a combination of health support and social activities. The third model emphasises socialisation through activities and regular attendance.

In Australia, DeSouza also presented three actual and/or potential models, organisationally differentiated like the British models described by Carter. The first model was that of the Senior Citizens' Centre, which he saw as moving from a social club to play a more integrated role as primary care and psycho-social care centres. The second model he described as psychogeriatric with specific links to a psychiatric or geriatric day hospital. The third model for DeSouza was the geriatric day hospital itself through the provision of intense medical and allied health services in order to ensure regular transition back into community-based services. (Howe 1983: 15)

In all the models described above, it is possible to delineate the typology as a "continuum of care" from social well-being to those at risk of institutionalisation. The continued emphasis upon, and concern with, the establishment of a "continuum of care" in the literature today highlights the fact that the theory was well in advance of the actual practice.

In 1983, Anna Howe undertook a pioneering study of older persons' day care services in Melbourne prompted in large part by the findings of Carter's study and by the recent growth in day care services "lacking any co-ordination or policy direction". (ibid: 6)

Howe found that there were no government funds allocated directly for day care services for the elderly, rather such services tended to be established under wider, generally health, programmes. These programmes included:

- The Nursing Homes Assistance Act (Commonwealth funded) which allowed certain activities for outpatients to be established in deficit funded nursing homes. Out of 53 such homes in Melbourne in 1982, Howe found that four ran day hospitals and seven conducted day centres for both inpatients and outpatients.

- The Community Health Programme (State funded) whereby day care services were operated by community health centres or when institutions such as geriatric

hospitals established day centres and day hospitals as special projects. In 1982, community health centres ran one day hospital and ten day care centres in Melbourne, whilst 22 day hospitals and seven day care centres were run by different hospitals. The Coolibah received its funding under this programme.

- The States' Grants (Home Care) Act (Commonwealth funded). The aim of this Act was to facilitate the development of Senior Citizens' Centres as both recreational services and as the main locus for the co-ordination and delivery of domiciliary and other support services, similar to that proposed by DeSouza This intention did not eventuate and the two developed quite separately.

- The Family and Community Services Programme (State funded) which provided small grants for community development activities of which day care could form a part. (ibid: 8-12)

As the above funding sources indicate, a variety of day care models developed with a concomitant variety of service provision, although by far the greatest emphasis was upon health care and the least was upon community development. However, Howe advised against taking this taxonomy too literally as the sheer diversity of day care providers also indicated that there were differences between apparent models and actual practice.

Howe concluded that a combination of diverse funding sources, provider agencies and independent initiatives exemplified "the fragmentation of organisation that is characteristic of aged care services in general in Australia". (Howe 1984: 117)

It was precisely for this reason that the Commonwealth introduced the Home and Community Care (HACC) programme in 1985 involving all three tiers of government. The aim of HACC was to bring a range of programmes under the one umbrella; to focus more specifically upon community care and; to extend the target group to include people with disabilities and not just the aged.

The objective of HACC is: "To enhance the quality of life of the frail aged and younger people with disabilities and their carers, by providing high quality and cost-effective care in the community so that appropriate services are provided according to the assessed need of the individual, and inappropriate admission to residential care avoided." (House of Representatives 1994: 3)

Thus the implementation of the HACC programme in 1985 was part of an overall policy re-orientation of aged and disability services, away from institutional care and towards community care - whether that policy is called "ageing in place" or "deinstitutionalisation". Whilst the high costs associated with institutional care may be identified as one driving force behind this re-orientation, it cannot be said that it was the major one - the shift away from institutional care also accorded with the wishes of the people themselves and may be seen as one facet of the consumer rights movement that had also been gaining ground since the 1970s.

Whilst one of the aims of HACC was to bring about greater integration of community care services for older persons and younger people with disabilities, this did not occur

in Victoria, nor in other States such as New South Wales, in the area of day care services. (Fine 1995)

A review of day hospitals in the north-eastern metropolitan region of Melbourne in 1991 found that past funding patterns and service development still dominated the field.

Under day hospitals the review found there were:

- Day Hospitals funded by the Health Department Victoria, provided by Regional Geriatric Centres or acute hospitals.

- Day Therapy Centres funded by the Commonwealth Department of Community Services and Health through the Specific Grants programme and auspiced by voluntary sector agencies.

Under day centres the review found there were:

- Adult Day Activity and Support Services (ADASS) funded by Community Services Victoria through the HACC programme, provided and often partially funded by voluntary sector agencies, hospitals, community health centres and local government.

- Day Centres funded by the Health Department Victoria, provided by Regional Geriatric Centres, community health centres and voluntary sector agencies.

- Recreational day centres such as creative living centres and craft groups, provided and funded by community groups and voluntary agencies without government funding. (Health Department Victoria 1991: 1-2)

Day therapy centres funded by the Commonwealth Department of Community Services and Health and ADASS, funded by Community Services Victoria, both operated under policy guidelines in terms of service provision and target groups. However, at that time (1991), no such framework existed for either day hospitals or day centres funded through the Health Department Victoria. Thus, in the early 1990s, fragmentation of policy and service delivery was still evident in day care services for older persons in Victoria and has been well documented in other States as well. Moreover, without adequate integration of service delivery and a coherent policy framework, funding for services - particularly within the health area - tended to follow historical patterns which were input based and had poor accountability and monitoring mechanisms.

The policy trends of the 1990s have been aimed at addressing a number of the deficiencies observed within the system of care for older persons, particularly with respect to the need for the system to function as a "continuum of care".

In Victoria, at the departmental level rationalisation has occurred through, firstly, the emergence of the Department of Health and Community Services and now the Department of Human Services which, for the first time, brings together all the

programmes designed to assist low income and disadvantaged people into the one department, including housing.

At the divisional level, all those programmes which have an impact upon the health and well-being of older persons have been brought together under the Aged, Community and Mental Health Division. The intention of this amalgamation is to improve the co-ordination of service provision across service types to ensure continuity of care, especially when people have complex care needs.

In terms of resource allocation, the Department of Human Services is moving away from historical budget allocations and towards a distribution of resources on the basis of weighted-population formulae. In addition, it is anticipated that HACC programmes will be funded accorded to an output-based mechanism from 1998-99. This will also involve services complying with minimum data set requirements.

A shift in emphasis from the requirements of services towards the needs of consumers will involve an attention to service quality, the application of national standards for HACC services, the introduction of consumer satisfaction measures and the targeting of services to specific groups such as people from a non-English speaking background and those who are financially disadvantaged.

Consistent with the Victorian Government's trend towards a purchaser/provider split, regionalisation and competitive tendering, two specific developments may be anticipated:

- horizontal integration of particular services, such as community health services, within a region to be tendered out on a competitive basis to the one provider for the whole region.

- vertical integration of all the service elements of a system, such as the community health system, through the transfer of service provision to a single provider such as the Healthcare Networks on a competitive tendering basis. (see, for example, Department of Human Services 1997b)

In essence, then, the future of human services means that there will be a number of quite fundamental changes to the system. Firstly, there will be integration of service delivery across and within a region - for the Coolibah, excepting psychiatric services, this means the Northern Region. Secondly, services will be funded on an output basis rather than on the basis of the profiles of the services themselves, thereby requiring the development of individual service plans or some other form of case management system in place. In addition, such funding as will be available will be determined according to various weighted-population formulae. Finally, services will need to be tailored to both the needs of consumers generally and to particular disadvantaged groups within the overall target population. This will involve the development of consumer satisfaction instruments, greater service user consultation in service delivery and the targeting of services to those in need.

Whilst all these developments, except perhaps that of vertical integration which may have serious implications for the balance of service provision, are designed to ensure

that services are flexible and responsive to the actual needs of the people they are designed to serve, it is important to bear in mind also that these developments are occurring against a backdrop of fiscal constraint and the introduction of a user pays system which may well run counter to the intentions of some of these reforms.

For example, the targeting of services to financially disadvantaged people may appear to be a very laudable aim but if government funding is not sufficient to deliver these services there will inevitably occur the temptation to deliver services only to those who can afford to pay or to skew the service user profile significantly. Alternatively, the narrow targeting of services only to those most in need could result in the development of two separate service delivery systems - the privatised, for-profit sector with high quality services and the public or non-profit sector with poorer services. Additionally, people assessed as only having low personal and medical care needs - as opposed to social needs - may find themselves excluded from the system altogether.

The implications for a service such as the Coolibah, which has been traditionally funded on an input historical basis, are profound. There are a number of key criteria which it will have to satisfy, including:

- compliance with minimum data set requirements
- targeting of service delivery
- the development of individual service plans or their like
- the development of performance indicators and outcome and output measures
- the development of service user consultation mechanisms and service user satisfaction instruments
- the tailoring of programmes to the needs of individual consumers, including those designated as in need such as the financially disadvantaged and people from a non-English speaking background
- enhanced networking across the region with like services to ensure that the Coolibah is part of a comprehensive and responsive service delivery network
- demonstration of best practice

The extent to which the Coolibah is well-placed to satisfy these criteria will be discussed later on in this report.

PART ONE: CONCLUSION

The preceding overview of the history of the Coolibah and the changing policy context for day care programmes has highlighted a number of key features affecting the service.

The Coolibah is one of the oldest extant services run by the Brotherhood. It was founded during a time when welfare was coterminous with paternalism. The ethos of welfarism permeated the service up to, and beyond, the late 1970s when it received government funding for the first time.

Despite the innovations that occurred generally throughout the community services sector in the 1970s and 1980s, the Coolibah remained largely untouched by such developments. There would appear to be two inter-related explanations for this; the first relates to the internal structures of the Brotherhood and the second to the external policy and funding environment.

With regard to the internal structures of the Brotherhood, what is of note is that innovative service development would appear to have been initiated, developed and co-ordinated from the social policy and research division of the organisation, thereby isolating such practises from the mainstream Brotherhood services. The consequences for the Coolibah, particularly when a comparison is drawn with the SPAN project, have been profound. To a large extent, the recommendations encapsulated in *Directions 2000* sought to diminish this internal divide.

The purpose of this argument is not to suggest that projects initiated by the policy side of the organisation were inherently more innovative or superior to those initiated by services but rather to highlight the chasm that appeared to have existed between policy and research and services.

With regard to the external funding and policy environment, the Coolibah has been affected both by the ad hoc nature of the development of adult day centres and by the particular programme under which it has received funding. Thus, not only have day centres themselves been established for a variety of different purposes - ranging from medical intervention to socialisation - but the various government funding bodies have also pursued different aims. It was the Coolibah's misfortune, in one sense, to have been funded under the auspices of the then Health Department Victoria because the programmes run by this department tended to be guided by a remedial philosophy rather than the more developmental philosophy which has influenced community services more generally.

