



Yarra Ranges Council

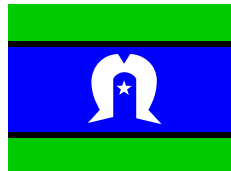
Access to human services in Yarra Ranges 2023

Yarra Ranges human service needs analysis

Yarra Ranges Council acknowledges the Wurundjeri and other Kulin Nations as the Traditional Owners and Custodians of these lands.

We pay our respects to all Elders, past, present, and emerging, who have been, and always will be, integral to the story of our region.

We proudly share custodianship to care for Country together.



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Executive summary

Throughout 2023, Yarra Ranges Council has been conducting an analysis of the need for human services in Yarra Ranges. The Human Services Needs Analysis (HSNA) provides insight into the main issues affecting services. These include the challenges for services in meeting community needs, and whether these challenges are expected to continue; increases and shifts in service demand since the onset of the pandemic; the main localities and service types which have gaps in their capacity to meet community needs; and the extent of unmet community need. The HSNA also provides insight into community service needs and issues, including difficulties in obtaining necessary services; barriers obstructing access to services; and the ongoing physical, mental and social impacts of the pandemic.

Overview of findings

The ability to access services where and when they are needed is crucial to community health and wellbeing. However, Yarra Ranges residents experience significant challenges when trying to access local human services. An analysis of service data and the survey this report represents provides evidence that most services have experienced rising demand over the past four years and have often been unable to meet community demand. Community service needs and service access have been affected by rising living costs, lack of affordable accommodation, transport access, worsening mental health, lack of social connections, and increasing levels of chronic health issues. Services have also been affected by rising costs, along with a multitude of difficulties in providing services, including staff and volunteer shortages, reductions to funding, and a lack of appropriate infrastructure.

The pandemic has created ongoing mental health, social and financial impacts. Issues such as cost of living and the level of chronic health issues are expected to continue to affect services over the next five years, along with the health and wellbeing impacts of an increasing number of climate-related disasters and extreme weather events. At the same time, the community is becoming more aware of service options and associating less stigma with using services. The pandemic has led to increased online service options; and services are using technology, collaboration and outreach services to try to fill service gaps.



Community needs

Community needs have shifted substantially. Worsening mental and physical health, and rising living costs, were the main factors driving changing service demand. The services with the most increases in demand since 2019 were emergency and food relief; housing and homelessness support; social connection and support; mental health; and financial counselling. People are now needing more services per person, have more complex health issues, and are deeply affected by issues such as housing and family violence. There is now less stigma about using services, better awareness of services and new online service options; but one-quarter of consumers are still concerned about the risk of infection from COVID-19 when using services.

Challenges for service provision

Human services are currently facing a range of barriers to providing services, relating to staffing, difficulties in providing services, cost issues, transport and worsening community health. Clients are presenting with more numerous and complex conditions, more advanced health problems (e.g., advanced skin cancer), worse mental and physical health, and higher service needs per person.

The key barriers for services include lack of staff and volunteers; long waiting lists and waiting times; lack of sufficient services, combined with a reduction in the number of services and programs; lack of suitable space; lack of GPs, who are often the first step in referring patients to a specialist service; rising costs of service provision; and difficulties with referring clients to other services – again, due to issues such as waiting lists, services not accepting new clients, lack of available services or no local services. Service data also showed major shortages for all types of medical specialists, and that workers are not available in the areas that need them the most, contributing to the workforce shortages identified in the survey. Shortages of staff who live locally, and difficulties in attracting (and retaining) staff to work in Yarra Ranges, are exacerbated by lack of affordable accommodation to rent or purchase, and the distance of many service locations from population centres and public transport.

Most services have experienced rising demand over the past four years; nearly two-thirds of services had experienced demand which they had been unable to meet, and one-third had had to decline requests for service. This has mostly been caused by insufficient funding combined with cuts to funding for some programs (such as preventative community health services, telehealth, cuts to the number of visits under a mental health plan); lack of staff and volunteers; lack of resources; and lack of infrastructure.

Over the next five years, services expect the continuing challenge of rising demand, worsening community health, lack of service funding, rising living costs, and shortages of staff and volunteers. One in five GPs plan to retire over the next three years, which will exacerbate shortages of health workers. Many services were also expecting climate change to have major impacts on community wellbeing, service access and infrastructure.

Council plays an important role in providing infrastructure for services, providing premises to 43% of the human services surveyed. This is in the context of 28% of services saying that lack of suitable infrastructure is likely to be a future service challenge.

