



Annual Report 2022.2023



Enabling
people to
live at home
their way

**Prepared
by:
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Manager**



1. Introduction

Linked to Life commenced operating under the name of Coffs Harbour Neighbour Aid in May 1996 with a small recurrent grant jointly funded by the State and Federal Governments under the Home and Community Care (HACC) program to deliver social support services to frail older people and younger people with disabilities and their carers in Coffs Harbour and surrounding villages. Over the years, through several successful funding submissions, the range of services expanded to include the provision of domestic assistance services and, later, to deliver culturally appropriate services to the local Punjabi community. In 2014 we rebranded to Linked to Life as a way of improving our image in the local community and operating under a name that better describe our core purpose.

In late 2014, with the implementation of the National Disability Insurance Scheme (NDIS) program looming, we made a conscious decision to focus solely on the provision of aged care, being our strongest area of expertise, and worked toward gradually relinquishing services to existing clients under the age of 65 as they transitioned to NDIS. In 2015 when the Federal Government took over responsibility for aged care (65+), we transitioned from Home & Community Care (HACC) to the new Commonwealth Home Support Services (CHSP) funding contract.

In 2018, we were successful in our application to become an approved home care provider, and commenced providing home care packages, levels 1-4, to complement our existing suite of services that enable older people the opportunity to remain with Linked to Life throughout their entire community aged care journey. While our range of services has increased, together with the number of staff needed to support the service delivery, to 9 core staff, 30 paid care staff and 45 volunteers, our strength is truly local presence and our ability to remain small enough to ensure our clients receive a genuine personalised and flexible service while our staff and volunteers experience a strong sense of belonging and team spirit.

Services we delivered during the 2022/2023 financial year include:

- ❖ Commonwealth Home Support Program (CHSP) – entry level services including assistance with shopping, regular housekeeping, assisted transport to medical and other appointments and a range of social group activities
- ❖ Community Visitors Scheme (CVS) Home Care – friendly home visiting for recipients who have approval for, or are in receipt of, a Home Care Package
- ❖ Home Care Packages Levels 1-4 – individually tailored package of care and supports that meet client needs and goals to maintain independence at home.

The following report provides a comprehensive overview of the service's activities over the 2022.2023 financial year, comparing data with the previous year to highlight any significant changes or developments.



2. Program Governance

Further to an earlier decision by the Board of Volunteering Coffs Harbour Incorporated (VCHI) to relinquish the auspice of Linked to Life, in the lead up to 1st July 2022, members of VCHI joined forces with other interested persons as a formal 'Sub-Committee' to undertake the steps necessary for Linked to Life to become an incorporated Association and take over legal responsibility for all aged care services formerly delivered under the auspice of VCHI from 1st July 2022.

Major tasks achieved during the lead up period include:

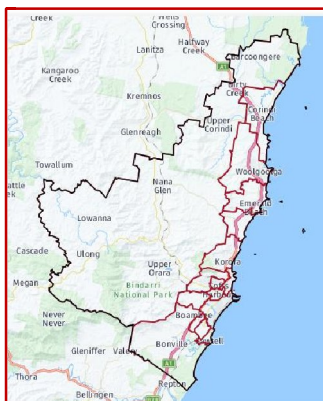
- ❖ Submitting a new application to become an approved care provider, being granted approval status and formal transfer of all home care recipient agreements from VCHI to Linked to Life, commencing 1st July 2022
- ❖ Becoming incorporated and seeking approval through ASIC to become a registered not-for-profit (charity) and deductible gift recipient status
- ❖ Liaising with CHSP and CVS funding body representatives to transfer funding contracts from VCHI to Linked to Life – successful with CVS but not CHSP
- ❖ Development and acceptance of a legal contract between VCHI and Linked to Life to sub-contract the delivery of CHSP services on behalf of VCHI for 2022/2023 financial year period (developed as a result of Government decision to deny transfer of CHSP contract for what was then going to be a one-year interim funding period).

The Linked to Life Board of Management formally commenced 1st July 2022 and held its first AGM, as required, in April 2022 (within 18 months of becoming incorporated). The Linked to Life Board of Management consists of members with the diverse range of skills, experience and expertise necessary to ensure effective governance of the organisation.



3. Geographic Profile

Linked to Life is funded to deliver services to older people over the age of 65 who reside within the



Coffs Harbour City Council area shown in the map which covers approximately 1,174 km squared. Census data shows that, in 2022, Coffs Harbour had a total population of 79,598 people. Of the total population of Coffs Harbour, approximately 16,000 people are over the age of 65, representing 22.1% of the population in comparison to the ratio in NSW where older people represent only 16.5% of population. This report will look more closely at the geographical data relating to our clients who were active with Linked to Life. A significant issue for providers in the area is the cost of delivering services to those living in isolated areas because of the lack of physical resources and the vast distances to travel to these areas to deliver services to the few people residing there who need assistance.