The challenges facing the Coolibah, therefore, reflect both the wider challenges to services in a changing policy and funding environment and the quite specific need to orientate itself to a community services perspective. The challenges facing the Brotherhood are inclusive of those facing the Coolibah specifically but also relate to the need to develop strategies which will integrate theory and practice.

PART TWO:

NEEDS AND THE COOLIBAH

4. THE NEEDS OF OLDER PERSONS IN THE CITY OF YARRA

4.1 Demographic Data

The City of Yarra was formed in 1994 from the three former municipalities of Collingwood, Fitzroy and Richmond together with North Carlton and a small part of the former City of Northcote. In 1996, the population of the City of Yarra was estimated to be approximately 63,500, almost 50% of whom were aged between 25 and 49 years. The following table illustrates the current and predicted age distribution of the population:

TABLE 4.1: Age Structure

age	1996 %	2001 %	2011 %	2021 %
0-4 years	5.8	6.2	5.9	5.1
5-17 years	8.8	8.8	9.9	9.1
18-24 years	14.5	11.8	9.9	11.3
25-34 years	27.8	28.3	22.5	21.5
35-49 years	22.1	24.0	28.0	23.9
50-59 years	8.2	9.2	11.4	14.0
60-69 years	6.3	5.7	7.0	8.7
70-84 years	5.4	5.2	4.7	5.5
85 and over	1.1	0.9	0.8	0.8

Source: Department of Infrastructure (1996), *Victoria in Future.*

The above data suggest that, whilst the population of the City of Yarra is ageing, it will be between thirty and forty years before the full effect of this ageing is experienced in the 70+ age group, assuming that the current population remains within the city. A number of factors could well intervene to belie these statistics, of which perhaps the most important will be the continued development of inner city apartments for "empty nesters". The luring of middle aged people into the inner city from the suburbs will have a significant impact upon aged services much earlier than the above statistics would suggest. However, Yarra also has a highly mobile population which may offset this development in part.

An analysis of housing tenure within the city shows considerable divergence from either the metropolitan or State average as the table below illustrates:

TABLE 4.2: Housing Tenure By Household

Area	Owned %	Being Purchased %	Rented: Public %	Rented: Private %	Rented: Not Stated %	Total
Collingwood	25.0	21.7	19.5	32.5	1.3	5,037
Fitzroy	24.3	17.1	18.8	38.7	1.1	6,512
Richmond	27.1	19.7	17.3	34.4	1.5	8,680
Metro	40.0	30.4	3.6	19.2	6.9	1,062,710
Victoria	41.5	29.3	4.0	18.2	7.0	1,475,305

Source: Inner Urban Regional Housing Council (1996), *Regional Housing Needs Assessment*.

Of those aged over 60 years, approximately 2,500 people or 32.3% are living in rented dwellings, which is less than the average for the three former municipalities but greatly in excess of either the metropolitan or the State average. (City of Yarra 1994: 7)

The following table illustrates the nature of occupancy for those aged over 60 years.

TABLE 4.3: Housing Tenure City of Yarra - Aged Over 60 Years

	City of Yarra		Metro
Nature of Occupancy	60+ %	All Ages %	All Ages %
Owned	56.2	24.2	38.0
Rented: Government Other Not Stated	18.8 12.1 1.4	19.4 31.0 1.1	4.2 16.0 0.7
Other nature of Occupancy	7.9	6.8	5.6

Source: City of Yarra (1994). *Selected Demographic Indicators*.

In addition to having significantly higher rates of households across all ages living in rental accommodation than either the metropolitan or the State average, the City of Yarra is further characterised by a higher proportion of residents living in boarding houses, hotels and the like - 0.91% compared with a metropolitan average of 0.43%. More than half of these residents live in Fitzroy, particularly in the area around South Fitzroy where the Coolibah Day Centre is located.

TABLE 4.4: Hotel, Motel & Boarding House Residents

Motel, Hotel & Boarding House Residents	Collingwood	Fitzroy	Richmond	Total	Metro
Number	77	290	130	497	13087
Percentage	0.58	1.6	0.57	0.91	0.43

Source: City of Yarra (1994). *The City of Yarra's Older & Disabled Population. Selected Demographic Indicators*.

These figures need to be treated with some caution as they represent non-private dwellings, whilst rooming houses, which are another form of housing tenure for people on low incomes, are more likely to be counted in the census as private dwellings. This table illustrates some of the difficulties encountered with the categories utilised by the Australian Bureau of Statistics.

A combination of the age structure of the Yarra population and high rates of rental accommodation has produced a household type which also differs significantly from the metropolitan average.

TABLE 4.5: Household Type

Area	One Parent Families %	Couples Without Children %	Two Parent Families %	Lone Persons %	Other %	TOTAL
Collingwood	12	18	21	29	19	5,231
Fitzroy	11	18	19	32	21	6,713
Richmond	10	18	22	33	18	9,092
Metro	9	22	42	20	7	1,032,111

Source: Inner Urban Regional Housing Council (1996). *Regional Housing Needs Assessment*.

These figures indicate that the number of lone person households is 50% more than the metropolitan average and those living in "other" household types, which includes group households, rooming houses and boarding houses, is almost three times the average.

The following tables disaggregate household type by age:

TABLE 4.6: Household Type - Persons Over 65 Years

Household Type	City of Yarra %	Metro %
Members of Two Parent Families	11.2	11.8
Members of One Parent Families	7.2	4.9
Members of Couple (Without Children) Families	24.8	40.9
Members of Families of Other Related Individuals	3.1	2.4
Unrelated Members of Family Households or Group Households	3.2	2.0
Members of Lone Person Households	29.8	24.7

Source: City of Yarra (1994). *Selected Demographic Indicators*.

TABLE 4.7 Household Type Over 65 Years - Disaggregated By Former Municipality (number)

Household Type	Collingwood	Fitzroy	Richmond	Total	City of Yarra Totals
Members of Two Parent Families	100	192	313	605	721
Members of One Parent Families	99	107	166	372	463
Members of Couple (Without Children) Families	285	388	544	1217	1603
Members of Families of Other Related Individuals	46	47	90	183	201
Unrelated Members of Family Households or Group Households	40	57	101	198	208
Members of Lone Person Households	357	539	779	1675	1923
Total (includes visitors, non-private dwellings & not classifiable	1193	1825	2312	5330	6454

Source: City of Yarra (1994). *Selected Demographic Indicators*.

The above data suggests that there is a higher proportion of persons aged over 65 years living in lone person households than across the metropolitan area as a whole. Moreover, given the significantly higher rates of private rental accommodation within the City of Yarra, it is to be expected that there will be more people renting within this age group.

A combination of higher proportions of older persons in lone households, higher rates of private rental and a significant proportion living in what might be termed "insecure" accommodation has implications for service delivery models for older persons in the City of Yarra. For example, such older persons are less likely to have recourse to other family members for support and may be experiencing higher levels of social isolation as a result. Intensive outreach work may be required to reach these people - either with information about services available or direct service provision. This need for outreach work was endorsed in the course of the consultations with service providers in the City of Yarra, one of whom stated: "older people in rooming houses (are amongst the most needy) and we need to encourage them to come out more. Some will stay in their rooms for months".

The following data indicates the levels of poverty that are evident among households living in the private rental sector.

TABLE 4.8: All Households Renting Privately Who Are Below The Poverty Line After Housing Costs, Victoria 1991

Area	Youth	Singles	Older Persons	Small Family	Medium Family	Large Family	Total
Collingwood	79	175	47	90	52	29	472
Fitzroy	151	285	80	67	38	5	626
Richmond	138	291	137	173	76	23	838
TOTAL	368	751	264	330	166	57	1936
%	19%	38.8%	13.6%	17%	8.6%	3%	100%
Metro	5549	11962	7686	13166	10369	2598	51330
%	10.8%	23.3%	15%	25.6%	20.2%	5.1%	100%
Victoria	7621	15618	10196	17990	14821	3532	69778
%	10.9%	22.4%	14.6%	25.8%	21.2%	5.1%	100%

Source: Inner Urban Regional Housing Council (1996). *Regional Housing Needs Assessment*.

Whilst these data would appear to indicate that there are fewer older persons renting privately who are living in poverty than across the metropolitan area or the State as a whole, such figures need to be read in conjunction with the overall percentage of older persons living in rented accommodation. Given the greater numbers of older private renters, in proportionate terms, the City of Yarra has more older people renting privately who are living in poverty after housing costs. This conclusion is supported by data on income levels presented below in Table 4.9. It is also pertinent to note that the Coolibah currently accepts people from the age of 50 years and so attention must also be paid to the extremely high percentage of single persons found to be living in after housing poverty within Yarra.

With almost 30% of those aged over 65 years living in lone person households and 32% of those aged 60 years and over living in rented dwellings, the aged population of Yarra is likely to be experiencing high levels of social isolation and housing stress in terms of affordability. (The major reason why poverty amongst older persons has significantly diminished in recent years is primarily because of their overall high rates of home ownership.) This conclusion is supported by the fact that over 52% of those aged over 65 years have annual incomes of $8,000 and below.

TABLE 4.9: Income And Age - Collingwood, Fitzroy And Richmond - 65+ Years

Income levels	Yarra-Number	Yarra-Percentage	Metro %
$0-8,000	2817	52.8%	44.6%
$8,001-12,000	1168	21.9%	24.0%
$12,001-20,000	492	9.2%	12.3%
$20,001-30,000	146	2.7%	5.5%
$30,001+or not stated	711	13.3%	13.6%
Total	5334		

Source: City of Yarra (1994), *Selected Demographic Indicators*.

The final issue that is of concern for this section on the demographics of the City of Yarra concerns ethnicity. The City of Yarra has a significantly greater percentage of population who were born in a non-English speaking country than the metropolitan region as a whole - 30% of the population compared to 21%. For residents over the

age of 65 years the proportion who speak limited or no English at all is more than double the metropolitan rate.

TABLE 4.10: Residents Aged 65 Years And Over Who Speak Limited Or No English (Collingwood, Fitzroy And Richmond)

Age Group	Yarra-Number	Yarra-Percentage	Metro-Number	Metro-percentage
65+ years	1221	22.9	31,499	9.8%

Source: City of Yarra (1994), *Selected Demographic Indicators*.

The ability to speak English is strongly differentiated by gender, in that older women in Yarra are more than twice as likely than men to speak no English at all, with the exception of those living in Richmond.

TABLE 4.11: Language And Gender - 55 Years and Over

Proficiency	Collingwood		Fitzroy		Richmond	
Speaks English Not At All	F	M	F	M	F	M
55-64	41	18	59	28	105	45
65 +	48	30	102	50	94	170
Not Well						
55-64	133	120	133	134	225	244
65+	76	80	135	151	144	146

Source: City of Yarra (1994), *Selected Demographic Indicators*.

Yarra residents come from a wide range of countries. The following table indicates the languages spoken at home by those aged over 60 years.

