

Wyong Shire Council

ORDINARY COUNCIL MEETING

ENCLOSURES

Wednesday, 23 July, 2014



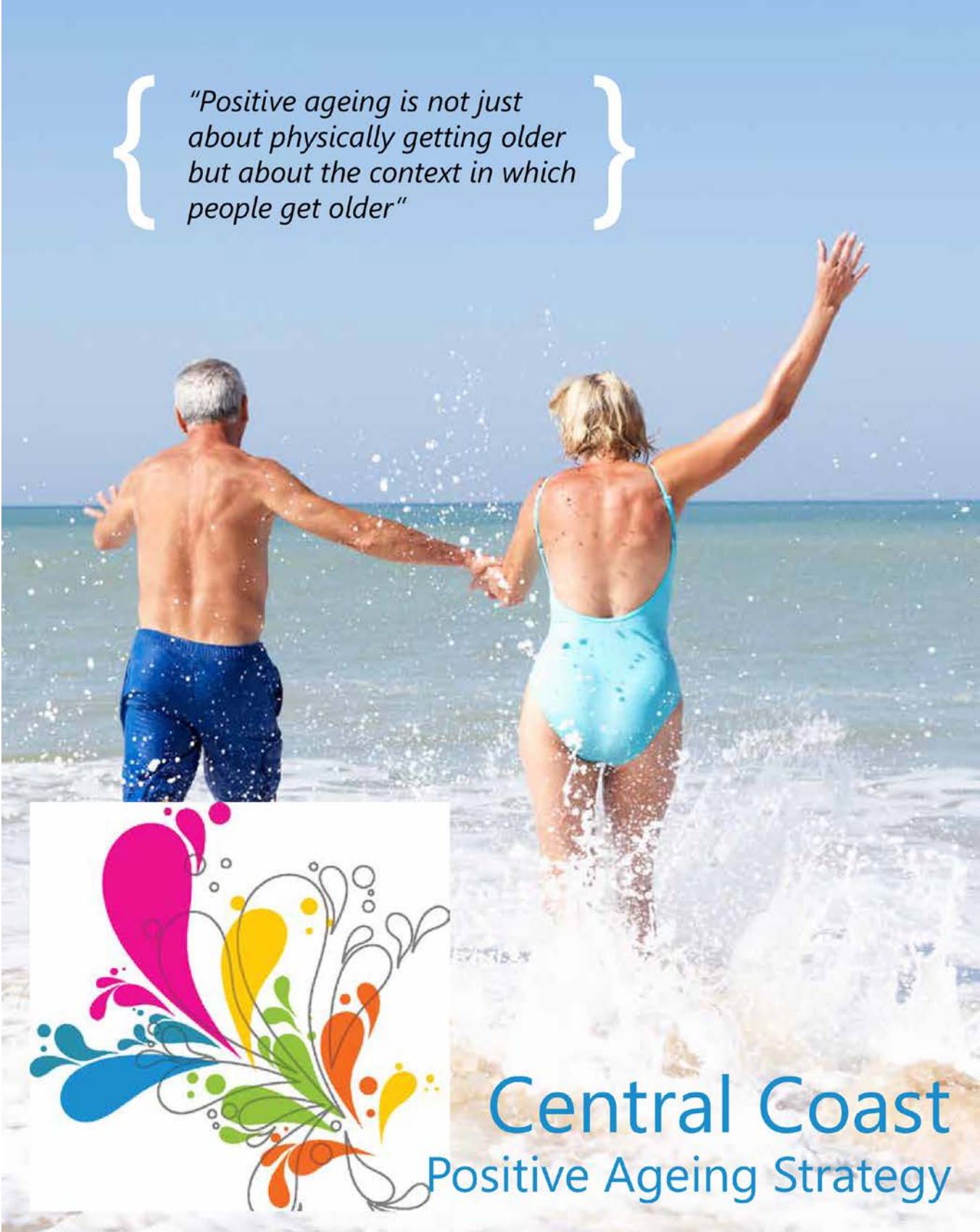
WYONG SHIRE COUNCIL
ENCLOSURES TO THE
ORDINARY COUNCIL MEETING
TO BE HELD IN THE COUNCIL CHAMBER,
WYONG CIVIC CENTRE, HELY STREET, WYONG
ON WEDNESDAY, 23 JULY 2014,
COMMENCING AT 5.00PM

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6.11 Central Coast Positive Ageing Strategy

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“Positive ageing is not just about physically getting older but about the context in which people get older”



Central Coast Positive Ageing Strategy

JULY 2014





*"Activities and facilities
being available"*



CENTRAL COAST POSITIVE AGEING STRATEGY

Prepared by:

Wyong Shire Council – Community Partnerships and Planning Unit

Gosford City Council – Integrated Planning and Community Development Sections

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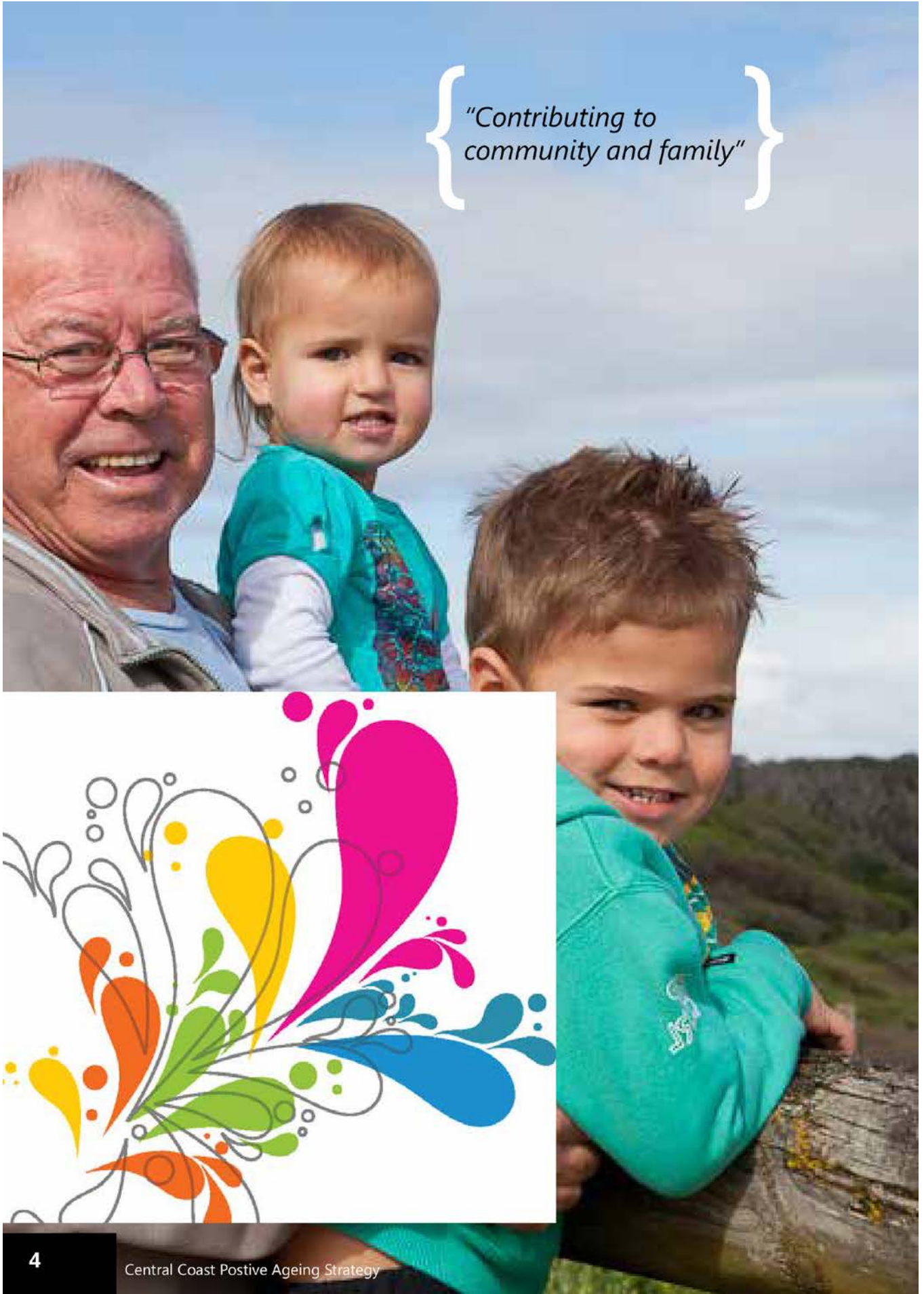
With support of NSW Office for Ageing and Local Government NSW



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*“Contributing to
community and family”*



Mayoral Introduction

Older people play a vital role in our community and it is important to recognise and respect the significant contribution that older people make to our vibrant region as workers, volunteers, neighbours, friends, parents and grandparents.

The Central Coast like many other regions in Australia is ageing. The Central Coast is and will continue to be a region that attracts older residents due to its natural environment, pleasant climate, relaxed lifestyle, sense of community and availability of services.

The Central Coast Positive Ageing Strategy represents our commitment to our older residents in response to the challenges and opportunities associated with our ageing population.

Wyong and Gosford Councils are endeavouring to make the Central Coast a place where older people feel valued, safe and fulfilled, and are able to actively participate in their community and public life, and where people have a sense of belonging and connection. We are committed to ensuring that older people living on the Central Coast have a good quality of life and that our community is inclusive and age-friendly and promotes independence and dignity for people of all ages.

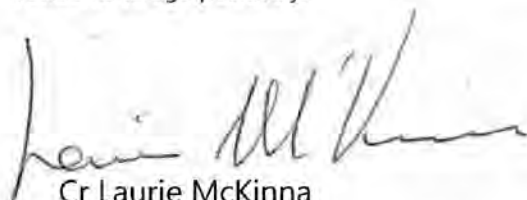


Cr Doug Eaton
Mayor Wyong Shire Council

Through an extensive community engagement process our older residents have told us what they need to best support them as they age. This includes maintaining health and wellbeing; being able to move easily and safely around the community; having opportunities to actively participate; being able to access information about what's on, services and support as they transition; ensuring facilities and services are age-friendly; access to appropriate and affordable housing options to enable residents to age-in-place; being able to access natural areas; and volunteering and employment opportunities. We would like to thank all those residents who have participated in developing this strategy.

It is clear that those residents who are well connected, participate in community life and have support networks have greater capacity to enjoy their older years. Hence the importance of investing in community partnerships and programs. Economic development opportunities also exist for investment in products, services and business initiatives required by an ageing population.

Local government is well placed to work in partnership with other key agencies and community partners to best support our ageing population. This strategy and its associated resources are a great step forward to support our residents to age positively.



Cr Laurie McKinna
Mayor Gosford City Council

Acknowledgements

Both Wyong Shire and Gosford City Council would like to acknowledge the contributions made by members of the Community Reference Group who have guided and assisted with the development of the Positive Ageing Strategy. These include:

Allan Arkins	Wyong Shire resident
Jennifer Beaven	Wyong Shire resident
Betty Brown	Wyong Shire resident
Barbara Roach	Wyong Shire resident
Sue Douglas	Gosford City resident
Merv Lane	Gosford City resident
David Lynch	Gosford City resident
Phocion Vouros	Gosford City resident
Jenni Allan	ADSSI Home Living Services
Andrew Davison	Central Coast Medicare Local Aged Care Taskforce
Lisa Langley	COTA NSW
Bob Thomas	Transport NSW

Our community engagement has been broad and enthusiastic with over 2,500 residents taking part. We wish to thank all the residents, groups, agencies and staff from both Councils who have contributed to this process.

This project has been undertaken with support from NSW Office of Ageing and Local Government NSW as part of the Age-Friendly Local Government Grants Program 2012-2014.



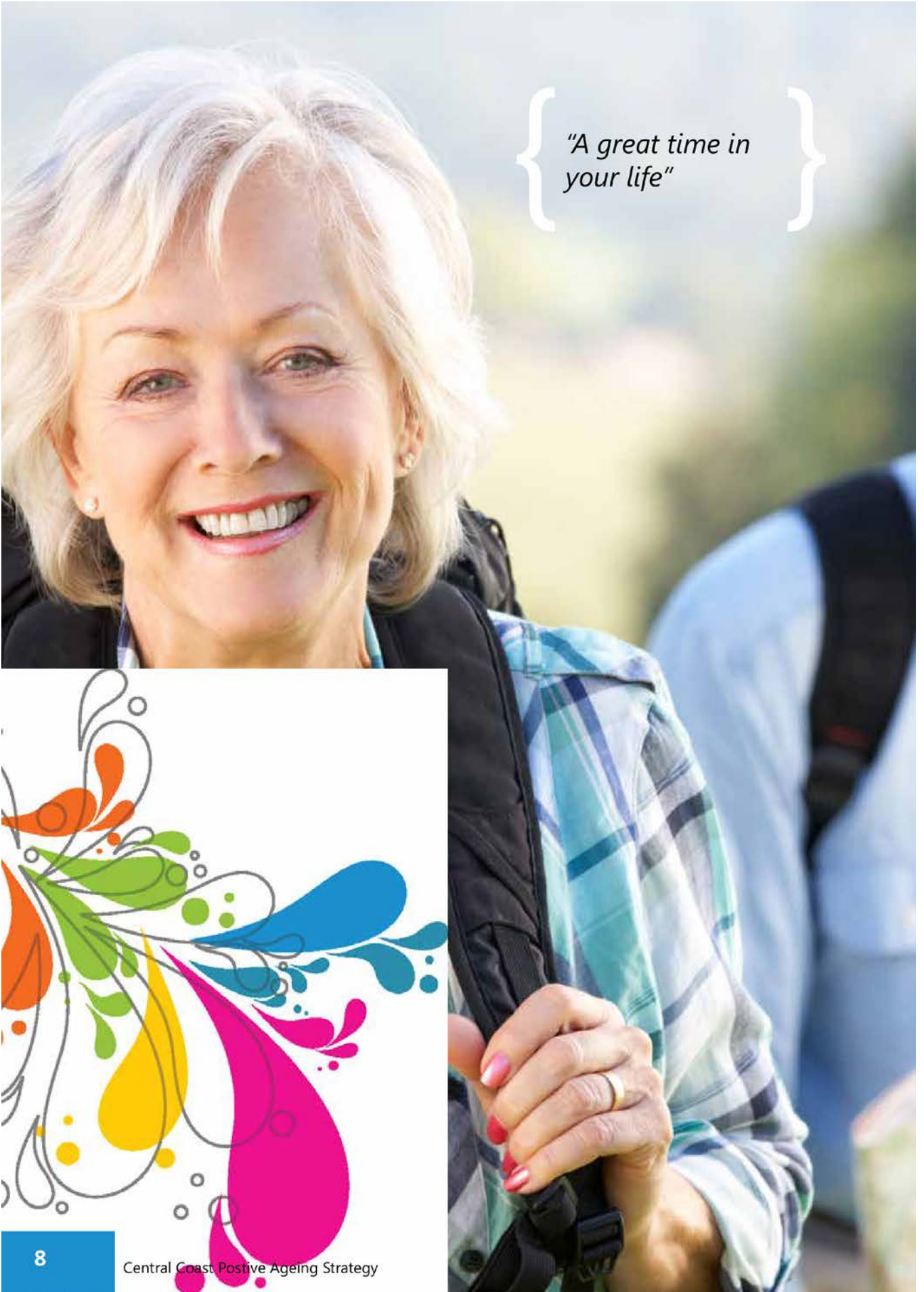


"Growing up without realizing it"



JULY 2014

7



"A great time in your life"





Introduction

Why a Positive Ageing Strategy?

The Central Coast, like many other regions in Australia, is ageing. The ageing of the population can be attributed to a number of factors including increasing life expectancy, improved living standards, advances in health and medical technology, and the “baby boomer” population transitioning into the older age groups.

The Central Coast is and will continue to be an attractive place for older people to live, both through the natural ageing of the existing population and the in-migration of retirees.

On the Central Coast 25% of the region’s population is aged 60 years and over compared to 20% for NSW. This equates to a total of 78,270 people (*ABS Census 2011*). By 2021 the number of people aged over 60 is expected to increase by approximately 15,000 people, or 18.5%.

Population ageing presents major opportunities and challenges in terms of maintaining quality of life as residents age, and increased demand for resources and support to cater for the growing number of older residents. Whilst there are older residents in our community who are frail and dependent, a large majority of our older residents lead healthy and active lives and play a vital role in our community.

Population ageing is also taking place concurrently with other social trends, including changes in families, technological advances and economic globalisation. With the attributes of the “baby boomer” generation, ideas about what it means to be “old” are also being transformed. There is an evident shift in lifestyle choices, attitudes and expectations of people who make up this generation.

The concepts of “positive ageing”, “active ageing” and “healthy ageing” are emerging themes (*World Health Organisation, 2002*). In simplest terms “positive ageing” is about maximising the quality of life and wellbeing of older people. It recognises that ageing is not just about physically getting older but about the context in which people get older.

Key factors identified by our older residents as being associated with "positive ageing" include:

- Maintaining a positive attitude
- Feeling good about yourself
- Being healthy and well
- Being active
- Engaging fully in the economic and social life of the community
- Recognition of positively contributing to the community
- Social interaction and connections with family and friends
- Being respected
- Financial security
- Learning new things and passing on wisdom
- A safe and supportive living environment
- Access and availability to a range of support services and care as required
- Volunteering or seeking part-time employment
- Having choice, freedom and time to do what you like
- A good quality of life

Promoting positive ageing is seen as an essential response to the ageing of the population.

Accordingly, this strategy is focused on creating an age-friendly community on the Central Coast which in turn creates opportunities for people to live active and fulfilling lives now and into the future.

The NSW Office for Ageing recognises Local Government as a key partner in realising the objectives of the NSW Governments' Ageing Strategy and grant funding has been provided to assist with the development of this Strategy.

Aims

The Central Coast Positive Ageing Strategy has been developed in response to the significant ageing of the region's population and to focus Gosford and Wyong Council's commitments to older people.

It provides a framework for how the two Councils can work more effectively with older residents and partners, to strategically respond to the challenges and opportunities of an ageing population, and thereby better meet the needs and aspirations of older people living in the region.

The overall aim is to support older residents to lead healthy, active and independent lives as they age, enhancing participation and quality of life. The project aims to:

- Understand the changing needs and expectations of Central Coast residents in respect to ageing
- Recognise the knowledge and experience of older residents and to expand opportunities for this expertise to be built on and valued
- Promote positive attitudes to ageing across the Central Coast
- Promote and develop where feasible, positive partnerships and links between the Central Coast community and other stakeholders for enhancing and building platforms for positive ageing and
- Develop a strategy and Council action plan which prepares for and addresses the opportunities and challenges of an ageing population on the Central Coast

It is recognised that there are many agencies across the Central Coast that deliver services to our older residents in the region. It is not the intent of the strategy to provide an assessment of the adequacies or deficiencies in the aged services sector, but rather to share information about our ageing population and emerging themes which can assist in identifying opportunities for collaboration and new partnerships. We acknowledge the great work these groups do and are keen to collaborate with and support other groups to achieve positive outcomes for older people on the Central Coast.

It is also acknowledged that the aged care and residential care sectors are currently subject to major reforms and how changes to the way services will be provided into the future is not clear at this point in time.

Older people will never again constitute a small proportion of the population. Understanding older people – their views, their experiences, their problems and their aspirations – is vital for any business, policy maker, service provider or community organisation who wants to interact with them (COTA NSW 2013).

Outcomes and Benefits

The outcomes and benefits of the Central Coast Positive Ageing Strategy include:

- Better physical and social wellbeing of older people
- Increased participation within the community by older people
- Improved access to information about ageing, aged care services, activities and programs for older people
- A community that is better educated and informed of the current and future needs of older people.

The audience for the Strategy is diverse and will benefit older people, the broader Central Coast community, key government and non-government agencies and Council.

Our Approach

The Central Coast Positive Ageing Strategy is a culmination of an extensive engagement and research process and has been informed by evidence based research. It represents a regional approach and a whole-of-Council approach by Gosford and Wyong Council's to plan for and respond to our region's ageing population.

The Strategy defines our older residents as people aged 60 years and over and recognises that the older population is vastly diverse in terms of age, physical ability, health, employment status, economic and family circumstances, access to resources and service needs.

Being an older person may extend across 40 years and involve several different stages of ageing including: older workers or pre-retirees who are still in the paid workforce and may be planning for transition to retirement; empty nesters and retirees who are generally independent, healthy and active in their community; the over 70s and 80s who may begin to face health and mobility issues and possible loss of their partner, many may also be active and involved in the community; and over 85s who often require more support, support services, home care and residential aged care.

For the purposes of developing the Strategy residents aged 50 years and over were also invited to participate as we were keen to capture the aspirations and needs of pre-retirees who will be part of our ageing population in the future.

The Strategy is structured around six priority themes, identified through the engagement process. For each theme, the strategy provides an overview of the issue, a summary of key findings from the research and consultations, identifies what Council can do, what role others can play and what older residents can do in addressing the issue and sets future direction for the region in terms of our goals and strategies.

An External Community Reference Group comprising older residents and representatives from key government and community agencies met on a regular basis during the development of the strategy, enabling sharing of information, knowledge and life experiences. This group also utilised their links and connections to assist in the community engagement phase.

In summary, the following stages and tasks were undertaken to develop the Strategy:

BACKGROUND

- Defined Scope and Content
- Defined Purpose
- Successfully applied to NSW Office of Ageing and Local Government NSW for an age-friendly local government grant to assist with development of a regional strategy
- Established External Community Reference Group

RESEARCH

- Reviewed key policy and planning documents from international, national, state and local context
- Reviewed positive ageing strategies from other Councils across Australia
- Undertook a literature review on ageing population issues
- Researched best practice and emerging trends associated with responses to population ageing
- Analysed current and projected population and demographic trends
- Analysed recent Central Coast Quality of Life data for respondents aged 60 and over
- Mapped current provision of aged services and facilities within region
- Prepared Background and Supporting Research Report

ENGAGEMENT

- Developed a Community Engagement Plan
- Developed project branding and designed material for engagement phase including surveys, fact sheets, posters, advertisements
- Distributed and promoted surveys through Seniors Week, key networks, Council websites, Seniors Card website, rates notices and Central Coast Express Advocate
- 2,095 completed community surveys
- Conducted on-line survey with service providers
- Analysed quantitative survey data
- Held interviews with 40 individuals/couples
- Held workshops with 15 groups
- Collated and analysed data
- Identified key theme areas
- Held 4 community forums (world café format) to discuss further the 8 key theme areas (72 attendees Wyong and 78 Gosford)
- Held interviews with aged housing industry representatives
- Hosted 2 COTA Central Coast Regional Consumer Reference Group forums
- Carried out a photographic project to capture good quality images of older people
- Prepared Community Engagement Report

STRATEGY DEVELOPMENT

- Developed Strategy document
- Tested strategic direction with key community partners including Central Coast Aged and Disability Association (CCADA), Central Coast Medicare Local, Central Coast Health and External Reference Group
- Held workshops with staff from across each organisation to assist in the development of Council Action Plans aligned with Community Strategic Plans
- Researched and developed a Health Ageing Resource
- Held Councillor Briefings
- Invited community comment on the Strategy documents during May/June 2014
- Prepared Report to each Council for adoption July 2014

The Central Coast Positive Ageing Strategy comprises this document and a number of supplementary reports. These include:

Background and Supporting Research Report

This document provides information on positive ageing concepts, the policy context, key challenges and benefits of an ageing population on local government, a profile of older residents and summary of the current provision of services for older people. This document may be useful as a planning tool for other agencies and organisations.



Community Engagement Report

This document provides information on the extensive engagement phase undertaken to inform the Strategy including methodology, findings, analysis and interpretation of quantitative and qualitative data. Over 2,500 people were engaged in the process. This document may be useful as a planning tool for other agencies and organisations or those wanting to undertake further research. Older residents may also be interested in looking at the engagement findings in more detail.



