### To: Ms Lisa Desmond – CEO Fraser Coast Regional Council (FCRC)

 From:
 Proposer – Fraser Coast Aqua Therapy Association – (FCATA)

 E-M:
 fcata@bigpond.com
 WEB:
 www.fcata.wordpress.com

Subject: Proposal for FCATA and access to FCRC Pools –

### INTRODUCTION:

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Dear Ms Desmond,

I was very pleased to have our discussion regarding the FCATA and your request to have me submit a proposal for the FCATA.

Please let me say at the outset – from the research undertaken re these types of programs elsewhere - it is my view that this program cannot proceed without the co-operation and support of the FCRC.

I have not forwarded this proposal to any other party – thus allowing you to promote and deal with the FCRC Councillors and Council staff that have been less than willing to deal with me individually. This will hopefully illustrate the good intentions in putting this proposal forward – I am quiet happy for you to claim ownership of the process if that is your wish.

This proposal will first deal with the immediate issues where FCRC can assist – that is in providing FCATA Tier 2-3 Members with access to the Hervey Bay Aquatic Center and Maryborough Pool - (when refurbishment is completed) - in line with previous discussions – (i.e. 7:30 - 9:00 am Mon – Fri ... ) These requests are further outlined hereto.

The financial impact on the operational costs of the Hervey Bay or Maryborough pool budgets this proposal is asking the FCRC to consider is deemed negligible.

Without the FCRC facilitating the requested access for the TIER 2-3's – the FCATA program will falter on many levels. Future funding applications from Federal, State and Community grants based sources - will note if the FCRC is involved and to what level of support they have committed.

Having the generous support of the FCRC – will demonstrate to these source funding avenues how serious FCRC is in supporting this program. Those indications of FCRC's generous involvement - will open other doors for funding and it is in this light that this proposal is submitted.

The following <u>Index</u> provides direct hyperlink assess to the detail concerning the agenda issues FCATA will have to deal with in trying to establish this program.

Kind Regards

Ian Bleys

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## OUTLINE SUMMARY OF REQUESTS:

- 1. FCATA proposes that FCRC offer 'free' access to the Hervey and Maryborough pool for Tier 2 and Tier 3 level FCATA members who wish to exercise or partake in aqua-therapy either as individuals or as a group -
- That FCRC allow access to the Hervey Bay Heated and 50m pool between the allocated times of 7:30 – 9:00 am Mon – Fri - on a non-exclusive basis - i.e. members of the general public also have access both pools –
- 3. That in addition to the 7:30 9:00 am Mon Fri request it is also asked that the indoor and outdoor heated pools at the Hervey Bay pool be available for FCATA Tier 2-3 members after 11:00 am on a non-exclusive basis i.e. members of the general public also access the pool
  - These proposals [1-3] would be subject to all existing and future General Public pool access requirements and if conflict arises then discussions be held to resolve the access conflicts.
  - In addition -requests similar to [1-3] above are sort for the Maryborough Pool but until that pool's refurbishment program nears competition – defining numbers and membership of the FCATA in the Maryborough area is indeterminable.
- 4. That FCRC consider the pool upgrades for the Hervey Bay pool as advised further hereto in this proposal. That the suggested upgrades be concluded to allow FCATA Tier 1 and 2 members to partake in the proposed FCATA aqua-therapy program these upgrade recommendations are only preliminary and will need to be fully inspected with FCRC's involvement so as to ensure all workplace health and safety upgrade requirements are met <u>please see notes for preliminary findings</u> ...
- 5. That <u>FCRC re-consider their position on 'learn-to-swim' classes for disabled persons</u> and address whether private operators can conduct classes or whether the Pool Management will be responsible for conducting these classes when necessary FCATA needs clarification on whether they can conduct the 'learn-to-swim classes which would potentially conflict with the decision the Council made late 2010.
- 6. To consider whether pool staff are allowed or wish to volunteer until funding has been sourced for TIER 1 levels and then become paid staff if its complements their existing rosters to assist with the physiotherapist in providing aqua-therapy to the TIER 1 FCATA members.