TABLE 4.12: Languages Spoken At Home - Aged 60+ Years

Language Spoken at Home	Age 60-74	Age 75-84	Age 85+	Totals
Chinese languages	348	78	14	440
Greek	691	116	29	836
Italian	749	206	38	993
Vietnamese	201	34	6	241
Other	563	153	29	745
				3255

Source: City of Yarra (1994), *Selected Demographic Indicators*.

These demographic indicators suggest that there may be a high demand for services from Yarra's older residents because of their experience of housing stress and poverty. Furthermore, that demand may well be differentiated by both gender and ethnicity.

The immediate surrounds of the Coolibah Day Centre, with its concentration of rooming houses and boarding houses and a significant proportion of the City's high-rise public housing containing a large number of people from a non-English speaking background, suggests that those most in need will be older persons living alone in

rental accommodation and also those with limited English language skills. Of the latter group, older women may be experiencing greater difficulty in gaining access to the services they require because of language barriers.

This conclusion is supported by a survey of service providers in the area, a number of whom nominated older persons from a non-English speaking background as one of the groups most in need. As one service provider said: "our worker finds that older ethnic people do not come out of their homes much. They could benefit from activities but they're not using the services provided because they don't know about them".

Despite this acknowledgment that there may well be unmet need amongst older people from a non-English speaking background, some caution was expressed by other agencies about the advisability of providing ethno-specific services. As one worker said: "do not dilute your service for the sake of being politically correct". This worker strongly advised that a welcoming culture was more important than providing a specific service, particularly in the light of the diversity of ethnic services already available within Yarra.

4.2 Future Needs

There are a number of policy changes occurring that will have an impact upon needs within the City of Yarra in the immediate future and which will also have longer term consequences. Of concern to HACC-funded services is the formula being used to determine the resources available within the region. The Relative Resource Equity Formula for HACC services uses two main criteria: the numbers of the population aged over 85 years and the numbers of people estimated to have a disability based upon Commonwealth Department of Social Security Disability Support Pension figures.

Whilst the "old, old" are not expected to increase their population share for perhaps thirty to forty years, changes to residential care, such as the abolition of the Commonwealth Government's subsidy to those assessed at hostel level care, will nonetheless have an impact upon resources with increased demand for home-based services expected as a consequence. Thus, even if the population of the very old remains static, or even declines slightly within the City of Yarra in the near future, policy changes will still require additional HACC funding for this group.

In addition, the Office of Housing's changes to public housing, such as broadbanding, segmented waiting lists, higher rents, the sale of high value inner city properties and the possible demolition of at least one high-rise estate, places in jeopardy the ability of low-income people to gain access to secure and affordable housing. Because the City of Yarra has more than three times the State average of public housing dwellings, local residents will be particularly hard hit by these developments.

These housing changes are occurring in conjunction with the Commonwealth Government's tightening up of Rent Assistance. Residents of rooming houses are no longer eligible for the maximum level of assistance on the grounds that they are deemed to be sharing resources with their co-tenants. This measure, when combined with the intensity of gentrification that is occurring in Yarra, may result in either

increased impoverishment for such residents thereby affecting their ability to pay for services such as HACC or a diminution of such housing supply leading to higher mobility and possibly increased strain upon crisis accommodation through a higher incidence of homelessness. Whatever the outcome, additional rather than diminished, support will be required for low-income older persons.

A combination of no new recurrent HACC funding for the last four years and a strong commitment to the provision of services to low-income service users - service user fees have not increased in the last years making Yarra the city with the lowest service user contribution in the State - has placed the City of Yarra in a very difficult position. Moreover, the way in which the Relative Resource Equity Formula has been devised has only served to exacerbate this situation. For example, the formula suggests that Yarra is over-funded to the tune of about $300,000 per annum for HACC services. Thus, the City of Yarra may be forced, through revenue shortfalls, to either increase its service user contribution in order to simply maintain, let alone increase, current service levels or to exclude those assessed as having low needs.

The flaws of determining funding levels according to a rigid formula are exemplified by the manner in which the Department of Human Services has devised population/weighting factors across all its aged care services. Those factors are:

- 1997 projected population
- Disability adjusted population
- HACC Relative Resource Equity Formula (Disability and frail aged)
- Koori population
- Non-English speaking population
- Rural density

The City of Yarra may appear to be well-placed in terms of resources according to these factors, however what is particularly striking is the omission of any reference to socio-economic disadvantage (apart from the Koori population) in these calculations. This is a serious anomaly in the light of the high score attributed to the City of Yarra according to the Index of Relative Socio-Economic Disadvantage (IRSED), which the psychiatric services arm of the Department of Human Services uses to determine need.

The evidence thus suggests that the needs of low-income older people will be affected by a number of key factors:

- restricted access to residential care if their medical needs are assessed as low;

- restricted access to a diminishing public housing sector if they fail to fall within the three major target groups of the homeless, the frail aged and those with disabilities;

- restricted access to HACC-funded services if their needs are assessed as low; and

- possibly increased fees for HACC-funded services

Moreover, whilst these policy changes will have an immediate impact upon the current cohort of older persons, it will also be necessary to anticipate the needs of those people now aged in their 40s and 50s who have experienced long-term unemployment. This cohort will necessitate forward planning for the profile of services twenty years hence. A number of service providers consulted within the local area mentioned this group as being amongst the most disadvantaged in terms of service provision. Unless resources are made available to assist this group now, or their economic situation improves markedly, we can anticipate a worsening of their social well-being over time.

A regional needs assessment of the northern metropolitan region was conducted by the Commonwealth Department of Human Services and Health in 1994. This report identified current unmet needs amongst the older and disabled population, and service gaps, as being in the areas of psychiatric services, ageing residents with disabilities and people from a non-English speaking background. With specific regard to the Supported Accommodation Assistance Programme (SAAP) older single women with multiple disabilities living in the inner urban area were identified as a group whose needs were not being met.

This report also did not anticipate that the numbers of low-income people residing in the inner urban area of the region would decline, despite the trend towards gentrification and rising house prices and rents, because inner urban areas have traditionally attracted such people for reasons of anonymity, access to services and other opportunities. Thus, whilst low cost housing options may be diminishing there is no reason to necessarily believe that there will be a concomitant decline in the numbers of those in need.

In conclusion, the following key points can be made:

- Residents of the City of Yarra have higher needs compared with the metropolitan average when needs are adjudged to be related to factors such as housing tenure, ethnicity and availability of certain services such as psycho-social rehabilitation.

- Changing government funding formulae will place considerable pressure upon the ability of the City of Yarra to meet the needs of all its residents in the Home and Community Care area.

- Changing government policies to residential aged care will affect eligibility for government subsidies and therefore, also, access to these services.

- Rising rents in the public and private rental sectors will create greater numbers of people living in housing-related poverty. Such policies will particularly affect those living on fixed incomes.

- The effects of long-term unemployment will necessitate a consideration of the needs of those currently aged in their 40s and 50s who will be entering the aged care system in the next 10-20 years.

5. PROFILE OF THE COOLIBAH

In its strategic plan, the following overarching description of the service is stated:

"The work of the Coolibah Day Centre links into the assumption that the BSL's activities work towards enhancing the well being and quality of life of people who are poor. Services and activities focus on low income plus people aged 50 years and over who do not own a home and experience additional difficulties and/or risk due to physical, social, emotional, health, intellectual or psychiatric disabilities. The uniqueness of the CDC is its ability to work with a diverse group of people and respond at an individual level."

The major goal of the service is to provide a safe and comfortable environment to low income plus older people in the local community where they can gain access to a range of responsive services and activities which enables individuals to make choices about their lives and continue to live independently.

To achieve this goal, three objectives have been clarified:

- "To provide health, welfare and recreational services which respond to identified needs;

- To ensure that a safe, comfortable and harmonious environment is maintained which facilitates the well being of staff and service users; and

- To create opportunities for individuals to maintain their independence and make choices about their lives."

The above objectives themselves exemplify many of the problems facing the service, some of which have already been identified earlier whilst others will be elaborated upon below. Briefly, these difficulties include: uncertainty about whether the service is health-orientated or a community service, which reflects its past; and confusion about precisely for whom the service exists. Thus, to suggest that an objective of the service should be to ensure the well-being of staff is to fail to understand that services exist only for service users - the well-being of staff is covered by other processes, such as occupational health and safety, within the organisation.

The Coolibah is open every day of the week and offers a range of activities for service users including: pool; exercises; health talks; outings; television; a news exchange; monthly consumer forums; art and craft sessions; and computer access. The Coolibah also provides a number of health and welfare related services, such as a regular clinical session, a podiatry service and access to information on topics as wide-ranging as housing and social security entitlements.

The CDC is currently receiving government funding for two programmes. Under the Community Rehabilitation Centre programme the CDC receives $309,200 per annum and under the ATSS programme the Coolibah receives $44,344 - a total of $353,544 per annum. In addition, the CDC receives money from the Brotherhood, primarily to operate the service on the weekends. This funding from the Brotherhood amounts to

about $70,000 per annum. A further $17,000 is provided by the City of Yarra for the provision of meals.

The current staffing profile of the CDC includes:

Co-ordinator - f/t
Community Nurse - p/t (4 days per week)
Welfare Worker - f/t
Activities Worker - f/t
Activities Worker - p/t (3 days per week)
Receptionist/Admin Worker - p/t
Integration Worker - f/t
Podiatrist - p/t (2 days per week)

In addition, there are a number of staff who work in the kitchen providing meals. However, meals provision for the Coolibah constitutes only part of their tasks - they also prepare the meals for the Brotherhood's hostel Sumner House.

5.1 Community Rehabilitation Centre Programme

Under this programme, the performance measures have been set by the Department of Human Services as follows:

TABLE 5.1: Performance Measures And Targets

Performance Measure	Performance Target
No. of attendance	550 per week
Activities	18,200 per annum
Meals	24,000 per annum

Source: Funding and Service Agreement 1996-1997

In terms of attendance, the Funding and Service Agreement documents these as 220-250 regular service users per week plus an additional 100-150 irregular or one-off contacts. The following table illustrates the breakdown of these contacts.

TABLE 5.2: Breakdown Of Coolibah Contacts

Functional Area	Contacts	% Referrals to CDC			Referrals from CDC	
		Doctor	Self	Other	Doctor	Other
Health	2400	10	50	40	15	15
Welfare (social focus)	1600	5	75	20	5	25
Podiatry	750					

Source: Funding and Service Agreement 1996-1997

The service user group attending the Coolibah has been broken down into the following categories:

Kooris   1%
Dementia Sufferers 10%

NESB Background   25%
Disabilities   65%
Social Isolation   90%

The functional areas of activities offered by the Coolibah are: health support; recreation and activities; welfare support; reception and administration; and liaison with the residents of Millott House.