Council Action Plans

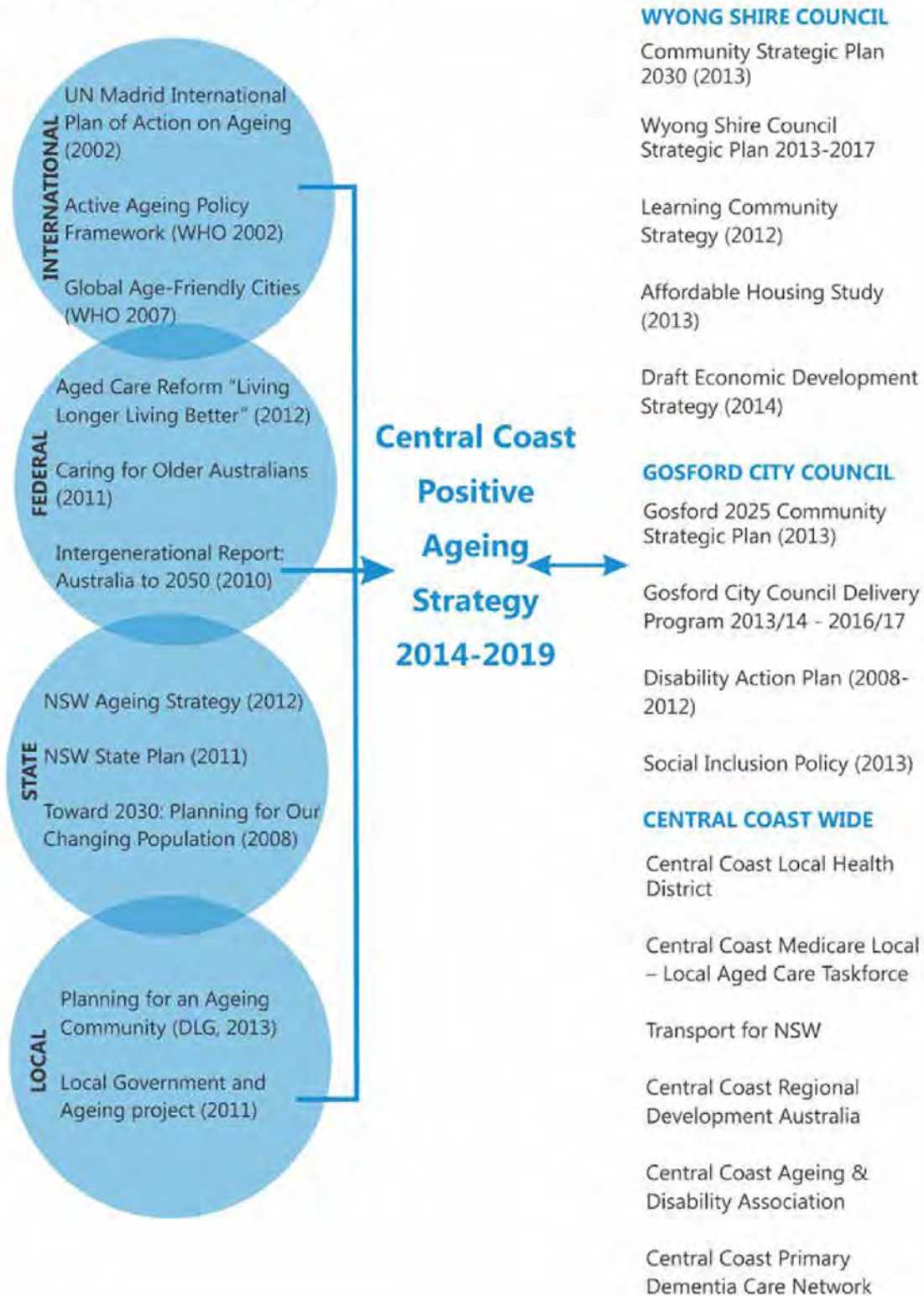
These documents detail the actions each respective Council will undertake in relation to the six priority areas including strategies, actions and priorities, potential partnerships for implementation and alignment with Council's integrated planning and reporting framework.

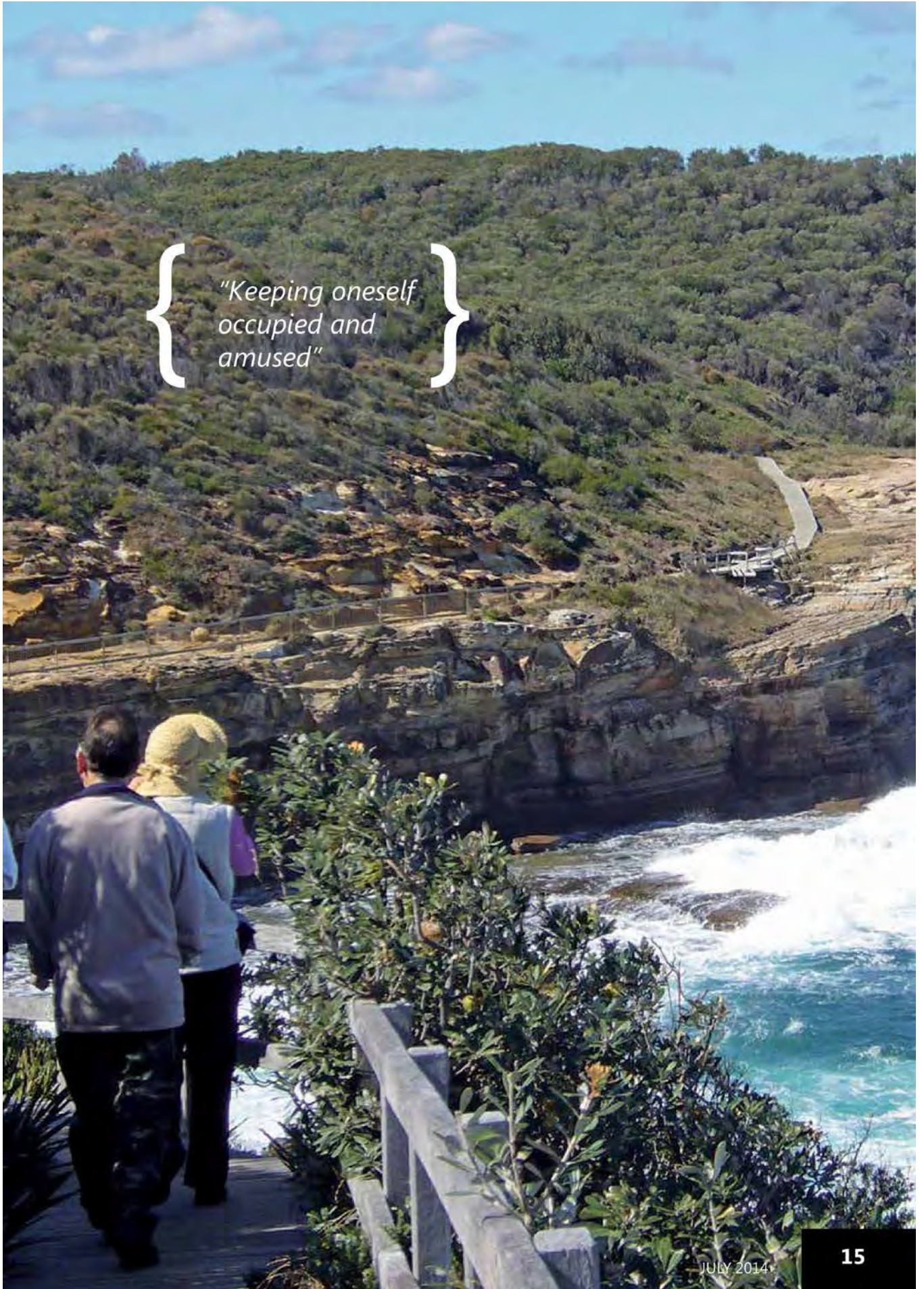
Healthy Ageing Resource

This booklet provides useful and practical information, including tips to assist residents positively age. It has been designed to encourage and enable older residents to be active and involved in the community as well as providing useful links to support services.



Strategic Context





*"Keeping oneself
occupied and
amused"*

JULY 2014

Ageing on the Central Coast

Snapshot of Older People aged 60+ on the Central Coast

It is important to recognise that over 60s cannot be seen as a homogenous group. Ageing is a diverse experience and older people have vast differences in values and opinions, their age, ability, gender, sexuality, cultural and linguistic background, family circumstances, health, and geographic location.

The following table provides a snapshot of our ageing population on the Central Coast.

As demonstrated in the graphs, both Gosford and Wyong local government areas have experienced noticeable increases in their population aged 60 years and over between 2006 and 2011. This trend is expected to continue.

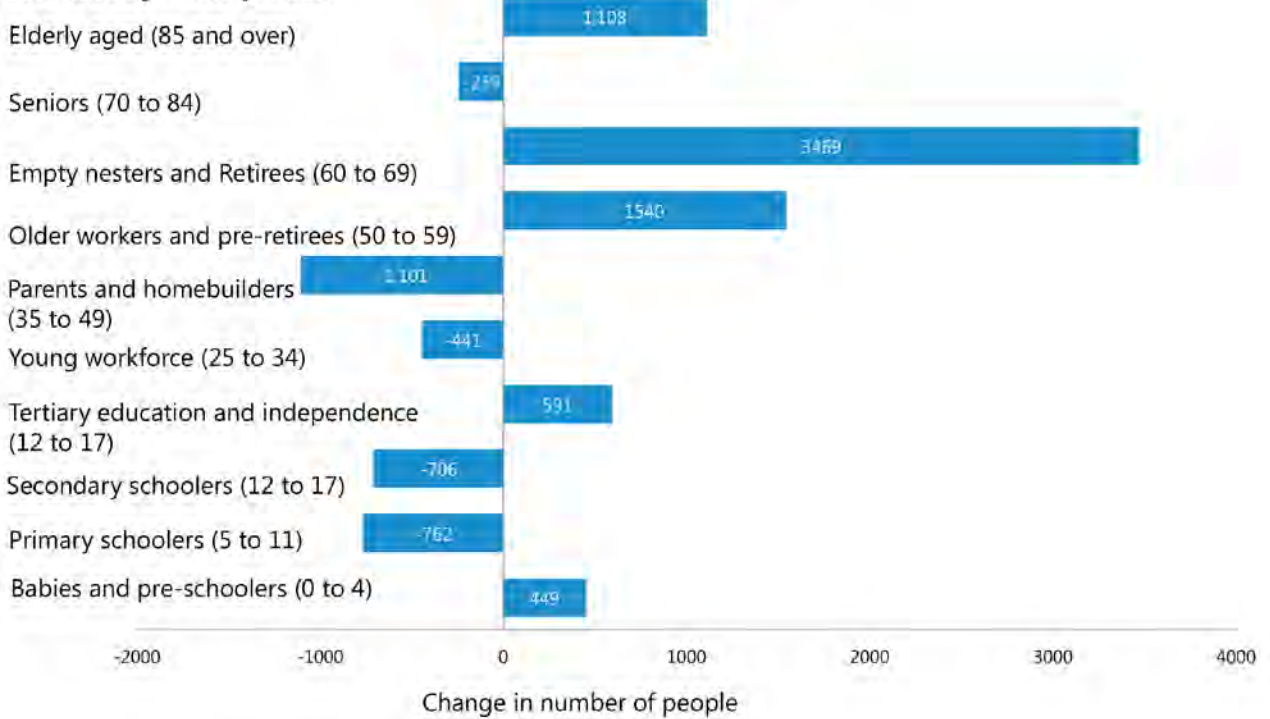
Further detailed information on this data is available in the *Background and Supporting Research Report – Central Coast Positive Ageing Strategy 2014*.

	Central Coast	NSW
People aged 60 years and over	78,270 (25%)	1,408,855 (20%)
Projected number of people aged 60 years and over in 2021	92,756	1,893,137
Aboriginal and Torres Strait Islander people aged 60+	0.8%	0.9%
Aboriginal and Torres Strait Islander people aged 50+	1.7%	1.9%
English as first language	89%	76%
Marital Status (Married)	56.6%	59.5%
Marital Status (Widowed)	22%	20.5%
Persons receiving the aged care pension (65+)	78%	72%
Employed full or part-time (60 – 69 years)	30.1%	36%
Not in the labour force (60 – 69 years)	68.6%	62.5%
Employed full or part-time (people 70+)	2.8%	5.3%
Not in the Labour Force (70+)	95.4%	94.6%
Have Tertiary qualifications	13.8%	17.6%
People aged 60+ living alone	25%	21.7%
Live in a non-private dwelling (e.g. hospital, aged care, supported accommodation)	5.7%	6.4%
Volunteer (proportion of total number of volunteers on CC)	31.4%	26.2%
Number of funded aged care packages	1316	-
Ratio of community aged care packages per 1000 people 70+	25.63	28.3 (National)
Residential aged care facilities	37 (3761 beds)	-

Source: Australian Bureau of Statistics 2011 and .id the population experts – Community Profile and Population and Household Forecasts

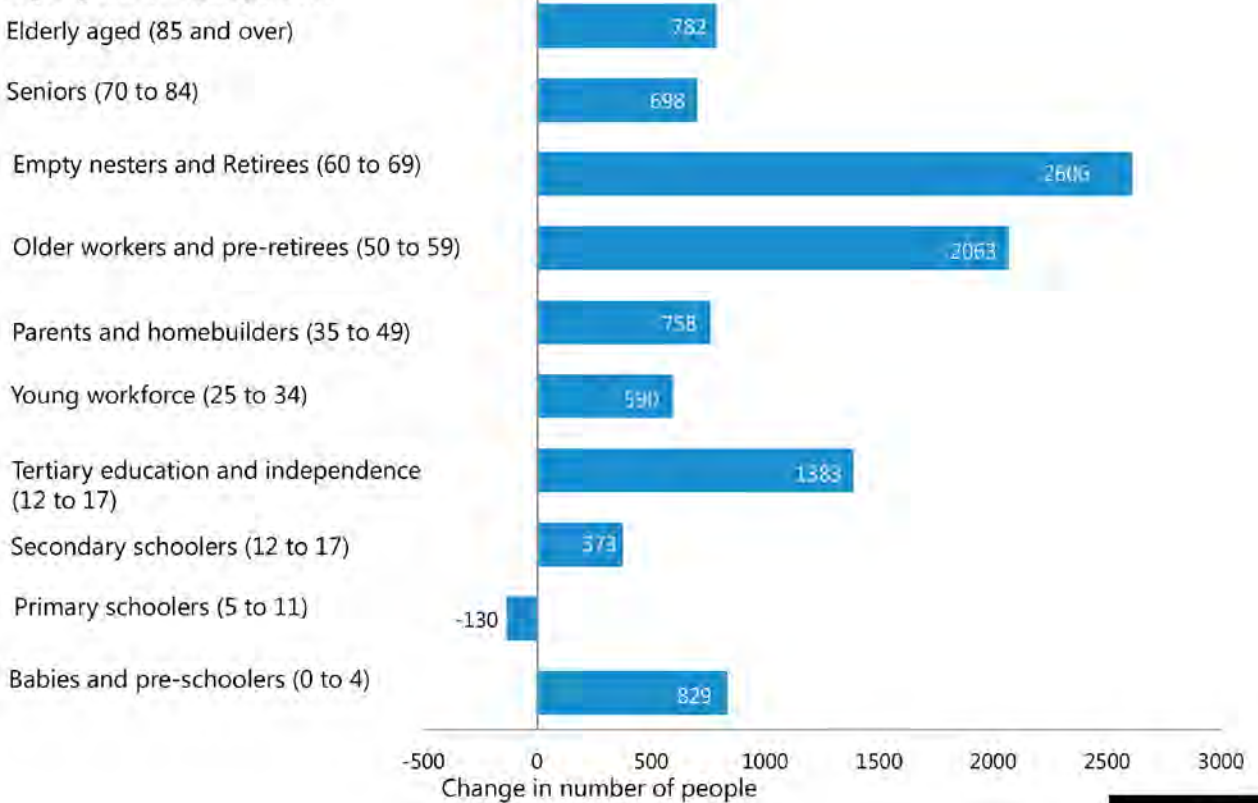
Change in age structure - service age groups, 2006 to 2011

Gosford City - total persons



Change in age structure - service age groups, 2006 to 2011

Wyong Shire - total persons



Engaging with Our Community



"We can't stop the clock, but we can keep our spirits young with humour, and creativity"





The development of this strategy involved extensive engagement with the local community. Detailed information is available in the *Community Engagement Report – Central Coast Positive Ageing Strategy*, however a brief summary is provided here and under each of the themes in the upcoming chapters.

Over 2,500 people across the Central Coast were involved in the engagement phase of the project. The overall focus of engagement was with the broader community aged 50 years and over. The Councils wanted to hear from people in a variety of stages in their life over 50 including those planning for retirement, those who have more recently retired and those who were in their older years and enjoying this later phase of life.

Quite deliberately, the main focus for engagement was not aged care services given the document was not an aged sector plan. Rather services were invited to complete a targeted survey and participate in a community forum. Presentations were then made to key agency networks in the development of the draft strategy to test the key findings.

In addition to the broader community engagement activities an External Community Reference Group was established to:

- Provide advice and feedback to Gosford and Wyong Councils on the development of the Central Coast Positive Ageing Strategy
- Utilise group members links and connections to assist in the community engagement processes, and
- Contribute their knowledge and life experiences throughout the development of the strategy.

Membership of the Community Reference Group included representatives from:

- The general community (3 older residents from each Council Area)
- The Over 50's Leisure and Learning Centres (Gosford) and Wyong Senior Citizens Centres (Wyong)
- Council of the Ageing (COTA)
- Central Coast Aged and Disability Association (CCADA)
- Transport for NSW
- Central Coast Medicare Local

Engagement activities carried out included:

- Community survey from 2,095 community members aged 50 years and over
- On-line survey for service providers
- 40 individual/couples interviews
- Workshops with 15 groups
- 4 community forums (World Café format) to discuss further the 8 key theme areas (78 at Gosford and 72 at Wyong)
- Interviews with aged housing industry representatives
- Two COTA Central Coast Regional Consumer Reference Group forums
- Presentations at key agency network meetings

The community survey that was completed by over 2,000 Central Coast residents provided us with a significant amount of information. Below is a brief snapshot of some of the key findings from the survey.

Most important factors to live a happy and healthy life:

1. Good health (18%)
2. Being physically active (13%)
3. Interactions with friends and family (13%)
4. Access to health and support services (11%)
5. Financial security (9%)

Benefits of getting older:

1. Freedom / freetime (25%)
2. Life experience (16%)
3. Family / grandchildren (9%)
4. Retirement (8%)
5. Negative / None (6%)

Great things about the Central Coast:

1. Natural environment (35%)
2. Relaxed / peaceful (12%)
3. Leisure (12%)
4. Climate (9%)
5. Community (8%)

Challenges faced:

1. Maintaining health and fitness (20%)
2. Maintaining home and garden (11%)
3. Financial pressures (9%)
4. Concerns about safety and crime (8%)
5. Being able to live independently (8%)

Suggested solutions to challenges:

1. Financial assistance (10%)
2. Support networks and services to be able to live independently (9%)
3. More effective and accessible transport (9%)
4. Effective communication of information / awareness of local facilities, services, activities (8%)
5. Well managed and maintained infrastructure (7%)

A comprehensive analysis of the findings from the community survey is available in the *Community Engagement Report – Central Coast Positive Ageing Strategy 2014*.



"Good mental health will be maintained by looking after your physical health and remaining involved in life"



Strategic Priorities

The literature review, policy context and research, together with the engagement findings, have provided a strong evidence base to develop the Strategy. Six key themes were identified as being essential for positive ageing. The goal and strategic priorities for each theme set the strategic direction for the region. Individual Action Plans have been developed by each Council to align with these strategic priorities.



Staying Healthy includes physical activity, mental health, diet/lifestyle, leisure and recreation, and access to health services.

Being Involved includes volunteering, mentoring, socialising opportunities, events, lifelong learning, information and networks, what's happening in the community, friends and family.

Getting Around includes licence retention, road safety education, public and community transport (including access to, affordability and alternative options), parking, mobility, shared pathways, footpaths and roads.

GOAL
Older residents have opportunities to engage in and maintain a healthy lifestyle and access quality and affordable health services.

GOAL
Older residents have opportunities to actively participate in community life and feel valued for their contribution.

GOAL
Older residents can move easily and safely around the community.

STRATEGIC PRIORITIES

- Promote and extend opportunities for health promotion around active and healthy lifestyle choices for older residents.
- Provide public open space and recreation facilities and programs that promote physical activity for older people.
- Promote residents awareness of the diverse range of services available to support them to stay healthy.
- Increase the provision of quality health and support services.

STRATEGIC PRIORITIES

- Promote and develop positive community attitudes to ageing.
- Promote and support volunteering.
- Increase opportunities for older residents to build connections and relationships.
- Promote and support opportunities for lifelong learning.
- Improve access to information about activities and programs for older people using a range of media.
- Promote access to and use of technology.
- Enhance older people's opportunities to participate in decision making about their community.

STRATEGIC PRIORITIES

- Improve access to affordable, safe and effective transport and mobility options for older residents.
- Provide transport infrastructure that enhances pedestrian and road safety environments and increases the mobility of older people.
- Enhance knowledge and awareness of older people around road and pedestrian safety and transport options.

It is intended that the strategic priorities inform planning and service delivery of other key agencies as well as Council. It is not the responsibility of the Councils to deliver all actions required to meet these goals and strategies. Rather they assist in identifying opportunities for collaboration and new partnerships.

<p>My Community includes access, enjoyment and protection of the natural environment, environmental amenity, sustainable development and population growth, built environment, proximity to Sydney and Newcastle, access to facilities and spaces for leisure, recreation, arts, culture, entertainment and retail.</p>	<p>My Home includes ageing in place, housing affordability, housing choice, adaptable housing, home and garden maintenance.</p>	<p>Transition and Support includes transition to retirement, retraining, employment opportunities, financial support/financial planning, and aged care support services.</p>
<p>GOAL</p> <p><i>Spaces and places within our community are age-friendly and support active ageing.</i></p>	<p>GOAL</p> <p><i>Older residents have access to housing which enables them to age in place and are well informed of housing options available to them as needs and/or circumstances change.</i></p>	<p>GOAL</p> <p><i>Older residents are able to access services and support as their needs change and they transition into retirement.</i></p>
<p>STRATEGIC PRIORITIES</p> <ul style="list-style-type: none"> Promote access to and protection of the natural environment. Apply universal design principles to the built environment, public domain and facilities. Enhance community and personal safety for older people. Advocate for increased accessibility and age-friendly initiatives within the community. 	<p>STRATEGIC PRIORITIES</p> <ul style="list-style-type: none"> Increase the supply of affordable and appropriate housing for older residents. Support older people to remain living in their own homes. Improve community access to information about housing, support services and aged care accommodation. 	<p>STRATEGIC PRIORITIES</p> <ul style="list-style-type: none"> Provide opportunities to enable continued participation of older people in the workplace and promote the value of mature workers. Improve understanding of retirement and financial choices and options. Enhance access to information about available services and support. Encourage business development to capitalise on economic opportunities associated with an ageing population.



"Ageing is not so bad if you keep up with your health"



Staying Healthy

Overview of issue

Why Staying Healthy is Important:

The maintenance of health and wellbeing is paramount to achieving a positive attitude towards ageing. Health is considered to be fundamental to maintaining good relationships and social connections, having a sense of purpose within the community, engaging in lifelong learning opportunities, continuing employment and being able to participate in and enjoy a range of leisure, recreation and creative activities. All of these are important through providing social contact, mental stimulation and physical activity. Good health and wellbeing allow our older residents to actively participate in all aspects of the community.

Prevention and health promotion activities aimed at older residents are important to encourage residents to exercise regularly, eat well, develop and maintain social relationships and access activities in the local community. They also assist with disease prevention and appropriate treatment of chronic disease.

Having access to an adequate range of health, community care and support services to promote, maintain health and independence is essential.

Key Issues for the Central Coast:

- Higher incidence of all cancers, coronary heart disease, chronic obstructive pulmonary disease, diabetes and injury related hospitalisations related to falls, knee and hip replacements
- High risk factors for chronic disease at an older age including smoking, high blood pressure, high body mass, physical inactivity, high cholesterol, alcohol, low fruit and vegetable consumption and illicit drugs
- Strong correlation between health and wellbeing and income
- High prevalence of dementia and mental health disorders
- Importance of prevention and health promotion
- Importance of social connections
- Need for access to low cost programs and activities to keep physically and mentally active
- The natural environment provides many opportunities for active lifestyle
- Continued provision of open space and

- recreation facilities that promote physical activity
- Need for access to information on how to stay healthy, illness prevention, nutrition, programs and activities
- Navigation of the health system (access to General Practitioners (GPs), referrals to specialists, allied health and hospitals, aged care assessment, discharge planning) is difficult
- Need for access to information on health services available to support older residents
- Need for increased provision of quality health and support services to meet current and future needs of growing population

Emerging Trends from Research and Literature

Longer life expectancies

Australia has one of the highest life expectancies in the world and people are living longer than ever before. A baby boy born today can expect to live to 80 years and a baby girl to live to 84 years (ABS, 2013). In comparison Indigenous Australians have a much shorter life expectancy. For males it is 68 years and for females it is 74 years.

