# AGENDA
## SOCIAL DEVELOPMENT COMMITTEE

**TUESDAY 26 JULY, 2016**  
James Young Room, Lerderderg Library, Bacchus Marsh  
4.00pm – 5.00pm

### MEMBERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cr Tonia Dudzik</td>
<td>Chair, East Moorabool Councillor</td>
</tr>
<tr>
<td>Cr Allan Comrie</td>
<td>East Moorabool Councillor</td>
</tr>
<tr>
<td>Cr David Edwards</td>
<td>East Moorabool Councillor</td>
</tr>
</tbody>
</table>

### OFFICERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Danny Colgan</td>
<td>General Manager Community Services</td>
</tr>
<tr>
<td>Ms Vanessa O’Toole</td>
<td>Manager People &amp; Organisational Development</td>
</tr>
<tr>
<td>Ms Robyn Salt</td>
<td>Manager Active Ageing &amp; Community Access</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ITEM</th>
<th>TITLE</th>
<th>RESPONSIBILITY</th>
<th>PAGE NO</th>
<th>ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Welcome, Present &amp; Apologies</td>
<td>Chair</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>Confirmation of the Previous Minutes – 18 May, 2016</td>
<td>Chair</td>
<td>3</td>
<td>Resolution</td>
</tr>
<tr>
<td>2</td>
<td>Conflict of Interest</td>
<td>Chair</td>
<td></td>
<td>Noting</td>
</tr>
<tr>
<td>3</td>
<td>Strategic Project Update</td>
<td>D Colgan</td>
<td></td>
<td>Discussion</td>
</tr>
<tr>
<td>3.1</td>
<td>Social &amp; Organisational Development Strategic Projects</td>
<td></td>
<td>7</td>
<td>Noting</td>
</tr>
<tr>
<td>4</td>
<td>Social &amp; Organisational Development Reports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Draft Insuring Non-Council Owned Assets Policy</td>
<td>V O’Toole</td>
<td>17</td>
<td>Resolution</td>
</tr>
</tbody>
</table>
1 CONFFIRMATION OF THE PREVIOUS MINUTES

1.1 Confirmation of Minutes – Wednesday 18 May, 2016

Recommendation:

That the Social Development Advisory Committee confirm the minutes of the meeting held on Wednesday 18 May, 2016.
MEETING OPENING

Cr Tonia Dudzik welcomed all and opened the meeting at 3.40pm.

1. PRESENT

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cr Tonia Dudzik</td>
<td>Councillor - East Moorabool Ward</td>
</tr>
<tr>
<td>Cr Allan Comrie</td>
<td>Councillor - East Moorabool Ward</td>
</tr>
<tr>
<td>Cr David Edwards</td>
<td>Councillor - East Moorabool Ward</td>
</tr>
<tr>
<td>Danny Colgan</td>
<td>General Manager Community Services</td>
</tr>
<tr>
<td>Troy Scoble</td>
<td>Manager Youth and Recreational Development</td>
</tr>
</tbody>
</table>

APOLOGIES

Nil

CONFIRMATION OF THE PREVIOUS MINUTES

Resolution:

That the Social Development Advisory Committee confirm the minutes of the meeting held on Wednesday 18 November, 2015.

Moved:  Cr. Edwards
Seconded:  Cr. Dudzik
CARRIED

That the Social Development Advisory Committee confirm the minutes of the meeting held on Wednesday 16 March, 2016.

Moved:  Cr. Dudzik
Seconded:  Cr. Comrie
CARRIED
2. CONFLICT OF INTEREST

No conflicts of interest were declared at the meeting.

3. STRATEGIC PROJECTS UPDATE

3.1 Community Services Strategic Projects

Danny Colgan tabled an updated report on Community Services Directorate strategic projects, noting that most projects have been completed. The Ballan Early Years Feasibility Study report will be presented to the July meeting of the Committee.

4. COMMUNITY SERVICES REPORTS

4.1 Draft Youth Spaces Feasibility Study

RECOMMENDATION

That the S86 Social Development Committee:

1. Receives the Draft Youth Spaces Feasibility Study for the purpose of review and feedback to Officers.

2. Requests that the Youth Spaces Feasibility Study (with any identified amendments) be presented to the June 2016 Ordinary Meeting of Council for endorsement for the purposes of community exhibition for a period of eight weeks.

RESOLUTION

That the S86 Social Development Committee:

1. Receives the Draft Youth Spaces Feasibility Study for the purpose of review and feedback to Officers.

2. Requests that the Youth Spaces Feasibility Study (with any identified amendments) be presented to an Ordinary Meeting of Council for endorsement for the purposes of community exhibition for a period of eight weeks.

Moved: Cr. Edwards
Seconded: Cr. Comrie
CARRIED

DATE OF NEXT MEETING

20 July 2016 – James Young Room, Lerderderg Library, Main Street, Bacchus Marsh
CLOSE OF MEETING

The meeting closed at 4.45pm.
## SOCIAL & ORGANISATIONAL DEVELOPMENT Strategic Projects Update 2015/2016

<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
<th>Source</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare a Volunteer Strategy (policy) and Management System</td>
<td>The Volunteering Strategy and Policy was adopted by the Council in October 2015</td>
<td>Audit Committee</td>
<td>Adopted by Council in October 2015</td>
</tr>
<tr>
<td>Finalise the preparation of the Municipal Early Years Plan (MEYP)</td>
<td>The MEYP was adopted by Council in July 2015</td>
<td>Council Plan action</td>
<td>Adopted by Council in July 2015</td>
</tr>
<tr>
<td>Finalise the Community Development Strategy</td>
<td>The Community Development Strategy was adopted by the Council in October 2015</td>
<td>Council Plan action</td>
<td>Adopted by Council in October 2015</td>
</tr>
<tr>
<td>Finalise Recreation and Leisure Strategy</td>
<td>The Recreation and Leisure Strategy was adopted by the Council in September 2015</td>
<td>Council Plan action</td>
<td>Adopted by Council in September 2015</td>
</tr>
<tr>
<td>Review of Appointments and Delegations Policy</td>
<td>To review the current Appointments and Delegations Policy and ensure that it meets current legislation and standards.</td>
<td>Council Plan Action</td>
<td>August 2016 - OMC</td>
</tr>
</tbody>
</table>
The following outlines the key pieces of work to be developed:

- Project scope/plan
- Community Engagement Plan
- Development of a revised Appointments and Delegations Policy
- Development of a Committees of Management guidelines

A revised draft appointments and delegation policy was presented to the Social Development Committee meeting held in November 2015. Councillors asked for the policy to be further revised and be re-presented along with the reserve management framework and associated policies.

A revised draft appointments and delegation policy was presented to the April Meeting of the Council and endorsed for community exhibition for a period of eight weeks. During this time it has been re-presented to meetings of the Council’s Recreation and Leisure Strategic Advisory Committee held on the 20 June and 18 July.

The revised Appointments and Delegations Policy will be presented to the August Meeting of the Council for adoption.

<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
<th>Source</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare a Reserve Management Framework</td>
<td>Recommendations from the Recreation and Leisure Strategy Council introduce a new Reserve Management Framework to manage all existing and future active recreation reserves and sporting facilities in East Moorabool, including establishing reference or advisory groups at each reserve.</td>
<td>Recreation and Leisure Strategy</td>
<td>OMC – August 2016</td>
</tr>
<tr>
<td>Project</td>
<td>Description</td>
<td>Source</td>
<td>Timeline</td>
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<tr>
<td>Council continue to delegate the management of active recreation reserves and sporting facilities in West Moorabool to volunteer committees of management where appropriate. A draft Reserve Management Framework was presented to the March Meeting of the Social Development Committee for further consideration. A draft Reserve Management Framework was presented to the April Meeting of the Council and endorsed for community exhibition for a period of eight weeks. A draft Reserve Management Framework was presented to the April Meeting of the Council and endorsed for community exhibition for a period of eight weeks. During this time it has been re-presented to meetings of the Council’s Recreation and Leisure Strategic Advisory Committee held on the 20 June and 18 July. The Reserve Management Framework will be presented to the August Meeting of the Council for adoption.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepare a Recreation Reserve User Fees and Charges Policy</td>
<td>To develop a Recreation Reserve User Fee and Charges Policy and model for implementation as part of the Reserve Management Framework. The policy will aim to increase equity and access of usage of Council owned and management facilities by the community, and seek to advocate and establish a model for reserves and facilities not managed by Council. The following outlines the key pieces of work to be developed:</td>
<td>Council Plan Action</td>
<td>OMC – August 2016</td>
</tr>
<tr>
<td>Project</td>
<td>Description</td>
<td>Source</td>
<td>Timeline</td>
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<tr>
<td>--------------------------------------------------</td>
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</tbody>
</table>
| Project scope/plan                               | • Project scope/plan  
• Community Engagement Plan  
• Development of a discussion paper  
• Development of User Fees and Charges Policy  
• Development of a User Fee and Charges Model for implementation  
• Development of an implementation plan                                                                                                                                                                                                                                                                                                                                 |               |                 |
<p>| A draft Recreation Reserves Fees and Charges Policy was presented to the March Meeting of the Social Development Committee for further consideration.                                                                                                                                                                                                                                                                                                                                                     |               |                 |
| A draft Recreation Reserves Users Fees and Charges Policy was presented to the April Meeting of the Council and endorsed for community exhibition for a period of eight weeks. During this time it has been re-presented to meetings of the Council’s Recreation and Leisure Strategic Advisory Committee held on the 20 June and 18 July.                                                                                                                                  |               |                 |
| The Recreation Reserve User Fees and Charges Policy will be presented to the August Meeting of the Council for adoption.                                                                                                                                                                                                                                                                                                                                                                           |               |                 |
| Prepare a Community Facilities Funding Policy     | The purpose of the draft Policy will be to provide Council, Recreation Reserve and Community Facility stakeholders with clarity regarding the operational funding and service level required for the management and maintenance of use of the Recreation Reserves and community facilities within the Shire. The Recreation and Leisure Strategy 2015-2021 recommended that a new Reserve Management Framework be developed to ensure that there is a coordinated, integrated, consistent approach to the management and operation of recreation reserves across Moorabool Shire. This                                                                                                                                 | Council Plan Action | OMC August 2016 |</p>
<table>
<thead>
<tr>
<th>Project</th>
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<th>Source</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy is an integral component of the Reserve Management Framework. A draft Community Facilities Funding Policy was presented to the March Meeting of the Social Development Committee for consideration. A draft Community Facilities Funding Policy was presented to the April Meeting of the Council and endorsed for community exhibition for a period of eight weeks. During this time it has been re-presented to meetings of the Council’s Recreation and Leisure Strategic Advisory Committee held on the 20 June and 18 July. The Community Facilities Funding Policy will be presented to the August Meeting of the Council for adoption.</td>
<td>Recreation and Leisure Strategy</td>
<td>OMC August 2016</td>
<td></td>
</tr>
<tr>
<td>Draft Recreation Reserve Occupancy Leases and Licences Policy</td>
<td>The Draft Recreation Reserve Lease Licenses Occupancy Policy provides a management and usage model for the allocation of use of recreation reserve facilities across the Moorabool Shire. Key objectives of this policy include: • Support Reserve Managers (Council and Committees of Management) in the management and allocation of usage at reserves; • Provide a consistent equitable approach to the management of reserve facilities; • Minimise Councils and user groups risk exposure; • Provide user groups with a tenure for usage of facilities, and</td>
<td>Recreation and Leisure Strategy</td>
<td>OMC August 2016</td>
</tr>
</tbody>
</table>
• Outline roles and responsibilities for all parties relating to use of facilities

The draft policy outlines three types of agreement recommended for implementation at reserves and facilities. These are leases, licenses and casual use agreements. The Draft policy recommends the type of usage that would apply to each the agreement types. The draft policy also recognises that each usage should be managed on a case by case basis. Therefore, there is flexibility in the management agreements to ensure the agreement is tailored toward the type of usage.

The draft policy also outlines that different agreements are required to be implemented depending the ownership of the facility.

A draft Recreation Reserves Occupancy Leases and Licenses Policy was presented to the March Meeting of the Social Development Committee for consideration.

A draft Recreation Reserves Occupancy Leases and Licenses Policy was presented to the April Meeting of the Council and endorsed for community exhibition for a period of eight weeks. During this time it has been re-presented to meetings of the Council’s Recreation and Leisure Strategic Advisory Committee held on the 20 June and 18 July.

The Recreation Reserve Occupancy Leases and Licences Policy will be presented to the August Meeting of the Council for adoption.
<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
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<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draft Recreation Reserve Capital Works Contribution Policy</td>
<td>The Draft Recreation Reserve Capital Works Contribution Policy provides the principles and objectives for Council’s standard provision for recreation and leisure facilities and potential funding models to drive future development opportunities. The draft policy applies to all reserves/facilities regardless of ownership and management model that are available for community access.</td>
<td>Recreation and Leisure Strategy</td>
<td>OMC August 2016</td>
</tr>
</tbody>
</table>

Key objectives of this policy are:

- Future facility development is informed by the Recreation and Leisure Strategy Facility Hierarchy
- Council will provide and maintain quality infrastructure to meet the needs of sporting and community clubs.
- Council’s role in encouraging active participation is in the provision of facilities to a standard level, which is suitable for training and/or active competition.
- In order to provide clarity to clubs on Council’s standard infrastructure provision, the Provision Standards adopted by the Council in the Recreation and Leisure Strategy have been developed to guide this policy.

The policy outlines key infrastructure provision and funding ratios to drive future development.

A draft Recreation Reserves Capital Works Contribution Policy was presented to the March Meeting of the Social Development Committee for consideration.

A draft Recreation Reserves Capital Works Contribution Policy was presented to the April Meeting of the Council and endorsed for community exhibition for a period of eight
<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
<th>Source</th>
<th>Timeline</th>
</tr>
</thead>
</table>
| Undertake a feasibility study into a multi-purpose youth facility spaces in the municipality | This project a key recommendation of the Moorabool Youth Strategy will investigate the feasibility of a Youth Facility/Spaces being established in the Shire. The feasibility study will critically assess and identify a recommended framework to guide Council's decision making for the future provision of a Youth Facility/spaces in the future. This will include  
- A ‘vision’ and principles that will provide the rationale for future decision making and provision of a Youth Facility/spaces  
- Identify social and economic benefits of a Youth Facility/spaces  
- Investigate and Identify an appropriate framework for a Youth Facility (multipurpose or stand-alone) including facility component requirements  
- Outline predicted usage and required management model associated with the proposed facility/spaces  
- Investigate suitable locations / options  
- Assess and provide recommendations regarding funding model  
- Provide recommendations to Council, identifying resourcing implications, whole of life costs and potential staging options | Youth Strategy | OMC September 2016  |
<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
<th>Source</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>A draft feasibility study report was presented to the May 2016 meeting of the Social Development Committee for consideration. The draft feasibility study report was presented to the July Ordinary Meeting of Council and was endorsed for the purposes of community exhibition for a period of four weeks.</td>
<td>Capital Budget</td>
<td>November 2016 OMC</td>
<td></td>
</tr>
</tbody>
</table>

**Undertake Ballan Early Years Facility Feasibility Study**

The project will an investigation to ensure Council is best placed to meet the growing demand on services and the increased in families and children in Ballan. The current site has little capacity to expand and a feasibility study for the future of Early Years facilities in the Ballan area is needed. With the growth in births and increased number of families moving in to Ballan, facilities need to be well planned to ensure Council can meet the growth and the demand on current services. Over the last 12 months there has been a 10% increase in birth notices at Ballan and a 43% increase in new enrolments. The project will involve the feasibility of using the current site in the future or the need to identify alternative sites; preliminary concept and cost plan.

A draft report will be presented to the September 2016 meeting of the Social Development Advisory Committee.
ATTACHMENT Item 4.1: Draft Insuring Non-Council Owned Assets Policy
Draft Insuring Non-Council Owned Assets Policy

Introduction

File No.:  
Author: Vanessa O’Toole  
General Manager: Danny Colgan

The purpose of the report is to recommend that the S86 Social Development Advisory Committee endorse the Draft Insuring Non-Council Owned Assets Policy for the purpose of being presented to the August 2016 Ordinary Meeting of Council.

Background

The Shire of Moorabool contains a range of Community Halls, Recreation Reserves and other physical assets that are either owned by Council, the Department of Environment, Land, Water & Planning (DELWP) or a Community Cooperative.