5.2 ATSS Integration Programme for Adults with an Intellectual Disability

According to the Department of Human Services, the objectives of this programme are:

- To identify/assess the needs of individuals in relation to their particular life circumstances.
- To plan a range of programmes which will meet the assessed needs of each service user through the individual planning process.
- That the opportunities and activities provided by the agency reflect the individual planning and monitoring process goals and the individual assessed needs.
- To monitor and evaluate the individual's programme in relation to their assessed needs and life circumstances.
- To provide service users with appropriate programmes and activities aimed at increasing their access to and participation in the community.

The integration programme caters for 10 service users and has the following performance measures and targets.

TABLE 5.3: Performance Measures And Targets

Performance Measure	Performance Target
% of service users will have a documented, current assessment of their individual needs.	100%
% of service users have an individual programme plan.	100%
20% or 5 individual service user files (whichever is greater) (randomly sampled) reflect a match between the service user's individual programme plan and timetable.	20% or 5 service user files reflect a match between the service user's individual programme plan and timetable.
20% or 5 individual service user files (whichever is greater) randomly selected will show that service users have an appropriate community participation programme or activities included in the individual programme plan and timetable.	20% or 5 individual service user files show that service users have an appropriate community participation programme or activities included in the individual programme plan and timetable
Guidelines	HS Adult Training and Support Services Guidelines

5.3 Staff Consultations

All current staff were interviewed as part of this evaluation, with the exception of the receptionist/administration worker whose position was vacant at the time the interviews were conducted. In addition, all past co-ordinators/managers of the service were also interviewed, with the exception of one who had died and another whose whereabouts were unknown.

The interview format chosen was semi-structured, although the same broad questions were asked of each staff member. A semi-structured format was chosen because it allows interviewees the opportunity to express wide-ranging views without the constraints of a more rigid interview schedule.

Staff perspectives which follow have been grouped under broad categories.

5.3.1 The Service User Group

Without exception, staff stated that the service user group had changed significantly over the last five or so years. Previous workers and current workers of long-standing remember the service users of the 1980s as being older and predominantly of Anglo-Celtic origin who had "knocked around all their lives" and had little or no family contact. However, European men who had been itinerant workers on such projects as the Snowy Mountains Scheme were also identified as past service users. One former co-ordinator of the service described this group as being akin to a Senior Citizens Club which acted to exclude those most in need in the local area. This co-ordinator had been instrumental in developing the drop-in component of the service in order to attract a new group of service users.

Current staff remarked that not only had the service user group been getting younger but that they were presenting with higher needs. Service users with a psychiatric disability were identified as relative newcomers to the service due to the impact of deinstitutionalisation. However, this view was not entirely shared by all interviewees; one previous staff member believed that the numbers of such service users had not necessarily increased, rather, with the introduction of the Mobile Support and Treatment Teams and the Crisis Assessment Teams, such service users were being more readily identified.

An alternative view was suggested by an external service provider who felt that service users who presented with behavioural difficulties were automatically classified as having a psychiatric illness/disability when they may, in fact, be exhibiting the frustration experienced by those who have an alcohol-related brain injury.

Whether these latter perspectives are correct or not, the key point is that staff now believe that they are dealing with service users on a daily basis who are presenting with very high needs and who often display behavioural problems.

With an increase in younger service users, staff were uncertain about whether the needs of older people were being met. For example, one staff member expressed concern that as the numbers of younger people have increased, the frailer aged might

have become "shut out" as a consequence. Other staff also mentioned that they had lost many older people and this was not just because they had died - rather the service simply was not attracting as many as in the past.

Although there was unanimity over the changes that had been occurring with the service user group, the same cannot be said of who the target group should be. Some staff felt that the role of the Coolibah should be to reflect the community as a whole and therefore anyone who entered should be allowed to use the service if they so desired. Others took issue with the stress upon financial disadvantage whilst others still thought that the age criterion was too rigid. Two members of staff believed that the age criterion was not being adhered to over the weekend period.

These comments reveal that staff hold highly contradictory views over who the target group should be. On the one hand, there was a strong sense of loss over the diminishing numbers of older people attending the service (a loss felt most keenly by those who had been associated with the service for a number of years - including former workers). On the other hand, there was some resistance to the notion of any targeting, whether that be by age, financial status or disability.

Given that the criteria for eligibility are of long standing, it is of concern that some members of staff are not in agreement with the major goal of their service nor, indeed, with the major goal of the organisation as a whole - namely, the establishment of services for the express intention of alleviating poverty and addressing the problems of disadvantage.

This lack of concordance suggests either that the aims of the service have been insufficiently communicated or that some members of staff believe those aims to be redundant. It is open to speculation as to whether accepting so many different service users with so many different needs has contributed to this lack of agreement about who the target group should be. However, it may be concluded that it is illustrative of an overall uncertainty about the place of the Coolibah within the Brotherhood's aged care services specifically and its role in meeting the needs of the local community more generally.

5.3.2 Activities

This confusion over who the service user group should be is reflected in the activities available to the service users. Thus, although all staff are clear that the service user group is getting younger, observation showed that most of the structured activities available at the Coolibah were attended by the older service users. These activities included; the exercises, the news exchange, the craft sessions and the sing-along. The younger service users appeared to mainly watch television or play pool. There is, therefore, a chronic mismatch between the service users and the types of activities offered.

The staff tended to divide these service users into those who participated and those who did not. Thus those who played pool for most of the day were perceived mainly as non-participators in the other activities offered by the Centre. Furthermore, the pool table itself was perceived as problematic for its location, the amount of space it

occupied and for the levels of noise generated by the players. Concern over these factors, and an acknowledgment that specific activities needed to be devised which were tailored to meet the needs of the mainly younger men who came in to play pool, had failed to generate solutions.

The above observations are illustrative of the difficulties facing a service with so many different types of service users covering such a wide age range. Moreover, without the services of a skilled recreation worker, there was a sense in which those activities that were planned had become somewhat stale and that the workers responsible for co-ordinating activities could not replace the skills of the recreation worker and implement more innovative programmes.

5.3.3 Meeting Service Users Needs

Whilst it would be true to say that the Coolibah meets the basic needs of service users in terms of warmth, food and shelter, contradictory attitudes were displayed as to whether the Coolibah was meeting its own objectives, particularly with respect to consumer empowerment and independence.

For example, a number of staff believed that the service encouraged dependency through being open seven days a week yet at the same time, admitted that little or no assessment was undertaken of service users' needs - particularly assessments which had the explicit intention of determining what service users wished to achieve by coming to the service. Such assessments were regarded as unwarranted interference in the lives of consumers. As one staff member put it, she was "not keen on getting to know about service users' pasts because this was interfering too much" and that Coolibah service users were "at the end of the line rather than there for rehabilitation". These comments quite clearly contradict the objectives of the service and, once more, demonstrate the lack of congruity between what the documentation says the service should be doing and what the staff believe is actually happening.

However, without some form of individualised programme planning it is difficult to see how the dependency spoken of could be avoided. Thus, there was ambivalence towards the teaching of independent living skills even though such skills would help to ease dependency.

At the same time as being ambivalent, there was acknowledgment that there needed to be a more systematic approach towards planning for the needs of service users particularly in terms of data collection and staff liaison. A number of staff recognised that without a more planned approach to meeting needs there was a danger that they could be working at cross purposes and were not able to maximise their resources. Indeed, one staff member believed that months of slow but steady progress with one service user could be undone by the unthinking actions of another staff member. Moreover, staff currently have no means of evaluating their work to ensure that they are meeting the objectives of the service and, without those means, have no context in which to locate the work they undertake.

5.4 External Agency Perceptions of the Coolibah

In response to the questionnaire sent out, many of the agencies consulted revealed little or no knowledge of the Coolibah. There was a clear geographic dimension to this lack of knowledge. Agencies in Richmond, for example, those that were ethno-specific and senior citizens clubs displayed the least knowledge of the service, whilst those located in and around Fitzroy were far more familiar with its work.

Of the services familiar with the Coolibah, there was general agreement that it was the only service of its type within the local area. Agencies saw the strength of the service as lying in its acceptance of a diverse range of people and its welcoming atmosphere. As one agency stated: "People get well looked after. They look happy, warm and clean and comfortable."

Despite this belief that the Coolibah was maintaining a good service, detailed questioning revealed that even those services that are geographically very close to the Coolibah were not altogether clear about what the service actually did. When asked how much she knew about the Coolibah, a worker at St Mary's replied: "Not a great deal. Even though we're only just up the road, we do our own business. We do liaise occasionally because there are some clients who use both services."

Of those agencies that possessed greater knowledge of the service the main criticism related to their own specific target group. Thus, one provider stated that she felt that the Coolibah's "philosophy of the consumer having the right to make choices for themselves is often not appropriate for our client group because often they've lost that ability and, in fact, you are often asking them to do something that they're not capable of doing." This provider suggested that the service needed to work within more closely defined boundaries: "My idea of flexibility would be that they would be able to provide boundaries for some clients; that they would perhaps be more able to meet individual needs."

Such responses are hardly surprising given that most of the providers interviewed reflected the needs of their own service users. Few of those consulted were able to reflect beyond this point. However, on one issue there was almost complete unanimity. When they were asked whether the service should remain generic or become a specialist provider, the overwhelming response was that there was a need for generic services. Such comments are interesting in the light of the trend towards increased specialisation in some areas funded by the Department of Human Services, such as psychiatric disability programmes. Indeed, workers in that sector argue in favour of specialisation on the grounds that generic services tend to ignore, or are unable or unwilling to cater for, their clients.

6. PROFILE OF SERVICE USERS ATTENDING THE COOLIBAH

As part of this review as stated earlier, two surveys of users of the Coolibah were undertaken in conjunction with a series of group interviews and a consumer forum. The first survey was designed in consultation with Social Action and Research staff by a student on placement at the Coolibah. This survey was undertaken in January and covered 25 service users. A second survey of current users was designed by the reviewer and was implemented over the period May-June.

The first survey was intended to be a representative sample only of the service users. The second survey was intended to provide an accurate picture of all service users attending the Coolibah within a given period, however this did not eventuate for the following reasons. The Coolibah does not keep comprehensive data on all its clients and this has inhibited the report from either obtaining a complete picture of service users or of undertaking a comparative study of service users over time. Moreover, even had such comparative data been available, lack of clarity over collection methodology would still have rendered that data unreliable.

A total of 66 survey forms were filled in, representing approximately 30% of the regular Coolibah service users according to the targets contained within the Funding and Service Agreement. The demographic information that follows below is based upon the larger survey. The reader is advised that although the sample of service users is large enough to be considered representative of most users, its reliability is restricted to regular users of the service who are well-known to staff and cannot be considered meaningful for the casual/drop-in clients.