Longer life expectancy will, however, increase the prevalence of age-related diseases and conditions. Central Coast residents aged 60 and over were significantly more likely to be diagnosed with a medical condition than residents in younger age groups (CCQOL Survey, 2012).

Focus on healthy ageing

The concept of "healthy" ageing recognises that health extends beyond the absence of disease or infirmity to include physical, mental and social wellbeing.

The World Health Organisation stresses the importance of addressing the risks and promoting good health, healthy lifestyles and health care throughout the course of a person's life to reverse decline in a person's health and to build and maintain healthy habits into later stages of life. Forecasted demands on health services can also be reduced by ensuring that older people take responsibility for their health and wellbeing and live active lifestyles.



Delays in the onset of chronic illnesses will also see a potential increase in the number of healthy and active older people who can engage in a range of community and civic activities such as volunteering.

In a recent consumer survey of older people conducted by COTA NSW (2013) health, fitness, activity, lifestyle and diet were identified as the highest rated factors to ageing well, and access to health and support services was identified by respondents as a factor which gives them a valuable level of assurance in their future ability to age well.

Physical activity has been shown to impact the independence of older people through improved balance, strength, co-ordination, flexibility, endurance, mental health, cognitive and cardiovascular function. Popular active recreation activities for older people include walking, golf, bowls, swimming, tennis, dancing and gardening.

Social inclusion is one of the key determinants to health and it is important that older residents have good social connections with family and friends and are connected to their communities. The prevalence of people living alone increases with age and social isolation is a concern. Older residents in our community can be vulnerable to social isolation due to factors such as failing health, reducing mobility, lack of close family ties, perceptions of fear, death of their partner, their inability to drive or geographic location. It is important that socially isolated residents are connected with health and support services and community activities. This may mean adopting differing approaches to service delivery or tailoring programs to meet the situational needs of older residents.

Focus on early intervention prevention and health promotion

In a positive ageing framework a preventative approach is required to support older residents as they age. Policies and programmes that promote mental health and social connections are as important as programmes to improve physical activity and diet (WHO, 2002).

Recent research by COTA NSW (2013) also emphasises the need to promote health and independence, with a greater focus on prevention and early intervention and an integrated

framework for health care to guide and co-ordinate improvements to service delivery.

Correlation between health and well-being and income

Research (COTA NSW, 2013; CCQOL Survey, 2012) shows a strong relationship between health and well-being and income. Older people living on an aged pension rated their health and well-being lower than those on other sources of income (COTA NSW, 2013).

On the Central Coast, older residents and those with access to less than \$30,000 a year were significantly more likely to find it difficult or extremely difficult to access medical help/GP services after-hours without going to the hospital emergency department (CCQOL Survey, 2012).

Significant increases in dementia and mental health disorders

Mental illness and mental health disorders such as schizophrenia, anxiety disorders, clinical depression and dementia are also prevalent in older people. Increasing age is a major risk factor for dementia.

The Central Coast is ranked in the top 10 NSW federal electoral divisions with the highest dementia prevalence. Dementia affects 20% of people aged over 80 and up to 30% by age 90. The number of people with dementia locally is projected to increase by 300% from 4,735 in 2011 to 14,310 in 2050 (Central Coast Primary Dementia Care Network, 2011). This will place increased pressure on both health and home support services as well as residential aged care. Early diagnosis and intervention helps people with dementia, their carers and families to better plan their lives and make informed decisions concerning the treatment and management of this disease.

Technology in health care

Technological advances also present new opportunities for older residents to access health and wellbeing information; the potential to monitor the health needs of older residents in their own homes through tele-health services; and for sharing of medical information and records between health service providers.



Planning and design of the built environment

Research also demonstrates the links between a healthy living environment and health outcomes. The way in which towns, neighbourhoods and public spaces are designed and built are important to support active lifestyles. For example, being able to easily go for a walk, being in close proximity to shops, facilities and services, having good air quality, feeling safe and spending time in the natural environment, being part of a community garden all contribute to higher levels of wellbeing. Having access to fresh and local produce also promotes healthy eating.

What our older residents and service providers said

"Good health" and being "physically active" were identified by older residents as being the two most important factors for maintaining a happy and healthy life into the future. "Access to health and support services" is also extremely important to older residents.

"Maintaining my health and fitness" was identified as the biggest challenge by older residents, highlighting the importance of health and wellbeing as the forefront of their thinking about ageing well. Issues identified included coping with physical changes, loss of hearing and eyesight, joint/movements, falls prevention and injury management. "I can't do all the things that I used to – well some I can but it takes longer!"

Older residents would like their future years to be characterised by "good health" – free of injury, falls, illness and dementia.

"We want to stay healthy and enjoy the rest of our lives"

Older residents require access to information on how to stay healthy and prevent illnesses, accessing healthy lifestyle programs and low cost activities available in the community.

Many involved within the development of the Strategy indicated that there was a strong relationship between good physical and mental health - remaining physically active kept the mind engaged as well, and an interest or hobby that required mental input usually had a physical component.

There was also a strong association between the importance of remaining connected with community, friends and family and the maintenance of good health and wellbeing. The majority of older residents indicated that their involvement in community and sporting groups and volunteering activities provided them with opportunities for physical activity, social interaction and engagement, and these activities assisted them in maintaining their mental health.

Keeping mentally active was also identified as a key factor in maintaining health and wellbeing. Mental stimulation in the form of activities such as sudoku, crosswords, continuing to learn new skills and knowledge were considered important. Undertaking education and short courses are of interest to older residents. Groups such as the University of the Third Age (U3A) and the Central Coast Community College offered a wide range of social, physical and education activities for older residents. Residents would like to be able to attend such groups and activities in the evening as well as during the day. Many older residents would also like to impart their wisdom, knowledge and life skills to younger generations.

Good physical health and feeling that mental health was being maintained were also significant factors in maintaining a positive attitude towards ageing. Maintaining a good attitude was an overwhelming desire for future years.

Adequate and affordable access to services and leisure opportunities were also important to maintaining health and wellbeing. Our geographical location serves our ageing population well in the sense we are close to the major population centres, Sydney and Newcastle, allowing relatively easy access to a multitude of events, attractions and activities.

We also reside in an area of great natural diversity, our beaches, waterways and bushland are much valued by our ageing population (indeed many retire to the region attracted by our natural environment), and an appreciation of the great outdoors provides ideal opportunities for physical activity and fitness and having an active outdoor lifestyle. Many older residents were also committed to the protection of our natural areas through active involvement in environmentally based volunteer groups such as bush care, dune care and community gardens.



“Look after yourself”





There was a need for a range of low cost/affordable facilities, fitness and exercise programs. For example, residents highlighted that the cost of gym membership was a barrier to participation and flexible membership options were not available to work around travel plans or if health issues arise.

Lifestyle and diet play a large part in determining health and wellbeing as we age. While our location and level of recreational opportunities assist in creating a positive environment in which to maintain an active lifestyle, diet is a more problematic issue somewhat dependent on the individual socio-economic circumstance. Older residents were mindful of the need to monitor their diet, with affordable nutritious food being important for residents to age well. Those that had maintained a focus on their diet/lifestyle throughout their life were far better placed to continue with these good habits as they aged. Whilst others did encounter difficulty in attempting to counter bad habits that had accumulated through their working life and often the motivation to do something was only linked to an adverse health outcome.

For many living alone or on a fixed or low income, the temptation to save on food costs, reluctance to prepare fresh meals or reliance on cheap take away or packaged foods can lead to health problems regardless of exercise levels. There was an identified need for health nutrition information including cooking on a budget and cooking for one.

Access to affordable health and support services was seen as important to assist older residents as they age. Factors identified included access to GPs, more doctors who bulk bill and access to local hospital, specialist and allied health services, home care and aged care assessment. It was suggested that GPs could provide a greater role in the dissemination of health information.

As identified in the COTA NSW survey and consumer reference group consultations, factors to improve access to GPs include *"co-located services"*, *"better access to community transport"*, *"better co-ordinated public transport"* and *"more services able to visit me at home"*. For many older people, having a good relationship with their GP and being able to see the same GP were important factors. Other factors included having *"diagnosis, treatment and care explained so that the person could participate/manage their recovery"* and *"prompt service"*. The

most important factors to older people during their hospital experience were having *"diagnosis, treatment and care explained so that the person could participate/manage their recovery"* and *"being treated with dignity and respect"* (COTA NSW, 2013).

Whilst some residents stated that the Central Coast was a great place to live because of the proximity to and availability of hospital and medical services, some residents were not sure where to source correct information on what services are available. Many found it difficult to navigate the health care system with issues raised around complicated referral systems for hospital, aged care assessments, accessing allied health services and long waiting lists. These issues were also identified by service providers as current challenges.

Mobility and transport options did impact the ability of some older residents to access health care services and some older residents expressed a need for more diverse transport options to get to health services.

Challenges that were identified by service providers included:

- Being able to provide services for people with dementia and their carers, given the significant increases in the numbers of people aged 50+ who experience, and who are projected to experience anxiety, mental illness and dementia
- Being able to integrate service delivery to individuals (health, personal, domestic social services) to provide co-ordinated person centred care and support, and a continuum of care as needs and circumstances change
- Low numbers of GPs in Wyong Shire and The Peninsula
- Stronger focus on early diagnosis and intervention/ prevention strategies through addressing the risk factors causing chronic disease such as smoking, nutrition, sun exposure and physical activity
- The increasing rise of illnesses (and death) which are considered preventable and/or delayed onset through active physical and social activities
- Increased number of people who do not have adequate social contacts rendering them vulnerable to isolation and loneliness
- Discharge planning from hospital being inconsistent with staff often providing erroneous advice and not aware of all local options



Staying Healthy

What Councils can do:

Although Councils do not have a primary role in the direct provision of health services they have an important role providing a safe, supportive and healthy environment that enables older residents to engage in activities that enhance their health and wellbeing. Councils can:

- Plan for an active and healthy community in the design of urban environments
- Provide a range of recreation, social and cultural facilities such as shared pathways, walking trails, swimming pools, indoor recreation centres, sports fields, tennis courts, community centres, seniors centres, libraries, & cultural venues that encourage active lifestyles and creativity
- Maintain healthy waterways and clean beaches
- Maintain parks and open space areas and reserves with appropriate seating, shade, lighting and signage that support the health and wellbeing of older people
- Maintain public amenities to ensure they are safe and clean
- Maintain footpaths to reduce falls and injury preventions
- Ensure public areas are clean, well maintained and safe
- Undertake health related inspections such as food inspections, water quality monitoring
- Advocate to state and federal government agencies for improved and co-ordinated health care services in the region, equitable share of funding
- Work with other agencies to attract more GPs to the region
- Facilitate information sharing between key agencies and establish new partnerships with local health providers
- Facilitate and support the provision of programs and initiatives that encourage active and healthy lifestyles for older residents
- Provide venues for hire for groups providing leisure and recreation programs at community and recreation facilities
- Facilitate opportunities for older residents to participate in community life
- Provide books, electronic material and programs at libraries to keep the mind active
- Provide and promote health related information at libraries, community facilities and on Councils' websites





"Keep active and occupied rather than staying at home"

What Others Can Do:

The funding of health care facilities and services is primarily the responsibility of the Federal and State governments. There are also many other organisations on the Coast that deliver health services.

- Plan and fund health facilities and deliver services in the region
- Deliver health education and prevention programs (eg. falls prevention and awareness, strength training)
- Disseminate information about health education and preventative initiatives for older people
- Provide information about health and care services
- Establish health and wellbeing support groups for seniors eg, walking groups, exercise groups, weight loss support groups
- Provide affordable gym facilities via subsidies for seniors to participate or flexible membership options
- Promote healthy eating
- Advocate and lobby for additional GPs to region
- Health promotion & dissemination of information through GPs
- Provide information and support groups for mental health services

What Can You Do:

What you can do to improve your health and wellbeing

- Get active – exercise for 30 minutes a day!
- Instead of telling yourself you can't, tell yourself you can
- Walk instead of using the car
- Eat a healthy diet
- Enjoy the great outdoors – there are many natural places in the region to visit
- Use the many parks, facilities and programs available
- Think positively
- Join a sporting or social group
- Join a gentle exercise class, take up tai chi or aqua aerobics
- Take up a new hobby
- Catch up with family and friends regularly
- Say hello and look out for your neighbours
- Spend time gardening
- Become a volunteer
- Stop smoking
- Drink less alcohol
- Support someone in poor health
- Have a regular GP or a regular practice which you see
- Talk to your GP and have regular preventative health checks
- Find out what's happening in your local community
- Attend a local farmer's market
- Have fun!
- Join a community garden



"Volunteering – the investment makes me happy"



Being Involved

Overview of Issue

Why Being Involved is Important:

Community participation whether through volunteering, participating in sport, social groups or activities or attending events, builds friendships, connections and networks within the community. This involvement in turn creates feelings of ownership, feeling included and a sense of belonging.

Older people are living longer and healthier lives than ever before. This means that people have an increased potential to make important contributions to society well into older age, and to stay active and live independently for as long as possible.

Generally speaking older people tend to have more time to take part in social activities due to retirement and fewer family constraints, and such involvement helps them to maintain networks of social and emotional support. The majority of older Australians are actively involved with people in the community around them. Older people are active contributors and participants in the community and are more often givers of support rather than receivers.

On the other hand, this increased life expectancy and population ageing can also potentially place more individuals at risk of social isolation, marginalisation and social exclusion. Additionally older people's ability to participate in community activities and family and wider networks may be affected by a range of factors such as housing, transport, access to information, use of technology, income, health and level of disability.

Key Issues for the Central Coast:

- For many older people their local community provides support and social interaction and contributes positively to their quality of life
- High levels of volunteering amongst the community
- Linking those who want to volunteer and be more involved with volunteering jobs needed in the community
- Services being responsive to the change in expectations that volunteers may have regarding flexibility (due to travel and looking after grandkids), responsibility and variety of work.

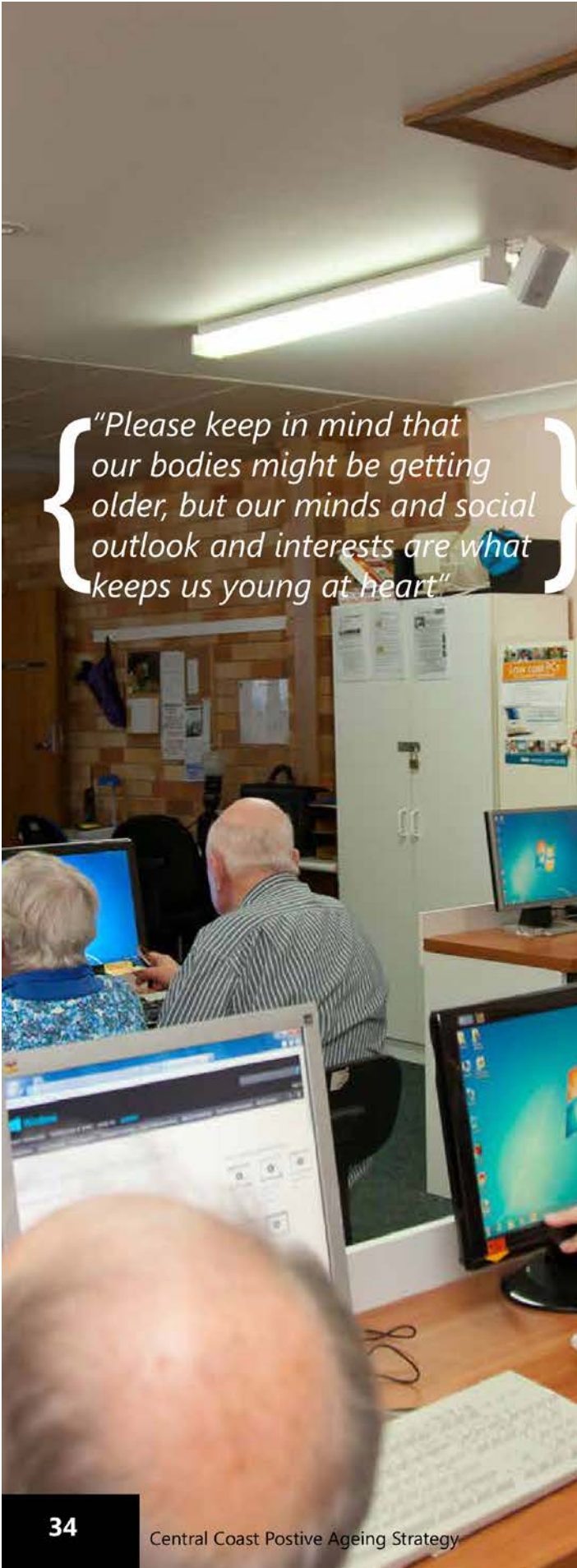
- There are many opportunities for older people to be involved in sporting, cultural, creative and social activities
- Senior Citizens Centres/50+ Leisure and Learning Centres being more responsive to needs of 50+ community
- Importance of intergenerational programs and activities that enable exchange of knowledge and skills between older and young people
- Need for access to information about "what's on" in the local community for older people
- Older people use of wide range of methods to access community information
- Reasonably high ownership and access to internet however, not preferred way to receive information or communicate
- Need for access to and training in technology
- Importance of lifelong learning programs and activities
- Adopting positive attitudes to ageing
- Opportunities for older people to participate in decision making about their local community.

Emerging trends from research and literature

Older people as active participants

People aged 65 to 84 years contribute the highest number of volunteer hours in the community, even though they are not the largest group of volunteers. In the future it is expected that seniors will continue to play a large role in volunteering, with more than 75 per cent of Australians aged 50 and over planning to volunteer during their retirement. Older people are living longer and healthier lives meaning people have an increased potential to contribute to the community. Volunteering is a significant contributor to the economy with an estimated value of \$14.6 billion per year (*ABS 2009, APIA, 2011 as published Australian Government website*).

While many older people are active participants in their community, participation rates generally decline with age. Around 93% of residents aged 60 years and over participated in informal social activities, and 66% of people aged 65–74 were actively involved in a social or support group, compared with 43% of people aged 85 and over (*The Benevolent Society, 2013*).





Older people are a great resource for our local community. Opportunities exist through intergenerational programs to improve recognition of older people and breakdown stereotypes. Both younger and older people can be unfairly stereotyped and opportunities exist to learn from one another and break down some of these preconceived ideas.

Social isolation

While many older people access social networks, there are others who are not able to, or do not have the opportunity. Inadequate social support is associated with lower overall general health and wellbeing, but also with higher levels of emotional distress, more illness and higher mortality rates (WHO 2002).

The Central Coast Quality of Life Survey 2012 found that these people who socialise more frequently (often or always) had significantly higher levels of wellbeing than those who sometimes, rarely or never interacted with friends and family outside of the home. The survey also found that low income and high income groups are less likely to feel and sense of community than middle income earners (\$65,000 – \$100,000). Given that our older community are low income earners the potential to be part of this group is increased.

Accessing Information

Access to information is important for people to be able to fully participate in their local community. It is particularly important for vulnerable groups or people who are coping with a crisis in their lives, such as a new health issue or housing crisis. Making sure information is easy to find at the times when people need it is a challenge for both government and the community sector.

Easy to read and understand language in documents and information resources, and easy to access and use websites have an important role to play in the provision of information. Barriers to information include lack of plain English language, lack of translated information for people whose second language is English, lack of assistance with visual or hearing disabilities, for example, hearing loops, large print, e-readers and finding the right person you need to speak to in large bureaucracies.

Use of Technology

Technology is playing an increasing role in the lives of older Australians. There has been significant change in the use of technology over the last couple of decades and particularly in the last five or so years. More and more information is only available via a website and via electronic communication. People are being encouraged to gain further information through electronic means rather than through personal contact. For some the use of technology to communicate is a preferred method and for others this creates a barrier to gaining information and/or accessing services. Whilst there are benefits to the use of technology, this is not the only way to communicate if we are to ensure everyone in the community can access information.

Advancements and improvements in technology are reducing the constraints of immobility, distance and remoteness. Progressively, advanced technology will unlock more and more of the value older Australians have to offer to the community and, indeed, that the community has to offer to older Australians (Commonwealth of Australia, 2011).

Access to modern technology such as computers, tablets, smart phones and e-readers enables older people to maintain independent living and enhance their quality of life (by being electronically connected to family, friends and community). Advances in technology also have the potential to change the way older people access health care, for example, visiting a GP online (measuring blood pressure, heart rate etc).

A lifetime of learning

There is significant value in providing opportunities for older people to be able to continue learning as they age as well as utilising their skills and experience in educating younger members of the community. Lifelong learning quite simply as the name implies is the continual learning and collection of knowledge throughout life. People don't just want to remain physically active but also wish to keep their minds active.

Opportunities to continue learning could be in many forms from formal learning environments at University or TAFE through to local options like community college, U3A or a class at the local community centre. Benefits of lifelong learning



extend beyond the immediate advantages of improved skills, new opportunities and mental stimulation. They include greater social and physical wellbeing, better memory, greater self-esteem, and more social networks and friendships.

For older people in particular, learning activities provide the opportunity to keep up with social and technological change. It is for these reasons that lifelong learning is considered to be integral to a 'healthy ageing' approach, that is, one which focuses on maintaining older people's health, independence and wellbeing. Currently, a very small proportion of older people attend a formal educational institution such as TAFE or University. Yet at the same time, many older people take part in activities which promote learning in their local communities.

Continual learning across the course of life is critical to enabling people to be adaptive, resilient and responsive and remain as active participants in an ever changing society and economy.

Respect for older people

The World Health Organisation notes that in socially inclusive societies older people are able to make valuable contributions in their communities and families if their needs are met with dignity, their differences are respected and their involvement is recognised. As people age some of the barriers to their participation in the community may come from experiencing the biases of others or being discriminated against.

A Council on the Ageing (COTA) State-wide survey carried out in 2013 found that 'one in five respondents reports that they had experienced age discrimination' and that 'of the people who had experienced age discrimination, more than 50% reported that it occurred in the workplace and a similar number reported that they had experienced it when purchasing products or services' (COTA NSW, 2013).

It is important to challenge negative stereotypes and attitudes associated with ageing and promote positive community attitudes to ageing and an understanding of the role older people play in the community.

What our older residents and service providers said

The community indicated a strong connection between maintaining health and wellbeing and remaining engaged in life and feeling more positive about ageing. A sense of belonging, of feeling part of a community and maintaining links with friends and family was another major feature of retaining a positive attitude to ageing.

Naturally, ongoing interaction with family and friends is a vital component for all society and its importance does not diminish as we age. Across a variety of themes, those who felt supported and part of their family and community were more open and receptive to the positive aspects of ageing. An ongoing challenge will be to assist those who do feel isolated to re-engage with the rest of society.

There are abundant opportunities for social interaction with a plethora of sporting, cultural, creative and social organisations to participate in across the Central Coast. We also have a strong and growing culture of volunteering in the region with many wishing to assist others within their community as their amount of spare time increases in retirement.

Our region currently has a reasonable supply of "senior specific" facilities, with strong membership and attendance numbers. However consultation and research indicates these facilities will need to adapt to the changing nature of retirees locally and broaden their activities, programs, opening hours and services to meet a growth in demand and expectations of our ageing population and opportunities for intergenerational interaction.

Libraries are a valued resource for this demographic but will also need to broaden their scope and services if they are to keep pace with expected change. The whole concept and appreciation of "lifelong" learning is also evolving, and an increasing number of retirees are both looking to advance their skills and knowledge, and utilise their accumulated wisdom to assist others within the broader community.

Our ageing population provides us with a wealth of knowledge, experience and expertise that can be contributed to our community. Throughout the engagement phase people have told us that they are busy volunteering, and they get a great deal of benefits and pleasure from being involved in the community. As expected, given the age diversity within the community of people aged 60 years and over, the



culture of these groups are very different. One of the challenges may be providing a diversity of ways for people to be involved in volunteering or mentoring programs to tap into the skills and knowledge of the older population. The traditional way of volunteering with people attending their volunteer job on a regular day does not suit everyone and we will have to be more flexible and innovative into the future to attract and maintain volunteers.

