

**MINUTES OF COUNCIL MEETING OF THE FRANKSTON CITY COUNCIL
HELD IN THE CIVIC CENTRE, DAVEY STREET, FRANKSTON
ON 17 NOVEMBER 2025 at 7:01 PM**

PRESENT	Cr. Kris Bolam (Mayor) Cr. Steffie Conroy (Deputy Mayor) Cr. David Asker Cr. Sue Baker Cr. Nathan Butler Cr. Emily Green Cr. Brad Hill Cr. Michael O'Reilly Cr. Cherie Wanat
APOLOGIES:	Nil.
ABSENT:	Nil.
OFFICERS:	Cam Arullanantham, Interim Chief Executive Officer Caroline Reidy, Acting Director Corporate and Commercial Services Sam Clements, Proxy Director Communities Vishal Gupta, Acting Director Infrastructure and Operations Shweta Babbar, Director Customer Innovation and Arts Brianna Alcock, Manager Governance Rob Antonic, Manager Safer Communities (via Zoom) Laura Antoniak, Acting Manager City Futures (via Zoom) Simone Bonella, Coordinator Community Programs (via Zoom) Brooke Whatmough, Coordinator Strategic Planning (via Zoom) Tenille Craig, Coordinator Governance Ric Rais, Team Leader Operations Support Josh Lacey, Supervising Technician
EXTERNAL REPRESENTATIVES:	Nil.

Chairperson's initials.....

COUNCILLOR STATEMENT

Deputy Mayor, Councillor Conroy made the following statement:

"All members of this Council pledge to the City of Frankston community to consider every item listed on this evening's agenda:

- *Based on the individual merits of each item;*
- *Without bias or prejudice by maintaining an open mind; and*
- *Disregarding Councillors' personal interests so as to avoid any conflict with our public duty.*

Any Councillor having a conflict of interest in an item will make proper, prior disclosure to the meeting and will not participate or vote on the issue."

ACKNOWLEDGEMENT OF TRADITIONAL OWNERS

Deputy Mayor, Councillor Conroy acknowledged the Bunurong People of the Kulin Nation – the Traditional Custodians of the land on which we stand, and paid respect to Elders past, present and future. Respect was also extended to Elders of other communities who may have been present.

Chairperson's initials.....

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1. APOLOGIES

Nil

2. COUNCILLOR APPRECIATION AWARDS**2.1 Presentation of Letter Under Seal to David Cross**

Cr Emily Green presented a Letter Under Seal to David Cross in recognition of his outstanding service over the past 15 years as Chairperson of the Frankston Environmental Friends Network.

The Frankston Environmental Friends Network is deeply indebted to your commitment. David's leadership and expertise has been invaluable in strengthening both the knowledge and visibility of Frankston's rich and vibrant environment.

Council thanks David, most sincerely, for his remarkable contribution and extends its best wishes for the future.

3. CONFIRMATION OF MINUTES OF PREVIOUS MEETING

Council Meeting No. CM16 held on 10 November 2025.

Council Decision

Moved: Councillor Butler

Seconded: Councillor Green

That the minutes of the Council Meeting No. CM16 held on 10 November 2025 copies of which had previously been circulated to all Councillors, be confirmed, approved and adopted.

Carried Unanimously

4. DISCLOSURES OF INTEREST AND DECLARATIONS OF CONFLICT OF INTEREST

Nil.

5. PUBLIC QUESTION TIME

There was one (1) question submitted to Council with notice and no questions submitted without notice. At the request of the Mayor, the Chief Executive Officer read the questions and answers to the gallery. The questions and answers will be provided in the Minutes of the next Council Meeting.

6. HEARING OF PUBLIC SUBMISSIONS

Ashley Thompson, made a submission to Council regarding Item 11.1: Request authorisation from the Minister for Planning for Council to prepare and exhibit Planning Scheme Amendment C167fran (Corrections Amendment);

Michael Telleson made a submission to Council regarding Item 12.6: Domestic Animal Management Plan 2026-2029 and Animal Control Orders; and

Robert Thurley made a submission to Council regarding Item 14.2: 2025/NOM20 - Nepean Boulevard Revitalisation Works.

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7. ITEMS BROUGHT FORWARD

Items Brought Forward

Council Decision

Moved: Councillor Butler

Seconded: Councillor Wanat

That Items listed below be brought forward:

- 11.1: Request authorisation from the Minister for Planning for Council to prepare and exhibit Planning Scheme Amendment C167fran (Corrections Amendment)
- 12.6: Domestic Animal Management Plan 2026-2029 and Animal Control Orders
- 14.2: 2025/NOM20 - Nepean Boulevard Revitalisation Works

Carried Unanimously

Block Motion

Council Decision

Moved: Councillor Green

Seconded: Councillor Hill

That the items listed below be block resolved:

- 12.2: Frankston Arts Advisory Committee - Minutes of Meeting 29 October 2025
- 12.3: Capital Works Quarterly Report - Q1 - July to September 2025
- 12.4: Consolidated Financial Report - Q1 July to September 2025
- 12.5: Positive Ageing Action Plan Progress Report (2024-2025)
- 12.7: 2025-26 Frankston City Small Business Grants - Recommendations
- 12.8 Award of Contract CN11405 – Operations of Frankston Resource, Recycling and Recovery Centre

Carried Unanimously

8. PRESENTATIONS / AWARDS

8.1 Presentation of MAV Mayor Emeritus Award to Mayor, Cr Kris Bolam

The Interim Chief Executive Officer, Cam Arullanantham, presented the MAV Mayor Emeritus Award to the Mayor, Cr Kris Bolam. The Mayor, was formally recognised by the Municipal Association of Victoria (MAV) with the distinguished Mayor Emeritus Award, honouring his exceptional contribution to local government and the Frankston City community.

The Mayor Emeritus Award acknowledges elected representatives who have served multiple mayoral terms and demonstrated outstanding leadership in local government. Over his three mayoral terms – 2011, 2021 and 2025 – Mayor Bolam has championed major advocacy wins and delivered landmark projects that have shaped Frankston City's growth and reputation. Mayor Bolam also made history as Frankston City's first councillor appointed to both the MAV Board and the Local Government Mayoral Advisory Panel.

8.2 Presentation of Awards

Sam Clements, proxy Director Communities, acknowledged Frankston City Council as the overall winner at the 2025 Tidy Cities – Sustainability Awards. This fantastic achievement recognises the city-wide commitment to environmental leadership and community collaboration.

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Adding to the achievement, Council's Growing Our Urban Forest initiative also won in the Environment category. Over just three years, the program has seen more than 60,000 trees planted, making it one of Australia's largest local government-led tree-planting programs. It's a major step toward achieving 20 per cent canopy cover by 2040, reducing urban heat and enhancing biodiversity across Frankston city.

Shweta Babbar, Director Customer, Innovation and Arts, acknowledged the Southside festival's success was recently recognised with the State Award for the Best Small Event at the National Events Awards Symposium, highlighting its rising national profile. The festival is now in its fourth year and continues to grow, supports creative enterprises, and brings new visitors to our municipality. I would like to thank the officers and our local artistic community for making it a big success.

9. PRESENTATION OF PETITIONS AND JOINT LETTERS

Nil

10. DELEGATES' REPORTS

The Mayor, Cr Kris Bolam provided a written and verbal delegates report on his overseas Sister City travel.

Delegates Report – Sister City overseas travel by Mayor Bolam

Council Decision

Moved: Councillor Green

Seconded: Councillor Butler

That the delegates report from the Mayor, Cr Kris Bolam on the recent Sister City overseas travel, be received.

Carried Unanimously

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ITEMS BROUGHT FORWARD**11.1 Request authorisation from the Minister for Planning for Council to prepare and exhibit Planning Scheme Amendment C167fran (Corrections Amendment)***(AY Communities)***Council Decision****Moved: Councillor Wanat****Seconded: Councillor Butler**

That Council:

1. Notes that Planning Scheme Amendment C167fran makes administrative corrections to the Frankston Planning Scheme, including fixing spelling errors and inconsistencies in zoning and overlay mapping;
2. Authorises Council officers to seek authorisation from the Minister for Planning to prepare and exhibit Planning Scheme Amendment C167fran pursuant to Section 8A of the *Planning and Environment Act 1987*;
3. Upon receiving authorisation from the Minister for Planning, Council officers give notice and exhibit Planning Scheme Amendment C167fran for one (1) month in accordance with Section 19 of the *Planning and Environment Act 1987*, including inviting public submissions;
4. Authorises Director Communities to make editorial and administrative changes to Planning Scheme Amendment C167fran documentation to satisfy any conditions of authorisation from the Department of Transport and Planning; and
5. Notes that, following the conclusion of the exhibition of Planning Scheme Amendment C167fran, a report will be presented to Council outlining recommendations for the next steps.

Carried Unanimously

Chairperson's initials.....

12.6 Domestic Animal Management Plan 2026-2029 and Animal Control Orders*(RA Communities)***Recommendation (Director Communities)**

That Council:

1. Notes the public consultation results for the 2026-2029 Domestic Animal Management Plan; and
2. Endorses the 2026-2029 Domestic Animal Management Plan and key actions; and
3. Approves the plan to be submitted to the Department of Energy, Environment and Climate Action in accordance with the Domestic Animals Act 1994; and
4. Resolves to make the attached Orders under sections 25(2) and 26(2) of the Domestic Animals Act 1994, noting these orders replicate existing requirements with the following modification to reflect outcomes of the recent community engagement:
 - a. A 24-hour cat confinement provision, requiring cats to be always contained to their owner's property,
5. Resolves to impose a 12-month moratorium on the enforcement of the 24-hour cat confinement set out in Section 2 of the Orders (commencement of enforcement to occur from 1 December 2026); and
6. Authorises the Chief Executive Officer to publish notice of the making of these Council orders in the Victorian Government Gazette, in the Herald Sun and on Council's website.

*The Meeting was adjourned at 8.06pm**The Meeting resumed at 8.13pm**In accordance with section 34.1.2 of the Governance Rules,
the motion was moved in parts***Council Decision****Moved: Councillor O'Reilly****Seconded: Councillor Green**

That Council:

1. Notes the public consultation results for the 2026-2029 Domestic Animal Management Plan; and
2. Endorses the 2026-2029 Domestic Animal Management Plan and key actions; and
3. Approves the plan to be submitted to the Department of Energy, Environment and Climate Action in accordance with the Domestic Animals Act 1994;

Carried Unanimously**Council Decision****Moved: Councillor Green****Seconded: Councillor Hill**

That Council:

4. Resolves to make the attached Orders under sections 25(2) and 26(2) of the

Chairperson's initials.....

Domestic Animals Act 1994, noting these orders replicate existing requirements with the following modification to reflect outcomes of the recent community engagement:

- a. A 24-hour cat confinement provision, requiring cats to be always contained to their owner's property,
5. Resolves to impose a 12-month moratorium on the enforcement of the 24-hour cat confinement set out in Section 2 of the Orders (commencement of enforcement to occur from 1 December 2026); and
6. Authorises the Chief Executive Officer to publish notice of the making of these Council orders in the Victorian Government Gazette, in the Herald Sun and on Council's website.

Extension of Time

Moved: Councillor Butler

Seconded: Councillor Conroy

That Cr Baker be granted an extension of time.

Carried Unanimously

Extension of Time

Moved: Councillor Baker

Seconded: Councillor Butler

That Cr Conroy be granted an extension of time.

Carried Unanimously

Extension of Time

Moved: Councillor Hill

Seconded: Councillor Butler

That Cr O'Reilly be granted an extension of time.

Carried Unanimously

Extension of Time

Moved: Councillor Butler

Seconded: Councillor Baker

That Cr Hill be granted an extension of time.

Carried Unanimously

The Motion was
Carried

For the Motion: Crs Baker, Conroy, Green, Hill and O'Reilly (5)

Against the Motion: Crs Asker, Bolam, Butler and Wanat (4)

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14.2 2025/NOM20 - Nepean Boulevard Revitalisation Works*(VG Infrastructure and Operations)*

That Council:

1. Commits \$10 million toward the delivery of the \$60 million Nepean Highway Revitalisation Program, noting the \$50 million contribution from the Federal Government;
2. Approves the attached initial draft scope of works for delivery as part of Nepean Highway Revitalisation Program, to be negotiated with the State and Federal Governments;
3. Authorises the Chief Executive Officer to make necessary adjustments to Council's 2026/27 Long Term Infrastructure Plan to reflect Council's \$10 million contribution; and
4. Advises relevant Members of Parliament and Ministers of Council's revised funding contribution and ongoing commitment to the revitalisation initiative.

The Mayor stood down from the Chair

Leave of Council**Moved: Councillor Butler****Seconded: Councillor Green**

That Cr Bolam be granted leave of Council to amend 2025/NOM20 - Nepean Boulevard Revitalisation Works

Carried Unanimously**Motion**

That Council:

1. Allocates \$10 million toward the delivery of the \$60 million Nepean Highway Revitalisation Program, contingent on the Federal Government's \$50 million contribution and the finalisation of an agreed scope of works for delivery;
2. Approves the attached initial draft scope of works for delivery as part of Nepean Highway Revitalisation Program, to be negotiated with the State and Federal Governments;
3. Authorises the Chief Executive Officer to make necessary adjustments to Council's 2026/27 Long Term Infrastructure Plan to reflect Council's \$10 million contribution; and
4. Advises relevant Members of Parliament and Ministers of Council's revised funding contribution and ongoing commitment to the revitalisation initiative.

Council Decision**Moved: Councillor Bolam****Seconded: Councillor Butler**

That Council:

1. Allocates \$10 million toward the delivery of the \$60 million Nepean Highway Revitalisation Program, contingent on the Federal Government's \$50 million contribution and the finalisation of an agreed scope of works for delivery;
 2. Approves the attached initial draft scope of works for delivery as part of Nepean
- Chairperson's initials.....

Highway Revitalisation Program, to be negotiated with the State and Federal Governments;

3. Authorises the Chief Executive Officer to make necessary adjustments to Council's 2026/27 Long Term Infrastructure Plan to reflect Council's \$10 million contribution; and
4. Advises relevant Members of Parliament and Ministers of Council's revised funding contribution and ongoing commitment to the revitalisation initiative.

Carried Unanimously

The Mayor resumed the Chair

11. CONSIDERATION OF CITY PLANNING REPORTS

Item - 11.1. Request authorisation from the Minister for Planning for Council to prepare and exhibit Planning Scheme Amendment C167fran (Corrections Amendment) was brought forward.

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Chairperson's initials.....

12. CONSIDERATION OF REPORTS OF OFFICERS

12.1 Governance Matters Report for 17 November 2025

(JB Corporate and Commercial Services)

Recommendation (Director Corporate and Commercial Services)

That Council:

Council Resolution Status Update

1. Receives the Council Resolution Status update, including:
 - i. Notice of Motion Cost Summary, Notice of Motion Report and Urgent Business update for 17 November 2025;
 - ii. Notes there are no Notice of Motion actions reported as complete by officers;
 - iii. Notes there is one (1) report delayed in the presentation to Council:
 - Municipal Accessibility Audit, delayed to February 2026
 - iv. Notes there are no Urgent Business updates for 17 November 2025
 - v. Notes since the Council Meeting, held on 27 October 2025, sixteen (16) resolution actions have been completed;

Councillor Briefings Record

2. Receives the record of Councillor Briefing meetings held since the date of last Council Meeting held on 27 October 2025, as listed in the body of the report;

Community Care Services

3. Notes the items listed below have previously been presented in Closed Council:
 - i. Community Care Services – Aged Care Reform, on 11 August 2025; and
 - ii. Community Care Services Update, on 27 October 2025
4. Notes the resolutions of the items listed in paragraph 3 have been authorised to be publicly released, following its 27 October 2025 Meeting;
5. Authorises the division of voting be disclosed with the release of the confidential resolutions in the minutes of this meeting;

Unsolicited Proposals Policy

6. Notes the Unsolicited Proposals Policy has been developed to establish a clear, transparent and accountable framework for receiving, assessing and managing unsolicited proposals submitted to Council by private or non-government entities;
7. Notes the policy aims to ensure such proposals are considered in a consistent manner, align with Council's strategic objectives, deliver public value and are assessed in accordance with the principles of good governance, fairness, and probity;
8. Notes the Unsolicited Proposals Policy has been authorised by the Chief Executive Officer and will be made available on Council's website following this meeting;

Recognising OAM Recipients Protocol

9. Notes the Order of Australia Medal (OAM), awarded on Australia Day and the King's Birthday, is an honour that recognises Australians who have demonstrated outstanding service, exceptional achievement or to acknowledge individuals who have made significant contributions to their community, country or internationally;

Chairperson's initials.....

10. Notes it recognises OAM recipients that reside in Frankston by displaying their name on the OAM Honour Board, which is located in the Frankston library;
11. Notes this Protocol aims to provide guidance on the process of recognising OAM recipients that reside in Frankston and including those details on the honour board;
12. Notes the Recognising OAM Recipients Protocol has been authorised by the Chief Executive Officer and will be made available on Council's website following this meeting;

Frankston Citizen of the Year Selection Panel

13. Notes that Expression of Interest for nominations for the Frankston Citizen of the Year Award Selection Panel was launched on 1 September to 31 October 2024 on Council's website;
14. Notes the submissions received were assessed against the criteria, as detailed in the Citizen of the Year Selection Panel Terms of Reference;
15. Endorses the recommended nominees to be members of the Frankston Citizen of the Year Award Selection Panel, and, on endorsement, authorises the release of the names following this Council Meeting;

Letter Under Seal for Outgoing Mayor and Deputy Mayor

16. Awards and presents a Letter Under Seal to Cr Kris Bolam in recognition of his service as Mayor during the Mayoral Term from November 2024 to December 2025 at the annual general Council Meeting on 10 December 2025;
17. Awards and presents a Letter Under Seal to Cr Steffie Conroy in recognition of her service as Deputy Mayor during the Deputy Mayoral Term from November 2024 to December 2025 at the annual general Council Meeting on 10 December 2025; and

Confidential Attachment

18. Resolves for Attachment F (Citizen of the Year Selection Panel submissions) to remain confidential indefinitely, except for the names only of the recommended panellists, as referenced in Item 15 of this resolution, on the grounds that it includes personal information, being information which if released would result in the unreasonable disclosure of information about any person or their personal affairs (*Local Government Act 2020*, s.3(1)(f)). These grounds apply because the information concerns information about the panel submitters, who have not consented to their information being disclosed. Release of this information might undermine public confidence and make people reluctant to submit nominations in the future, which would compromise Council's ability to run similar processes in the future.

Motion

That Council:

Council Resolution Status Update

1. Receives the Council Resolution Status update, including:
 - i. Notice of Motion Cost Summary, Notice of Motion Report and Urgent Business update for 17 November 2025;
 - ii. Notes there are no Notice of Motion actions reported as complete by officers;
 - iii. Notes there is one (1) report delayed in the presentation to Council:

Chairperson's initials.....

- iv. Municipal Accessibility Audit, delayed to February 2026
- v. Notes there are no Urgent Business updates for 17 November 2025
- vi. Notes since the Council Meeting, held on 27 October 2025, sixteen (16) resolution actions have been completed;

Councillor Briefings Record

- 2. Receives the record of Councillor Briefing meetings held since the date of last Council Meeting held on 27 October 2025, as listed in the body of the report;

Community Care Services

- 3. Notes the items listed below have previously been presented in Closed Council:
 - i. Community Care Services – Aged Care Reform, on 11 August 2025; and
 - ii. Community Care Services Update, on 27 October 2025
- 4. Notes the resolutions of the items listed in paragraph 3 have been authorised to be publicly released, following its 27 October 2025 Meeting;
- 5. Authorises the division of voting be disclosed with the release of the confidential resolutions in the minutes of this meeting;

Unsolicited Proposals Policy

- 6. Notes the Unsolicited Proposals Policy has been developed to establish a clear, transparent and accountable framework for receiving, assessing and managing unsolicited proposals submitted to Council by private or non-government entities;
- 7. Notes the policy aims to ensure such proposals are considered in a consistent manner, align with Council's strategic objectives, deliver public value and are assessed in accordance with the principles of good governance, fairness, and probity;
- 8. Notes the Unsolicited Proposals Policy has been authorised by the Chief Executive Officer and will be made available on Council's website following this meeting;

Recognising OAM Recipients Protocol

- 9. Notes the Order of Australia Medal (OAM), awarded on Australia Day and the King's Birthday, is an honour that recognises Australians who have demonstrated outstanding service, exceptional achievement or to acknowledge individuals who have made significant contributions to their community, country or internationally;
- 10. Notes it recognises OAM recipients that reside in Frankston by displaying their name on the OAM Honour Board, which is located in the Frankston library;
- 11. Notes this Protocol aims to provide guidance on the process of recognising OAM recipients that reside in Frankston and including those details on the honour board;
- 12. Notes the Recognising OAM Recipients Protocol has been authorised by the Chief Executive Officer and will be made available on Council's website following this meeting;

Frankston Citizen of the Year Selection Panel

- 13. Notes that Expression of Interest for nominations for the Frankston Citizen of the Year Award Selection Panel was launched on 1 September to 31 October 2024 on Council's website;
- 14. Notes the submissions received were assessed against the criteria, as detailed in the Citizen of the Year Selection Panel Terms of Reference;

Chairperson's initials.....

15. Endorses the recommended nominees, as listed in Attachment F, to be members of the Frankston Citizen of the Year Award Selection Panel, and, on endorsement, authorises the release of the names following this Council Meeting;

Letter Under Seal for Outgoing Mayor and Deputy Mayor

16. Awards and presents a Letter Under Seal to Cr Kris Bolam in recognition of his service as Mayor during the Mayoral Term from November 2024 to December 2025 at the annual general Council Meeting on 10 December 2025;
17. Awards and presents a Letter Under Seal to Cr Steffie Conroy in recognition of her service as Deputy Mayor during the Deputy Mayoral Term from November 2024 to December 2025 at the annual general Council Meeting on 10 December 2025;

Confidential Attachment

18. Resolves for Attachment F (Citizen of the Year Selection Panel submissions) to remain confidential indefinitely, except for the names only of the recommended panellists, as referenced in Item 15 of this resolution, on the grounds that it includes personal information, being information which if released would result in the unreasonable disclosure of information about any person or their personal affairs (*Local Government Act 2020*, s.3(1)(f)). These grounds apply because the information concerns information about the panel submitters, who have not consented to their information being disclosed. Release of this information might undermine public confidence and make people reluctant to submit nominations in the future, which would compromise Council's ability to run similar processes in the future;

Local Service Organisations Signage

19. Seeks a future report or briefing to be provided to Council by February 2026, on the feasibility, cost and requirements for potential signage within prominent roadside locations to honour and display local service organisations, partnerships and Frankston achievements; and

Chief Executive Officer KPIs

20. In the spirit of transparency and accountability, and consistent with practices adopted by a number of other municipalities, a summary of the Chief Executive Officer's annual Key Performance Indicators (KPIs) be published on the Transparency Hub section after the CEO performance and remuneration committee endorsement.

Pollies in the Park BBQ

21. Notes the Pollies in the Park BBQ occurred on 15 November 2025 and allocates a \$500 contribution to Bam Arts Inc.

Council Decision

Moved: Councillor Butler

Seconded: Councillor Green

That Council:

Council Resolution Status Update

1. Receives the Council Resolution Status update, including:
- vii. Notice of Motion Cost Summary, Notice of Motion Report and Urgent Business update for 17 November 2025;
 - viii. Notes there are no Notice of Motion actions reported as complete by officers;

Chairperson's initials.....

- ix. Notes there is one (1) report delayed in the presentation to Council:
- x. Municipal Accessibility Audit, delayed to February 2026
- xi. Notes there are no Urgent Business updates for 17 November 2025
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Unsolicited Proposals Policy

- 6. Notes the Unsolicited Proposals Policy has been developed to establish a clear, transparent and accountable framework for receiving, assessing and managing unsolicited proposals submitted to Council by private or non-government entities;
- 7. Notes the policy aims to ensure such proposals are considered in a consistent manner, align with Council's strategic objectives, deliver public value and are assessed in accordance with the principles of good governance, fairness, and probity;
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Recognising OAM Recipients Protocol

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- 10. Notes it recognises OAM recipients that reside in Frankston by displaying their name on the OAM Honour Board, which is located in the Frankston library;
- 11. Notes this Protocol aims to provide guidance on the process of recognising OAM recipients that reside in Frankston and including those details on the honour board;
- 12. Notes the Recognising OAM Recipients Protocol has been authorised by the Chief Executive Officer and will be made available on Council's website following this meeting;

Frankston Citizen of the Year Selection Panel

- 13. Notes that Expression of Interest for nominations for the Frankston Citizen of the Year Award Selection Panel was launched on 1 September to 31 October 2024 on Council's website;
- 14. Notes the submissions received were assessed against the criteria, as detailed in

Chairperson's initials.....

the Citizen of the Year Selection Panel Terms of Reference;

15. Endorses the recommended nominees, as listed in Attachment F, to be members of the Frankston Citizen of the Year Award Selection Panel, and, on endorsement, authorises the release of the names following this Council Meeting;

Letter Under Seal for Outgoing Mayor and Deputy Mayor

16. Awards and presents a Letter Under Seal to Cr Kris Bolam in recognition of his service as Mayor during the Mayoral Term from November 2024 to December 2025 at the annual general Council Meeting on 10 December 2025;
17. Awards and presents a Letter Under Seal to Cr Steffie Conroy in recognition of her service as Deputy Mayor during the Deputy Mayoral Term from November 2024 to December 2025 at the annual general Council Meeting on 10 December 2025;

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Local Service Organisations Signage

19. Seeks a future report or briefing to be provided to Council by February 2026, on the feasibility, cost and requirements for potential signage within prominent roadside locations to honour and display local service organisations, partnerships and Frankston achievements; and

Chief Executive Officer KPIs

20. In the spirit of transparency and accountability, and consistent with practices adopted by a number of other municipalities, a summary of the Chief Executive Officer's annual Key Performance Indicators (KPIs) be published on the Transparency Hub section after the CEO performance and remuneration committee endorsement.

Polities in the Park BBQ

21. Notes the Polities in the Park BBQ occurred on 15 November 2025 and allocates a \$500 contribution to Bam Arts Inc.

Carried Unanimously

Chairperson's initials.....