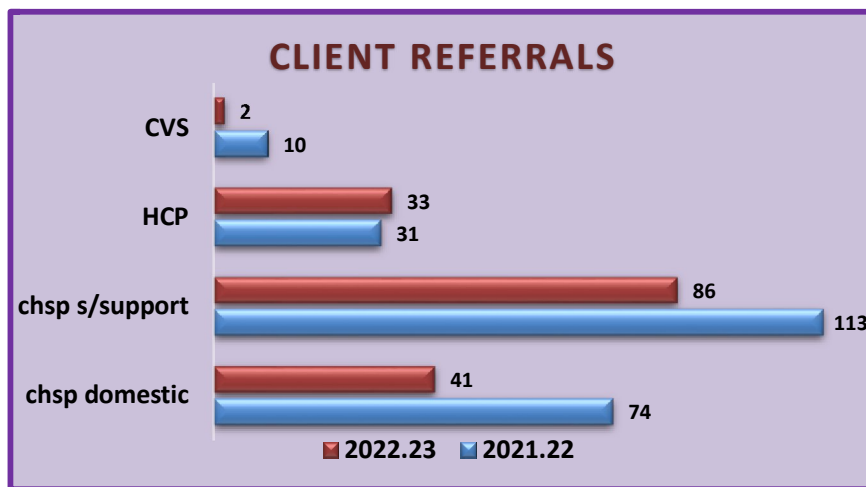
4. Our client services:



4.1 Service Intake:

Between 1 July 2022 and 30 June 2023, a total of 162 people were referred for services, 66 fewer than the previous year (228). The reduction in number of referrals is due to several factors including:

- ❖ CHSP domestic assistance - forced closure of the aged care referral portal for domestic assistance - lack of capacity to deliver services due to staff shortages
- ❖ CVS - service operating at capacity for whole year. New clients accepted only when an existing client exited.
- ❖ CHSP social support and domestic assistance – an increased number of people being allocated home care packages has reduced the demand for entry level CHSP services. It should be noted that most clients who are referred in for entry level CHSP services have been approved for a home care package and are only accessing interim services while awaiting allocation of their home care package.
- ❖ Home care packages (HCP's) –we have deliberately restricted access to new home care package clients to those who are our existing CHSP clients. This measure enables us to manage growth and ensure a higher quality of service. The chart below provides a breakdown of service requests by program and provides a comparison to the 21/22 year:



The chart shows that, of the total referrals, the majority (79%) were for CHSP services, 20% for home care packages and 1% CVS. As explained above, because deliberate measures were taken to reduce referrals in all programs, this objective was achieved. Of the total number of referrals, we admitted a total of 158 new clients to receive the following service types:

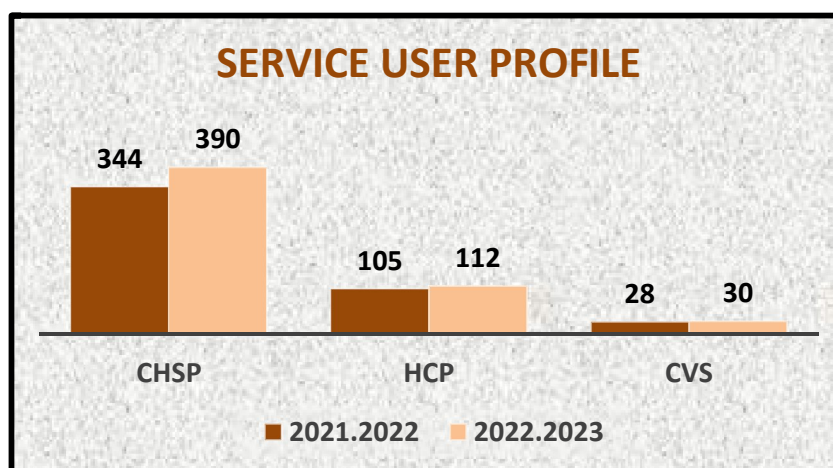
- ❖ Social support: 78
- ❖ Domestic assistance: 45
- ❖ CVS home care: 2
- ❖ Home care package: 33

For home care packages and Community Visitors programs and CHSP domestic assistance referrals the take up rate was 100%. For CHSP social support, the take up rate was approximately 90% (10% chose not to proceed with service).



4.2 Service User Profile

During the twelve-month period, from July 2022 to June 2023, a total of 506 clients were registered and active for some or all of the annual period, 29 more than the previous year (477). Further analysis of the data collected shows:



The chart shows that the majority of clients (77.5%) accessed the CHSP program, 22% home care packages and the remaining 0.5% CVS. The ratios are consistent with previous years. It should be noted that of the 30 CVS clients, 26 people were also receiving a home care package with Linked to Life and counted as part of this group. A total of 4 CVS clients were from an external source.

Commonwealth Home Support Program (CHSP):

Of the people who accessed the CHSP program, further breakdown shows the number of clients represented in each CHSP funded service type:

- ❖ 99 clients accessed one-on-one individual social support
- ❖ 124 clients accessed one or more social group activities
- ❖ 167 clients accessed domestic assistance services

It is common that some CHSP clients access multiple service types at any one time, but for the purposes of this report they have only been counted under their most dominant service type, so that overall numbers of service users is not exaggerated. Throughout the year, a total of 22 CHSP clients transitioned to a home care package with Linked to Life.