The Council recognises that for many communities the non-council owned reserves and halls are often the only community asset in the area and a vital resource for community members. Council provides operational grants to many committees operating in non-Council owned recreation reserves and community halls.

The DELWP has advised that it does not insure Crown assets and committees are responsible for arranging insurance for damage to building on the reserve (property insurance) and for loss of or damage to contents and other assets owned by the committee (contents insurance) if they desire. If the buildings are occupied under a lease, the tenant can be required to insure the premises.

Over recent years, Council has participated in a range of joint initiatives to redevelop or replace existing assets at various sites. This has included the Bungaree Recreation Reserve redevelopment, the Wallace Jubilee Hall redevelopment, the Blackwood Recreation Reserve redevelopment and a program to replace several children’s playgrounds and other assets.

At the Ordinary Meeting of Council on the 7 September 2005 the Council resolved to insure community halls, some of which were non-council owned assets. The report did not make reference to reserves, however a number of non-Council owned reserves are currently included on Council’s insurance register. However, there are also some facilities that haven’t been insured.

The lack of insurance coverage raises concerns that if a severe or catastrophic loss occurred, Council may be liable to fund the full replacement cost without the assistance of its insurer. Council has recently undertaken a valuation of non-council owned assets for its annual insurance renewal process. Further work is being undertaken to ensure this information is captured within Council’s Asset register.
Proposal

It is proposed that the Council insure the list of Non-Council owned assets in the draft Policy contained in Attachment 1.

In 2005 a commitment was also made to cover the cost of user groups’ contents insurance, however due to the difficulty in managing and monitoring this process, the draft policy recommends that the Council should no longer provide coverage of contents insurance for non-council owned assets.

It is proposed that the committees purchase their own content insurances through the operational grants provided to the Committee by the Council.

The responsibilities of the Council and Committees of Management are defined in the draft policy.

When Council purchases insurance it is signing an agreement to take due care of the insured asset and as such commits to act in a way which minimises the risk of property loss or damage. Where the insured asset is managed by a committee this responsibility falls to them; the policy will not change this currently management practice. However, where wilful or intentional negligence has been identified which is conflict with the requirements of the Council’s Insurance Policy, the draft policy reserves the right of the Council to withdraw its insurance coverage.

It is proposed that the draft policy be presented to the August Ordinary Meeting of Council for endorsement for the purposes of community exhibition for a period of four weeks.

Policy Implications

The 2013 - 2017 Council Plan provides as follows:

<table>
<thead>
<tr>
<th>Key Result Area</th>
<th>Representation and Leadership of our Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>Sound, long term financial management</td>
</tr>
<tr>
<td>Strategy</td>
<td>Develop and maintain a long term financial planning, management and reporting system, which ensures resources to deliver services and manage Council’s assets.</td>
</tr>
</tbody>
</table>

The proposed Insuring of Non-Council Owned Assets Policy is consistent with the 2013-2017 Council Plan.

Financial Implications

The policy has been prepared using existing resources. The inclusion of non-council owned assets on Council’s asset register may require additional resources and will be subject to budget.
Risk & Occupational Health & Safety Issues

<table>
<thead>
<tr>
<th>Risk Identifier</th>
<th>Detail of Risk</th>
<th>Risk Rating</th>
<th>Control/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment and Community</td>
<td>Loss or significant deterioration of building/asset resulting in loss of community facility</td>
<td>Low</td>
<td>Regular valuations and assessment of maintenance requirements to minimise deterioration</td>
</tr>
<tr>
<td>Financial</td>
<td>Rising cost of building replacement and maintenance possibly unsustainable</td>
<td>Low</td>
<td>Regular valuations and assessment of maintenance requirements to minimise deterioration</td>
</tr>
</tbody>
</table>

Community Engagement Strategy

The following engagement activities will be undertaken in accordance with the Council’s Community Engagement Framework and Policy.

The draft policy will be made available on Have your Say, Council’s online community engagement portal for comment. The draft policy will also be sent to Committees of Management who are responsible for managing non-council owned assets and the DELWP.


In developing this report to Council, the officer considered whether the subject matter raised any human rights issues. In particular, whether the scope of any human right established by the Victorian Charter of Human Rights and Responsibilities is in any way limited, restricted or interfered with by the recommendations contained in the report. It is considered that the subject matter does not raise any human rights issues.

Officer’s Declaration of Conflict of Interests

Under section 80C of the Local Government Act 1989 (as amended), officers providing advice to Council must disclose any interests, including the type of interest.

General Manager – Danny Colgan
In providing this advice to Council as the General Manager, I have no interests to disclose in this report.

Author – Vanessa O’Toole
In providing this advice to Council as the Author, I have no interests to disclose in this report.
Conclusion

The draft Insuring Non-Council Owned Assets Policy sets out the Council's commitment to insuring and maintaining non-council owned assets. The policy reflects Council's legislative obligations along with outlining the responsibilities of both Council and Committees of Management to ensure assets are valued and adequately insured.

Recommendation:

That the S86 Social Development Advisory Committee:

1. Receives the Draft Insuring Non-Council Owned Assets Policy Study for the purpose of review and feedback to Officers.

2. Requests that the Draft Insuring Non-Council Owned Assets Policy (with any identified amendments) be presented to the August 2016 Ordinary Meeting of Council for the purposes of community exhibition for a period of four weeks.

Report Authorisation

Authorised by

Name: Danny Colgan
Title: General Manager Social & Organisational Development
Date: 18 July 2016
1. Policy Statement

1.1. This policy outlines non-council owned assets (NCOA) which will be insured under Council’s property insurance policy and the associated processes required to minimise risk to Council.

1.2. Within the Moorabool Shire, there are Community Halls, Recreation Reserves, and other physical resources that are owned by the Department of Environment, Land, Water & Planning or Community Cooperatives.

In general, these assets are managed either by Section 86 Committees of Management, Department of Environment, Land, Water & Planning (DELWP) Committees of Management or Community Cooperatives.

1.3. Where an asset meets the criteria in this policy, Council may agree to provide an appropriate level of insurance for damage or loss as a result of an unforeseen event such as vandalism, fire, flood, or storm damage.

1.3. Council cannot provide contents insurance for any assets which are not owned by Council. Where a Community group wishes to insure their assets it is their responsibility to purchase the most suitable policy to meet their needs.

2. General Responsibilities

2.1. Council will:

   a) Ensure Non-Council owned assets that Council has committed to insure are included on Council’s insurance register;

   b) Provide insurance coverage to the amount identified by the normal property valuation process;

   c) Advise Committees of Management of any changes to insurance coverage that may financially impact the committees;

   d) Undertake initial and ongoing property valuations as required to ensure appropriate cover is provided;

   e) Ensure that Committees of Management have an awareness of their obligations under this policy and this documented in written agreements. This includes the obligation for the Committee to complete an assessment inside buildings to ensure compliance with legislative maintenance provisions. These relate to safety installations in a building that assist in reducing risk to life and property in the event of an emergency; e.g. fire. They include Essential Safety Measures as required under the Building Control Act such as fire hose reels and fire doors.
2.2. **Committees of Management should:**

a) Advise Council of any insurance policy held by the Committee that covers damage or loss of an asset;

b) Allow Council employees or contractors full access to the asset for the purpose of undertaking property valuation, condition and/or risk exposure audit. If access is not provided, the Council may withdraw insurance coverage for the affected facility.

c) Undertake maintenance or housekeeping activities that aim to reduce or remove the risk of loss occurring through vandalism, fire, flood or other such events.

d) Advise if the asset is upgraded or changed in a manner, which will increase the structures rebuilding costs, or change the intended usage.

e) Committees of Management that wish to have their assets insured under the JMAPP scheme should minimise the risk of claims against the scheme through good risk management practices. By accepting the provision of insurance, Committees will be acknowledging that they have a responsibility to protect the asset and Councils interest through risk mitigating activities that will minimise the risk of property damage or loss.

3. **Definitions**

a) Assets – Building, Structure, Outdoor Artwork or Monument.

b) NCOA – Non-Council owned asset or assets.

c) Section 86 Committee – Established by Council with delegated responsibilities under Section 86 of the Local Government Act (1989) to directly manage facilities on behalf of Council.

d) DELWP - Department of Environment, Land, Water and Planning.

e) DELWP - Committees of Management – The Minister or Minister’s delegate appoints committees to manage Crown Land and reserves under the Crown Land (Reserves) Act 1978. The powers and responsibilities of Committees of Management are derived from the Act.

f) JMAPP - JLT (Municipal Asset Protection Plan) Discretionary Trust that insures Council’s assets such as buildings, structures, unregistered plant and building contents.

4. **Property valuation**

4.1. All NCOAs listed on the for the purpose of insurance shall be re-valued for structural replacement at least every 5 years.

4.2. All NCOAs shall be included in Council’s bi-annual revaluation process.

4.3. Committees of Management shall provide full access to the asset for the purpose of undertaking property valuation as requested by Council. (Where full access is not provided the result may be that the property is undervalued for full replacement or not insured).

5. **Condition and Risk Exposure Audits**

5.1. Committees will undertake at least annually condition and risk exposure audits. The audits should provide sufficient information to allow both Council and the Committee of Management to understand advisable risk mitigating activities.
5.2. The requirement to undertake condition and risk exposure audits does not place any further responsibility on Council to undertake any maintenance works, improvements or risk mitigating activities.

6. Committees of Management Responsibilities

6.1. Where Council believes a Committee is not acting in a manner that will minimise the risk of property damage or loss, Council will assist the Committee as far as possible to resolve any identified issues.

6.2. Where intentional or wilful negligence has been identified, which increases the risk of property damage or loss in a manner, which is in conflict with the requirements of the JMAPP Insurance Policy, Council, reserves the right to withdraw insurance coverage.

7. Related Legislation / Policies / Guidelines

Local Government Act 1989
Occupational Health & Safety Act 2004
Building Control Act
Victorian Building Regulations 2006

8. Council Plan Reference – Key Performance Area

<table>
<thead>
<tr>
<th>Key Result Area</th>
<th>Objective</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representation and Leadership of our Community</td>
<td>Sound, long term financial management</td>
<td>Develop and maintain a long term financial planning, management and reporting system, which ensures resources to deliver services and manage Council’s assets.</td>
</tr>
</tbody>
</table>

9. Review

This policy will be reviewed every three years or as legislation requires it.

--------------------------------
Chief Executive Officer – Rob Croxford

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Date
## Appendix 1 - List of Non-Council Owned Assets

<table>
<thead>
<tr>
<th>Building Name</th>
<th>Location</th>
<th>Location Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pavilion</td>
<td>Spargo Creek</td>
<td>Korweinguboora Rec Reserve</td>
</tr>
<tr>
<td>Toilets</td>
<td>Spargo Creek</td>
<td>Korweinguboora Rec Reserve</td>
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<tr>
<td>Store</td>
<td>Spargo Creek</td>
<td>Korweinguboora Rec Reserve</td>
</tr>
<tr>
<td>Shelter</td>
<td>Spargo Creek</td>
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</tr>
<tr>
<td>Perc Robinson Shed</td>
<td>Ballan</td>
<td>Ballan Racecourse</td>
</tr>
<tr>
<td>Shed - north of Cam Banks Shed</td>
<td>Ballan</td>
<td>Ballan Racecourse</td>
</tr>
<tr>
<td>Stalls</td>
<td>Ballan</td>
<td>Ballan Racecourse</td>
</tr>
<tr>
<td>Geoff Shelton Pavilion</td>
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<td>Ballan Racecourse</td>
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<tr>
<td>Pony Clubrooms</td>
<td>Ballan</td>
<td>Ballan Racecourse</td>
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<tr>
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<td>Les Pavilion</td>
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<td>Blackwood Rec Reserve</td>
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<td>BBQ Shelter</td>
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<tr>
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<td>Cricket Nets</td>
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<td>Preschool</td>
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ATTACHMENT Item 4.2: Provision of Services within the National Disability Insurance Scheme (NDIS)
Options Paper - Provision of Services within the National Disability Insurance Scheme (NDIS)

Introduction

File No.: 12/10/003
Author: Robyn Salt
General Manager: Danny Colgan

The purpose of this report is to recommend that the S86 Social Development Advisory Committee endorse the Options Paper – Provision of Services within the National Disability Insurance Scheme (NDIS) for the purpose of being presented to the August 2016 Ordinary Meeting of Council.

Background

At the Special Meeting of Council held on the 10 February, the Council resolved to:
(i) write to the Victorian Minister for Housing, Disability and Ageing seeking clarification on the future funding arrangements for the Council's Disability Respite Service; and (ii) receive a further report on the roll-out of the National Disability Insurance Scheme in the Central Highlands Region.

A meeting was held with representatives of the Department of Health and Human Services (DHHS) on the 8 February 2016 to discuss the funding for the Disability Respite Service. At the meeting the CEO was advised that the Department will send a letter confirming the funding will continue post 30 June 2016. A letter dated 3 May 2016 was received from the Department of Health and Human Services. The letter states that the Council can continue to provide the Disability Respite Program given Council has obtained re-accreditation as a Disability Service Provider and while it considers a decision in relation to its role in the National Disability Insurance Scheme.

Proposal

The purpose of the paper is to provide an overview of the National Disability Insurance Scheme (NDIS) and options for Council in relation to the provision of disability services. The paper has been designed to assist in outlining the implications of the NDIS reforms and to inform the Council’s decision about the most appropriate, effective and sustainable role it can and should play into the future under the NDIS.

The Council is involved in supporting people with a disability in a variety of ways including the delivery of direct services and working within the communities of Moorabool to make the municipality more accessible and inclusive consistent with Council’s Access and Inclusion Plan (2015 -2021).

The NDIS will have a direct impact on the funding Council currently receives for disability services. The existing systems, processes and funding arrangements for Council’s disability services will not continue in their current form.

With the introduction of the NDIS, if the Council wishes to continue to provide its disability respite service; services to HACC NDIS eligible (under 65) clients or provide an expanded range of disability services it will need to register as a provider with the National Disability Insurance Agency (NDIA).
Some of the key considerations in deciding whether to register as a provider include:

- Council’s most effective role in supporting people with a disability.
- The expected increased cost to Council of providing services within the NDIS.
- Whether Council is best placed to be a specialist provider of its current disability services within an NDIS environment.

**NDIS in Moorabool**

The NDIS is scheduled to commence in the Central Highlands Region including Moorabool from the 1 January 2017 and be fully operational by 30 June 2017. Clients with complex needs are likely to be moved onto the NDIS from the 1 July 2016.

Three months in advance of the scheduled roll out, the NDIA will make contact with people receiving existing services or those on a waitlist to receive supports, to help them to enter the NDIS.

Participants that have been on the Victoria Disability Services Register (DSR) and/or complex care clients currently held within HACC services will move over as soon as possible from this date. DHHS has already requested, on behalf of NDIA, a list of Moorabool clients that access the programs in question and HACC funded services, who we believe should be moved to NDIS packages in the first 6 months.

As part of the bilateral agreement, the Governments agreed that management of the Home and Community Care (HACC) Program will be split. Services for older people (people aged 65 and over and 50 and over for Aboriginal people) will be directly funded and managed by the Commonwealth Government. Services for younger people (people aged under 65 and under 50 for Aboriginal people) will be funded and managed solely by the Victorian Government, until the National Disability Insurance Scheme is in full operation. These arrangements have two implications for Council’s current service delivery model:

1. The proportion of Council’s HACC funding for younger people will be contained in the Victorian Department of Health and Human Services service agreement but will gradually reduce as a proportion of our younger clients transfer to the National Disability Insurance Scheme from 1 July 2016 to 30 June 2017, if they are successful in their application for NDIS package. If clients are deemed ineligible for an NDIS package, they will remain on the Victorian Funded HACC program.

   At present, 117 or 15 per cent of Council’s HACC clients are aged under 65 years with 30 expected to be eligible for NDIS. While 15 per cent of clients are under 65, of that 15 per cent, 60 per cent have a disability (as defined under DHHS and NDIA) with other clients experiencing chronic health issues (COPD, Type 2 Diabetes, Arthritis, MS, Parkinson’s Disease), palliative conditions, mental health issues and post hospital admissions after completing Post-Acute Care and Assistance in the home funded programs.