6.1 Age and Gender of Service Users

The age and gender of Coolibah service users derived from the survey are as follows:

TABLE 6.1: Age and Gender

Age Range	Male	Female
45-49	4	0
50-54	9	6
55-59	6	1
60-64	9	2
65-69	5	4
70-74	4	3
74-79	4	2
80-84	1	1
85+	1	1
Age not stated	1	
Totals	44	20

Note: two respondents failed to fill in details of age or gender

This table reveals a number of striking details about the service users of the Coolibah. Firstly, men outnumber women by over two to one. Secondly, 66% of men attending are below 65 years of age whereas female service users are almost evenly divided between those aged under 65 years and those above. This corresponds with the

perception of staff in individual interviews who acknowledged that the service users had been getting younger in recent years.

In part, this disparity reflects the higher proportion of men aged between 55 and 64 years within the City of Yarra. However, age and gender data shows that for Yarra the female to male percentages of those aged 55-64 years are 46% and 54% respectively, whereas at the Coolibah for the same age group men outnumber women five to one.

Consultations held with current and previous Coolibah staff members would indicate that this disparity is mainly due to the policy decisions of the late 1980s and early 1990s which attracted younger men into the service by opening it up as a drop-in. Other causal factors may also be high unemployment rates among men in this age group, particularly those from an unskilled or semi-skilled background. Without additional information on the previous work history of the service users, this must necessarily remain speculative.

6.2 Housing Tenure

The housing tenure of participants in the survey is as follows:

TABLE 6.2: Housing Tenure

Housing Tenure	Males	Females	Gender Not Stated
Public Housing	8	10	
Rooming House	16	3	
Private Rental	7	2	
Ownership	5	3	
CRU	2	1	1
SRS	1	0	1
Hostel	2	1	
Boarding House	2		
Caravan	1		

Again, this information is striking for the very high numbers of service users included in the survey who live in rooming houses. Residents of rooming houses are amongst the most disadvantaged people in the community. However, this data does not necessarily mean that the Coolibah is successful in meeting the needs of a range of service users in Yarra living in this form of housing tenure because of the presence of the Brotherhood's own rooming house on the premises. The survey did not, unfortunately, distinguish between those living in Millott House and those living in other public and private rooming houses. This is an area of data collection which requires additional work.

Although with respect to housing, the Coolibah could be said to be generally meeting the needs of those living in rental accommodation, the high rate of home owners - 12% of those surveyed - indicates that the service is not as well targeted as it could be if the Coolibah is to conform to the eligibility criteria established for the Brotherhood's aged care services more generally.

6.3 Ethnicity

The demographic analysis of the City of Yarra identified older people, particularly women, from a non-English speaking background as the group most unlikely to be gaining access to the services they require because of language barriers. The following table indicates the gender and ethnicity breakdown of the survey of Coolibah service users .

Table 6.3: Place of Birth By Gender

	Australia	Overseas
males	30	13
females	15	4

Note: 2 service users did not reveal their place of birth
and 2 service users did not give their gender

Of the seventeen service users in the survey born overseas, 6 were born in English speaking countries - Great Britain, Eire and the USA - whilst 11 were born in non-English speaking countries. The following table provides a breakdown of the country of birth of service users from a non-English speaking background.

Table 6.4: Gender and Ethnicity

Country of Origin	Number	Gender
Italy	1	female
Poland	1	male
Chile	1	male
Bulgaria	1	male
Greece	2	1 male, I female
Serbia	1	male
Lebanon	1	male
Egypt	1	female
Former Czechoslovakia	1	male
Ukraine	1	female

The above table indicates that service users of the Coolibah come from a diverse range of non-English speaking backgrounds. Altogether they comprise 17% of those surveyed, which is somewhat less than the target of 25% established in the Funding and Service Agreement. However, what is striking about these figures is that almost half came from Eastern European countries, whilst none were recorded as coming from Vietnam or other Indo-Chinese countries even though City of Yarra data reveals that the Chinese and Vietnamese languages are third and fourth on the list of languages other than English spoken at home amongst older persons. Moreover, only three service users stated that they were born in Italy and Greece, despite that fact that these are the two highest languages spoken at home by older persons in the City of Yarra.

There may be a number of reasons for this disparity. Residents from Vietnam, for example, reside predominantly in Richmond and Collingwood rather than in Fitzroy where the Coolibah is located. Nonetheless, it is pertinent to record that in the course of external agency consultations one agency employed a Vietnamese-speaking

outreach worker for the express purpose of bringing high-rise residents of Fitzroy into their service. Residents who were born in Italy and Greece are more likely to have been part of the first wave of post-war migration and are therefore also more likely to have their own established services such as Co-As-It. This is borne out by the large number of ethno-specific welfare services within the City of Yarra.

Given the above information, it is difficult to assess whether service users from a non-English speaking background are representative of those in need in the community generally. However, several points may be made.

The latest year of arrival indicated by service users on the survey was 1975, the earliest was 1947. This suggests that the Coolibah is not attracting those who arrived in Australia over the last twenty years, a suggestion which may help to explain the absence of those from an Indo-Chinese background. This is somewhat surprising given that the high-rise public housing estate opposite the Coolibah has traditionally housed a large number of recent migrants, many of whom do use the Material Aid service of the Brotherhood which is located within the same block as the Coolibah. The lack of a community language speaker may affect access to the service as well as the limited production of information in languages other than English.

Of the service users who were Australian-born, none indicated that they were Aboriginal and Torres Strait Islander people. The explanation for this may be that Kooris prefer to use their own services (this is debatable given that St Mary's House of Welcome has a number of Koori service users), the Coolibah is failing to meet their needs or that they are unwilling to identify themselves.

6.4 Income and Disability

Almost 50 per cent of the service users surveyed (32) obtained their income from a Disability Support Pension; 27 were in receipt of the Aged Pension; one was on Newstart; one was on the Jobsearch Allowance; two were working and three service users said that they derived their income from other sources (including one on superannuation). These data indicate that the majority service users of the Coolibah are living on low incomes and broadly fit the criteria for eligibility.

What is worthy of further examination are the two service users who are considered active in the labour force by receipt of Newstart and Jobsearch. It must be asked why these service users are attending the Coolibah. Also worthy of further examination are the two service users who stated that their main source of income was through some form of employment. These service users would not normally be regarded as the target group.

Of those who specified the nature of their disability 12 said that they had a psychiatric disability, 11 have a physical disability and 10 have an intellectual disability. The latter group represent the service users who attend through the Community Access Programme. Seventeen service users did not state the nature of their disability even though they were receiving a Disability Support Pension.

The, possibly understated, number of service users with a psychiatric disability confirms staff perceptions that in recent times this service user group has grown significantly. However, unlike St Mary's House of Welcome, the Coolibah does not run any psycho-social rehabilitation programmes and it is therefore hard to specify in what ways the Coolibah is able to assist these service users. Staff believe that some may come because they do not like the more structured programmes associated with psycho-social rehabilitation. Since the Coolibah does not operate such programmes this remains speculative only. Nonetheless, it is of some concern that little or no assessment of their needs has been undertaken to determine whether this is actually the case.

6.5 Patterns of Attendance

As might be expected, pattern of attendance at the Coolibah varies considerably. The 66 people surveyed had between them a total number of 223 contacts per week. Twenty-three service users stated that they attended 5 or more days a week, whilst twenty-seven only came for one or two days. Of the fourteen who said they came every day of the week, 11 were men, of whom six are under the age of 65 years. Of the three women who attend all week two are under 65 years of age.

The fact that almost four times as many men as women attend all week probably relates to the relative lack of independent living skills, such as cooking, possessed by this group. Nonetheless, whilst it may be expected that such skills are absent in older, more frail, men, the daily attendance of so many younger men, particularly those aged under 55 years, would suggest that there is a strong need for the implementation of an independent living skills programme at the Coolibah.

Although the Coolibah is open every day of the week, rates of attendance varies significantly day by day as the following table shows.

Table 6.5: Patterns of Attendance

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Rates of Attendance	36	39	35	42	28	19	24

As this table shows, attendance is highest for the first four days of the week and then drops significantly, especially on a Saturday. The Coolibah is the only centre within the locality that opens its doors all week and anecdotal evidence suggests that Sundays are popular for this very reason. However, the very low rate of attendance on Saturdays raises the question as to whether it is necessary for the Coolibah to remain open on this day.

6.6 Patterns of Activity

In the survey, service users were asked to indicate which services provided by the Coolibah that they used. The most popular reason given was the midday meal - 56 respondents stated that this was why they came. The second most popular reason

given was to meet friends. These were followed by the services offered by the community nurse, watching television and outings. Of the remaining activities offered, attendance varied from less than a quarter of all respondents to none at all. The pattern of use of various activities raises several questions.

Whilst the main reasons for people coming to the Coolibah, having a meal and meeting friends, conforms to one of the aims of the service which is to provide socialisation and friendship opportunities for service users, consultations with staff suggested that lunchtime is their busiest period, especially on Sundays. In other words, some people are attending solely for lunch and then leaving the service.

Lunch is served between 12 and 1pm and the meals are served to the service users by Coolibah staff. Several staff commented upon the centrality of the meal to the service overall and felt that if it were not provided service user numbers would drop significantly. Staff also commented upon the importance of them serving the meal themselves because they felt it made service users feel special and offered them an experience they would not otherwise have.

An interview with the welfare worker at St Mary's House of Welcome confirmed the centrality of the meal to their service also. Meals were further seen as an opportunity for service users to socialise with one another and for staff to inform service users of, and draw them into, other activities offered by the service as they served the meals. To emphasise the socialisation aspect of meals, St Mary's extended the lunch period to two hours.

Whilst the Coolibah and St Mary's thus both view the midday meal as central to their services and both also feel that it is important for staff to serve the service users in order to get to know them better, the restriction of the lunch period to one hour at the Coolibah brings into question the extent to which this can occur, particularly since staff say that this is their busiest period.

In addition, Horn and Mence, in their report on the re-development of the Hanover Centre suggested that "the staff serving the service users meals in the way that is done could be seen to be patronising and controlling, and therefore contrary to the overall aim of service user empowerment" and that "the opportunities for the staff to become involved with and to keep up with what is happening in service users' lives are of a very fleeting and incidental nature. Such communication might be more meaningful to both staff and service users if it was planned and focussed on the basis of individual case needs, goals and mutually agreed upon outcomes." (Horn & Mence 1996: 25)

Given that the lunch period is so busy and that an overwhelming number of people attend for the meal - including those who come for a meal only - the rationale for providing this particular service within the context of the Coolibah needs to be analysed, especially in the light of the comments made by one staff member that attendance would decline significantly without this service.

If the main reason for service users attending the Coolibah is the midday meal several points can be made:

- is the Coolibah the most appropriate and cost-effective service for achieving this?

- are people coming for meals because they lack the necessary skills to cook for themselves?