Community Visitors Scheme (CVS) – Home Care:

Linked to Life is funded for 20 visitors per annum to perform 20 visits per annum (average fortnightly visit). Our statistics show that we had a total of 18 volunteers who had a combined total of 253 visits which was below the target number. While this can, in part, be attributed to COVID in the first quarter of the year, uptake of the program by external home care package providers has been low (only 4 external clients). The reason for this, I believe, is because we are also a home care provider, and are viewed as a direct competitor by other providers.

Linked to Life has chosen not to make an application for continued funding for CVS due post June 30 2023 due to the above issues. Arrangements will be made for all existing CVS clients to either continue to receive the visiting service as part of their home care package if possible.

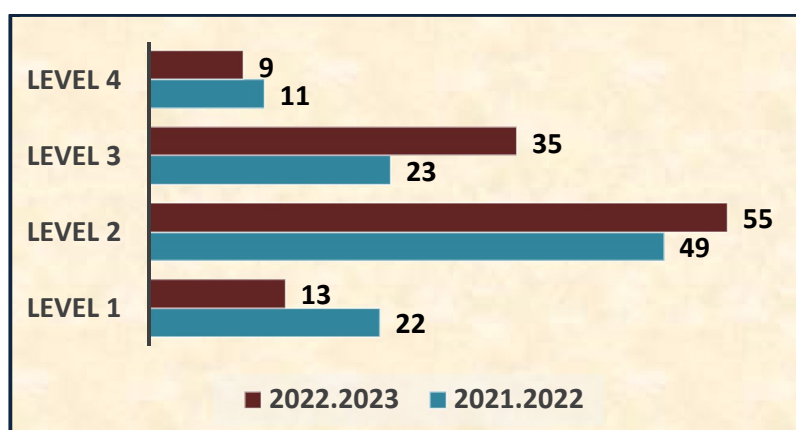
Home Care Packages:

Over the annual period we managed a total of 112 (last yr 105). Activity relating to the Home Care Packages is as follows:

❖ Number of packages at beginning of year:	79
❖ Number of new packages during year:	31
❖ Number of packages exiting during year:	26
❖ Total packages on 30 June 2022:	84

One of the major issues affecting the delivery of services this year has been recruiting and retaining staff, especially as clients move up to higher level packages where service levels increase and become more diverse in nature. We are fortunate to have access to a large pool of potential new home care packages as they move up through our entry level CHSP services, and therefore have made a conscious decision to restrict access to external client referrals, so that we can deliver on our promise to support people through their ageing journey from entry level services through to the highest-level package. We currently have 12 CHSP clients who are approved for a home care package with their status being: 3 – recently assigned, 3 to be assigned within a month, 3 to be assigned between 1-3 months and 3 to be assigned in 3-6 months.

The graph shown below provides the number of recipients at each level of package on 30th June or on the date of exit, with level 1 being low level care to 4 being high level complex care.



The chart shows some similar characteristics to the previous year with level 2 packages being the most predominant, and a similar ratio of people on level 4 packages. What is most noticeable is the growth in numbers of level 3 packages and a similar reduction in level 1 packages. Of the 112 packages this year, half (50%) are high levels 3 and 4, vs last year level 3 and 4 packages accounted for only 32.5% of the total. As previously mentioned, the higher the level package, the higher demand for staff who are qualified to meet the more complex needs of clients.

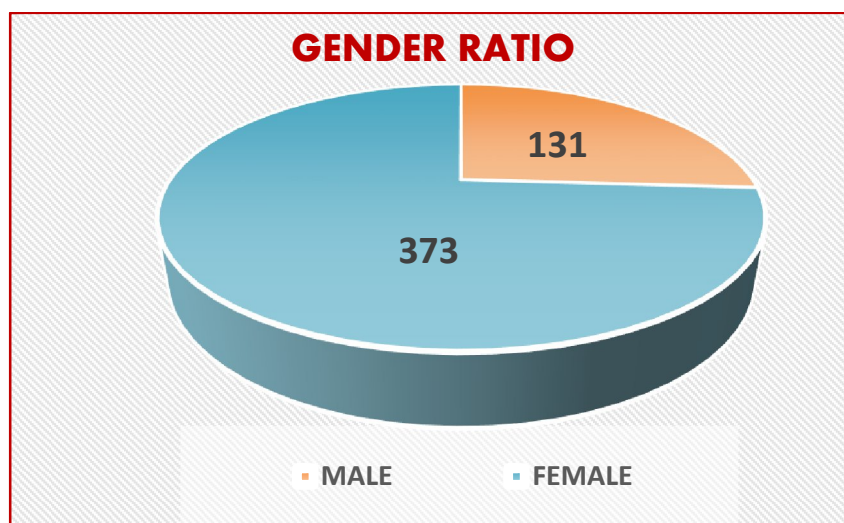
It is common that clients are allocated low level packages on an interim basis until their approved level package becomes available. Throughout the year transitions to higher level packages are as shown below:

- transitioned from level 1 to level 2 1
- transitioned from level 2 to level 3 7
- transitioned from level 3 to level 4 2
- transitioned from level 1 to level 3 1



4.3 Gender Profile

Of the 506 service users active within the service throughout the year, the gender ratio is as follows:



Gender ratios are consistent with last year with 73% being female and 27% male. National data indicates that there are 85 men for every 100 women in the 75 to 84 years age group, and 59 men for every 100 women aged 85 years and over age group. Based on this, our service data shows that men are under-represented. This is most likely due to a reluctance to access services or lack of knowledge of how to access services.