Increasingly people want to volunteer with a range of different organisations, participate in short-term and project-base volunteering, combine travel or work with volunteering, and volunteer online. Some people in the community are unsure as to where to start looking to find volunteer work, don't know where to look for information and how to go about getting a volunteer job.

Strong communities always have a myriad of strong internal networks – places people turn for help, support and information which are often never formalised or structured. Our ageing community is no different, and access to information was a repeated topic throughout the engagement phase.

To a large degree responses to the level of satisfaction with information options relates to the level of connection one feels within community. For those engaged and active, information appeared available and accessible, for those somewhat disconnected and isolated, gathering information appeared more problematic. All respondents though would benefit from a more cohesive approach to accessing information and scope certainly exists to better educate the community on where to go to find what information is available.

What is clear is that there is not one method that can be relied upon to provide information to the ageing community. People access information through a variety of methods including mail, newspaper, radio, television, seniors centres/50+ leisure and learning centres, libraries, general practitioners, e-mail, internet and social media. The local paper is seen as a very important tool for people accessing information and is a slightly more popular medium compared with the others.

The rapid pace of technological change is an issue to many, particularly retirees. Whether learning about new gizmos and gadgets or navigating the confused landscape of prices and plans – while many wish to embrace technology and the benefits it can bring,

education and advice specifically designed for the ageing has been highlighted as an issue that needs addressing.

Our community survey indicated that older people have a reasonably high level of computer ownership and access to the internet (around 75%) however, this was not necessarily how people wanted to receive information or communicate. Issues with affordability (both up-front costs, recurrent costs and keeping up with changes) and required level of skill in keeping up-to-date with new technology was a concern for older people.

Although education and lifelong learning was not identified through the survey as a high priority in relation to and healthy happy life, ranking 13th out of 15 categories, it was interesting to note that there were high levels of people participating in these types of activities on a weekly, fortnightly or monthly basis. So whilst people may not be making the direct link between learning and a healthy happy life their responses appear to indicate a link. Affordability and access of courses (transport/availability/variety) was raised as an issue throughout the engagement.

Engagement in cultural activities is important to older people. It is considered as a meaningful and important aspect of life that enriches and increases a positive sense of wellbeing and improves quality of life. They also provide another link to the community and increase feelings of inclusiveness and sense of belonging.

The role of events and festivals in the local community can provide opportunities for building networks and relationships and developing strong levels of community identity, either through participation in organisation of the event or festival or through attendance at them.

A barrier to involvement by older people in a broad range of activities, services, training and volunteering can be affordability. This is not limited to just the cost of the activity but also the travel expenses to attend. This naturally does not affect all older people however there are significant numbers of this age group on lower incomes compared with the broader community. It is important to consider the costs of activities when planning and advertising to allow diverse participation.



Being Involved



What Councils can do

- Provide and support innovative programs and services to increase social, cultural and economic participation and build individual and community capacity
- Facilitate partnerships between groups and intergenerational activities
- Positively promote the image of older residents
- Celebrate the role and achievements of older people
- Create and support opportunities to engage with older residents
- Promote Senior Week activities and events
- Maintain positive links with Central Coast community aged services sector to provide up-to-date information and services
- Continue to provide community development grants to encourage community participation and building of social capital
- Promote and provide opportunities for older people to volunteer and celebrate volunteering achievements
- Promote and support opportunities for lifelong learning activities and events for older people
- Continue provision of library services and activities including assistance and resources for older people to access and use technology
- Ensure age-friendly communication
- Provide opportunities for older people to contribute to decision-making eg. Seniors Advisory Committee
- Ensure our Senior Citizens Centres and 50+ Leisure and Learning Centres are responsive to changing community expectations and provide a holistic range of activities and services.





*"Maintain balance
between family time and
volunteering"*

What Others Can Do:

- Provide recurrent funding for community programs
- Work in partnership with Council to address challenges and opportunities that impact on the quality of life of our residents
- (Employers:) Give employees time (for example 3 days per year) to work on community projects
- Community organisations establish links and partnerships with others
- Involve older people and acknowledge what they have to contribute
- Promote a positive image of older people
- Provide up to date, appropriate, relevant information to the community
- Engage with older people in planning and provision of services
- Value and encourage lifelong learning

What Can You Do:

- Introduce yourself to your neighbours and help out when they need a hand
- Hold a street party
- Join a local volunteer group
- Participate in community events
- Get involved in sport, cultural and recreation activities
- Get out and about/use public spaces
- Attend a course or learn a new skill and keep abreast of technology
- Contact an older person in the neighbourhood who lacks a support network on a monthly basis or more
- Offer to watch a neighbour's property and put their bins out when they are on holidays
- Be open to offers of support and assistance
- 'Talk up' the great things happening in your local community
- Be understanding of the challenges facing older people
- Be inclusive of older people
- Respect others
- Lobby government and others regarding community concerns
- Participate in community engagement activities including surveys, workshops etc.

Local Story

"When I retired I knew I wasn't going to be sitting at home in front of the TV all day. My Dad had been in a hostel room at Woy Woy Community Aged Care before he passed away so I gave them a call and asked if they could use a volunteer. They suggested that I could run a Men's Club with some of their residents. Every week I bring a couple of easy games to play and the chaps all take their turn. Along the way the group has developed a nice happy feeling and it's great to see the smiles on their faces and hear some of the banter in the group. I also approached my local Primary School and I help out two times a week there as well. The joy these activities bring to my life is much more important than paid employment and I'd recommend anyone who's entertaining the idea to have a go."

Stephen Cummings





Local Story

Today is Tuesday – Men's Shed day.

"Yes we are limbering up for a Tuesday session of 'matey' badgering.

There are basically four types of members in our shed.

1. Those who are skilled and make or refresh things for themselves using quality materials to make quality items for the home.
2. Those who like to help with group work thus picking up practical skills and techniques as they work.
3. Some members love to make things for the community Possum Boxes, childrens' toys, and various community projects.
4. One group comes along to make simple things for the home – a little shelf, a simple stool, just easy projects that don't involve much skill. This group comes along purely for the company of other men. I'm in this group.

We talk, we joke, we yarn about our jobs before we retired, we share about our families, our holidays and where we intend to be in the future.

We're lucky at our shed because we have a workshop for our woodwork projects with all the tools we could ever wish for and we also have a separate, very well equipped, metalwork shop. In between we have our tearoom, the centre of our universe.

We stop at 10 o'clock and we sit in our tearoom this is our "family" time when we sit around the table to discuss and sort out business for the day and the future and share in jokes and plan for occasional outside excursions.

Our shed is a great place to be and I can honestly say I look forward to every Tuesday. I sometimes go on Wednesday or Thursday but Tuesday is my favourite day. I want to be a shedder for a long time to come."

Avery Pearce, Bateau Bay Men's Shed





Getting Around

Overview of Issue

Why Getting Around Is Important:

Access to adequate, appropriate and affordable transport is an important factor influencing positive ageing. Being able to get around is key to ensuring older people can maintain their daily independence, stay connected and be involved in the community. It enables people to maintain social contacts and participate in community life and access services and facilities that they require – access to shopping, ability to attend medical appointments, participate in a range of leisure, recreation and cultural activities and participate in work and volunteering. All of which are important for maintaining health and wellbeing and quality of life.

Lack of access to transport due to problems of affordability, availability, convenience and safety and the appropriateness of the type of transport available can act as a barrier to older people's participation in the community.

The World Health Organisation (2007) states that "age friendly" transport must be accessible, affordable, available, safe, comfortable, and with specialised support options provided for those that are frail and/or disabled.

Transport may include personal transport, public transport, community transport, taxis, walking, cycling and mobility aids.

Key Issues for the Central Coast:

- Heavy reliance on the car as the main form of transport
- Retaining licence and independence
- Gap in the availability of disabled access and seniors parking spaces to meet demand
- Need for programs to assist older residents to drive safely, improve road and pedestrian safety awareness and increase confidence in using public transport
- The geography of the region and settlement patterns presents a challenge for the provision of public transport links
- Limited public transport options in some areas of the region

- Barriers to public transport use such as co-ordination of bus and train timetables, access to information and long travel times
- Greater demand to travel for healthcare, medical and recreation reasons and less demand for travel to and from work and within peak travel times
- Need for research and pilot projects to determine the best ways to transition people from cars to public transport and then to community transport to reduce vehicle dependency.
- Need to explore alternative options of transport including flexible and demand responsive models
- Need for more specialist transport services (such as community transport) to cater for limited mobility and to reduce social isolation
- Increased pressure on community transport services
- Improved connectivity of the shared pathway network
- Improved maintenance of transport infrastructure including footpaths, pathways and bus stops
- Growth in use of mobility scooters

Emerging Trends from Research and Literature

Reliance on private car

It is expected that older people who drive will prefer to continue to do so for as long as possible and should be supported to retain their driver's licence given this is the most convenient way to get around. From the age of 75 onwards drivers are required to get an annual medical assessment and self-funded voluntary assessment with an accredited driving instructor or a test with the Roads and Maritime Service to retain their driver's licence. The NRMA provides a three hour program known as 'Active Retirees' for people aged over 65 and the 'Years Ahead' program for residents aged from 55 years. Both programs are aimed at assisting older drivers with driving safely and confidently for longer, and the NRMA has found that older people are generally open to regulating or modifying their behaviour if they are made aware of specific problems.

Older drivers tend to be safer than is commonly believed. They have fewer reported crashes per capita. Between 2008 and 2012 older drivers accounted for 16.7% of crashes on the Central Coast.



For older drivers, the most important safety concern is their frailty and consequent vulnerability to personal injury or death in a crash. The following factors increase our risk of an accident as we age – dementia, sensory impairment (for example, blindness and sight restriction), motor impairments (for example reduced flexibility), fatigue and inadequate knowledge of current road rules.

There is a need to plan for infrastructure such as adequate parking close to facilities and, to deliver programs to assist older residents to continue to drive safely.

Growing demands on transport system

Over the next 30 years, the significant increase in the aged population will place new and growing demands on transport systems.

For those residents who do not have a car, access to a range of public and community transport will be necessary to maintain independence and connections within the community such as attending medical appointments, essential shopping, take part in social activities, visit the library etc. In this case factors such as bus and train timetabling, convenience, affordability, safety, ability to easily access information, provision of bus shelters, lighting, lifts at train stations and accessible buses will be of importance.

From the literature review, barriers to accessing public transport included affordability, convenience and appropriateness of types of transport. Public transport may not have the physical and financial flexibility to provide access to dispersed patterns of urban development as it relies on consistent patronage in order to offer a reliable, frequent and cost-effective service. Other methods could be implemented to improve accessibility in terms of location of development, flexible or demand responsive transport changing or adapting travel behaviour and technology improvements.

Alternative Models of Transport

There is a need to explore options for alternative models of transport services to help fill transport gaps. It has been widely predicted that as the population ages the need for personalised and flexible services is likely to increase. These delivery models may include:

- Fully demand-responsive services door-to-door which are pre-booked.
- Partially demand-responsive services which provide a door-to-door service and pre-bookings but also a "turn up and go" at designated timing points.
- Standard route services that have the capacity to divert within designated areas upon request.
- Services operating on a fixed route from a town centre to a designated point and then a flexible "roaming" service within a designated area after this point.
- Services operating at set times to and from a designated point but to a variable, non-fixed route which is dependent on pre-bookings and determined by the driver.

(Transport for NSW, 2013)

Other options may include hop-on hop off shuttle buses within town centres, car sharing services, and partnerships with clubs and local businesses to explore the creative use of existing resources such as mini-buses that may be idle during the day. These types of flexible transport options are being trialled in other communities.

Other programs are being developed to adapt travel behaviours. Programs such as travel training and free seniors travel trials show older people how to use public transport and give them the confidence to use public transport.

Active travel

Active travel such as walking and cycling is increasingly recognised as a key feature of a liveable community. These are two popular activities for older residents both for recreation purposes and accessing services and facilities within the community. The incidental exercise from a walk to shops, the social benefits from meeting people on the streets and the economic benefits from slower travel, have been demonstrated in other Australian cities.

Walkability of an area is increased when there are clearly defined connections and easily understandable streets and pathway networks. People are more likely to walk or cycle to local centres and facilities, particularly within 400 metres, or a short five minute walk. It is important to consider the location and connectivity of the shared pathway network to key destinations and focal points within the community as well as the placement of related infrastructure items such as seating and amenities at appropriate intervals.



The trend of ageing in place requires well planned communities (better land use planning) to facilitate lifelong mobility (close proximity to shops, healthcare services, social opportunities and public transport). An integrated approach to transport and land use planning can develop a more connected urban environment with more choices for active transport. Continuing to expand the on and off shared pathway and pedestrian networks and improving infrastructure including maintenance and condition of footpaths, provision of ramps, safe pedestrian crossings, road calming devices, signage and lighting will support active transport.

Increased use of Mobility Scooters

Over the last decade there has been an increase in use of mobility scooters by older people. They are designed to assist people who have mobility issues to get around their community. Mobility scooters are for people mobile enough to operate a vehicle but challenged by walking distances either due to ageing or chronic illness or an acute loss due to injury or surgery. Mobility scooters allow people to maintain their independence, shop independently, access services and social activities and visit family and friends.

In 2012 the first national survey of mobility scooters was undertaken as a collaborative research project (*Australian Competition & Consumer Commission, NRMA, CHOICE, Enable NSW and Flinders University*). The study found that:

- Scooter users comprise a mix of ages with 50% aged over 60 years
- Without scooters many users would be housebound and dependent on family, friends and carers.
- Users highly value the independence their scooter gives them as they use a scooter to “replace” their legs when they are no longer able to walk long distances.
- Mobility scooters are a lifeline to independence and emotional wellbeing, making it imperative to find ways to ensure it is safer and easier for road users to incorporate scooters into the transport mix.
- The majority of users use additional safety features and generally feel safe on their scooter.
- Scooter users believe an increased awareness from road users would increase safety and reduce injuries

Mobility scooters are safe if used appropriately, however, there is an emerging trend in Australia of death and serious injury associated with the use of mobility scooters, particularly amongst older people. Since 2000, 62 older people in Australia have died from mobility scooter accidents as a result of collisions with a motor vehicle, crossing a road, attempting to alight and entering or approaching an intersection. Many other users are admitted to hospital each year suffering from head wounds, leg and hip injuries as a result of mobility scooter accidents. A significant proportion of injuries will have a low-on effect on the patient in terms of persisting health problems and follow-up care (*Monash University, 2011*)

It is important before buying a mobility scooter that older people have checked their hearing, sight, strength, co-ordination and balance with their GP or an occupational therapist; and they have some training to develop skills and confidence to use safely and knowledge of road rules. There are no licencing requirements with mobility scooters. Currently the only regulation governing mobility scooters is the speed at which they can travel – up to 10km per hour.

Key areas to focus on include:

- Raising awareness of all road users
- Communicating the importance to scooter users of safety items such as flags and reflectors to increase their visibility and safety
- Investigating training that is most effective in delivery and increases the safety of all road users.
- Provision of consistent information for users, families, carers, health professional and retailers that highlights risks and provides advice on how to avoid common injuries.

(ACCC, *et al* 2012)

What our older residents and service providers said

A large percentage of our local ageing population rely heavily on private motor vehicles to get around. To some degree our topography, which limits current public transport routes and will hamper any major expansion, will ensure this situation remains for the foreseeable future.



The survey found that 54.5% of older residents use a car, 13.7% travel by bus, 15.7% travel by train and 8.7% walk. Taxis were also frequently used.

A heavy reliance on private vehicles ensures issues related to this form of travel are also of significant interest to our residents. Specifically retaining ones license once the mandatory retesting age approaches and ensuring the availability of reserved or suitable parking places meets demand. Information collected through the community engagement phase indicated there was a growing gap in this area in particular, with concerns expressed about the availability and misuse of accessible and seniors parking spaces at shopping centres, health facilities, hospitals, train stations and the beach. For those with walking and mobility difficulties parking can be an issue.

As the older population grows there will be an increase in demand for both disabled parking spaces as well as "seniors" parking spaces. We also need to be mindful of including drop-off points in the planning of new facilities.

Licence retention was a concern for some residents. With such a high reliance of older people driving their own vehicles the adjustment to other forms of transport can be quite daunting and/or inconvenient representing a significant lifestyle shift. In some areas of the coast with good access public transport the issue is less of a concern and more of a change of habits and behaviour.

For other more isolated areas or where services were limited older residents faced choices between limited transport, relying on other services or contemplating moving and leaving behind networks and community connections. The latter was raised by residents who live in the Wyong valleys, Mangrove Mountain and Spencer areas. Loss of a driver's licence can contribute to a loss of independence and a decline in overall health and wellbeing. Some residents have modified their driving to keep their license, for example, not driving at night or in peak periods.

There appears a general acceptance that public transport services, while not available, suitable or relevant to all, are regarded as adequate and well utilised by those for whom it's a viable option. Access and adequacy of public transport varied

across the region, with some areas being well serviced and other areas having limited services and long travel times. This finding was not surprising and has been an ongoing issue across the Coast for many years. Access to public transport up to 400m from a residence or a residential aged care facility is generally accepted as a convenient distance for people to walk however, many people do not live within a walkable distance of public transport. It is recognised that the region's geographical features and the relatively low density of the urban area make efficient public transport provision difficult. This is particular true for smaller communities in the northern part of Wyong Shire and rural communities.

Older residents did acknowledge they benefit from a \$2.50 pensioner excursion ticket on public transport.

Older residents mentioned that the rail service to Newcastle and Sydney was good and this was important to be able to visit friends and family, access the airport and recreation, leisure and cultural activities.

The following issues were identified as barriers to public transport use:

- lack of affordable and accessible transport options
- co-ordination between bus and train timetables
- limited services during non-peak periods and on weekends
- duration of journey
- lack of services to outlying communities, for example, Yarramalong, and possibility of a service once a week to access shops at Wyong and Tuggerah
- difficulty in accessing hard copies of timetables
- difficulty in accessing timetable information on-line
- difficulty in parking at train stations as a result of commuters parking in spots all day
- no room for luggage when travelling on trains
- space between platform and trains when boarding and leaving
- no lift at train stations eg. Wyee
- lack of bus shelters
- difficulties in getting on and off buses
- gap in transport to medical services

Suggested improvements included:

- more kneeling buses to allow those people with mobility issues to board and disembark safely



- flexible transport options or smaller buses which are more responsive to residents' needs, especially in smaller or more geographically isolated communities
- localised hard copy timetable information.
- timetables should be simple to understand and easy to read
- promotion of the 131500 transport information number and the app on i-phones and i-pads
- information about range of transport options being more accessible and widely available
- more diverse transport options to access health services
- upgrades to bus stops including seats and shelters

Community transport and taxis provide another option to public transport services.

Community transport offers door to door transport for people in the community who are transport disadvantaged and meet eligibility criteria. Individual transport is provided to medical facilities for appointments, shopping and group social outings. Taxi vouchers are used within the service to provide service to clients for "after hours" transport. There are two community transport services provided on the Central Coast. It is acknowledged that increased demands are being placed on these services and any increase in service is restricted by resource allocation and priorities. Many older people who participated in the engagement were not aware of the community transport services available on the Coast. There is a need to familiarize with the eligibility criteria for different types of transport for older people and make this information available so residents are aware of what their choices are.

Strong community networks can also be important in helping to address transport needs, particularly in the more geographically isolated areas of the region whereby they build capacity to help one another out. In Mannering Park, for example, the local community has established a localised social network to assist each other combat their relative isolation. While informally organised, older residents in the town with a motor vehicle offer transport to others to and from doctors and shopping and even arrange collective holidays away so their friends and neighbours who have lost their own transport can still be mobile without relying on infrequent public transport options. This arrangement not only maximises the use of available private motor

vehicles, it creates a strong social connection and ensures that single retirees in particular can remain involved within their community.

Although taxis provide a highly personalised service, older residents have expressed concerns about the cost of using taxis particularly those on low or fixed incomes, and the difficulty in getting a taxi. Scope certainly exists to investigate new ways for private transport arrangements however it was evident that complex regulations often limit innovation. A recent local initiative to incorporate transport services within a holistic community assistance business model encountered major legal hurdles with the NSW Taxi Council. A way through the legislative landscape will need be found to provide an incentive for more localised and individualised transport models to flourish as our population ages.

Away from the roads and rail, the area is reasonably well served with shared pathways, cycle ways and the like, and the growth and focus locally on this area in recent years has produced some quality outcomes.

Older residents want access to this infrastructure so that they can walk and ride safely, not only for exercise but also to move about in the community. Shared pathways and footpaths provide important links between transport, shops, services and activities and enable older residents to maintain social connections in their neighbourhood.

However, as much of the more urbanised areas within the region have been settled for many years, older residents have highlighted a number of barriers to mobility in local communities.

There were many comments received about footpaths, and mobility/disability access issues were identified as a challenge by focus group participants. The lack of footpaths and pathways as well as discontinuous pathways were seen as a barrier to older people being out and about in their local community, as there was a perception that it was not safe to walk. Linked with the issue of pathways is fear of falling on uneven surfaces, lack of adequate street lighting, not enough seating to enable older residents to rest along the way and a lack of directional signage. Other issues raised related to pedestrian safety including being able to safely cross the road. The timing of traffic lights can be an issue for older people to cross the road safely.

It will be important to prioritise footpath design, construction and maintenance especially to provide a continuous path of travel between residential areas and seniors housing to town centres and retail areas, community and recreation facilities, public domain and open space areas. In addition, there is also a need to ensure improved wheelchair access to buildings and public facilities.

Older residents expressed a need for education to improve road safety awareness and skills, retain confidence in driving and to using public transport. Suggestions included programs around road rules, licence retention, using shared pathways, mobility scooters, crossing the road safely and public transport options.

The increased use of mobility scooters was raised and confusion exists as to whether mobility scooters were a vehicle or pedestrian device. Mobility scooters are required to abide by pedestrian rules and travel along footpaths where possible. In some cases the lack of kerb ramps and footpaths has forced users onto the road network. Factors contributing to incidents include damaged roads and footpaths, confusion at intersections amongst pedestrians, scooter users and other road users, cars backing out of driveways, cars parked on footpaths and scooters not being noticed on roads.

Improving awareness and safety around mobility scooters is important for both users and other pedestrians. Growth in the usage of mobility scooters also raises implications for Council in terms of adequate provision of parking, width and condition of footpaths and access to buildings.

"Lack of a driver's licence will be a challenge shortly"



Getting
Around





What Councils can do:

- Continue to provide and maintain infrastructure that supports transport system – bus shelters, footpaths, shared pathways as per a capital rolling works program
- Maintain footpaths to minimise trip hazards
- Transport planning that encourages more effective, safe and accessible transport routes and infrastructure
- Integrate transport and land use planning to ensure well planned communities in close proximity to shops, healthcare services, social opportunities and transport
- Advocate for improved public transport options for older people
- Advocate for an increase in the coordination and frequency of transport services
- Advocate for improved transport links between the Central Coast, Sydney and Newcastle
- Promote and encourage alternative transport programs such as cycling
- Develop and deliver road safety education programs targeted at older residents
- Have a Traffic Committee to consider issues around traffic control devices and facilities and access
- Provide additional disabled/seniors parking at shopping centres and Council facilities
- Provision of shared pathway network

What Others Can Do:

State government through the Roads and Maritime Service (RMS) and Transport for NSW has the primary responsibility for providing public transport and regulations for road usage.

- Provide transport services and deliver public transport improvements
- Ensure effective regulation
- Improve transport infrastructure
- Provide public transport customer information
- Investigate alternative and flexible transport options
- Community shuttle buses within town centres
- Provide community transport services

What Can You Do:

- Look at local solutions to transport issues
- Volunteer as a driver for community transport
- Adopt a positive attitude to public transport
- Walk or cycle
- Car pool with neighbours and friends
- Attend a road safety education workshop
- Attend mobility scooter awareness training
- Advocate



"The scenery on the Central Coast is hard to beat"



My Community

Overview of issue

Why the Community that I live in is Important:

Our community includes both the natural and built (man-made) environment that exists around us and that we interact with every day.

Strong links have been made between people's quality of life and the environment. Positive community attitudes and actions are instrumental in achieving positive environmental and natural resource outcomes (*NSW State of the Environment, 2009*).

The built environment that provides the setting for human activity, such as buildings, parks green space, can be described as the man-made space in which people live, work and recreate on a day-to-day basis. It contributes to the overall amenity of the area and can have a significant impact on the health and wellbeing of older people. Good urban design and the way the built environment is developed can play a major role in allowing older people to remain active in their local community.