12.2 Frankston Arts Advisory Committee - Minutes of Meeting 29 October 2025*(TH Customer Innovation and Arts)***Council Decision****Moved: Councillor Green****Seconded: Councillor Hill**

That Council:

1. Receives the minutes of the Frankston Arts Advisory Committee held on 29 October 2025;
2. Supports the purchase of a new Gnome sculpture by Gregor Kregar for Frankston foreshore as part of the Frankston Regional Arts Trail;
3. Notes the purchase of 'Transfiguration LINK XL' and 'Flooded Weir' sculptures as part of the ongoing sculpture development program within existing budget;
4. Notes the wall at 43B Davey Street be included in the 2026 Frankston Street Art Festival;
5. Supports the appointment of the new Chairperson to the Frankston Arts Advisory Committee as per the confidential Attachment C, with the candidate's name to be released as part of the minutes at the next Council Meeting; and
6. Resolves that Attachment C be retained as confidential indefinitely on the grounds that it includes personal information, being information which if released would result in the unreasonable disclosure of information about any person or their personal affairs (*Local Government Act 2020*, s.3(1)(f)). These grounds apply because the document includes personal information of the candidates which, if released, would breach privacy obligations.

Carried Unanimously**Note:** Refer to page 4 of these Minutes where this item was Block Resolved.

Chairperson's initials.....

12.3 Capital Works Quarterly Report - Q1 - July to September 2025*(CP Infrastructure and Operations)***Council Decision****Moved: Councillor Green****Seconded: Councillor Hill**

That Council:

1. Receives and notes the quarterly progress report for the first quarter (July to September 2025) of the 2025/26 Capital Works Program;
2. Notes that due to the accelerated delivery of the Frankston Basketball and Gymnastics Stadium, a budget adjustment will be referred to the 2025/26 Mid-Year Budget Review to bring forward indicatively \$5M in the project budget from 2026/27 to the current financial year;
3. Notes that, for transparency and disclosure of the capital works program to the public, the full details have been provided in the open attachments to the report; and
4. Notes there are no reported projects where variations have exceeded the pre-approved variation amount in accordance with S7 Instrument of Sub-Delegation by CEO.

Carried Unanimously**Note:** Refer to page 4 of these Minutes where this item was Block Resolved.

Chairperson's initials.....

12.4 Consolidated Financial Report - Q1 July to September 2025

(CL Corporate and Commercial Services)

Council Decision**Moved: Councillor Green****Seconded: Councillor Hill**

That Council:

1. Receives the Consolidated Quarter One July to September 2025 Financial Report;
2. Receives the Peninsula Leisure Quarter One July to September 2025 Performance Report; and
3. Resolves that Attachment B - Peninsula Leisure Quarter One July to September 2025 Performance Report - remains confidential indefinitely as it contains private commercial information (*Local Government Act 2020, s(3)(g)*). These grounds apply because the information is provided by a business, commercial or financial undertaking and, if released, would impact the relationship between Council and Peninsula Leisure Pty Ltd.

Carried Unanimously

Note: Refer to page 4 of these Minutes where this item was Block Resolved.

Chairperson's initials.....

12.5 Positive Ageing Action Plan Progress Report (2024-2025)*(JV Communities)***Council Decision****Moved: Councillor Green****Seconded: Councillor Hill**

That Council:

1. Receives the Positive Ageing Action Plan Progress Report 2024-2025 which targets adults 60 years and older, who make up the fastest growing age group in Frankston City;
2. Notes that the Positive Ageing Action Plan has guided delivery of programs, services and infrastructure to help older people in the municipality stay connected, supported and engaged – and continue to thrive in older age;
3. Notes the range of activities undertaken by officers in response to the actions identified in the Positive Ageing Action Plan 2021-2025, which includes the collaborative delivery of the annual Seniors Festival, and the management of the Wingham Park older adult exercise equipment program in conjunction with the research partnership and volunteer program amongst various other initiatives; and
4. Notes that this has been the final year of the 2021-2025 Positive Ageing Action Plan and is to be superseded by the Diversity and Inclusion Action Plan currently in development.

Carried Unanimously**Note:** Refer to page 4 of these Minutes where this item was Block Resolved.

Chairperson's initials.....

12.7 2025-26 Frankston City Small Business Grants - Recommendations*(IE Communities)***Council Decision****Moved: Councillor Green****Seconded: Councillor Hill**

That Council:

1. Notes the 2025-26 Frankston City Small Business Grants program was completed on 14 October 2025. The assessment panel, including independent members, has recommended the awarding of 23 grants, to a total value of \$210,000;
2. Endorses the panel's recommendations for the awarding of \$210,000 to 23 grant recipients;
3. Notes that all successful and unsuccessful applicants will be notified of the outcome no later than 21 November 2025;
4. Notes that Officers will undertake a six-month follow-up with grant recipients after acceptance of the grant agreement. This assessment will evaluate the impact of the grant, which may include information on potential employment creation and/or business expansion resulting from the funded activities. Findings from this follow-up will be provided to Councillors via a memo; and
5. Resolves that Attachment A be retained confidential until 21 November 2025 on the grounds that it includes personal information, being information which if released would result in the unreasonable disclosure of information about any person or their personal affairs (*Local Government Act 2020, s.3(1)(f)*) and would if prematurely released might undermine public confidence and make people reluctant to submit nominations in the future, which would compromise Council's ability to run similar grants programs in the future.

Carried Unanimously**Note:** Refer to page 4 of these Minutes where this item was Block Resolved.

Chairperson's initials.....

12.8 Award of Contract CN11405 - Operations of Frankston Resource, Recycling and Recovery Centre*(MF Corporate and Commercial Services)***Council Decision****Moved: Councillor Green****Seconded: Councillor Hill**

That Council:

1. Awards contract *CN11405: Operation of Frankston Regional Recycling & Recovery Centre (FRRRC)* to Knox Transfer Station Pty Ltd T/As KTS Recycling (ABN 70 605 920 175) with an estimated contract value of \$11,944,368.82 ex GST noting that the transport component is based on Schedule of Rates;
2. Notes that contract term is for initial period of five years (5) commencing 1 April 2026 with one (1) extension option of five (5) years;
3. Authorises the Chief Executive Officer to sign the contract and contract extensions based on the contractors' successful performance;
4. Delegates approval of contract variations to Director Corporate and Commercial Services; and
5. Resolves Attachments A not 12.6& B to this report be retained confidential on the grounds that it contains private commercial information, being information provided by a business, commercial or financial undertaking that if released, would unreasonably expose the business, commercial or financial undertaking to disadvantage, pursuant to the *Local Government Act 2020 s3(1)(g)*.

Carried Unanimously**Note:** Refer to page 4 of these Minutes where this item was Block Resolved.

Chairperson's initials.....

13. RESPONSE TO NOTICES OF MOTION

Nil

Chairperson's initials.....

14. NOTICES OF MOTION**14.1 2025/NOM19 - Australia's Most Accessible Beach Pilot***(CR Corporate and Commercial Services)*

That Council:

1. Notes it has committed \$125,000 as part of its Annual Budget 2025-2026 for its 'Accessible Beach' Pilot program (pilot program) which was estimated to cost \$165,000 to proceed, with the remaining \$40,000 to be sought by the Mayor from corporate and philanthropic sponsorship;
2. Notes the overall cost of the pilot program has increased from \$165,000 to \$195,000 due to increased cost of equipment;
3. Notes \$60,000 of the \$125,000 committed in the adopted Budget 2025-2026 includes State Government sourced funding from the Social Inclusion Action Group;
4. Notes given the remaining \$40,000 has been successfully fundraised by the Mayor, the pilot program is now funded and will proceed;
5. Notes \$122,182 has been received and a further \$53,000 has been pledged giving a total of \$175,182 in potential sponsorship funding;
6. Notes the funding allocation of \$125,000 in the Adopted Budget 2025-2026 in addition to the sponsorship funds received of \$122,182 totals of \$247,182 available for the pilot program which is expected to cost \$195,000, yielding an expected surplus of funds available of \$52,182;
7. Notes no further sponsorship is required for the pilot program in 2025-2026 and any surplus funds and further sponsorship received will be set aside towards a second iteration of the program in 2026-2027 to be determined as part of the development of Budget 2026-2027;
8. Writes a Letter of Appreciation to the following organisations thanking them for their sponsorship contribution received for the pilot program, noting their name and logo will be referenced (as appropriate) on relevant collateral:

Sponsor	Sponsorship Received	Sponsorship Pledged	In Kind Support	Total Value of Support
Rotary Peninsula 2.0		10,000	14,868	24,868
Anaconda	10,000		5,781	15,781
Kingston City Council		15,000		15,000
Peninsula Leisure	1,500		10,000	11,500
Frankston RSL	10,000			10,000
Sandhurst Club	10,000			10,000
Monash University	10,000			10,000
Challenger Services Group / Nivad	10,000			10,000
Excel Australasia	10,000			10,000
The Dicker Family	10,000			10,000

Chairperson's initials.....

The Australian Wuxi General Chamber of Commerce		10,000		10,000
MAAC Care	9,091			9,091
Seaford RSL	7,000			7,000
Frankston District Basketball Association	5,000			5,000
Grace Professional Services	5,000			5,000
Frankston District Netball Association	5,000			5,000
Signature Hospitality Group	5,000			5,000
Ecco Enterprises Group		5,000		5,000
Sinopec		5,000		5,000
Mornington Peninsula Regional Tourism Board		5,000		5,000
Bayside Shopping Centre / Vicinity	4,545			4,545
Ash Marton Realty			3,000	3,000
Rotary Club of Frankston	2,500			2,500
Rotary Club of Frankston Sunrise	2,273			2,273
Frankston North Rotary	2,273			2,273
Peninsula Health			2,000	2,000
Peninsula Rotaract	1,500			1,500
Chisholm TAFE Frankston	1,500			1,500
Frankston Business Collective		1,500		1,500
CBRE management (ISPT)		1,500		1,500
Total	122,182	53,000	35,649	210,831

9. Notes the in-kind support received is detailed below:

- a. Anaconda has provided further material support, such as outdoor equipment i.e. temporary shade cabanas, beach trolleys, life jackets valued at \$5,781;
- b. Rotary Frankston Peninsula 2.0 provided further in-kind support through the loan of 20 metres of beach matting valued at \$14,868;
- c. Peninsula Leisure provided further in-kind support to Council in terms of their professional consulting expertise in preparation for the pilot program valued at \$10,000;
- d. Ash Marton Realty, provided in-kind support in the form of twelve high-grade advertisement signs (equivalent to \$3,000) to advertise the Pilot program. This in-kind assistance for signage includes printing, fabrication and installation;
- e. Peninsula Health, have provided in-kind support in the form of occupational

Chairperson's initials.....

- therapists to complete an on-site review of the pilot program valued at approximately \$2,000;
- f. Accessible Beaches Australia have secured a commitment from Life Saving Victoria to provide dedicated life saving patrols for the pilot program area during the Pilot program period;
 - g. St Kilda Football Club, while unable to financially contribute to the Pilot program, have offered to work with Council in running an all-abilities 'Disability Sports Day' for local children;
10. Requests the Australia's Most Accessible Beach Advisory Committee to be notified of this resolution in writing and verbally by the Chair, Cr Nathan Butler, at its next meeting;
 11. That upon the completion of the pilot program, all members of the Accessible Beach Pilot Program Advisory Committee are to receive a Letter of Appreciation for their tireless service;
 12. Notes after the pilot program concludes, a report on the outcome of the pilot program will be presented to Council at its June 2026 Ordinary Meeting;
 13. Notes the Mayor and Cr Butler recently met with the Chief of Staff to the Federal Minister for Disability to advocate for federal funding assistance relating to a disability compliant toilet / 'changing places' facility;
 14. To enable the success of any future accessibility initiatives beyond the Pilot program period, the Chief Executive Officer is directed to ensure that council vigorously advocates for 'changing places' (or equivalent) funding to enable a disability compliant toilet / 'changing places' facility at the Frankston foreshore;
 15. To invite all sponsors, local Federal and State members of Parliament and the Federal Minister for Disability to the launch of the pilot program; and
 16. Notes the Mayor has also suggested three offers of funds (totalling \$20,000) that cannot be accepted for the pilot program be referred to the Frankston Charitable Trust (a financial chapter of the Lord Mayor's Charitable Foundation).

Leave of Council

Moved: Councillor Hill

Seconded: Councillor Baker

That Cr Butler be granted leave of Council to amend 2025/NOM19 - Australia's Most Accessible Beach Pilot.

Carried Unanimously

Motion

That Council:

1. Notes it has committed \$125,000 as part of its Annual Budget 2025-2026 for its 'Accessible Beach' Pilot program (pilot program) which was estimated to cost \$165,000 to proceed, with the remaining \$40,000 to be sought by the Mayor from corporate and philanthropic sponsorship;
2. Notes the overall cost of the pilot program has increased from \$165,000 to \$195,000 due to increased cost of equipment;
3. Notes \$60,000 of the \$125,000 committed in the adopted Budget 2025-2026 includes State Government sourced funding from the Social Inclusion Action Group;
4. Notes given the remaining \$40,000 has been successfully fundraised by the Mayor, the pilot program is now funded and will proceed;

Chairperson's initials.....

5. Notes \$143,682 has been received and a further \$11,500 has been pledged giving a total of \$155,182 in potential sponsorship funding;
6. Notes the funding allocation of \$125,000 in the Adopted Budget 2025-2026 in addition to the sponsorship funds of \$155,182 totals of \$280,182 available for the pilot program which is expected to cost \$195,000, yielding an expected surplus of funds available of \$85,182;
7. Notes no further sponsorship is required for the pilot program in 2025-2026 and any surplus funds and further sponsorship received will be set aside towards a second iteration of the program in 2026-2027 to be determined as part of the development of Budget 2026-2027;
8. Writes a Letter of Appreciation to the following organisations thanking them for their sponsorship contribution received for the pilot program, noting their name and logo will be referenced (as appropriate) on relevant collateral:

Sponsor	Sponsorship Received	In Kind Support	Total Value of Support
Rotary Peninsula 2.0	10,000	14,868	24,868
Anaconda	10,000	5,781	15,781
Peninsula Leisure	1,500	10,000	11,500
Frankston RSL	10,000		10,000
Sandhurst Club	10,000		10,000
Monash University	10,000		10,000
Challenger Services Group / Nivad	10,000		10,000
Excel Australasia	10,000		10,000
The Dicker Family	10,000		10,000
The Australian Wuxi General Chamber of Commerce	10,000		10,000
MAAC Care	9,091		9,091
Seaford RSL	7,000		7,000
Frankston District Basketball Association	5,000		5,000
Grace Professional Services	5,000		5,000
Frankston District Netball Association	5,000		5,000
Signature Hospitality Group	5,000		5,000
Ecco Enterprises Group	5,000		5,000
Sinopec	5,000		5,000
South East Water		5,000	5,000
Bayside Shopping Centre / Vicinity	4,545		4,545
Ash Marton Realty		3,000	3,000
Rotary Club of Frankston	2,500		2,500
Rotary Club of Frankston Sunrise	2,273		2,273

Chairperson's initials.....

Frankston North Rotary	2,273		2,273
Peninsula Health		2,000	2,000
Peninsula Rotaract	1,500		1,500
Chisholm TAFE Frankston	1,500		1,500
Frankston Business Collective	1,500		1,500
CBRE management (ISPT)	1,500		1,500
Total	155,182	40,649	195,831

9. Notes the in-kind support received is detailed below:
- Anaconda has provided further material support, such as outdoor equipment i.e. temporary shade cabanas, beach trolleys, life jackets valued at \$5,781;
 - Rotary Frankston Peninsula 2.0 provided further in-kind support through the loan of 20 metres of beach matting valued at \$14,868;
 - Peninsula Leisure provided further in-kind support to Council in terms of their professional consulting expertise in preparation for the pilot program valued at \$10,000;
 - Ash Marton Realty, provided in-kind support in the form of twelve high-grade advertisement signs (equivalent to \$3,000) to advertise the Pilot program. This in-kind assistance for signage includes printing, fabrication and installation;
 - Peninsula Health, have provided in-kind support in the form of occupational therapists to complete an on-site review of the pilot program valued at approximately \$2,000;
 - South East Water have provided in-kind support in the form of specialised beach accessibility equipment valued at approximately \$5,000;
 - Accessible Beaches Australia have secured a commitment from Life Saving Victoria to provide dedicated life saving patrols for the pilot program area during the Pilot program period;
 - St Kilda Football Club, while unable to financially contribute to the Pilot program, have offered to work with Council in running an all-abilities 'Disability Sports Day' for local children;
10. Requests an update is to be provided in the first 2026 CEO Report on how St Kilda Football Club's offer could be taken up by Council;
11. Requests the Australia's Most Accessible Beach Advisory Committee to be notified of this resolution in writing and verbally by the Chair, Cr Nathan Butler, at its next meeting;
12. That upon the completion of the pilot program, all members of the Accessible Beach Pilot Program Advisory Committee are to receive a Letter of Appreciation for their tireless service;
13. Notes after the pilot program concludes, a report on the outcome of the pilot program will be presented to Council at its June 2026 Ordinary Meeting;
14. Notes the Mayor and Cr Butler recently met with the Chief of Staff to the Federal Minister for Disability to advocate for federal funding assistance relating to a disability compliant toilet / 'changing places' facility;
15. To enable the success of any future accessibility initiatives beyond the Pilot program period, the Chief Executive Officer is directed to ensure that council vigorously advocates for 'changing places' (or equivalent) funding to enable a Chairperson's initials.....

- disability compliant toilet / 'changing places' facility at the Frankston foreshore;
16. To invite all sponsors, local Federal and State members of Parliament, the Minister for Local Government and the Federal Minister for Disability to the launch of the pilot program;
 17. Notes the Mayor has also suggested three offers of funds (totalling \$20,000) that cannot be accepted for the pilot program be referred to the Frankston Charitable Trust (a financial chapter of the Lord Mayor's Charitable Foundation). All three donations amounting \$20,000 have been paid
 18. Notes the Mayor provided a letter of support for Accessible Beaches Australia which contributed to their successful application for a grant of \$5,000 from the Magistrates Court of Victoria fund. This grant cannot be counted towards the fundraising for the program however is being used by Accessible Beaches Australia for preparation work in readiness for the pilot program;
 19. Notes the total amount fundraised by the Mayor is \$155,182. Adding in the donations of \$20,000 to the Frankston Charitable Trust, a potential further pledge of \$5,000 and the in-kind support estimated to be valued at \$40,649 brings the total estimated value of support raised by the Mayor to \$220,831.
 20. Notes the total funding of \$280,182 for the program comprises the following:
 - \$143,682 in sponsorship received;
 - \$ 11,500 in sponsorship pledged but not yet received noting \$10,000 cannot be contributed until March 2026;
 - \$ 60,000 from the Social Inclusion Action Group; and
 - \$ 65,000 Budget 2025-2026 Council Allocation.
 21. Notes the total cost of the pilot program is expected to be \$195,000 and the residual funds for the program, should all pledges be realised, are expected to be \$85,182 (\$280,182-\$195,000).
 22. a) Notes the budget allocation by Council of \$65,000 is no longer required for the 2025-2026 pilot program to proceed and endorses \$20,000 of this allocation be repurposed as a contribution to the following organisations to continue the focus on enhanced foreshore safety:
 - \$7,000 to Frankston Surf Life Saving Club for the purchase of essential equipment to assist clubs in general life saving operations;
 - \$7,000 to Seaford Surf Life Saving Club for the purchase of essential equipment to assist clubs in general life saving operations;
 - \$3,000 for 3199 Frankston Beach Patrol to keep Frankston Beach clean and free from dangerous objects; and
 - \$3,000 for 3198 Seaford Beach Patrol to keep Seaford Beach clean and free from dangerous objects.b) Resolves a formal request be made to the relevant Minister for the installation of safety buoys on both Frankston and Seaford piers to assist swimmers encountering difficulties;
 23. Notes the residual funds of \$85,182 less the contributions to the above organisations of \$20,000 leaves an expected surplus of \$65,182 which will be set aside towards a second iteration of the program in 2026-2027 to be determined as part of the development of Budget 2026-2027;
 24. That probity rules and acquittals (that reflect the purpose of the allotments) must be to the satisfaction of relevant council officers prior to funding distribution; and

Chairperson's initials.....

25. Notes the final costings will be included in the report on the outcome of the pilot program to be presented to Council at its June 2026 Ordinary Meeting.

Extension of Time

Moved: Councillor Green

Seconded: Councillor Conroy

That Cr Butler be granted an extension of time.

Carried Unanimously

Council Decision

Moved: Councillor Butler

Seconded: Councillor Hill

That Council:

- Notes it has committed \$125,000 as part of its Annual Budget 2025-2026 for its 'Accessible Beach' Pilot program (pilot program) which was estimated to cost \$165,000 to proceed, with the remaining \$40,000 to be sought by the Mayor from corporate and philanthropic sponsorship;
- Notes the overall cost of the pilot program has increased from \$165,000 to \$195,000 due to increased cost of equipment;
- Notes \$60,000 of the \$125,000 committed in the adopted Budget 2025-2026 includes State Government sourced funding from the Social Inclusion Action Group;
- Notes given the remaining \$40,000 has been successfully fundraised by the Mayor, the pilot program is now funded and will proceed;
- Notes \$143,682 has been received and a further \$11,500 has been pledged giving a total of \$155,182 in potential sponsorship funding;
- Notes the funding allocation of \$125,000 in the Adopted Budget 2025-2026 in addition to the sponsorship funds of \$155,182 totals of \$280,182 available for the pilot program which is expected to cost \$195,000, yielding an expected surplus of funds available of \$85,182;
- Notes no further sponsorship is required for the pilot program in 2025-2026 and any surplus funds and further sponsorship received will be set aside towards a second iteration of the program in 2026-2027 to be determined as part of the development of Budget 2026-2027;
- Writes a Letter of Appreciation to the following organisations thanking them for their sponsorship contribution received for the pilot program, noting their name and logo will be referenced (as appropriate) on relevant collateral:

Sponsor	Sponsorship Received	In Kind Support	Total Value of Support
Rotary Peninsula 2.0	10,000	14,868	24,868
Anaconda	10,000	5,781	15,781
Peninsula Leisure	1,500	10,000	11,500
Frankston RSL	10,000		10,000
Sandhurst Club	10,000		10,000
Monash University	10,000		10,000

Chairperson's initials.....

Challenger Services Group / Nivad	10,000		10,000
Excel Australasia	10,000		10,000
The Dicker Family	10,000		10,000
The Australian Wuxi General Chamber of Commerce	10,000		10,000
MAAC Care	9,091		9,091
Seaford RSL	7,000		7,000
Frankston District Basketball Association	5,000		5,000
Grace Professional Services	5,000		5,000
Frankston District Netball Association	5,000		5,000
Signature Hospitality Group	5,000		5,000
Ecco Enterprises Group	5,000		5,000
Sinopec	5,000		5,000
South East Water		5,000	5,000
Bayside Shopping Centre / Vicinity	4,545		4,545
Ash Marton Realty		3,000	3,000
Rotary Club of Frankston	2,500		2,500
Rotary Club of Frankston Sunrise	2,273		2,273
Frankston North Rotary	2,273		2,273
Peninsula Health		2,000	2,000
Peninsula Rotaract	1,500		1,500
Chisholm TAFE Frankston	1,500		1,500
Frankston Business Collective	1,500		1,500
CBRE management (ISPT)	1,500		1,500
Total	155,182	40,649	195,831

9. Notes the in-kind support received is detailed below:
- Anaconda has provided further material support, such as outdoor equipment i.e. temporary shade cabanas, beach trolleys, life jackets valued at \$5,781;
 - Rotary Frankston Peninsula 2.0 provided further in-kind support through the loan of 20 metres of beach matting valued at \$14,868;
 - Peninsula Leisure provided further in-kind support to Council in terms of their professional consulting expertise in preparation for the pilot program valued at \$10,000;
 - Ash Marton Realty, provided in-kind support in the form of twelve high-grade advertisement signs (equivalent to \$3,000) to advertise the Pilot program. This in-kind assistance for signage includes printing, fabrication and installation;
 - Peninsula Health, have provided in-kind support in the form of occupational therapists to complete an on-site review of the pilot program valued at approximately \$2,000;

Chairperson's initials.....

- f. South East Water have provided in-kind support in the form of specialised beach accessibility equipment valued at approximately \$5,000;
 - g. Accessible Beaches Australia have secured a commitment from Life Saving Victoria to provide dedicated life saving patrols for the pilot program area during the Pilot program period;
 - h. St Kilda Football Club, while unable to financially contribute to the Pilot program, have offered to work with Council in running an all-abilities 'Disability Sports Day' for local children;
10. Requests an update is to be provided in the first 2026 CEO Report on how St Kilda Football Club's offer could be taken up by Council;
 11. Requests the Australia's Most Accessible Beach Advisory Committee to be notified of this resolution in writing and verbally by the Chair, Cr Nathan Butler, at its next meeting;
 12. That upon the completion of the pilot program, all members of the Accessible Beach Pilot Program Advisory Committee are to receive a Letter of Appreciation for their tireless service;
 13. Notes after the pilot program concludes, a report on the outcome of the pilot program will be presented to Council at its June 2026 Ordinary Meeting;
 14. Notes the Mayor and Cr Butler recently met with the Chief of Staff to the Federal Minister for Disability to advocate for federal funding assistance relating to a disability compliant toilet / 'changing places' facility;
 15. To enable the success of any future accessibility initiatives beyond the Pilot program period, the Chief Executive Officer is directed to ensure that council vigorously advocates for 'changing places' (or equivalent) funding to enable a disability compliant toilet / 'changing places' facility at the Frankston foreshore;
 16. To invite all sponsors, local Federal and State members of Parliament, the Minister for Local Government and the Federal Minister for Disability to the launch of the pilot program;
 17. Notes the Mayor has also suggested three offers of funds (totalling \$20,000) that cannot be accepted for the pilot program be referred to the Frankston Charitable Trust (a financial chapter of the Lord Mayor's Charitable Foundation). All three donations amounting \$20,000 have been paid
 18. Notes the Mayor provided a letter of support for Accessible Beaches Australia which contributed to their successful application for a grant of \$5,000 from the Magistrates Court of Victoria fund. This grant cannot be counted towards the fundraising for the program however is being used by Accessible Beaches Australia for preparation work in readiness for the pilot program;
 19. Notes the total amount fundraised by the Mayor is \$155,182. Adding in the donations of \$20,000 to the Frankston Charitable Trust, a potential further pledge of \$5,000 and the in-kind support estimated to be valued at \$40,649 brings the total estimated value of support raised by the Mayor to \$220,831.
 20. Notes the total funding of \$280,182 for the program comprises the following:
 - \$143,682 in sponsorship received;
 - \$ 11,500 in sponsorship pledged but not yet received noting \$10,000 cannot be contributed until March 2026;
 - \$ 60,000 from the Social Inclusion Action Group; and
 - \$ 65,000 Budget 2025-2026 Council Allocation.

Chairperson's initials.....