Services are adapting by using online service provision and other forms of technology, more collaboration with other services, and more outreach and co-location. Services are re-training staff, but staff shortages are likely to remain a key issue, and reducing levels of volunteering are an issue nation-wide. Whilst online service provision may work in some contexts, service data from GPs and patients indicates an ongoing lack of support for patients using online services, and experiencing issues with internet connections and technology, which limits the effectiveness of telehealth services unless more support becomes available.

Issues for specific service types

Council has used a range of information to identify service needs and issues, including a survey of local service providers and information from a wide range of data sets. The Hills and the Valley reported the highest number of service gaps.

The main service gaps, across all service types and areas, include:

Housing and homelessness support (28)



This includes a high level of unmet service need amongst clients of homelessness services, for both accommodation and a range of other services.

Transport services and access to transport (26)



Lack of transport access to physical services was also identified in service datasets.

Family violence and sexual assault (18)



Mental health services (23)



Service data also highlight shortages of GPs, mental health specialists and other specialists, potentially linked to a higher use of hospitals for mental health care.

Youth services (16)



Social connection and support (15)



Services for culturally diverse groups and for indigenous residents (15)



Advocacy (15)



Council advocates for community needs to all levels of government. Council advocacy aims to gain support for key projects and policies, to deliver the social, health, cultural, infrastructure, education and transport outcomes necessary to community wellbeing.

Acute health care services (14)



Numbers in brackets are the number of services reporting gaps for this service type.

Community access to services

Residents are facing a range of barriers in accessing services, including the cost of using services, lack of health insurance, transport access, difficulties in getting a referral promptly, waiting times, and lack of availability of local services. Factors such as insecure housing and family violence also make it harder to access services. Nearly all services report ongoing pandemic impacts within the community, particularly mental health impacts, social impacts and financial impacts.

Services identified a range of issues for specific community sectors. These included the need for more carer support and respite care; culturally safe services; and social groups for different segments in the community, especially LGBTIQ+ residents. One unexpected issue was an identified need for safe spaces for people to socialise in. The feedback also highlighted the need for services to be affordable, and a need for financial planning and education for low income residents and households.

Use of early intervention services for children has jumped over the past few years; lockdowns have had a range of developmental impacts for children which would contribute to increase service use. The need for early intervention services was not identified in the survey, and increased targeting of children's services would be recommended for future iterations of the survey.

Service data shows that people were using less preventative care for chronic diseases during lockdowns (e.g., diabetes care) and were also using less allied health services, which would be contributing to the increased chronic health issues that services are now witnessing amongst their clients. There was reduced use of indigenous health care services, a lockdown issue not identified in the survey data.

Next steps

Council's next step is to share these insights more broadly, to use this work to inform upcoming strategic and advocacy work, and to work with service providers to develop appropriate responses.



Project overview

Background

Yarra Ranges Council is strongly committed to supporting services which meet community needs, and to understanding the needs of both community members and local services. To this end, Council has undertaken a comprehensive analysis of human services needs across Yarra Ranges. The project is the first of its kind for Yarra Ranges – previous service planning work has tended to focus on a specific service type, or be driven by factors such as legislative change or funding availability. The project concept was modelled on the approach taken by the City of Whittlesea in its analysis of human service needs.

The Yarra Ranges Human Services Needs Analysis (HSNA) provides an evidence-based assessment of human services in Yarra Ranges, in order to identify service needs, gaps and barriers. The information gathered will be used to inform Council's service and infrastructure planning, provision and advocacy – both internally and externally - and to assist with identifying service priorities. It will support needs-based allocation of resources in service provision; and will help to inform the development of Council's Social Planning Framework. The HSNA will also assist in exploring opportunities for partnership and advocacy work between Council, service providers, community members and other stakeholders.

Project aims and objectives

The main aims of the HSNA were to obtain and collate evidence and information (both qualitative and quantitative) regarding human services¹ supply demand and needs within Yarra Ranges; and to identify service gaps and issues across different local areas, demographic groups and service types. The HSNA also sought feedback from services on predicted future levels of service provision and demand.

Key project aims:

To understand supply and demand for various types of human services (including those with a primary prevention role), service gaps and challenges, unmet community needs, barriers to service usage, emerging issues, and potential future trends and innovations.

To enhance Council capacity to undertake advocacy, support local services, and plan for future service demand.

¹ In the context of this analysis, human services needs are defined as an interdisciplinary set of social assistance programs that include everything from healthcare and counselling services, to food and shelter. These services are offered through government, non-profit agencies and private service providers; and are designed to contribute to the health and welfare of communities, by delivering a broad range of help and support.