### PROPOSAL:

### TIER 2-3 ACCESS TO HERVEY/MARYBOROUGH FCRC POOLS-

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This is a formal request to the FCRC to consider providing access for FCATA members on the following basis – that the FCRC consider and provide special access conditions for FCATA members to access the FCRC pools on the following basis –

[These requests stem from previous discussions with the FCRC CEO Lisa Desmond, – FCRC Councillors - Hovard, Hawes, and Muckan, FCRC employees Messes Moore, Gaze, and Smith, the FCRC Hervey Bay Aquatic Center Pool Manager Mr Paul Jones – and the many phone call discussions had with other Regional Council Pools form Gold Coast through to Mackay and the types of services they provide to their disabled and aged pensioner patrons.]

- That access to the Hervey Bay Aquatic Centre to FCATA members between 7:30 am and 9:00 am Monday Friday – be made free of charge to members –
- That access to the Hervey Bay Aquatic Centre to FCATA members at other times more suitable to FCATA members – i.e. TIER 1-3 during other available pool times – be made free of charge to members –
- 3. That FCRC and FCATA agree to a cost structure for granting (a) above initial Membership fees in budget estimates are set at \$100 per year FCATA would be willing and prepared to offer 25% of these proposed membership dues to FCRC (see Notes below) -in return for the 'free' access availability asked for in (a) above –

That the FCRC consider a similar program structure for FCATA Members from Maryborough - as in 1.a-c above - and surrounding regions who prefer to use the Maryborough Pool – [It is understood that the Maryborough Pool is to undergo significant refurbishment and upgrades from Sept -2011 onwards. In trying to facilitate the Maryborough region FCATA members – can the FCRC provide a time schedule for how long the outdoor heated pool will be out of action – and if possible when the indoor heated pool will be available.]

**Notes:** The thinking behind making access as cheap as possible relies on the fact that the FCRC and the larger community want their senior citizens and disability pensioners doing as much as they can to help themselves stay healthy and mobile.

The cost in getting to the pool where travel to and from might be anywhere from 10-30 kms – represents a \$10 - \$30 private travel cost for 3-5 visits a week – (calculation based on current \$1.50/litre petrol cost, and 10 kms to the litre running costs) - most pensioners would find this additional cost to weekly budgets confronting – so making a pool entry cost additional to travel coss, will challenge most pensioners with no supplementary incomes – and in that scenario – the program will fail to attract those in most need.

The larger issue is in the review of the future escalating health costs incurred by this targeted group if they don't begin to exercise and self-help to stay healthier through exercise. The future medical cost outlays and their drain on the larger community and taxpayer resources - is forecast to become astronomical over the next 20 - 30 years – some \$30-\$40 billion – so in structuring this program with a view to that type of time-frame and potential health cost savings over that period – gives a perspective to what this small initial program hopes to achieve as its larger agenda.

If the FCRC embrace this proposal as part of the greater agenda for this program – which is ideally suited to this community given the demographics of the FCRC community – and it is proved to be successful over the next 3-5 year period – then on a National Health scheme basis this program might just be the answer everyone is looking for as a means to help deal with the some of the projected costs being allocated and provisioned for future aging and disability care.

The Hervey Bay pool Management has indicated pool availability between 7:30 – 9:00 am Mon-Fri as a period when the pool is not being used - and would be the ideal time for FCATA members to have their aqua/exercise therapy.

This would only be for those FCATA members who did not require any supervision over and above that which is offered to the general public – these would be TIER 3's and some TIER 2's who become different people in a water environment and know the value of the water when it comes to exercising.

During the survey period – several phone conversations were had with interested participants where a 7:30-9:00 am time frame was stated as unsuitable for a number of reasons – transport availability was high on the list – elderly who would find this early start compromising their medical conditions/medications and food intake – and the need to stay warm after exiting the pool to prevent colds and flu type symptoms taking hold ... simply put - they need the warmer times of day to think about getting into water.

So - it is also requested of the FCRC that any FCATA members who does not participate in the early morning activity be allowed to access both the indoor and outdoor heated pools after 11:00 am - (the CEO indicated in her February letter that the indoor pool would be available at this time) – and until such time that TIER 1 funding is secured – it is asked that the heated pools be made available – but not exclusively – to those FCATA members who find the 7:30 – 9:00 am start to confronting.