- given that St Mary's House of Welcome also provides lunch six days a week does this mean unwarranted duplication of services within a very small geographic area?

These points, in turn, suggest the following options:

- If the need is for food, rather than the Coolibah Centre *per se*, then perhaps it would be more appropriate for the Brotherhood to consider establishing a low-cost cafe in Brunswick Street. Such a service could be open to all members of the community, with concessional rates available to those who have a Health Care Card. Prahran Mission, for example, operates such a service. The advantages of this approach are that service users really would experience the pleasures of cafe eating rather than the attempts to mimic this atmosphere within the service. A cafe independent of the Coolibah would have additional advantages in terms of linkages with other Brotherhood services, such as the Employment Action Centre.

- If service users of the Coolibah lack the necessary skills to cook for themselves then, as stated above, a fundamental aim of the service should be to enable service users to gain those skills through independent living skills' programmes.

- The close proximity of the Coolibah to St Mary's suggests that there may possibly be some opportunities for rationalisation of resources, either through the closure of one of the meals services or through centralisation of meal production.

The above comments are not to suggest that meals do not play an extremely important role in people's lives, particularly those who are isolated and have few friends or family. However, the question must be asked as to whether it is necessary for the Coolibah to operate a meals service or whether a generic meals service for low income people would not be more appropriate.

With regard to the other activities offered by the Coolibah, utilising the services of the nurse and watching television came third and fourth respectively. Clearly the role of the nurse within the Centre is extremely important and is valued by service users. In addition to tending to service users more direct medical needs, the nurse also conducts regular health information classes which always end with relaxation sessions. Older service users in particular find the relaxation sessions enjoyable. The only complaints were that these only occurred once a week and that there was insufficient quiet space within the Centre to conduct the sessions.

The popularity of watching television is somewhat surprising when it could be anticipated that most service users would possess a set of their own at home. Watching day-time television is an extremely passive activity; moreover, the quality of the programmes during the day would indicate there is little intellectual stimulation available. People usually have recourse to the television when they feel there is

nothing else to do during the day or little of interest to them. This again raises the question as to whether the Coolibah is meeting the needs of this group. Without undertaking individual assessments of service user needs or any goal setting, the Coolibah is not well-placed to answer this question.

General observation by the researcher of the activities taking place and the service users who take part revealed a number of interesting points. In terms of structured activities (i.e. those that are scheduled at a certain time on a particular day) most of the participants were older women. Although some younger service users do get involved, the majority are service users coming through the Community Access Programme.

In terms of unstructured activities, such as pool playing and watching television, men are more likely to be attracted to these than women, particularly playing pool. Moreover, these service users also appeared to be generally younger than those who undertake structured activities.

As a consequence of these observations the following points are worth mentioning:

- because the Coolibah attracts a diverse range of service users in terms of age and disability, activities need to be designed with this diversity in mind. As the service currently stands, the structured activities available appeal predominantly to the older service users.

- the popularity of passive activities, such as watching television, suggests that service users may have unmet needs which have not been assessed or met by the Coolibah.

- is it feasible to expect the Coolibah to cater for the needs of such a diverse service user group, even supposing that their needs were known?

- is the Coolibah a place some service users come to because they have nothing else to do during the day?

- should some service users be referred to other, more appropriate, services (assuming such services exist)?

These points go to the heart of the difficulties facing the Coolibah. The current eligibility criteria, the changing face of the service over the last decade and the overall philosophy of the Centre all militate against the service being able to provide for the diverse needs of the client group.

These difficulties are compounded by the fact that there is no agreement amongst staff over who the client group should be. Without such an agreement, without a sense of who the Coolibah should be assisting and precisely how, and without a sense of the needs of those who currently attend the service it is impossible for staff and managers to determine whether the Coolibah is providing a good service or not. Some might argue that this is evident in the fact that people keep returning to the service week in and week out. However, given that the service users are, by and large, people who

have very few choices in their lives, it could also be argued that they attend the Coolibah because there is nothing better on offer for them.

6.7 Service User Consultations

Consultations with service users revealed a high level of satisfaction with the service generally. This is not surprising given that most people came for a meal and to meet friends. However, the levels of satisfaction differed according to the age of consumers. Older consumers expressed greater satisfaction with the service than younger consumers. This is not surprising; the available literature states that older persons are more likely to say they are satisfied than not. Whether such expressed satisfaction is based upon low expectations and a reticence for speaking out has been extensively discussed in other studies. (see, for example, Montague 1982)

It was stated earlier that observation revealed that most of the structured activities - that is, those activities which were offered regularly according to the timetable - were attended by the older service users. Younger consumers endorsed this observation:

> We don't want to be told to sit down and stagnate. We're not old enough to do art and craft. If you have your mind on something you're interested in, then you're right, your mind keeps ticking.

These younger consumers felt that they were under pressure to participate in these activities even though they held no interest for them. "It's unfair, we don't want to be part of the other activities but why tell us we can't play pool?" "They treat us like schoolchildren and we're not."

In the first survey undertaken and in the consumer forum, service users were asked what improvements they would like to see. The following suggestions were made:

- a separate computer room
- greater variety of activities, especially for those who were not frail, such as strenuous exercises, swimming and cricket.
- more cultural activities
- sharing of resources and joint activities with other agencies

Consumers were also asked what they liked least about the Coolibah. The following represent the range of the responses:

- lack of communication between staff and consumers
- the noise levels
- the use of abusive language by some consumers
- the use of the craft room as a staff room
- the lack of exchange with other centres
- lack of opportunities for consumers to help each other
- lack of participation in the decision-making processes

The above comments may appear quite disparate but some key themes can be discerned. These themes are:

- consumers want more control over their environment - whether this be in terms of democratic participation or types of activities offered;
- consumers want the centre to be more externally focussed in terms of interaction with other like agencies rather than inwardly focussed upon the resources it can offer alone; and
- consumers desire greater recognition of, and focus upon, their abilities rather than their disabilities - this includes the recognition that they may have skills to help other consumers.

Together, these themes strongly suggest that, whilst the Coolibah is clearly meeting some of the needs of some of the service users, it is not able to meet the needs of all of them, particularly those who feel that they have something to offer the service or who are too young to be pigeonholed as "aged".

PART TWO: CONCLUSION

A needs assessment of the City of Yarra has shown that a significantly higher proportion of older persons are living in rental accommodation and comprise sole person households than the metropolitan average. Given that home ownership is a critical factor in affecting poverty amongst older persons it is to be anticipated that many of those who have failed to achieve this form of tenure will be experiencing housing-related stress.

In addition to poverty and isolation, the aged population is also characterised by its diverse ethnic background and, for women in particular, limited English language skills. Many service providers nominated this group as being in need of support services.

A number of different policy decisions in relation to residential aged care services, rent assistance and public housing all have the potential to adversely affect the well-being of the Coolibah's target group. When this is coupled with the manner in which HACC funding for the City of Yarra has been determined, future needs will inevitably increase amongst low-income older persons.

The evidence as to the extent to which the Coolibah is well-placed to meet the needs of older persons is contradictory. On the one hand, there is no doubt that overall the service does target the disadvantaged in terms of both financial status and disability; and many external agencies testified to the value of the service. On the other hand, lack of clarity over who the target group should be and how best to meet their needs has diminished the service's effectiveness. The relative dearth of people attending from a non-English speaking background is another issue of concern.

Of particular concern, however, is the contradiction between not interfering in the lives of service users and at the same time a denial of autonomy over how the service should function. In some instances, this translates into a desire not to create dependency whilst not pursuing strategies that would actually increase the independence of service users.

In part, such contradictions are a product of the history of the service and the introduction of unplanned elements. Arguably of greater importance, however, has been the Coolibah's relative isolation. This isolation was evident in consultations with external agencies who revealed little breadth or depth of knowledge of the service. But such isolation also manifests itself in the degree to which the Coolibah is removed from what would now be considered accepted practice in a professional service - such as needs assessment, consumer consultation, goal setting and so forth. In these respects, the Coolibah cannot be considered well-placed to meet the needs of service users.

PART THREE:

OPTIONS AND RECOMMENDATIONS

7. OPTIONS AND RECOMMENDATIONS

The general conclusion and recommendation of this evaluation is that some kind of Coolibah service should operate but that changes will need to be made in terms of orientation, targeting and practice. This chapter presents several observations about broad areas of change; discusses funding options and concludes with recommendations which would apply to a number of options and which are related more generally to improving service practice.

There are a number of challenges facing the Coolibah in the immediate and medium-term future which have been examined in this evaluation. These challenges include:

- where the service fits in relation to the guiding principles for service delivery established by *Directions 2000*;

- where the service fits in relation to the needs of low-income older people living within the City of Yarra;

- where the service fits in relation to the current service mix within the City of Yarra;

- what funding options are available; and

- what criteria need to be met to fulfil current and anticipated service standards in the context of the demands of both the government and the Brotherhood.

7.1 Guiding Principles

The principles to guide service delivery by the Brotherhood were clearly enunciated in *Directions 2000* as outlined above on page 4. Of critical importance for the Coolibah are the general issues of:

- empowerment of service users;
- priority of access (targeting); and
- best practice (including innovative practice).

This evaluation has found that the Coolibah is currently failing to realise the principles established by *Directions 2000* in a number of important respects. Thus, the service does not empower service users; loose targeting and lack of staff agreement, combined with a history of partial shifts in service focus, has led to the inclusion of service users who do not necessarily meet the current eligibility criteria; there is little or no connection between service delivery and advocacy, as evidenced by the lack of broad knowledge of the service displayed by other agencies within the City of Yarra, and the Brotherhood is thus unable to achieve a wider impact or strategic influence upon policy makers; nor is the service delivered as well as it could be.

The Coolibah would need to make significant philosophical and practice changes to meet the requirements in *Directions 2000*. Most of those changes are outlined below in the recommendations.

7.2 The Target Group

The evidence presented above on the income levels, housing tenure and household status of older persons within the City of Yarra has shown that there are higher numbers of older people living alone on low incomes in the private rental sector than within the City of Melbourne as a whole. This is particularly so for the area immediately surrounding the Coolibah in South Fitzroy, where the majority of rooming houses are located.

A combination of persistently high and prolonged unemployment levels, changes to Rent Assistance and the on-going attraction of the inner city means that the numbers of older persons in need in this area will not fall, the countervailing trend of gentrification notwithstanding. Indeed, it can be anticipated that the needs of this group will increase over time with the additional financial pressures placed upon them.

Currently, the Coolibah loosely targets by age and not at all by disability. This has resulted in a mix of high-need consumers to whom the one service - especially one that is relatively small such as the Coolibah - cannot possibly respond. This difficulty has been compounded by the lack of clarity among staff themselves about who the service should be working with. As things stand, the service is unable to properly assess the individual needs of consumers and therefore has no means of determining whether their needs are actually being met.