Key Issues for the Central Coast:

- The natural environment (beaches, lakes, bushland and amenity) is one of the key reasons why people choose to live on the Central Coast and older residents want to be able to experience and enjoy natural areas.
- The geography and settlement pattern has resulted in a great diversity of villages and communities. It also creates a range of challenges in the planning and provision of equitable and affordable services.
- Residents value the benefits of "village" life whereby people feel connected and engaged with others around them.
- Mix of urban development, natural environment, access to services and leisure opportunities is valued.
- Easy access to friends and family, airports, specialised services, arts and cultural experiences in Newcastle and Sydney is valued.
- There is a strong desire for the maintenance and effective management of our natural areas.
- Fear of increased development impacting on

- the natural environment and amenity of region.
- There is a strong network of public and private facilities well suited to people of retirement age.
- The continual provision of appropriate and accessible services to our ageing population will require adequate planning and resourcing to ensure we keep pace with growth.
- As the population ages and the numbers of older people grow the demand for age-friendly infrastructure and age-related services will continue to increase.
- There is a general perception that older people are concerned about safety.

Emerging Trends from Research and Literature

Ageing-friendly built environments

The impact the built environment has on people's lives is now widely recognised. If the built environment is planned and designed well this can contribute to improved health and overall wellbeing, increase independence and greater social interaction. Age-friendly built environments can make neighbourhoods more liveable for all ages, reduce costs associated with health and aged care and yield a range of social and economic benefits by extending and expanding seniors' contributions to community life.

Good urban design can play a major role in allowing seniors to age in place and remain active – both physically active and active in their local communities. A safe pedestrian environment, easy access to shopping centres, a mix of housing choices, nearby health centres and recreational facilities are all important elements that can positively affect the ageing experience (Australia Local Government Association, 2006).

The Guide to Global Age-Friendly Cities (*WHO 2007*) identifies eight age friendly topic areas that contribute to a cities age friendliness and influences how actively an older person ages. Three of these eight topic areas relate to the built environment indicating the significance it has on people's lives.



The 3 areas are:

- Outdoor spaces and buildings - essential characteristics include ensuring public areas are clean, public toilets are sufficient in number, clean and accessible; green spaces are well maintained and safe, outdoor seating is available, there are pedestrian friendly walkways, pavements are nonslip, wide enough for wheelchairs and free from obstruction, roads are well designed with appropriate physical structures in place (such as lights, crossings, traffic islands) to ensure safety for pedestrians, and buildings are accessible.
- Transportation - essential characteristics include ensuring public transport is reliable and affordable and with connections to key services and facilities, vehicles are well-maintained, accessible and not overcrowded, bus stops are accessible and safe, priority parking and drop-off spots for people with disabilities are available and respected.
- Social participation - essential characteristics include ensuring the provision of convenient, accessible, and easily reached venues for public events and activities, activities and attractions being affordable, promotion and awareness of activities, outreach to include people at risk of social isolation, the provision of local spaces and places within the community for people to come together.

The natural environment as an important factor in health and wellbeing

There has been a growing interest in the role of the environment as a factor contributing to well-being among older people. Numerous studies point to the many benefits of the natural environment or "green space" for both physical and mental health.

Evidence demonstrates that contact with nature positively impacts blood pressure, cholesterol, outlook on life and stress-reduction. These outcomes have particular relevance in areas of mental health and cardiovascular disease, categories that are prevalent in older people.

People who live near parks and open space are more physically active. Trees and natural areas may bolster a sense of community by drawing people

together and enhancing social connections. Access to or views of the natural environment can improve cognitive functioning and improve recovery from surgery and illness.

Accessible green space provides an incentive for walking and cycling. There is evidence that contact with nature is valued very highly by older people, including fresh air and sensory experience: sight, smell, touch and hearing. The most sought after experiences are mainly enjoying the natural scenery, peace and quiet.

Environmental amenity is a term used to describe the pleasant and attractive ambiance that the environment provides within the local community. People may value different parts of the local environment but overwhelmingly people want to be able to have opportunities to experience and enjoy the natural environment.

Natural spaces offering opportunities for relaxation have also been shown to facilitate higher levels of social contact and social integration amongst different age groups. Community gardens, for example, provide opportunities for socialising with and learning from fellow gardeners and residents that may normally be unavailable. Volunteering in natural environments, such as land care, dune care tidy towns groups, may be another example of enhanced health and well-being made possible not only through contact with nature, but through the social connection that arises from working on a common community task in a local natural area.

Contact with nature significantly improves concentration, and, for people with dementia, it can introduce positive experience, improve their sense of coherence and reduce aggression and agitation.

Safer Places

Research demonstrates that older people are far less likely to be victims of crime than people in other age groups but older people are more likely than young people to be more fearful of crime.

Research suggests that there is a relationship between anxiety about crime, community involvement and self-confidence. Those older people who are active and involved in their communities are



least likely to be anxious about crime. Conversely, the more socially and physically isolated older people are from others, the more likely they are to lose confidence and trust and to withdraw further.

Physical and mental health benefits can result when people live in accessible, safe and well-designed communities.

Crime Prevention Through Environmental Design (CPTED) outlines ways of creating safer spaces by providing guidelines and standards. CPTED assists in the creation of new/upgrading of public spaces, facilities and buildings. The intention is to reduce the likelihood of crime happening by creating environmental and social conditions that:

- Maximise risk to offenders through increasing the likelihood of detection, challenge and apprehension
- Maximise the effort required to commit crime by increasing the time, energy and resources required to commit crime
- Minimise the actual and perceived benefits of crime by removing, minimising or concealing crime attractors and rewards)
- Minimise excuse making opportunities by removing conditions that encourage/facilitate rationalisation of inappropriate behaviour.

(https://www.police.nsw.gov.au/community_issues/crime_prevention/safer_by_design)

What our older residents and service providers said

Overwhelmingly those surveyed expressed a strong connection to their living environment. Many expressed satisfaction with their quality of life in the region, the natural environment and the amenity of a village type lifestyle.

As already expressed the natural environment was the most valued area for local people, but the next most popular responses also linked to this area 'living in our environment'. The responses included a 'relaxed and peaceful environment', 'leisure opportunities' and 'our climate'.

Many regard the combination of a more laid-back, relaxed lifestyle, a climate that is temperate and predictable, and the close proximity to the state's two largest cities as an ideal combination for a retirement location.

Access to our natural areas was of key importance to many people. Physical barriers such as stairs without handrails, uneven pathways/no pathways, steep inclines etc were seen as barrier to accessing and enjoying the natural environment for people as they age and their health starts to decline. Areas that were mentioned included beaches and waterways, lookouts and bush trails. Additionally access to services such as toilets, seats and shade were raised as important infrastructure to experience and enjoy the natural environment.

Being able to experience these areas also builds an understanding and appreciation for the areas which helps build support for governments and communities to protect these resources.

A desire for the maintenance and effective management of our natural areas was strong. The community want to ensure the natural area continued to be well managed and protected. Many older people were actively involved in environmental volunteering programs including land care and dune care.

Sustainable development and population growth, that is, the mix of urban development, natural environment, access to services and leisure opportunities combined with the 'relaxed pace of life' is appreciated. There was general acknowledgement of the difficulty in balancing the environment and economic needs of the region and the constant tensions between these two forces.

A common theme through the feedback was that the community valued the general ambiance of the area. Good urban design and the way the built environment is developed can play a major role in allowing older people to remain active in their local community. Our community spaces and places need to be age-friendly which has positive flow on effects for the wider community.

People love the proximity of the area to Sydney and Newcastle with 18% of survey respondents directly listing this as one of the best things about the Central Coast. The convenience of easily access bigger cities and the various infrastructure they have, such as, airports, specialist services, arts, cultural and recreation activities whilst still being able to live the relaxed Central Coast lifestyle was overwhelmingly seen as a positive. Due to many people moving from these areas to the Central Coast they also have easy access to friends and family still living in these areas. People do fear losing this relaxed lifestyle on the Central Coast due to population growth and development and ending up *'just like Sydney'*.

Access to facilities and spaces for leisure, recreation, arts, culture, entertainment and retail is highly valued by the community and people have high participation rates in these activities. One of the key areas for improvement identified by the community included improving/increasing community participation and education in intergenerational activities to ensure the transfer of knowledge and skills.

While some respondents indicated they felt community safety was an area of concern, there was little direct evidence or data collected to indicate any significant issue. In a sense it may be more of a perception of safety concerns in general without any tangible impact on our resident's lifestyle. Again that those connected and engaged within the broader community did not feel it a major issue, while for those isolated and living alone, a sense of vulnerability may manifest itself in a fear for one's safety.



"It's just a wonderful place to live – please don't crowd it"

What Councils can do:

- Urban design and land use planning to encourage positive and practical enjoyment of the built environment
- Land use planning and design to promote active ageing/ walkability
- Ensure public spaces are well maintained, clean and safe
- Provide adequate level of public toilets and that they are clean and accessible
- Ensure outdoor seating is available especially along pathways and walkways
- Provide pedestrian/wheelchair friendly walkways with non-slip pavements
- Maintain and protect natural areas
- Encourage community ownership and involvement in environmental programs
- Utilise Crime Prevention through Environmental Design (CPTED) principles in planning and design
- Support an Access Committee

What Others Can Do:

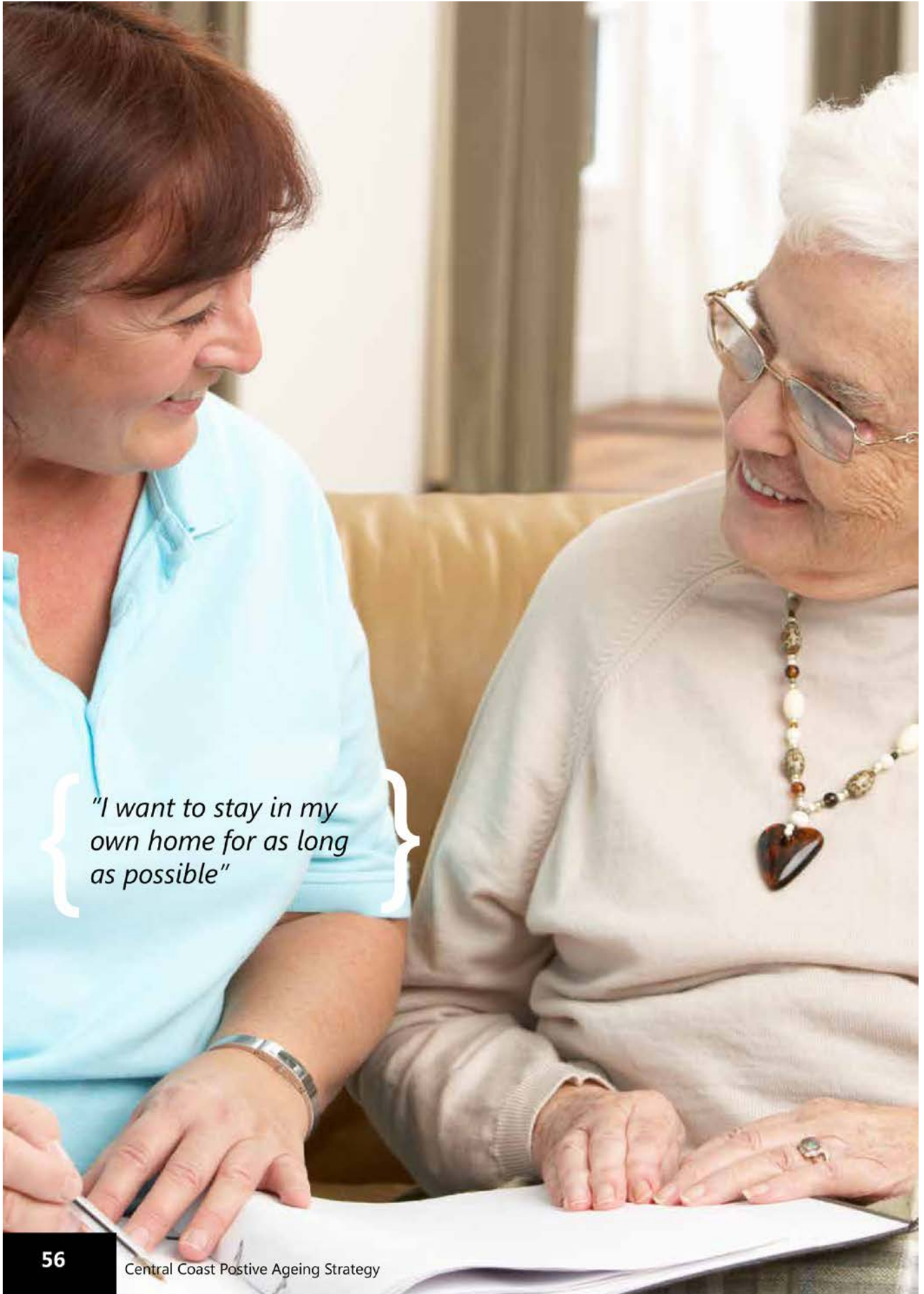
- Work in partnership with Council and others to assist in planning balanced development with adequate services, facilities and infrastructure
- Work in partnership with Council and others to protect and enhance the natural environment
- Educate and support environmental care groups
- Clean up a local park or nature reserve
- Work in partnership to develop and implement integrated approaches to creating safer communities
- Provide activities, programs, events and services that build a sense of community
- Utilise Crime Prevention Through Environmental Design (CPTED) principles in planning and design
- Make spaces and places open, inviting and friendly

What Can You Do:

- Join a community environment group
- Take family outings to natural areas
- Utilise public spaces and places
- Participate in clean up days
- Buy good energy rated products
- Recycle
- Report vandalism or suspicious behaviour around community facilities and public spaces
- Participate in local initiatives such as community gardens, neighbourhood improvement projects
- Foster opportunities for social interaction
- Keep an eye out on your community
- Make people feel welcome



My
Community



"I want to stay in my own home for as long as possible"



My Home

Overview of issue

Why the Home is Important:

People need a range of appropriate accommodation choices across their lifetime, and this is becoming even more relevant for older people. The living arrangements of older people have a significant impact on their general health and wellbeing.

Many older people want to remain living in their own home and in familiar surroundings close to their established social networks for as long as possible. An ageing population requires access to a diversity of housing types in order for people to have a choice of housing that meets their housing needs.

The ageing of the population is placing significant pressure to adapt current and future housing stock to meet the needs of the community.

Key Issues for the Central Coast:

- The Central Coast is typically characterised by low density separate homes and the diversity in housing stock is currently limited.
- The preference for older residents is to live in their own home and in familiar community surroundings.
- Suitable and affordable housing options will need to be continually developed to meet an increasing demand and the adaptability of existing dwellings to better meet co-location requirements close to services and facilities.
- Need to ensure that aged housing is well designed and well located – either close to services and facilities or accessible via public transport.
- Need for service provision, both for older residents at home and in residential aged care facilities, to be co-ordinated and effective.
- Decline in housing affordability for both the rental and purchase market has become a key issue for the region particularly for the very low, low and moderate income section of the population.
- Shortfalls have been identified in existing residential aged care provision – low and high care and dementia care within the Central Coast

Region:

- The ratio of community care packages for the region's population aged over 70 years is well below the national benchmark and there has been limited places allocated in recent years.
- Both the residential aged care and support services sectors are subject to major reforms.
- Maintaining home and garden is a major challenge faced by older residents.
- Complexity exists around the residential care/retirement/serviced living options and there is no one place for older people to obtain objective advice and information.
- Confusion exists around regulations for secondary dwellings and granny flats.
- Need for further advice and information of flexible housing design, modifications and adaptability.
- Residents who transition into any form of residential care or retirement living option and who have been connected within their community and have support networks invariably cope better with the move.
- Industry has concerns with greenfield land being available and suitable as demand for aged housing grows.

Emerging trends from research and literature

Housing Choice

Meeting the housing needs of older people requires an understanding and recognition of the diversity of housing options. This may include:

- Easy to maintain homes with a smaller garden located in either an established area or new release area.
- Smaller, more compact dwellings such as villas, townhouses and units.
- Granny flats or secondary dwellings enabling older residents to live with extended families.
- Residential park or manufactured home villages targeted at residents aged over 55 years.
- Accessible or adaptable housing designed for people with limited mobility or a disability.
- Seniors living housing which is provided in the community under State Environmental Planning Policy Seniors Living to encourage and facilitate



the provision of housing designed for seniors or people with a disability. Accommodation may include in-fill self-care housing, serviced self-care housing, a hostel or residential care facility.

- Retirement villages which may include a combination of independent living units/dwellings and serviced apartments where residents largely live independently but with assistance available when needed and 24 hour care-on-call services. Many retirement villages also offer residential care in a nursing home. These villages are typically large scale age-segregated complexes which offer a range of shared leisure and lifestyle facilities including community centres, hydrotherapy pools, library, bowling green and barbecue areas.
- Residential aged care which includes a continuum of low and high care accommodation (nursing home and dementia care) for residents who are unable to live independently and require on-going care. Residential age care places are funded by the Federal Government and a person is required to be assessed by the Aged Care Assessment Team (ACAT) before being admitted.

Ageing in Place

Staying in their own home or “ageing-in-place” is a priority for the majority of older people. Ageing-in-place is generally understood to mean that people remain in their home of choice as they age for as long as they choose. Typically this means living in the community in familiar surroundings and being able to remain independent. Many older people do age-in-place, however not necessarily in the traditional family home. For many reasons, people may review their housing situation as circumstances change. Ageing-in-place can be complemented and extended by accessing a range of community support options and implementing universal design practices. Many retirement villages and residential aged care facilities also provide the opportunity to age-in-place with living arrangements and accommodation adjusted to reflect progressive levels of care needed.

The greater emphasis on older residents ageing in place in their own homes has a number of implications for local government in terms of the planning and regulation of land use and

development in relation to facilitating a mix of housing choices, seniors living development and affordable housing in close proximity to town centres, services and facilities. It also presents opportunities to explore flexible and innovative ways to deliver home based services, for example waste and library services.

Universal Design

Universal design - designing housing with accessibility and adaptability features - is an important factor in keeping people living in the community and can prevent premature admission to residential care. This may include provision of wide interior doors and hallways, lever handles for opening doors rather than twisting knobs, grab rails in bathrooms and toilets, and entry ramps.

The benefits of including accessibility and adaptability features into new housing benefit not only older people directly, but will also impact on their family, networks of friends and supports, and their communities:

- older people with mobility or core activity limitations will be able to visit friends, neighbours and families
- older people who have fluctuating conditions, such as arthritis and Parkinson’s disease, are able to live more inclusively with their injuries, or chronic condition
- older people who are impaired temporarily, such as when recovering from surgery or illness will be able to return home earlier, and recover in more comfortable and familiar surroundings
- it will enable support and care services to be delivered in the older persons home more easily and to better effect; and under safer conditions for the care workers.

Care and Support

The Productivity Commission Report (2011) *Caring for Older Australians* recommends a greater investment in community care whereby older people are supported to age in place in their own homes. This is a key focus of the *Living Longer Better Aged Care Reform Package* which recognises the current substantial unmet demand for these services. There is a move towards consumer directed care placing the individual at the centre of care decisions and



engaging them in what and how their care needs are provided. Whilst there will be changes to the provision of support services and home based care as part of this reform there will also be opportunities for greater scope in innovation in service delivery.

Currently there are three types of community aged care packages providing alternatives to residential aged care offering both low and high level care options for those who need support to remain in the community. Community Care packages are individually planned and co-ordinated to help older people remain in their homes.

The Central Coast has 37 Residential Aged Care Facilities, 17 located in Gosford LGA and 20 within Wyong LGA. These facilities provide 3,761 beds for aged care across the region. This includes 1,506 low care beds (40% of all beds provided) and 2,255 high care beds (including dementia specific) (60% of all beds provided) (*Central Coast Medicare Local, 2014*). Low level care focuses on personal care services and provides accommodation, support services and some allied health services. High level care usually involved 24 hour nursing care combined with accommodation, support services and allied health services.

Aged and specialist residential care provision (residential and community care places) is controlled by the Federal Government and currently the Central Coast is below government benchmarks. There is a gap between the ratio of allocated places and the number of operational places for reasons such as shortages of available and appropriate sites.

A continuum of aged care in a single location which is able to balance the costs of high level residential care with the higher profit margin of self-care units is preferred. This would allow older residents to remain in a single location throughout the ageing process and enables couples with different care needs to remain within close proximity.

The integration of aged housing into the local area both physically and socially is also important to support older people to remain active and connected and to avoid being socially isolated.

Both residential and community care systems have the capacity and opportunity to respond to increasing illness, frailty or disability within a person's home or the Residential Aged Care Facility.

The residential care sector is however, facing enormous change over the coming few years. It is predicted Federal legislative changes will see an overall increase in beds but a halving of providers, who will need deliver more complex and varied services.

Growth in retirement and lifestyle living

Driven by the market, retirement and lifestyle housing has expanded significantly over the last two decades and is expected to continue to be a growing industry. Retirement villages (inclusive of independent and assisted living units) have an important role to play in the accommodation of older residents. The Retirement Village Association (RVA) estimates that there are currently around 160,000 residents living in 1870 retirement villages across Australia (*Australian Productivity Commission, 2011*). The type and quality of this accommodation varies significantly from basic through to luxury resort-style living. Researchers from the University of Newcastle have commenced a three-year study into the health and lifestyles of Australian retirement village residents and will examine whether an age-congregated purpose built environment such as a retirement village contributes positively to a person's health and wellbeing than they would otherwise be living in the broader community. This research is timely on the Central Coast given the needs of the ageing population are expanding and will inform the retirement village sector and government.

Lone person households

Older people who live alone are at risk of experiencing loneliness and social isolation and are more likely to need outside assistance in the case of illness. Those who live alone have a lower health and wellbeing rating than those who live with their spouse, partner or children (*COTA NSW 2013*). The proportion of older people who live alone, is expected to grow by 2031 (*Australian Institute of Health and Welfare, 2013*).

Within the region there are a high proportion of households where older people live alone in a private dwelling (28% in Gosford City and 27% in Wyong Shire).



Home ownership

Despite a common belief nationally that older people live in retirement villages, most older people live in a private dwelling with their partner and rates of home ownership amongst older people tend to be high. In 2011, family households were the most common living arrangement for people aged 60 years and over in private dwellings. The most common household makeup in these private dwellings were couple households (Gosford 59% and Wyong 51.6%). The percentage of older people living with their partner declined significantly with increasing age due to loss of partner or spouse.

Home ownership for older residents on the Central Coast is high at 61.6%. A further 12% are paying off a mortgage. COTA NSW (2013) notes that home ownership rates drop in the 80 years and over age group as people move into residential care or a retirement village. The Australian Institute of Health and Welfare (2013) however, do predict that there will be a decline in the proportion of older people in the future who own their own home outright. This will have implications for the government's fiscal policy related to the aged pension, aged care and housing, most of which is based on the premise that people will continue to have high levels of home ownership – with the home seen as a substantial asset that can be used to buy into aged care facilities if required. The Federal government's policy position for the aged pension assumes full home ownership at retirement. If older people are relying on the age pension as their main source of income they will face significant financial stress.

Housing affordability

In terms of housing affordability, Australia has fallen behind other developed nations (*Demographia, 2011*). Older renters are more vulnerable and at greater risk of homelessness because of the insecurity of tenure and lower housing quality. Lower incomes result in a lack of choices to move as their housing needs change.

The Central Coast has traditionally provided more affordable housing opportunities for a range of different income groups and households, including

retirees and low to moderate income families. Although the area continues to provide cheaper purchase and rental housing well below the cost of that of Sydney region, areas of the Coast are becoming less affordable to specific groups of the population.

Within the region there are significant numbers of older residents living permanently in residential parks. Residential parks and manufactured home estates provide an affordable accommodation and lifestyle choice for these residents. The majority of residents are aged over 55 years and in receipt of a pension or benefit, indicating that there is a high demand for low cost retirement housing that is not being provided in the mainstream housing market.

What our older residents and service providers said

Overwhelmingly our older residents expressed a preference to live in their own home and in familiar community surroundings for as long as possible. Location, amenity and sense of community were very important. Older residents also expressed the importance of owning a pet.

A perhaps surprisingly large number of residents who participated in the survey (almost 75%) indicated they were confident they were well placed for their future years in their current housing configuration. It is unknown as to whether this level of satisfaction is because respondents have already considered their future needs when settling on their current option or have yet to fully comprehend whether their current option would in fact be still suitable in the future.