The requirement for access at these times would be that participating FCATA members would be responsible for their own cost to get themselves to the pool – and their exercise/aqua-therapy activity would be of their own undertaking - and without any additional pool staffing requirements.

Initially, it would be great if some volunteers were available to assist novice participants in instructing the FCATA members what they could do in the water to help them exercise – (the proposer of this program would offer to be one of those volunteers if required) - this would be appreciated and might be a good-will gesture that existing pool staff would like to perform as a volunteer.

# COSTS/REVENUES:

The Council derive very little revenue during this morning period via entrance costs of existing users – and if new FCATA members were to commence using the pool during these times – the FCRC would not have in normal activity received any revenue from these members, if not for the FCATA program.

The 25% offering of FCATA annual membership costs mentioned earlier is a gesture – and will be parted with if the FCRC deems it necessary – but free access to the pool without cost to the FCATA would put it on a par with what is already offered by the Gladstone City Council (GCC) and their support for The Gladstone Aquatic Therapy Association (GATA). It would also allow the membership fees collected to be put to use in funding so many requirements the FCATA need to find funds for in providing for Tier 1'a and 4's–

## THE GATA PROGRAM –

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To present what the GATA program provides and how it is funded - research undertaken late 2010 into the GATA program revealed the following:

- The GCC provides \$40k in free pool time to the GATA program annually –
- The GCC heated indoor and special purpose built pool is made available to any pensioner free of charge between 8:00 9:00 am Mon Fri -
- The GATA program is specifically funded by HACC (reported as \$200k p/a) to deal with what FCATA terms TIER 1 members. They have a floating membership of around 100 and they only provide aqua-therapy 3 days a week –
- The program has 30-40 members who seek aqua-therapy on these operational days and transport is provided to and from the pool currently the member pays \$2.70 for each days attendance and a nominal membership fee the fee is deemed to cover transport costs.
- They employ a Co-Ordinator (30 hrs/week) and they have an p/time Admin assistant there are some 30+ trained volunteers to help in the water and a fully qualified Aqua Therapy Physiotherapist is part of the program.
- They do outside/referred aqua-therapy rehabilitation on a user-pay basis which supplements their HACC funding.
- They are Managed by a Committee who control all Funding expenditure and are responsible for Funding Audits by HACC Inspectors –
- They have to meet Health Place Work and Safety requirements specifically targeted at the care of the GATA members and how the aqua-therapy program deals with the existing health issues of members and the procedures in place when members have health attacks whilst partaking in the aqua-therapy program.

## LEARN TO SWIM:

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Much can be learned from the GATA program with respect of requirements needed for FCATA TIER 1 and some water novice TIER 2-3 members.

Learn to swim type classes will be undertaken to allow TIER 2-3 members to progress to the 7:30 - 9:00 am activity – but this will require initial funding - or a community program undertaken by a fund raising activity – or from allocations of Federal and State grants made to the FCRC that allows for the FCRC discretionary allocation of funds.

[Note on this point: Recently – FCRC declined access to the Hervey Bay indoor heated pool for a private individual who wanted to conduct a learn-to-swim program for disabled persons. Funding for this program was being provided by a local carer group – Community Access. They were providing the clients and all that was needed for the program to go ahead was approval of access to the H/Bay pool.

This access was declined because the H/Bay pool already conducted a 'Learn-to-Swim' program and this disabled 'learn-to-swim' program was seen as presenting a conflict to the Pools existing programt.

It has since been discovered that the H/Bay pool Management does allow private physiotherapists to conduct aqua-therapy in the indoor heated pool – and the Pool Managements response to that is that they do not provide that service – When the Pool Administration was asked how many disabled persons they had taught to swim – their response indicated that no-one can recall having taught a disabled person to swim. The inference being – that FCRC need to address just what is off limits for private practitioners – and what the Pool and its employed staff does provide as a service to the community.]