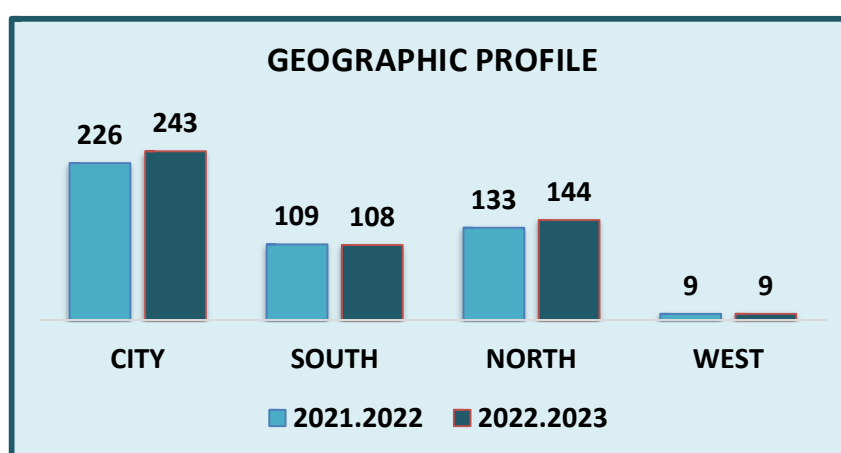
Further analysis shows that by service type the male/female ratios show a similar trend as follows:

- **Home care packages** Male – 31.5%, female 68.5%
- **CHSP social support individual** Male – 20%, female 80%
- **CHSP social support group** Male – 25%, female 75%
- **CHSP domestic assistance** Male – 26%, female 74%
- **CVS** Male – 17%, female 83%



4.4 Geographic Profile

For the purpose of this report, areas have divided been into four (4) locations with the graph below showing service distribution throughout our area of coverage:



The chart shows similar geographical statistics as last year, with some slight increase in the number of clients residing in the central Coffs area and northern beaches, This growth is likely related to an overall increase in client numbers this year.



4.5 Cultural Analysis

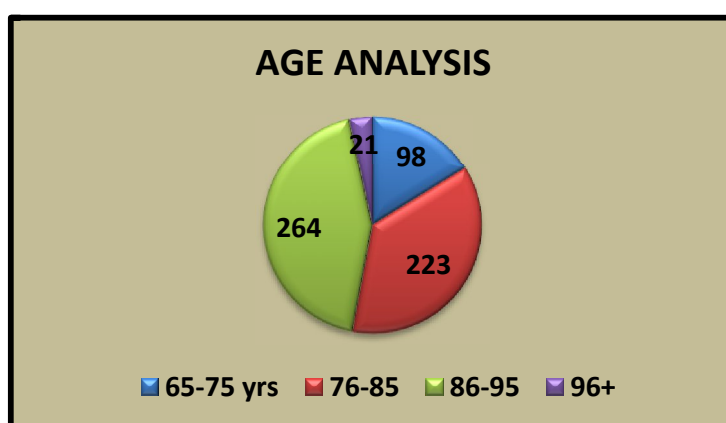
The following chart gives a breakdown of the cultural origins of service users throughout the 2022/23period:

CALD Culturally & Linguistically Diverse	AUST BORN	OVERSEAS ENGLISH SPEAKING	ABTSI Aboriginal & Torres Strait Islander	TOTAL
53	398	53	2	506

Similar to previous years data, approximately 90% of clients are either born in Australia or from an overseas English- speaking country, predominantly England and New Zealand and a small representation from USA, Canada, Ireland, Scotland and South Africa. Of the remaining 9.96% of clients who are non-English speaking (CALD), the majority are from India but a broad range of other countries are represented including Netherlands, China, Germany, Indonesia, Pakistan, Philippines, Egypt, Ghana, Switzerland and France.

4.6. Age Analysis

Linked to Life is funded to deliver services to people over the age of 65, or 50 years of age for the Aboriginal and Torres Strait Islander population. Below is an analysis of the age range of service users.



Of the 506 clients 76% fall within the 76-95 age group, as would be expected, but it is surprising that almost 20% fall into the younger age group of 65-75 years.



4.7 Extent of Service Delivery

4.7.1 Commonwealth Home Support Services (CHSP):

The figures in the chart below provide details of the total hours spent in the provision of direct services to clients for the 2022/23 period and compare these figures to those of the previous year.