2. Council has for a number of years received block funding from the Department of Health and Human Services (DHHS) to provide recreation and respite programs to the families of people living with a disability. These programs were initially introduced due to a lack of respite options in Moorabool. The programs provide clients with a 6–8 hour block of respite on a fortnightly basis. The funding has enabled the provision of 4 weekend respite programs on a fortnightly basis and a weekly program on a Friday; involving a teenage Group; Young Men’s Group and
two adult groups. Currently there are 35 people utilising the respite service that have a range of disabilities. The service is valued by the participants and their families and carers.

Once eligible client’s transition to NDIS funded support, the block funding will discontinue in its current form and become individual funding for clients to manage. If a client is assessed as ineligible for NDIS services, a service coordinator will be assigned to provide the person with information that will link them to mainstream supports and services to assist in meeting their needs.

Under the NDIS, respite services will no longer be provided in their current form.

Options for Council

The options identified are (which are not necessarily mutually exclusive, such as Council could decide not to register as a provider under the NDIS but still continue to strengthen its role in making Moorabool more inclusive and accessible for people with a disability):

- Council register as a provider under the NDIS
- Council not register as a provider under the NDIS;
- Council take no decision in relation to registration until further information on the condition of the local provider market is known;
- Council continue to strengthen its role in making Moorabool a more inclusive and accessible community and advocating for the needs of people with disabilities and deliver the Home and Community Care/Commonwealth Home Support Program for people under 65 that are ineligible for NDIS.

The Options Paper contained in Attachment 1 explores the implications of each option identified above.

It is proposed that a report be presented to the Council outlining the identified options and be endorsed for the purposes of community engagement.

Policy Implications

The 2013 - 2017 Council Plan provides as follows:

<table>
<thead>
<tr>
<th>Key Result Area</th>
<th>Community Wellbeing</th>
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<tbody>
<tr>
<td>Objective</td>
<td>Inclusive, responsive and accessible community services</td>
</tr>
<tr>
<td>Strategy</td>
<td>Advocate, support and provide aged and disability services</td>
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</table>

Financial Implications

The Council’s current direct disability services are either fully or partially funding by the State and/or Australian Government. The Victorian Department of Health and Human Services (DHHS) currently provides a total grant of $174,000 for the Disability Respite Service. Under the revised funding agreement, the Council is expected to receive $217,000 in 2016/2017 for HACC services for people under 65 years.
Risk & Occupational Health & Safety Issues

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<td>Continue to provide services and advocate for funding</td>
</tr>
<tr>
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<tr>
<td>Reputation</td>
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</table>

Community Engagement Strategy

The engagement will involve:

- Have Your Say, Council’s Online Community Engagement Portal.
- Making copies available at Council’s Customer Service locations.
- Making copies available at the Lerderderg Library and the Ballan Library.
- All Service providers being notified of the opportunity to view the Draft Ballan Early Years Feasibility Study and provide feedback.

This process will be advertised through local newspapers and other communication processes including Council’s Web page and the Moorabool Families and Children Facebook Site.

Information has been provided to carers, families, clients; disability support services about the roll out of the National Disability Insurance Scheme including a community information forum held on 1 March in Bacchus Marsh. Further forums are scheduled to be held in Bacchus Marsh and Ballan. Information will continue to be provided on the roll out of the National Disability Insurance Scheme.

Each client and their carers have been made aware of the impending changes, each service provider and DHHS has sent out flyers to information sessions, newsletters and updates about the impending changes. The NDIA has a web site that explains these changes and how to access their services and we have placed articles in the local newspapers.


In developing this report to Council, the officer considered whether the subject matter raised any human rights issues. In particular, whether the scope of any human right established by the Victorian Charter of Human Rights and Responsibilities is in any way limited, restricted or interfered with by the recommendations contained in the report.

If the funding for the program cease and alternative services aren’t provided to the clients, it could be said that the Human Rights of the program clients have been limited, restricted or interfered with.

Officer’s Declaration of Conflict of Interests

Under section 80C of the Local Government Act 1989 (as amended), officers providing advice to Council must disclose any interests, including the type of interest.
**General Manager – Danny Colgan**
In providing this advice to Council as the General Manager, I have no interests to disclose in this report.

**Author – Robyn Salt**
In providing this advice to Council as the Author, I have no interests to disclose in this report.

**Conclusion**

The NDIS is scheduled to commence in the Central Highlands Region including Moorabool from the 1 January 2017 and be fully operational by 30 June 2017.

An options paper has been prepared to provide an overview of the National Disability Insurance Scheme (NDIS) and options for Council in relation to the provision of disability services. The paper has been designed to assist in outlining the implications of the NDIS reforms; to inform the Council’s decision about the most appropriate, effective and sustainable role it can and should play into the future under the NDIS; and for the purposes of community engagement.

**Recommendation:**

That the S86 Social Development Advisory Committee:

1. Receives the Options Paper – Provision of Services within the National Disability Insurance Scheme for the purpose of review and feedback to Officers.

2. Requests that an Assembly of Councillors be scheduled to further discuss the issue.

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**Report Authorisation**

**Authorised by:**

Name: Danny Colgan
Title: General Manager Community Services
Date: 18 July 2016
Provision of Services within the National Disability Insurance Scheme (NDIS)

Options Paper

Introduction

At the Special Meeting of Council held on the 10 February, the Council resolved to:
(i) write to the Victorian Minister for Housing, Disability and Ageing seeking clarification on the future funding arrangements for the Council’s Disability Respite Service; and (ii) receive a further report on the roll-out of the National Disability Insurance Scheme in the Central Highlands Region.

A meeting was held with representatives of the Department of Health and Human Services (DHHS) on the 8 February 2016 to discuss the funding for the Disability Respite Service. At the meeting the CEO was advised that the Department will send a letter confirming the funding will continue post 30 June 2016. A letter dated 3 May 2016 was received from the Department of Health and Human Services. The letter states that the Council can continue to provide the Disability Respite Program given Council has obtained re-accreditation as a Disability Service Provider and while it considers a decision in relation to its role in the National Disability Insurance Scheme.

Purpose

The purpose of this paper is to provide an overview of the National Disability Insurance Scheme (NDIS) and options for Council in relation to the provision of disability services. The paper has been designed to assist in outlining the implications of the NDIS reforms and to inform the Council’s decision about the most appropriate, effective and sustainable role it can and should play into the future under the NDIS.

The Council is involved in supporting people with a disability in a variety of ways including the delivery of direct services and working within the communities of Moorabool to make the municipality more accessible and inclusive consistent with Council’s Access and Inclusion Plan (2015 -2021).

The NDIS will have a direct impact on the funding Council currently receives for disability services. The existing systems, processes and funding arrangements for Council’s disability services will not continue in their current form.

With the introduction of the NDIS, if the Council wishes to continue to provide its disability respite service; services to HACC NDIS eligible (under 65) clients or provide an expanded range of disability services it will need to register as a provider with the National Disability Insurance Agency (NDIA).

NDIS Providers are individuals or organisations registered with the NDIA to deliver a support or product to a participant of the NDIS. Each participant in the Scheme will have an individualised plan that identifies the outcomes they wish to achieve, the disability supports that will be funded by the NDIS, and other supports the person requires. Participants have choice and control over the providers they engage to deliver supports in their plan.
Some of the key considerations in deciding whether to register as a provider include:

- Council’s most effective role in supporting people with a disability
- The expected increased cost to Council of providing services within the NDIS
- Whether Council is best placed to be a specialist provider of its current disability services within an NDIS environment

Background

On the 16 September 2015, the Victorian and Commonwealth Governments signed a bilateral agreement to rollout the National Disability Insurance Scheme (NDIS) across Victoria over a three year period.

The NDIS is administered by the National Disability Insurance Agency (NDIA) and is a national approach based on insurance principles that will provide individualised support and services for people with a disability and to a lesser extent their families and carers.

The NDIS takes a flexible, whole-of-life approach to working with participants, their families and carers, to identify the reasonable and necessary supports each participant will need to enable them to achieve their goals and develop individualised plans. The NDIS provides participants with more choice and control over how, when and where their supports are provided. It also provides certainty that they will receive the support they need over their lifetime. The NDIS also works to connect participants with community and mainstream supports.

The NDIS funds the additional reasonable and necessary supports to help participants pursue their goals and aspirations, and participate in daily life. Helping people to build their social and economic participation requires the NDIS to work closely with community organisations to identify opportunities for people with disability.

In Victoria, there are many well-established community organisations who will be important in helping people with disability prepare for the NDIS. They will also play a vital role in assisting people with disability to achieve their goals.

The introduction of the NDIS will see a shift away from generic disability block funded programs to individualised funding responses. For example, group block funded respite funded programs will move to a personalised service that is tailored to what an individual wants and needs. Disability services will move to an open market, where any organisation can offer services as long as they are registered as an NDIS service provider.

People currently receiving support through the Commonwealth and Victorian Government, will, if eligible, move to the NDIS at different times depending on the type of support they receive and where they live. It is expected that the NDIS will address and benefit around 105,000 Victorians with a disability. The State Government will provide $10 million to support Victorians with disabilities, their families, service providers and staff in the transition to the NDIS.

NDIS Model

The NDIS has three levels, or tiers, of activity as follows: (i) direct service provision; information, linkages and capacity building; and (iii) general community support,
advocacy, and inclusion activities (similar to Council’s work through the Age Well Live Well & Access and Inclusion Plan (2015-2021).

(1) Direct Service Provision

This level or tier will involve eligible participants purchasing the services and other supports (including equipment) which they have identified and prioritised to support their needs. This new client purchasing model will mean NDIS disability services will not be block funded through grants but rely on service users choosing to purchase their services. The NDIS aims to build a competitive market of quality and affordable services for NDIS eligible people.

(2) Information, Linkages and Capacity Building (ILC)

The purpose of the Information, Linkages and Capacity building (ILC) aspects of the NDIS are to provide people with a disability that are ineligible for the NDIS with informal support, linking to mainstream support and building community support.

The ILC is not expected to replace the continued effort required by mainstream services to support the social and economic inclusion of people with a disability. The ILC is one of the roles of the Local Area Coordination program.

Local Area Coordination is an important part of the supports and activities that will be available to people with disability and their communities as they transition to the NDIS. It is designed to support people with disability to explore and build an ordinary life within their communities.

In March, the NDIA contracted the Latrobe Community Health Service as the Local Area Coordinator (LACs) for the Central Highlands Region including Moorabool.

The Latrobe Community Health Service as the Local Area Coordinator for Moorabool will work with NDIS participants to:

- Provide assistance to connect to and build informal and natural supports;
- Provide assistance with the planning process and effective implementation;
- Work with non-participants as part of Information, Linkages and Capacity building functions of the NDIS; and
- Work with community, providers and mainstream to build inclusion and awareness of the needs of people with disability

Latrobe Community Health Service is one of Australia’s fastest growing health services and provides community-based health promotion programs, daily living and rehabilitation assistance, health checks and healthcare plans, medical care and nursing.

Banyule City Council has signed a statement of intent to work with the Brotherhood of St Laurence that have the LAC contract in North East Melbourne. It is expected that the Council will be approached to sign a similar agreement with Latrobe Community Health Service as the LAC provider in the Central Highlands.

(3) General community support, advocacy, and inclusion activities

This level or tier is consistent with what the Council currently working within the communities of Moorabool to make the municipality more accessible and inclusive.
and advocating to other levels of government consistent with Council’s Access and Inclusion Plan (2015 -2021).

In general NDIS direct service providers are not eligible to participate as partners or tenderers for the ILC. This means that if Council decided to be a direct NDIS service provider it would compromise the role of Council in being an active participant in the ILC. Consistent with changes to the HACC/Commonwealth Home Support Program, the functions of the coordination/assessment and service provision would be separated.

**NDIS Pricing Structure**

The NDIA sets the prices for all services. The pricing structure indicate that the unit prices for service are below the current actual cost of services for most disability service providers including Council. Under services provided to NDIS clients, payments are made from the NDIA in arrears.

**NDIS in Moorabool**

The NDIS is scheduled to commence in the Central Highlands Region including Moorabool from the 1 January 2017 and be fully operational by 30 June 2017. Clients with complex needs are likely to be moved onto the NDIS from the 1July 2016.

Three months in advance of the scheduled roll out, the NDIA will make contact with people receiving existing services or those on a waitlist to receive supports, to help them to enter the NDIS.

Participants that have been on the Victoria Disability Services Register (DSR) and/or complex care clients currently held within HACC services will move over as soon as possible from this date. DHHS has already requested, on behalf of NDIA, a list of Moorabool clients that access the programs in question and HACC funded services, who we believe should be moved to NDIS packages in the first 6 months.

As part of the bilateral agreement, the Governments agreed that management of the Home and Community Care (HACC) Program will be split. Services for older people (people aged 65 and over and 50 and over for Aboriginal people) will be directly funded and managed by the Commonwealth Government. Services for younger people (people aged under 65 and under 50 for Aboriginal people) will be funded and managed solely by the Victorian Government, until the National Disability Insurance Scheme is in full operation. These arrangements have two implications for Council’s current service delivery model:

1. The proportion of Council’s HACC funding for younger people will be contained in the Victorian Department of Health and Human Services service agreement but will gradually reduce as a proportion of our younger clients transfer to the National Disability Insurance Scheme from 1 July 2016 to 30 June 2017, if they are successful in their application for NDIS package. If clients are deemed ineligible for an NDIS package, they will remain on the Victorian Funded HACC program.

   At present, 117 or 15 per cent of Council’s HACC clients are aged under 65 years with 30 expected to be eligible for NDIS. While 15 per cent of clients are under 65, of that 15 per cent, 60 per cent have a disability (as defined under DHHS and NDIA) with other clients experiencing chronic health issues (COPD, Type 2 Diabetes, Arthritis, MS, Parkinson’s Disease), palliative conditions, mental health
issues and post hospital admissions after completing Post-Acute Care and Assistance in the home funded programs.

2. Council has for a number of years received block funding from the Department of Health and Human Services (DHHS) to provide recreation and respite programs to the families of people living with a disability. These programs were initially introduced due to a lack of respite options in Moorabool. The programs provide clients with a 6–8 hour block of respite on a fortnightly basis. The funding has enabled the provision of 4 weekend respite programs on a fortnightly basis and a weekly program on a Friday; involving a teenage Group; Young Men’s Group and two adult groups. Currently there are 35 people utilising the respite service that have a range of disabilities. The service is valued by the participants and their families and carers.

Once eligible client's transition to NDIS funded support, the block funding will discontinue in its current form and become individual funding for clients to manage. If a client is assessed as ineligible for NDIS services, a service coordinator will be assigned to provide the person with information that will link them to mainstream supports and services to assist in meeting their needs.

Under the NDIS, respite services will no longer be provided in their current form

**Current Service Providers in Moorabool**

As mentioned above, the Council is currently funded to deliver two services that provide direct supports to people with a disability: HACC and Disability Respite Service. The Council has also for the past eight years through an agreement with the DHHS via Hepburn Health Services, engaged a Rural Access Worker.

Council provides other mainstream services that are used by people with a disability and not immediately affected by the NDIS.

Council plays an important part in the provision of Maternal and Child Health and other early childhood services. These mainstream services are provided through a mixture of Council and State and Federal Government funding along with user fees and charges. These services engage children with a disability as part of their universal service

There are already five well established service providers in addition to Council that operate within Moorabool Shire that are intending to be service providers under the NDIS.

**Merrimu Adult Services** receives both Individual Support Packages (ISP) funding and block funding to deliver disability programs at their centres and social enterprise businesses, advocacy, and service planning in Bacchus Marsh, Melton, Werribee and Ballarat

**Pinarc Disability Services** receives both ISP funding and block funding to deliver disability services including packages, recreational camps, advocacy, case management and service planning in Central Highlands, Melton and Werribee

**E.W.Tipping** receives both ISP funding and block funding to deliver disability services, respite - facility and community based, case management and service planning at centres all over Victoria.
Karden Support receives both ISP funding and disability block funding to provide home and community respite and personal care services, service planning and case management throughout Victoria.

Department of Health and Human Services received block funding for Intake and Response, Case Management, Planning Services, Disability Services register (DSR) and ISP management, Outreach Services, Disability Respite Houses, Behaviour Management Services, and Specialised Services across the Grampians Region.

The NDIS is expected to bring about new and expanded service organisations and great range of choice and control over where people with a disability can access the supports they required.

It is understood that a private health insurer is also intending to provide participants with full services and are currently in negotiations with the Victorian Government in regards to the privatisation of all Victorian Disability houses, specialised services and behaviour management units.