The information from the HSNA will be used by Council, its partners and service providers for the following purposes:

Inform



- Gain increased awareness of current and emerging service demand, service gaps, service issues and service priorities.
- Inform program development and evaluation.
- Provide background information for potential new service providers.
- Form part of a framework to inform broad discourse.
- Inform key council strategies and documents, including the health and wellbeing plan, the disability access and inclusion plan, and the social planning framework.
- Strengthen and inform work with external partners.

Advocate



- Support general Council advocacy work.
- Provide a basis for ministerial briefings.
- Be used in briefing other bodies.
- Contribute evidence for grant applications, for both service- and infrastructure-focused grants.

Plan



- Support strategic and action planning.
- Support service and infrastructure planning and provision.
- Provide a benchmark and basis for reviewing existing human services delivery models.

Partner



- Support partnership work and development.

Methodology

The HSNA has been developed using data from the online survey of service providers; information from publicly-available health, service and workforce data sets; demographic data from the 2021 Census and from customised population forecasts; and qualitative information from stakeholder discussions. A detailed survey was developed in consultation with internal and external stakeholders. This was trialed and adjusted, then sent out to external services, and to Council teams providing human services in Yarra Ranges.

The methodology incorporated the following stages:



Survey response rate

The survey was sent to 192 organisations which provide health and human services in Yarra Ranges; it was also sent to outwards-facing Council teams which provide services to the community. The survey received 125 responses, including:



67 fully complete responses; one was anonymous, so data from that response has been excluded, leaving 66 responses used in the survey data analysis. These included responses by eleven Council staff across various Council services. A total of 55 responses were provided by 47 external organisations, giving an approximate response rate of 24.5%. Many organisations have separate areas providing different services, which would lead to multiple responses for one organisation.



29 incomplete responses, where respondents started to complete the survey but did not finish it. The available data indicates that reasons for this would include deciding that the survey was more relevant to someone else in the organisation (for many of these incomplete surveys, Council also received a completed survey from that organisation); or deciding that the survey content was not relevant to their organisation or program.



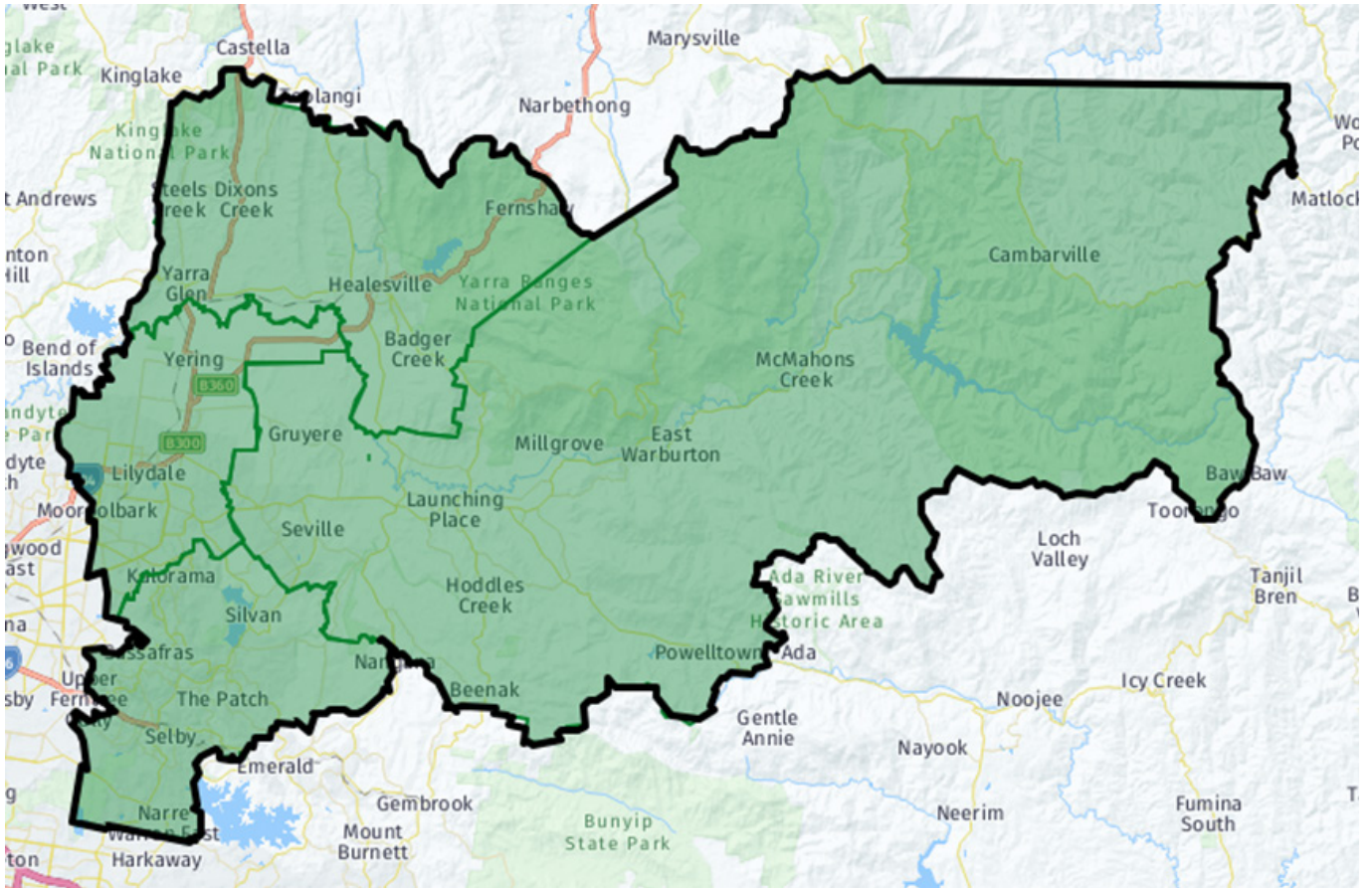
29 blank responses. These would include situations where people were interested in looking at the survey design (e.g., other Councils), but they were not a Yarra Ranges service so they did not start filling out the survey.