Of those looking to change – 45% were seeking a more "accessible" option in terms of physical accessibility (stairs), being closer to transport, support services, shops and more financially suitable; 24% were looking to downsize; 14% planned to move into a retirement village and 12% were seeking supported accommodation,

Residents from rural areas loved living on a rural property but noted that it did involve a lot of work. They expressed a concern that at some stage they would be forced to relocate "closer to town" due



to a decline in health. Ideally they would love to stay living in their area supported by more outreach services or the provision of aged housing.

Access to support in the home was identified as the preferred model of care for older residents to assist them to continue to live independently. *"Maintaining home and garden"* was identified as the second biggest challenge faced by older residents.

A particular need was identified for home and garden maintenance for those residents who do not qualify for HACC assistance but are finding these tasks to be increasingly difficult. Many residents expressed difficulties finding reliable tradespeople to assist them. Older residents were also wary about different people entering their homes, whether this was for personal care services or more general support.

For some the Central Coast remained reasonably affordable with adequate housing choices, although this may reflect a reasonably high percentile of retirees relocating from areas like Sydney with significantly higher comparative real estate values.

However, *"Housing affordability/appropriate housing"* was identified as the third biggest challenge for residents who participated in focus groups. Service providers identified a lack of accessible and affordable housing choices as a current challenge for some residents ageing well and highlighted the need for appropriate options for accommodation. This is an issue given the income profile of older residents, with many on fixed incomes.

Retirement based housing options that were not specifically standalone dwellings were in demand, as were options for those on a very low income. The projected growth in our ageing population will fall across all socio-economic spectrums and some housing options currently in demand will remain difficult to source ongoing. The Wyong LGA in particular with green field land suitable for development has scope to attract and house the ageing demographic but demand may well still outstrip supply in the immediate future.

The demand for granny flats and shared accommodation options will likewise grow. Evidence, some direct, some anecdotal, was uncovered that indicates a degree of unregulated housing

occupancy may exist. Specific regulations related to granny flats and multiple occupancy arrangements are complex and it appears some may avoid navigating this area by sourcing larger dwellings or dwellings with suitable "sheds" to serve their immediate purpose.

Given the growth of aged care housing options may not keep pace with demand, a universal acceptance of the value of ageing in place, and future changes in federal regulations to encourage more home-based care options, local planning regulations specific to granny flats and secondary dwellings may need be amended to help offset demand and reduce unregulated or unapproved growth. There is a need for the provision of simpler and clearer information on these potential housing options together with advice on how to adapt existing housing. Assistance in the form of low rate loans was identified as a potential way to allow people to be able to adapt or modify their homes.

Various reforms over the last few years have also created a gap in housing options for those aged between fifty and sixty-five suffering from poor mental health or addiction complications. The general move to house this demographic in a more community-based configuration, while perhaps well intentioned, has had an effect in certain areas of the over fifties housing market. Some residential parks in particular have flagged a growing demand for accommodation in this area with little scope to successfully integrate residents within their current operational models.

Residents of residential parks/manufactured housing villages targeted at over 55 were happy with this housing option. They particularly enjoyed the sense of community and safety from living in this environment including the connection with other residents, looking out for others and the opportunities to join in a range of social activities. These parks and villages were considered to be an affordable housing option.

It was clearly evident that residents' who transition into any form of aged care or retirement living options and who have been connected within their community and have support networks (families and friends) invariably cope better with the move, engage with the other residents and are less "disrupted".

The whole area of residential/retirement/serviced living options is considered complex and there is no one place for older people or their families to go and get objective advice or information. Older people do not know where to look for information and options or the steps to take to make decisions. COTA NSW (2013) has identified the need for the establishment of a home options advisory centre to assist older people plan and make decisions about future housing needs.

Some residents expressed concerns around retirement villages in the region being too expensive/cost prohibitive for local residents with many of these villages targeted at higher end Sydney buyers. Residents were also cautious about the "hidden" costs for residents associated with retirement villages. The various State Retirement Village Acts require all fees and charges to be clearly communicated before a resident enters into a contract. Nonetheless, entry and exiting costs and on-going fees were a concern to older residents and their families.

The industry has expressed concerns around sufficient greenfield land being available and suitable as demand for residential aged care and retirement villages grows. Stakeholders have expressed an interest in pursuing further discussions with Councils around opportunities for public/private partnerships and to discuss complexities regarding regulations that may hamper innovation. The geographical location of retirement villages is a critical factor in their success; ideally they should be centrally located, close to services and areas of the natural environment suitable for recreation (walking, boating, fishing, etc). On the Central Coast locations with development potential that meet these criteria are limited.





What Councils can do:

- Support and encourage developers and others to provide appropriate and affordable housing in proximity to town centres, services, facilities and transport
- Develop policies and a statutory framework that provides for housing choice and diversity, for example, through Local Environment Plans and Development Control Plans
- Provide easy to understand information on regulations around housing options including granny flats and secondary dwellings
- Provide advice on adaptable housing features and set adaptability targets for new townhouses, villas and residential flat buildings
- Take a leadership and advocacy role to promote awareness of housing issues
- Partner with other housing providers in joint venture projects
- Identify suitable land for future aged housing/senior's living developments
- Develop the Central Coast as a centre of excellence in Aged Living
- Attract business investment to the region through growth in Aged Living

What Others Can Do:

- Provide a range of housing types and affordable options suitable for an ageing population
- Incorporate adaptability features upfront in design of new housing
- Investigate public-private partnerships
- Provide appropriate care and support services to assist residents live independently in their own homes
- Provide home modification and home maintenance services
- Lobby to ensure the Central Coast receives appropriate allocation of residential care beds and community aged care packages
- Provide easy to understand information on their services and eligibility entitlements
- Investigate options for boarding/lodging of elderly residents

What Can You Do:

- Plan well in advance for your housing needs
- Consider downsizing
- Consider home modifications
- Consider a location that is close to services and facilities
- Plan for a low maintenance garden
- Research options and discuss with your family
- Seek financial and legal advice before making a decision



*"Retired but
developing a
part-time 'encore'
career"*





Transition and Support

Overview of issue

Why transition and support is important:

As people age and move through various life stages access to a range of support and resources becomes important. From the pre-retirement years, through to retirement and later on as health may begin to be a significant issue people face important decisions and potential challenges.

Planning for retirement incorporates both social and financial considerations and appears to be a major factor for people that requires considered thought. The financial planning and preparation for retirement is complex on its own relating to income, assets, superannuation, pensions and subsidies etc, combined with the social considerations around what life will be like when you are no longer in the paid workforce and what activities and interests will fill this void.

It's an obvious conclusion to propose those who are financially secure as they approach retirement age are best placed to enjoy their ageing experience. While changes to superannuation structure should ensure most people in the future will have some nest-egg to rely on that will not be the case for all, and is not currently everyone's reality either.

Key Issues for the Central Coast:

- People are wanting more flexible work options as they near retirement age
- For some it is difficult to find work now they are older and there is a need to focus on the benefits of older employees and incentives to keep older people in the workforce
- Opportunities exist to match growth in the age care sector with employment of those of pre-retirement age
- Need for information and advice to assist in the transition from employment to retirement
- Those who planned for their retirement tend to have an easier transition and the best chance of ageing in a positive way
- Older residents adjusted better to retirement if they had connections within the community and

interests outside of "work life", prudent financial management and had maintained health and fitness

- In general our region currently has a reasonably adequate level of support services and access is not comparatively a major issue at present
- Complexity exists around the myriad of help and support options available
- Need to enhance access to information about available services and support to assist with transition
- Opportunities exist to capitalise on the economic development opportunities associated with ageing population including home maintenance and personal support services, health and wellbeing, tourism and recreation.

Emerging trends from research and literature

Aged Pension Eligibility

The Aged Pension provides income support and access to various concessions for eligible older Australians. There are currently more than 2.3 million older Australians receiving either the full or part age pension and with the number of Australians aged 65 to 84 likely to double between 2010 and 2050, financially supporting the age pension will be a challenge for any government.

The ageing of Australia's population will continue to put pressure on the federal government's budget and its ability to support older Australians. Increases in the eligibility age to access the aged pension is considered as one solution to address this issue.

The Age Pension eligibility age is set to increase from July 1 2017. The first increase will see the eligibility age increase to 65.5, and then in six-month increments every two years until it reaches the age of 67 in July 2023. The Age Pension age will increase to 70 by year 2035.

The issue of increasing the eligibility age for the pension is not simple or straight forward and will



require consideration of how to better support older Australians to remain in the workforce such as:

- Flexible work practices to retain older workers (reduced hours, phased retirement);
- Retraining and up-skilling of older workers; and
- Physical ability of workers to remain in employment.

For the majority of Australians, the Aged Pension will remain as an important component of a retirement plan, even when an individual has superannuation and non- superannuation savings.

Participation in the workforce

Population growth and ageing will affect employment trends, labour market supply, participation in paid employment, economic output, infrastructure requirements and government budgets. The 2010 Intergeneration report by the Australian Government, *Australia to 2050: Future Challenges*, highlighted the fiscal pressures associated with the ageing population. Demand for health and aged care services as well as pensions is projected to increase while at the same time, the proportion of people participating in the labour force is expected to fall. This means that there will be less people working to pay for the increased demands.

The primary area for change in workforce participation and realising associated economic potential lies in the 50-70 age range.

Barriers exist that limit older people's ongoing participation at work such as inflexible work practices, age discrimination etc. People want more flexible work options as they transition from the paid employed sector to retirement. Employers will be affected by these changing requirements within the workforce. Particularly given the large numbers of 'baby boomers' approaching this age which will create a wave of pressure for change. This 'baby boomer' age group are educated, articulate and have significant lobbying skills to drive community change.

A Council on the Ageing (COTA) state-wide survey carried out in 2013 found that *'one in five respondents reports that they had experienced age*

discrimination' and that 'of the people who had experienced age discrimination, more than 50% reported that it occurred in the workplace' (COTA NSW 2013.)

Increasing the awareness of the benefits of older employees, support and incentives for employers to employ or retrain older employees, and incentives to keep older people in the workforce are all opportunities for the community and older people into the future. Australia's transformation from a manual-based to a knowledge based economy, is also enabling older people to participate in the workforce longer.

The need to bolster retirement savings is another factor that is likely to see the trend toward greater labour force participation among older workers continue.

Within the region, the largest employer of people aged 60 years and over is the Healthcare and Social Assistance Industry followed by retail trade and manufacturing. Of the population aged 60-69 years 30% of Central Coast residents were participating in either full time employment or part time employment. For those aged 70 years and over, 2.8% were participating in either full time or part time work (ABS, 2011).

Retirement and financial planning

Knowing where to go to find information around retirement planning is an issue for many people. It is difficult for people to be clear when and how to start the planning for retirement, where to find unbiased clear information and how much money is going to be enough money when the time comes. In addition to this another complication is the retirement age at which people are eligible for a pension is changing depending on the year a person is born so for people planning ahead the parameters for planning are changing as time goes on.

The Council on the Ageing (COTA) state-wide survey carried out in 2013 found that older people rely on a variety of sources of income in retirement including superannuation, government pensions, savings,



investments and salary wages. The survey did find gender differences in these responses between men and women which potentially could impact people's retirement choices.

The survey results found that superannuation is more likely to be a source of income for men than for women (57.4% of men compared to 45.6% of women). These results indicate that women (not relying on a spouse or partner's superannuation) must often find other sources of income to live on. One in four older women relies on 'salaries and wages' as a source of income compared to approximately one in six men (COTA NSW 2013).

Locally older residents have a significantly lower income profile than the rest of the population across the entire Central Coast. The Central Coast has a higher proportion of residents receiving the aged care pension (78%) compared to NSW (72%) and disability/ sickness benefits (13.4%) compared to NSW (10.5%).

Opportunities for employment in aged care and related services

Aged care services continue to have difficulties in attracting and retaining sufficient numbers of skilled and trained workers. The historic low wages within the aged-care sector means good staff are hard to recruit and keep and there is a reasonably high level of staff turn-over. The turnover rate of workers in the aged care sector is currently at 25 per cent, which is higher than other comparable sectors. This has led to reduced productivity, higher training costs as well as negative impacts on the quality of care. Aged care needs to be promoted as a career of choice to allow Australia's aged care workforce to grow from 304,000 workers in 2010 to around 827,100 by 2050. To do this, qualifications, competency standards, access to career development and skills training need to be updated.

Opportunities exist for our ageing work force to be encouraged into careers in the aged care sector. The aged sector is an area of high growth in the future for employment opportunities, which provides us with opportunities to match an ageing workforce with potential employment growth. While not

particularly highly paid, jobs are available, and more mature workers would be well suited to caring for others. At the same time we recognise that this type of work may not suit all.

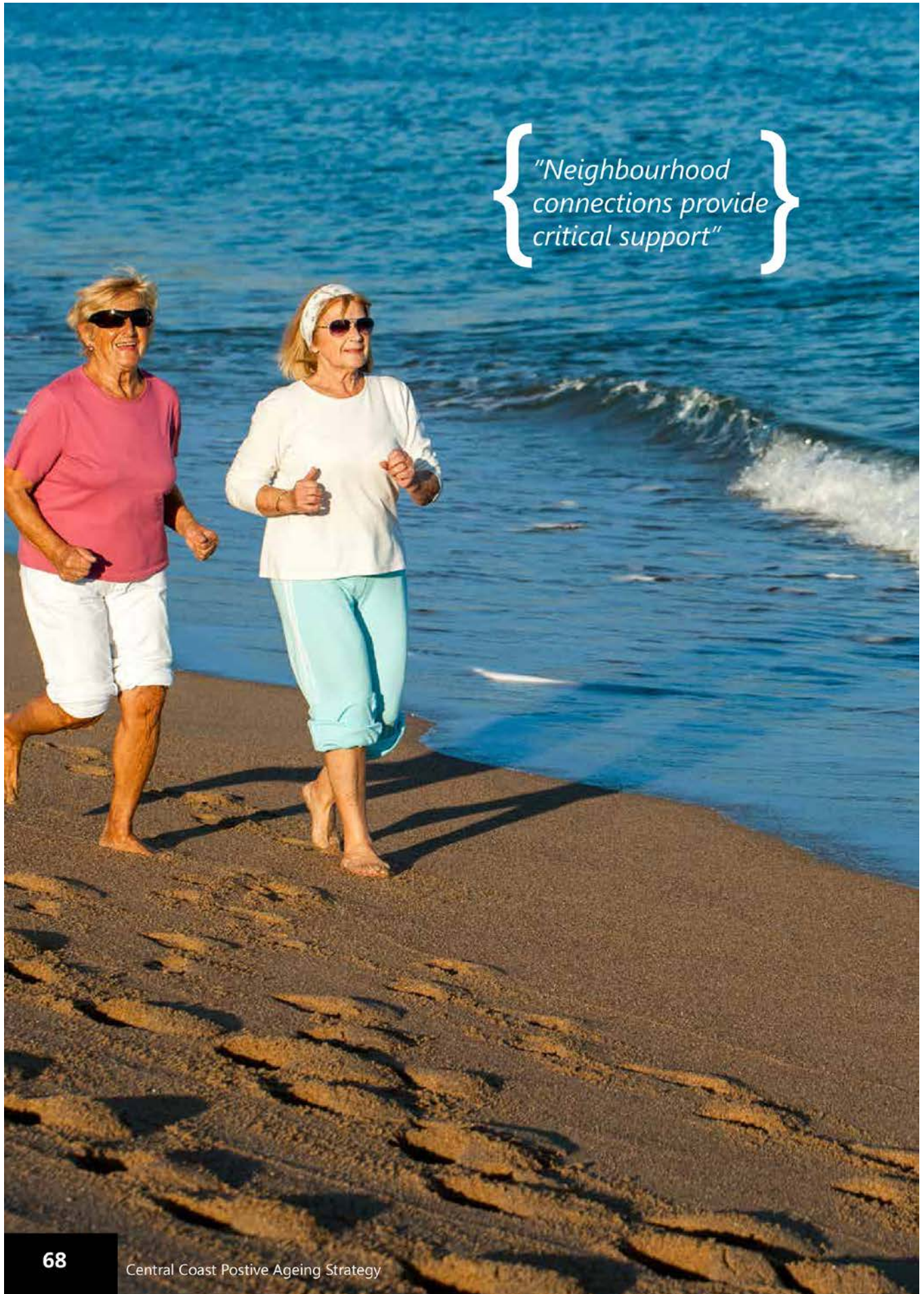
In addition to aged living, there may be opportunities to consider employment in industries, investment and business initiatives related to keeping older residents in the workforce. This may take the form of home and personal support, for example, house cleaning; home delivered foods, gardening and minor maintenance; personal trainers and health and well-being industry. Additionally there may be opportunities for employment in the entertainment and hospitality industry, tourism and recreation to support the older population.

The number of mature aged travellers is growing for both domestic and international trips. Tourism NSW highlights, that many older people undertake a high proportion of trips within the same state and are likely to return for repeat visits. The Central Coast has numerous tourism assets likely to attract and capitalise on this important target market.

What our older residents and service providers said

Throughout the consultation process, across most of the themes, those who have planned for their retirement tended to have the best chance of ageing in a positive fashion. Whether prudent financial management, maintaining health and fitness throughout their life, having interests and hobbies to pursue when paid employment diminishes, or transitioning into retirement connected and engaged with society, it's important to convey the significance of maintaining good life practices from an early age.

While access to general information has been addressed in a prior section, many respondents, particularly those working in the broader aged care sector, have expressed frustration with the lack of a holistic one-stop-shop or system to advise on the myriad of help and support options available. The sheer complexity of services, options, payments and providers to some extent ensures this area is a vexed one with no immediate or easy fix, but countless direct examples provided throughout the



"Neighbourhood connections provide critical support"

engagement phase would indicate it is an area likely to get more complex as a shift to a more self-serve, user pays system unfolds for aged care services over the coming years. This topic has been a significant and constant area of concern throughout the engagement phase.

It was interesting to note that some people did not know where to start to access the information they needed to plan for retirement, to access services for themselves or the people they were caring for etc. However the services that were available, for example, the NSW Government Community Care Access Point which is the central telephone intake, assessment and referral service for frail aged, people with disabilities and carers was widely unheard of in the community. This raised the issue of services being out there but the community not knowing of their existence.

There is a feeling for older workers of being undervalued by employers, even being denied access to training to keep skills up to date due to their age. It is then difficult to remain competitive in the workplace if training to keep up to date is not encouraged.

The benefits that older employees bring to the workforce are significant, however some were finding that accessing work now they are older was proving difficult, and felt they were discriminated against due to their age. It will be interesting to observe how these attitudes change as the need to keep people in the workforce to keep up with employment needs becomes more critical. Additionally the generation of older people coming through, the baby boomers, are rewriting many of the stereotypes that people have towards older people. What this group may be expecting from their retirement years may be significantly different from their predecessors.

With the changing face of volunteering and the increased workforce needed in the future to provide services for older people the aged sector will face challenges gaining adequate well trained staff and suitable volunteers. On the other hand this also creates opportunities for employment and retraining of older staff, and also finding innovative volunteering solutions. This may prove a period of adjustment for both the community and the sector.

It became clear that the adjustment from the paid workforce to retirement was an easier transition socially for people who already had connections

within their local community. If people were already involved in volunteer work, community activities had a social support network etc. the transition was a more positive experience than for those without these things in place. For some the shock of moving from the paid workforce to retirement was significant, with people acknowledging that they had not prepared for this change with the same planning and forethought compared to the financial side of retirement.

People found accessing information to assist in the transition from employment to retirement hard and complex to understand. People indicated they were requiring advice and support to assist with this transition.

For others they had planned the details of their retirement well in advance, however changing health and financial circumstances resulted in having to adjust plans to these changes of circumstance. Health and/or underemployment or unemployment may have forced people from the workforce earlier than expected, affecting retirement plans. Alternatively, a family breakdown, underperforming superannuation, caring for older parents or grandchildren were all factors affecting some parts of the community.

Although not a major focus in this section of the Strategy, the transition of independent living to living in an aged care facility can be a very difficult adjustment. Not just for the person moving but also for the family trying to navigate their way through the complex process to make this happen. Access to centralised information regarding the process for moving into residential aged care is impossible, people told us they did not know where to start the process, they were given conflicting information, the financial implications were confusing and this is all on top of the emotional turmoil related to having to move yourself or a family member to alternate housing.

A considerable gap in information existed around planning for the end stage of life, where to go for information around advanced care planning and end of life services. Guidance around when to have these discussions, who was available to assist with these processes, and who needed to be involved were key issues for some people as they were thinking about the final transition of their life.

Transition and Support

What Councils can do:

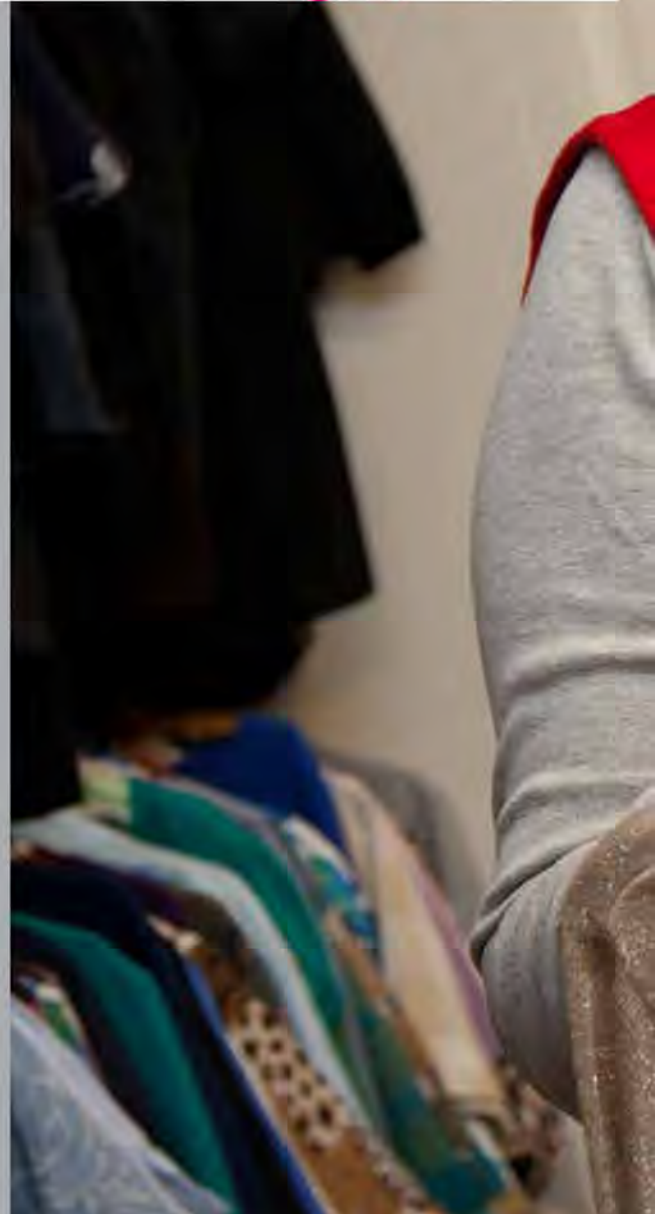
- Review/develop an Ageing Workforce Strategy to retain and attract older workers
- Develop a corporate volunteering and mentoring program
- Promote and facilitate economic development opportunities associated with an ageing population
- Promote the region as a premier destination for aged population
- Capitalise on tourism opportunities of older travellers

What Others Can Do:

- Employ older people
- Consider flexible work arrangements to keep older employees
- Harness the skills and knowledge of retirees for mentoring programs
- Work in partnership to address workforce shortage and skills gaps in aged care sector
- Invest in business initiatives associated with services and facilities for older population
- Promote information about support services available including NSW Government Community Care Access Point
- Provide information about Advanced Care Planning

What Can You Do:

- Plan for your retirement
- Seek financial advice
- Attend a seminar or workshop on retirement and financial planning
- Investigate options with your employer for a phased retirement
- Get involved in the community, if you are not already





“We are now more busy than ever before”

Local Story

"For us baby-boomers we should not give up on the benefits to us, the community and ourselves and stay in the work-force for as long as we can. We have significant benefits that we can offer including experience in both work and life, together with a long time accumulating knowledge.

My own experience is that employers are looking for employees that are committed and more importantly reliable in their work.

As we enter a period where our numbers of workers will decrease, I take the attitude that our country which is our kids and their kids future need us to continue in the workforce.