There is no doubt that some of the FCATA Tier 2-3 members will need 'learn-to-swim' classes. In light of the NOTE previously outlined - clarification on the FCRC's position on who will conduct these classes is required – whether it be private carer funding to non-pool staff – or pool staff who are qualified to teach disabled persons –

This initial Tier 2-3 participation would be on an individual undertaking and not be associated with any Carer Group or Respite Care activity. From the survey data presented – it is estimated that across the Hervey and Maryborough region – initial numbers would be less than 75 – through increased awareness of the program this number is forecast to grow and initial forecasts has this number approaching 300 after two years. This number would have a significant impact on the general public's usage of the pool if allowed to grow to that size.

As part of this proposal – some limitations might need to be considered. There are over 20,000 disabled and aged pensioners in the FCRC region – the 300 number represents 0.015% - and at that level – little impact will be made to the pressures on the already stretched health resources of the region.

Even at this 300 number – and with no funding requirement from FCRC or FCATA other than free entry to the pools - and the annual membership to FCATA – this membership number will have an impact and compromise the general publics use of the pool.

Given the additional numbers of Respite Care and Carer interest level notifications - the Hervey Bay Pool will not be able to deal with the Tier 1-3 numbers as presented from the survey data. The Maryborough Pool and its capabilities after refurbishment remains an unknown at this stage – but from discussions with people who have seen the plans – it would appear that if similar FCATA Maryborough members were to use the pool – a similar outcome can be expected.

Without significant funding and upgraded amenities to the Hervey Bay pool - the FCATA program cannot pursue a TIER 1-2 program for members unless upgrades are implemented.

### ABOUT - F.C.A.T.A:

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The FCATA is a proposed aqua-therapy program to aid disabled and aged pensioners regain their - 'life activity and mobility' - through exercise in an environment that allows sufferers with health induced mobility issues to discard their issues in a water environment.

The program will provide and structure professional aqua-therapy and other water based exercises to improve the quality of life. It will facilitate and allow those suffering with aging and disability marginalisation to partake in an activity that will allow them to gain access to exercise activity and form friendships with other like and similar impacted persons.

The mental problems that come with the isolation and depressed life expectations many feel who suffer with disability and aging - will also be improved by this program for those who wish to be involved as participants and as volunteers assisting those suffering disabilities worse then themselves.

There are no negatives attached to this program from any perspective with respect to its intent and desired outcome. Aqua-Therapy may in fact be the answer to a Global and National Aging issue, and the long-term taxpayer funding requirements in dealing with the expected costs in dealing with health resource requirements over the next generation. Increased life expectancy is impacting of Health resources Nation-wide and Administrators have to find a solution to deal with the medical issues associated with aging and the disabled.

This proposed Association was formed as a response to the FCRC reluctance to deliver 'pensioner' discounts to FCRC residents who wanted access to the LGA administrated pools. It began in Mar-Apr 2009 – and in April 2011- FCRC – under a new CEO decided to grant 'pensioner' discounts for 'season ticket' purchases.

This was a breakthrough concession and most likely came about in part due to the existing 'discriminate' position the FCRC had adopted in providing 'pensioner' discounts on all other Council Services – but not the FCRC pools – except where users obtained a 'rehabilitation' certificate from their Doctor – which then allowed a 50% daily entry discount – but not season discounts for those with permanent disabilities..

In trying to address these issues this author – and as a representative of the FCATA had discussions during Sept - 2010 through to Jan - 2011 with the FCRC Mayor and other Councillors – the new FCRC CEO and other Council staff who determine Council policy relating to pool access costs and Federal and State funding applications.

Currently – the new FCRC CEO has requested a proposal for what the FCATA is seeking on behalf of its future membership and its long term agenda. It is important in this regard to provide some history of support for the program, and some demographic statistics as to who this program will benefit and dram patronage from.

In previous correspondence sent to Federal and State Members, the FCRC Councillors and Council staff – it was high-lighted that the FCRC has the highest 'disability' pensioner per capita in QLD. It also ranks very high in a National survey as well. The age pensioner group in the FCRC area also ranks with Bribie Island as the highest per capita ratio in QLD. In specific numbers the following table as again provided.