In addition, although the survey data of Coolibah participants indicated that the service broadly targets low-income and disadvantaged older persons, some questions remain as to the overall efficiency or effectiveness of the Coolibah's targeting practices. Of particular concern are:

- the extent to which high need older persons living in the many rooming houses surrounding the Coolibah - other than Millott - are using the service;
- the growing number of younger persons attending the service - many of whom also use St. Mary's regularly; and
- the very small numbers attending from a non-English speaking background and, of the ones that do, their lack of concordance with the main language groups within the City of Yarra.

Given that this evaluation has identified a need among older persons (predominantly over 60 years of age), those who are living in rental accommodation and who come from a non-English speaking background, it is clear that the current targeting practices of the Coolibah are inadequate.

The question of who the target group should be cannot be divorced from the mix of services that prevail within the City of Yarra. In terms of day services, HACC funds one Adult Day Activity and Support Service - Willowview - which targets the frail aged and people with dementia. SAAP provides the core funding for St. Mary's House of Welcome.

HACC, SAAP and the Mental Health Branch of the Department of Human Services all fund various forms of home-based support ranging from the more traditional meals-on-wheels to more innovative services for homeless persons and those with a psychiatric disability/illness. Apart from the main HACC services, which are operated through the Yarra Council, most of the other programmes are run by the RDNS-Homeless Persons Programme, Yarra Community Support, Bedford Street Outreach and St. Mary's House of Welcome. The latter service also runs a psycho-social rehabilitation programme.

Most of these programmes are not age-specific (with the obvious exception of HACC which tends to mainly target the aged, despite its applicability also to younger people with disabilities). The only age criterion is that participants must be over the age of 18 years. Those who are younger are covered by young persons' services and these have not been examined for this evaluation.

Thus, a mapping of existing services, when combined with a needs analysis of older persons demonstrates that there is a clear need for a service which explicitly targets the sub-groups of older people identified above. Given the Coolibah's current age eligibility criteria there is considerable overlapping occurring with the other services above. What is needed therefore is a tightening up of the age eligibility criteria. This does not necessarily mean that younger consumers should not attend the service. However, such attendance should be conditional upon both their ability to benefit from the service provided and assessed need.

The target groups for the Coolibah should be:
- older persons (predominantly over 60 years of age) from the local community;
- those who are living in rental accommodation; and
- those who come from a non-English speaking background.

Admission of younger clients should be conditional upon both their ability to benefit from the service provided and assessed need.

7.3 Type of Service

The re-orientation of the Coolibah to meet the needs of this target group will need to:

- address the tension flowing from competing service philosophies;
- build on the expressed need of service users; and
- ensure that the needs of the target group can be met systematically and transparently.

Re-orientation

Despite the many innovations introduced into the service by previous co-ordinators, this evaluation has found that the Coolibah has been beset by a continual tension between a welfarist and an innovative or community development ideology. This is best exemplified by the belief of many staff that the Coolibah has to respond to each and every need that presents itself coming through the doors.

Tighter targeting by age will go some way towards eliminating some of the problems this tension produces. But, by itself, it will not resolve the main issue.

Service user consultations revealed a number of key points which need to be borne in mind when discussing the type of service that should prevail. These key points are:

- consumers come mainly to meet friends and socialise with others;
- consumers want a greater say in how the service is run; and
- consumers want greater links with other services/facilities within the City of Yarra.

There was general agreement also among staff members that the first point represented the main reason for people attending the service.

For a service to be effective it must not only meet the expressed needs of consumers but also have in place mechanisms for ensuring that those needs will continue to be met. This evaluation has shown that, whilst the Coolibah does meet some of the needs of some of its consumers, it does so in an ad hoc and somewhat haphazard manner, thereby lacking any systematic approach to service delivery. This means that the service is currently unable to successfully reproduce, on a consistent basis, practice approaches which are also successful from a consumer's perspective.

The philosophical and practice-based approaches which are required in order to achieve a high level of systematic consistency are outlined below in Recommendations 1-3. These recommendations go to the heart of what is currently considered good practice within community services regardless of the type of service being delivered. The recommendations are also consistent with the principles of service delivery stated by *Directions 2000* for the Brotherhood as a whole.

It is arguable that service principles, philosophies and practices are at least as important - if not greater - than the actual type of service delivered. Thus, the change management process must start with these recommendations.

Criteria For A Future Service Model

The re-orientation of the Coolibah requires the development of a service model based on need, context, philosophy and funding realities. This evaluation has demonstrated the following service need:

- one which targets low-income and disadvantaged older persons;
- one which does not duplicate other services;
- one which can reach those most in need, such as rooming house residents and people from a non-English speaking background;
- one which can meet the needs of isolated older people who require opportunities for active socialisation;
- one which can adapt to the diverse needs of the target group by developing dynamic links with other agencies; and

- one which can empower consumers by promoting independence and enhancing opportunities for involvement in the direction of the service.

Meeting these criteria requires not only a re-orientation of service principles and philosophies but also programme elements which will best meet those needs. However, this evaluation suggests that two important provisos need to be borne in mind. First, no one service type, as defined in programme guidelines prepared by Government departments, will necessarily meet all these requirements. There is, thus, a tension between the feasible and the ideal.

Second, there is a further tension between promoting empowerment through centre-based activities and the risk of perpetuating another form of institutionalisation. It is perhaps no coincidence that the decline of Senior Citizens Centres within the City of Yarra is related to the fact that active older persons no longer wish to congregate simply by age but, rather, tend to join groups on the basis of shared interests.

Such a tension can be minimised through: a re-orientation of the Coolibah away from strictly centre-based activities alone; the adoption of negotiated plans, goals and outcomes between consumers and workers; the appointment of key workers whose role it is to act as facilitators of opportunities available within the community; and the addition of programme components such as outreach work which can act as essential links between consumers, the centre and the community more generally.

Key Programme Elements

As a consequence of the above discussion, the following key programme elements for the Coolibah can be delineated.

1. *Structured, centre-based activities*, which have the aim of enhancing/maintaining the social and living skills of consumers.

2. *Community access*, which involves community development and education, referral and advocacy, with the aim of facilitating access to and participation by consumers in external community activities, services, social and recreational networks.

3. *Outreach work*, whereby individuals who are isolated in the local community are identified, through active liaison with other agencies such as the RDNS Homeless Persons Programme, and linked into the two programme elements described above.

In order to be responsive to the needs of the target group, and in conjunction with the programme elements described above, it is anticipated that activities will take place with both a group and an individual context. The various mix of activities will depend upon such factors as:

- the individual aims and goals of consumers as determined between themselves and workers;
- the collective wishes of consumers; and

- the available resources.

Recommendation 1-6 provide a framework for the development of these elements.

What It Should Not Do

Whilst it is feasible for some services to operate a drop-in as part of their programme elements, such an option is not considered viable within the context of the Coolibah at the present time. The reasons for the elimination of the drop-in component of the programme are as follows:

- the Coolibah does not possess sufficient physical space to enable this element to be run within the programme in addition to the other elements; and
- the Coolibah does not possess the appropriate mix of skills, philosophies and practices which would facilitate such a programme element.

Whilst the second reason will be overcome in the course of the change management process, it is the first reason that presents as an obstacle.

Complementary Initiatives

The above discussion covers the core programme elements the Coolibah should adopt. The consultations undertaken as part of this evaluation also revealed a significant number of consumers with a psychiatric disability/illness. Whilst many of these consumers would benefit from the programme changes already outlined, it may be more appropriate for a specialist psycho-social programme (not psycho-geriatric) for older persons to be developed.

Such a programme would:

- complement that offered by St. Mary's;
- meet a demonstrated need within the local community; and
- would provide a specialist service for a group of people whose needs are often neglected within a generic service.

Furthermore, it would be anticipated that such a programme would operate under the principles and guidelines which underpin non-clinical psycho-social programmes.

However, whether such a programme could operate under the auspices of the Coolibah is debatable. The current drawbacks are the same as those identified for the running of a drop-in component. In addition, the act of grafting another programme element targeting a highly disadvantaged group within the Coolibah may simply serve to entrench the prevailing attitude that the service should just admit all those in need - thereby leading to a dilution of effectiveness.

These drawbacks could be overcome if the Brotherhood sought to establish the programme as separate from the Coolibah but with clear links and protocols between the two programmes in terms of shared activities and referrals, for example.

In addition the Brotherhood should consider the development of a programme designed specifically for younger (50s) long-term unemployed people as per Recommendation 8.

The following key programme elements for the Coolibah which best serve the needs of older persons who require opportunities for socialisation can be delineated.

1. *Structured, centre-based activities*, which have the aim of enhancing/maintaining the social and living skills of consumers.

2. *Community access*, which involves community development and education, referral and advocacy, with the aim of facilitating access to and participation by consumers in external community activities, services, social and recreational networks.

3. *Outreach work*, whereby individuals who are isolated in the local community are identified, through active liaison with other agencies such as the RDNS Homeless Persons Programme, and linked into the two programme elements described above.

7.4 Funding Options

Funding options have been identified in terms of the three key programme elements stated above.

For the core elements of centre-based activities and community access for older persons who require opportunities for socialisation with their peers, and for some younger persons who have been assessed as being able to benefit from the programme, the most appropriate funded programme is the Adult Day Activity and Support Service (ADASS) . The objectives and target groups of this programme are outlined below and it can be seen that it is an appropriate overarching funding source for two core elements of the programme.

Adult Day Activity and Support Service (ADASS)

Service Aims and Objectives

The aim of ADASS is to provide activities which will enhance the ability of older persons and younger people with disabilities to live independently within the community. ADASS provides a structured programme of activities designed to promote skills enhancement and socialisation. Although most of the activities are centre-based, the main focus is upon flexible responses to the individual needs of consumers.

These are the objectives of the programme:

- To provide opportunities for companionship and friendship for isolated people assessed as being in need of this support.

- To maintain daily living skills which will enable older people and people with disabilities to continue to live as independently as possible in the community and to retain their sense of self-reliance and self-sufficiency.

- To provide intellectual stimulation which is satisfying, adequate, varied and age and culturally appropriate.

- To provide appropriate physical exercise and activities to maintain and enhance physical health and well-being including the capacity for continuing physical mobility, agility and co-ordination.

- To provide appropriate emotional and psychological support which will help to promote and maintain a sense of personal security and self-esteem essential to independence.

- To provide older people, people with disabilities and carers with information and access to other support services including other HACC services.

- To provide practical and other appropriate support to carers, including respite, which will assist them in their carer role and reduce the potential for stress and isolation.

- To provide culturally appropriate information about and access to other support services to consumers and carers including general information to consumers, carers, referral agencies, service providers and the community on the goals and aims of ADASS. This is aimed at increasing community awareness of the purpose and philosophy of ADASS, the services provided and a better understanding of the needs of consumers.