21. Notes the total cost of the pilot program is expected to be \$195,000 and the residual funds for the program, should all pledges be realised, are expected to be \$85,182 (\$280,182-\$195,000).
22. a) Notes the budget allocation by Council of \$65,000 is no longer required for the 2025-2026 pilot program to proceed and endorses \$20,000 of this allocation be repurposed as a contribution to the following organisations to continue the focus on enhanced foreshore safety:
- \$7,000 to Frankston Surf Life Saving Club for the purchase of essential equipment to assist clubs in general life saving operations;
 - \$7,000 to Seaford Surf Life Saving Club for the purchase of essential equipment to assist clubs in general life saving operations;
 - \$3,000 for 3199 Frankston Beach Patrol to keep Frankston Beach clean and free from dangerous objects; and
 - \$3,000 for 3198 Seaford Beach Patrol to keep Seaford Beach clean and free from dangerous objects.
- b) Resolves a formal request be made to the relevant Minister for the installation of safety buoys on both Frankston and Seaford piers to assist swimmers encountering difficulties;
23. Notes the residual funds of \$85,182 less the contributions to the above organisations of \$20,000 leaves an expected surplus of \$65,182 which will be set aside towards a second iteration of the program in 2026-2027 to be determined as part of the development of Budget 2026-2027;
24. That probity rules and acquittals (that reflect the purpose of the allotments) must be to the satisfaction of relevant council officers prior to funding distribution; and
25. Notes the final costings will be included in the report on the outcome of the pilot program to be presented to Council at its June 2026 Ordinary Meeting.

Carried Unanimously

15. LATE REPORTS

Nil

16. URGENT BUSINESS

Nil

17. CONFIDENTIAL ITEMS

Nil Reports

Chairperson's initials.....

18. OUTCOME OF CONSIDERATION OF CONFIDENTIAL ITEMS**C.1 Community Care Services (considered at the 11 August 2025 Council Meeting)**

Report included as Attachment A

Council Decision

Moved: Councillor Butler

Seconded: Councillor Baker

That Council:

1. Notes Frankston City Council has a long and proud history in supporting its community through provision of a range of Community Care services under the Home and Community Care Program for Younger People (HACC-PYP) and Commonwealth Home Support Programme (CHSP);
2. Notes that Aged Care Reforms are due to commence from 1 November 2025, and this will necessitate changes to the way Council delivers Community Care services;
3. Notes that from 1 November 2025, the new Australian Government Support at Home program will replace all existing Federal Government funded programs, including the CHSP;
4. Notes that officers have carried out a review of both State funded HACC-PYP and Federal funded CHSP programs;
5. Notes extensive community engagement was carried out over a six week period across the municipality, affording community members the opportunity to provide feedback on what they value most about Community Care services, what could be improved and where they see Council positioned in the future of service delivery; and that 957 people participated in the engagement opportunity;
6. Having carefully considered what role Council can continue to play to ensure it best meets the future needs of the community whilst balancing the requirements of the reform and what services are most needed by the community in an open market, Council approves the transition out of the following community care programs and services by 30 June 2026;
 - a) State funded HACC-PYP:
 - Personal Care
 - Respite Care
 - Domestic Assistance
 - Flexible Service Response
 - Home Maintenance and Modifications
 - b) Federal funded CHSP:
 - Personal Care
 - Respite Care
 - Domestic Assistance
 - Social Support Individual
 - Home Maintenance and Modifications
7. Confirms that the following State Government HACC-PYP services will continue being delivered by Frankston City Council:
 - Assessment Services
 - Meals on Wheels
8. Confirms that the following Federal Government CHSP services will continue being delivered by Frankston City Council and transition to the Support at Home program:

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- Meals on Wheels
 - Group Social Support
9. Confirms that the Community Transport service, currently fully funded by Council will continue to be delivered by Frankston City Council and officers will progress transition to the Support at Home program;
 10. Authorises the Chief Executive Officer to notify both State and Federal Governments of Council's decision, noting the requirement for this notification to be provided at least five months prior to a planned exit date;
 11. Commits to working with State and Federal Governments to ensure an efficient and effective transition occurs to protect the interests of clients, families, staff and the broader community;
 12. Notes that officers have developed a comprehensive communication plan to ensure clients, staff, and the community receive clear, timely, and consistent information throughout the transition period, which is expected to span approximately eight months. This plan will promote transparency, support a smooth transition, and strengthen stakeholder engagement throughout the process;
 13. Approves a new Navigation and Advocacy Service to commence in April 2026, to assist and support clients and community members with navigation of the aged care system and connect them to the services they need, and to further support the transition;
 14. Notes that under State and Federal service agreements, all processes and matters related to the transition with incoming providers is to remain confidential until consent is provided for the public release of information.
 15. Resolves that the report and attachments A,B,C,E,F and G be released to the public through Council meeting minutes after notifications have been provided to State and Federal Governments and affected Council staff; and
 16. Resolves that attachments D,H,I,J and K be retained as confidential indefinitely on the grounds that they contain information that is Council business information, being information that would prejudice Council's position in commercial negotiations if prematurely released (section 3(1)(a)); legal privileged information, being information to which legal privilege applies (s.3(1)(e)); personal information, being information which if released would result in the unreasonable disclosure of information about any person or their personal affairs (section 3(1)(f)); and private commercial information, being information provided by a business, commercial or financial undertaking that (i) relates to trade secrets; or (ii) if released, would unreasonably expose the business, commercial or financial undertaking to disadvantage (section 3(1)(g). These grounds apply because the information concerns the options available to Council in responding to the Commonwealth Government's Aged Care Reforms, many of which will result in reduced service and loss of employees. Premature release of this information may cause significant reputational risk for Council, create pressure to make an undesired decision and impact Council's ability to appropriately manage the next steps.

Carried

For the Motion: Crs Asker, Baker, Bolam, Butler, Conroy, Green, O'Reilly and Wanat (8)

Against the Motion: Cr Hill (1)

Chairperson's initials.....

C.1 Community Care Services Update (considered at the 27 October 2025 Council Meeting)**Report included as Attachment B****Council Decision****Moved: Councillor Conroy****Seconded: Councillor Baker**

That Council:

1. Notes that at the Council Meeting on 11 August 2025, having carefully considered what role Council can play to ensure it best meets the future needs of the community in an open market, Council resolved to:
 - a) Transition out of the following services by 30 June 2026:
 - i) State funded HACC-PYP:
 - Personal Care
 - Respite Care
 - Domestic Assistance
 - Flexible Service Response
 - Home Maintenance and Modifications
 - ii) Federal funded CHSP:
 - Personal Care
 - Respite Care
 - Domestic Assistance
 - Social Support Individual
 - Home Maintenance and Modifications
 - b) Continue to deliver the following State Government HACC-PYP services:
 - Assessment Services
 - Meals on Wheels
 - c) Continue to deliver the following Federal Government CHSP services and transition to the Support at Home program:
 - Meals on Wheels
 - Group Social Support
 - d) Continue to deliver the Community Transport service which is currently fully funded by Council;
2. Notes that in September 2025, Council notified the State and Federal Governments by letter of the services it resolved to retain;
3. Notes that the Federal Government has acknowledged the advice and commenced planning arrangements for the transition;
4. Notes that the State Government has advised that Council should either stay in the delivery of all services under the existing contract or relinquish all HACC-PYP services to allow for the transition of a range of services to one provider;
5. Notes that, although Council has engaged with local State Members of Parliament to advocate for the ability to retain the State funded services in accordance with Council's resolution, the State Government has maintained its approach which requires Council to either retain all services under the existing contract or to withdraw from the program altogether;
6. Resolves to transition all services under HACC-PYP to a new provider by 30 June 2026, these services being:
 - Respite Care
 - Domestic Assistance

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- Flexible Service Response
 - Home Maintenance and Modifications
 - Assessment Services
 - Delivered Meals
7. Notes that advocacy and support will be provided to the State and Federal Governments to encourage collaboration with other local government providers, ensuring clients can continue accessing services through a similar model;
 8. Commits to working with State and Federal Governments to facilitate an efficient and effective transition to protect the interests of clients, families, staff and the broader community;
 9. Endorses the provision by Council of support for all community members under 65 years of age through the new Navigation and Advocacy roles being established in April 2026, to ensure the HACC-PYP cohort receives the necessary support and connection from Council;
 10. Resolves this report is to remain confidential, subject to disclosures authorised in paragraphs 11-15, on the grounds that it includes Council business information, being information that would prejudice the Council's position in commercial negotiations if prematurely released (LGA2020, s.3(1)(a)); and legal privileged information, being information to which legal privilege applies (s.3(1)(e));
 11. Authorises written notification of Council's resolution to be sent to the State Government, following the Council Meeting;
 12. Notes that affected staff will be informed of Council's decision, after the action in paragraph 11 of this resolution has been completed;
 13. Notes written notification of the outcome will be issued to the Australian Services Union (ASU), after affected staff have been informed;
 14. Authorises the CEO to publicly release the following two Council resolutions in a media release, after the actions in paragraphs 11-13 of this resolution have been implemented:
 - a) Council resolution made in relation to Community Care Services – Aged Care Reform on 11 August 2025
 - b) Council resolution made in relation to Community Care Services Update on 27 October 2025; and
 15. Authorises the CEO to publicly release the following two Council reports through the Council meeting minutes after the actions in paragraphs 11-13 have been completed:
 - a) Council report (including attachments A, B, C, E, F & G) Community Care Services – Aged Care Reform, on 11 August 2025
 - b) Council report Community Care Services Update, on 27 October 2025.

Carried

For the Motion: Crs Asker, Baker, Bolam, Butler, Conroy, Green and O'Reilly (7)
 Against the Motion: Cr Hill (1)

Chairperson's initials.....

QUESTION TIME**Questions with Notice**

The following questions were received with notice and responded to by Council officers during the Council Meeting (2025/CM15) held on 27 October 2025. The questions and responses have been provided below:

Louise Cook**Question 1**

With the new DAMP being introduced at the next council meeting on the 17th November 2025, why has council not consulted local, community based, rescue groups and the Lost Dogs Home shelter on the cost (both financial and mental) implications of introducing a 24/7 cat curfew into the City of Frankston?

Response

Council engaged with local community-based rescue groups and the Lost Dogs Home shelter regarding the proposed 24-hour cat curfew. As part of this process, 361 key stakeholders were contacted, including 55 pet-related organisations such as shelters, boarding facilities, veterinary clinics, and pet service providers. The communication outlined the draft Domestic Animal Management Plan (DAMP), highlighting the two key proposals: the 24-hour cat curfew and the dogs in places policy. Stakeholders were also directed to the Engage Frankston page for further details on the curfew and its implications for local cat owners.

Question 2

Following the release of the 2024/2025, Lost Dogs Home statistics, what is council actively doing to address the high kill rates, that are reaching levels not seen in nearly 10 years?

Response

Shelters and pounds are required to develop a health management plan, in consultation with a veterinarian which covers temperament and health assessments, suitability for foster care and rehoming, and appropriate use of euthanasia. Rescue transfers facilitated by the Lost Dogs Home increased from 501 in 2023-2024 to 906 in 2024-2025.

Question 3

In light of the highly publicised killing of Murphy, a 12 week old puppy, and the campaign to save Milly, his sister, together with the record high kill rates of the Lost Dogs home, why has council not requested greater transparency and accountability given the significant amount Frankston Councils pay to LDH for pound services? Why is it not essential to investigate the LDH operations considering the new DAMP will take effect for the next 3 years?

Response

The Lost Dogs' Home (LDH) operates under the Code of Practice for the Management of Dogs and Cats in Shelters and Pounds – Revision 1 and is registered as a Domestic Animal Business (DAB) with the City of Melbourne and City of Casey for its North Melbourne and Cranbourne shelters. Both councils conduct annual audits, with additional audits as needed, to ensure ongoing compliance and maintenance of LDH's DAB registration. LDH also provides monthly reports to partner councils and quarterly data submission to the Victorian Government which are publicly available. Contractual arrangements and specifications with LDH are separated from the DAMP process.

Steven Nguyen**Question**

I was given notice that FCC would be conducting a land audit. What is the timeline for its completion and will it be published online?

SHAC is interested in potential sites for crisis accommodation due to the urgent need. We would like to put in our voice for what the land would be considered for.

Response

In line with Council's Affordable Housing Policy, Council has been conducting an internal audit of vacant public land to assess its potential suitability for affordable housing. This includes evaluating proximity to essential services, feasibility, and planning constraints. While many sites have been reviewed, most have been found unsuitable due to zoning, size, topography, public use, and overlays such as drainage and bushfire risk.

The audit is still underway. As this is an internal process, there are currently no plans to publish the list of sites. However, any future proposals involving lease or disposal of land will comply with the Local Government Act 2020, including public notice and opportunities for community feedback. Planning and consultation processes will also apply.

Council appreciates SHAC's proactive approach and the vital work being done to support crisis accommodation.

Questions without Notice

The following questions were received without notice for the Council Meeting (2025/CM15) held on 27 October 2025, and were responded to in writing, by the Interim Chief Executive Officer, following the Council Meeting. The questions and responses have been provided below:

Poppy**Question**

Can Greenwood reserve be upgraded to have a pond and some flowers please. Can the council build some walls for people to graffiti art on instead of fences please.

Response

Thanks for your thoughtful message, Poppy! It's great to hear from young people who care about making our parks better.

You'll be pleased to know that Council is currently working on a new policy called the Frankston City Stormwater Quality In-Lieu Contribution Policy. While it's not final yet, one of the exciting ideas being considered is to build a wetland at Greenwood Reserve. Because the policy is being reviewed, we don't have a timeline for when this might happen, but it's high on our list of future projects.

Your idea for graffiti art walls is really creative, Greenwood Reserve isn't part of any street art plans yet, but we're looking to add a public art piece in Carrum Downs soon—maybe a mural or sculpture. We'll pass your idea on to the team.

The meeting was closed to the public at 9.28 pm

DRAFT MINUTES
CONFIRMED THIS

DAY OF

2025

.....
CHAIRPERSON

Chairperson's initials.....

ATTACHMENTS

- 1. Attachment A: C.1 Community Care Services (considered at the 11 August 2025 Council Meeting)**
- 2. Attachment B: C.1 Community Care Services Update (considered at the 27 October 2025 Council Meeting)**

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Executive Summary**C.1 Community Care Services***Enquiries: (Claire Benzie: Communities)*Council Plan

Level 1: Healthy and Inclusive Communities

Level 2: Improve wellbeing by strengthening social connection, respect, value of diversity and gender equality

Purpose

To inform Council on the review of the State Government funded Home and Community Care Program for Younger People (HACC-PYP) and the Federal funded Commonwealth Home Support Programme (CHSP). To also inform Council of the Aged Care Reform impacts and recommend a way forward that ensures Council can comply with the reform requirements and continue to meet the changing needs of our ageing community.

Recommendation (Director Communities)

That Council:

1. Notes Frankston City Council has a long and proud history in supporting its community through provision of a range of Community Care services under the Home and Community Care Program for Younger People (HACC-PYP) and Commonwealth Home Support Programme (CHSP);
2. Notes that Aged Care Reforms are due to commence from 1 November 2025, and this will necessitate changes to the way Council delivers Community Care services;
3. Notes that from 1 November 2025, the new Australian Government Support at Home program will replace all existing Federal Government funded programs, including the CHSP;
4. Notes that officers have carried out a review of both State funded HACC-PYP and Federal funded CHSP programs;
5. Notes extensive community engagement was carried out over a six week period across the municipality, affording community members the opportunity to provide feedback on what they value most about Community Care services, what could be improved and where they see Council positioned in the future of service delivery; and that 957 people participated in the engagement opportunity;
6. Having carefully considered what role Council can continue to play to ensure it best meets the future needs of the community whilst balancing the requirements of the reform and what services are most needed by the community in an open market, Council approves the transition out of the following community care programs and services by 30 June 2026;
 - a) State funded HACC-PYP:
 - Personal Care
 - Respite Care
 - Domestic Assistance
 - Flexible Service Response
 - Home Maintenance and Modifications

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b) Federal funded CHSP:

- Personal Care
 - Respite Care
 - Domestic Assistance
 - Social Support Individual
 - Home Maintenance and Modifications
7. Confirms that the following State Government HACC-PYP services will continue being delivered by Frankston City Council:
- Assessment Services
 - Meals on Wheels
8. Confirms that the following Federal Government CHSP services will continue being delivered by Frankston City Council and transition to the Support at Home program:
- Meals on Wheels
 - Group Social Support
9. Confirms that the Community Transport service, currently fully funded by Council will continue to be delivered by Frankston City Council and officers will progress transition to the Support at Home program;
10. Authorises the Chief Executive Officer to notify both State and Federal Governments of Council's decision, noting the requirement for this notification to be provided at least five months prior to a planned exit date;
11. Commits to working with State and Federal Governments to ensure an efficient and effective transition occurs to protect the interests of clients, families, staff and the broader community;
12. Notes that officers have developed a comprehensive communication plan to ensure clients, staff, and the community receive clear, timely, and consistent information throughout the transition period, which is expected to span approximately eight months. This plan will promote transparency, support a smooth transition, and strengthen stakeholder engagement throughout the process;
13. Approves a new Navigation and Advocacy Service to commence in April 2026, to assist and support clients and community members with navigation of the aged care system and connect them to the services they need, and to further support the transition;
14. Notes that under State and Federal service agreements, all processes and matters related to the transition with incoming providers is to remain confidential until consent is provided for the public release of information.
15. Resolves that the report and attachments A,B,C,E,F and G be released to the public through Council meeting minutes after notifications have been provided to State and Federal Governments and affected Council staff; and
16. Resolves that attachments D,H,I,J and K be retained as confidential indefinitely on the grounds that they contain information that is Council business information, being information that would prejudice Council's position in commercial negotiations if prematurely released (section 3(1)(a));

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legal privileged information, being information to which legal privilege applies (s.3(1)(e)); personal information, being information which if released would result in the unreasonable disclosure of information about any person or their personal affairs (section 3(1)(f)); and private commercial information, being information provided by a business, commercial or financial undertaking that (i) relates to trade secrets; or (ii) if released, would unreasonably expose the business, commercial or financial undertaking to disadvantage (section 3(1)(g). These grounds apply because the information concerns the options available to Council in responding to the Commonwealth Government's Aged Care Reforms, many of which will result in reduced service and loss of employees. Premature release of this information may cause significant reputational risk for Council, create pressure to make an undesired decision and impact Council's ability to appropriately manage the next steps.

Key Points / Issues

- **Overview of Community Care at Frankston City Council**

Frankston City Council has supported the health and wellbeing of older people in the community for more than 40 years. As a trusted provider of aged care, strong relationships have been built with local residents, delivering reliable services with professionalism, respect and care.

Council remains committed to this important work, while services evolve to align with national aged care reforms and better meet the changing needs of the ageing community.

Frankston City Council currently provides a range of community care services through Federal and State funding agreements. The Commonwealth Home Support Programme (CHSP) supports eligible residents who are aged or frail, to remain independent in the community and remain in their homes longer, preventing premature entry to residential care. The current client base is approximately 1600.

The State funded Home and Community Care Program for Younger People (HACC-PYP) supports Victorians from birth to 65 years and Aboriginal and Torres Strait Islander people from birth to 50 years; if they require support for independent living. This may be due to chronic illness, mental health issues, disability or other conditions where they need one-off, intermittent or ongoing support to undertake the activities of daily living. Currently there are 180 clients supported by this program. The community care workforce work across the CHSP and HACC-PYP programs.

A detailed list of services currently provided by Frankston City Council is attached as attachment A. For further information on Community Care service definitions see attachment B.

- **History on Aged Care Reform**

Since 2014, the Australian Government has been reforming the aged care sector to deliver a fairer, more sustainable, and nationally consistent system, that prioritises the rights, needs, and preferences of older Australians with full transition originally planned for July 2018. In 2018, Frankston City Council endorsed continued participation in its current model for both State and Federal community care programs despite forthcoming changes. That same year, a Royal

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Commission into Aged Care was established in response to growing concerns over the quality and safety of care. The Commission made 148 recommendations, grouped into five reform pillars: Home Care, Residential Aged Care Services and Sustainability, Quality and Safety, Workforce, and Governance, and for these to be implemented over the following five years.

In response to the Royal Commission, the Commonwealth proposed to establish the Support at Home program. This program will replace several existing care schemes, streamlining the aged care system and making it easier for older people. It is important to note the rollout of this program has been delayed multiple times. The latest announcement was received in June 2025, to delay the reforms to 1 November 2025, to allow for sufficient consultation and a smoother transition. Additional reforms, including a new Aged Care Act, strengthened Quality Standards, and a new regulatory model were also delayed to align with this timeline.

A detailed history of the Reform is attached as attachment C.

- **Strengthening Care for Older Australians**

The Aged Care Reforms are designed to enhance the quality of care and client autonomy within aged care services.

It introduces strict service standards and accountability across providers with strengthened quality standards setting benchmarks for care delivery, ensuring consistency and excellence in service provision.

Central to the reform is the introduction of the new Aged Care Act 2024, which will establish a person-centred framework underpinned by a Statement of Rights. The Act will set higher standards of governance and accountability for all aged care providers and workers and expand the powers of the Aged Care Quality and Safety Commission to ensure more rigorous oversight. The strengthened governance measures are designed to ensure that older people consistently receive high quality, safe, and respectful care.

A key component of the reform is the introduction of the Support at Home program, which will consolidate multiple existing programs into a single, streamlined system. This integrated model will simplify access for clients and give them greater flexibility, control, and choice in how their care is delivered.

Additionally, the reform includes the implementation of new Aged Care Quality Standards, which will reduce and refine the current eight standards into seven. These strengthened standards aim to improve the overall quality of care and wellbeing of older Australians by holding providers to a higher level of accountability and ensuring care is tailored to individual needs.

Under this system older Australians will no longer be limited to a single, provider. Instead, they will be empowered to choose who delivers their care, how it is delivered, and when, giving them greater control and flexibility over their support.

This open market approach is designed to foster competition among providers, encouraging innovation, improved service quality, and responsiveness to client feedback. With funding allocated directly to individuals rather than to specific providers, clients will be able to change providers more easily if their expectations are not met. This shift aims to ensure that aged care services are more tailored, client-focused and accountable; ultimately improving the experience and outcomes for older people.

- **Considerations for Local Government as a Provider**

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The introduction of market contestability under the Victorian Competitive Neutrality Policy presents challenges. This policy mandates a level playing field between government and non-government service providers, preventing Council from leveraging any inherent advantage in the new system.

Services expected to be impacted by competitive neutrality are predominantly Domestic Assistance and the Home Maintenance services due to the new regulatory framework allowing a sole trader to apply to become a registered provider. Private providers may be more responsive to client needs and offer a wider range of services that are delivered with greater flexibility and efficiency.

As clients are increasingly able to choose from a range of service providers, Council's involvement in delivering certain services may raise concerns around competitive neutrality. Remaining in the market could not only lead to unsustainable costs but may also risk perceptions of unfair advantage, potentially breaching competitive neutrality principles in a more contested service environment.

There are services being provided by Council that are expected to have no or very few new providers; these are Meals on Wheels, Group Social Support and Community Transport.

Continuation of the HACC-PYP program should be considered in conjunction with the aged care reform changes. The program faces challenges due to its small client base, leading to duplicated resources, rising workforce and operational expenses.

A review was carried out for all Community Care services and is attached as attachment D.

- **Evolving Role of Local Government**

In anticipation of new reforms commencing 1 November 2025, there has been a notable shift in the role of local government as direct service providers of aged care. The reform signals a transition towards a more streamlined and integrated approach, with local councils gradually stepping away from direct service provision. The majority of all local governments previously providing CHSP services have partially or wholly ceased service. Instead, local governments are focusing on facilitating access to care through direct support with community, partnerships with external providers and community organisations. Many local governments have transitioned to providing navigation and connection support.

This evolution allows local governments to leverage their unique position as community connectors and advocates, directing resources towards advocacy, planning and coordination efforts that empower residents to access a broader range of care options. While the landscape of aged care and community support services undergoes transformation, Frankston City Council remains dedicated and committed to promoting the well-being and inclusivity of all members of the community.

- **Community Involvement and Insights**

Frankston City Council conducted community and stakeholder engagement to understand the future needs of the community and how it can best support community in light of the upcoming reforms. A variety of opportunities were offered for engagement: pop up events, focus groups, service provider interviews, staff meetings, client interviews and an online survey. In total, 957 people participated in the engagement. While there was a general 'leave it as it is' view, additional feedback included:

C.1 Community Care Services**Executive Summary**

- There is a need for more information and support on aged care services and how to access them. Participants said services are difficult to navigate and Council is the central point of contact for them.
- Participants also said that Council should stay in delivering the services that they need to and fill the gaps where there is expected to be limited new providers – these being Meals on Wheels, Community Transport and Group Social Support.

Community, stakeholders, staff and clients were provided with access to the final engagement findings through a detailed report and fact sheet. See attachment E for the full engagement report and attachment F for the engagement fact sheet.

- **Shaping the Future of Community Care**

In response to the Aged Care Reform and informed by a review of current services and community engagement, Frankston City Council is proposing to adapt its service delivery to better meet the evolving needs of older residents.

Recognising the importance of continuity, connection, and informed choice, Council is proposing a refined and sustainable model that retains and strengthens key services while introducing new initiatives. This approach aims to ensure the ongoing viability of Council's role and support older community members to stay active, connected and navigate the aged care system with confidence.

Services proposed to be retained under HACC-PYP:

- Assessment
- Meals on Wheels

Services proposed to be retained under CHSP and transition to Support at Home:

- Meals on Wheels – enhanced to increase capacity to take on new clients
- Group Social Support – strengthened to enable additional outings

Community Transport is currently fully funded by Council. This service is also proposed to be retained and capacity strengthened to increase the frequency of trips and locations.

This will see Frankston City Council exit Home Maintenance and Modifications and all In Home Support services, which includes: Personal Care, Social Support Individual, Flexible Service Response, Respite Care, and Domestic Assistance. Noting, the same services will cease for the State Government HACC-PYP and the CHSP.

See attachment G – Description of Future Frankston City Council Services.

- **Empowering Choice and Navigating the Future Aged Care System**

In direct response to community feedback, the establishment of a new Aged Care Navigation and Advocacy service is recommended. The recent Community Engagement process highlighted a need for greater information, guidance, and support to help older residents navigate the complexities of the aged care system and connect them to the services they need.

The primary functions of the Aged Care Navigation and Advocacy Officers will be to connect older people with appropriate aged care service providers and support networks. Officers will also serve as strong advocates, upholding clients' rights and ensuring their voices are heard in decisions about their care. In addition, they will provide vital education and support to clients, families, and community

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members by offering clear information about available services, entitlements, and rights under aged care legislation.