Data Information: <sup>1</sup>	Fraser Coast Region
Regional Area Population:	99,514 (2009)
Persons 55+ living in area:	28,021 (2010) (28.16%)
Disability Pensioners living in area:	5,388 (2009) ( 5.41%)
Aged Pensioners receiving pension:	13,148 (2009) (13.21%)
People receiving 'CARER' assist:	1,327 (2009) ( 1.33%)

These numbers do not give or demonstrate by comparison just how high the Disability/Aged pensioner grouping is as compared with other communities. A nearby LGA – Gladstone City Council (GCC) – and Gladstone is chosen because it already has a GCC and HACC funded Aqua Therapy program called Gladstone Aquatic Therapy Association (GATA) – has approximately  $\frac{2}{3}$ rds the population as FCRC yet the disability and aged pensioner group is significantly lower – the following data is provided to prove this distinction –

Data Information:	Fraser Coast Region	Gladstone Region		
Regional Area Population:	99,514 (2009)	59,644 (2009)		
Persons 55+ living in area:	28,021 (2010) (28.16%)	9,226 (2010) (15.47%)		
Disability Pensioners living in area:	5,388 (2009) ( 5.41%)	1,121 (2009) ( 1.81%)		
Aged Pensioners receiving pension:	13,148 (2009) (13.21%)	2,907 (2009) ( 4.87%)		
People receiving 'CARER' assist:	1,327 (2009) ( 1.33%)	201 (2009) ( 0.34%)		
Participants in Gladstone Aquatic Therapy Assoc GATA:		100		

The data in these tables was sourced from the linked databases as a footnote below.

It is not hard to see the per centum differences in the two municipalities. FCRC see their community as a retirement community – yet to date the services the community provides only consider the inherent health problems retirees and disability pensioners through response treatment via Doctor – Hospital – and other Medical remedies –physiotherapy – surgery and the many other expensive treatments senior citizens endure to maintain any quality of life.

This program has visions – and those visions entail a National Seniors and Disabled YMCA type movement where pools – indoor, outdoor, heated and fitted with special disability facilities and features, are provided to help those wanting to help themselves maintain their mobility and health via exercise.

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http://www.frasercoast.qld.gov.au/c/document library/get file?p 1 id=97185&folderId=1410927&name=DLFE-28750.pdf http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3235.02009?OpenDocument http://www.ausstats.abs.gov.au/ausstats/nrpmaps.nsf/NEW+GmapPages/national+regional+profile?opendocument http://www.abs.gov.au/AUSSTATS/abs@nrp.nsf/Latestproducts/315073222Economy12005-2009?opendocument&tabname=Summary&prodno=315073222&issue=2005-2009

<sup>&</sup>lt;sup>1</sup> Source information for this table came from:

### TIER LEVELS:

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It is envisioned that these **YMCA** type facilities will provide to and for as set out as membership categories of the proposed FCATA and as follows –

**TIER 1:** This grouping is for persons with severe disabilities who require full/part time carers – provide aqua-therapy classes for those with severely disabled issues –.

**TIER 2**: This group is represented by self help disability/aged pensioners, with less severe mobility issues - the aim is to provide instructor aqua-aerobics/exercise style programs for the less disabled and aged pensioner persons – (TIER 2)

**TIER 3**: This group is represented by all the other 'pensioner/concession card' groups, including self funded retirees who mostly live independently – the aim is to provide access for FCATA members to do water exercise programs who have water skills and want to use the Association membership to reduce personal costs to their exercise regime – the aim is to provide access to the pool environment for FCATA members to do their own water exercise programs who have water skills and want to use the Association membership to reduce personal costs to their exercise regime – it is expected that many of the volunteers who will assist with the TIER 1 and 2 membership will come from the TIER 3 membership. Without this membership and providing some cost incentive – volunteers will be hard to source to cover the needs on the TIER 1 group.