- To provide and maintain a suitable venue or environment which will ensure the comfort and security of consumers and the delivery of a high standard of service.

As the above objectives illustrate, ADASS is a service which allows for both centre-based and community-based links which are aimed at enhancing opportunities for socially isolated people to undertake social activities.

ADASS Target Groups

The main target groups for ADASS are older persons and younger persons with a disability. However, the ADASS guidelines also allow the targeting of specific groups within this broad category. These specific target groups include:

- people from a non-English speaking background;
- Kooris;
- financially disadvantaged people;
- frail aged and people with disabilities living in remote or isolated areas; and
- people with dementia including Alzheimer's disease and other related disorders.

The advantages of the target groups associated with an ADASS are that they would not duplicate, but rather complement, other programmes offered by services such as St. Mary's House of Welcome, with a clear demarcation between the two services in terms of age criteria.

Additional Funding Options

Two other options for funding part of the service or complementary initiatives are:

a) Psychiatric Disability Support Services

The mental health wing of the Aged, Community and Mental Health Division of the Department of Human Services funds non-Government organisations to provide non-clinical support services for adults with a psychiatric disability/illness (not psycho-geriatric). The key programme elements of psychiatric disability support services are similar to those delineated for the Coolibah, with the exception of home-based outreach support.

The Brotherhood is in the Eastern region for psychiatric services and, should the Brotherhood wish to establish and operate such a service, it will have to enter into negotiations with the regional office immediately. It should be noted that many services are now put out to tender and that the Brotherhood may have to have an already-established programme running before it is likely to achieve funding. The Brotherhood has the option of putting its current $70,000 Coolibah contribution into establishing this programme.

b)The Brotherhood

It has been suggested above that the Brotherhood's current financial commitment to the Coolibah need to be used for the initial establishment phase of a new programme. However, ADASS funding would not cover the necessary outreach component of the programme. The options for the Brotherhood are, therefore, a choice between putting its money into either outreach or a psycho-social programme. Alternatively, the Brotherhood could significantly increase its contribution to the service.

Whichever way the Brotherhood chooses to allocate its own funding, it is not recommended - as stated earlier in the evaluation - that the Coolibah operate 7 days a

week. The closure of the service on the weekend would enable resources to be directed into areas where they can be better used. [See Recommendation 8 also].

On the basis of the needs of the target group and the programme elements outlined above:

- it is considered that the ADASS programme represents the most appropriate source of core funding for the overall service;
- that additional elements may be funded through Brotherhood sources; and
- that specific funding be sought to undertaking a psychiatric disability support programme.

7.5 Recommendations For A Programme Of Change

These recommendations arise directly from the evaluation undertaken. They are relevant irrespective of the details of the future service developed as discussed above. But they also provide a framework through which re-orientation of the service can occur.

Recommendation 1

A review and planning workshop be held with all staff and managers connected with the service. The purpose of such a workshop shall be:

- to clarify the purpose of current and future eligibility criteria for access to the service;
- to clarify the role of the Coolibah within the mission statement and organisational goals of the Brotherhood and *Directions 2000*;
- to clarify that all staff understand that they are working together towards a common goal; and
- to plan strategies to implement the above.

Recommendation 2

Programme activities be restructured so as to respond to the individual needs of service users of the Coolibah. To achieve this the following strategies will need to be adopted:

- the use of service user consultative mechanisms to specifically encourage and enhance service user input into programme planning;
- greater flexibility in terms of the design and delivery of activities - currently these are locked into a pre-determined timetable leaving little room for spontaneity;
- a more structured approach to activities designed to develop independent living skills;
- a more individualised approach to activities which seeks to fulfil the objectives of the service in terms of maximising consumer choice and opportunities for independence;
- on-going monitoring and evaluation of activities; and

- the exploration of opportunities to develop and run joint activities with similar local services to more appropriately target particular groups of service users.

Recommendation 3

To better ensure that the service meets the needs of consumers, the following strategies are recommended:
- improved data collection methods which will (1) better inform staff about who is using the service and (2) enhance monitoring of the changing types of service users attending the service;
- the implementation of systematic and consistent assessment procedures for all service users;
- individualised goal setting and plans for achieving those goals; and

the implementation of regular feedback mechanisms through reviews and service user consultations to monitor the achievement of those goals.

Recommendation 4

To ensure better targeting:

- the Coolibah undertake analysis of its rooming house service users to determine whether these are residents of Millott House or whether the service is attracting older rooming house residents within the local area more generally; and
- there be better targeting of service users to fit the criterion of financially disadvantaged.

Recommendation 5

The Coolibah implement strategies to improve access to services for people from culturally diverse backgrounds. Such strategies could include:

- provision of information about the service in community languages;
- outreach work;
- linkages with other services in the area to co-ordinate these activities;
- work on the Coolibah's referral base into the service; and
- clarification of policies with regard to multilingual documentation and interpretation.

Recommendation 6

The Coolibah should plan and implement living skills activities. The purpose of such activities shall be:

- to promote independence
- to enable service users to have more control and choice in their lives.

Recommendation 7

The rationale for opening seven days a week should be re-visited, particularly in the light of St Mary's opening Monday to Saturday.

Recommendation 8

The Brotherhood should consider the development of a demonstration project aimed specifically at those consumers currently attending the Coolibah who have been, and are, experiencing long-term unemployment. Such a project could be developed with the assistance of the Employment Action Centre and would be for advocacy purposes with governments. Such a project would, of necessity, be separate from the Coolibah.

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APPENDICES

APPENDIX ONE

COOLIBAH DAY CENTRE QUESTIONNAIRE - EXTERNAL AGENCIES

1. Name of your service:

....

....

2. Contact person and telephone number:

....

3. Types of services you provide (e.g. accommodation):

....

....

....

4. What services do you provide to people specifically aged 50 and over?

Please specify:

....

....

....

....

5. Are you aware of the services provided by the Coolibah Day Centre?

Yes   ●   No   ●

6. Do you refer clients to the Coolibah Day Centre? Yes   ●   No   ●

If you answered yes, can you state why you refer clients?

....

....

....

....

If you answered no, can you say why?

....

....

....

....

7. In your opinion, what role does the Coolibah Day Centre play in service provision for older persons in the Fitzroy or broader City of Yarra area?

....
....
....
....
....

8. In your experience, how effective do you believe the Coolibah is in meeting the needs of disadvantaged older persons?

....
....
....
....
....

9. In what ways, if any, do you think the services offered by the Coolibah could be improved to meet the needs of disadvantaged older persons in the local area?

....
....
....
....

10. Given your knowledge of service provision in the area, do you think the services offered by the Coolibah duplicate other services or do they stand alone? Can you explain why:

....
....
....
....
....

11. Who do you think should be the target group for a service such as the Coolibah?

....
....
....
....
....

12. A number of clients seen by the Coolibah are men in their early 50s. Do you believe there is a need in the area for a service specifically targeted at this group?

....
....
....
....
....

13. Which groups would you consider to be the most disadvantaged of those aged 50 years and above in the local area?

....

....

....

....

....

14. Are you able to identify any gaps in current service provision in this area for disadvantaged older persons?

....

....

....

....

....

APPENDIX TWO

APPENDIX THREE

COOLIBAH DAY CENTRE - CENSUS 1997

1. Address:　　*Suburb*:.............................*Postcode*:.................

2. Sex:　　　*Male*: ● 1　　*Female*: ● 2

3. Age Range:

Less than 40　● 1

40 - 44	● 2	*65 - 69*	● 6
45 - 49	● 3	*70 - 74*	● 7
50 - 54	● 4	*75 - 79*	● 8
55 - 59	● 5	*80 - 84*	● 9
60 - 64	●	*85+*	● 10

4. Housing Type:

Private Renting　　● 1　*Owned*　　　● 2　　　*Public Renting* ● 3

Rooming House　● 4　*Boarding House*　● 5　　*SRS(special accomm)*　　● 6

CRU ● 7 *Caravan* ● 8　*Homeless*　● 9　*Nursing Home*　● 10

Hostel ● 11

5. Do you live alone?　　　*Yes*　● 1　　　　*No*　● 2

6. Income Source:

Aged Pension　　● 1　*Disability Support Pension*　● 2　*Newstart*　● 3

Jobsearch　　● 4　*Other* ● 5

7. Client Status

Do you have any of the following conditions? (n.b. this question is to be filled in by staff and *not* asked of the clients unless the client is unknown to the staff)

physical disability　● 1　*psychiatric disability*　　● 2

intellectual disability ● 3　*frail aged*　● 4　*a-r brain injury*　● 5

other ● 6

Please specify...

8. Nationality/ethnic background

Were you born in Australia:　　　　Yes　● 1　No　● 2

If no, how long have you lived in Australia? ....years

What was your country of birth or ethnic origin?

Aboriginal or Torres Strait Islander	● 1	*Holland*	● 14
USA	● 2	*India*	● 15
Australia	● 3	*Israel*	● 16
Bosnia-Herzegovina	● 4	*Italy*	● 17
Cambodia	● 5	*Latin America*	● 18
Canada	● 6	*Lebanon*	● 19
China	● 7	*New Zealand*	● 20
Former USSR	● 8	*Poland*	● 21
Croatia	● 9	*Serbia*	● 22
Eire	● 10	*South Africa*	● 23
Germany	● 11	*Sri Lanka*	● 24
Great Britain	● 12	*Turkey*	● 25
Greece	● 13	*Vietnam*	● 26

Other please specify: ....

9. Attendance at the Coolibah

In a typical week which days of the week do you come to the Coolibah?

Monday　● 1　Tuesday　● 2　Wednesday　● 3

Thursday　● 4　Friday　● 5　Saturday　● 6　Sunday　● 7

Do you attend all day?　　　Yes　● 1　No　● 2　Sometimes　● 3

10. Coolibah services
What do you do at the Coolibah?

Podiatry　● 1　Community Nurse　● 2　Meals ● 3　Pool table　● 4

Crafts ● 5　Quiz　● 6　Scrabble　● 7　Outings ● 8　Sing-a-long　● 9

Exercises • 10   Computer • 11   TV • 12   Forum • 13

Newsexchange • 14   Meet Friends • 15   Chapel • 16

Other please specify:...

11. Other agencies

Do you use the services provided by other agencies (eg St Mary's House of Welcome)?

Yes • 1   No • 2

If you answered yes can you list those other services:
....
....
....

12. Brotherhood Services

Do you use any other Brotherhood services? (e.g. Material Aid, Accommodation)

Yes • 1   No • 2

If you answered yes, can you list those other services:
....
....
....

13. Referral Agencies

If another agency referred you to the Coolibah, what was the name of that agency?
....
....
....

If you were not referred by an agency, how did you hear about the Coolibah?
....
....
....