Notes on interpreting survey data

Note that the survey findings generally relate to all services, except where questions were targeted to a particular service type. This may skew the results somewhat. For example, housing and homelessness was one of the main service types answering the survey, so housing-related issues could be expected to feature strongly in results and comments.

The percentages used for survey results refer to all survey respondents, unless a specific group or survey type is referenced (e.g., percentage of age and disability services). Percentage results refer only to the percentage of survey respondents, and are not meant to be taken as representative of all services in Yarra Ranges; rather, the survey data provides a snapshot of the views of those who answered the survey.

Map of planning areas in Yarra Ranges



Source ID Consulting (2023). *Profile areas, Yarra Ranges Council*. <https://profile.id.com.au/yarra-ranges/about>

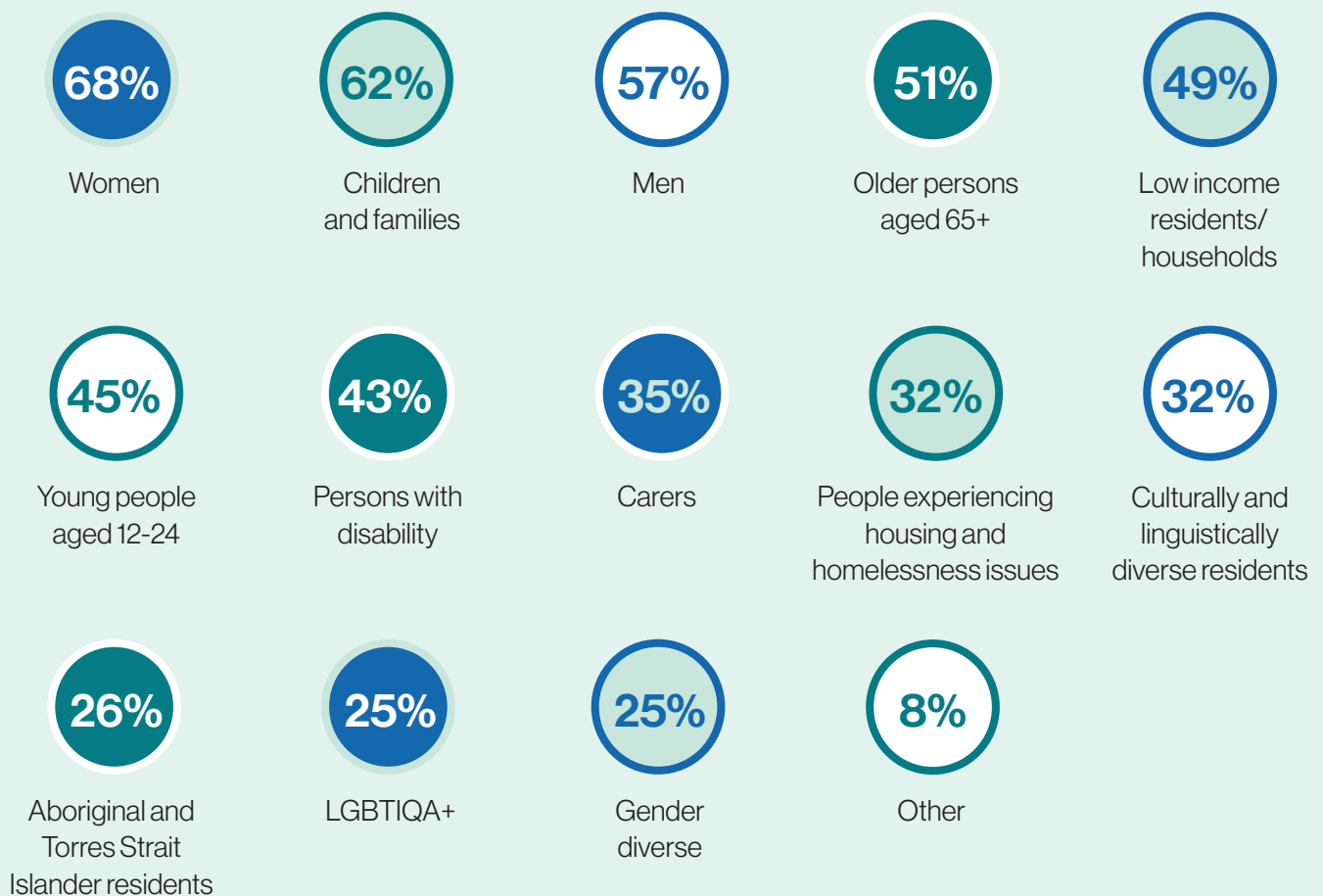
Key findings

Service characteristics

More than half of the services surveyed had all of Yarra Ranges as their main catchment area; the rest covered local areas within Yarra Ranges, or Yarra Ranges plus a broader catchment area. Survey respondents were predominantly Yarra Ranges-focused - for most services, at least 80% of their users were Yarra Ranges residents. The main user groups were women (68%), children and families (62%), men (57%), older people (51%), low income households (49%), and young people aged 12-24; services also covered a diverse range of users going far beyond these groups. Key service types included social connection, housing, emergency relief, support for specific population groups, mental health services, and information and advice. Half of the services offered preventative health programs. Council played an important infrastructure role, as the sole or part provider of premises for 43% of services.

The main types of services were social connection and support; housing and homelessness support; emergency relief and response; health and other services for specific population groups; mental health services; and information, advice and referrals.

Main service user groups



Percentages show the percentage of services for whom this was one of their user groups, e.g., 35% of services surveyed provided services to carers.

Service gaps

Gaps by service type