SERVICE TYPE	2021/2022	2022/2023	EXPECTED OUTPUTS (hrs)	OVERALL OUTCOME
SOCIAL SUPPORT:			14,421	-773
Individual Social Support	3,350	2,043		
Centre Based Groups	594	986		
Community Based Groups	7,400	10,397		
Phone visits/tech help	222	222		
DOMESTIC ASSISTANCE:			4,178	+446
Housekeeping services	5,055	4,624		
TOTALS	16,718	18,272		-327

This year we again had an overall increase in hours for CHSP by 1,554 hours, but fell short of meeting our target outputs by -327 hours. The chart shows that by far, the social group activities are the biggest contributor to the social support hours, accounting for 83% of the total social support hours, while the individual support hours show a decline of approximately 1,300 hours. Further review of the output over the 5-year period from 2015 to 2020 (pre-covid) to this year, provides clear evidence of the change in demand for service, as follows:

	INDIVIDUAL S/SUPPORT	GROUP ACTIVITIES	DOMESTIC
2015/2016	6,718	7,039	2,667
2016/2017	5,837	7,116	3,961
2017/2018	5,225	8,357	4,102
2018/2019	4,629	8,880	4,415
2019/2020	3,330	5,204	4,455
2022/2023	2,043	11,383	4,624
TOTAL +/- HOURS	-4,675	+4,344	+1,957



4.7.2 Home Care Package Provision

Unlike block funded CHSP and CVS funded services that clearly define the type of services that can be delivered, home care packages being specifically tailored to the individual needs and goals of clients can consist of a combination of service types and supports, enabling them to achieve wholistic physical and social wellbeing and independence at home, is delivered by a mixture of internal and external service and support mechanisms. Data about the types and extent of delivery of services by Linked to Life employees is shown below:

SERVICE TYPE	EXTENT
Domestic assistance	2,992 hours
Meal Preparation	557 hours
Personal/clinical care	2,958 hours
Social support	4,231 hours
Lawn/Garden	102 hours
Social support – volunteer	51 hours
Tech help	1 hours
Group activities	219 hours
Respite care	88 hours
TOTAL	11,199 HOURS

This year Linked to Life care staff delivered 1,302 more hours of services, the increase being attributed to the growth in the number of clients on higher- level packages as earlier evidenced. The highest growth area was in personal/clinical care (+1,100 hours), meal prep (+432 hours) and social support/respite (+389 hours). Other services listed above showed a small decline in hours.

The range of services and items delivered by external contractors or suppliers to complement the services and supports provided directly by Linked to Life, are outlined in the chart below:

SERVICE TYPE	EXTENT
Allied health services – eg. podiatry, Occupational Therapy, Physiotherapy, massage therapy, chiropractic services	513 hours
Transport – taxi and other ride-share services	237 hours
Meal services – nutritional meal preparation and delivery to the home	105 instances
Home Modifications & Maintenance – modifications, repairs, maintenance, installations	582 hours
Lawn/garden services – mowing, pruning, garden maintenance, landscaping	1,009 hours
In home services – domestic, social support	580 hours
Consumables – purchase of consumables eg: nutrition items/continence aids	62 instances
Respite – out of home day and/or short-term respite	89 hours
Nursing – brokered nursing services	128 hours
Purchase of furniture/equipment – mobility equipment, in home easy use aids, household furniture, whitegoods and air conditioning/purifiers	132 instances
Personal Alarms – Purchase or monthly lease on personal alarms	69 instances



4.7.3 Community Visitors Scheme:

Linked to Life received a very small recurrent grant to provide home visiting services for clients who are active or approved for a home care package. Data relating to the delivery of CVS services:

- Face-to-face visits: **249** – total hours: **440**
- Phone visits: **4** – total hours: **4**

There was a decline in overall hours for CVS this year, with 114 fewer visits resulting in a reduction of 162 hours of service.



4.8. Service User Exit

Throughout 2022/2023 year a total of 69 clients ceased to access services, 28 fewer than the previous year. Data shows that service users exited the service for the following reasons:

Deceased	5
Left area	4
Residential care	12
Improved status	15
Transitioned to package care (external):	7
Private/other provider	6
No longer eligible	4
Client terminated	16

Shaun and Keith..about to hit the shops!



Celebrating Ann's 101st Birthday!



Glynn and Cecil checking out wares at the museum.



Marlene out and about with Pat & Rosemary



Shirley and Sue brushing up on local Punjabi history



Coral and Valerie spending quality time together

5. Our Volunteers:



5.1 Overview:

Our volunteers are engaged to work directly with clients who have low level care needs, performing tasks that include practical help with shopping, providing transport to medical and other appointments, socialisation through friendly home visits, a range of individual and group social activities. During the 2021/22 year a total of 51 volunteers were active in the organisation. (13 *fewer than the previous year*). Linked to Life also has a team of volunteers who are directly involved in the overall governance of the organisation, meeting monthly to ensure Linked to Life operates in accordance with national standards and in compliance with legislation.

Volunteers are one of our most treasured assets, but sadly the number of volunteers involved in direct care are gradually declining. Reasons for this include people working longer, moving and traveling more when they retire, a greater range of volunteer options available and a decline in the ethos of volunteering.