**TIER 4 - Children:** The group is for disabled persons under the age of 18 wanting access to the aquatherapy program for rehabilitation and aid assistance for their disability. - To provide professional aqua-therapy outlets for disabled persons under the age of 18 in need of activity to help with their disabilities – (TIER 4)

**TIER 5 - Third Party Respite Care Activity access:** This group to be granted Membership of the Association as a Group/Respite Carer Membership. The membership is conditional and on the basis The Respite Carer undertakes:

- to provide all transport needs to get their clients to and from the pool activity
- to have their own carers on hand to aid their clients once the aqua-therapy session is completed,
- that they carry their own insurance requirements to cover their clients for the aqua-therapy session,
- that a negotiated cost structure for the respite activity is in place, and
- that the Respite Carer agrees with the Association to the participant numbers for each aquatherapy session well before hand.

**TIER 6** – **Rehabilitation:** This group to provide for Hospital rehabilitation or other accident incurred event where aqua-therapy can assist the recovery to full health – this group is open to the general public on a user pay basis. - To provide professional aqua-therapy to paying clients during rehabilitation after illness or accident who are from the general public and not in receipt of pensioner benefits – {TIER 5}

[Notes for TIER 4, TIER 5 and TIER 6: – These TIER's are add on/additional TIER's and will be self-funded or have their funding requirements met from independent sources to the TIER 1-3 programs. These TIERS's 4-6 are planned as future expansion of any funded and established program for the TIER 1-3 group - and will only happen on the condition that TIER 1-3 services are not disrupted, or diverted from the original purpose of the program.]

## FORMING A COMMITTEE – HOW FCRC CAN HELP THE FCATA PROGRAM –

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The FCATA does not claim to have all the answers – at the moment the proposer of the program is looking for suitable Business/Community leaders and like minded people with interests in volunteering to help form the FCATA Working Committee - They are not easy to find given the task this program is looking to establish long term.

An attempt was made to form a steering Committee in early April – there were two meetings and at the second meeting true agenda's bared their teeth – the proposer of FCATA saw what lied ahead and accepted resignations that were offered. This is not to say that these persons will not want to be a part of the FCATA when TIER 1's become established within the program. This is some way off and is explained further in this proposal.

So for the moment – it is still s singular endeavour and until there is some advancement with this TIER 2-3 access – there is little hope for TIER 1's and TIER 4's even getting off the ground.

During the survey period there were a number of enquiries from local and from a wider scope by physiotherapists about the program. There enquiries related to involvement with the program and how to get their current clients involved with the program. These contact details have been retained for future reference once the TIER 1's become an active part of the program.

This all requires a working Committee with experience in Government Funding applications – they need to have experience in handling a budget of 400-700k which is where funding requirements will be within 1-2 years. The conundrum is that if you had the quality office bearers – the program will get to where its forecasts are in two years – if they are not found – then there will be no funding and no requirement –

This is no different to any new Association – but this FCATA is a little different – we are talking about retired, aged and disabled persons who have mobility and other health issues – being an active Committee person might suit some – but the majority although willing – being on Committee is too much of an ask with the responsibility the Committee will be charged with.

Before any funding can be sourced or applied for to cater for the TIER 1's and some TIER 2's – the FCATA will need to be registered and incorporated - and that means a suitable working committee. The FCRC has numerous contacts within the larger FCRC community - the proposer cannot access these parties due to his own disabilities and mobility restrictions. Phone calls and e-mails won't get the job done.

This program needs able persons to be involved – only so much can be done from a computer and access to the internet – fund raising – getting out and about - knocking on doors and making the community aware of the program and its targeted members needs a larger and able bodied community involvement.

An approach was made previously through FCRC – (Ms Moore) - earlier this year to have the FCRC Newsletter promote the awareness of this program. It was hoped through an awareness campaign sponsored by the FCRC Newsletter – Local Business's would have become more aware of the program. That request was declined. Perusal of several e-mail version's of the Newsletter fails to justify to this proposer why the FCRC would make a decision like that.

A similar approach was made to the same FCRC party to access funding and be a part of the FCRC submission in their Federal grants application for the - 'Healthier Communities Initiative' - (submitted early Feb 2011) – that request was also denied by the same party.

This all transpired during Dec 2010 – Feb 2011 - where contact was with the Mayor, Cr Muckan, and Council employees Messes Moore, Gaze, and Smith. During this time the FCRC only had a

'departing' CEO - and an 'Acting' CEO in the CEO position. This may have hampered Council's involvement and support for this program. Hopefully – and with the recent FCRC announced 'Pensioner' discounts - the whole of Council might begin to see the scope and depth of the benefits a program like this will bring to the FCRC community..