Options for Council

The options identified are (which are not necessarily mutually exclusive, such as Council could decide not to register as a provider under the NDIS but still continue to strengthen its role in making Moorabool more inclusive and accessible for people with a disability):

- Council register as a provider under the NDIS
- Council not register as a provider under the NDIS;
- Council take no decision in relation to registration until further information on the condition of the local provider market is known;
- Council continue to strengthen its role in making Moorabool a more inclusive and accessible community and advocating for the needs of people with disabilities and deliver the Home and Community Care/Commonwealth Home Support Program for people under 65 that are ineligible for NDIS.

Council register as a provider under the NDIS

In order for the Council to continue to provide disability respite services; services to HACC NDIS eligible clients and possibly expanded range of services to people with a disability, Council is required to be registered with the NDIA.

Council as a provider will compete with other providers in promoting its services to eligible NDIS clients.

As indicated above, the NDIA set the prices for the purchase of services by clients and providers are not able to apply their own fees or a surcharge. It is likely based on the experience of the City of Greater Geelong in the trial site that Council will need to subsidise the cost of the service provided under the NDIS.

Changes including to the Council’s Enterprise Bargaining Agreement (EBA) will need

Council not register as a provider under the NDIS

The NDIA will shift funding from services and redirect it to individuals with a disability who will then “purchase” the services they need. Council as a provider will therefore
compete with other providers in promoting its services to eligible NDIS clients. Clients may not choose to purchase services from the Council and if they do, the payment for the services provided will be paid in arrears.

As indicated above, the NDIA set the prices for the purchase of services by clients and providers are not able to apply their own fees or a surcharge. As per the examples above, the Council will be required to subsidise the provision of services. (Analysis to be completed)

If Council has a service provision budget of $100,000 and over, Council will be required to undergo full certification audits every 3 years and surveillance audits annually. Council’s accreditation has been renewed to the 27 March 2019 having recently just secured re-accreditation. The full certification involves the appointment of an external audit agency that generally cost Council in the vicinity of $15,000.

Significant changes including to the Council’s Enterprise Bargaining Agreement (EBA) will need to be negotiated to reconfigure current council services to operate viably in the NDIS.

There are other specialist disability service providers in the municipality and it is expected that more services will register to provide services to Moorabool residents. Council is not a specialist disability service provider with other providers better placed to provide direct services. It is not clear however how many of these services will be a provider under the NDIS. It is unclear what the local market of NDIS registered providers will be.

The most effective role the Council can play is in a NDIS environment is to continue to strengthen its role in making Moorabool a more inclusive and accessible community and advocate for the needs of people with disabilities.

If Council was to take the decision not to register as a provider, staff would continue to work with NDIA and its providers to ensure existing service users are supported through the service transition process.

The HACC disability funding will reduce over time as eligible clients transition to NDIS, however not all current clients are expected to be eligible for NDIS services and therefore will remain clients of Council serviced through the balance of funding that Council will retain through the agreement with the Victorian Government.

It is unclear whether Council will be required to be registered with the NDIA to continue to provide HACC disability services for ineligible NDIS clients for the life of the next DHHS agreement ending on the 30 June 2019. Further advice is being sought on this matter through the MAV.
Council take no decision in relation to registration until further information on the condition of the local provider market is known

It is uncertain at this stage as to what the provider market in Moorabool may look like under the NDIS. Unlike metropolitan areas where it is expected a strong market of service providers will develop, in rural and remote areas the state of the future provider market is far less certain.

Council continue to strengthen its role in making Moorabool a more inclusive and accessible community and advocate for the needs of people with disabilities and deliver the Home and Community Care/Commonwealth Home Support Program for people under 65 that are ineligible for NDIS


The Strategy represents an integrated approach in that:

• it is a ‘whole of Council’ strategy whereby all areas of Council have a shared responsibility to support healthy active ageing and access and inclusion for people with disabilities; and
• it is a platform for partnerships and collaboration with government departments, regional and local health and community service providers and community groups, in terms of resourcing, service planning, coordination and advocacy.

The Strategy outlines the Council has a range of roles and functions with respect to supporting healthy active ageing and access and inclusion for people with a disability. These include the following:

Council is a provider of services, in particular Home and Community Care (HACC) for frail aged and people with a disability, as well as other services and programs including disability, family and children, youth and recreation.

Council is a strategic planner, in terms of land use and the provision of physical infrastructure (e.g. roads) and social infrastructure (e.g. community facilities).

Council develops policies, strategies and plans to determine priorities and guide allocation of resources for services and infrastructure.

Council is an asset manager of a range of buildings and facilities from which it provides services directly (e.g. libraries) or in which community groups manage on behalf of Council (e.g. community halls and recreation reserves).

Council plays an important community capacity building role, through programs and activities that support social inclusion and health and wellbeing.

As the level of government closest to the community, Council has an important leadership and coordination role, whereby it partners with other levels of government and not for profit sectors to mobilise resources and deliver programs and services.

Finally, Council plays an important role in advocating to other levels of government on community needs and aspirations.
Local governments have a statutory obligation to plan for disability access and inclusion. As highlighted above, under the *Disability Act 2006*, local governments as public sector organisations are required to prepare an action plan that reduces barriers to accessing goods, services and facilities.

In addition, under the *Victorian Local Government Act 1989*, local governments have a responsibility to improve the overall quality of life of people in the local community and to ensure that services and facilities provided by the council are accessible and equitable.

While the NDIS represents an increase in the support available for people with the most significant disabilities, the Council plays an important role in supporting the whole population of people with a disability through meetings its commitment to increasing community inclusion, accessibility and advocacy.

The role Council plays in supporting people with a disability through advocacy, community development and community planning work has been complemented through the Rural Access Program, a partnership between the DHHS, Council and Hepburn Shire designed to make local communities more inclusive of people with a disability.

The HACC disability funding will reduce over time as eligible clients transition to NDIS, however not all current clients are expected to be eligible for NDIS services and therefore will remain clients of Council serviced through the balance of funding that Council will retain.

Council will not be required to be registered with the NDIA to continue to provide HACC disability services for ineligible NDIS clients for the life of the next agreement ending in June 2019.

**Options**

- Council register as a provider under the NDIS
- Council not register as a provider under the NDIS;
- Council take no decision in relation to registration until further information on the condition of the local provider market is known;
- Council continue to strengthen its role in making Moorabool a more inclusive and accessible community and advocating for the needs of people with disabilities and deliver the Home and Community Care/Commonwealth Home Support Program for people under 65 that are ineligible for NDIS.
Appendix 1

Eligibility for NDIS

If you are a person with disability you are required to meet the access criteria to become a participant in the scheme. As a participant, you will be able to access the National Disability Insurance Scheme (NDIS) community linkages and individualised planning processes to identify the reasonable and necessary supports you need to enable you to achieve your goals.

Reasonable and necessary supports as outlined in the plan of the individual, including:
- aids, equipment, home and vehicle modifications
- personal care, community access, specialist accommodation
- domestic assistance, transport assistance, therapies
- guide and assistance dogs, case management and coordination
- specialist employment services, crisis/emergency support

To meet the requirements:

- you have a permanent disability and
- Your impairment substantially reduces your ability to participate effectively in activities, or perform tasks or actions unless you have assistance from other people on most days, or
- you have assistive technology, equipment (other than common items such as glasses) or
- you can’t participate effectively even with assistance or aides and equipment; and
- your impairment affects your capacity for social and economic participation and
- you must be an Australian Citizen

You are likely to require support under the NDIS (and not another service system such as the health or community systems) for your lifetime.

If not eligible, participants can still access general information on mainstream supports and referrals to mainstream and community services.
ATTACHMENT Item 4.3: Fact Sheets and Research Summaries
Fact Sheets & Research Summaries – Key Health and Wellbeing Issues affecting the Moorabool Shire population

Introduction

File No.: 
Author: Danny Colgan  
General Manager: Danny Colgan

The purpose this report is to present a suite of fact sheets and research summaries providing an overview of the key health and wellbeing issues affecting the Moorabool Shire population.

Background

Through its various functions, Council plays a major role in protecting, improving and promoting the health of its residents. As the closest level of government to the community, council works to understand the populations it serves and ensure all residents are provided with an environment which allows everyone to equally achieve the best personal health and wellbeing possible. The fact sheets and research summaries are aimed at providing information about the social and health conditions that affect the health and wellbeing of Moorabool Shire residents.

The fact sheets and research summaries will be used to inform the planning and delivery of council services and to advocate to other levels of government and non-government organisations for investment in local services and infrastructure that will improve the health and wellbeing of Moorabool residents.

Proposal

The fact sheets and research summaries on drug and alcohol; education and employment; family violence; problem gambling; and health are contained in Attachment 1.

Policy Implications

The 2013 - 2017 Council Plan provides as follows:

<table>
<thead>
<tr>
<th>Key Result Area</th>
<th>Representation and Leadership of Our Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>Advocate for services and infrastructure that meets the Shire’s existing and future needs</td>
</tr>
<tr>
<td>Strategy</td>
<td>Advocate on behalf of the community to improve services and infrastructure within the shire</td>
</tr>
</tbody>
</table>
Financial Implications

The fact sheets and research summaries have been prepared using existing resources.

Communications Strategy

The fact sheets and research summaries will be placed on Council’s website and made available on request to individuals and community members. The availability of the fact sheets and research summaries will be promoted through Council’s social media sites.


In developing this report to Council, the officer considered whether the subject matter raised any human rights issues. In particular, whether the scope of any human right established by the Victorian Charter of Human Rights and Responsibilities is in any way limited, restricted or interfered with by the recommendations contained in the report. It is considered that the subject matter does not raise any human rights issues.

Officer’s Declaration of Conflict of Interests

Under section 80C of the Local Government Act 1989 (as amended), officers providing advice to Council must disclose any interests, including the type of interest.

*General Manager – Danny Colgan*
In providing this advice to Council as the General Manager, I have no interests to disclose in this report.

*Author – Danny Colgan*
In providing this advice to Council as the Author, I have no interests to disclose in this report.

Conclusion

Recommendation:

That the S86 Social Development Advisory Committee note the fact sheets and research summaries on key health and wellbeing issues affecting the Moorabool Shire population.

Report Authorisation

Authorised by: [Signature]
Name: Danny Colgan
Title: General Manager Social & Organisational Development
Date: 18 July 2016
FACT SHEET

The number of alcohol related ambulance attendances in Moorabool has risen from 39 in 2011/12 to 83 in 2013/14.

Between December and January 2013, 122 drug offences were recorded. This is an increase of 48.8% on the previous year.

During 2009 there were 37 deaths as a result of alcohol consumption, however in the year of 2010 there were 128 deaths in Moorabool.

10.1% of Moorabool residents are at risk of short term harm from alcohol.

In regional Victoria there was a 198% increase between 2011/12 - 2012/13 in the number of ambulance attendances as a result of ‘ice’.

Between December and January 2013, 122 drug offences were recorded. This is an increase of 48.8% on the previous year.

In Australia, between 2008/09 and 2012/13, hospital separations for psychotic disorders increased by 312% due to methamphetamine.

Drug and Alcohol Use

Alcohol and other drugs are present in Australia and for many are socially acceptable. This is especially evident with respect to alcohol. Within Australia, drinking alcohol is a largely accepted part of the culture. As alcohol is a legal substance it also brings economic benefits via employment, exports and tax revenue.

The harms to individuals, families, communities and Australian society as a whole from alcohol, tobacco and other drugs are well known and one that has wider social and economic costs. Drug use is a serious and complex problem, which contributes to thousands of deaths, substantial illness, disease and injury, social and family disruption, workplace concerns, violence, crime and community safety issues.

The Facts on Alcohol use in Australia

- Alcohol causes an average of 15 deaths in Australia per day, and 5'540 each year.\(^9\)
- More than 430 people are admitted to hospital each day due to alcohol related illness.\(^9\)
- 37.3% of people aged 14 years and over consume alcohol every week in Australia\(^1\)
- 86.2% of Australians aged 14 years and over have drunk alcohol at least once in their lives\(^1\)
- Almost 20% (1 in 5) of Australians aged over 14 years drink at levels that put them at risk of alcohol-related harm over their lifetime\(^1\)

The Facts on Alcohol use in Moorabool

During 2009 in Moorabool, there were 37 deaths as a result of alcohol consumption. In the year of 2010 there were 128 deaths in Moorabool.\(^8\)

Between 2005 - 2013, the rate of emergency department presentations as a result of alcohol consumption has doubled.\(^8\)

The number of alcohol related ambulance attendances has risen from 39 in 2011/12 to 83 in 2013/14.

Between 2008/09 - 2012/13, the number of assaults during 'high alcohol hours' had almost tripled.

10.1% of Moorabool residents are at risk of short term harm from alcohol consumption.\(^7\)

The Facts on Alcohol use in Victoria

- There were 30 alcohol-related ambulance attendances in metropolitan Melbourne per day in 2012/13 (a 25% increase from the prior year), and 10 per day in regional Victoria (a 30% increase).\(^5\)
- 46.4% of adolescents aged 12—14 years in Victoria had ever drunk alcohol (surveyed in 2009), while 23.8% had drunk alcohol in the past 30 days.\(^6\)
- There were 1,214 deaths as a result of alcohol in Victoria in the year 2010.\(^9\)
The Facts on Drug use in Australia

1 in 7 Australian had used an illicit drug within the 12 months prior to the National Drug Strategy Household Survey 2013.\(^\text{10}\)

- In 2013, 11.4% of Australians had misused pharmaceuticals in their lifetime.\(^\text{10}\)
- 17% of young people aged 12—17 years have tried inhalants\(^\text{11}\)
- 8.1% of Australians aged 14 years and over have used cocaine one or more times in their life\(^\text{1}\).
- 10.9% of Australians aged 14 years and over have used ecstasy one or more times in their life\(^\text{1}\).
- 9.4% of Australians aged 14 years and over have used hallucinogens one or more times in their life\(^\text{1}\).
- 1.2% of Australians aged 14 years and older have used heroin one or more times in their life\(^\text{1}\).
- Around 1 in 8 (12.8%) Australians aged 14 years and over smoke daily\(^\text{1}\).
- In 2012, 12.5% of all mothers reported that they had smoked while pregnant.\(^\text{12}\)

Of all illegal substances, heroin and other opioids were involved with the largest number of drug-related deaths, despite the number of people using them being low compared to other substances. Amphetamines including 'ice' have the second highest death rate of illegal drugs.\(^\text{13}\)

7.0% of Australians aged 14 years and over have used meth/amphetamines (including ‘ice’) one or more times in their life.\(^\text{1}\)

- 2.1% of Australians aged 14 years and over have used meth/amphetamines in the previous 12 months. Of these people, 50.4% report crystal or ice as main form of the drug used.\(^\text{1}\)
- Among those who use ice, the proportion of people who used at least once a week or more increased from 12.4% in 2010 to 25.3% in 2013.\(^\text{1}\)

34.8% of Australians aged 14 years and over have used cannabis one or more times in their life\(^\text{1}\).

- 10.2% of Australians aged 14 years and over have used cannabis in the previous 12 months\(^\text{1}\).
- 14.8% of 12–17 year olds have tried cannabis – it is the most commonly used illicit drug among this age group\(^\text{11}\)

Between 2008/09 and 2012/13, hospital separations for psychotic disorders due to methamphetamine increased by 312%\(^\text{21}\).

Also, stimulant use increased by 158% and stimulant poisonings increased by 41%\(^\text{21}\).
The Facts on Drug use in Moorabool

Evidence from Rural Ambulance Victoria, Victoria Police and Drug and Alcohol providers indicates that it is a growing problem particularly in rural and regional communities.

- In regional Victoria, Latrobe, Moorabool and Horsham had the highest population rates of crystal methamphetamine (Ice) - related ambulance attendances in 2012/13.
- In 2009, 9.3 per cent of adolescents aged 12 to 14 years in Grampians Region had sniffed glue or chromed. This was higher than the proportion of adolescents aged 12 to 14 surveyed in Victoria. 16

In Moorabool between January and December 2013, 122 drug offences were recorded. This is an increase of 48.8% on the previous year. 16

The Facts on Drug use in Victoria

In metropolitan Melbourne there was an 88% increase in the number of ambulance attendances for ice (crystal methamphetamine) between 2011/12 and 2012/13, up to an average of 3 per day. In regional Victoria, the increase was 198% 5

- Between 2011/12 and 2012/13, there was a 10% increase in the number of ambulance attendances for cannabis in metropolitan and regional Victoria that resulted in hospital transportation 5.
- Ambulance attendances for cannabis continue to rise, with more than double in 2012/13 than in 2003/04 in metropolitan Melbourne 5.
- In both metropolitan and regional Victoria, there was an over 60% increase in the number of ambulance attendances where the patient believed they had taken ecstasy between 2011/12 and 2012/13 5.
- The daily number of all amphetamine-related ambulance attendances in 2012/13 increased significantly compared with the previous year – 88% increase in metropolitan Melbourne 5.