This new service will be available to both existing clients and the broader community. These dedicated roles will play a vital part in supporting clients through transitions to new providers and throughout the ongoing aged care reform process. By providing guidance, advocacy, and support, Frankston City Council will be helping to maintain the dignity and well-being of older adults in our community.

Financial Impact

There are financial costs, however, these costs can be accommodated within existing budgets.

There is financial uncertainty and impact for providers transitioning to the new Support at Home program. When Support at Home commences, instead of the block funding arrangement in place now, a unit fee for each service delivered will be paid in arrears monthly by the Commonwealth – only for service hours delivered. Providers must cover all service and administrative costs upfront without guaranteed income, relying solely on reimbursement for actual service hours delivered in arrears. It is important to note that service funding has not yet been set by the Government.

The Australian Government has announced that price caps on services under the Support at Home program will begin from 1 July 2026. Price caps will be staged to provide the Independent Health and Aged Care Pricing Authority (IHACPA) with more time to undertake further consultation and to inform new pricing arrangements.

Fees will apply in the future for providers to register or renew registration under the Support at Home program, fees will also be applicable for any service changes. The Government is also introducing lower set fees for Care Management, all of these may increase Council's costs.

Current service costs have steadily increased due to external funding and client fees not covering the true cost of service delivery.

The proposed change to the current service model will have a financial impact for employee related costs, such as redundancy payouts and redeployment expenses.

Additionally, through the annual financial acquittal process, funding received for services not delivered during 2025/26 must be returned to the appropriate governments and this amount may be higher if services are transitioning out.

It is important to note that modifying the current service model and reducing services will result in a reduction of cost to Council in the medium to long term.

See attachment H for Cost of Community Care Services and attachment I for employee related costs should the future service model be endorsed.

Consultation**1. External Stakeholders**

Officers consulted with the relevant Funding Arrangement Managers for both the HACC-PYP and the CHSP programs. The contact for each program provided information on the process and timeframe required, should there be any changes to service provision.

2. Other Stakeholders

Internal departments/stakeholders consulted:

C.1 Community Care Services**Executive Summary**

- People and Culture
- Finance
- Community Strengthening
- Procurement, Property and Risk
- Governance
- Media and Communications

Analysis (Environmental / Economic / Social Implications)

The Aged Care Reform will bring significant change for the Frankston City community. One of the key benefits of the reform is the increased choice and control afforded to clients, enabling them to select providers that best meet their individual needs. This improvement in autonomy is complemented by a broader range of services, which is likely to enhance the quality of life for elderly residents.

Council should consider redefining its role in the aged care landscape, and leverage on its strengths to providing services it needs to in an open market: advocacy, coordination, or support roles to assist residents in navigating the new system.

The transition to an alternative service delivery model and/or the new Support at Home program poses challenges, particularly for long-standing Frankston clients who may experience disruptions in their care. Vulnerable individuals, such as those with limited mobility or digital literacy, may find it especially difficult to navigate the new system without adequate support. The prospect of finding a new provider can be daunting, creating anxiety and the risk of disrupted care continuity.

The reforms also offer an opportunity to strengthen social cohesion in the Frankston community by introducing more choice for residents; however, it is important to manage the transition sensitively to preserve the strong relationships and trust that Council has built over 40 years of providing community care services.

On balance, while the reforms bring challenges, they also open the door to new, creative ways of working together that could lead to a more connected and resilient community, such as community partnerships which could enhance social connectedness and engagement among community.

Economically, the reforms present substantial economic opportunities with significant growth in the local economy as new providers enter the market, creating jobs and expanding the aged care sector.

Many external providers are well-placed to offer expanded service options, innovation, and tailored supports under the new aged care reforms, delivering benefits that align closely with the evolving expectations of older residents. Economically, this move allows Council to redirect resources and efforts towards strengthening the services it retains.

Should there be a reduction in service offering from Council, there will be an impact to employees and this needs to be considered. Council officers are committed to undertaking a comprehensive and well supported consultation process to support affected employees, including exploring redeployment options and workforce transition assistance with other providers.

C.1 Community Care Services
Executive Summary**Legal / Policy / Council Plan Impact**Charter of Human Rights and Responsibilities

All matters relevant to the Charter of Human Rights and Responsibilities have been considered in the preparation of this report and are consistent with the standards set by the Charter.

Legal

All community care services are bound by current contracts and funding agreements, along with associated legislation and standards. Should Council make a decision to partially or wholly exit community care service delivery there is a requirement to notify the Commonwealth and State Governments as soon as possible after the decision and provide a minimum of 5 months-notice to allow for a transition to occur.

Policy Impacts

There are no policies or protocols affected by this report. Relevant documents and legislation include: Aged Care Act 2024, CHSP Manual, Aged Care Quality and Safety Standards and National Client Contribution Framework.

Gender Impact Assessments

A gender impact assessment has been completed for the introduction of a new navigation service to support older people to navigate the aged care system and connect them to the services they need. Recommendations are subject to Council endorsement of the report resolution.

The new service aims to better support service access for priority groups, through navigating the aged care system, funding eligibility, and advocating for responsive services.

The TIS National (Translating and Interpreting Service National) will be available, culturally and linguistically diverse groups will be identified and targeted for support and education, along with Women-focused groups and attendance in Community Centres for all genders. Council's client management systems will include the required DEX reporting identifiers: Male, Female, Other. Council will seek advice and support from Val's LGBTI Ageing and Aged Care for resources and to improve healthy ageing pathways, care and visibility of older LGBTI people.

Council will provide the following training and support to staff to ensure services are inclusive, responsive, safe and respectful:

- Councils My learning platform including LGBTIQA+ inclusion, gender equality, inclusive language
- Federal Government learning platform
- Municipal Association of Victoria, Community Connector, Community of Practise group
- Elder Abuse Awareness Day is celebrated through Positive Ageing every year and training is provided as required to staff.

Existing clients will be informed of the change through Newsletters, targeted letters with Federal Government resources also provided. The client management system will advise of clients with English as a second language who may require support from carers, family or Council to understand the changes.

The new service offering will be promoted to the community through:

- Release of Council Meeting outcome

C.1 Community Care Services
Executive Summary

- Media releases
- Website updates
- General enquiries phone number
- Images used in communications will feature diverse genders.

Officer's Declaration of Interests

Council officers involved in the preparation of this report have no Conflict of Interest in this matter.

Risk Mitigation

The aged care reform presents several strategic and operational risks for Frankston City Council as a provider, particularly due to increased competition and changes to funding models. A key risk is the potential breach of competitive neutrality, which requires that government providers do not hold unfair advantages over private or non-profit organisations. As the market becomes more open and clients have greater choice, continuing to deliver certain services may expose Council to reputational damage, regulatory scrutiny, or legal challenges.

Remaining in a more competitive aged care market may also become financially unsustainable. The new funding model replaces block funding with payments based only on services delivered, requiring Council to recover all costs including overheads through tightly capped unit prices. This will create financial pressure, and without careful planning, the long-term financial viability of Council's community care offering could be at risk.

A risk assessment was carried out on the current service delivery model and a number of alternative options, these are attachments J and K.

Conclusion

The Aged Care Reform presents an opportunity to create a more consumer-focused, sustainable, and flexible system that better supports the needs of older people. Frankston City Council has actively engaged in understanding and preparing for these changes, undertaking a detailed review of its service delivery model to assess strategic alignment and long-term viability. While the reforms offer clear benefits for older people, they also introduce significant legal, financial, and operational risks for Council as a provider, particularly in an increasingly competitive and cost-constrained environment.

To ensure ongoing support for the community, Council can adapt its role by refining the mix of services it offers. This includes reducing exposure in areas where services are more competitively delivered by other sectors and strengthening programs where Council can provide unique value. Bolstering services such as Meals on Wheels, Community Transport, and Group Social Support will ensure continued access to vital support for vulnerable older residents. Additionally, establishing a new navigation and advocacy service will help older people better understand and access the aged care system, improving outcomes and community connection.

Council remains committed to supporting older residents and ensuring they can live independently, safely, and with dignity. By focusing on the services it is best placed to deliver, Council can continue to play a critical role in community care while building a more sustainable and responsive model for the future.

C.1 Community Care Services**Executive Summary**

ATTACHMENTS

Attachment A:	Description of Current FCC Services
Attachment B:	Service Definitions
Attachment C:	Reform History
Attachment D:	RETAINED AS CONFIDENTIAL
Attachment E:	Community Care Engagement Summary Report
Attachment F:	Community Care Engagement Result Fact Sheet
Attachment G:	Description of Future FCC Services
Attachment H:	RETAINED AS CONFIDENTIAL
Attachment I:	RETAINED AS CONFIDENTIAL
Attachment J:	RETAINED AS CONFIDENTIAL
Attachment K:	RETAINED AS CONFIDENTIAL

Item C.1 Attachment A: Description of Current FCC Services**Description of Current Services Delivered by Council**

Community Care Services – Currently Delivered by Frankston City Council	
Service	Description
Assessment	<p>The Assessment Service assesses the under 65's cohort. These clients come under the Home and Community Care Programs for Younger People (HACC-PYP) and FCC is currently contracted to provide this State Government funded service. This cohort also includes those clients that do not qualify for NDIS.</p> <p>Assessment determines eligibility and identifies clients' needs, prepares a support plan and refers to the service provider chosen by the client. The Support Plan aims to improve the client's independence in their daily living. The Assessment function also provides a monitoring role of the service provision to ensure the Support Plan is being followed. This monitoring ensures neither over servicing or under servicing, protects against the misuse of services, provides a linking service capability to assist vulnerable clients and enables any client declining health issues to be addressed.</p> <p>Council can play an important role on behalf of the community through this Assessment function to ensure service providers deliver in accordance to Support Plans. Currently over 120 Assessments and 140 Support Plan reviews are completed each year by the HACC team.</p>
In Home Support	<p>In Home Services provide "Entry Level" Home Care, Personal Care, and Respite Care which are delivered by Council's Direct Care Workers in a client's home. Based on a client's need and their Support Plan, clients may receive home cleaning, personal hygiene, unescorted and escorted shopping and respite care.</p> <p>This service enables people to continue living independently in their homes and provides interpersonal contact and ongoing monitoring of a client's health and well-being.</p> <p>Contracted Entry Level In-Home Support Services provides:</p> <p>Home Care</p> <ul style="list-style-type: none"> - Domestic Assistance - up to 1.5hrs cleaning in the home every fortnight - Unescorted Shopping - up to 1.5hrs fortnightly where a client's health prevents them from attending to their shopping

Item C.1 Attachment A: Description of Current FCC Services

	<p>Personal Care</p> <ul style="list-style-type: none"> - Personal Hygiene support - up to an hour, up to three times per week - Escorted Shopping - up to 1.5hrs fortnightly. <p>Respite Care</p> <ul style="list-style-type: none"> - Support provided to the Primary Carer up to four hours fortnightly in the client home <p>Flexible Service Response (HACC-PYP funded only)</p> <p>Improve and maintain the client's independence and capacity to live safely at home and participate in community activities and strengthen the capacity of the client's carer to maintain their care role. Some recent examples have been supporting clients with assisting a client to attend to clothes shopping and visiting a café.</p>
Group Social Support (GSS)	<p>This is a funded program for the over 65 cohort which aims to enhance eligible client's experiences to improve their overall health and wellbeing by providing social connections. Opportunities include bus trips to a variety of destinations such as Phillip Island, museums, Frankston Art Centre, gardens, lunches and culturally diverse destinations e.g. Jewish Museum.</p> <p>Each month the service provides 15 bus outings to planned destinations, attended by up to 150 clients who select an outing based on their individual preferences. Outings assist in developing, maintaining and supporting social interaction and independent living.</p>
Home Maintenance/Home Modifications	<p>Focuses on repairs and maintenance in the client's home and garden to reduce risk, improve safety, accessibility and independence.</p>
Meals on Wheels	<p>Meals on Wheels is a delivered meals funded program for HACC & CHSP clients. The contract funding aims to provide nutritional meals to be transported to eligible clients in their home, which also enables informal monitoring of client's welfare during meals delivery. Volunteer roles in the kitchen and as delivery drivers support paid staff for this program's success.</p>

Item C.1 Attachment A: Description of Current FCC Services

	<p>Fresh hot meals can be delivered five days per week with frozen deliveries for weekend/public holiday provision; however, FCC Meals on Wheels kitchen also provides catering to other service providers and programs on request for example Community Support Frankston and packed lunches for Council's Bus Outings program.</p> <p>There are currently over 300 active clients receiving over 4,000 funded meals per month.</p>
Volunteer Coordination	<p>Volunteer Coordination involves recruitment, interviewing, recognition and support for Volunteers to assist in Council programs. HACC-PYP funding supports a portion of the cost of this activity.</p> <p>Currently FHSS has over 100 volunteers engaged with Meals on Wheels and Bus Outings. Volunteers are integral to the success of both services. Volunteering also provides an avenue for people to keep engaged in their own community, which has great social benefits.</p>
Community Transport	<p>The Community Transport bus service provides door-to-door connections to local destinations for clients needing transport support. These destinations include Frankston Library, PARC, Seniors Clubs (including culturally diverse clubs), Frankston and Karingal Shopping Centres. The service picks up Frankston eligible residents from their home and supports retirement villages such as Protea Village, Village Baxter and Greenways Retirement Village.</p> <p>It is a vital support to socially isolated and transport disadvantaged residents who must be able to access the bus and manage at the destination independently. Currently there are 139 active clients being supported 5 days per week by two buses. Donations for bus travel are only \$3.00 for a return trip to reduce cost as a barrier for accessing the service.</p>

Service Definitions

Commonwealth Home Support Programme (CHSP)

The CHSP represents the entry tier of the Aged Care system for people 65 years and over (50 years and over for Aboriginal and Torres State Islanders (ATSI), in conjunction with the Home Care Packages Program, Residential Aged Care and other specialised Aged Care programs. It forms part of an end-to-end Aged Care system offering frail, older people a continuum of care options as their care needs change over time.

The CHSP aims to provide delivery of home support services for older Australians at low intensity on a short-term or ongoing basis, or higher intensity services delivered on a short-term or episodic basis.

The defining feature of the entry tier is that services delivered to a client are, in total, generally lower than the cost or volume provided in a Home Care Package per annum. Clients who require higher intensity levels of ongoing care and support may be eligible for a Home Care Package.

Another characteristic of Entry Level support relates to the case management needs of the client. Where ongoing case management is required to provide a package of care and services, this can signal that the client may need a Home Care Package.

The Commonwealth Government intends to integrate the Home Care Packages (HCP) program and the CHSP into a single care at home program which will make the system easier for consumers to navigate and further reduce red tape for providers. This integration is the Support at Home program and for Frankston Council services, is now set to be implemented no earlier than 1 July 2027.

Home Care Packages

Home Care Packages (HCP) provide older people who want to stay at home with access to a range of ongoing personal services, support services and clinical care that help them with their day-to-day activities. HCP is part of the Commonwealth Government's continuum of care for older people in Australia, bridging the gap between the CHSP "Entry Level" and Residential Care. Frankston Council does not provide HCP or Residential care.

The current expectation for Service delivery is to provide more flexible delivery in line with a client's individual need. Additional communication with clients is required to educate that the CHSP is needs based and not based on client requests. Clients should be moving onto the HCP program as their needs increase. However, clients remain on CHSP longer due to access issues for higher level services. Additional costs to Council are incurred for the extra unfunded hours due to delays in insufficient Home Care Packages being released.

Consumer Directed Care

Clients that receive a Home Care Package (HCP) have more control over the types of care and services they access and the delivery of those services; this includes who delivers the service and when. Consumer Directed Care (CDC) is a model of service delivery to give more choice and flexibility to clients.

My Aged Care (MAC)

My Aged Care (MAC) is the main entry point to the Aged Care system in Australia. The vision for My Aged Care is to make it easier for older people, their families, and carers to access information on ageing and aged care. The MAC is also the access point to have older people's needs assessed and be supported to locate and access services available to them.

The My Aged Care Gateway accepts clients through the MAC Contact Centre. This can be online or via telephone. My Aged Care registers clients, creates the client record and undertakes the screening process. The My Aged Care Contact Centre takes calls from Victorian clients and refers people direct to a service or an appropriate form of assessment. Victorian CHSP providers accept clients through the MAC and their existing referral pathways.

The MAC has been established to ensure the assessment process identifies the needs of a client with impartiality and no connection to any service provider. A service provider is then chosen by the client to provide the required service levels. All assessments are undertaken by staff from the Regional Assessment Service or the Aged Care Assessment Service (ACAS).

Single Assessment Model

The Single Assessment model for aged care is a significant reform aimed at simplifying and improving access to aged care services in Victoria. The new model commenced on 9 December 2024. Its primary purpose is to streamline the assessment process for older individuals seeking aged care services. This system integrates assessments for both home support and comprehensive care, including residential aged care, respite, and flexible programs. It also aims to reduce wait times and improve access in regional and remote areas. It replaced the previous assessment pathways: the Regional Assessment Services (RAS) and Aged Care Assessment Service (ACAS). Also, from 1 November 2025, First Nations assessment organisations will be introduced to provide culturally safe pathways for Aboriginal and Torres Strait Islander elders.

The application process for Assessment remains unchanged and the model represents a positive step toward simplifying access to aged care services by creating a unified assessment system.

National Disability Insurance Scheme (NDIS)

The NDIS provides individualised support for eligible people with permanent and significant disabilities, their families and carers. While some current HACC-PYP clients will be eligible for the NDIS in the future, people aged less than 65 years of age who currently receive support under the HACC-PYP program and are not eligible for the NDIS will remain within state funded community care services or state-based health systems. The first stage of the National Disability Insurance Scheme (NDIS) in Victoria began in the Barwon Region on 1 July 2013. The NDIS was available across other areas of Victoria from 2016 and the final transition was completed in 2019.

Block Funding

Block funding is a financial package granted from the State or Federal Government to support Community Services. Victoria has historically adopted the use of block grants for specified purposes. These funding approaches have allowed providers greater flexibility to address the individual needs of the community members they serve and for the department to focus providers' attention on specific aspects of quality and effectiveness of care. Receiving block funding is a means for providing budget stability.

Payment in Arrears

Council will only receive funding for service hours delivered and this will be paid in arrears at the end of every month. Last year financial changes were made through the Commonwealth to prepare providers for this change. The usual quarterly block funding received at the start of every month is now paid monthly in arrears. State Government funding continues to be block funded.

Reform History

History of Home and Community Care Programs

The Home and Community Care (HACC) program was introduced to Victoria by the Australian Government in 1985 as a joint Commonwealth and State initiative. HACC aimed to provide coordinated and integrated support to people with care needs to live independently and reduce the risk of premature or inappropriate admissions to hospital and to aged residential care.

Over the years, HACC services in Victoria expanded significantly, with an increased range of services offered to meet the diverse needs of clients. Funding allocations grew to support this expansion, and partnerships between government, community organisations and the private sector became more common. In 2007, HACC was expanded to provide support for people under 65 years of age to live independently.

The National Disability Insurance Scheme (NDIS) was then introduced in trial areas of Victoria in 2013 and phased in across Victoria from July 2016. Many HACC clients transitioned over to the new NDIS program at this time. Overall, the transition from HACC to the NDIS represented a significant reform in the disability support sector, aiming to empower individuals with disabilities to have greater control and choice over their supports and services, leading to improved outcomes and quality of life.

In 2016, the Commonwealth Home Support Programme (CHSP) was introduced as part of broader aged care reforms. CHSP integrated and replaced several existing programs, including HACC, to create a more streamlined and flexible system of aged care services. The Home and Community Care Program for Younger People (HACC-PYP) was then created for the Under 65 cohort to continue receiving access to support services.

There has been an ongoing focus on adapting aged care services to meet the changing needs of Victoria's ageing population. This includes efforts to enhance service quality, accessibility and integration with other parts of the aged care system.

Home and Community Care for Younger People (HACC-PYP)

The Home and Community Care Program for Younger People (HACC-PYP) was introduced in Victoria, in 2016. This program was specifically designed to provide support services to individuals under the age of 65 who have a chronic illness, mental health condition, disability or other condition that has an impact on their day-to-day living and ability to participate in the community. It aims to address the needs of younger people with disabilities who may not be eligible for the NDIS but still require assistance with daily living tasks and community engagement.

Council carried out a review of these services in 2018 and endorsed the continuation of all HACC-PYP services. Services provided under this funding include:

- o Assessment – the process to identify individuals who require support to remain living independently in their homes and community and referral to appropriate services and supports
- o Services – with appropriate referrals, clients can access Council's meals program, domestic assistance, respite care, shopping services and home maintenance services.

Commonwealth Home Support Programme (CHSP) - Age Care Reform

In 2014/2015, the Australian Government began delivering a better, fairer, sustainable and nationally consistent Aged Care System. Transition was to be completed by July 2018.

In April 2018, Council was presented with a paper that detailed the Reform and the various potential impacts to Council and community; and for Council to decide whether to stay in service or withdraw. Council endorsed all services to continue (State and Federal – CHSP & HACC-PYP).

In the same year, Prime Minister, Scott Morrison announced a Royal Commission into the Aged Care sector. The Commission investigated the quality of care provided in Residential and In-home Aged

Care to senior Australians, and younger people with disabilities living in residential aged care facilities. This Commission was in response to concerns regarding the safety and quality of care in residential facilities; along with providers' ability to meet future needs.

The Victorian Government accepted 148 recommendations from the Royal Commission which have been tabled into 5 pillars to be implemented from 2021 to 2025 in the following areas:

- o Home Care
- o Residential Aged Care Services and Sustainability
- o Residential Aged Care Quality and Safety
- o Workforce
- o Governance

In 2019, in the context of responding to the Royal Commission's Interim Report, the Commonwealth Government announced its intention to establish a Support at Home program which will replace the Commonwealth Home Support Programme (CHSP), Short Term Restorative Care (STRC) and the Home Care Packages (HCP) program and deliver timely and flexible care services tailored to clients' needs.

In November 2021, a Council report was presented on the Reform. Council resolved to cease the Frankston Regional Assessment Service (RAS) due to the upcoming formation of the new single assessment model. The RAS assessment service successfully transitioned in July 2022 to Peninsula Health's Aged Care Assessment Services (ACAS).

In mid-2022, it was announced that the commencement of the new Support at Home program would be further delayed by a year, with the program to commence on 1 July 2024. The rationale was to allow time for sufficient consultation with providers, stakeholders and community and to align with the Royal Commission's recommendations. Also, there was a further announcement to delay another year to allow the single assessment framework to be implemented; so, the new commencement date was then set to 1 July 2025.

The Government was also planning to commence three further interrelated major reforms to aged care on 1 July 2024:

- o new Aged Care Act
- o new Aged Care Quality Standards
- o new regulatory model

The new Act will introduce a new "person-centred" aged care system that includes a Statement of Rights; it will set new obligations for providers and workers and expand the powers of the regulators: the Aged Care Quality and Safety Commission.

The new Standards will reduce the number of current Standards from eight to seven and consolidate some areas covered by each of the Standards. There will be a new Food and Nutrition Standard.

The new regulatory model will require providers to register under a "registration category." Registration is expected to be for three years at a time. There will be a transition period to help providers adapt to the new model.

In November 2023, further advice was received that the Commonwealth Home Support Programme (CHSP) will transition to the new program no earlier than 1 July 2027. This decision was based on transitioning the new program in two stages to minimise disruption and ensure continuity of care for older people.

With the announcement of the May 2024 Budget, the Government advised the new Aged Care Act would be delayed until July 2025. This would also delay the new regulatory model and the implementation of the new standards to July 2025. Additionally, in June 2025, the Australian Government announced the New Aged Care Act, Support at Home Program and Quality Standards which was due to commence on 1 July 2025 is being delayed until 1 November 2025. The delay has been made to allow more time to prepare older people for the changes, to finalise key operational and digital processes and to make sure training and guidelines are in place.





Conversation Co. respectfully acknowledges the Bunurong peoples as the Traditional Custodians of the land and waterways in the area also known as the City of Frankston. We pay respects to their Elders past, present and emerging, as well as to all First Nations communities who significantly contribute to the life of the area.

1. Executive Summary

Project Overview

Frankston City Council currently delivers a range of services under the Federal Commonwealth Home Support Programme (for clients 65 years of age and over) and the State Home and Community Care Programs for Younger People (for clients under 65 years of age).

In July 2025, a number of significant reforms to the aged care system will become operational. Like all Victorian councils, Frankston City Council must determine the future of its current CHSP services. This community engagement project is one of the first steps towards Council making its decision in mid-2025. The key engagement question was: **What should Council's future role be in supporting older residents in their homes, and supporting HACC-PYP clients?**

The secondary engagement questions were:

- What services do the current clients value and require? What services do carers value and require?
- How can clients and family members/carers become aware of, and gain access to, available services and programs?
- What are the emerging needs or service gaps that Council could address to better support the community?
- What are the strengths of Council's current services; and the challenges?
- What are the emerging needs or service gaps that Council could address to better support the community?

The following engagement activities were planned and implemented:

1. Online and hardcopy survey for clients, carers and community members.
2. Online survey for Council staff and local service providers.
3. Local service provider interviews.
4. Client interviews.
5. Community based pop-ups.
6. Community focus groups.

Engagement participants and their characteristics

The engagement activities involved a total of 929 participants (with an additional 28 participants who did not specify their connection to the project). The online/hardcopy survey was the most used engagement tool (85%) allowing participants to complete anonymous feedback in their own time.

Just over two-thirds of the participants were current CHSP clients (69%), many of whom were receiving house cleaning and laundry and home maintenance services. Over one quarter of clients could be considered long-term clients, having used Council services for



five to ten years (28%), with approximately another third using them for between one and four years (32%).

The majority of engagement participants were women (74%) and there were high levels of participation from 70-84 year olds and 85+ year olds of both genders. The living arrangements of engagement participants reflects this older age profile, with 56% living alone (spouse may have died or moved into nursing home) and 22% living with their spouse.

Current clients, their carers and community members were asked which changes would likely affect them in the next few years, or affect them more than they do now. The top five changes predicted for the future were:

- Mobility and ease of moving around (14% of all responses).
- Level of independence (13%).
- Having falls or accidents (11%).
- Illness/declining health (10%).
- Being able to drive (9%).

Council clients more frequently mentioned future changes to their level of independence, their declining health, having falls or accidents and their mobility and ease of moving around. However, community participants more frequently mentioned future changes to their understanding of how to get the services they need, loneliness, losing contact with friends and/or family, feeling unsafe at home or in the community. This may be due to the fact that they feel stable now, and anticipate that these things are likely to change as they get older.

Nearly half of the Council clients indicated they were either already receiving a Home Care package (28%) or were in the process of the package application process (19%). A substantial proportion wanted to find out more about Home Care Packages (16%) or didn't know what they were (9%). It is important to note that Council is not a Home Care Package provider.