### SURVEY RESULTS:

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In the on-line survey conducted between late Jan 2011 and  $31^{st}$  Mar 2011 – and promoted with some assistance from the free 'Chronicle' newspaper publications – the Hervey Bay - 'The Observer' – and the 'Maryborough Herald' - the community response drew a total of 679 respondent - 'interest notifications'.

Over 50 Carer organisations were canvassed and asked to partake in the survey – only 4 responded with any individual client interest – and another 6 provided a group interest assessment on behalf of their clients –

There were 80+ individual respondents who used the on-line Interest Notification form - (some since received after the 31<sup>st</sup> Mar deadline.) The 679 number far exceeded the 3-500 expected - and the survey results and TIER breakdowns of the survey and respondent data is presented hereto:

	Hervey Bay Pool:				Maryborough Pool:				Totals:
	Tier 1	Tier 2	Tier 3	Tier 4	Tier 1	Tier 2	Tier 3	Tier 4	
Individual Respondents:	8	26	26	5	2	5	4	1	77
Respite Care Respondents:	2	43	44	0	2	9	11	0	111
Caree Individual Respondents:	2	4	4	0	0	0	0	0	10
Carer Group Respondents:	92	179	175	0	25	10	0	0	481
	104	252	249	5	29	24	15	1	679
Percentage of ALL respondents:	89.84%				10.16%				100%
Percentage of TIER 1 respondents:	78.20%					21.80%			<b>100%</b>
Percentage of TIER 2 respondents:	91.30% 8.70%							100%	
Percentage of TIER 3 respondents:	94.32% 5.68%						100%		
Percentage of TIER 4 respondents:						16.67%			100%

**Notes on the Table Data:** As can be seen – Hervey Bay had a much larger response then did Maryborough. This can be mitigated and accounted for due to some of the following issues -0

- The Maryborough Herald publication did not run the news about the survey and the FCATA program for some weeks when the survey first started there was a change of Herald staff and as this publication is not delivered in Hervey Bay this omission was not picked up until late Feb 2011.
- Also the larger Carer organisers BLUE CARE and HACC have dual Maryborough and Hervey Bay
  offices and each were deferring to the other as to who might respond the Regional Manager did not
  think it was her place to provide any numbers however the new Hervey Bay Manager when she
  became aware of the program in mid-March did do and extensive data extraction on Hervey Bay
  clients some 407 of the Carer numbers came from Blue Care H/Bay and none of those are included
  in the Maryborough numbers.

- The same issue applied to HACC with several umbrella Carer operations under the HACC funding program it was very difficult to get the Regional HACC personnel to provide data. All numbers have from HACC services been included in the H/Bay numbers because that is who provided the numbers even though it is known that some of the clients are from the Maryborough area. Clarification of these numbers was sort but Carer responses indicated that it would have placed an inordinate amount of time and effort to provide exact numbers suffice to say the Maryborough numbers are not well represented.
- In addition a number of phone calls were received from Maryborough residents late in the survey
  period about the program in response to the Herald's publications. Almost all of these enquiries failed
  to produce an 'interest notification' form their issue was the uncertainty over the time table for
  competition of the Maryborough Pool repairs and the Base Hospital pool also being out of service.
  Some enquired about transport being provided to Hervey Bay to be part of the program. It was
  explained that no immediate funding was available for such a transport scheme.

## **REQUIRED HERVEY BAY HEATED POOL UPGRADES:**

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On a first glance inspection – the following upgrades to the Hervey Bay pool complex to comply and satisfy Workplace Health and safety issues - will need to be addressed and upgraded. Without these upgrades the FCATA will not be able to provide services to the forecast number of TIER 1 members and some of the Tier 2 proposed program participants.