Drug & Alcohol Treatment

- During 2009-10 in Victoria, 138 funded alcohol and other drug treatment agencies and outlets provided 52,133 treatment episodes. This was an increase of two agencies and about 5,000 treatment episodes compared with 2008-09.
- During this time, the average ages of persons receiving treatment for their own drug use was 32 years old, and those seeking assistance for someone else’s drug use was 35 years old.
- Alcohol (46%), cannabis (23%), opioids (19%, with heroin alone accounting for 14%), and amphetamines (5%) were again the most common principal drugs of concern.
- Counselling was the most common form of main treatment provided, followed by withdrawal management (detoxification) (19%) and support and case management (13%). 15

Drug & Alcohol Prevention

The Australian Drug Foundation has identified that “Community prevention acknowledges that our behaviour is influenced by our social environment. We are stronger and more effective when we act together rather than acting alone... Primary prevention contributes to the national policy of harm minimisation by reducing the demand for Alcohol and other Drugs through education, health promotion and community development, and reducing the supply of Alcohol and other Drugs via legislation, regulation and policy.” 17
Government Policies - Commonwealth

The Commonwealth Government will be working with States and Territories to develop a National Ice Action Strategy to tackle the ice (crystal methamphetamine) problem.

The Australian Crime Commission considers ice poses the highest risk of all illicit drugs to our community with ice use rates almost doubling in the last twelve months. In April 2015, a National Ice Taskforce was established to provide advice to Government on the impacts of ice in Australia and actions needed to address this growing problem. In response to the findings of the Taskforce, the Commonwealth government have developed an action plan focusing on five key area to tackle this problem head on. The key areas are:

1. Empower local communities and more support for families
2. Target prevention and education to those most at risk
3. Further investment in treatment and workforce support
4. Focused law enforcement
5. Better research, evidence and guidelines

Government Policies - State

Reducing the alcohol and drug toll: Victoria’s plan 2013 - 2017

This is Victoria’s first whole of government strategy to reduce the impact of alcohol and drug abuse on the Victorian community. The strategy sets out a 15-point plan that provides a response to the three major drug types, alcohol, pharmaceutical drugs and illegal drugs. It also focuses on care, treatment and recovery as well as strengthening leadership and coordinated action in reducing the alcohol and drug toll.

In recent times the Victorian government has focussed particular attention on the drug Ice, which receives considerable media coverage. The Victorian Parliamentary Committee Inquiry into the Supply and Use of Methamphetamine in Victoria published in September 2014, highlights the impact of ice use in our communities, particularly in rural, regional and Aboriginal communities. The Inquiry recognised the important role local communities can play in addressing the methamphetamine problem, with local effort harnessing community resources and knowledge to develop tailored responses to different local needs.

Inquiry into the Supply and Use of Methamphetamine in Victoria

The Inquiry report includes 54 recommendations for action which are based on a series of principles that draw on evidence around ‘what works’ to reduce methamphetamine-related harms. The principles state that an effective response needs to treat methamphetamine abuse as a health issue that requires a multi-faceted, whole-of-community approach, giving equal balance to supply, demand and harm reduction. An effective response also needs to reflect individual needs and potential sensitivities.

The inquiry highlighted that the relative containment of smaller regional Victorian towns and communities can in fact lend itself to some innovative policy development, with some local Councils leading by example and providing innovative ways of bringing the community together to address drug-related problems.

$18 million will be provided so that up to 500 more Victorians each year can access drug rehabilitation services (priority is being given to regional and rural services)

$4.7 million to expand family supports for those affected by a loved one’s ice use, alongside a new family training course

$1 million for additional training for our front-line workers, through development of a standard ice training course, as well as expanded clinical supervision training for drug treatment and mental health workers

An additional $1.8 million to enhance the capacity of Needle and Syringe Programs to reduce harm from injecting ice.

Other related commitments include $15 million for drug and booze buses and $500,000 for community action groups.

The Victorian government has just launched the help line for families of ice addicts, as part of a larger plan to combat the scourge of methamphetamines. The advice line - 1800 423 238 – is targeted as a ‘one-stop shop’ for concerned family members and frontline workers seeking specialist advice.
The Health and Wellbeing of our community is determined by not only physical and psychological factors, but also by the way we live and work, our social networks, friends and family, how we access leisure facilities, availability of services in our area, laws and regulations governing our community. Drug and alcohol abuse is one of the five key focus areas of the plan.

Under Priority Area 1: Community Connectedness, the plan seeks to achieve “the development of new and expanded services that address issues such as family violence, drug and alcohol abuse, mental health issues and support disadvantaged people in our communities. The plan contains an action to “advocate to the State and Federal Government for increased access to drug and alcohol counselling”.

A recent annual review of the Health and Wellbeing Plan identified the need to revise the Health and Wellbeing Plan to include the following action:

“That a partnership approach be undertaken to investigating the impact of ICE on the community and that a strategy be developed to address this issue including determining the Council’s role”. The Council endorsed the inclusion of the action in the health and wellbeing plan.

Moorabool Shire Council are also an active member of the Moorabool Drug Action Group which was formed in 2015. The mission of the group is to “reduce the harms caused by alcohol and other drugs to the Moorabool community through co-ordinated and integrated evidence-based strategies”.

Council’s efforts and energies are best focused on:

- Local research
- Advocacy
- Leadership
- Community mobilisation
- Facilitating networks and partnerships with government and non-government agencies; and
- Referral to specialist drug and alcohol services.

Council services such as early years, youth services and community development provide opportunities that prevent pathways in and contribute to pathways out of drug use. Council also provides syringe collection and disposal services.

Council services play a role in community education; prevention and early intervention. An example is the Council’s Active8 program has a preventative element to its approach through seeking to address issues with young people that can eventually lead to alcohol and drug use.

For further information, please see the Moorabool Drug Action Group Facebook page: www.facebook.com/MooraboolDrugActionGroup or visit the Moorabool Shire Council website: www.moorabool.vic.gov.au
**Programs & Services available to Moorabool residents**

### Local Services

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Service Offered</th>
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<tbody>
<tr>
<td>Djerriwarrh Health Services</td>
<td>Alcohol and Other Drug Counselling. Needle Syringe Program. Bed for Drug Rehabilitation</td>
</tr>
<tr>
<td>Ballarat Community Health</td>
<td>Alcohol and Drug Youth Outreach Service</td>
</tr>
<tr>
<td>Uniting Care</td>
<td>Alcohol &amp; Drug Program - Tabor House</td>
</tr>
<tr>
<td>Bluebird House</td>
<td>Bluebird House is a recently established not-for-profit organisation is that dedicated to treating those battling substance addiction. In the context of a therapeutic community, offering a minimum of 90 days stay, in which the emphasis will be on peer-based support, Bluebird House aims to provide help for those who desperately need and want it, and for whom the cost of private rehabilitation is unaffordable.</td>
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### State-wide Services

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Service Offered</th>
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</thead>
<tbody>
<tr>
<td>DirectLine - 1800 088 236</td>
<td>24/7 Confidential alcohol and drug counselling and referral line.</td>
</tr>
<tr>
<td>1800 ICE ADVICE - 1800 423 238</td>
<td>24/7 Advice and support for people who use ice, their families and health professionals</td>
</tr>
<tr>
<td>ACSO Connect—1300 022 760</td>
<td>Intake &amp; Assessment Service</td>
</tr>
<tr>
<td>YSAS (Youth Support &amp; Advocacy Service) - <a href="http://www.ysas.org.au">www.ysas.org.au</a></td>
<td>Specialises in offering treatment, support and early intervention for vulnerable young Victorians (aged 10—25 years) struggling with substance dependence</td>
</tr>
<tr>
<td>Pharmacotherapy, Advocacy, Mediation &amp; Support (PAMS) - 1800 443 844</td>
<td>Advice for anyone experiencing trouble with their pharmacotherapy program (Methadone, Suboxone, etc). Operates Monday to Friday 10am – 6pm</td>
</tr>
<tr>
<td>Youth Drug and Alcohol Advice (YoDAA) Line - 1800 458 685</td>
<td>Telephone information and advice for young people and others concerned about them</td>
</tr>
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</table>

### Nation-wide Services

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Service Offered</th>
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<tbody>
<tr>
<td>Family Drug Support - 1300 368 186</td>
<td>24/7 Support for families faced with problematic drug use</td>
</tr>
<tr>
<td>Cannabis Information and Helpline - 1800 30 40 50</td>
<td>Information and support for people who use cannabis, their families and health professionals</td>
</tr>
<tr>
<td>Counselling Online - counsellingonline.org.au</td>
<td>24/7 Free alcohol and drug counselling online</td>
</tr>
<tr>
<td>Beyond Blue - 1300 224 636</td>
<td>24/7 support for depression, anxiety and related disorders</td>
</tr>
<tr>
<td>Kids Help Line - 1800 55 1800</td>
<td>24/7 Free and confidential telephone and online counselling service for young people aged between 5 and 25 years.</td>
</tr>
<tr>
<td>Lifeline - 13 11 14</td>
<td>24/7 Confidential telephone counselling</td>
</tr>
<tr>
<td>Quitline - 13 78 48</td>
<td>Operates Monday - Friday 8am - 8pm.</td>
</tr>
<tr>
<td>SANE Australia Helpline - 1800 187 263</td>
<td>Information and referral about mental health issues. Operates 9am—5pm Monday to Friday.</td>
</tr>
<tr>
<td>Say When - <a href="http://www.betterhealth.vic.gov.au/saywhen">www.betterhealth.vic.gov.au/saywhen</a></td>
<td>Online support for monitoring alcohol intake</td>
</tr>
<tr>
<td>Adverse Medicine Events Line - 1300 134 237</td>
<td>To report and discuss adverse experiences with medications. This service is not for emergencies. Operates 9am—5pm Monday to Friday</td>
</tr>
<tr>
<td>Medicines Line - 1300 633 424</td>
<td>Information on prescription, over-the-counter and complementary (herbal, ‘natural’, vitamin and mineral) medicines</td>
</tr>
</tbody>
</table>
References

FACT SHEET

In Moorabool, there was a $333 loss per capita of the adult population in 2014/15.

Moorabool Shire residents lost $21,834 to pokie machines per day (on average) between 2014-2015.

In 2013/14, $2.5 billion was lost on pokie machines within Victoria.

Over half of people with gambling problems in Australia (56%) report perpetrated physical violence against their children.

Children with parents who are problem gamblers are up to 10 times more likely to become problem gamblers.

There are between 310,000 and 510,000 adults in Australia who are experiencing moderate or significant problems with their gambling.

Problem gamblers lose around $21,000 each year. That’s one third of the average Australian salary.

The social cost to the Australian community of problem gambling is estimated to be at least $4.7 billion each year.

Problem Gambling

There are up to 510,000 adults in Australia who are experiencing problems with their gambling. For each person with significant gambling issues, about 7 ‘significant others’ are adversely affected.

Up to 80% of problem gambling is through the use of Electronic Gaming Machines / pokies, and gamblers from socially and economically disadvantaged communities in Victoria lose the most amount of money.

Problem gambling can result in a number of issues, such as depression, suicide, relationship breakdown, job loss, bankruptcy, crime and lowered work productivity. Family members of people with gambling problems state that some common problems can be: anger and violence; the loss of household or personal money; arguments; lies and deception; poor communication; negatively affected relationships; and the development of gambling problems or other addictions within the family.

The Facts on Problem Gambling in Australia

- In 2008-09, Australians spent over $19 billion on gambling; around $12 billion of which was spent playing the pokies.
- Up to 510,000 Australians are, or are at risk of becoming problem gamblers.
- The social cost to the Australian community of problem gambling is estimated to be at least $4.7 billion a year.
- Only around 15 per cent of problem gamblers seek help.
- One in six people who play the pokies regularly has a serious addiction.
- Problem gamblers lose around $21,000 each year. That’s one third of the average Australian salary.
- Young people (aged 18-24 years) in Australia spend more on pokie machines than any other age group.
- Three-quarters of problem gamblers have problems with pokie machines. It’s even higher for women – in 9 out of 10 cases pokie machines are identified as the cause of problems for women.

The Facts on Problem Gambling in Moorabool

- $7,969,313 was lost on pokie machines in Moorabool between 2014-2015. That’s $72,448 per machine.
- In Moorabool, there was a $333 loss per capita of the adult population in 2014/15.
- $8,495,495.58 was spent on pokies in Moorabool in 2011-12. That’s an average of $379 per adult per capita.
- In 2013 there were 110 pokie machines located in the Moorabool Shire.

The Facts on Problem Gambling in Victoria

- In 2014-2015, $2.572 billion was spent on pokies in clubs and hotels in Australia, according to the Victorian Commission for Gambling and Liquor Regulation.

A Victorian study conducted in 2014 found that:

- An estimated 391,200 (2.79%) of Victorian adults were low-risk gamblers.
- An estimated 35,600 Victorian adults were problem gamblers.
- Approximately 122,500 Victorian adults reported experiencing problems because of someone else’s gambling in the 12 month prior to the study.
- 41.59% of problem gamblers reported experiencing problems because of their own gambling.

Moorabool Shire residents lost $21,834 to pokie machines on average every day between 2014 - 2015.
Population groups at risk of becoming problem gamblers

Men
Women are significantly less likely to be problem gamblers compared to men.\(^1\)
Younger men are over-represented as problem gamblers. The Victorian Gambling Study has shown in one study that the risk for problem gambling among adult females was 0.47% versus 0.95% for Victorian adult males.\(^13\)

Aboriginal and Torres Strait Islander
People whose gambling is in the ‘problem’ category, meaning they are likely to be experiencing significant harm from their gambling, are much more likely to identify as Aboriginal or Torres Strait Islander.\(^15\)

Young people
Young people (aged 18—24 years) spend more than any other age group on pokie machines. Many adult gamblers have reported that they developed gambling problems during their teenage years.\(^8\)
Research suggests that more than 40% of young people who have an interest in videogames which have gambling-like features, also have a preoccupation with gambling or intend to gamble in the future.\(^12\)

People with mental health issues
Many studies have identified that a substantial amount of problem gamblers have other psychological problems\(^13\) and there are strong associations between problem gambling and depression. In one international study, almost half of problem gamblers who were surveyed had reported that they’ve had suicidal thoughts.\(^14\)

- Children who have a parent who is a problem gambler, are more likely to develop gambling addictions compared with those who have parents who are not problem gamblers.\(^4\)

The impacts of Problem Gambling

Gambling problems can impact negatively on intimate relationships and the functioning of family. Partners and family members including children, siblings, parents & grandparents can be affected. The most common impacts on family members of people with gambling issues, include; financial difficulties, emotional issues and impaired family relationships. Common issues that family members or problem gamblers have reported include: the loss of household or personal money; arguments.

There is consistent evidence of an association between gambling problems and family violence.\(^16\)

- Problem gamblers are six times more likely to be divorced than non problem gamblers X 6 more likely
- Problem gamblers are four times more likely to have problems with alcohol and four times as likely to smoke daily than non problem gamblers X 4 more likely
- Children with parents who are problem gamblers are up to 10 times more likely to become problem gamblers themselves than children with non gambling parents\(^16\) X 10 more likely
- The impacts that the social cost of problem gambling to the community is estimated to be at least $4.7 billion each year.\(^17\)

Other community impacts include: higher rates of unemployment, diabetes, obesity, crime and reportable family violence incidences. There are some hidden costs to the community in terms of detrimental health impacts, increased GP visits, loss of productivity and other side effects of poor mental health outcomes.

Protective Factors:
- Being female
- Having higher social resources and networks and being engaged in the community
- Being born in Australia
- Expecting gambling will lead to negative outcomes\(^16\)
The Victorian Government states that it is committed to working with the community, industry, employers, and employees to prevent and address problem gambling, and to foster responsible gambling.

The Victorian Responsible Gambling Foundation was established in 2012, as an independent statutory authority. The Foundation is responsible for the non-policy functions delivered by the Victorian Office of Liquor, Gaming and Racing. The Foundation provides information to the community on responsible gambling.