For age and disability services, the most frequent gap identified was support for unpaid carers, which was a gap across the whole of Yarra Ranges. Service data show that Yarra Ranges also has large gaps in residential aged care services, with no services at all in the Hills and a large shortfall in the Urban Area. This benchmark will reduce from 2024/25, due to an increasing preference amongst older residents to age at home rather than going into residential care. However, Yarra Ranges has an ageing population, so the shortfall in availability of residential care is likely to grow unless new services are built.

Community health services cover a wide range of health services with services focusing on health promotion, women's health, chronic disease management, allied health, family violence and sexual health. Their main service gaps were in women's health, including family violence and sexual assault, sexual health, and women's health; allied health; and health promotion. Perceptions of gaps in emergency response and support services were high across all service types. Mental health was a major gap - all mental health service providers saw this as a service gap across Yarra Ranges. Gaps affecting all of Yarra Ranges were also seen as an issue for most other service types: housing and homelessness, transport, youth services, advocacy, social connection and support, services for CALD and ATSI communities, and acute health care.

Gaps by local area

The Hills and the Valley were the areas most likely to be affected by service gaps, with less gaps being identified for the Urban Area and Healesville-Yarra Glen. Gaps in emergency response and support services were the most likely to be seen as specific to local areas, particularly in terms of gaps in disaster preparation and recovery services in the Hills. The Hills also had the highest number of age and disability service gaps, particularly for services for older people; and it was the only area identified as having a gap in disability services. For community health, the largest number of service gaps was identified in the Valley, with gaps identified for all community health service types apart from dental health.

Mental health service gaps were fairly evenly spread across the four planning areas. There was also a high level of gaps for information, advice and referrals; youth services; and advocacy. These were issues across Yarra Ranges, but also particularly in the Hills and the Valley. Transport in the Valley had the highest level of area-specific gaps of any service type.