The majority of Council clients (79%) have to pay for (some of) their fees themselves "out of pocket" but some did note that the overall fees were subsidised by either Council or through their Home Care Package. The second most common funding source was Home Care Packages (15%).

There was good engagement participation from Council staff (53 staff) with the majority being Community Care staff (81%) who worked directly with older clients. However there was low survey participation from primary carers and local service providers. Although there was limited participation from local service providers in the online survey, personal interviews were conducted with five major service providers in the area.



Key Findings

Future role for Council

The key engagement question was: What should Council's future role be in supporting older residents in their homes, and supporting HACC-PYP clients? Engagement participants were asked this question and were provided with a list of options, plus opportunity to suggest their own idea. The options were:

- I think Council should provide all community care services using Council employees (**no change**).
- I think Council should provide services where there is/expected to be limited new providers (**fill gaps in services only**).
- I think Council should **provide information** about available services and how to get help (no other services provided).
- I think Council should **cease providing community care** and allow other organisations to provide a similar service.

Nearly two-thirds of engagement participants (61%) supported the 'no change' option, that Council should provide all community care services using Council employees. Not surprisingly support for the 'no change' option was highest for current clients (66%) and Council staff (77%). There were a small number of carers and local service providers overall but most carers supported the 'no change' option and service providers were split between 'no change' and other types of roles for Council.

The key reasons behind this belief in a 'no change' option were:

- Council is a trusted service provider that is important to the community.
- Quality of care should be prioritised over making a profit.
- Uncertainty about the quality of care and potential for exploitation if changes were made.
- No change is less disruptive to clients.

The second most popular option was that Council should provide information about available services, system navigation and how to get help (16%). This option created confusion for some engagement participants in the first week of engagement. It was intended to be an information role only for Council (that is, no other services would be provided). However in some survey responses it was interpreted as an add-on service to the options available, not as an alternate option. This option was clarified in all subsequent face-to-face engagements and, in the online survey.

The third most popular option was that Council should 'fill gaps in services only', that is to provide services where there is/expected to be limited new providers (12%). Looking at just the feedback from the wider community, their reasoning was about not duplicating existing services, Council only delivering larger scale services such as community transport and delivered meals, staying in the market as they are trusted and that there should be no net cost increases to Council.



Only 2% supported Council ceasing as a provider of community care and accepting the increase of other organisations to provide a similar service.

When local service providers were asked about the future role of Council, five participants selected the 'no change' option, two participants selected 'fill service gaps' option and four responded with an unclear response or alternate option (coded as another role for Council). Reasons for giving the 'no change' option were about the quality and trustworthiness of Council services and their strengths in service access and navigation. Another consideration was retaining continuity of care for clients and minimising disruption to aged care services.

One service provider shared concerns about competing with Council on the private market, as Council owns their facilities and amenities which other providers do not (leasing buildings).

Current Council service delivery

The top five strengths of the current Council service according to clients and staff were:

- Friendly and understanding staff.
- Meets their needs well.
- Easy to contact to change service/appointments.
- Continuity of care/ongoing relationship with staff.
- Punctuality and, Quality of service/skilled staff (equal number of mentions).

The other strengths identified by participants were reliability (different to punctuality) and the holistic model of care offered by Council.

Clients were more likely to nominate the strengths of the Council service as punctuality, staff speaking their language and being easy to understand, friendly and understanding staff, staff being the same gender and being easy to contact to change services or appointments. Council staff were more likely to nominate the cost of the service, the quality of service (attentive and skilled staff), continuity of care/ongoing relationship with the staff and that the organisation is trusted and has a good reputation.

The potential improvements or changes to the current Council service according to clients and staff were:

- Expanded range of services/more or increased frequency of services.
- Resolving barriers using the 'system', better communications.
- Improvement to specific services.
- Improvement related to timing, scheduling, staff resourcing.

Clients suggested more assistance with resolving their barriers using the 'system' and better communications - they wanted a one-on-one conversation with someone who could take the time to listen and answer their questions. Understandably clients were more likely to suggest improvements to specific services such as cleaning of windows, gutters, cobwebs;



meal choices that are suitable to personal taste or dietary restrictions; assistance with lifting or moving heavy items and having consistency of cleaning standards across different staff. Council staff were more likely to suggest improvements related to timing/scheduling and staff resourcing.

Service access barriers and enablers

Current Council clients and their carers were asked about any frustrations or challenges when trying to get support or assistance. They mentioned being told there is no capacity (service is "full") or that the requested service is not offered/unavailable, experiences of poor communication, not being eligible for services, the complex assessment process and the costs of services not provided in Packages.

When asked about what would help older people the most to access the services and support they need, participants said:

- Description of the different services available - what is ... (25%).
- Information on how to access these services - who to call, apply to (25%).
- Speaking to someone on the phone or in person (18%).

The enablers needed by current Council clients and primary carers mirrored these preferences above. Community members were more likely to say: speaking to someone on the phone or in person and more funding/more services.

Council staff were more likely to say the enablers were speaking to someone on the phone or in person, or a description of the different services available. Workers from local service providers were more likely to say the enablers were a description of the different services available and services being located close to the client's home.

Participants who answered surveys or were interviewed were asked about the most important supports in service delivery for people who were born outside Australia, come from a culturally diverse background and/or speak a language (other than English at home). Their top two responses were: opportunities to speak in their language (23%) and opportunities to socialise with people from their home country (22%).

Local service providers

Other services being used by older people in the Frankston council area included SAI Home Care, Jim's Mowing, NDIS, Orange Door, Trilogy Care, Benetas, Brotherhood of St Laurence, Mercy Health, Australian Unity, Focus Care, HenderCare, Vasey RSL, Bolton Clarke, cohealth, Kingston Council, Mentis, Peninsula Health - Aged Strong and Uniting Age Well.

Some local service providers participated in this engagement by completing the online survey or a personal interview (targeted to Benetas, Brotherhood of St Laurence, Peninsula Health, Bolton Clarke and mecwacare). Overall the bulk of service provider participants worked for not-for-profit organisations, rather than 'for profit' businesses. They provided a range of aged and community care services including social programs and residential care.



In terms of best practice, Council Community Care staff recognised their service for being one that listens and provides human contact; a service that has clear rules on the delivery of service and the stability, consistency and accessibility of the service. Local service providers recommended training in clinical governance in CHSP, doing timely assessments with detailed documentation, MARAM domestic violence and trauma informed training and the Dementia Specialist at Benetas.

Sector service gaps and challenges

Commonly participants noted that the demand is greater than the supply for many services. Participants described many of these services were provided within their organisations, however funding is not adequate to support the number of referrals. Participants also described referring clients to other organisations and finding there are long wait lists.

In terms of supporting older people, service providers saw the following specific gaps:

- Home modifications and specific equipment such as fall monitors, incontinence products.
- Transport, gardening and domestic assistance services.
- Social support programs, companionship, social visits.

In terms of supporting younger people, service providers mentioned home help, system navigation support with NDIS and transport. There were service gaps for carers needing respite care, social/mental health support and transport. Participants noted that their services did not have funding or deal directly with carers, referring them often to the Carer Gateway.

Both Council Community Care staff and local service providers were asked about their current challenges with client care and support. The most commonly mentioned challenges were:

- Service demand well exceeds what's available.
- Waiting times after package funds are used early, and long wait lists to access support when not on an appropriate plan and, for initial CHSP assessments and re-assessments.
- Poor quality aged assessments completed on the phone.
- Managing the carer workforce - lack of staff, staff wanting casual work only, loss of corporate knowledge when staff leave following exit from CHSP.
- Inaccurate information about services on *My Aged Care*.
- Poor client understanding of the service offering, funding and how it works.
- Clients not keeping appointments.
- Dealing with clients that struggle with loneliness, mental health issues and/or substance abuse.
- Clients using three or four different providers - multiple procedures and documents to read/sign, no continuity of care.



Summary

This engagement involved 929 participants including current Council clients, carers, older residents, local service providers and Council staff. When asked what Council's future role should be in supporting older residents in their homes and supporting HACC-PYP clients, nearly two-thirds of engagement participants (61%) supported the 'no change' option - that Council should provide all community care services using Council employees.

The key reasons behind this belief in a 'no change' option were that Council is a trusted service provider that is important to the community, that quality of care should be prioritised over making a profit and uncertainty about the quality of care and potential for exploitation if changes were made.



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2. Introduction

Project Background

Frankston City Council currently delivers a range of services under the Federal Commonwealth Home Support Programme (for clients 65 years of age and over) and the State Home and Community Care Programs for Younger People (for clients 65 years and under).

The Commonwealth Home Support Programme (CHSP) is an "entry-level in-home aged care support program that helps older people to live independently in their homes and communities. The CHSP also provides respite services to give carers a break."¹ As at November 2024, there were 1850 CHSP clients receiving services from Council.

The services currently provided by the 110 Council staff are:

- Meals on Wheels.
- Home maintenance and modifications.
- Community Transport.
- Planned activity outings/social support.
- Personal care including escorted and unescorted shopping.
- Domestic assistance (approximately 80% of all Council service delivery).
- Respite care.
- HACC-PYP Assessment.

The Home and Community Care Program for Younger People (HACC-PYP) is funded and managed by the Victorian Department of Health. The program supports people when their capacity for independent living is at risk due to chronic illness, mental health issues, disability or other conditions.² As at November 2024, there were 160 HACC-PYP clients receiving services from Council.

In July 2025, a number of significant reforms to the aged care system will become operational. The new Aged Care Bill 2024 passed both houses of Parliament on 25 November 2024 and following Royal Assent, it will become the new Aged Care Act from 1 July 2025.

The Act focuses on empowering older people and upholding their rights, needs and personal choices. The Act will include a Statement of Rights which recognise (amongst other rights):

- Independence, autonomy, empowerment and freedom of choice.
- Equitable access.
- Quality and safe funded aged care services.

¹ <https://www.health.gov.au/our-work/chsp/about>

² <https://www.health.vic.gov.au/home-and-community-care/hacc-program-for-younger-people>



Like all Victorian councils, Frankston City Council must determine the future of its current CHSP services. This community engagement project is one of the first steps towards Council making its decision in mid-2025.

Engagement Purpose and Scope

The purpose of this engagement project was to:

- Understand the experiences of Council staff in delivering the current services and their perspective on what their clients value and require.
- Understand which aspects of the current services are valued by the clients and their family members and/or carers.
- Identify other service providers being used by current clients for support.
- Seek feedback on which aspects of the current services that could be improved.
- Identify emerging needs or service gaps that Council could address to better support the community.
- Explore what the community believes is the role of Council in the community care sector.

The scope of the engagement excluded the following topics:

- Decisions associated with the administration of Council such as organisational staffing for community care.
- Measuring client satisfaction levels with current service provision.
- The amount of funding clients are eligible to receive through the different State or Federal funding packages, and wait times to receive packages.
- The size of Council's Community Care operational budget.
- Any Council-owned/managed community infrastructure for older adults and the elderly.

3. Engagement Methodology

An external engagement company, Conversation Co., was responsible for the planning and delivery of the engagement program. An engagement plan was developed outlining:

- Project timelines and scope.
- Challenges and opportunities associated with engaging young people.
- Level of stakeholder influence, including negotiables and non-negotiables for input.
- Outline of engagement activities planned.
- Measures of success for the project.

A mixed-method community engagement program consisting of online and face-to-face activities was used to reach participants from a range of different levels of interest in the project. The engagement activities were based on the IAP2 Public Participation Spectrum of 'Inform' and 'Consult'.



3.1 Engagement Objectives

The key engagement question was: What should Council's future role be in supporting older residents in their homes, and supporting HACC-PYP clients?

The secondary engagement questions were:

- What services do the current clients value and require? What services do carers value and require?
- How can clients and family members/carers become aware of, and gain access to, available services and programs?
- What are the emerging needs or service gaps that Council could address to better support the community?
- What are the strengths of Council's current services; and the challenges?
- What are the emerging needs or service gaps that Council could address to better support the community?

3.2 Engagement Activities

The engagement activities are listed in Table 1 and were developed to best suit the project timeline and budget. Community engagement was conducted from 26 February to 6 April 2025.

Table 1. Engagement activities (proposed)

Activity	Rationale	Stakeholders
Online survey hosted on the <i>Engage Frankston</i> page and hardcopy client survey posted to all clients	Provided an opportunity for participants to provide confidential feedback at their convenience, without having to attend face-to-face engagement.	CHSP and HACC PYP clients, carers and the wider community
Staff and service provider online surveys hosted on the <i>Engage Frankston</i> page	Provided an opportunity for participants to provide confidential feedback at their convenience, without having to attend face-to-face engagement.	Council staff and service providers
Local service provider interviews (5 interviews x 60 mins duration)	Provided an opportunity for participants to provide confidential feedback at their convenience, without having to attend face-to-face engagement. Ability to probe and clarify answers.	Service providers (list provided by Council)
Client interviews (minimum of 20 interviews x 30 mins duration)	Provided opportunity for participants to provide confidential information at their convenience, without having to attend face-to-face engagement. Ability to probe and clarify answers.	Council clients (list provided by Council)



Community based pop-ups organised by Conversation Co. (3 locations x 2 hours duration) An additional 5 pop ups were organised by Council.	Captured participants' feedback whilst out in the community. Participants were invited to provide feedback in a variety of ways.	All stakeholders
Focus groups (maximum 5 sessions x 60 mins duration)	Focus groups provided an opportunity to explore key themes in more detail, provide a facilitated environment for informed contributions	Targeted advisory groups (list provided by Council)

Surveys

The five online surveys were hosted on the *Engage Frankston* project page from 26 February to 6 April 2025. A hardcopy version for clients was also used.

Local service provider interviews

An interview script was developed based around the service provider survey questions. The five targeted organisations were

1. mecawcare - a not-for-profit, non-denominational charitable organisation.
2. Bolton Clarke - formerly known as Royal District Nursing Service and RSL Care.
3. Brotherhood of St Laurence - a social justice organisation.
4. Peninsula Health - a major public health service.
5. Benetas - a not-for-profit organisation.

The five interviews were conducted via telephone or Zoom.

Council client interviews

All current clients (as at 26 February 2025) were informed by letter of this engagement project. Council provided a list of 45 client names and contact information to Conversation Co, who had previously provided consent for further contact to discuss the services they use. From this list, a minimum of 20 clients were randomly selected to participate in a telephone interview. Overall 27 interviews were completed using an interview script based around the Council client survey questions.

Community based pop-ups

Three pop-up sessions of two hours duration were conducted by Conversation Co at the Chatty Cafe at Frankston Library/Community Centre, the Foot Street shops and the Carrum Downs Shopping Centre during March 2025. Five other pop-up sessions were conducted by Council at various locations across the municipality.

Pop-up activity plans were developed based on the following survey topics:

- Health and wellbeing factors that could change as people age.
- Ways that people access support or get in touch with a service.
- Which services they use, if any.
- Key strengths of the Council service, if used.



- Future role Council will play in the delivery of community care services.

Community focus groups

The five targeted community groups were

1. Age Friendly Ambassadors.
2. U3A Frankston.
3. Disability, Access and Inclusion Committee (DAIC).
4. Frankston Youth Hang out and Secondary College Social Justice Group.
5. PESC (Peninsula Ethnic Seniors Council).

Focus group activity plans were developed based on the following survey topics:

- Health and wellbeing factors that could change as people age.
- Ways that people access support or get in touch with a service.
- Future role Council will play in the delivery of community care services.
- Any other perspectives based on their experiences as clients, carers or interested residents.

The members of PESC (Peninsula Ethnic Seniors Council) could not meet as a group during the engagement period so they were offered the opportunity to participate in a guided discussion using the online survey questions. Three members of the group participated.

Engaging with young people

The first three focus groups were conducted as planned during March 2025. Members of the Frankston Youth Council and other young persons' groups were difficult to engage, which was understandable given the topic. As an alternative, Conversation Co. attended Frankston Youth Central during an after-school session and also ran a short workshop with a group of students from a local secondary school.

Six personas were developed to assist the young participants to understand the support needs and typical service usage of the HACC-PYP clients. The personas covered the following scenarios:

- Primary school aged child with autism.
- Teenager with cerebral palsy.
- Teenager with long-term depression and anxiety.
- Adult aged in their twenties requiring an assessment to manage a chronic illness.
- Adult aged in their twenties who uses a wheelchair.
- Adult aged in their thirties with schizophrenia.

3.3 Strategies to support participation

The project was promoted to community members, Council staff and local service providers using a variety of Council communication channels and tools. The Australian Service Union was informed by Council.



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

- Printed postcards distributed during the pop-up sessions, and in libraries and community buildings, with QR code linked to the *Engage Frankston* project page.
- Hardcopy versions of the online surveys.
- Engagement boards/A4 posters for use at community pop-ups and display at libraries, reception areas and community centres.
- Email, SMS and calendar invites to all Community Care staff.
- CEO Updates to all Council staff.
- Letters mailed to all active CHSP and HACC-PYP clients.
- Emails to key service providers of CHSP and HACC-PYP services, residential care providers, seniors' groups and Positive Ageing contacts.
- March issue of Frankston City Council eNews and *Positive Ageing Together*, libraries, community centres and *Let's Be Frank eNews*.
- Media release sent to local media outlets.
- Project page on *Engage Frankston* website.
- Social media – organic and paid advertisements about the project milestones and dates of community pop-ups.
- Email request to an existing contact at a local secondary school.
- Project information distributed via the Peninsula Care Planning Group (PCPG) which represents CHSP and Home Care Package providers - private, not for profit and local government.

Some noted barriers to engagement participation were:

- **Under-utilised engagement location:** Although selected for its typical high level of foot traffic on a weekday morning, the Foot Street shopping strip did not attract the anticipated volume of participants.
- **Complex service system and language:** The aged care system and the reform agenda is complex and uses technical terms or abbreviations. Older people, their families and their carers often struggle with accessing information and understanding its implications. Potential participants in the engagement may have had interest in the issue but found the terminology too challenging. For example the term "community care" means different things to different people. This may have put off potential participants, thinking they have no personal experience in the issue.
- **Difficulty articulating future needs:** One of the engagement questions asks participants to anticipate or express their future service requirements or health and wellbeing impacts (e.g. loneliness, level of independence etc). Responses to this question may have been affected by inability to appreciate their likely needs and difficulty accepting the inevitable future changes.
- **Unclear service responsibility:** Related to the previous point about the complex service system, some participants may be unclear about exactly who provides their service (contracted by Council or Council itself) and which organisation is part-funding or fully funding their services (My Aged Care, Council).



- **Participation by carers:** Carer participation was low. This may be because of non-targeted project communications or the nature of the carers' everyday lives (time poor, often physically and mentally exhausted). It could also be a result of CHSP clients having low needs and receiving entry level care only. Home Care Package clients have higher needs.
- **Absence of costing information and specific service delivery options:** The key question about the future role of Council is a complex one and some participants may have found the engagement questions too broad in nature and so more difficult to 'weigh up' their response.

4. Who Participated?

Throughout this report, the abbreviation "n=" is used to indicate the number of participants or responses and percentages have been rounded to whole percentages (x%).

4.1 Participation by engagement activity

Table 2 shows a summary of the engagement activities which involved a total of 929 participants. The online/hardcopy survey was the most used engagement tool (85%) allowing participants to complete anonymous feedback in their own time.

The community pop-ups were used to collect real-time feedback but also to encourage online survey completion at a later time (if preferred). Participants at pop-ups and community focus groups were asked to complete the demographics survey card 'on the spot'. These were then entered as survey responses so are counted in the number of surveys.

Table 2. Participation by engagement activity

Engagement Activity	No.	%
Online/hardcopy surveys	891	96
Personal interviews	32	3
Consultation at Frankston Youth Central	6	1
TOTAL participants	929	100
Attendance at three community pop-ups (estimated)	85	
Attendance at community focus group participants	40	

Note: An additional client interview was conducted after the close of the engagement and is not included in Table 2.

Note: There were 28 additional participants who attended a community pop-up or a focus group however they did not indicate how they connected to the project (e.g. were a carer or client etc).



4.2 Participation by connection to the project

It should be noted that participants were given the choice to complete one of the following surveys:

- Survey for current clients receiving Council services.
- Survey for primary carers.
- Survey for interested community members.
- Survey for local service providers.
- Survey for Council staff (any staff).

Consistent with the issues noted in [3.4 Barriers to participation](#), this terminology caused confusion for some participants. Some Council staff completed either the service provider or carer survey. Some carers completed the client survey, maybe not relating to the term "primary carer". Some Council clients completed the community survey. Responses were reassigned to their correct stakeholder group where it was obvious the 'incorrect' survey had been completed. However there will be missing data across all the engagement questions as different questions were included in each survey.

There were 28 additional participants who attended a community pop-up or a focus group however they did not indicate how they connected to the project (e.g. were a carer or client etc).

Just over two-thirds of the participants were current CHSP clients (69%) and a further 11% were older residents aged 65 years and over (some of whom were receiving services from other providers). Only 13 carers participated in the engagement (1%). There was good participation from Council staff (53 staff) - more information about this group is presented in [4.3.3 Profile of Frankston City Council staff participants](#).

Table 3. Participation by connection to the project

Connection to the project	No.	%
Current CHSP clients	643	69
Current HACC-PYP clients	45	5
Primary carers for people who receive aged or, home and community care services	13	1
Frankston City Council staff members/volunteers	53	6
Workers/volunteers at an organisation providing aged or home and community care services	11	1
Older residents aged 65 years or over	103	11



Connection to the project	No.	%
Relatives or friends of an older resident	19	2
Interested residents/ratepayers (incl. youth)	42	5
TOTAL participants	929	100

Data sources: Surveys, interviews, youth activities, pop-ups and focus groups.

Note: There were 28 additional participants who attended a community pop-up or a focus group however they did not indicate how they connected to the project (e.g. were a carer or client etc).

Table 4 provides a broad overview of the age groups for these sub-groups. Further age data is shown in [4.3 Characteristics of clients and carers](#). Community participants ranged from teenagers and young adults, through to the elderly age groups.

Table 4. Broad age groups by connection to the project

Broad Age Groups	Council clients %	Carers %	Community members %
0-17 years	0	0	8
18-49 years	1	✓	11
50-59 years	3	✓	6
60-69 years	7	✓	22
70-84 years	58	✓	45
85+ years	31	✓	6

Data sources: Surveys, client interviews. The number of carers is too small so ticks are shown instead of percentages.

4.3 Characteristics of Council clients and carers

4.3.1 Services used by clients and community members

Current Council clients and their carers were asked which Council service they were using - as expected the majority were aged or home and community care clients (88%), with a small number of HACC-PYP clients (7%).

Table 5. Services used by clients and community members

Participants using different services (self report or reported by carers)	No.	%
Aged or home and community care - Frankston Council	652	88



Participants using different services (self report or reported by carers)	No.	%
HACC-PYP - Frankston Council	48	7
Community members using other aged care services	32	4
Younger community members using other home and community care services	6	1
No organised services, informal carer only	0	0
TOTAL participants using range of services	738	100

Data sources: Surveys, client interviews.

The HACC-PYP clients and community members were asked what additional services they were currently using (other than Council). In total there were 38 participants (5%) using other aged or home and community care services. The HACC-PYP clients were using SAI Home Care, Jim's Mowing, NDIS "disability services", Orange Door social workers, university student support (social workers), volunteers from their temple and an unnamed private provider.

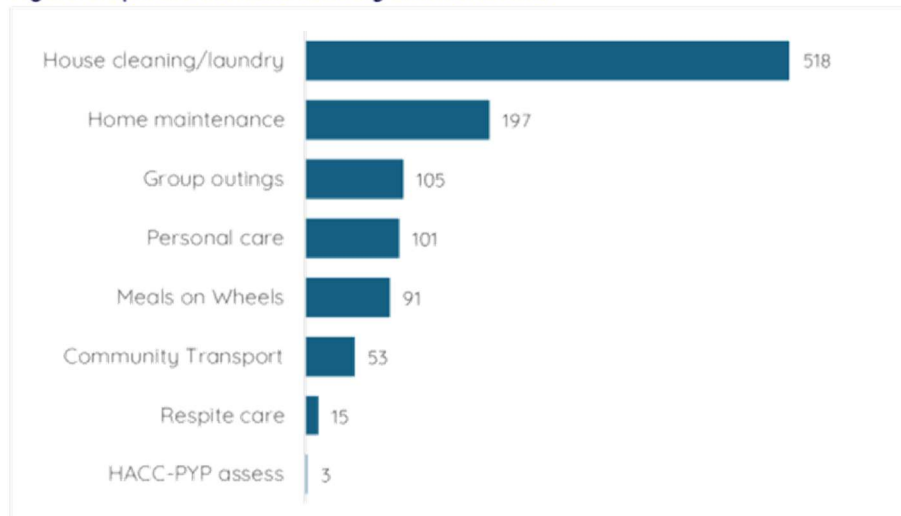
The community members were using the following services:

- Trilogy Care (n=5).
- Benetas incl. Benetas Hurlingham Day Centre (n=4).
- Brotherhood of St Laurence (n=4).
- Mercy Health (n=3).
- Australian Unity, Focus Care, HenderCare, Vasey RSL (each n=2).
- Bolton Clarke, cohealth, Kingston Council, Mentis, Peninsula Health - Aged Strong, Polish community service, Uniting Age Well (each n=1).
- unnamed private providers or "aged care package".

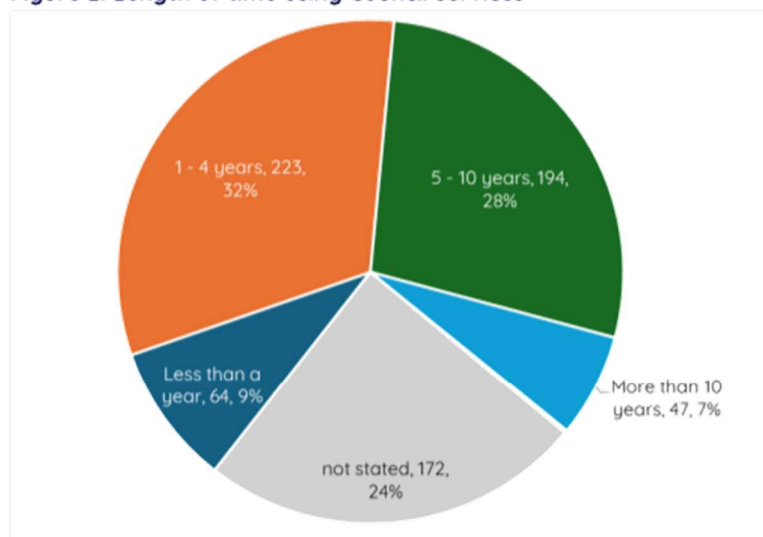
Current Council clients and their carers were asked then which specific services they were using, selected from a provided list. Figure 1 shows that house cleaning and laundry (n=518, 48%) was the most commonly used service, followed by home maintenance (n=197, 18%).