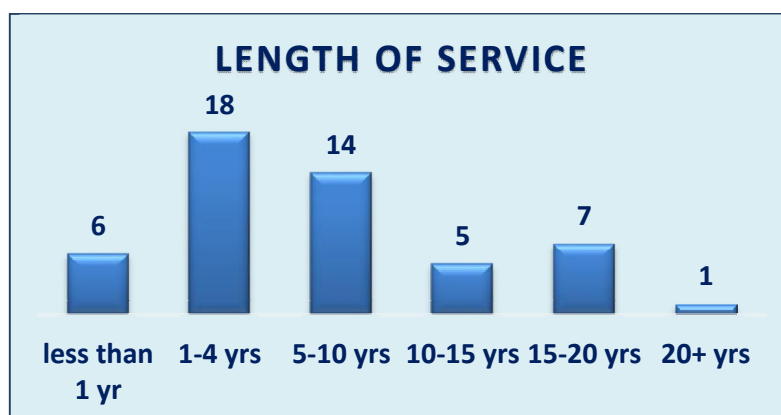
A review of previous annual reports highlights the steady decline in volunteer numbers as follows:

- ❖ 2005/2006 – 153 active volunteers
- ❖ 2012/2013 – 106 active volunteers
- ❖ 2015/2016 - 92 active volunteers
- ❖ 2019/2020 - 79 active volunteers
- ❖ 2021/2022 - 64 active volunteers



5.2 Length of Service:

Of the 51 volunteers registered and active with the service. An indication of length of service below:



Of the 51 active volunteers, more than half (53%) have been with the service for 5 years or more, and of this group, half have been active for more than 10 years. Further analysis shows that all volunteers active for more than 10 years are aged over 75.



5.3 Age Ratio:

Of the 51 active volunteers throughout the 2022/2023 period, more than half (28) are over the age of 70 years. The age breakdown is as follows:

❖ Aged 50 and under	1
❖ Aged 50-59	4
❖ Aged 60-69	18
❖ Aged 70-79	23
❖ Aged 80+	5



5.4 Gender Ratio:

Of the 51 active volunteers during the year, 34 were female and 17 male, similar ratios to the previous years.



5.5 Volunteer Recruitment

Throughout the year we were only successful in recruiting 5 new volunteers, which is half the number recruited in the previous year (10) and half again on the 2020.2021 year (20) The data below shows the source of recruitment:

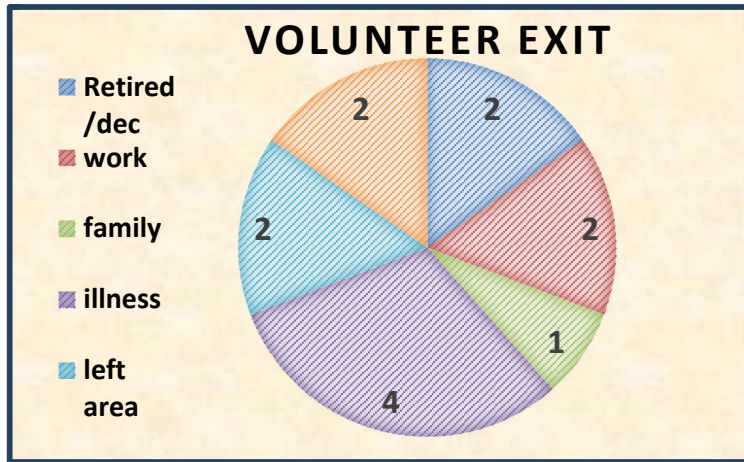
❖ Word of mouth	1
❖ Website/social media	0
❖ Volunteer service	4

Traditionally, articles in the local Advocate newspaper and through word of mouth were our most dominant means of recruiting volunteers. Staff report that clients have not been impacted by low numbers of volunteers. This is in line with client data in this report that shows lower demand for social support individual services, which is the core area in which volunteers participate. We have also implemented strategies for delivering services that reduce the need for volunteers, for example, implementing a shopping bus that delivers a service to a greater number of clients with fewer staff and volunteers. It will be interesting to see if, in the next few years, volunteer numbers increase and demand for social support increases now that COVID is less of an issue.

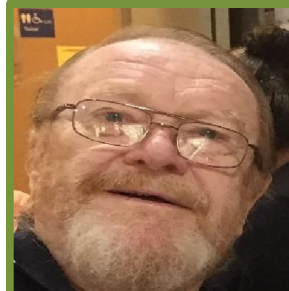
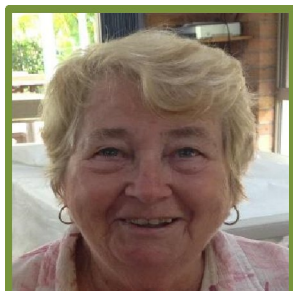


5.6 Volunteer Exit

Over the twelve (12) month period a total of 13 volunteers exited the service (6 fewer than previous year), for the following reasons:



This year we recruited 5 new volunteers and exited 13 volunteers, an overall loss of 8 volunteers during the year. At the end of June 2023, we had only 37 active volunteers registered with the organisation. The chart shows that illness was the most common reason for ceasing to volunteer. Sadly, two of our long-term volunteers retired throughout the year, one who had 25 years' service and the other 19 years' service.