Key issues affecting multiple groups (number of services reporting the issue)



Mental health & services (23)



Carer support/ respice care (16)



Culturally safe services (15)



Service access and demand (14)



Transport access(12)

Gaps and issues by population group

There were several service gaps and issues which affected specific population groups. Survey responses indicated a need for the following additional services:

- Mental health services, particularly for children and families, young people, women and people on low incomes. Service issues for young people included waiting lists, affordability, lack of counselling services, and the impact of closing the Lilydale Youth Hub.
- Respite care and support for unpaid carers. Support needs included navigating the NDIS system, accessing services with long wait lists, and doing paperwork to access services.
- Services which feel culturally safe to all user groups, particularly to LGBTQIA+ and gender diverse residents, persons with disability, and indigenous residents.
- Affordable and accessible services, including GPs. This affected a range of groups, including children and families, persons with disability, older people, young people, women, and people on low incomes. Lack of services was particularly an issue outside of the Urban Area. It was also a key issue for persons with a disability, who needed services which felt accepting of persons with disability, were physical accessible and were aware of barriers to access.
- Transport options, particularly for older residents, young people, indigenous residents and people living in the Valley.
- Family and children's services, including parenting and support groups for men.
- Financial planning and education programs, primarily for low income residents and households.
- Social groups – these are needed across population groups, but particularly for LGBTQIA+ and gender diverse residents, and for men.
- Aged care and home care for older residents.
- Safe after-school and social activities for young people.
- Pharmacy and allied health services for older persons, carers and persons with a disability; and specialist allied health services for children.
- Domestic violence services for women.
- Employment and education options for young people and indigenous residents.

Housing was a major infrastructure issue. The survey data reiterated the need for affordable appropriate housing for all population groups, especially low income households, women and persons with disability. Service accessibility was also an infrastructure issue, with facilities needing to be physically accessible for persons with a disability or a mobility issue. One unexpected issue was an identified need for safe spaces for people to socialise in.

Cost of living was an issue for all service user groups, but particularly for low income residents and households, women, and families with children. Isolation and loneliness were also an issue across the community, particularly for men.

Service barriers

Human services are currently facing a range of barriers to providing services.

Their main issues include:

Lack of staff and volunteers (75%)



– particularly staff shortages and absences, lack of volunteers, and staff leaving the sector. Services also had difficulties in recruiting and retaining specialists to work in Yarra Ranges.

Issues with service provision (63%)



– including long waiting lists and waiting times, closed waiting lists, lack of local and outreach services, and lack of capacity to take new clients. Lack of allied health services also an issue - e.g., lack of local radiology services.

Lack of other services to refer people to (61%).



Loss of existing services in the region (42%).



The cost of service provision (52%)



– mostly due to rising staff and venue costs, and to insufficient government funding.

Physical service access (38%)



– primarily client transport issues and the physical accessibility of buildings.

Lack of available and suitable space (39%).



Costs affecting clients (38%)



– particularly out-of-pocket costs, changes to funding, and lack of private insurance. General cost of living issues were also affecting people's capacity to pay.

Client health issues (32%)



– especially mental health issues and increasingly complex health/service needs.

Lack of case management services and issues with client referrals, along with a lack of GPs (35%).



Difficulties in bringing in extra services during an emergency (28%).



Communication issues such as limited proficiency in English, or issues with accessing and using digital technology (18%).



Restrictions on who can access services (27%).



Changes in demand



Percentages represent the proportion of organisations surveyed which reported this as an issue

Changes in demand since 2019

With an ageing population and ongoing impacts from the COVID-19 pandemic and lockdowns, service demand is rising across many services. Multiple services have been impacted by increased demand over the past four years:

- Demand has increased for non-residential age and disability services, across Yarra Ranges.
- The community health services with the most increases in demand were: allied health, chronic disease management, family violence and women's health. The main increases in community health demand in the Hills were for women's health services; and the main increase in demand in the Valley was for chronic disease management. With limited access to allied health services and preventative health care during lockdowns, and a spike in family violence incidents, these changes are likely to be directly linked to the impacts of the pandemic.
- Emergency/food relief and financial counselling had had the largest increases in demand, amongst emergency response and support services. Despite major storms in the area, disaster preparation and recovery had experienced comparatively less increase in demand.
- All mental health services surveyed had seen increased demand across Yarra Ranges, particularly in the Urban Area.
- Other services with substantial increases in demand included social connection and support across Yarra Ranges, but also particularly in the Hills and the Valley; housing and homelessness support; and parent, child and family services.