The Foundation works with a range of stakeholders to develop:
- community education and awareness raising activities to foster responsible gambling and promote problem gambling help services
- funding of services to assist problem gamblers and their family and friends
- research to inform best practice in problem gambling treatment and prevention and responsible gambling communication
- information about gambling regulation and licence approval processes to the Victorian community through the Gambling Information Resource Office.

The Victorian Responsible Gambling Foundation’s local prevention program awarded $2.2 million to 15 health and community organisations to deliver projects across the state during 2014-2015.

Projects targeting young people, seniors, Vietnamese families, apprentices, at-risk gamblers and Chinese restaurant workers are being funded under the program. The projects also target Aboriginal and Torres Strait Islander communities, international students, prisoners and the wider community.

Believed to be the biggest local prevention program targeting at-risk communities and groups in Australia, the program targeted vulnerable communities and groups where the risk factors for developing issues with gambling are highest.

The Victorian Responsible Gambling Foundation has launched a youth engagement strategy to put the spotlight on gambling and young people. *Gambling's not a game* aims to engage young people, parents, schools, sporting clubs and the wider community about the influence that gambling has on young people through sport, social media, online games and advertising.

There are a number of laws that govern how gambling is conducted in Victoria, the licensing and regulation of gambling providers and rules of compliance in Victoria are set out in a number of legislation and regulations. Information on these laws can be found at www.responsiblegambling.vic.gov.au

The Transforming Spin to Community Win project is a partnership between the Victorian Primary Care Partnership Network and the Victorian Local Governance Association (VLGA) and funded by the Responsible Gambling Foundation. The project aimed to increase the capacity of local governments to effectively deliver and promote alternative activities to gambling that can divert at risk gamblers. Four local governments have undertaken activities in their community which aim to:
- Prevent problem gambling and related harm
- Build participative communities.

Other initiatives that are also funded by the Responsible Gambling Foundation include: Clayton Canvas (City of Monash), The Re Spin Gambling Awareness Speakers Bureau, and the Reducing Gambling Frequency with Culturally and Linguistically Diverse Communities (Health West Primary Care Partnership).

Local Government

The Moorabool Shire Council Health & Wellbeing Plan 2013-2017 Action Plan has identified the following as a key action in order to improve the wellbeing of our communities:

“Develop a Council Policy about problem gambling and the impacts on the community.”

This action is marked as a Year 4 action, due to be developed in 2017.
### Programs & Services available to Moorabool residents

<table>
<thead>
<tr>
<th>Local Services</th>
<th>State &amp; National Services</th>
</tr>
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<tbody>
<tr>
<td>Gamblers Help Services - Child and Family Services</td>
<td>24/7 support for gamblers and their family and friends.</td>
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<tr>
<td>5337 3333</td>
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</tr>
<tr>
<td>Specific assistance is offered to people with financial difficulties arising from the problem gambling behaviour of themselves or a family member. Financial counselling and referral to counselling support is available.</td>
<td>24/7 Counselling, Information &amp; Support</td>
</tr>
<tr>
<td>State &amp; National Services</td>
<td></td>
</tr>
<tr>
<td>Governor’s Help - 1800 858 858</td>
<td>24/7 advice and support which is anonymous, confidential and free.</td>
</tr>
<tr>
<td>Gambling Help Online - <a href="http://www.gamblinghelponline.org.au">www.gamblinghelponline.org.au</a></td>
<td></td>
</tr>
<tr>
<td>Gambler’s Help Youthline - 1800 262 376</td>
<td>24/7 advice and support which is anonymous, confidential and free.</td>
</tr>
<tr>
<td>Peer Connection - 1300 133 445</td>
<td>Free &amp; confidential support from people who have been problem gamblers</td>
</tr>
<tr>
<td><a href="http://www.peerconnection.org.au">www.peerconnection.org.au</a></td>
<td></td>
</tr>
<tr>
<td>Beyond Blue - 1300 224 636</td>
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<tr>
<td>Lifeline - 13 11 14</td>
<td>24/7 Confidential telephone counselling</td>
</tr>
<tr>
<td>Fight for you - <a href="http://www.fightforyou.com">www.fightforyou.com</a></td>
<td>100 day online challenge to address gambling issues</td>
</tr>
</tbody>
</table>
References

19 Victorian Local Governance Association, Transforming Spin to Community Win. Retrieved: http://www.vlga.org.au/What-were-doing/Preventing-Harm-from-Gambling/Transforming-Spin-to-Community-Win
1 in 3 women experience partner violence globally.

In Australia, 1 woman is killed almost every week due to family violence.

The rate of police callouts for Family Violence Incidents between 1999 - 2015 in Moorabool have increased by 243% compared with 165% in Hepburn.

The number of family violence incidents in Moorabool increased from 131 (2006-2007) to 222 (2011-2012). This is a 69.5% increase.

There was a 91% increase in the number of family violence court cases in Moorabool from 136 (2006-2007) to 260 (2009-2010).

Every 8 Minutes

Children & young people were involved as other parties in 46% of family violence incidents in Moorabool (2011/2012).

The proportion of family violence in Moorabool has been at least 9.4% (or higher) than the Victorian average for at least the past five years.

The rate of family violence incidents in Moorabool has risen by 20.3% in a 5 year period.

The rate of police callouts for Family Violence Incidents between 1999 - 2015 in Moorabool have increased by 243% compared with 165% in Hepburn.

What is Family Violence?

Family violence is any behaviour that is violent, threatening, controlling or coercive that occurs in family, domestic or intimate relationships. It includes physical assault, sexual assault, emotional and psychological abuse, economic control, social isolation, damage to property and any behaviour causing a person to live in fear.

The Facts - Australia

- In Australia, since the age of 15 years; 1 in 6 women & 1 in 19 men had experienced physical or sexual violence from a current or former partner. In Australia, one woman is killed almost every week by her current or former partner.
- 52 women have been killed violently in Australia in the first 6 months of 2015. Two-thirds of those were killed by a former or current partner.
- The Australian Bureau of Statistics (ABS) conducted a national survey which found that:
  - One in three women had experienced physical violence since the age of 15.
  - Almost one in five women had been sexually abused since the age of 15.
  - 16% of women had experience violence by a current or previous partner since the age of 15.

The Facts - Victoria

- In 2014 in Victoria, 68,134 family violence offences were recorded. This is a 70.2% increase since 2010.
- Police attend a family violence incident every 8 minutes.
- 53,664 of the affected family members were female.
- Children are present in 1 out of every 3 family violence cases reported to Victorian Police.

The Facts - Moorabool

Between 2010/11 – 2014/15 the rate of family incidents within the Moorabool Shire have risen by 20.3%.

Family Violence Incidents in Moorabool

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<tr>
<td></td>
<td>171</td>
<td>219</td>
<td>330</td>
<td>309</td>
<td>384</td>
</tr>
</tbody>
</table>

- The number of family violence incidents in Moorabool increased from 131 in 2006-2007 to 222 in 2011-2012. This is a 69.5% increase.
- The rate of police callouts for Family Violence Incidents between 1999 - 2015 in Moorabool have increased by 243% compared with 165% in Hepburn.
- The proportion of family violence in Moorabool has been at least 9.4% (or higher) than the Victorian average for at least the past five years.
- Children and young people were involved as other parties in 46% of family violence incidents in Moorabool (2011/2012).

There was a 91% increase in the number of family violence court cases in Moorabool from 136 (2006-2007) to 260 (2009-2010).
SOCIAL ISSUES PAPER

Population groups at risk of family violence

Young Women:
Studies show that the risk of violence by a male intimate partner can be three to four times higher than the risk for women across all age groups. 14% of young Australian women aged 12 – 20 years have experienced sexual assault. Findings from the Personal Safety Survey show that the preceding 12 months, 12% of women aged 18 -24 years had experienced at least one incident of physical and/or sexual violence compared 7% of women aged between 35 – 44 years. 9
Young people aged 12-25 years of age represented 19 percent of the total Moorabool Shire population in 2011. 10

Pregnant Women:
The Personal Safety Survey has shown that more 36% of women who had experienced violence by a previous partner, reported that the violence occurred during pregnancy as well as at other times. 17% of women who had experienced violence by a previous partner for the first time were pregnant at the time. 9

Aboriginal and Torres Strait Islander women
Studies have found that Indigenous women in remote and regional areas experience rates of family violence up to 45 times higher than other women.
The International Violence against Women Survey finds that 20% of Indigenous women experienced physical violence in the previous 12 months compared to 7% of non-Indigenous women in Australia. Meanwhile, 12 per cent of Indigenous women experienced sexual violence in the previous 12 months compared to four per cent of non-Indigenous women.9
It is estimated that almost 10% of the Moorabool Shire population are of Aboriginal and/or Torres Strait Islander origin. 10

Women with disabilities
Women with disabilities are known to be particularly vulnerable to violence, especially when perpetrators are carers who are in a position of exerting control and power. Women with disabilities are also at risk of violence from people with whom they share a house or residence. It is not uncommon for women with disabilities to experience violence by more than one person in their lifetimes. Women with disabilities are also vulnerable to more severe forms of violence.9

“305 people or 4.6% of the population in Moorabool Shire in 2011, reported needing help in their day-to-day lives due to disability.” 10

Women and girls with disabilities are twice as likely to experience violence as those without 9

Aboriginal women are 35x more likely to be hospitalised by family violence then other women 9

Women in rural and remote areas
Australian studies have identified that rates of violence between intimate partners are highest in very remote regions of Australia. 9
Impacts of family violence

In Victoria, violence from an intimate partner is responsible for significantly more ill-health and premature death than any other well-known risk factors in women under 45 years of age. This includes obesity, smoking, high blood pressure, illicit drugs and alcohol abuse. The health consequences of violence can persist long after violent episodes have occurred. Women who have been exposed to violence have a greater risk of developing a range of health psychological and physical issues. They are more likely to engage in practices that are harmful to their health and overall have poorer physical health. They also have difficulties in accessing health services.

Australian studies have identified that businesses are losing at least $500 million per year because of the effects of intimate partner violence, with victims taking just under $30 million per year in sick leave. Associated staff turnover costs a further $6 million each year.

The affects of family violence impact on not only the victims, but their children, families, friends, employers and co-workers, and can negatively impact on the quality of life in a local community.

Indirect costs of violence to the community include costs of medical treatment for injured victims, counselling services for both victims and perpetrators and court costs.

In Australia during 2007-08, 55% of all female homicide victims were killed by their male intimate partners. During this time, 80 people in Australia were killed as a result of intimate partner violence, with 78% being females. The actions of the small percentage of women who kill their male partners almost always occur as a result of existing violence towards them in the form of physical and sexual assaults by their partners.

Violence during pregnancy is associated with miscarriage, late entry to prenatal care, stillbirth, premature labour and birth, foetal injury, and low birth weight.

Government Policies - Commonwealth

The National Plan to Reduce Violence against Women and their Children 2010-2022 provides a framework for action by the Commonwealth, state and territory governments to reduce violence against women and their children. The focus will include improving how governments collaborate, increase support for women and children and develop innovative and targeted ways to bring about change.

The vision of the National Plan is that ‘Australian women and children live free from violence in safe communities.’

Government Policies - State

Victoria’s Action Plan to Address Violence Against Women & Children—Everyone has a responsibility to Act 2012-2015 takes a direct approach: that violence against women is not acceptable. The Action Plan takes a preventative approach, where organisations and communities collaborate to:

- “prevent family violence from occurring
- Intervene earlier to identify and support women and children who are at risk of violence
- Respond to violence by holding perpetrators to account, ensure connected services are available and provide strong deterrents to stop re-offending”
The role of local government is to identify areas of need and implement strategies to enhance the health and wellbeing of our community. The Moorabool Shire Council Health & Wellbeing Plan 2013—2017 takes a holistic approach, aiming to achieve “The development of new and expanded services that address issues such as family violence” and other social issues that are often related to family violence, such as alcohol and drug abuse, mental health issues and supporting disadvantaged people in the community.

The Moorabool Shire Municipal Early Years Plan (MEYP) 2015-2021 outlines the below key outcomes & objectives aimed at supporting families and children experiencing family violence:

**Priority Area One: More available and accessible services**

**Outcome:** Families and children experiencing family violence have access to coordinated support from services.

**Objective:** To promote a collaborative and coordinated agency approach to resource and support for families experiencing family violence.

**Actions:**
- Review the Terms of Reference of the Family Violence Network
- Identify, review and simplify current referral and support systems for families experiencing family violence, to ensure a collaborative, coordinated response from participating agencies.
- Monitor the Victorian Royal Commission on Family Violence.
- In line with the Health & Wellbeing Plan explore the feasibility of gender equity or violence prevention initiatives that assist parenting. This includes advocating to State and Federal governments for increased funding to ensure the continued provision of resources for families experiencing family violence.
Listed below are the Family Violence support services and programs that are available to Moorabool residents

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<tr>
<td>Djerriwarrh Health Services</td>
<td>Safe Steps – Family Violence Response Centre</td>
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<tr>
<td>WRISC (Women’s Resources and Information Support Centre)</td>
<td>Domestic Violence Resource Centre Victoria</td>
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<tr>
<td>Child and Family Services (CAFS)</td>
<td>Women’s Information Referral Exchange (WIRE)</td>
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<tr>
<td>Berry Street</td>
<td>Sexual Assault Crisis Line Victoria (SACL)</td>
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<td>Brimbank Melton Community Legal Centre</td>
<td>Men’s Referral Service</td>
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<tr>
<td>Ballarat CASA (Centre Against Sexual Assault)</td>
<td>Child Protection Crisis Line</td>
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<td>Grampians Community Health</td>
<td>Victoria Police - Sexual Offences and Child Abuse Investigation Team (SDCIT)</td>
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<tr>
<td>Central Highlands Community Legal Centre Inc</td>
<td>Victoria Police</td>
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<td>Ballarat Community Health</td>
<td>Victoria Legal Aid</td>
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<td>Women’s Health Grampians</td>
<td>1800 RESPECT</td>
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<td>inTouch Multicultural Centre Against Family Violence</td>
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<td>Elizabeth Hoffman House Aboriginal Women’s Service</td>
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<td>Aboriginal Family Violence Prevention and Legal Service Victoria</td>
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**Listed below are the Family Violence support services and programs that are available to Moorabool residents**

- **Local Services**
  - **Djerriwarrh Health Services**: Counselling – Family Violence Prevention
  - **WRISC (Women’s Resources and Information Support Centre)**: Information & referral, Crisis Intervention, Court Support, Homelessness support, Advocacy, Counselling & support programs for women and children.
  - **Child and Family Services (CAFS)**: Family Violence Interventions Program, Housing Support, Children’s contact service, Men and Family Relationships service.
  - **Berry Street**: 24 hour crisis support for women and children who have experienced family violence and/or are at risk due to family & domestic violence. Information & referral, advocacy, referral to refuge accommodation.
  - **Brimbank Melton Community Legal Centre**: Offers legal advice in regards to family violence
  - **Ballarat CASA (Centre Against Sexual Assault)**: Provides free and confidential counselling and support for victim/survivors of past or recent sexual assault.
  - **Grampians Community Health**: Housing support for victims of family violence & counselling.
  - **Central Highlands Community Legal Centre Inc**: Legal support.
  - **Ballarat Community Health**: Family Violence Counselling.
  - **Women’s Health Grampians**: Provide women’s health and wellbeing leadership, advice and support to policy makers and service providers.