Farewelling our volunteer heroes Jan and Laurie – 44 years combined service



5.7 Volunteer Training and Support

Mandatory training for volunteers involves First Aid training and 3 online training modules – Manual Handling, Elder Abuse and mandatory reporting and Professional Boundaries. This training is undertaken prior to commencement. In late 2022, volunteers participated in a face-to-face session on the Serious Incident Reporting Scheme (SIRS). We also hosted volunteer support sessions by way of Volunteer Week event in May 2023 and several informal morning teas. We use the Christmas event to formally recognise volunteer long-service, and give thanks for their ongoing commitment and dedication to Linked to Life.

**Husband and wife volunteer
team John and Wendy**



**Little Ava...
Our volunteer mascot**



**Giving thanks to our outgoing
long term volunteers Julie,
Laurie & Jan**



**Volunteer Board Member
Trevor with partner Lisa**



**Volunteers Marlene, Coral,
Pam and Gail**



**Volunteer Viv .. Getting in the
Xmas groove**



**Colin & Maureen... budding
artists**



Volunteers Lis & Pauline



**Volunteer Board Member Max
with Lynne**

Celebrating Volunteer Week..

Keith and Terri



Celebrating with a brunch with sea views



Husband and wife team.. Colin and Maureen



The three amigos... Marg, Marlene and Pam



Ron & Louise



6. Our Care Workers



6.1 Overview

Throughout the year we had a total of 41 Care Workers employed for all or part of the year, four fewer than the previous year. Recruiting and retaining care staff has been a major issue this year affecting our capacity to deliver consistent and planned care services to our clients. As a result, we were forced to seek alternative sources of labour by way of sub-contracting arrangements with various local businesses. We employ both qualified and non-qualified staff to deliver services across both CHSP and HCP programs, providing personal care services through to cleaning, social support and domestic assistance. Clinical care is delivered by a Registered Nurse engaged on a labour hire basis.



6.2 Staff Recruitment

During the year we recruited 17 new Care Staff from the following sources:

❖ Job Network/agency	8
❖ Word of Mouth	7
❖ L2life job ad	0
❖ L2life website	2

Further analysis shows that of the 17 staff recruited in the year, a total of 10 of these also exited during the year, highlighting the issues raised above relating to staff retention. Of the 7 still employed at end June, all commenced work in the last months of the financial year.



6.3 Staff Exit

During the year, 19 Care Workers exited for various reasons including:

❖ Health issues	4
❖ Family commitments	3
❖ Alternative employment	4
❖ Left area	3
❖ Limited hours of work available to meet personal needs	3
❖ Not suitable for the role	2

As a small organisation, it is rare when we employ a new employee to be able to offer them a full or ideal roster initially. It is more common that they will start with a small number of hour and build up over time, and this is often not suitable to some people who need to rely on a set number of hours. Also, given the huge demand for staff across the region and in all job types, job seekers had a high level of choice for employment



6.4 Staff Training & Development

Mandatory in-house training for Care staff is scheduled at regular intervals during the year, delivered by a local training company that is a registered training body. Staff also undertake training when needed to update their first aid competency. Other training is outsourced to local training organisations when needed. In-house training courses held this year included:

- Serious Incident Reporting System (SIRS) – elder abuse and mandatory reporting
- Manual Handling/WHS
- Managing Behaviours of Concern
- Therapeutic Relationships and Professional Boundaries

Care worker Pamela out
and about with Ron



Care workers
Glynn and Barbara



Care worker Peter
with Judy



7. Our Management, Coordination and Support Team



7.1 Overview

Our core team consists of a Board of Management who is responsible the overall good governance of the organisation, ensuring that we continue to comply with legislation and funding regulations, and a core team dedicated to ensuring high-quality services are delivered in accordance with policies and procedures and national standards. This year has been somewhat challenging as team members were forced to step out of their usual roles to perform additional tasks assigned to other staff who were absent on extended leave. Care worker shortages and sudden departures added to the workload with staff being forced to hastily transfer shifts to other care staff, many of whom already had full rosters. The team's ability to respond, adapt suddenly to change and cope well with the pressure of a heavy workload is evidence of their skill, expertise and commitment to delivering quality and reliable services to clients.



7.2 New Additions to the Team

This year we welcomed a new addition to the team. Bridget Schreiber commenced in January 2023 as CHSP Support Worker. Bridget's primary role is supporting the CHSP Coordinator and performing rostering/reception duties.



Bridget



7.3 Team Farewells

In November 2022 we farewelled our CHSP Coordinator Jackie Chapman after 11 years with the organisation. Jackie worked on a part-time basis, performing the role of assessing the needs of individual CHSP clients, establishing services to meet their needs, and monitoring and reviewing the service delivery. Jackie's 3 day per week position was replaced a CHSP Support Worker, 4 days per week to provide support to Carol, our remaining CHSP Coordinator. In June 2023, we also farewelled our Main Reception/Rosterer Jennifer, who sadly left due to ongoing health issues.

Jackie



Jennifer



7.4 Getting Out and About

As the community came out of hibernation after COVID lockdowns and restrictions, it was a great opportunity for the team to get out and about to promote the range of services provided by Linked to Life. We actively participated in planned community events including the Living Well Expo held at the CEX club, showcasing the range of services available for older people and people with a disability in the local community, and a volunteer expo held at the Cavanbah Centre showcasing organisations that host volunteers in the community.