Increase in service demand over the past four years, for all or part of Yarra Ranges



Emergency Response

Emergency and food relief services	27
Financial counselling and support	22
Disaster preparation and recovery	14



Mental Health, Drug & Alcohol, Gambling

Mental health services, including counselling	25
Drug and alcohol	7
Gambling support	2



Age & Disability

Services for people aged 65+	16
Disability support	15
Support for unpaid carers	7
Residential care	7
Respite care	5



Other Service Types

Housing and homelessness support	27
Social connection and support	27
Parent, child and family services	22
Information, advice and referrals	15
Youth services (12-25 year olds)	15
Advocacy	13
Acute health care services	12
Community safety	11
Services for refugees and culturally and linguistically diverse groups	10
General practitioners/Medical clinic	10
Transport services	10
Employment, education and training	9
Legal services	8
Aboriginal and Torres Strait Islander - specific health services	7
Gender equity programs	7
Volunteer training and referrals	5
Sport and leisure	3



Community Health

Family violence and sexual assault	17
Women's health	17
Allied health (e.g. physiotherapy)	16
Chronic disease management	15
Men's health	12
Health promotion (including nutrition and physical activity)	11
Dental health	4
Sexual health	3

Numbers represent the number of organisations reporting increased demand for this type of service.

Changes affecting community service need (% of services reporting this change)



Increased mental health concerns (89%)



Increased cost of living (71%)



Increased level of service demand per individual (56%)



Increasing complexity of consumer need (56%)



Lack of affordable housing (54%)

Inability to meet demand for services

Overall, nearly two-thirds of services had experienced demand which they had been unable to meet, and one-third had had to decline requests for service. Whilst some service gaps were localised, most affected the entire municipality. Unmet demand was mainly dealt with through referring to other services (69%), prioritising service access for those most in need (55%), keeping a waiting list (45%), and/or referring to services in neighbouring Council areas (43%).

What is driving changes in service demand?

Factors affecting services' ability to meet community demand

Lack of funding was by far the main factor affecting services' ability to meet demand (60% of services). Lack of staff and volunteers was also a major issue, including lack of staff time (42%), lack of skilled staff (36%), challenges in retaining staff (29%) and not enough volunteers (27%). General resourcing was also a major issue (40%) along with lack of infrastructure (36%). One service highlighted as an issue the complexity of presenting conditions, combined with no suitable place to refer clients to other than acute outpatients at hospitals.

Impacts from the COVID-19 pandemic

Nearly all of the organisations surveyed identified ongoing impacts from the pandemic, primarily mental health and social impacts (83%), and financial impacts (62%). Ongoing physical health issues had much less of an impact (40%). One in four services thought that user concern about exposure to infection by COVID-19 was still affecting service usage.

Changing population health and demographics

Services were asked about their experiences of changing population needs, issues and demographics amongst their service users. These were also major contributors to demand. Consumer health and household cost issues were the key community factors driving changing demand for services, whilst population growth is having less impact on demand – local population growth has been minimal over the past few years. The main issue driving service demand was the rising level of mental health concerns (89% of services). Cost of living was also having a major impact (71%), along with rising levels of service need per person and increasing complexity of consumer need (56% each). Housing issues were also having a major impact, as were increased rates of family violence and worsening population health.

Changing patterns of service use

Other factors affecting current patterns of service use and provision included improved knowledge of services, and increased availability of online and telehealth services. One positive is that nearly 30% of services felt that there is now reduced stigma in accessing services. One-quarter of services felt that user concern about being exposed to infection was still affecting service use.

Future service demand and challenges

Future service demand

Past issues - such as rises in living costs, chronic health problems and mental health issues - were expected to continue to affect service demand. The most pressing expected issues were continuing increases in cost of living (79%) and the level of chronic health issues (60%). Climate change was seen as a major factor in future demand for services, with 51% of services expecting an increasing number of disasters, which would affect community need for services and support; and 51% expecting worsening health impacts from extreme weather events.

Future challenges

Lack of funding (75%), increased service demand (66%) and staff shortages (57%) were expected to be the main service challenges for the next five years. Climate change was also expected to have major impacts, including its impacts on community wellbeing (38%), service access (28%) and infrastructure (22%). Volunteer shortages (32%) and lack of appropriate infrastructure to house services (28%) were also expected to be a challenge.

Technology & innovation

Services were using a range of innovations to cope with current and expected changes to service demands, particularly: collaborating with other services (75%), seeking alternative funding (47%), re-training staff (39%), using technology (38%) and using outreach services (36%). Other innovations included telehealth (27%), scenario planning for future changes (22%), working to establish service hubs (19%) and pop-up services (17%). Most services were using technology to fully or partly deliver their services – the main form was online service provision such as Zoom.