Figure 2 shows that over one quarter of clients could be considered long-term clients, having used Council services for five to ten years (28%), with about another third using them for between one and four years (32%). A large proportion of clients did not answer this question (24%) but were using a variety of Council services.



Figure 1. Specific services used by Council clients

Data sources: Surveys, client interviews, community pop-ups. Multi-response question so percentages are % of total responses (n=1090), not participants.

Figure 2. Length of time using Council services

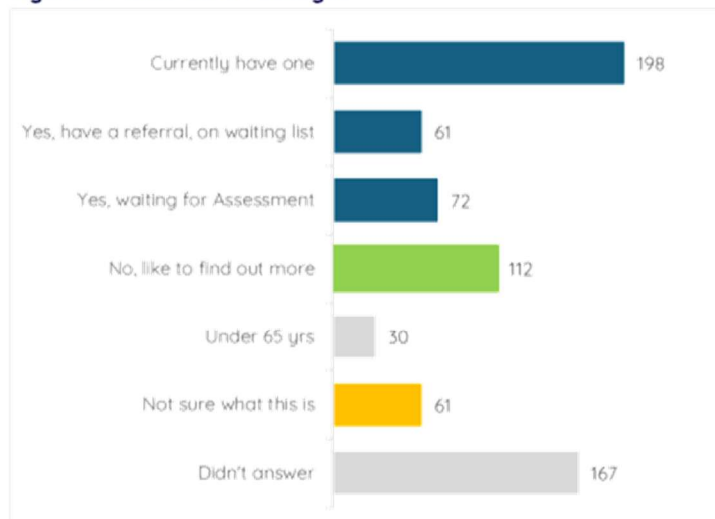
Data sources: Surveys, client interviews.

4.3.2 Uptake of Home Care Packages and service costs

Nearly half of the Council client participants were either already receiving a Home Care package (n=198, 28%) or were in the process of the package application process (n=133, 19%). A substantial proportion wanted to find out more about Home Care Packages (n=112, 16%) or didn't know what they were (9%). Again a large proportion of clients did not answer this question (24%) which may indicate another sub-group of people who have low/no

awareness of Packages. It is important to note that Council is not a Home Care Package provider.

Figure 3. Home Care Packages



Current Council clients and their carers were asked how they currently pay for the services they receive. Table 6 shows that the majority of clients (n=546, 79%) have to pay for (some of) their fees themselves "out of pocket" but some did note that the overall fees were subsidised by either Council or through their Home Care Package. The second most common funding source was Home Care Packages (n=105, 15%), with a small additional number of clients using their private health insurance or Medicare (n=19, 3%).

A small number of clients had their services funded through the National Disability Insurance Scheme or had family covering their costs. The additional comments made by clients were: they were a Department of Veterans Affairs Gold Card holder, or were putting off applying for a Package or NDIS until they really needed it.

Further information about affordability of service fees are presented in [5.3 Improvements or changes to Council services](#).

Table 6. Funding sources and community care services used

Funding sources	ALL	Meals	Transport /outings	Personal care	Home maint'ce	Home cleaning	Respite care
	No. (%)	(%)	(%)	(%)	(%)	(%)	(%)
Funded through Home Care Packages	107 (15%)	18	9	10	14	15	13

Funding sources	ALL	Meals	Transport /outings	Personal care	Home maint'ce	Home cleaning	Respite care
	No. (%)	(%)	(%)	(%)	(%)	(%)	(%)
Funded through National Disability Insurance Scheme (NDIS)	3 (0%)						
Pay for it themselves 'out of pocket' (often Council subsidised)	546 (79%)	78	31	85	81	80	73
Claim on private health insurance or Medicare	19 (3%)	2	5	2	3	2	0
No need to pay, cared for by family/friend	7 (1%)						
Prefer not to answer	7 (1%)						
Other source/comment	3 (0%)						
TOTAL responses	692	91	105	101	197	518	15

Data sources: Surveys, client interviews. Multi-response question so percentages are % of total responses (n=699), not participants. Where the total number of responses was under ten, no further analysis was undertaken (grey shaded cells).

4.3.3 Demographic characteristics of participants

Demographic questions were included in the client, community and carer surveys and pop-ups and focus group participants were also encouraged to complete using the postcard shown in [Appendix 1 - Promotional poster and postcard](#). On average about 830 participants (out of the 1043) answered the basic demographic questions of age group, gender and suburb. Tables 7 and 8 show these characteristics, compared to the general community characteristics from the 2021 Census.

Table 7. Demographic characteristics of participants

Selected characteristics	No.	%	2021 Census %
Gender			
Woman or female	618	74	51
Man or male	207	25	49
Non-binary or gender diverse	1	0	-
Prefer not to answer	8	1	-



Selected characteristics	No.	%	2021 Census %
Age Group			
0-4 years	0	0	6
5-11 years	0	0	9
12-17 years	13	2	7
18-24 years	3	0	8
25-34 years	6	1	14
35-49 years	21	3	21
50-59 years	35	4	13
60-69 years	85	10	11
70-84 years	453	54	9
85+ years	214	26	2
Prefer not to answer	6	1	-
Living arrangements			
Lives with spouse/partner	154	22	23 *
Lives alone	393	56	27 *
Lives with child/ren or other family members	63	9	16
Lives in group housing with people of same age	22	3	3 *
Other living arrangement/arrangement not stated	69	10	
Communities of interest (responses)			
Person with a disability or long-term health condition	311	76	-
Speak a language other than English at home	83	20	11.3
Part of the LGBTQIA+ community	10	2	-
Aboriginal and/or Torres Strait Islander	7	2	1.3
Total number of communities of interest (responses)	411		

Data sources: Surveys, community pop-ups, client interviews, focus groups.

Data source for 2021 Census data is <https://profile.id.com.au/frankston/>

* Percentages for living arrangements are estimated for households without children, or households with older children.



As expected the majority of engagement participants were women (74% compared to community proportion of 51%), common for community engagement overall but particularly for a topic of this nature. Representativeness by age group is not particularly relevant for this engagement project as the primary target group was persons aged 65 years and over. There were high levels of participation from 70-84 year olds (54%) and 85+ year olds (26%), and proportional participation from 60-69 year olds (10%). The living arrangements of engagement participants reflects this age profile with 56% living alone (spouse may have died or moved into nursing home) and 22% living with their spouse. This high percentage of older people living alone should be noted when looking at the engagement findings about support needs.

Participants were also asked if they identified with particular communities of interest from a provided list (refer to Table 7). Overall 719 participants responded, with 376 participants identifying with one or more of these communities. The remaining 44% did not identify with any of these communities (n=316) and 4% (n=27) preferred not to answer the question.

The 376 participants provided 411 responses to this multi-response question. Not surprisingly a large proportion of participants said they were a person with a disability or long-term health condition (n=311, 76% of responses).

A positive outcome was the relatively high proportion of participants who spoke a language other than English (n=83, 20% of responses). Participants who indicated they spoke a language other than English at home spoke a wide range of languages or were bi-lingual, with the most common languages being German (n=9), Italian (n=8) and Polish (n=6). A small number of participants identified as part of the LGBTIQ+ community (n=10, 2% of responses) and/or being an Aboriginal and/or Torres Strait Islander (n=7, 2% of responses).

At the time of the 2021 national Census, the largest populations of older adults - in number terms - lived in Carrum Downs, Seaford, Langwarrin and Frankston South. There are large retirement villages and aged care sites in both Frankston South and Carrum Downs. The largest populations - in percentage terms - lived in Seaford, Frankston and Frankston South.

Table 8 shows the participants' residential locations in the municipality. There was a good spread of participants across the suburbs and largely proportional representation. One of three community pop-ups was based in Carrum Downs however did not achieve proportional participation in this engagement. Appendix 4 shows a thematic map of participants' residential locations - refer to [Appendix 4 - Map of participants' residential location](#).



Table 8. Participants' residential location

Residential suburb	No.	%	2021 Census %
Frankston (incl. Karingal and Frankston Heights)	247	30	26
Seaford	109	13	12
Langwarrin-Langwarrin South	116	14	18
Frankston South	163	20	14
Carrum Downs	111	13	16
Frankston North	29	4	4
Skye	35	4	6
Sandhurst	6	1	4
Prefer not to answer	3	0	-
Outside Frankston City	11	1	-
TOTAL participants	830	100	100

Data sources: Surveys, community pop-ups, client interviews, focus groups.

Data source for 2021 Census data is <https://profile.id.com.au/frankston/>

4.3.4 Profile of Frankston City Council staff participants

Frankston City Council staff were asked to provide some additional details to distinguish Community Care staff from other Council staff. The majority of staff participants were Community Care staff (81%) who worked directly with older clients.



Table 9. Characteristics of Council staff participants

Characteristics of Council staff	No.	%
Works directly with older clients (provide services, program or support)	40	75
Works directly with younger clients needing help with their daily activities (provide services, program or support)	6	11
Has some understanding of the needs of older people, or younger people needing help with their daily activities	4	8
Believe they should know more about the needs of older people, or younger people needing help with their daily activities	0	0
Not stated/incorrect survey completed	3	6
Work in Family Health and Support - Community Care	43	81
Work in Family Health and Support - other teams	6	11
Work in Safer Communities or Community Strengthening departments	0	0
Other departments in Council	0	0
Work location not stated	4	8
Resident or ratepayer in City of Frankston	26	49
Not a resident or ratepayer in City of Frankston	15	28
Residence status not stated	12	23
TOTAL staff participants	53	100

Data sources: Survey.

4.4 Predicted changes for clients and community in future years

Current clients, their carers and community members were asked which changes (provided from a list) would likely affect them in the next few years, or affect them more than they do now. Table 10 shows that the top five changes predicted for the future were:

- Mobility and ease of moving around - 531 responses (14% of all responses).
- Level of independence - 509 responses (13%).
- Having falls or accidents - 404 responses (11%).
- Illness/declining health - 381 responses (10%).
- Being able to drive - 341 responses (9%).



Comparing the responses of Council clients with those from general community participants, there were a total of 2950 responses from clients and 620 from community members. Council clients more frequently mentioned future changes to their level of independence, their declining health, having falls or accidents and their mobility and ease of moving around.

The age profile of the community participants was mostly 70 to 84 years or 60 to 69 years. Community participants more frequently mentioned future changes to their understanding of how to get the services they need, loneliness, losing contact with friends and/or family, feeling unsafe at home or in the community. This may be due to the fact that they feel stable now, and anticipate that these things are likely to change as they get older.

Almost all the 'Other' changes mentioned by participants were explanatory comments giving extra detail about living arrangements or specific illnesses.

Table 10. Predicted changes for clients by stakeholder category

Predicted changes for clients	ALL No. (%)	CLIENTS (% of client responses)	COMM'TY (% of comm. responses)
Mobility and ease of moving around	531 (14%)	15	12
Level of independence	509 (13%)	15	10
Having falls or accidents	404 (11%)	11	9
Illness/declining health	381 (10%)	10	9
Being able to drive	341 (9%)	9	9
Understanding how to get the services they need	276 (7%)	7	10
Memory problems	218 (6%)	6	5
Anxiety and/or depression	199 (5%)	5	6
Loneliness	185 (5%)	4	7
Losing contact with friends and/or family	157 (4%)	4	6
Feeling unsafe out in the community	140 (4%)	3	5
Feeling unsafe at home	121 (3%)	3	5
Not knowing where they will be living	105 (3%)	3	2
Use of prescription medications	104 (3%)	3	3

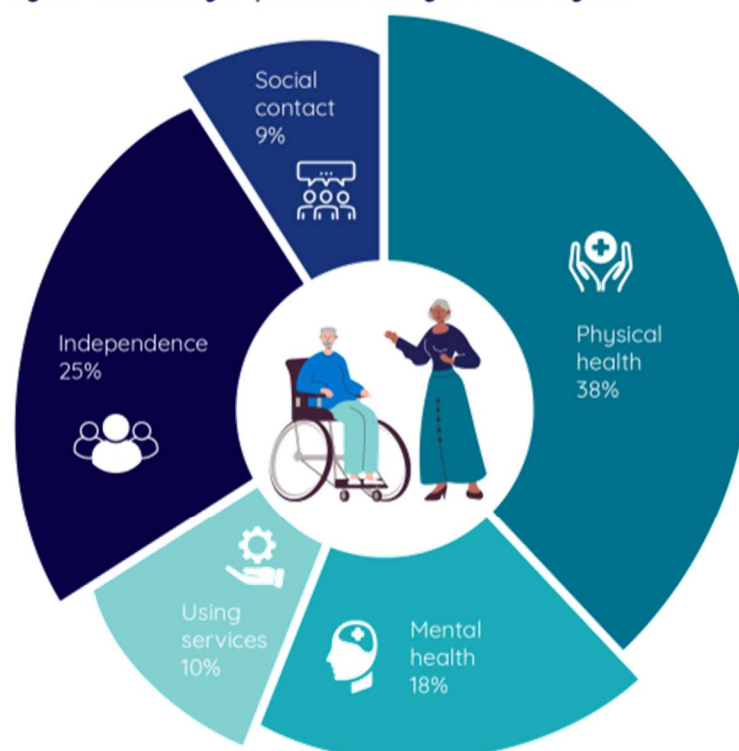


Predicted changes for clients	ALL No. (%)	CLIENTS (% of client responses)	COMM'TY (% of comm. responses)
Difficulty managing finances	83 (2%)	2	2
Other (mostly explanatory comments)	60 (2%)	-	-
None of these (community only)	10 (0%)		1
TOTAL responses	3824		

Data sources: Surveys, community pop-ups, client interviews. Multi-response question so percentages are % of total responses (n=3824), not participants.

Figure 4 shows a summary of these predicted future changes.

Figure 4. Summary of predicted changes in future years



Data sources: Surveys, community pop-ups, client interviews.

5. Key Findings

The key engagement question was: What should Council's future role be in supporting older residents in their homes, and supporting HACC-PYP clients?

5.1 Future role for Council

Engagement participants were asked the specific question of 'What do you think Frankston City Council's future role should be, regarding the community care service?' and were provided with a list of options:

- I think Council should provide all community care services using Council employees (**no change**).
- I think Council should provide services where there is/expected to be limited new providers (**fill gaps in services only**).
- I think Council should **provide information** about available services and how to get help
- I think Council should **cease providing community care** and allow other organisations to provide a similar service.
- Other roles for the Council (specify).

They were then asked to comment on the reason for their response.

Table 11 shows the answers provided by all participants and also for each of the sub-groups of current Council clients, carers, local service providers, Council staff and the general community. It should be noted that there were a total of 957 responses to this question, with an additional 28 participants not indicating how they were connected to the project.

Nearly two-thirds of engagement participants (61%) supported the 'no change' option, that Council should provide all community care services using Council employees.

The second most popular option was that Council should provide information about available services and how to get help (16%). This option created confusion for some engagement participants in the first week of the engagement. It was intended to be an information role only for Council (that is, no other services would be provided). However it was interpreted as an add-on service to the options available, not as an alternate option. From the second week, this option was explained clearly at all the face-to-face engagements and wording was clarified in the online survey to read "I think Council should provide information about available services and how to get help (no other services provided)".

The third most popular option was that Council should provide services where there is/expected to be limited new providers (12%). Only 2% supported Council ceasing as a provider of community care and accepting the increase of other organisations to provide a similar service.



Table 11. Future role for Council by stakeholder category

Future role for Council	ALL No. (%)	CLIENTS No. (%)	CARERS No.	SERVICES No.	COUNCIL STAFF No. (%)	COMMUNITY No. (%)	Not stated No.
Council should provide all community care services using Council employees (no change)	588 (61%)	457 (66%)	11 (85%)	5 (45%)	41 (77%)	64 (39%)	10
Council should provide services where there is/expected to be limited new providers (fill gaps in services only)	118 (12%)	55 (8%)	2 (15%)	2 (18%)	4 (8%)	46 (28%)	9
Council should provide information about available services and how to get help	152 (16%)	106 (15%)	-	-	3 (6%)	37 (23%)	6
Council should cease providing community care and allow other organisations to provide a similar service	17 (2%)	6 (1%)	-	-	2 (4%)	9 (5%)	0
Other roles for Council or mix of the options	10 (1%)	3 (0%)	-	2 (18%)	-	3 (2%)	2
Question not answered (or unrelated comments)	72 (8%)	61 (9%)	-	2 (18%)	3 (6%)	5 (3%)	1
TOTAL responses (929 identified participants plus 28 others)	957	688	13	11	53	164	28

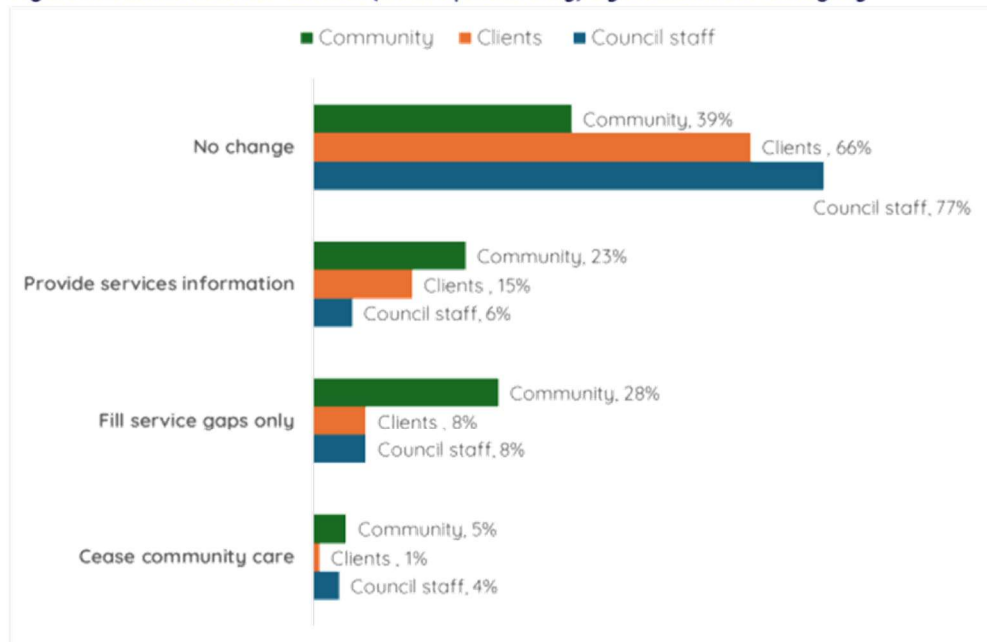
Data sources: Surveys, community pop-ups, interviews and focus groups.

Not surprisingly support for the 'no change' option was highest for current clients (66%) and Council staff (77%). Community members however responded with a variety of opinions - 39% supported the 'no change' option, 28% supported Council filling service gaps, 23% supporting Council providing information and 5% supported Council ceasing community care.

There were a small number of carers and local service providers overall but most carers supported the 'no change' option and service providers were split between 'no change' and other types of roles for Council. Further detail on the perspectives of local service providers are provided in the section [5.7.7 Future role of Council](#).



Figure 5. Future role for Council (main options only) by stakeholder category



There were 326 written comments from participants about why they had chosen the option for Council's future role in community care. However there was a mix of comments that weren't very useful in understanding their reasoning - there were specific comments about how their service is currently being delivered, suggestions about service improvements and irrelevant comments about other Council services (waste, planning etc.). Table 12 shows some of the reasoning behind the options selected by engagement participants.

The third most popular option was that Council should provide services where there is/expected to be limited new providers (12%).

Looking at just the feedback from the wider community (n=46), their reasoning was:

- Council shouldn't be duplicating services already in the private market, beneficial to have a mix of Council and private providers (n=7).
- Council should focus on larger scale services such as community transport and delivered meals, Council should only provide "what is needed" (n=4).
- Council should focus on the service gaps but stay in the market as they are dependable, easy to contact (n=4).
- Too expensive for Council to do everything, alternate option needs to have a financial benefit or have no cost increase (n=4).
- Council needs to shift its focus to other needs - youth, social support for older people, crisis support, local economy (n=3).
- Council cannot provide all services - the market is too big and is growing.

Table 12. Reasons underlying responses about future role for Council

Preferred Council role	Summary of reasons	No. of mentions
No change (n= 588)	• FCC is a trusted service provider that is important to the community	120
	• Comment or query about how the system/processes will work	25
	• Quality of care should be prioritised over making a profit	20
	• Uncertainty about the quality of care and potential for exploitation	16
	• General comments about current service and potential changes	12
	• No change is less disruptive to clients	11
Fill gaps in services only (n=118)	• Comment or query about how the system/processes will work	14
	• Fill in gaps with other providers to cater to client needs	14
	• General comments about current service and potential changes	9
Provide information about available services only (n=152)	Comments indicated a need for Council to focus on service navigation and advocacy - they saw Council as an informed service navigator and there was a clear need for accurate information.	
Cease service (n=17)	<p>Most comments acknowledged the imminent or likely changes however some comments appeared to support an alternate option..</p> <p>Some examples are:</p> <ul style="list-style-type: none"> ➤ <i>"Reforming the aged care system will mean that people receiving services will have the right to choose between multiple approved providers while also enabling them to influence the services they receive as their needs change so they get the care that they want and need. Especially from providers who are vertically integrated and able to provide services from basic in home supports through to complex residential care.</i> ➤ <i>Changes to State and Federal funding models will leave Council competing with other service providers - who will deliver high-quality, personalised care at a lower cost than Council.</i> ➤ <i>Frankston has limited services and my friends are using other providers and getting better services. if they can't provide the services that others are giving then they should let them do it.</i> ➤ <i>I am increasingly disheartened by the lack of support/services that are available to me to be able to remain living in my home.</i> 	



	<ul style="list-style-type: none"> ➤ <i>It is confusing - the assessment system does not seem transparent or clear enough.</i> ➤ <i>I had always thought that I would too utilise the services in time. I hope I still can, as it helps these older, sometimes isolated residents immeasurably.</i> ➤ <i>I have registered for Homecare support. I've tried to contact people and nobody comes back to me."</i>
Other roles (n=10)	<p>Most comments indicated some indecision or having a mix of the options. Some comments appeared to support one of the options yet these options weren't selected.</p> <p>Some examples are:</p> <ul style="list-style-type: none"> ➤ <i>"Either stay in all or just be an information/navigation support provider as the blended care is difficult for the client and carer. We need navigation support.</i> ➤ <i>I'm falling to a mix of those options</i> ➤ <i>Unsure (no change/fill in gaps)</i> ➤ <i>If we can afford it, stay in everything and if not, then must do the gaps.</i> ➤ <i>It's better to have the services provided by one person/provider only whether it's health or council- it stops people running around and makes it more simple</i> ➤ <i>Keep doing what you are now, if not gaps and must provide information and support at least.</i> ➤ <i>Once a week lunch for any resident who wants to attend.</i> ➤ <i>This all depends on the legislation. The competition people see this as not being fair as councils don't pay rent for council buildings but service providers do ... It's not fair for them to compete in the private market this way. If they can create a level playing field in the market, then they should keep delivering services"</i>

Data sources: Surveys, community pop-ups, interviews and focus groups.

5.2 Key strengths of Council's service

Current clients, their carers and Council Community Care staff were asked 'What do you think are the key strengths of the service Council provides? A list of options was provided and participants could also add their own responses. Table 13 shows the answers provided by all participants and also separately for current Council clients and Council staff.

The top five strengths of the Council service according to clients and staff were:

- Friendly and understanding staff.
- Meets their needs well.
- Easy to contact to change service/appointments.
- Continuity of care/ongoing relationship with staff.
- Punctuality and, Quality of service (skilled staff).



Table 13. Key strengths of Council's service by stakeholder category

Key strengths	ALL No. (%)	CLIENTS No. (%)	COUNCIL STAFF No. (%)
Friendly and understanding staff	578 (14%)	534 (14%)	44 (12%)
Meets their needs well	446 (11%)	408 (11%)	38 (10%)
Easy to contact to change service/appointment	446 (11%)	414 (11%)	31 (8%)
Continuity of care/ongoing relationship with staff	444 (11%)	396 (10%)	48 (13%)
Punctuality	429 (10%)	404 (10%)	25 (7%)
Quality of service (attentive and skilled staff)	428 (10%)	386 (10%)	42 (11%)
Cost of the service (if any)	402 (10%)	363 (9%)	39 (11%)
Organisation is trusted and has a good reputation	376 (9%)	330 (9%)	46 (13%)
Staff speak their language, easy to understand	335 (8%)	320 (8%)	15 (4%)
Staff are the same gender	160 (4%)	153 (4%)	7 (2%)
Short wait times for new service/changes	136 (3%)	125 (3%)	11 (3%)
Another strength (or general positive comment)	37 (1%)	16 (0%)	21 (6%)
TOTAL responses	4216	3849	367

Data sources: Surveys, client interviews. Multi-response question so percentages are % of total responses (n=4216), not participants.

The other strengths identified by participants were reliability (different to punctuality, n=10) and the holistic model of care (n=9). Some comments by clients about this holistic approach were:

- *"Personalised and you've got a worker that's very versed with the system - they can help you to advocate for you as well and get someone from the team to help you."*



The workers are empathetic and connected and look after the client. Continuity of care.

- *Seeing someone from Council each fortnight and having someone around for an hour is great and I don't know what I would do without. It also takes a burden off me, something I don't have to think about. I like that they tell me who is coming. I love (name) she is so upbeat. They come in uniform, they have their name badge on it's the feel of safety. It also is a regular health and welfare check that is regular - I have a falls alarm.*
- *Someone comes into the house and makes sure I am not on the floor, that regular contact and check in. Having regular staff that I have built up a relationship with, they care about me and are also able to notice changes in my health or condition and either talk to me or tell their supervisor so I am getting monitored. Having access to these services even a little bit keeps you going, keeps you thinking and motivated to keep going. On track and on top and not overwhelmed."*

Clients were more likely to nominate the following strengths of the Council service - punctuality, staff speaking their language and being easy to understand, friendly and understanding staff, staff being the same gender and being easy to contact to change services or appointments.

Council staff were more likely to nominate the cost of the service, the quality of service (attentive and skilled staff), continuity of care/ongoing relationship with the staff and that the organisation is trusted and has a good reputation.

5.3 Improvements or changes to Council services

Current clients, their carers and Council Community Care staff were asked 'Is there anything about the Council service that you feel could be improved (or changed)?'. There were 214 comments made by participants and Table 14 shows the thematic grouping of their suggested improvements or changes to Council services.