#### For example (Hervey Bay Pool only):

#### Heated Outdoor Pool:

- 1. The outdoor heated pool is not covered so during summer usage sunburn will become a big issue –
- 2. During winter the general heating of this pool is to 28C and for arthritis sufferers and others who need bath type temperature to feel comfortable in the water at least 32C is needed this may be beyond the capacity of the pool and if not it will present a serious cost issue to try and lift and maintain the pool temperature. The debate on enclosing the pool again comes to the fore maintaining heat during winter through enclosure benefits in so many ways
  - a. The out of water temperature is also raised in an uncovered environment and is essential to assist and provide the necessary comfort levels in handling all Tier 1's and many Tier 2-4's when they are preparing to get into and out of the water. This provides health benefits that are extremely beneficial in preventing elderly and frail from getting a chill through the aqua-therapy activity it is a serious requirement during Winter months and something that should be considered for the refurbishment of the Maryborough Pool if it has not already been considered.
  - b. The enclosure will reduce running and heating cost outlays to heat the pool but then other issues arise condensation within the indoor environment would then have to be dealt with the enclosing structure is not really needed in Summer months does it become a demountable structure or made permanent from a General Public perspective enclosing the heated pool does not allow parents with children to monitor their children unless they are indoor with their children. There are many issues to be raised and discussed on this matter alone but they are not so important for the purpose of this initial proposal.

[Note: is was advised by several interested participants during the survey period that Victoria have several communities where indoor heated pools provide all year 6:00 - 9:00 pm pool facilities – these are for the use of general public and minority groups for aqua-therapy and exercise and lap swimming – much could be learnt from these communities by way of advice and experience to help with the FCATA and the FCRC pool facilities.]

- 3. Another main issue is in the current amenities as provided to service the Hervey Bay heated outdoor pool. They do not provide for the proposed FCATA Tier 1 members on a number of levels
  - a. The elderly and frail need warmth and with only a single uni-sex amenity with 2 showers and one disabled utility the program plans to deal with 3-5 members at a time in the water and do several 30-45 min sessions with each group. This will require up to 10 volunteers in are around the water to assist with the 3-5 members in the water.

- b. When their session is finished the members will need to be showered and dressed with carer/volunteer assistance and this will need 1-2 carer/volunteer in the amenities facility with each member the area within the existing amenity does not provide for this type of member care.
- c. If participants had to wait around and became cold during this wait period the program might then become culpable and responsible for whatever health issues that might ensure. This is part of the health and safety duty of care responsibility until these amenities meet the requirements needed any TIER 1 program cannot commence except if it was to be on a maximum 1-2 members at a time.
- d. This would make the program unviable from the outset to cost to employ qualified staff to work with minimal numbers would not represent effective use of public funding.

### Heated Indoor Pool:

- 1. There is no disabled access but by way of chair life several people who have used this chair made contact during the survey period and made comment
  - a. some said the chair did not lower enough for people to feel the bottom – this was very disconcerting for non-swimmers being asked to just fall out of the chair when no rails were provided to grab a hold of –
  - b. the getting into the chair from a wheelchair was cumbersome and often required more than a single carer/instructor who was not often there to help –
  - c. this is used as a children's learn-to-swim facility and health fears were expressed about deposits that were left in the pool and how that made the experience less enjoyable – and in some cases turned willing participants to 'not again thanks' ...

All this amounts to a real need to address what elderly and disabled pool users need and require in a pool complex.

If at a point in the future - a special purpose pool was to be built to cater for the FCATA to cater for the FCRC communities aged and disabled members – it is well worth bearing mind all these matters when addressing the immediate and future needs to spend money to upgrade the FCRC pools to allow for FCATA Tier 1 participation.

### SUMMARY:

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There is much this program can achieve for the FCRC community – all with positive outcomes for local business and community health services. It also has the potential to be so much more.

As a disability pensioner with restrictive mobility – there is only so much the author of this proposal and founder of this program can do to bring this program to a reality. My time and effort to date has been freely given - and will continue to be so whilst this program is in its formative stage.

I would be willing to continue forging the agenda but in a realistic context – the marketing and selling of this program needs an able bodied advocate. Finding such a person or persons is and has been difficult.

This proposal is an appeal to the FCRC to assist in any way possible to help find an advocacy group willing and prepared to support the FCATA Program.