Information from service data sets

A range of service data and consultation findings is publicly available, although very focused on health services. These datasets support the findings from the human services survey. However, they are more focused on issues than need – what is happening in terms of service usage, rather than perceptions of services.

Service needs and gaps

Various service datasets specified a lack of access to mental health services, especially in the Hills and Valley. The data indicate that GP use for mental health issues is not as high as it should be relative to hospital use, and that people may be using hospitals instead of GPs for mental health care. This appears to be particularly an issue for residents of the Urban Area and the Hills. It is unclear whether lower hospital use in the Valley is due to the geographic difficulties in accessing hospitals for Valley residents. Better access to adolescent mental health services is also needed, particularly for CALD teenagers.

Clients of specialist homelessness services (SHS) in Yarra Ranges were much more likely to have unmet needs for services and assistance met than clients across Greater Melbourne. The gap in wholly unmet needs – services neither provided nor referred - between Yarra Ranges and Greater Melbourne was highest for accommodation provision, family services, disability services, immigration/cultural services and other specialist services. This aligns with gaps identified in the survey. It also aligns with housing issues identified in demographic data. In 2021, Yarra Ranges had an above average level of renting households which are spending a high proportion of income on rent; a very high level of households with a mortgage, many of whom would be impacted by rising interest rates; and an extremely low level of public housing.

Other service gaps included a need for more services targeting women's health; and additional services to fill the gap in residential care in the Yarra Valley.

Changes in service use

The service data aligns with the survey data, by showing increasing need per person. People who were existing mental health patients had a higher number of visits per patient during the pandemic. There was also a rise in the number of people seeing psychiatrists; but there was a drop in use of psychologists, GP mental health appointments and allied mental health care – possibly due to lockdowns affecting access to less acutely needed services. However, existing psychology patients used more services per person than they did prior to the pandemic.

People were also using less preventative care appointments for chronic diseases, such as asthma care, diabetes care, GP chronic disease management, general GP care, and GP care for patients in imminent danger of death. These shifts in use of preventative care are likely to be contributing to the increased chronic health issues that services are now witnessing amongst their clients. There was reduced use of indigenous health care services, a lockdown issue not identified in the survey data. There was also a drop in the number of patients for allied health services such as chiropractic services, exercise physiology and GP acupuncture.

Service usage related to alcohol varied a lot by service type during the pandemic. Data on treatment is one of the better indicators of the level of alcohol issues in the community. These data show that after years of going down, the rate of treatment for alcohol issues more than doubled in 2020/21, then rose by a further 23% in 2021/22. Hospital admissions related to alcohol spiked up in 2020/21, then dropped in 2021/22 - but have not returned to pre-pandemic levels.

Current service demand

SHS data also show that current demand is highest in Kilsyth, Lilydale-Coldstream, Upper Yarra Valley and Yarra Valley, with these areas having the highest rates of service use.

Use of early intervention services for children have jumped over the past few years, with a 16% increase in patients and services, and 33% rise in the service rate. This may be due to the developmental impacts of COVID lockdowns. The need for early intervention services was not identified in the survey.

Service barriers

Workforce shortages

The service data show a lack of access to both GPs and local mental health specialists, which would be a major barrier for seeking mental health care outside of the hospital system – GPs are essential in referring patients to mental health specialists. Most Yarra Ranges GPs are willing to take on new patients, thus it is likely that GP shortages are localised; available data show that all areas in the Yarra Valley have a low level of GPs.

Also, all areas within Yarra Ranges have a workforce shortage for every type of non-GP medical specialist, in terms of the number of specialists relative to the number of residents. This includes mental health services such as psychologists and psychiatrists; and a wide range of other services such as radiology. This supports the survey feedback about the need for more mental health services and allied health services.

The survey data reiterated that workers are not available in the areas that need them the most, contributing to the shortages identified in both the survey and the service datasets. GP consultation has reported low GP work satisfaction. And nearly one in five intend to retire within three years, which will exacerbate the worker shortages identified in the survey.

Other barriers

GPs have highlighted issues such as it being hard to deliver health care to patients in aged care facilities; and delays in discharging people from hospital, which impacts the availability of hospital care.

The Outer East was affected by lack of transport access to physical services, linking into the transport issues identified in the survey results. Services also reported a lack of support for patients accessing online services. And both GPs and patients have issues with internet connections and technology, which can cause further issues for video telehealth services.



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