- **State & Nation-wide services**
  - **Safe Steps – Family Violence Response Centre**: 24/7 family violence response service. Provide assistance with safety planning, safe and refuge housing, outreach, information and advocacy.
  - **Domestic Violence Resource Centre Victoria**: Information and referral to local services and support groups.
  - **Women’s Information Referral Exchange (WIRE)**: Information, support and referral for women, including referral to counselling.
  - **Sexual Assault Crisis Line Victoria (SACL)**: A state-wide, after-hours, confidential, telephone crisis counselling service for victim/survivors of both past and recent sexual assault.
  - **Men’s Referral Service**: An anonymous and confidential telephone service provided for men by men. For men wanting to stop violent or abusive behaviour towards their family members, but are not sure how or where to go for advice. Women may also call the Men’s Referral Service seeking information and help for their male partner, husband, relative or friend.
  - **Child Protection Crisis Line**: State-wide. To discuss concerns or to report child abuse.
  - **Victoria Police - Sexual Offences and Child Abuse Investigation Team (SDCIT)**: Report domestic violence or sexual assault.
  - **Victoria Police**: Report an emergency.
  - **Victoria Legal Aid**: Legal Support.
  - **1800 RESPECT**: National Sexual Assault, Family and Domestic Violence Counselling Service.
  - **inTouch Multicultural Centre Against Family Violence**: Provides information, support and referrals to women from culturally and linguistically diverse backgrounds in their first language.
  - **Elizabeth Hoffman House Aboriginal Women’s Service**: This service provides support to Aboriginal women and children, non-Aboriginal women who are mothers of Aboriginal children, and non-Aboriginal women who have Aboriginal partners, who are experiencing family violence. It provides urgent crisis services and ongoing support. The service has a 24-hour support and intake telephone line.
  - **Aboriginal Family Violence Prevention and Legal Service Victoria**: This service provides legal advice, information, referral and support to Aboriginal victims/survivors or people at immediate risk of family violence and sexual assault as well as to parents/carers of Aboriginal children.
3. Australian Institute of Criminology, 2003
5. Women’s Health Grampians Annual Report 2013-2013
6. Australian Bureau of Statistics (2013), Table 31 Experience of partner violence since the age of 15
9. VicHealth 2011, ‘Preventing violence against women in Australia: Research summary, Addressing the social and economic determinants of mental and physical health’, Victorian Health Promotion Foundation, Carlton
18. The Moorabool Shire Municipal Early Years Plan (MEYP) 2015-2021
FACT SHEET

The number of alcohol related ambulance attendances in Moorabool has risen from 39 in 2011/12 to 83 in 2013/14.

The number of family violence incidents in Moorabool increased from 131 (2006-2007) to 222 (2011-2012). This is a 69.5% increase.

50.6% of Moorabool Shire residents had reported in 2011 that they do not meet daily fruit and vegetable dietary guidelines.

The number of alcohol related ambulance attendances in Moorabool has risen from 39 in 2011/12 to 83 in 2013/14.

Between 2011 - 2013, 31% of Moorabool residents over the age of 18 were obese.

Between December and January 2013, 122 drug offences were recorded. This is an increase of 48.8% on the previous year.

37.6% of employed residents of Moorabool felt that they had a good work-life balance, compared to the Victorian State average in 2011.

In 2011 Moorabool had more than double the Victorian average rate of teenage pregnancies.

In 2012 the rate of Child and Adolescent Mental Health Services clients in Moorabool was double that of the Victorian average.

**Health & Wellbeing**

Health and wellbeing are essential for quality of life and are determined by a wide range of factors, including: Social, Economic & Environmental. This includes the conditions in which we are: born, grow, learn, live, work and age and our level of social connectedness. Moorabool Shire Council has an important role to play ensuring it understands the Moorabool population and to provide an environment and services to support health and wellbeing outcomes.

**Health & Wellbeing Facts in Moorabool**

**12% of Moorabool residents reported their health as ‘fair or poor’ in 2013.**

Moorabool had a higher percentage of population with heart disease in 2013 (over 8%) compared to it’s neighbouring Councils; Melton & Wyndham (under 6%).

Highlights from the VicHealth Indicators Survey 2011:

- The average wellbeing score of residents of the Moorabool Shire (78.9 out of 100) was consistent with the Victorian average (77.5).
- 73.8% (almost three-quarters) of Moorabool residents shared a meal with their families at least five days per week. This was higher than the Victorian average of 66.3%.
- 61.8% of the Moorabool population reported some type of citizen engagement, compared with the Victorian average of 50.5%
- The life expectancy of Moorabool residents at birth in 2006 was 83.5 years for females and 78.8 years for males. This is similar to the Victorian figure of 84.3 years for females and 80.0 years for males.
- 48.8% of Moorabool residents have reported visiting green space at least weekly (in the three months prior). This is consistent with the Victorian average.
- Most residents of Moorabool reported that they felt safe walking alone in their local area at night. 79.6% (almost four in five) reported that they felt safe or very safe, which was significantly more than the Victorian average of 70.3%.

**Major Health Issues in Moorabool**

The Central Highlands Primary Care Partnership (CHPCP) Population Health and Wellbeing Profile, August 2012 data suggests that males residing in Moorabool are significantly more likely than females to have high risk health behaviours or characteristics (such as smoking and obesity). The data has identified the following as key health concerns for the Moorabool population:

**Obesity and Overweight**

Being overweight or obese is a significant risk factor for developing health issues such as cardiovascular disease, type 2 diabetes, cancer, osteoarthritis and sleep apnoea.

**Males**

Moorabool males are 36.4% more likely to be overweight compared to the Country Victoria (35.8%) and Victorian average (35.7%).

The rate of overweight males has increased by almost 4% between 2008 - 2012 in Moorabool.

**Females**

Moorabool has the highest rate of obese females (18.4%) in the Central Highlands Region which is also higher than both Country Victoria (18.4%) and Victorians state average (16.0%).

In 2008, almost 1/4 females in the Shire were obese and 26.9% of females were overweight.

The percentage of overweight and obese persons in the Moorabool Shire is significantly higher than the Victorian average. 53.1% compared to 48.6%

**Teenage Pregnancies**

Moorabool had the highest rate of teenage (aged 15 - 19 years) pregnancies, at more than double the Victorian average.

Moorabool = 21.4 per 1000 births

Victoria = 10.6 per 1000 births
Major Health Issues in Moorabool

Mental Health
The Central Highlands Primary Care Partnership Population Health and Wellbeing Profile, August 2012 data showed that compared to Victoria, all Central Highlands Local Government Areas had a higher proportion of Child and Adolescent Area Mental Health Services (CAMHS) clients, particularly Moorabool, which had a rate double that of the Victorian average. 4

- Between 2003-2007, Moorabool had a higher rate of deaths from suicide or self-inflicted injuries (in the population aged up to 74 years).
- Moorabool had a higher rate of male and female population that reported having mental health and behavioural issues compared to the Victorian average.
- Compared to the Victorian average, Moorabool had a higher rate of females that reported having self-assessed mood problems. 2
- Moorabool has a higher percentage (over 22.5%) of population who will experience depression / anxiety in their lifetime compared to its neighbouring Councils; Melton & Wyndham. 22

Family Incidents

- In 2010/11 the rate of family incidents where an Intervention Order was applied for was higher in Moorabool compared to the Victorian average.
- The number of family violence incidents in Moorabool increased from 131 in 2006-2007 to 222 in 2011-2012.
  This is a 69.5% increase. 8

- The average number of incidents a year in Moorabool for the period 2006-07 to 2011-12 was 176.8. The ratio of incidents for females was about four to five times greater than for males in Moorabool. 2
- There was a 91% increase in the number of family violence court cases in Moorabool from 136 (2006-2007) to 260

Family Violence Incidents in Moorabool

Hypertension (high blood pressure)
Moorabool has a higher rate of people with hypertension (10.9%) compared with the Victorian average (10.3%). 4

Type 2 diabetes

Compared to Victoria, Moorabool had a higher proportion of population aged 18 years and over that reported having been diagnosed type 2 diabetes. 4 The number and proportion of residents with diabetes increased between 2001 and 2011 in Moorabool. 5

Musculoskeletal diseases
Moorabool has a higher rate of Musculoskeletal diseases (31.4 per 100) than the Victorian average of 29.8 per 100 persons. 4

Immunisation Rates
Moorabool had lower participation rates for immunisation at the 24-27 month and 60-63 month stages, compared to Victoria. 2

Mammograms
Breast cancer screening rates are lower than the Victorian average in all local government areas across the Central Highlands Region. Moorabool has the lowest rate, which was also significantly lower than the Victorian average. 2

Osteoarthritis
In 2007 - 08, Moorabool had a higher rate of osteoarthritis, compared to the Victorian average. 2
In regional Victoria, Latrobe, Moorabool and Horsham had the highest population rates of crystal methamphetamine (Ice) related ambulance attendances in 2012/13.

In Moorabool between January and December 2013, 122 drug offences were recorded. This is an increase of 48.8%.

Health & Wellbeing Risk Factors

**Alcohol Use**

The harm caused by alcohol consumptions and drug use affects both individuals and the community, and can impact on rates of assault, serious road injury, hospital admissions and ambulance attendances, domestic violence and death.

- 10.1% of Moorabool residents are at risk of short term harm from alcohol consumption.\(^9\)
- During 2009 in Moorabool, there were 37 deaths as a result of alcohol consumption. In the year of 2010 there were 128 deaths in Moorabool.\(^20\)

**Drug Use**

In regional Victoria, Latrobe, Moorabool and Horsham had the highest population rates of crystal methamphetamine (Ice) related ambulance attendances in 2012/13.

**In Moorabool between January and December 2013, 122 drug offences were recorded. This is an increase of 48.8%**\(^21\)

**Smoking**

Moorabool profile data from 2011 shows that 21.3% of females and 15.3% of males aged over 18 years were smokers.\(^12\) Moorabool has a higher proportion of “current smokers” compared to Victoria.\(^2\)

**Poor diet**

50.6% of Moorabool Shire residents had reported in 2011 that they do not meet daily fruit and vegetable dietary guidelines which is five serves of vegetables and two serves of fruit per day.\(^12\)

**Physical Inactivity**

Participating in regular physical activity play an essential role in ensuring health and wellbeing. 28.7% of Moorabool residents did not meet physical activity guidelines.\(^12\)

**Socio-Economic**

Employment and education plays an important role in supporting the health and wellbeing of ourselves and our families. Education can often determine the type of employment someone may secure, which in turn determines their level of income and influences their socioeconomic circumstances and health and wellbeing outcomes.

- The employment rate of Moorabool residents has risen from 4.59% in 2010 to 5.7% in 2015\(^3\)
- The size of Moorabool Shire’s labour force in 2011 was 13,983. 4,710 were employed part-time and 8,295 were full time workers.\(^14\)
- Moorabool was ranked 71st lowest out of 79 local government areas in terms of Year 12 or equivalent attainment rates\(^13\)
- In 2011, 37.8% of the population left school at year 10 or below.\(^14\)
- 47.9% of the Moorabool population aged 15 and over have no qualifications (in 2011)\(^14\)

**Work - life balance**

A good work-life balance contributes to better health and wellbeing and is beneficial for individuals. Their families, organisations and society. Maintaining a healthy work-life balance can reduce stress levels. Stress can cause a range of symptoms and can affect individuals overall health and wellbeing.

37.6% of employed residents of Moorabool felt that they had a good work-life balance, compared to the Victorian State average of 53.1%.\(^5\)
Community Connectedness

Strong and positive personal and social networks can benefit both individuals and their community. Outcomes for individuals include:

- Better physical and mental health
- Improved child development and positive parenting
- Better employment outcomes
- Enhanced success in education
- Better overall health & wellbeing
- Improved cognitive functioning in older people.

Feeling Part of the Community: The 2011 VicHealth Survey measured residents satisfaction with feeling part of their community. Answers are presented according to a 0-100 range. Compared to the average Community Connection score (70.), the average score for persons living in Moorabool was 75.2 in 2011, while the Grampians Region average was 75.5 and the Victorian State average was 72.3.

Social Support: The Department of Planning & Community Development identified in 2008 that 91.8% of Moorabool residents reported that they could definitely get help from friends, family or neighbours.

Volunteering: Volunteering helps strengthen our community and can improve physical and mental health. In 2008 40.2 per cent of Moorabool residents reported that they helped out as a volunteer, as compared to 51 per cent in the Grampians Region.

Participation in Arts and Culture was measured in the 2011 VicHealth Indicators Survey. 62.6% per cent of persons in Moorabool had participated in at least one of the selected artistic and cultural activities in the previous month, compared to 59.1 per cent in the Grampians Region and the Victorian State average of 50.5 per cent.

Participation in Citizen Engagement: The 2011 VicHealth Indicators Survey identified that 61.8 per cent of persons in Moorabool had engaged in at least one of the following activities in the previous year (compared to 57.9 per cent in the Grampians Region and the Victorian State average of 50.5 per cent): attended a town meeting or public hearing, met, called or written to a local politician, joined a protest or signed a petition.

Leisure and Sport: Moorabool Shire has the highest percentage per capita of people actively involved in sport and recreation participation across the Grampians Region.

Crime & Safety Perceptions

Crime: In Moorabool, there were 619 recorded crimes against the person per 100,000 population in 2011-12 compared to 1250 in the Grampians Region and the Victorian State average of 984. In Moorabool, there were 3486 recorded crimes against property per 100,000 population in 2011-12, compared to 4960 in the Grampians Region and the Victorian State average of 4797.

A report from Women’s Health Grampians has indicated that there has been a consistent increase of family violence incidents between 2006/07 and 2011/12. The average number of family violence incidents per year in Moorabool for the six year period was 176.8.

Perceptions of Safety: When walking alone in their local area during the day 98.3 per cent of persons in Moorabool who participated in the 2011 VicHealth Indicators Survey felt safe or very safe, compared to 97.9 per cent in the Grampians Region and the Victorian State average of 97 per cent. When walking alone at night 79.6 per cent of persons in Moorabool felt safe or very safe, compared to 74.7 per cent in the Grampians Region and the Victorian State average of 70.3 per cent.
Moorabool Shire has a higher proportion of affordable lettings than the Victorian average; however there are a lower proportion of rented dwellings owned by the government or a community/church group compared to the regional Victorian average. In 2006, compared to the Victoria average, a higher proportion of Moorabool residents (not visitors) were living in a caravan, cabin or houseboat or living in an improvised home, a tent or were sleeping out.\(^2\)

State Government Policies

The Victorian Public Health and Wellbeing Plan 2015-2019 plan sets out a long term agenda for improving health and social outcomes in Victoria. The plan outlines six priorities to guide action between 2015 - 2019. The key priorities are:

- healthier eating and active living
- tobacco free living
- reducing harmful alcohol and drug use
- improving mental health
- preventing violence and injury
- improving sexual and reproductive health.\(^18\)

The Rural and Regional Health Plan outlines how the Victorian government will implement the Victorian Health Priorities 2012-2022 in rural and regional areas. The purpose of this plan is to identify key actions that will drive the delivery of services in rural and regional areas that are more responsive to people’s needs. The key issues identified in this Plan are:

- Population growth in some areas will result in a need for more services
- The healthcare system will be under increased pressure to address the growing prevalence of chronic disease in the community
- Improved ability of existing community-based services is needed to deal with the impacts of population growth on the health care system.
- Innovate service models will need to be developed to address the increasing demand for health services i.e. tele-health.\(^19\)

How you can improve your Health & Wellbeing

- The health issues experienced by residents of Moorabool are common across the Central Highlands Region and many can be prevented through changes in lifestyle behaviours and access to good health services and information.
- Speaking to a doctor about any health and wellbeing concerns early and routinely is important.

Important ways to look after your physical and mental health and prevent the onset of many chronic illnesses:

- Eat Well
- Engage in physical activity
- Limit alcohol intake
- Don’t smoke

Consistent with a shortage at the National level, Moorabool has a shortage of General Practitioners compared to its population and forecast growth.
### State Government Policies

The **Victorian Climate Change Act 2011** represents the State Government’s response to climate changes issues and addresses both mitigation and adaptations issues. Section 14 of the Act requires certain decision makers to have regards to climate change. For Municipal Public Health and Wellbeing Plans, this means considering the impacts climate change within the determinants of health. For Moorabool this may include considering the impacts of flood, heatwave on the health and wellbeing of our residents. For example flooding can impact on the respiratory health of residents, as the after effects of flooding can include increased mould production in the community. The Moorabool Shire Council currently plans for the impacts of severe weather events through the Heatwave Plan, Municipal Public Health Plan and the Municipal Emergency Management Plan.  

The **Central Highlands Regional Growth Plan** provides a regional approach to land use planning in the Central Highlands and identifies opportunities to encourage and accommodate growth and manage change over the next 30 years. The plan identifies:

- where future development will be supported and assessed at a regional scale
- environmental, economic, community and cultural assets and resources of regional significance that should be preserved, maintained or developed, and
- key regional priorities for future infrastructure planning and investment to support growth.

**Overall Key Directions of the plan include:**

- Support growth through the development of employment opportunities in towns identified for population growth.
- Encourage services, facilities and housing which meet the diverse needs of the community.
- Build on local opportunities to support sustainable growth and change in small towns.
- Develop communities that provide local jobs and services.