Table 14. Improvements or changes to Council's service by stakeholder category

Improvements or changes (collated into themes)	ALL No. (%)	CLIENTS No. (%)	COUNCIL STAFF No. (%)
Expanded range of services/more services	66 (25%)	55 (25%)	8 (30%)
Resolving barriers using the 'system', better communications	56 (21%)	43 (20%)	6 (22%)
Improvement to specific services (mentioned)	46 (17%)	42 (19%)	0



Improvements or changes (collated into themes)	ALL No. (%)	CLIENTS No. (%)	COUNCIL STAFF No. (%)
No improvements needed, happy with the service	36 (14%)	36 (16%)	2 (7%)
Improvement related to timing, scheduling, staff resourcing	31 (12%)	19 (9%)	11 (41%)
Other unrelated comments	19 (7%)	15 (7%)	0
Negative comment about the service	11 (4%)	10 (5%)	0
TOTAL responses	265	220	27

Data sources: Surveys, client interviews, community pop-ups if applicable. Multi-response question so percentages are % of total responses (n=265), not participants.

The top improvements or changes according to clients and staff were:

- Expanded range of services/more or increased frequency of services.
- Resolving barriers using the 'system', better communications.
- Improvement to specific services.
- Improvement related to timing, scheduling, staff resourcing.

Clients suggested more assistance with resolving their barriers using the 'system' and better communications - they wanted a one-on-one conversation with someone who could take the time to listen and answer their questions. Clients can be told particular services aren't available from Council but were not referred on, just told to try elsewhere. The assessment process was also mentioned as being overly focused on restrictions and some clients are unclear about the process.

Understandably clients were more likely to suggest improvements to specific services such as:

- Cleaning for a longer period or cleaning more items in the house (e.g. windows, gutters, cobwebs).
- Offerings of meal choices that are suitable to personal taste or dietary restrictions.
- Assistance with lifting or moving heavy items.
- Consistency of cleaning standards across different staff.

Council staff were more likely to suggest improvements related to timing/scheduling and staff resourcing such as:

- Increasing the minimum service duration to two hours.
- Increased allowance of travel time (traffic congestion is worse).
- All staff use the same method to communicate so messages aren't lost.
- Reduce duplicate documentation and better computer systems.



- Reducing impact of sick leave and lack of staff on clients.

Additional feedback about affordability and fee payments

During the 27 client interviews, they were asked to comment on affordability of the service and the fee payment process offered by Council. Of the 29 responses given (some clients mentioned more than one topic), 16 clients commented that the current fees were affordable or reasonable, 6 clients said they were just manageable and 7 clients said the direct debit automated system worked well for them.

Figure 6. Selected verbatim comments about service improvements



5.4 Frustrations or challenges for clients accessing services

It is widely acknowledged that the changes made under the aged care reform, to date, have been confusing for clients, their carers and families.³ To provide some local context, current Council clients and their carers were asked the question 'Is there anything you find frustrating or challenging when you try to get some support or assistance?' There were 111 comments from Council clients and these issues are summarised in Table 15.

³ <https://www.igac.gov.au/resources/summary-2024-progress-report-implementation-recommendations-royal-commission-aged-care-quality-and-safety>

Table 15. Frustrations or challenges for clients accessing services

Issue (sorted in descending order by frequency of mention)	Some examples
Availability/additional services (n=30)	Being told there is no capacity (service "full") Being told the service is not offered
Communicating to/with clients (n=18)	Inconsistent or poor communication "Not being told" things Inability to contact on phone or have email responded to
Eligibility for services (n=15)	Being told they are not eligible for particular services, "not part of the agreement" Working the system to become eligible
Assessment process (n=11)	Long complicated process Waiting on My Aged Care Having to coordinate all information themselves Assessment outcome not provided help needed
Costs of service or payment process (n=8)	Costs too high for particular services or convoluted process e.g. DVA
Quality of service delivery (n=7)	Complaints about quality or inconsistent quality
Staffing levels (n=3)	Staff changes and availability
Comment not relevant - positive sentiment or unrelated (n=20)	

Data sources: Surveys, client interviews.

Only three carers made comments - one said "*Elderly need Meals on Wheels or they won't eat*", one said "*More support for carers, even if the person they care for gets NDIS - like house cleaning and lawn maintenance*" and one commented that more services were needed.



Figure 7. Selected verbatim comments about system frustrations or challenges



5.5 Service access enablers

All participants across the engagement activities were asked about what would help older people the most to access the services and support they need, and were asked to select their top three from a list provided. There were a total of 2054 responses to this question. Where the number of responses is small ($n < 30$), only raw numbers are provided. Table 16 shows the breakdown of how each stakeholder group responded to the question.

The enablers that would help older people the most to access the services and support they need were:

- Description of the different services available - what is ... (25%).
- Information on how to access these services - who to call, apply to (25%).
- Speaking to someone on the phone or in person (18%).

The enablers needed by current Council clients and primary carers mirrored the preferences of all participants, as shown in Table 16. Community members were more likely to say - speaking to someone on the phone or in person, more funding/more service or that they were "not sure".

Council staff were more likely to say the enablers were speaking to someone on the phone or in person, or a description of the different services available. Workers from local service providers were more likely to say the enablers were a description of the different services available and services being located close to the client's home.

Table 16. Service access enablers by stakeholder category

Service access enablers	ALL No. (%)	CLIENTS No. (%)	SERVICES No. (%)	COUNCIL STAFF No. (%)	COMM'Y No. (%)	CARERS No.
Description of the different services available	490 (25%)	358 (25%)	5 (15%)	27 (22%)	78 (23%)	5
Information on how to access these services	483 (25%)	340 (24%)	8 (24%)	28 (23%)	92 (27%)	5
Speaking to someone on the phone or in person	351 (18%)	258 (18%)	6 (18%)	17 (14%)	48 (14%)	5
More funding/more services	232 (12%)	156 (11%)	5 (15%)	12 (10%)	33 (10%)	4
Services located close to their home	151 (8%)	94 (7%)	1 (3%)	15 (12%)	39 (12%)	2
Transport to/from services or programs	129 (7%)	76 (5%)	5 (15%)	9 (7%)	22 (6%)	2
Help to use a computer and/or internet	88 (5%)	47 (3%)	3 (9%)	9 (7%)	20 (6%)	1
Not sure	67 (3%)	59 (4%)	0	2 (2%)	4 (1%)	2
Something else	54 (3%)	38 (3%)	0	2 (2%)	9 (3%)	0
Translation services, materials in community languages	9 (0%)	4	1	1	3	1
TOTAL responses	2054	1430	34	122	339	27

Data sources: Surveys, interviews, community pop-ups, focus groups. Multi-response question so percentages are % of total responses (n=2054), not participants.



Of those who mentioned 'something else', the following common themes are shown below with some of the verbatim comments:

- Advocacy/translation/system navigation (n=24).
"Encourage people to access services before they need them as the assessment process takes a long time."
"Affordable service and support with navigation and advocacy. Knowing how to get the fastest care and support needed."
- Alterations to existing services and additional services (n=22).
"General wellbeing check or better/easier access to physiotherapy or exercise therapy."
"More types of services and eligibility to access these on my package level - gardening, repair work, access to trades - doing it privately my pension doesn't cover me."
- Marketing and communications (n=5).
"More marketing by council to lift the profile of community care services and focus on the benefits of having elders within our community and the benefits to elders of living in our community."

5.6 Important supports for culturally diverse clients

Participants who answered surveys or were interviewed were asked about the most important supports in service delivery for people who were born outside Australia, come from a culturally diverse background and/or speak a language (other than English at home). They were required to select their top two items from the provided list and their responses were opportunities to speak in their language (23%) and opportunities to socialise with people from their home country (22%).

Table 17. Supports for culturally diverse clients

Important supports for culturally diverse clients	ALL No. (%)
Opportunities to speak in their language	63 (23%)
Opportunities to socialise with people from their home country	60 (22%)
Community programs to reduce racism, improve acceptance of different cultures	57 (21%)
Reading information in their language	50 (18%)
Opportunities to eat food or participate in celebrations from their culture	41 (15%)
TOTAL responses	271

Data sources: Surveys, interviews. Multi-response question so percentages are % of total responses (n=271), not participants.



5.7 Perspectives of local service providers

A separate survey was provided for local service providers to complete with six organisations responding. During March 2025, Conversation Co. also undertook stakeholder interviews with five key providers in the municipality - Benetas, Brotherhood of St Laurence, Peninsula Health, Bolton Clarke and mecwacare.

5.7.1 Characteristics of local service providers

Table 18 presents a breakdown of the characteristics of service provider participants in this engagement. The bulk of service provider participants worked for not-for-profit organisations, rather than 'for profit' businesses. They provided a good range of services including social programs and residential care.

Seven of the participants worked directly with clients with the remaining four saying they had some understanding of the needs of clients (in their management or coordination roles). The service providers covered a range of geographic locations from the Frankston and Mornington Peninsula council areas, to the wider Melbourne metropolitan area and Victoria.

Table 18. Characteristics of local service providers

Characteristics of local service providers	No.	%
Not-for-profit organisation or a public health service	10	91
For-profit organisation	1	9
Provides care for the aged	10	91
Provides care for people with a disability	6	55
Provides health care	6	55
Provides social programs and groups	3	27
Provides other services (residential care, independent living)	7	64
Respondent works directly with older clients	5	45
Respondent works directly with younger clients	2	27
Respondent has some understanding of the needs of older people, or younger people needing help with their daily activities (e.g. work in administration or finance)	4	36
TOTAL	11	100

Data sources: Surveys, interviews. Services provided was a multi-response question.



5.7.2 Key strengths of local services

Service providers were asked the question, 'What do you think are the key strengths of the service/s your organisation provides?'. There were ten responses to this question and Table 19 shows the common themes.

Table 19. Key strengths of the service/s the organisation provides

Strength	Description
Client centred care (n=5)	Providing tailored care suited to client needs. Needs based, client centred goals rather than episodic care. Informed care- provide opportunities for client feedback and evaluation and advocate for client needs/goals over family/carer needs.
Friendly and professional service (n=4)	Trustworthy service: professional and knowledgeable staff Service consistency and reliable staff Friendly and engaging, work with clients face to face, relationships with clients and families. Locally based with community knowledge and connections.
Smooth system navigation and referral (n=3)	The breadth of services provided within the organisation allows for swift referral, shorter wait times and continuity of care for clients. Comprehensive and/or clinical assessment and ability to offer linkages to other services if needs are identified reduces the complexity for clients. Quality case management and good communication helps the client navigate the service.
Flexibility (n=2)	Ability to respond to client needs, refer appropriately and adjust services to changing circumstances. Ability to spread hours and charges to suit client needs.

Data sources: Surveys, service provider interviews.

5.7.3 Service gaps in the region

Participants were asked the question 'Are there any services or programs you currently do not provide that your clients have requested?' in relation to older people, younger people with disabilities, and carers.

In terms of supporting **older people**, service providers saw the following gaps:

- Home modifications and specific equipment such as fall monitors, incontinence products (n=5)
- Transport (n=4).
- Social support programs, companionship, social visits (n=3).
- Domestic assistance (n=4).
- Gardening (n=3).
- Personal care.



- Specialised support for hoarding and squalor.

Commonly participants noted that the demand is greater than the supply for many services. Participants described many of these services were provided within their organisations, however funding is not adequate to support the number of referrals. Participants also described referring clients to other organisations for services their organisation does not do, and finding there are long wait lists. Others reflected that changes to CHSP services in the region meant that available staff and funding for those programs in the Frankston municipality were transferred to other areas to fill gaps where there was greater need, thin markets or no available services.

In terms of supporting **younger people**, service providers saw the following gaps:

- Home help (gardening, domestic assistance, shopping, personal care (n=4)
- System navigation support (NDIS) (n=2)
- Transport (n=2)
- Specialised disability services
- Mental health services
- Social support

Service providers typically reported having lower numbers of HACC-PYP clients in their services - they either did not target this group or believed that clients will be accessing support through the NDIS. They noted the difficulty for clients in applying for the NDIS and supporting HACC clients to receive the appropriate care through NDIS.

In terms of supporting **carers**, service providers saw the following gaps:

- Respite care (n=4).
- Social and mental health support (n=3).
- Transport (n=2).
- Case management, service navigation support.
- Financial support/advice.

Participants noted that their services did not have funding for carers or did not deal directly with carers, referring them often to the Carer Gateway. Participants also described a distinct gap in carer supports during assessment or while clients are awaiting a package often when carers needs are heightened suggesting an intervention if wait times cannot be minimised.

5.7.4 Sector challenges

Community Care staff and local service providers were asked about the key challenges they experience when delivering services to older (or younger) clients. There were 44 comments made by participants - ten by local service providers covering multiple issues, and 34 by Community Care staff.

From the perspective of local service providers, their challenges were:

- Family members not agreeing with each other.



- Clients refusing services.
- Exhausting work especially with mental health clients.
- Waiting times after package funds are used early.
- Long wait lists to access supports when not on an appropriate plan.
- Limited-no service providers providing actual support work outside of the NDIS.
- Having to open and close the *My Aged Care* portal to referrals.
- Service demand well exceeds what's available, people have much greater needs than about 10 years ago. Only accept people with the highest needs/dire situations.
- Poor quality aged assessments completed on the phone, with insufficient contact information given to the client for follow-up. Many clients miss out on essential services they need.
- Relying on inaccurate information provided by clients (e.g. with dementia).
- Managing the carer workforce - lack of staff, staff wanting casual work only, loss of corporate knowledge when staff leave following exit from CHSP.
- Lack of CHSP services available. *My Aged Care* lists providers who do not provide services in the area, or the providers listed do not have any capacity and do not have waiting lists.
- Incorrect messaging from the government department.
- Large geographical areas to cover, servicing remote areas.
- Need more funding for aged care navigators.
- Wait times for initial CHSP assessments and re-assessments.

For the Community Care staff their challenges were:

- Council systems and being told to do other compliance tasks rather than start clients on services. Inconsistent record keeping, omitting important client information that should be documented to better support the client and other teams providing services.
- Lack of direct care staff and administrative support.
- Expectation to solve clients' complaints about *My Aged Care*.
- Poor client understanding of the service offering, funding and how it works. Council systems for invoice queries.
- Clients not keeping appointments due to cognitive decline, not at home or cannot hear door. Clients not upholding their 'agreed to' obligations.
- Clients experiencing difficulty and delay (waiting times) in accessing *My Aged Care* to begin services.
- Dealing with clients that struggle with loneliness, mental health issues and/or substance abuse.
- Lack of a transport service to appointments, gardening service, window washing.
- Clients using three or four different providers - multiple procedures and documents to read/sign, no continuity of care.

There were mixed views about digital technology - some staff said clients who do not use the internet whereas others said the clients have ample capacity to navigate emails and online booking services. Examples are clients' expectations regarding communication don't



fit (don't like voicemail, automated systems) however they also mentioned the lack of automated SMS system to remind clients of their appointments.

5.7.5 Future plans for Support at Home

From 1 July 2025 the Support at Home program will replace the Home Care Packages Program and Short-Term Restorative Care Programme. After 1 July 2027, the Commonwealth Home Support Program (CHSP) will transition to the new Support at Home program.⁴

Service provider participants were given some context about the upcoming changes and asked the question 'What are your organisation's future plans for Support at Home?'. There were a total of nine responses - one service was currently servicing the Frankston region and planned to expand their service offering, four were planning to register for Support at Home and the remaining four were "unsure at this stage".

5.7.6 Recommended best practice services

Lastly, the service provider participants and Council Community Care staff were asked to share any 'best practice' services or programs that they would recommend. There were 18 comments provided by 16 Council Community Care staff and five local service providers.

Council Community Care staff recommended mostly their own service but in particular:

- Service that listens and provides human contact.
- Clear guidelines, clear rules on the delivery of service.
- Stability, consistency and accessibility of the service.
- Referral to Older Persons Advocacy Network.
- Meals on Wheels cooked and delivered fresh Monday to Friday.

They also noted Encara (a dementia in-home rehabilitation program for 12 weeks), Mentis Assist and Wellbeing Local.

Local service providers recommended a mix of their own services and external services or training such as:

- Training in clinical governance in CHSP - "this is where we are going to".
- Doing timely assessments with detailed documentation.
- MARAM domestic violence training, trauma informed training.
- Dementia Specialist at Benetas with training provided for all staff including managers.
- ermha Carers Program.
- Frankston Wellbeing Local, Frankston Community Support.

⁴ <https://www.health.gov.au/our-work/support-at-home>



5.7.7 Future role of Council

When service providers were asked about the future role of Council, five participants selected the 'no change' option, two participants selected 'fill service gaps' option and four responded with an unclear response or alternate option (coded as another role for Council).

Reasons for giving the 'no change' option were about the quality and trustworthiness of Council services and their strengths in service access and navigation:

- *"Council in home care is an organised and reliable service".*
- *"I think it is important for council to remain directly engaged with the community"*
- *"I think we've actually worked with a number of different councils that transitioned at diff times- dep of health have taken a diff approach- I see council as very valuable as that community connector role/working with companies"*
- *"Clients have often said they hope the Council doesn't stop the service as they have friends under other councils that no longer have the service and they are not getting any help".*
- *"Council has a proven record of providing quality services, when you take on external staff you cannot guarantee they will follow the same guidelines"*

Another consideration was retaining continuity of care for clients and minimising disruption to aged care services.

One participant shared concerns about competing with Council on the private market, as Council have access to facilities and amenities which other providers do not - *"Please continue to provide services if you can work around those unfair bits - keep doing it - you're supporting the community and providing a great service"*

One service provider who selected the 'fill service gaps' option suggested Council was better placed to *"fill service gaps with more flexible programs and support".*

5.7.8 Other comments from service providers

Finally, service providers were asked the question 'Is there any other feedback that you would like to provide to Frankston City Council?' There were a total of eight comments that mostly identified other service gaps for supporting older people (see [5.7.3 Service gaps in the region](#)).

Other participants had queries around Council's next step in terms of the aged care reform:

- Considerations about the Mornington Peninsula exit and how Council might manage this differently, particularly with reputational risk.
- Concerns for an exit from services as the Mornington Peninsula Shire exit has affected service providers capacity to support the number of referrals.
- Consideration if Frankston City Council choose to exit - will they extend CHSP services to 2027?
- Positive feedback on the Council's Community Care services - *"They provide good services from what I'm hearing; Not motivated by money; Easier to navigate from client perspective, it's easier; Cheaper and more affordable."*



5.8 Other feedback for Council

All participants were asked if they had any other feedback for Council. The 191 comments received were summarised as follows:

- Reiteration of previous comments made about Council or other service providers - both positive and negative (n=114).
- Comments about other services for positive ageing - transport, social programs, computer help (n=25).
- Council's future role (managing reputation during transition), *My Aged Care* or the aged care reforms (n=15).
- Generic comments such as the size of the envelope used for return of the hardcopy survey (n=6).
- Comments unrelated to aged care or ageing (n=12).

Some direct quotes regarding Council's future role were:

- *"It's vital for the council to actively showcase its support for older and vulnerable residents. We should enhance our community profile to highlight support for all family members, especially elders."*
- *"The council is viewed as a reliable provider of quality support, standing out in a world where older individuals can be vulnerable to exploitation. This trustworthiness is increasingly rare and essential, council needs to be viewed in this way."*
- *"Needs to provide service to its community. To aid residents through the maze & safeguard our residents."*
- *"I would like to know more about the financial side of things with this change, would they be receiving less funding as a result? Also, what changes should we expect?"*
- *"Privatisations the service will add confusion, competition, added cost and not necessarily a better service for my mother"*
- *"At a time when the line between "need" and "want" is being increasingly blurred with the introduction of My Aged Care and NDIS, council holds a unique ability to really meet "need" as this is what we have been doing for so many years with clear guidelines and experienced, caring staff committed to supporting people to maintain independence at home."*
- *"The families I speak to like services from council because they feel safe. Council is respected and a trusted organisation."*

6. Engagement evaluation

The following measures of success were identified prior to the engagement commencement. Following the finalisation of this engagement report, the project team will also be conducting a debrief session to review all engagement and communications activities and consider any process improvements.



Table 20. Measures of success for engagement evaluation

Engagement measures - Process	Success criteria	Result
<p>Total participation by minimum of 500 persons</p> <p>Participation by minimum of 50 CHSP clients (N=1850)</p> <p>Participation by minimum of 5 HACC-PYP clients (N=160)</p> <p>Participation by minimum of 20 carers/family members</p>	Participation numbers across all engagement activities	<p>Achieved - There was participation from 929 persons.</p> <p>Achieved - There was participation from 643 CHSP clients.</p> <p>Achieved - There was participation from 45 HACC-PYP clients.</p> <p>Achieved - There was participation from 13 primary carers and 19 relatives/friends of an older person.</p>
Participation from suburbs across the municipality	Proportional participation as per Census data	There was a good spread of participants across the suburbs and largely proportional representation. The suburbs that were slightly under-represented were Langwarrin-Langwarrin South, Carrum Downs and Sandhurst.
Participation by gender, target age groups and culturally diverse populations	Proportional participation as per Census data	<p>Gender - Not Achieved: 74% of participants were women which is expected for a topic of this nature (community proportion is 51%).</p> <p>Target Age Groups - Achieved: There were high levels of participation from 70-84 year olds (54%) and 85+ year olds (26%), and proportional participation from 60-69 year olds (10%).</p> <p>Culturally diverse populations - Achieved: 20% of participants spoke a language other than English (community proportion is 11%).</p>
Participation of the ten targeted organisations (interviews, focus groups)	Target is 100%	Achieved - Of the five focus groups three were completed as planned but alternative engagement activities were used for the remaining two to ensure their input to the engagement.
Participation by minimum of 30 Council officers/volunteers working in Community Care team	Target is 30	Achieved - There was participation from 53 Community Care staff.

7. Considerations for Council

Frankston City Council must determine the future of its current CHSP services and make a formal decision in mid-2025. Conversation Co. has noted the following considerations for Council based on the findings from this community engagement.

Community Support for Retention

As part of the Community Vision and Council Wellbeing Plan engagement in 2024, participants were asked to assess future service 'levels' for aged and community care by indicating whether they would like 'more', 'less' or 'the same' focus from Council. There was a clear majority support for these services either remaining the same, or having more of a focus from Council.

This community sentiment has been confirmed by this 2025 engagement with nearly two-thirds of engagement participants (61%) supporting the 'no change' option, that Council should provide all community care services using Council employees. Support for the 'no change' option was highest amongst current clients (66%) and Council staff (77%). This consistency of sentiment reflects both the general community views from 2024 and also the views of those most affected, from this 2025 engagement.

Notwithstanding the support from various stakeholders to continue delivering services with no change, Council will need to consider the increasing cost of service delivery and compliance of the reform requirements including new legal and regulatory matters. Competitive neutrality laws will also need to be considered when the market becomes more competitive.

Service Gaps

Overall 12% of participants said that in future, Council should provide services where there is/expected to be limited new providers (fill service gaps only). If Council decides to further explore this option, it should consider the following beliefs expressed by members of the wider Frankston community:

- To not duplicate services already in the private market rather to add value.
- To provide larger scale services only, such as community transport and delivered meals.
- That Council should stay in some service provision as it has community trust.
- That any future option be cost-neutral or achieve a social benefit.

Transport

Current clients, their carers and community members have identified which changes would likely affect them in the next few years, or affect them more than they do now. The top five changes predicted for the future were mobility and ease of moving around, their level of independence, having falls or accidents, illness/declining health and being able to drive. An



expanded community transport service (with extensive promotion) and a one-on-one transport service to medical/social support appointments appears to be a service gap.

Trusted information source

Regarding the future role of Council, 16% of participants said that Council should provide information about available services and how to get help. There is a community-held belief that Council should be the first point of contact for trusted information and advice. There is a clear community need for personalised information about the services available and the associated financial costs.

Some frustration was expressed by clients about having to rely on complex written hardcopy information or website content. Some service providers reported that clients were given information however it wasn't being read. Clients and the general community value one-on-one support and advice provided on the telephone or in person. In addition to the current client load, there will be a growing number of residents aged in their sixties and seventies who have already identified in this engagement that they will need to "know how to get the services they need".

The specific information needs - in addition to system navigation and service provider selection - are:

- Explaining how fees are charged and by whom and the relative amounts of subsidy and out-of-pocket charges.
- Advising older people who are "holding off" on seeking help or applying for a package due to cost concerns, fear or apprehension.
- Advising older people who have been told previously that a service wasn't available and have 'given up'.

Council could consider reviewing its process for customer service calls and emails for community care focusing on telephone automation instructions, call dropouts, call waiting times on hold and the response times to emails.

Specific Household Tasks

Current Council clients reported a lack of available services providing the specific tasks of gutter cleaning, clearing cobwebs/dusting, window washing and assistance with lifting or moving heavy items. This perception could be investigated further by Council.

Potential to Enhance Services

An expanded community transport service (with extensive promotion) is noted above as an opportunity to increase awareness and use.

Regardless of the decision about in-home community care, there is a clear role for Council in providing social support programs. Older residents require social connection, integration into community groups and networks and opportunities to socialise formally and informally. In this engagement community members who weren't currently receiving any community



care services mentioned that they expected to experience anxiety and/or depression, loneliness or losing contact with friends/family in future years - in addition to the expected physical changes.

Older residents have identified a number of issues that they think they will face in future years, which can be used to supplement any current seniors education programs. Topics such as preventing falls or accidents, retaining a drivers licence, awareness of memory problems and potential solutions, options for residential living and managing their finances.

Project Communications

It is recommended that:

1. Council prepares and implements a plan for the next phase of communication which will take place mid-2025 when the engagement findings are ready to be presented back to Council and the community.
2. Council publishes and promotes the engagement report or a summary on *Engage Frankston* to allow service providers and interested community members to read the engagement feedback.



8. Appendices

Appendix 1 - Promotional poster and postcard



The poster features the Frankston City logo in the top left corner. To its right is a photograph of two people, one in a green vest and another in a white shirt, interacting. A large QR code is positioned below the logo. The background is a warm orange color with abstract shapes. The main text is in a bold, dark red font, followed by two paragraphs of black text.

Have your say on living well and ageing strong in Frankston City.

The Australian Government's Aged Care Reforms are set to come into effect this year and they will change how Frankston City Council will deliver Community Care services. To prepare, we're undertaking a comprehensive review of our current services – including those provided under the **Commonwealth Home Support Programme (CHSP)** and **Home and Community Care Program for Younger People (HACC-PYP)**.

We want to hear from you about your service experiences, your future needs and your suggestions for how older people and younger people that need assistance with daily tasks in our community can get the best support.

Help us plan for a future where everyone can connect with the care they need.



Connecting with Community Care

Have your say on living well and ageing strong in Frankston City

Have your say on living well and ageing strong in Frankston City.

The Australian Government's Aged Care Reforms are set to come into effect this year and they will change how we deliver our Community Care services. To prepare, we're undertaking a comprehensive review of our current services – including those provided under the **Commonwealth Home Support Programme (CHSP)** and **Home and Community Care Program for Younger People (HACC-PYP)** – and we want to hear from you!