8. Challenges, Milestones and forward plans



8.1 Achieving Independence:

I would say one of the greatest milestones this year is the smooth and successful separation from Volunteering Coffs Harbour Inc (VCHI) and becoming an independent incorporated association in our own right. From the time the decision was made, every effort was made by a small but dedicated group of people to bring about the separation, working together to reach specific goals and targets in a planned and timely manner. The process of separation commenced in October 2021 and was fully completed in May, ready for commencement on 1st July 2022.



8.2 L2life Sponsored Sawtell Ladies Golf Day

As a strategy to market Linked to Life to potential volunteers, we again sponsored a ladies golf day at Sawtell Golf Club. The day was a great opportunity for staff to mingle on the course and promote the service amongst players. This is a very affordable marketing activity that targets potential volunteers.





8.3 Aged Care Reforms

In response to the Aged Care Royal Commission, the Government has commenced implementation of a range of reforms that aim to improve quality-of-care outcomes for older people and too re-design programs to achieve their goals. These reforms affect both CHSP and Home care Packages and include:

- ❖ **Transition from CHSP to Support at Home Program** – this change was to commence on 1st July 2024, but is now set to commence on 1st July 2025. The major change is the move away from block funding to claims-based funding for services. Clients will be approved for a type of service and an amount of service, and they will then select a provider of their choice to deliver this service. The advantage of this change for Linked to Life is that we will not be limited to delivering only social support and domestic assistance as we are now. We also have the advantage of being familiar with claims-based funding in home care packages.
- ❖ **HCP fees and charges** – Throughout the year, the Quality Commission place caps on the amount of fees that can be charged by providers for managing a home care package and mandate that providers can no longer charge exit fees. Fortunately, Linked to Life fees were under the cap levels and there was no major loss of income from the dropping of exit fees.
- ❖ **Implementation of the Serious Incident Reporting Scheme (SIRS) in Home Care** – From 1st December 2022, it became mandatory for all home care providers to implement SIRS within their organisations. The commission has established 8 categories of serious incidents that must be reported to the commission. The overall aim of SIRS reporting is for government to be able to monitor incidents, and more importantly, make an assessment of the providers' process for investigating and resolving incidents and taking necessary action. Linked to Life has reported one incident since December 2022.



8.4 Employment law changes:

Rues of Minimum engagement - Commencing 1st July 2022, the Fair Work Commission changed the minimum terms of employee engagement from 1 hour to 2 hours and implemented various allowances as strategy to improve work conditions for aged care staff. While this was a positive strategy for care staff, it increased overall wage costs and resulted in a major roster overhaul. In short, workers can no longer be engaged to work a one-hour shift, so a worker who was rostered to do a one hour domestic shift, is paid to perform the shift AND time travelling to the next shift to make up a two hour shift. Where there is a gap in shifts, a broken shift allowance is paid. The changes resulted in an increase of approximately 9 hours additional pay each fortnight for the same workload for a worker who is working an average of 30-35 hours per fortnight.

Introduction of Family & Domestic Violence Leave – this leave was introduced by Fair Work Commission during the year whereby workers are entitled to 10 days paid leave per annum annually for matters related to domestic violence.



8.5 Office relocation

In March 2023, prior to the expected end of our lease at 220 Pacific Highway on 30th June, we were advised that our lease would not be renewed. We took on a new lease at premises at 108 Park Beach Road, moving in in Early April. The premises is highly visible, close to public transport and community facilities, has on-site parking for our 2 vehicles and bus and offered a long lease of 5 years. We commenced operating from the new premises at the beginning of April 2023.



8.6 Community Visitors Scheme (CVS) funding

In January 2023, the Government advised that CVS funding would go out for open tender, and that they would favour applications to deliver both residential and home care visiting services. Linked to Life did not apply for several major reasons. The first was a reluctance to move into the residential care space and the other was the low take up for home care visiting services by external providers under our existing CVS funding. We have always experienced low referral rates from home care package providers, and I feel this is because we are their direct competitors in the market. The CVS funding officially ceased on 30th June 2023. All existing CVS clients (majority were Linked to Life package clients) continued their visits with their volunteers as part of their package. Unfortunately, while Volunteering Coffs Harbour Inc did apply for both residential and home care CVS funding, they were unsuccessful in their bid.



9 Acknowledgment of Board and Team



I am very fortunate to work with a group of people who have a strong desire to make a positive difference in the lives of our most vulnerable members of the community and a passion for working together to achieve this goal. The Board of Management are a group of volunteers with extensive skills, expertise and experience who willingly devote their time to establishing and maintaining a solid framework for best practice, maintain accountability to government and community, and ensure that the organisation operates in an efficient and effective manner in accordance with standards. The team, consisting of paid and unpaid staff, work diligently to uphold standards of care and deliver care that is of excellent quality. Our reputation as a provider of choice has been built on the actions of those who are, and have been, part of the development and sustainability of the organisation over the past 26 years. Our strength, I believe, is in being small, where strong working relationships are fostered and where all people matter, and are always encouraged to develop, grow, and contribute in a meaningful way. I take this opportunity to give my appreciation to all my valued colleagues for their ongoing dedication, support and willingness to contribute to being the best there is.



Donna Kerr
Program Manager