Whilst we may discuss our participation in the workforce, do not under-estimate the important volunteer work we do in the community. We are now in a period of a 7 day working week whereby mums and dads do not have the time to participate as much as ours did. This coupled with our acquired skills and knowledge gives us the platform to continue contributing to our local community.

You never know, by participation we may not only enjoy life but it may be extended. "

Greg Ashe





Local Story

"My wife and I had built our house in Sydney and after 39 years we were approaching retirement age, we both decided it was time to plan for the future. The family home was on the high side of the road, with a difficult driveway, two storeys and numerous steps to negotiate. We both realised the importance of careful planning for a successful retirement, and as such took reduced employment for a number of years prior to retirement to facilitate the planning process.

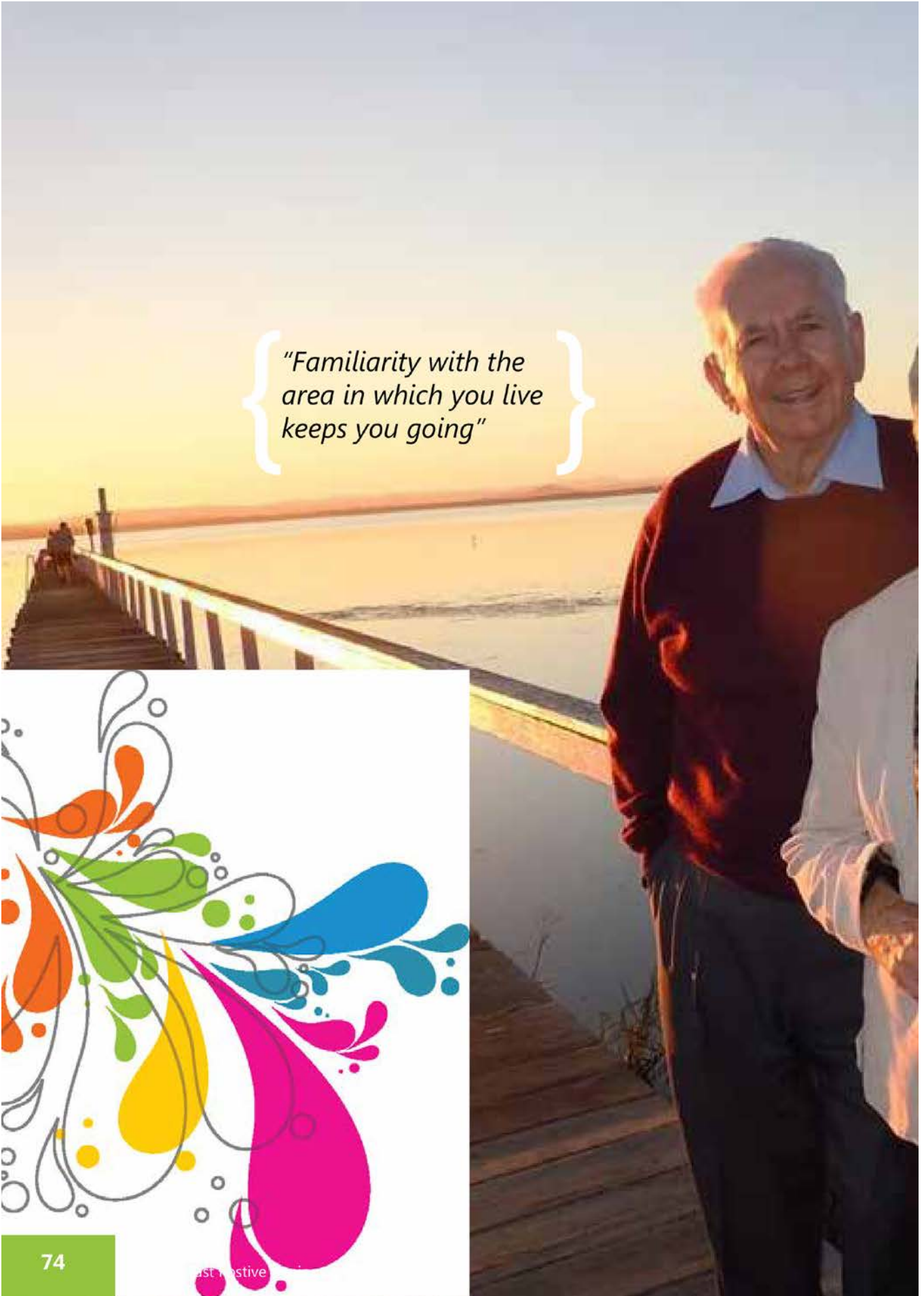
Clearly we needed to move to a single storey on a flat block, preferably with a backyard facing north-east, near a beach and close to a golf course. It took quite some time and searching, but we found the ideal place at Shelly Beach. It was also close to family we had living on the Central Coast and provided the lifestyle we were looking for.

We are now both members of Shelly Beach Golf Club and other local clubs. I enjoy my role as Chairman of the Greens Committee, and have brought significant experience in this role from my Club in Sydney. I enjoy both beach and estuary fishing, as well as regular cycling trips around the lake with a group of friends. We are in walking distance of the beach and make good use of this wonderful resource. The natural environment of our local area is truly precious. We also still enjoy the opportunity to go on cruises a number of times a year, and departure points are easily accessible from here.

It was initially difficult leaving the old family home, and there was considerable time and effort put into organising our finances so that it would cater for all our needs. We also had to re-establish our contacts in relation to medical services and all sorts of tradesmen, but this was made easier with our involvement in local community groups. There is no doubt that taking enough pre-retirement time to complete the necessary preparations was a critical factor in the success of our transition into retirement. It is not to be taken lightly, that is for sure. Keeping up with the modern technologies, especially in relation to communication has also been a bonus in the transition process.

So here we are, living at Shelly Beach in our ideal location, thoroughly enjoying our retirement."

Bruce and Jan Cummins



"Familiarity with the area in which you live keeps you going"



Implementation

The Central Coast Positive Ageing Strategy has primarily been developed to ensure that Wyong and Gosford Councils are well placed to respond to the challenges and opportunities of an ageing population.

As a region both Councils have worked together to undertake research, engage with the community and develop a joint Strategy. Due to a number of differences in structure, capacity and reporting each Council will have its own Action Plan for implementation.

These Action Plans detail the actions each Council will undertake in relation to the six priority areas and to address identified goals and strategies. Action Plans are aligned with each Council's Integrated Planning and Reporting framework. You will need to liaise with your respective Council to understand what actions have been identified.

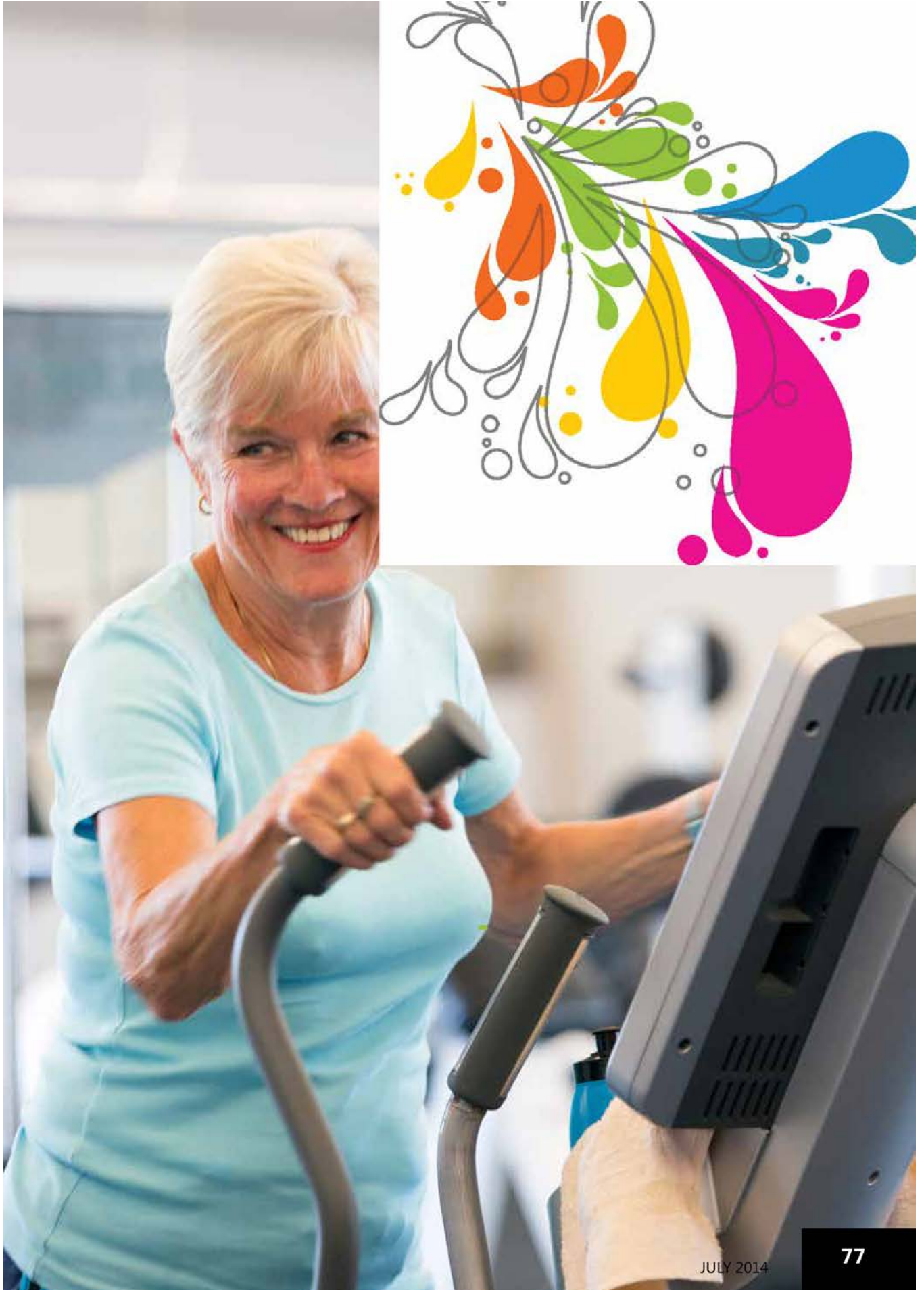
It will be important that the implementation of the actions is monitored on an annual basis over the 5 year life of the Central Coast Positive Ageing Strategy to assess progress, emerging priorities and to ensure actions remain appropriate. We need to be mindful that it will take a longer time to achieve change and this is the first step in the journey.

For many of the actions, Councils will seek to develop partnerships with key agencies, service providers and the community.

The Strategy and supplementary reports also serve as important resource documents to inform future planning and service delivery for the many agencies across the Central Coast that deliver services to our older residents including opportunities for collaboration and partnerships.

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JULY 2014

Central Coast Positive Ageing Strategy

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Background and Supporting
Research Report
Central Coast
Positive Ageing Strategy



JULY 2014

Background and Supporting Research Report



CENTRAL COAST POSITIVE AGEING STRATEGY
BACKGROUND AND SUPPORTING RESEARCH REPORT

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With support of NSW Office for Ageing and Local Government NSW

Background and Supporting Research Report

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Background and Supporting Research Report

1 INTRODUCTION

The Background and Supporting Research Report is one of four reports that comprise the Central Coast Positive Ageing Strategy.

This Background and Supporting Research Report presents information from a wide range of secondary sources to provide an informed base from which to develop the Positive Ageing Strategy for the Central Coast.

The report provides:

- An overview of population ageing
- An understanding of ageing concepts and definitions
- A summary of the international, state, regional and local policy context
- An overview of key challenges and benefits of an ageing population on local government
- A profile of older people in the region
- A summary of service provision for older people, including an overview of each Council's current role in working with older people

Background and Supporting Research Report

2 AGING POPULATION

Across the world the proportion of people aged 60 years and over is growing faster than any other age group. The World Health Organisation (WHO, 2007) reports that the number of people aged 60 years and over as a proportion of the global population will double from 11% in 2006 to 22% by 2050.

The ageing of the population in Australia has been increasing steadily due to a number of factors: increasing life expectancy; sustained low fertility following the post-war baby boom; improved living standards; advances in medical technology and public health. Post-war baby boomers are now beginning to enter the older age group (65 years and over) and will continue to increase its relative size (ABS2013).

Australia's life expectancy at birth continues to be amongst the highest in the world. The ABS reports a boy born today can expect to live 79.9 years, and 84.3 years for a girl. For those approaching a retirement age of 65 years, males could expect to live a further 19 years and females a further 22 years (ABS2013).

It should be recognised that Aboriginal and Torres Strait Islander (ATSI) people continue to have a shorter life expectancy than the rest of the population. This lower life expectancy combined with higher fertility rates means that the ATSI age profile is much younger and is not ageing at the same rate as the general population. The ABS (Australian Bureau of Statistics) notes that an Aboriginal and Torres Strait Islander person is considered an older person at 55 years of age as opposed to 65 years of age for the rest of the population (ABS2008).

At the 2011 Census, there were 3 million people in Australia aged 65 years and over which accounted for 14% of the population. It is projected that this group will increase to 21% by 2031 and 25% by 2051. Of particular note is the significant increase in those residents aged 85 years and over – expected to double over the next two decades (ABS2013).

With people living longer and healthier lives and older people making up an increasing proportion of the total population, population ageing presents both a challenge and an opportunity.

Population ageing is taking place together with other social trends that will impact on older people. These include economic globalisation, urbanisation and rapid advances in technology. Changes in demographics and families (people having less children, less likely to be married and less likely to be living with older generations) also means that in the future there will be potentially less care and support for older people from their families (WHO 2012). Given the number of baby boomers the attributes of this generation are also likely to redefine old age in terms of different aspirations and expectations.

Older Australia at a Glance (AIHW 2007) provides information and analysis on the differing circumstances and needs of older Australians. The notion that the majority of older Australians are a burden on society has been challenged by the data.

- The majority of older people lived in private dwellings in the community, with only 6% living in aged care and hospitals.
- Almost 25% of males and 13% of females aged 65-69 years were engaged in the workforce.
- 24% of older Australians were providing direct or indirect financial support for adult children or other relatives living outside of the household.
- Almost half of people aged 65-74 years provided unpaid assistance to someone outside of their household, with 33% providing volunteer services through an organisation, 29% were actively involved in community organisations and two-thirds in social and support groups.
- People aged 65-74 years made up 11% of carers and 13% of all primary carers who assisted people with a disability.

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3 AGEING CONCEPTS AND DEFINITIONS

3.1 Older people

Ageing is different from each individual person's perspective, and has as much if not more to do with a range of attitudes and lifestyle factors (skills, health, family situations, living arrangements, cultural backgrounds, relationships, knowledge and financial wellbeing), as it does with chronological age.

The World Health Organisation's, *Active Ageing: A Policy Framework (2002)* uses the United Nations standard of age 60+ to describe older people, and a range of other Council strategies and policies define older people as 60+. Government policy contains a number of varying definitions with age-related benefits applied at different ages. For example: an application to obtain a Seniors Card at 60; eligibility for the age pension and some HACC (Home and Community Care) packages at 65; access to a range of community care programs (such as Community Aged Care Packages) at 70; and 75 years for assessment of driving skills to retain a driver's licence.

It is important to recognise the diverse nature of the older population and recognise that older people are not a homogenous group.

Grouping of all older Australians into one category contains an age range of 40 years – the health, family circumstances, physical abilities, economic circumstances and service needs of an average 65 year old are very different to those of a 90 year old (AIHW 2007).

Older people are typically categorised into the following groups to assist with planning and service delivery:

- Older workers and pre-retirees (50 to 59). This group includes those who are still engaged with paid work and who may be planning to transition to retirement, other lifestyle changes, and those who are actively engaged in community and family life.
- Empty nesters and retirees - the 'young old' (60 to 69). This group are generally still independent, healthy and active in the community and may still be involved in the workforce.
- Seniors or 'middle old' to 'old' (70 to 84). This group may begin to face health and mobility issues, the possible loss of a partner, and may use home care and support services. A large proportion of this age group may also remain active and involved in the community.
- Frail Aged or 'Very Old' (85 and above). This group often require higher levels of health and support services, home care and residential aged care.

The diversity of the older population leads to a range of lifestyle needs and interests that require a number of different approaches to support positive ageing.

3.2 Ageing Concepts

The concepts of positive ageing, active ageing and healthy ageing are often used interchangeably, and have been used to guide local, state, commonwealth government and global responses to population ageing.

Positive Ageing, Active Ageing and Healthy Ageing

In simplest terms, "positive ageing" is about maximising the quality of life and well-being of older people. It recognises that ageing is not just about physically getting older but about the context in which people get older. Positive ageing seeks the continuing inclusion of people in the broad spectrum of mainstream life as they age, and sees older people as valuable, contributing members of the community. There are a number of key factors associated with positive ageing. These include:

- Maintaining a positive attitude
- Feeling good about yourself
- Keeping fit and healthy including good physical and mental health and a healthy diet
- Engaging fully in all aspects of economic, social and community life
- Recognition of positively contributing to society

Background and Supporting Research Report

- Social interaction and relationships with family and friends
- Financial security
- Learning new things and passing on wisdom through lifelong learning
- A safe and supportive environment and community to live and work
- Access and availability of a range of support services and care when required
- Volunteering or seeking part-time employment

The World Health Organisation uses the term "active ageing" and defines this as "the process of optimizing opportunities for health, participation and security in order to enhance the quality of life as people age". The word "active" refers to continuing participation in social, cultural, economic, civic affairs and not just the ability to be physically active. This concept is based on a "rights based" approach rather than a "needs based" approach that recognises the rights of people to equality of opportunity in all aspects of life as they grow.

Active ageing is a life-long process that facilitates people reaching their physical, social and mental health and wellbeing potential throughout the course of their lives. It also includes participating in society, having access to appropriate care, safety and security when and if required.

The concept of "healthy ageing" recognises that health extends beyond the absence of disease or infirmity to include physical, mental and social wellbeing. In an active ageing framework, policies and programmes that promote mental health and social connections are as important as programmes to improve physical activity (*WHO 2002*).

A review of literature suggests that "positive" ageing, "active" ageing or "healthy" ageing requires a preventative approach now to support older people as they age. This may include a focus on health and wellbeing (including diet, physical exercise, mental health); financial planning for the transition from work to retirement or changes in working conditions; housing suitability and adaptability to enable people to age in place; and developing social connections and networks through active involvement in activities, interests and volunteering.

It is important that partnerships are established with older people themselves, and that communities and government support this approach to ageing. This includes older people themselves maintaining a positive attitude and taking steps to keep fit, healthy and engaged; providing an environment that is age-friendly; facilitating opportunities for social, economic and civic participation; and providing care and support services to meet needs as they change.

Ageing in Place

Ageing-in-place is generally understood to mean that people remain in their home of choice as they age for as long as they choose. Typically this means living in the community in familiar surroundings. Many older people do age-in-place, however not necessarily in the traditional family home. For many reasons, people may review their housing situation as circumstances change. Ageing-in-place can be complemented and extended by accessing a range of community support options and implementing universal design practices.

The benefits of including accessibility and adaptability features into new housing will benefit not only older people directly, but will also impact on their family, networks of friends and supports, and their communities:

- Older people with mobility or core activity limitations will be able to visit friends, neighbours and families
- Older people living in new housing arrangements will be more visitable by family members and friends who have mobility or core activity limitations, or who have young children in prams and strollers, enabling them to continue to participate in family and social activities
- It will have benefits for older people who have fluctuating conditions, such as arthritis and Parkinson's disease, enabling them to live more inclusively with their injuries, or chronic condition. People who are impaired temporarily, such as when recovering from surgery or illness will be able to return home earlier, and recover in more comfortable and familiar surroundings
- It will enable support and care services to be delivered in the older persons home more easily and to better effect; and under safer conditions for the care workers.

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Adaptable, accessible design is an important factor in keeping people living in the community and can prevent premature admission to residential care

Benefits and potential savings of adopting accessible and adaptable housing standards for all new housing construction would also accrue to the economy, the community and to government budgets.

These broader benefits include:

- o Greater social inclusion of older Australians leading to savings in health care costs, including mental health care
- o Greater economic participation of older Australians leading to higher economic growth.
- o Potential savings in major adaptations costs by providing for such changes in the upfront design of the property
- o Greater capacity for older people to live independently, leading to a reduced need to move into residential care and savings in home care costs
- o Greater capacity of people to remain in their own homes leading to a reduced cost of rehousing
- o Improved safety of living independently leading to savings due to reduced falls at home – a major cause of hospital admissions for older people
- o Reduced hospital stays and stays in rehabilitation facilities, as people will be able to return home more quickly after surgery or illness

(COTA Victoria 2010)

Age-friendly Community

An age-friendly community encourages active ageing by optimising opportunities across its broad environment (structures, facilities, services and policies) to be accessible and inclusive of older people with various capacities and needs (WHO 2007).

Urban planning has a significant impact on the health and wellbeing of older people and their quality of life. Good urban design can play a major role in allowing older people to age in place and remain actively involved in their community. A safe pedestrian environment, easy access to shopping, health, community and recreation facilities, public transport and housing choices, are all important elements that can positively affect the lives of individuals.

The Guide to Global Age-Friendly Cities (WHO 2007) identifies eight age-friendly topic areas that contribute to a city's age friendliness and influences how actively an older person ages. These include:

- o Outdoor spaces and buildings - essential characteristics include; ensuring public areas are clean, public toilets are sufficient in number, clean and accessible; green spaces are well maintained and safe; outdoor seating is available; there are pedestrian friendly walkways, pavements are nonslip, wide enough for wheelchairs and free from obstruction, roads are well designed with appropriate physical structures in place (such as lights, crossings, traffic islands) to ensure safety for pedestrians, and buildings are accessible.
- o Transportation - essential characteristics include; ensuring public transport is reliable and affordable and with connections to key services and facilities, vehicles are well-maintained, accessible and not overcrowded, bus stops are accessible and safe, and priority parking and drop-off spots for people with disabilities are available and respected.
- o Housing - essential characteristics include; ensuring the supply of affordable and adaptable housing close to services and facilities and integrated into the community enabling older people to age in place, and the provision of affordable home modification options and affordable home maintenance services.
- o Social participation - essential characteristics include; ensuring the provision of convenient, accessible, and easily reached venues for public events and activities, activities and attractions being affordable, promotion and awareness of activities, outreach to include people at risk of social isolation, and the provision of local spaces and places within the community for people to come together.
- o Respect and social inclusion - essential characteristics include; ensuring services are respectful and inclusive and adaptable for of older people's needs, and that inclusion is extended to older

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- people being involved in intergenerational activities with families and schools, and older people being portrayed in a positive way in the media.
- Civic participation and employment – essential characteristics include; ensuring that decision making bodies encourage and facilitate membership and participation of older people, there are a range of volunteering options for older people to participate, there are flexible options for employment, support for older entrepreneurs and employers are encourage to employ and retrain older workers, and older people's contributions are respected and acknowledged.
- Communication and information - essential characteristics include; ensuring regular and reliable distribution of information both universal and targeted, large font type on printed material, the choice of speaking to a real person as well as leaving a message, the widespread availability of internet at no or minimal charge in public places such as community centres and libraries, and the provision of large buttons and lettering on electronic equipment.
- Community and health services - essential characteristics include; ensuring an adequate range of health and community support services to promote, maintain and restore health, services conveniently located and accessible by all means of transport, information is provided about services, the location of residential aged care facilities integrated with community, and emergency planning takes into account needs of older people.

Many of these elements that are central to the concept of age-friendly communities are within the capacity of local governments to shape or influence.

It is worth noting that making communities and cities age-friendly is much more inclusive than a plan or strategy only for older people. Because active ageing is a lifelong process, age-friendly communities and cities are places for all ages and benefit all residents.

Universal Design

Universal design is based on design approaches that are simple and flexible and are inherently accessible to all people but especially older people and people with disabilities. The approach aims to create maximum amenity for everyone regardless of age, ability, or status in life without the need for specialised designs.

The seven principles of universal design are:

1. Equitable use
2. Flexible in use
3. Simple and intuitive to use
4. Perceptible information
5. Tolerance for error
6. Low physical effort
7. Size and space for approach and use.