Help us plan for a future where everyone can connect with the care they need.

Engagement closes **6 April 2025**.



Have Your Say
For more information, visit
Engage Frankston or call us on
1300 322 322.



Appendix 2 - Key engagement question & demographics survey card



Connecting with Community Care

Have your say on living well and ageing strong in Frankston City

Due to significant changes to aged care services occurring in the next few years, Council needs to make a decision about what role it will play in the delivery of these services.

The options below will provide an indication to Council only; further exploration on future service delivery will need to occur.

What do you think Frankston City Council's future role should be regarding the community care service?

- ☐ I think Council should provide all community care services using Council employees (no change)
- ☐ I think Council should provide services where there is/ expected to be limited new providers (fill gaps in services only)
- ☐ I think Council should provide information about available services and how to get help
- ☐ I think Council should cease providing community care and allow other organisations to provide a similar service
- ☐ Other role for the Council (please specify)

.....

.....

.....



A bit about you

Please select one of these options that best describes you

- ☐ I currently receive aged or home and community care services through Frankston City Council
- ☐ I am the primary carer for someone who receives aged or home and community care services
- ☐ I am an older resident in the City of Frankston who is aged 65 years or over
- ☐ I am a relative or friend of an older person who lives in the City of Frankston
- ☐ I am an interested resident/ratepayer in the City of Frankston
- ☐ I work for/volunteer at an agency/organisation that provides aged or home and community care services

How do you describe your gender or the gender of the person you care for?

- ☐ Woman or female ☐ Non-binary or gender diverse
- ☐ Man or male ☐ Prefer not to answer

How old are you or the person you care for?

- ☐ 0 – 4 years ☐ 50 – 59 years
- ☐ 5 – 11 years ☐ 60 – 69 years
- ☐ 12 – 17 years ☐ 70 – 84 years
- ☐ 18 – 24 years ☐ 85 years and over
- ☐ 25 – 34 years ☐ Prefer not to answer
- ☐ 35 – 49 years

Where do you or the person you care for live?

Which of the following do you or the person you care identify with?


Select all that apply

- ☐ Aboriginal and/or Torres Strait Islander ☐ Person with a disability or long-term health condition
- ☐ Part of the LGBTIQ+ community ☐ None of these
- ☐ Speak a language other than English ☐ Prefer not to answer

Appendix 3 - Community member survey

Four other versions of this survey were created for:

- Clients currently receiving aged or home and community care services (through Frankston City Council).
- Primary carers for someone who receives aged or home and community care services.
- Workers/volunteers at an organisation that provides aged or home and community care services.
- Frankston City Council staff member or volunteer.



Connecting with Community Care

Have your say on living well and ageing strong in Frankston City.

The Australian Government's Aged Care Reforms are set to come into effect this year and they will change how we deliver our Community Care services. To prepare, we're undertaking a comprehensive review of our current services – including those provided under the **Commonwealth Home Support Programme (CHSP)** and **Home and Community Care Program for Younger People (HACC-PYP)** - and we want to hear from you!

Help us plan for a future where everyone can connect with the care they need.

Engagement closes **6 April 2025**.

Frankston City Council Aged and Disability Services Review | Interested Community Survey

Please select one of these options that best describes you:

- ☐ I am an older resident in the City of Frankston who is aged 65 years or over
- ☐ I am a relative or friend of an older person who lives in the City of Frankston, or
- ☐ I am an interested resident/ratepayer in the City of Frankston

Are you currently receiving any aged or home and community care services?

Type of service:

Who provides it:

Type of service:

Who provides it:

Type of service:

Who provides it:

Which of the following would help the most, to access the services and support you might need in the future?

(select your top three only)

- ☐ Description of the different services available
- ☐ Information on how to access these services
- ☐ Help to use a computer and/or internet
- ☐ Speaking to someone on the phone or in person Transport to/from services or programs
- ☐ Translation services or materials in my language
- ☐ Services located close to my home
- ☐ More funding/more services
- ☐ Not sure
- ☐ Something else (please specify):

Which of the following changes will likely affect you in the next few years, or affect you more than they do now?

- | | |
|--|---|
| <input type="checkbox"/> My level of independence | <input type="checkbox"/> Difficulty managing my finances |
| <input type="checkbox"/> My mobility and ease of moving around | <input type="checkbox"/> Anxiety and/or depression |
| <input type="checkbox"/> Being able to drive | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Having falls or accidents | <input type="checkbox"/> Not knowing where I will be living |
| <input type="checkbox"/> Illness/declining health | <input type="checkbox"/> Use of prescription medications |
| <input type="checkbox"/> Memory problems | <input type="checkbox"/> Understanding how to get the services I need |
| <input type="checkbox"/> Losing contact with friends and/or family members | <input type="checkbox"/> None of these |
| <input type="checkbox"/> Feeling unsafe at home | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Feeling unsafe out in the community | |

Due to significant changes to in-home care occurring in the next few years, Council needs to make a decision about what role it will play in the delivery of these services.

Note: the options below will provide an indication to Council only; further exploration on future service delivery will need to occur.

What do you think Frankston City Council's future role should be, regarding the community care service?

- ☐ I think Council should provide all community care services using Council employees (no change)
- ☐ I think Council should provide services where there is/expected to be limited new providers (fill gaps in services only)
- ☐ I think Council should provide information about available services and how to get help
- ☐ I think Council should cease providing community care and allow other organisations to provide a similar service
- ☐ Other role for the Council (please specify)

The third option in this question was clarified in the online version to read "I think Council should provide information about available services and how to get help (no other services provided)".

This option created confusion for some engagement participants in the first week of the engagement. It was intended to be an information role only for Council (that is, no other services would be provided). However it was interpreted as an add-on service to the available options, not as an alternate option. From the second week, this option was explained clearly at all the face-to-face engagements and wording was clarified in the online survey to read "I think Council should provide information about available services and how to get help (no other services provided)".

Any comments on your reason/s for this response?

Is there any other feedback that you would like to give to Frankston City Council?

Please answer if you were born outside Australia, come from a culturally diverse background and/or speak a language (other than English at home):

Which of the following is most important to you, when using local support services? (Please select your top two)

- ☐ Opportunities to socialise with people from my home country
- ☐ Opportunities to speak in my language
- ☐ Opportunities to eat food or participate in celebrations from my culture
- ☐ Community programs to reduce racism and improve acceptance of different cultures
- ☐ Reading information in my language

How do you describe your gender?

- ☐ Woman or female
☐ Man or male
☐ Non-binary or gender diverse
☐ Prefer not to answer

What is your age?

- ☐ 12 – 17 years
☐ 18 to 24 years
☐ 25 to 34 years
☐ 35 to 49 years
☐ 50 to 59 years
☐ 60 to 69 years
☐ 70 to 84 years
☐ 85 years and over
☐ Prefer not to answer

Where do you live?

- ☐ Carrum Downs
☐ Frankston (central)
☐ Frankston Heights
☐ Frankston North
☐ Frankston South
☐ Karingal
☐ Langwarrin
☐ Langwarrin South
☐ Sandhurst
☐ Seaford
☐ Skye
☐ Somewhere else

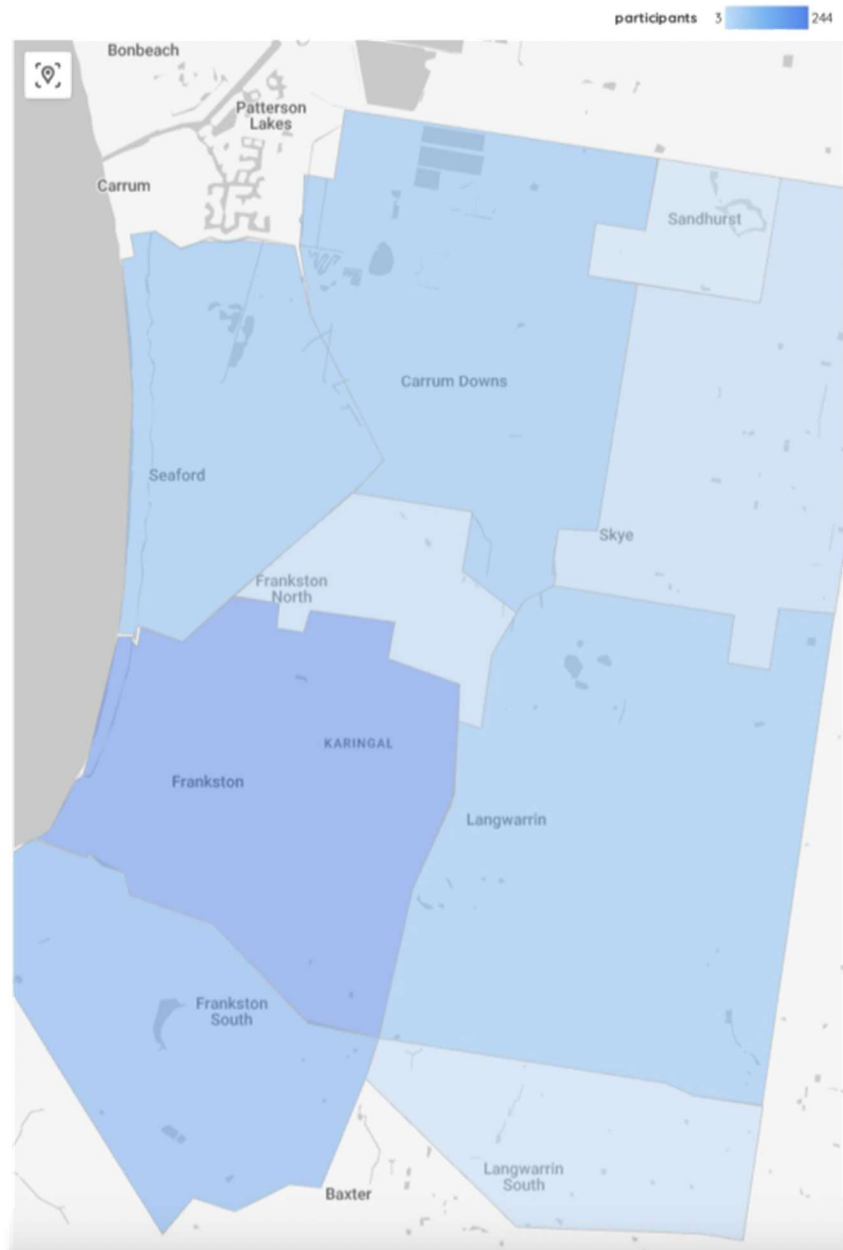
Which language do you speak at home?

- ☐ English only
☐ Greek
☐ Filipino/Tagalog
☐ Italian
☐ Russian
☐ Spanish
☐ Other language (please specify):

Which of the following do you identify with?

- ☐ Aboriginal and/or Torres Strait Islander
☐ Part of the LGBTQIA+ community
☐ Speak a language other than English
☐ Person with a disability or long-term health condition
☐ None of these
☐ Prefer not to answer

Appendix 4 - Map of participants' residential location



Shaping the future of community care together

Thank you for providing your feedback

Why was engagement important?

The Australian Government is introducing Aged Care Reforms, which will change how aged care services are delivered. As a provider, Council is reviewing its current community care services and devising a way forward that meets this new legislation. Community feedback is important in helping us to understand what matters most to our community, so we can make the best decision for the future.



Who we heard from

Between 26 February and 6 April 2025, **957 people** took part in our community care engagement.

688

current
Council clients

13

carers

11

local service
providers

53

Council
staff

164

community
members

28

unidentified

How we heard

Online
surveys



Hardcopy
surveys



Interviews



Meetings



Pop-ups



Group
discussion



What you said Council should focus on

Filling service
gaps

Being a
trusted
provider

Not profiting,
but supporting

Helping to
navigate
the system



The role you would like to see Council take

Each bubble shows community support – the bigger the bubble, the more people supported that option.



What comes next?

Engagement was just the first step. Council will take the next few months to carefully review what was heard and consider your feedback when planning for the future.



The next phase of the project – the review and planning phase – will focus on ensuring plans align with Aged Care Reforms, are sustainable for Council and reflect the needs of the community. A decision about the way forward is expected to be made by Council later this year.

Services will stay the same unless a decision is made to change them.

Whatever changes may come, we'll be there to support you and we promise to keep you up to date on the project as it progresses.



Get in Touch

☎ 1300 322 322

✉ CommunityCareConnect@frankston.vic.gov.au

Scan the **QR code** or visit the **Engage Frankston website** for the full report



Description of Future Services Delivered by Council

Community Care Services – Currently Delivered by Frankston City Council	
Service	Description
Assessment	<p>The Assessment Service assesses the under 65's cohort. These clients come under the Home and Community Care Programs for Younger People (HACC-PYP) and FCC is currently contracted to provide this State Government funded service. This cohort also includes those clients that do not qualify for NDIS.</p> <p>Assessment determines eligibility and identifies clients' needs, prepares a support plan and refers to the service provider chosen by the client. The Support Plan aims to improve the client's independence in their daily living. The Assessment function also provides a monitoring role of the service provision to ensure the Support Plan is being followed. This monitoring ensures neither over servicing or under servicing, protects against the misuse of services, provides a linking service capability to assist vulnerable clients and enables any client declining health issues to be addressed.</p> <p>Council can play an important role on behalf of the community through this Assessment function to ensure service providers deliver in accordance to Support Plans. Currently over 120 Assessments and 140 Support Plan reviews are completed each year by the HACC team.</p>
Group Social Support (GSS)	<p>This is a funded program for the over 65 cohort which aims to enhance eligible client's experiences to improve their overall health and wellbeing by providing social connections. Opportunities include bus trips to a variety of destinations such as Phillip Island, museums, Frankston Art Centre, gardens, lunches and culturally diverse destinations e.g. Jewish Museum.</p> <p>Each month the service provides 15 bus outings to planned destinations, attended by up to 150 clients who select an outing based on their individual preferences. Outings assist in developing, maintaining and supporting social interaction and independent living.</p>
Meals on Wheels	<p>Meals on Wheels is a delivered meals funded program for HACC & CHSP clients. The contract funding aims to provide nutritional meals to be transported to eligible clients in their home, which also enables informal monitoring of client's welfare during meals delivery. Volunteer roles in the kitchen and as delivery drivers support</p>

	<p>paid staff for this program's success.</p> <p>Fresh hot meals can be delivered five days per week with frozen deliveries for weekend/public holiday provision; however, FCC Meals on Wheels kitchen also provides catering to other service providers and programs on request for example Community Support Frankston and packed lunches for Council's Bus Outings program.</p> <p>There are currently over 300 active clients receiving over 4,000 funded meals per month.</p>
Volunteer Coordination	<p>Volunteer Coordination involves recruitment, interviewing, recognition and support for Volunteers to assist in Council programs. HACC-PYP funding supports a portion of the cost of this activity.</p> <p>Currently FHSS has over 100 volunteers engaged with Meals on Wheels and Bus Outings. Volunteers are integral to the success of both services. Volunteering also provides an avenue for people to keep engaged in their own community, which has great social benefits.</p>
Community Transport	<p>The Community Transport bus service provides door-to-door connections to local destinations for clients needing transport support. These destinations include Frankston Library, PARC, Seniors Clubs (including culturally diverse clubs), Frankston and Karingal Shopping Centres. The service picks up Frankston eligible residents from their home and supports retirement villages such as Protea Village, Village Baxter and Greenways Retirement Village.</p> <p>It is a vital support to socially isolated and transport disadvantaged residents who must be able to access the bus and manage at the destination independently. Currently there are 139 active clients being supported 5 days per week by two buses. Donations for bus travel are only \$3.00 for a return trip to reduce cost as a barrier for accessing service.</p>
Navigation & Advocacy	<p>Frankston City Council's proposed new Advocacy and Navigation service will provide support to older residents to navigate the aged care system, ensuring their rights, dignity, and well-being are prioritised.</p> <p>Key Functions:</p> <ul style="list-style-type: none"> • Education Provide clear, accessible information to clients, families, and the community about aged care services, entitlements, and rights under current legislation

	<ul style="list-style-type: none">• Advocacy Champion the rights of older adults by ensuring their voices are heard in care decisions and supporting them through the ongoing aged care reform process• Navigation Help older people connect with appropriate service providers and support networks, guiding them through transitions to new providers when needed.
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Executive Summary**C.1 Community Care Services Update**

Enquiries: (Tammy Beauchamp: Communities)

Email: tammy.beauchamp@frankston.vic.gov.au

Council Plan

Level 1: Healthy and Inclusive Communities

Level 2: Encourage healthy, active, and skilled communities by providing support, accessible and inclusive services and spaces where everyone feels welcome, valued and respected

Purpose

To inform Council on the recent State Government advice regarding Council's initial decision to partially transition out of selected Home and Community Care Programs for Younger People (HACC-PYP) services and recommend that Council withdraw from the program entirely.

Recommendation (Director Communities)

That Council:

1. Notes that at the Council Meeting on 11 August 2025, having carefully considered what role Council can play to ensure it best meets the future needs of the community in an open market, Council resolved to:
 - a) Transition out of the following services by 30 June 2026:
 - i) State funded HACC-PYP:
 - Personal Care
 - Respite Care
 - Domestic Assistance
 - Flexible Service Response
 - Home Maintenance and Modifications
 - ii) Federal funded CHSP:
 - Personal Care
 - Respite Care
 - Domestic Assistance
 - Social Support Individual
 - Home Maintenance and Modifications
 - b) Continue to deliver the following State Government HACC-PYP services:
 - Assessment Services
 - Meals on Wheels
 - c) Continue to deliver the following Federal Government CHSP services and transition to the Support at Home program:
 - Meals on Wheels
 - Group Social Support
 - d) Continue to deliver the Community Transport service which is currently fully funded by Council;
2. Notes that in September 2025, Council notified the State and Federal Governments by letter of the services it resolved to retain;
3. Notes that the Federal Government has acknowledged the advice and commenced planning arrangements for the transition;

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4. Notes that the State Government has advised that Council should either stay in the delivery of all services under the existing contract or relinquish all HACC-PYP services to allow for the transition of a range of services to one provider;
5. Notes that, although Council has engaged with local State Members of Parliament to advocate for the ability to retain the State funded services in accordance with Council's resolution, the State Government has maintained its approach which requires Council to either retain all services under the existing contract or to withdraw from the program altogether;
6. Resolves to transition all services under HACC-PYP to a new provider by 30 June 2026, these services being:
 - Respite Care
 - Domestic Assistance
 - Flexible Service Response
 - Home Maintenance and Modifications
 - Assessment Services
 - Delivered Meals
7. Notes that advocacy and support will be provided to the State and Federal Governments to encourage collaboration with other local government providers, ensuring clients can continue accessing services through a similar model;
8. Commits to working with State and Federal Governments to facilitate an efficient and effective transition to protect the interests of clients, families, staff and the broader community;
9. Endorses the provision by Council of support for all community members under 65 years of age through the new Navigation and Advocacy roles being established in April 2026, to ensure the HACC-PYP cohort receives the necessary support and connection from Council;
10. Resolves this report is to remain confidential, subject to disclosures authorised in paragraphs 11-15, on the grounds that it includes Council business information, being information that would prejudice the Council's position in commercial negotiations if prematurely released (LGA2020, s.3(1)(a)); and legal privileged information, being information to which legal privilege applies (s.3(1)(e));
11. Authorises written notification of Council's resolution to be sent to the State Government, following the Council Meeting;
12. Notes that affected staff will be informed of Council's decision, after the action in paragraph 11 of this resolution has been completed;
13. Notes written notification of the outcome will be issued to the Australian Services Union (ASU), after affected staff have been informed;
14. Authorises the CEO to publicly release the following two Council resolutions in a media release, after the actions in paragraphs 11-13 of this resolution have been implemented:
 - a) Council resolution made in relation to Community Care Services – Aged Care Reform on 11 August 2025
 - b) Council resolution made in relation to Community Care Services Update on 27 October 2025; and

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15. Authorises the CEO to publicly release the following two Council reports through the Council meeting minutes after the actions in paragraphs 11-13 have been completed:
- a) Council report (including attachments A, B, C, E, F & G) Community Care Services – Aged Care Reform, on 11 August 2025
 - b) Council report Community Care Services Update, on 27 October 2025.

Key Points / Issues

- Councillors were briefed on this matter on 8 October 2025 with the Deputy Mayor Councillor Steffie Conroy, Councillor Emily Green, Councillor Sue Baker, Councillor Brad Hill, Councillor Michael O'Reilly, Councillor Cherie Wanat and Councillor David Asker in attendance.
- Councillors were further briefed on this matter on 22 October 2025 with the Mayor, Councillor Kris Bolam, Deputy Mayor, Councillor Steffie Conroy, Councillor Emily Green, Councillor Sue Baker, Councillor Brad Hill, Councillor Michael O'Reilly, Councillor Cherie Wanat and Councillor David Asker in attendance.
- A report was presented to Council on 11 August 2025, this report detailed the services that had been provided by Council in the aged care and community support sector. These services reflected a long and proud history of over 40 years of dedication to supporting residents and their families. The report depicted how the role of local government as a direct provider had been shifting, with significant changes emerging through aged care reform and increased competition in an open market. The report examined how Council could best position itself in this evolving environment, honouring its legacy while adapting to emerging needs, noting extensive community engagement was carried out for a period of 6 weeks.

Frankston City Council confirmed its decision to transition out of delivering specific community care programs and services by 30 June 2026, including State-funded HACC-PYP services (Personal Care, Respite Care, Domestic Assistance, Flexible Service Response, and Home Maintenance and Modifications) and federally funded CHSP services (Personal Care, Respite Care, Domestic Assistance, Social Support Individual, and Home Maintenance and Modifications). Additionally, Council confirmed to stay in the delivering of two State funded HACC-PYP services: Assessment Services and Delivered Meals (Meals on Wheels) and under the Federally funded CHSP program, Meals on Wheels and Group Social Support (Outings program) would also be retained.

The Assessment Service was selected to be retained as it's the central contact point for all community members seeking support and continuation of this is important for ensuring equitable access, timely responses, and consistent navigation through the broader service system. The Delivered Meals service was selected to be retained as this service is being retained under the CHSP program and maintaining it ensures minimal disruption for the 20 clients currently relying on it.

Additionally, Council confirmed that the Council funded Community Transport service will continue and a new Navigation and Advocacy Service will be established in April 2026, to assist and support clients and community members

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with navigation of the aged care system and connect them to the services they need, and to further support the transition.

- Council officers sent letters to the State and Federal Governments, outlining the services it had resolved to retain. The Federal Government noted the advice and commenced planning arrangements for the transition. In contrast, the State Government advised that Council must either continue delivering all HACC-PYP services under the current contract or fully withdraw from the program altogether. The rationale for this approach is that a full suite of services will attract more providers and having the Assessment Service as part of the package will improve overall performance.
- In considering to either remain in all HACC-PYP services or fully withdraw from the program, viability emerged as the key determining factor. Retaining HACC-PYP services for approximately 180 clients is not considered viable due to the significant operational and financial challenges involved. The small client base limits economies of scale, making it difficult to sustain service delivery efficiently. Additionally, maintaining the required staffing levels, compliance obligations, and administrative overheads for such a limited cohort places considerable strain on Council resources.
- Advocacy efforts were made by officers to support the retention of key community care services by engaging directly with local State Members of Parliament. The aim of these discussions was to ensure decision makers understood the value these services provide to community members. Through this engagement, officers sought to reinforce Council's position and secure support for its preferred service model. Unfortunately, these efforts were to no avail.

Financial Impact

The current model for HACC-PYP is not financially viable. Current service costs have steadily increased due to external funding and client fees not covering the true cost of service delivery. Each year approximately one third of the funding is returned to State Government for unmet service targets.

Officers acknowledge the recent announcement that the unit price for community care services will increase, this will be welcomed by all HACC-PYP providers. Even with the unit price increase, future projections of employee and service costs render this program unviable.

The full withdrawal of the HACC-PYP program will result in an additional one off cost relating to staff of approximately \$105,028.73 and this cost can be accommodated within the existing budget.

Consultation**1. External Stakeholders**

- State and Federal Government Members of Parliament
- State and Federal Government contract and funding contacts

2. Other Stakeholders

- People & Culture
- Finance
- Media and Communications
- Governance

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The transition of assessment services and delivered meals from Council to another provider carries social implications, particularly for vulnerable community members who rely on these supports. Council has long served as a trusted and central point of contact, offering not only services but also reassurance and continuity. Removing these functions may lead to confusion, reduced access, and a sense of disconnection for clients who have built relationships with Council staff. To mitigate these impacts, Council should consider embedding elements of the assessment function into the new navigation roles that were endorsed to support older people. This would help maintain a familiar and supportive interface for residents, ensuring that their needs are still identified and addressed in a timely and person-centred manner, while preserving the trust and accessibility that Council has cultivated within the community.

Legal / Policy / Council Plan ImpactCharter of Human Rights and Responsibilities

All matters relevant to the Charter of Human Rights and Responsibilities have been considered in the preparation of this report and are consistent with the standards set by the Charter.

Legal

All community care services are bound by current contracts and funding agreements, along with associated legislation and standards.

Policy Impacts

There are no policies or protocols affected by this report. Relevant documents and legislation include: Aged Care Act 2024, CHSP Manual, Aged Care Quality and Safety Standards and National Client Contribution Framework.

Gender Impact Assessments

No gender impact assessment was required for this report, a GIA was undertaken on the previous report and the recommendations remain the same.

Officer's Declaration of Interests

Council officers involved in the preparation of this report have no Conflict of Interest in this matter.

Risk Mitigation

Without the HACC-PYP Assessment Service, it is both practical and strategic to ensure the endorsed aged care navigation and advocacy officer roles are equipped to support the under-65 cohort in the community. These roles were being established to assist older residents in navigating aged care reforms and accessing appropriate services. Expanding their scope to include younger clients allows Council to maintain a level of continuity and support for vulnerable individuals who may otherwise be left without guidance. This approach mitigates the risk of service gaps, ensures a smoother transition for clients, and reinforces Council's commitment to inclusive and responsive community support.

Conclusion

Council initially resolved to partially transition out of delivering particular community care services under the State and Federal community care programs. However, upon advising the State and Federal Governments of this decision, the State Government advised that partial participation is not

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permitted, and that Council must either remain in delivery of all services under the program or withdraw entirely.

Following advocacy efforts and further consideration of staying in all services under the State program, it is evident ongoing delivery of all services is not financially or operationally sustainable. On this basis, it is recommended that Council consider full withdrawal from the program to support long-term service viability. Ongoing support for younger community members requiring support can continue to be provided through the navigation and advocacy roles that will be established as part of the broader changes.

ATTACHMENTS

Nil