### State Government Initiatives

**Victorian Health Priorities Framework 2012 - 2022: Rural and Regional Health Plan** provides the blueprint for the planning and development priorities for the Victorian healthcare system for the coming decade. The framework provides the foundation for the Rural and Regional Health Plan.  

Highlights of the plan include:

- building a responsive and adaptable rural and regional health service system
- building on the existing configuration and organisation of the rural and regional health system and reinforcing an area-based approach to service delivery
- supporting greater collaboration and strengthening service partnerships between individual service providers within the local and regional area and between regional and metropolitan areas
- driving, supporting and enabling the systematic use of clinical guidelines and evidence-informed patient pathways to ensure rural and regional people are receiving appropriate and timely care in the most appropriate setting
- a continued commitment to realise opportunities that support effective rural and regionally based teaching, training and professional development for health professionals
- Better utilising telehealth for improved service access, clinician development and training.
The following Policies and Strategies have been developed to assist Moorabool Shire Council in meeting the health and wellbeing needs of the community:

- Council Plan 2013 - 2017
- Moorabool Health & Wellbeing Plan (2013)
- Community Development Strategy
- Youth Strategy 2013 - 2016
- Statement of Commitment to Indigenous People
- Home and Community Care Assessment Service Action Plan
- Hike and Bike Strategy 2013 - 2016
- Municipal Early Years Plan 2015 - 2021
- Live Well Age Well Access and Inclusion Action Plan 2015 - 2021
- Recreation and Leisure Strategy 2015 - 2021
- Community Engagement Policy & Framework
- Volunteer Strategy
- Housing Bacchus Marsh to 2041 (Draft)
- Library Services Strategic Plan
- Halls Funding Policy

Moorabool Shire Council Policies

Moorabool Shire Council has commenced work on an overarching framework to guide the growth and development of Moorabool Shire through to 2041 called Moorabool 2041. The challenge of planning for the future of Moorabool is being driven by the significant population growth that is forecast for the Shire. Moorabool Shire is developing a number of key strategies which as part of the Moorabool 2041 framework which includes an Urban Growth Strategy, Small Towns Strategy and Housing Strategy. The community has been invited to participate in the development of these key strategies through the Talking 2041 campaign. The Talking 2041 campaign is the largest ever community engagement process undertaken in Moorabool Shire.
The Moorabool Health and Wellbeing Plan 2013-2017 is a four year plan for enhancing the health and wellbeing of our residents. The plan aims to capture the health and wellbeing status of our community and present a plan in partnership with local health providers and community organisations, to improve the health of the Moorabool community.

The plan focuses on the following four key priority areas and goals:

1. Community Connectedness: We will create inclusive and engaged communities that provide opportunities for people across their life stages to participate in activities that improve the wellbeing of our communities.

2. Healthy and Safe Built Environments: We will support and advocate for the planning and construction of safe and sustainable built environments that address community needs and provide a liveable community for our future.

3. Accessible Services: We will work together to provide cross-agency collaboration and advocate for equity of access to services for all residents in our community.

4. Supporting Healthy Lifestyles and Being Active: We will promote existing and provide new opportunities for people to be active, access good nutrition and embrace healthy lifestyle choices.

Moorabool Shire Council have developed a guide in partnership with local service providers which lists the local services available to families who live in Moorabool. This guide can be accessed via the Moorabool Shire website.
2. The Moorabool Population Health and Wellbeing Profile
4. The Central Highlands Primary Care Partnership (CHPCP) Population Health and Wellbeing Profile, August 2012
5. Health profile—Moorabool health and wellbeing plan 2013—2017
6. Australian Bureau of Statistics (2013), Table 31 Experience of partner violence since the age of 15
8. Women’s Health Grampians 2012, Violence Against Women in the Grampians Region: Policy, Initiatives and a snapshot of data
FACT SHEET

47.9% of the Moorabool population aged 15 and over have no qualifications (in 2011.)

47.9% of the Moorabool population left school at Year 10 or below in 2011.

In 2011, 7,091 (53.2%) of Moorabool Shire’s working residents travelled outside of the area to work.

Compared to Greater Melbourne, a smaller percentage of Moorabool residents attend university (2.7% compared to 5.3%)

6% of Victorians were unemployed during May 2015

In September 2011 there were 692 (4.64%) unemployed Moorabool residents, increasing to 973 (5.78%) people in September 2015

Moorabool was ranked 71st lowest out of 79 Local Government areas in terms of Year 12 or equivalent attainment rates.

The Australian unemployment rate at 5.8% in December 2015

Between 2006 - 2010, early school leavers in the Grampians region has increased from 13.1% to 16.6%

## Employment & Education

Employment and education plays an important role in supporting the health and wellbeing of ourselves and our families. Education can often determine the type of employment someone may secure, which in turn determines their level of income and influences their socioeconomic circumstances and health and wellbeing outcomes.

### The Facts on Education in Moorabool

- Between 2006 - 2010, early school leavers in the Grampians region has increased from 13.1% to 16.6%.
- Moorabool was ranked 71st lowest out of 79 local government areas in terms of Year 12 or equivalent attainment rates.
- In 2011, 37.8% of the population left school at year 10 or below.
- Compared to Greater Melbourne, a smaller percentage of Moorabool residents attend university (2.7% compared to 5.3%).
- 12.3% of Moorabool residents had achieved a Bachelor or Higher degree qualification, compared to 23.6% of Greater Melbourne residents in 2011.

**47.9% of the Moorabool population aged 15 and over have no qualifications (in 2011)**

### The Facts on Education in Victoria

- Over 10,000 Victorian students are dropping out of high schools, training and apprenticeships each year.
- 18.5% of Metro and 36.2% of Non-Metro year 12 or equivalent completers were not engaged in education or training after completing in 2015.
- 54.8% of early school leavers chose to further their education in 2015.
- The retention rate of full-time students in year 10 - 12 across Victoria was 82.4%, however the rate for the Grampians region was 73.6% in 2010.
- In 2009, 79.8% of young people aged 19 years in Victoria attained year 12 or equivalent, however in the Grampians region the figure was 72.1%.
- Between 2006 - 2010, the percentage of early school leavers in the Grampians region has increased from 13.1% to 16.6%, which is the same percentage across Victoria (16.6%).

### The Facts on Education in Australia

- The average Australian takes 21 years to complete their formal education.

**One in four Australian students do not finish year 12.**

- 60% of students from low social economic backgrounds finish school.
- 81,199 people, are not finishing school.
- 43% of students in very remote areas complete year 12 compared with 78% of students in major cities.
- 44% of Indigenous students complete year 12 compared with 75% of non-indigenous students.
- Nearly 1/4 of 24 years old Australians are not engaged in full-time education, training or employment.

### Barriers to Education

Students who live in regional areas may face additional barriers to accessing higher education. These include:

- Less variety in courses offered
- Cost of living (as some may need to relocate)
- Higher transport costs
- Poor investment in regional schools (fewer students complete year 12 in regional communities, which means those students are less likely to be in a position to apply for higher education)

Adult learners can experience a range of constraints that can affect their study, such as work and family commitments, financial difficulties, health & caring responsibilities.

Young people from low socio economic backgrounds may put off education in order to earn more money, or choose to work with little expectation that they will be able to afford further study.

How do we overcome these barriers?

More flexible pathways for regional students, school-based interventions to improve school achievement and higher education participation. More online and long distance opportunities for regional students and adequate support for students using these methods of study.
SOCIAL ISSUES PAPER

The Facts on Employment in Moorabool

- The employment rate of Moorabool residents has risen from 4.59% in 2010 to 5.7% in 2015.

Moorabool has a larger percentage of persons employed in the following fields, compared to those in the Greater Melbourne region: Technicians and Trade workers (17.3% compared to 13.4%), Laborers (9.7% compared to 8.0%) and Machinery Operators & drivers (9.9% compared to 5.9%).

- In 2014, 7.5% of Moorabool residents who had left school in the previous 6 months were looking for employment, compared to 5.1% of Victorians.

Barriers to Employment

There are many barriers to finding employment (or more hours of work) that impact Australians. In 2006-07, 1.7 million people who either wanted a job or who generally worked less than 16 hours and were looking for more work. Participating in the workforce can promote health, wealth, self-esteem and social interaction.

Some barriers that people face include:

- Lack of qualifications or experience
- Caring responsibilities
- Perceived discrimination
- Lack of suitable jobs
- Lack of transport
- Age
- Long term illness or injury

The Facts on Employment in Victoria

There were almost 90,000 young Victorians out of work in July 2015.

- In 2011 the unemployment rate for Victorians aged over 15 years was 5.4%. In July 2015, the state-wide youth unemployment rate was 16.1%. The unemployment rate is higher in regional areas, compared to Melbourne (16.3%), 21% in Geelong and 20.3% in Warrnambool.

- The unemployment rate within the Grampians region in 2012 remained at 5% which was slightly lower than the rate across Victoria (5.6%). Unemployment rates across the Grampians region vary from 2.7% (West Wimmera) to 6.0% (Ballarat), with Moorabool at 4.0% in 2012.

The Facts on Employment in Australia

In December 2015, unemployment in Australia decreased by 10,900 to a total of 727,500.

- The Unemployment Rate in Australia averaged 6.95% between 1978 - 2015, reaching an all time high of 11.10 percent in 1992 and a record low of 4% in 2008.

- Youth Unemployment Rate in Australia decreased to 12.10% in December 2015. Between 1978 - 2015, the Youth Unemployment Rate averaged 13.5%, reaching a record low of 7.61% in 2008 and an all time high in 20.2% in 1992.

- In 2006-07, 6.3 million Australians aged over 18 years were either not employed or usually worked less than 16 hours per week. 1/4 (1.7 million) wanted a job or additional hours of work.
The socioeconomic status of the Moorabool population

Socio-Economic Indexes for Areas (SEIFA) produced by the Australian Bureau of Statistics (ABS) is a disadvantage index which is based on factors such as high unemployment, low educational attainment, low income and jobs in moderately unskilled occupations. The Australian disadvantage benchmark is set at 1,000, with scores below 1,000 indicating a higher incidence of disadvantage. In 2011, Moorabool Shire scored 1,008.5 on the SEIFA Index of Disadvantage. Residents living in Darley, Dunnstown, Mt Egerton & Elaine experience a higher level of disadvantage compared to other areas within the Moorabool Shire. These populations are more vulnerable to poor health. All suburbs within Moorabool Shire have a higher score (and experience a lower level of disadvantage) compared to Victoria in 2011 which was 1,009.6.

<table>
<thead>
<tr>
<th>Suburb</th>
<th>2011 SEIFA Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darley</td>
<td>1,014.7</td>
</tr>
<tr>
<td>Dunnstown / Elaine / Mt Egerton</td>
<td>1,016.0</td>
</tr>
<tr>
<td>Bungaree / Wallace / Gordon / Korwoinguboora</td>
<td>1,018.1</td>
</tr>
<tr>
<td>Peri-urban Region</td>
<td>1,019.8</td>
</tr>
<tr>
<td>West Moorabool Region</td>
<td>1,025.2</td>
</tr>
<tr>
<td>Blackwood / Greendale / Myrnniong</td>
<td>1,041.3</td>
</tr>
<tr>
<td>Mt Wallace / Parwan / Balliang</td>
<td>1,046.2</td>
</tr>
<tr>
<td>Long Forest / Hopetoun Park</td>
<td>1,068.4</td>
</tr>
</tbody>
</table>

Government Policies - Commonwealth

The Australian Government Department of Education and Training is responsible for implementing national policies and programmes that support Australians to access quality and affordable child care and childhood education, school education, higher education, vocational education and training, international education and research.

The Australian Government has committed $331 million towards a Youth Employment Strategy to help young people at increased risk of long-term unemployment to improve their chances of finding and keeping a job. The three main elements to the Youth Employment Strategy are:

**Transition to work** - will provide pre-employment support to improve the work-readiness of young people and support them into work (including apprenticeships and traineeships) or education.

**Intensive support for Vulnerable Job Seekers** - this will be delivered through four different programmes:

1. **Empowering YOUth Initiatives** - will support new and innovative approaches from not-for-profit and non-government organisations that help young people who are long-term unemployed or at risk of unemployment overcome their barriers, find work and maintain employment.
2. **ParentsNext** - ParentsNext will commence in April 2016 and will assist parents of young children to plan and prepare for employment prior to their youngest child reaching school age.
3. **Employment Support for Young People with Mental Illness** - Two models of employment support that have a focus on improving employment outcomes for young people with mental illness will be trialled.
4. **Transition Support for Young Refugees and other Vulnerable Migrants** - This pilot program will support young entrants and vulnerable migrants under 25 to participate in work and education.

**Engaging Early School Leavers** - New rules for Early School Leavers came into effect on 1 January 2016 to strengthen the chances of early school leavers finding and keeping a job.
Go to the government website for more information.

The Australian Government Department of Employment are responsible for ensuring that Australians work in a safe and fair workplace through the implementation of national policies and programmes.

The Victorian State Government Department of Education and Training is responsible for the management of Victorian State Government schools and aims to improve primary and secondary government education. The Department manages the delivery of education and development services to children, young people and adults through government schools and the regulation of funding or early childhood services, non-government schools and training programs.

The government established Fair Work Australia which supports both employees and employers to understand and follow Australian workforce laws.

The State Department deliver a variety of programs and initiatives that focus on Transitions and Pathways, Special Needs Support, Partnerships, Learning and Development, Languages and Cultures, Health, Wellbeing and Safety, and Buildings and Infrastructure. The Department works with Aboriginal communities on a range of programs and initiatives that are aimed at improving access to positive learning environments for Aboriginal children and young people.

The Department of Education Strategic Plan 2014 - 2017 highlights how the Department will continue to support Australians to find a maintain employment and work in a safe and fair environment.

The Moorabool Shire Council Youth Strategy 2013 - 2016 outlines the education and employment specific strategic direction, with the following recommendations:

- That Council focus on developing and/or supporting education and training programs that provide for the educationally disengaged and assist young people to transition from one form of education to appropriate educational opportunities or training/employment that better suit their needs.
- As with the successful Health and Wellbeing Program ACTIVE8, Council should investigate the development of a flagship education and training program in partnership with other external providers.
- The Youth Strategy 2013 - 2016 also identifies the need for Council to advocate for better transport access for residents in the Shire, which will enhance education and employment opportunities for young people.

Councils Children’s Services Unit provide early years education through the Occasional Care program which is aimed at children aged under six year who are not attending four year old kindergarten.

Moorabool Shire Council are represented in the Central Highlands Children and Youth Area Partnership which aims to improve outcomes for vulnerable children and young people, with one of its priorities being that children and young people are engaged in and benefiting from kindergarten and school.
The Moorabool Shire Economic Development Strategy (October 2015) outlines Councils economic vision “In 2024, our population of almost 40,000 will support a variety of new jobs, services and industries. The diversity of our economy, from agriculture through to professional services, will underpin our economic resilience. We will embrace our inter-dependence with the Melbourne and Ballarat economies while sustaining our unique local lifestyle.” Three core economic objectives have been identified for the Moorabool economy in 2021 and beyond: 1. New local jobs, for local people. 2. A diverse and entrepreneurial local industry base. 3. Facilitate the capacity and diversity of our workforce.

The Moorabool Shire Council Plan 2013-2017 highlights its commitment to enhancing employment opportunities in this strategic objective:

The Council Plan 2013 - 2017 also explains that Moorabool Shire is covered by the Central Highlands Regional Growth Plan and Bacchus Marsh is defined as an area for significant growth. Furthermore, the Parwan area (south east of Bacchus Marsh) is identified as a potential area for an industry employment hub. Due to existing infrastructure capacity the township of Ballan is considered a desirable township for future growth. The ‘Parwan Employment Zone’ has been listed as an advocacy priority in the Council Plan.

Primary & Secondary Schools

Moorabool Shire Council is home to seven private and twelve public primary schools, as well as one private and one public secondary school. Council residents are also services by education facilities such as Universities and TAFE colleges in the larger provincial cities of Ballarat and Geelong. For a list of school, please refer to the Moorabool Shire Council website.

Early Years Learning

Children’s services include pre-schools, occasional care, family day care, playgroups, and a performing arts program (Imagination Magic).

Learning Centres

There below learning centres located within Moorabool Shire:

- Ballan Community House & Adult Education
- ‘The Laurels’ Adult Education in Bacchus Marsh
- Darley Neighbourhood House & Learning Centre
- U3A - Moorabool U3A Inc. (University of the Third Age)

Council also offer a mobile library service.
References