Examples of Universal design include:

- Smooth, ground level entrances without stairs
- Surfaces that are stable, firm, and slip resistant
- Wide interior doors, hallways, and alcoves
- Lever handles for opening doors rather than twisting knobs
- Components that do not require tight grasping, pinching or twisting of the wrist
- Light switches with large flat panels rather than small toggle switches
- Buttons and other controls that can be distinguished by touch
- Bright and appropriate lighting, particularly task lighting
- Auditory output redundant with information on visual displays
- Contrast controls on visual output
- Use of meaningful icons with text labels
- Clear lines of sight to reduce dependence on sound
- Choice of language on speech output
- Signs with light-on-dark visual contrast
- Web pages that provide alternative text to describe images
- Instruction that presents material both orally and visually

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- Labels on equipment control buttons that is large print

(Centre for Universal Design at North Carolina State University. Design.ncsu.edu.)

4 POLICY AND PLANNING CONTEXT

The ageing of the population is an international, national, state and local phenomenon. A vast range of policy positions have been developed by various organisations in order to help manage and plan for the impacts of an ageing population. These include:

4.1 International Context

The UN Madrid International Plan of Action on Ageing Guiding Framework and Toolkit for Practitioners and Policy Makers (2002/2008)

The plan aims to "ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights." It emphasises the need to integrate the evolving process of global ageing with the larger process of economic and social development

United Nations Principles for Older Persons (1990)

In 1990 the UN General Assembly adopted this document to encourage governments to incorporate them into national programs. The principles are: Independence, Participation, Care, Self-fulfilment and Dignity.

Active Ageing Policy Framework (WHO, 2002)

The World Health Organisation has developed an Active Ageing Policy Framework to influence policy development that promotes active and healthy ageing. The WHO Framework is based on the rights, needs, preferences and capacities of older people and a life course approach to active ageing, recognising that interventions that create supportive environments and foster healthy choices are important at all stages of life.

WHO identifies that active ageing depends on a number of determinants that impact on individuals, families and communities (Figure 3).



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Global Age-Friendly Cities (WHO 2007)

This document provides a guide and checklist for cities in order to engage them in becoming age friendly across eight priority areas. The guide identifies the following as fundamental requirements for age friendly housing:

- Even surfaces, passages wide enough for wheelchairs
- Appropriately designed bathrooms, toilets and kitchens
- Housing that can be modified for older people as needed
- Housing modifications that are affordable

Research and aged care industry experience has long supported the assertion that a correct housing 'fit' can improve the wellbeing, health and quality of life of older people. The correct fit can mean a myriad of different things to different people such as:

- Familiar location, close to family and friends
- Easy access to essential services such as doctors, recreational activities and public transport
- Safety and security
- Appropriate house and garden size
- Accessible design with technological supports

WHO Knowledge Translation on Ageing and Health

A Framework for Policy Development 2012 assists policy and decision makers in integrating evidence-based approaches to ageing in national health policy development processes, specific policies or programmes addressing older population needs and other health programmes

4.2 National Context

The Australian Government

The Australian Government has the primary responsibility for aged care and income support programs. These include home and community care, pensions and benefits, Medicare, Veteran's affairs, residential aged care and respite and provision of information to older people (Seniors Website (www.seniors.gov.au), Aged and Community Care InfoLine, and the Australian Government Directory of Services for Older People).

The Government is involved in allocating places to approved providers, assessing client eligibility for services, setting prices and regulating quality. The regulated aged care industry has changed significantly over the last decade. Key trends include:

- Increasing numbers of older Australians requiring subsidised care
- Greater reliance on user contributions
- Increasing emphasis on community care
- Greater proportion of residents in high level care
- Decreasing numbers of smaller residential facilities
- Increasing investment by private for-profit providers

Department of Social Services

This is the current Australian government agency responsible for ageing. The department has a vision of "better health and active ageing for all Australians" and aims to strengthen evidence-based policy advice, improving program management, research, regulation and developing partnerships with government agencies, consumers and stakeholders.

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[The Ageing and Aged Care in Australia report \(2008\)](#)

Australian Government's response to population ageing takes a whole-of-government perspective across superannuation and retirement income support, workforce, housing, social inclusion and lifelong education as well as medical, health and aged care services. The policy context encourages individuals to plan for financial security and independence in later life and provides older people a broad range of services and support. The Australian Government is aligned to the Madrid Plan of Action on Ageing (*Australian Government 2008*) and is committed to encouraging and supporting older people to live full, active and independent lives through both its ageing and aged care programs and its broader Social Inclusion Agenda.

[The 2010 Intergenerational Report, Australia to 2050: Future Challenges \(2010\)](#)

Future Challenges provides a comprehensive analysis of the challenges that Australia will face over the next forty years. An ageing population was identified as a significant long-term risk for the economy and the sustainability of government finances.

[Caring for Older Australians \(2011\)](#)

In 2011 the Productivity Commission conducted a review *Caring for Older Australians (2011)* which looked at options for further structural reform of the aged care system to meet the challenges facing it in coming decades. This inquiry led to the announcement on April 20 2012 by the Australian Government into its Aged Care Reform Package "Living Longer Living Better".

[Living Longer Living Better \(2012\) Aged Care Reform](#)

The package is a 10 year plan (allocating \$3.7B over five years) to deliver benefits to older people including; helping people to stay at home; helping carer's access respite and other support; delivering better residential aged care; strengthening the aged care workforce; connecting & supporting isolated older people; ensuring better health connections; more support for those with dementia; and supporting older people from diverse backgrounds.

The reforms will drive significant changes to the design and supply of services into the future. While the Government will remain the main funder of aged care services, there will be greater contributions towards the cost of care from older people with income and assets beyond the pension and family home (Commonwealth of Australia, 2012).

[National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse \(CALD\) Backgrounds \(Department of Health and Ageing December 2012\).](#)

This Strategy has a set of six goals with corresponding actions to deliver outcomes for the CALD community between 2012 and 2017.

4.3 State Context

[New South Wales Government](#)

The State Government has a number of policy and planning documents that provide a response to population ageing. These include:

- *Toward 2030: Planning for our changing population (2008)* is a whole-of-government strategy to actively plan for demographic change. It identifies five strategic areas: getting in early and planning for change, improving prevention and early intervention, a productive, skilled and adaptable workforce, facilitating participation in society and providing quality care and support.
- *NSW 2021 State Plan (2011)* is a 10 year plan to guide policy and budget decisions to rebuild the economy, return quality services, renovate infrastructure, strengthen the local environment and communities and restore accountability to government. Goal 25 directly relates to increasing opportunities for seniors in NSW to fully participate in community life.

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- NSW Ageing Strategy (2012) is based on social policy principles that support individual choice and responsibility, focus on prevention and early intervention and support local decision making and community partnerships. The Strategy highlights the need to work in partnership with local councils to develop and implement initiatives in local communities.
- The NSW State government has primary responsibility for either direct delivery or funding of a range of programs and initiatives, including:
 - a. NSW Community Care Supports Program
 - b. Public health (NSW Health)
 - c. Elder Abuse Prevention Unit
 - d. Community housing
 - e. Disability services
 - f. Home Assist Secure (home maintenance, falls prevention and home security)
 - g. Seniors Cards
 - h. Seniors Enquiry Line (home help, concessions, finance, legal, social/leisure, health, transport)
 - i. Seniors Legal and Support Services
 - j. Various concessions including energy, transport and water rebates

From July 1 2012, the Australian Government took over primary responsibility for aged care services including community-based services for people aged 65 years and over (or over 50 years for ATSI people) through the Home and Community Care Program.

The NSW Government will be delivering basic community care services for people aged under 65 years (or under 50 years for ATSI people). The former State HACC program is to be known as the NSW Community Care Supports Program (CCSP). Commonwealth Government services will still be known as HACC Program (NSW Government, 2012).

- The Department of Ageing, Disability and Home Care (ADHC) has the primary responsibility at the State Government level for older people in our community. The aim of the Department is to provide better and more integrated services for vulnerable client groups in NSW. ADHC is responsible for providing services and support to older people, people with a disability and their families and carers. Services for older people include:
 - a. providing support at home with personal care, domestic tasks and meals
 - b. home modifications
 - c. providing respite and support for carers
 - d. providing community transport
 - e. providing community nursing and related health services
- The Home Care Service of NSW (Home Care) is a statutory authority administered by ADHC. ADHC also provides administrative support to the Disability Council of NSW, the NSW Ministerial Advisory Committee on Ageing (MACA) and the Office of Ageing. The Local Government and Ageing Report launched by ADHC in 2012 looks at the implications of an ageing population for Local Government and the future provision of infrastructure and services in NSW.
- NSW Health is also an important provider of services for older people providing health education programs, aged care assessment, allied health, community nursing, geriatric medicine, and hospital services.

NSW Division of Local Government (Department of Premier and Cabinet)

Planning for an Ageing Population Creating Active Communities 2007 – Physical Activity Guidelines for Local Councils - These Guidelines aim to provide local councils with a practical resource that will assist them to encourage local communities to be more physically active.

Background and Supporting Research Report

The Division of Local Government has developed a range of on-line tools to assist Council's step through the process of Planning for an Ageing Community and to integrate ageing issues and opportunities within Councils' Community Strategic Plans, 4-year Delivery Programs and annual Operational Plans.

Local Government and Shires Association of NSW

Local Government and Ageing in place project – A toolkit for Councils: The Australian Local Government Association has developed a resource 'Age friendly built environments opportunities for Local Governments'. In designing age friendly built environments, local government can benefit individuals through improved health and overall wellbeing, increased independence and greater social interaction.

Planning the local government response to ageing and place 2004: The Local Government and Shires Associations of NSW (LGSA) commissioned the document 'Planning the local government response to ageing and place' (2004) as part of its Ageing and Place project. This document examines population ageing and its potential impact on local government. It includes a framework for assessing the social, environmental and economic impacts of ageing for councils in NSW.

Local Government and Ageing Project A toolkit for Councils (2011) was funded by NSW Ageing, Disability and Home Care to identify the magnitude of costs for local government of an ageing population.

Council on the Ageing (COTA) NSW

COTA NSW is the peak organisation for people over 50 in NSW. It is an independent, apolitical, consumer-based, non-government organisation. COTA NSW is a valuable source of information and advice on issues and decisions that people will navigate through as they live long, healthy, and productive lives.

Based on recent consultation and research COTA has prepared a Pre-Budget Submission for 2014-15. Key recommendations focus around ageing in place; universal housing design, establishment of a home options advisory centre to assist older people plan and make decisions about future housing needs; promoting age-friendly cities and communities and the adaptation of the WHO Age-Friendly Cities and Communities program as the framework for local government ageing strategies; promoting health and independence with a greater focus on prevention and early intervention and an integrated framework for healthcare to guide and co-ordinate improvements to service delivery; transport for health services integrated with healthcare services to improve access for older people; supporting older people with mental illness and "end of life" and palliative care services.

Additionally in 2013 COTA completed a survey of 1800 residents aged 50 years and over in NSW on their experiences and views of ageing. The objective of the survey was to investigate consumer attitudes in relation to number of issues important to older people.

Survey respondents were asked to identify factors that contributed to their ability to age well, and to provide information about their current levels of access to, usage of and satisfaction with health services, including general practitioners, mental health services and hospitals. Some of the key findings include:

- The survey identified a correlation between living alone and lower self-assessed levels of health and wellbeing
- Many respondents were ceasing paid employment prior to the 'official' retirement age of 65
- The results showed a strong relationship between health and well-being and financial security or financial stress. Those living on the age pension rated their health and well-being lower than those on other sources of income. Women reported increased financial pressure compared to men
- Health and well-being rates did decline with age, however 80% of people aged 80 years and over rated their health and wellbeing highly
- The five most important factors that influence the ability to age well were identified as health, fitness, activity, lifestyle and diet

Background and Supporting Research Report

- One in five survey respondents reported that they had experienced age discrimination, with more than 50% of these incidences in the workplace
- Four out of five respondents indicated that they would seek help if they had concerns for their mental health
- The top rated factors that would assist in access to General Practitioner services were 'co-located services', 'better access to community transport', and 'better coordinated public transport'
- Choice and control are highly important to older people, especially in the final stages of life

4.4 Central Coast Region

Dementia Care for the Central Coast Community Information and Project Plan 2011 – 2015

Since the introduction of the initial plan (2006-2010), the prevalence of dementia has been revised and political and policy changes have occurred. These changes have impacted on how the Central Coast will have to adapt to meet the needs and challenges of dementia in a new era of health reform. To address this, a new Central Coast Dementia Information and Project Plan 2011 – 2015 was developed to assist in planning, decision making and service delivery around new and emerging dementia specific issues, working in partnership with local services, organisations and the community.

Both Dobell and Robertson are ranked in the top 10 NSW federal electoral divisions with the highest prevalence of dementia. It is projected that they will remain in the top 10 ratings until 2050.

Central Coast Primary Dementia Care Network (CCPDON)

The CCPDON was established by the Central Coast Dementia Advisory Service in 2002 to improve the quality of life of people living with dementia, their carers and their families locally. Initially, through the Central Coast Dementia Strategic Plan 2006 – 2010, this network put forward a plan to address the gaps and improve service delivery for people with dementia and their carers.

Central Coast REDES Strategy (Regional Development Australia Central Coast)

The Regional Economic Development and Employment Strategy (REDES) is the long-term strategy to promote sustainable economic development and jobs growth on the Central Coast. It is a framework for collaboration to create the right environment for local jobs growth and a strong local economy. The three levels of government, business and the education sector collaborate to deliver the seven key strategy areas:

1. Strengthening the Regional Economy
2. Future Skills
3. Knowledge and Innovation
4. Lands for Employment
5. Centres Development
6. Infrastructure to support economic growth
7. Marketing the region as a business location

In response to workforce shortages, industry sector issues and significant reform under the Australian Governments Living Longer, Living Better reforms in the Aged Care Sector, the RDACC was successful in securing 1 of 10 National Aged Care Workforce Innovation Network (ACWIN) projects which will:

- Provide a business partner for 12 months to work with 20 Residential and Home and Community Care Aged Care organisations to undertake a 'Ready Reform Business Review'
- Establish a Regional Industry Reference Group of CEO's of both Residential and Home and Community Care organisations to collaboratively resolve industry sector issues
- Apply for a Regional Grant of \$80,000 to work on a regional initiative that will provide: Consumer directed DVD to raise awareness of the changes under the Consumer Directed Care Model; Aged Care Conference to be held on April 29 & 30 2014; Develop a Regional Workforce Development Strategy and Action Plan to address the immediate and longer term workforce issues facing our Aged Care Sector

Background and Supporting Research Report

NSW Central Coast Local Health District

NSW Central Coast Local Health District is committed to providing high quality patient-centred health services including acute hospital services at Gosford and Wyong Hospitals, ambulatory and outpatient services, sub-acute services at Long Jetty and Woy Woy health facilities and a wide range of community health services.

The Health Promotion and Public Health Services have an important role in monitoring and improving the health of the Central Coast community both through addressing health related behaviours and environmental issues such as infectious disease risks and urban development which impact on the health of the community.

A comprehensive Clinical Services Plan 2012-2022 has been developed to meet current challenges and changing community needs including service and capital development strategies.

Central Coast Medicare Local

A key component of the Commonwealth Government National Health Reform is the establishment of a new nation-wide network of Medicare Locals (MLs). Medicare Locals are primary healthcare organisations established to coordinate primary healthcare delivery and tackle local health care needs and service gaps. The Central Coast Medicare Local has the responsibility of improving the patient journey through better coordination and integration of services, identifying the health needs and service gaps for local communities, and working in partnership to meet these needs.

In 2012 Central Coast NSW Medicare Local formed the Aged Care Taskforce in response to the increasing aged care challenges identified in its consultation with consumers and providers. The Taskforce is the centrepiece of the Medicare Local's aged care portfolio, and consists of representatives from community and residential aged care providers, the Central Coast Local Health District, General Practices and medical specialists.

The taskforce provides leadership and expertise in the planning, development and implementation of aged care services in primary health care across the NSW Central Coast. The reason for this focus is that aged care forms a significant part of the NSW Central Coast health care industry and allocated resources.

Central Coast Regional Transport Plan

Developed by the NSW State Government and launched in December 2013, the CCRTP outlines specific actions to address the unique challenges of the area and includes priorities identified by the local community in consultations during 2012.

The plan prioritises improving transport connections within the region and reducing travel times to key employment centres in Sydney and the Hunter by improving train services and investing in the regions road network. In terms of improving transport within the Central Coast region, the plan identifies actions to improve road safety, deliver public transport improvements, improve public transport customer information, investigate flexible demand responsive transport, improve community transport services and deliver arterial road upgrades.

Central Coast Ageing and Disability Association (CCADA)

CCADA was established to raise awareness and provide advocacy for aged and disabled services on the Central Coast of NSW Australia. Various community care organisations and government departments bonded together to establish the Central Coast Ageing and Disability Association. The members meet regularly throughout the year to plan and evaluate the quality of community care services provided to the aged and disabled community and advocate for the community to improve services in the area.

Background and Supporting Research Report

4.5 Local Government Context

Challenges and Benefits of an Ageing Population

Across Australia local governments are working to build capacity to respond to the issues, challenges and opportunities associated with an ageing population. Local government is strategically placed between the community and other levels of government as a key partner in responding to population ageing. Whilst Federal and State government agencies have the primary responsibility for health and aged care services, Councils play a significant role in enhancing the quality of life of older residents in their communities.

Council's role includes:

- urban planning; advocacy
- programs to enhance social connections
- encourage community participation and build community capacity
- encouraging lifelong learning
- nurturing positive attitudes to ageing; community grants
- road safety education programs
- the provision of age-friendly services and infrastructure (universal design)
- workforce management
- facilitating economic development opportunities
- facilitating and planning for a range of adaptable and affordable housing options
- provision of information and community participation in decision making.

These activities require a whole-of-Council approach and response to population ageing.

The Local Government and Shires Association of NSW have produced a number of reports and tools to identify the potential impacts on local government, and assist Councils in their response. These include *Planning the local government response to ageing and place* (2004) and *Local Government and Ageing* (2011), both funded by the NSW Ageing, Disability and Home Care research grants program.

The latter study suggested that for Council's to meet the challenges of an ageing population they need to adopt an approach that:

- Sponsors awareness of the issue across Council
- Directs resources at the issue using a long term approach
- Develops an effective asset management strategy
- Accomplishes a co-ordinated approach both across Council and the many agencies in the area
- Manages expectations of the aged, especially those relocating from better resourced areas
- Fosters social participation
- Adopts an evidence based approach to their activities

Key findings of this report and other studies in relation to the impact of ageing on local government include the following Challenges and Benefits.

Challenges:

- The impact of population ageing will be felt across all areas of Council
- The ageing issue will come into increasing focus for those areas attracting large in-migration flows of older people
- Reduction to labour supply growth and lower labour force participation rates
- Diminished financial capacity to maintain existing infrastructure and service
- Growth in demand for age-friendly infrastructure and age-related services
- There will be need to improve accessibility
- Need to secure increased funding to maintain a viable community transport system
- Stimulating the supply of appropriate housing stock through planning controls, housing policies and advocacy (affordable, accessible, safe, in close proximity to services and facilities, and public transport)
- Increased demand for residential aged care facilities and self-care units
- Providing accommodation within community facilities for the delivery of support services

Background and Supporting Research Report

- Adaptability of programs, activities and services to meet changing needs and cater for active or mentally stimulating/learning activities. For example, reinvention and resourcing of senior citizens centres to provide skill-based hobbies and activities, lifelong learning programs as well as being a focal point of information; access to services and affordable public access to technology and learning programs in community centres and libraries; and road safety education programs
- Meeting the growing demand for library services and need for additional amenities and equipment such as seating, lighting, access ramps, computers and spaces to provide courses, large print book, audio collections, e-books and home delivery services
- Provision of a wide range of leisure and recreation opportunities including swimming and hydrotherapy facilities, gentle exercise and fitness programs, shared pathways, walking and fitness trails, subsidies for gym membership/pool use, "learn to" programs and arts/cultural facilities, programs and activities
- Design and development of local parks, civic spaces and town centres to provide easy access, seating and footpaths, maintenance of pavements, dropped kerbs, accessible clean, safe and well maintained public toilets, ramps, railings, non-slip surfaces, car parking spaces, visible signage, shelter and lighting at bus stops
- Increased demand for age-friendly tourist infrastructure
- Design of road, streetscape and pedestrian infrastructure to maximise sight distances, simplify intersections, improve road marking and directional signage, increase pedestrian infrastructure, provide safe access to public transport and enhance connectivity via footpaths between local neighbourhoods, services and facilities. Motorised scooters are becoming an increasingly popular form of alternative local transport and users are required to abide by pedestrian rules and should where possible travel along footpaths. A lack of appropriate footpaths and kerb ramps has forced scooter users onto roads
- Increased demand for modifications to household waste collection in relation to mobility and frailty issues
- Reductions in revenue as a result of age related discounts such as pensioner rate rebates, discounted fees and charges
- Increase in proportion of residents becoming eligible for rate rebates for domestic water, sewerage and waste management services
- Resistance to increasing rates, fees and charges
- Reductions to user charges revenue due to asset rich cash poor long term retirees
- Lack of comprehensive understanding of population ageing on costs and revenues
- Large number of employees reaching retirement age leading to potential turnover of staff and loss of knowledge and skills transfer. Increased need for human resources strategies to recognise benefits of age diversity in the workplace, offer workplace training, retain ageing staff and/or options to assist staff with transition to semi-retirement or retirement via flexible working arrangements
- Intergovernmental measures to provide incentives to attract additional general practitioners and health practitioners to the region

Benefits:

- Increased participation in a range of volunteering programs
- Caring for grandchildren and other informal carer roles for adults and people with a disability
- Willing participants in engagement activities for Council projects
- Purchasing power of mature-age consumers assists the local economy
- Increased opportunities for attracting older tourists/"grey nomads"
- Play a vital role in supporting and maintaining informal social networks
- Older people can help maintain the culture of the community by passing on their knowledge and experiences to the young
- An experienced workforce
- A growing 'grey market' for leisure and health products

Background and Supporting Research Report

Way forward for Councils

- Incorporation of ageing issues into integrated planning and reporting process including actions and resources required (Community Strategic Plan, 4 year delivery plan and annual operation plan)
- Cross-organisational approach to address ageing
- Improving age-related data capture across each operational area
- Support mechanisms to assist mature age workers (part-time work, flexible hours of work, training, provision of financial advice and counselling)
- Sharing of information and collaboration between Councils
- Co-ordination across government agencies and organisations to improve service provision
- Promotion and recognition of the contributions older people make to the community
- Review of age-friendliness of Council infrastructure and services

Strategic Direction

Both Wyong and Gosford Council's use an integrated planning approach to identify main priorities and aspirations for the future of the community.

The Wyong Shire Community Strategic Plan 2030 (revised 2013) is Council's main strategic planning document and provides a long term vision developed in collaboration with the community "creating our ideal community, caring..prosperous..sustainable..."

There are eight key planning themes:

Our Community:

- Communities will be vibrant, caring and connected with a sense of belonging and pride in their local neighbourhood.
- There will be ease of travel within the Shire and to other regional centres and cities. Travel will be available at all hours and will be safe, clean and affordable.
- Communities will have access to a diverse range of affordable and co-ordinated facilities, programs and services.
- The community will be well educated, innovative and creative; people will attain full knowledge potential at all stages of life.

Our Environment:

- Areas of natural value in public and private ownership will be enhanced and retained to a high level in the context of ongoing development.
- There will be a sense of community ownership of the natural and built environment through direct public involvement with programs and services.

Our Economy:

- There will be a strong sustainable business sector and increased employment built on the Central Coast's business strengths.
- Information communication technology will be consistent with world's best practice and adaptive to technological advances across all sectors.

Our Civic Leadership:

- Government is conducted with openness and transparency involving the community in the decisions that affect it
- All three levels of government work closely together.
- There is environmental, social and economic sustainability.
- There is fiscal responsibility.

Background and Supporting Research Report

Within the Community Strategic Plan there are a number of specific and generic action areas that benefit an ageing population. For example:

1c “encouraging and valuing youth and senior’s participation in the community.”

1a “expanding and supporting programs that increase participation among all ages”

1k “providing individuals with access to a variety of housing types that enable residents to buy or rent accommodation locally”

3a “providing and maintaining local and regional community facilities for recreation, culture, health and education.”

4b “creating programs that encourage lifelong learning for all”

6b “establishing and maintaining projects and programs to encourage more active participation in community based environmental activities”

As part of the integrated planning and reporting framework, the Community Strategic Plan is supported by the Wyong Shire Strategic Plan 2013-2017 (4 year delivery plan) and annual Service Unit Business Plans (operational plans).

Wyong Council has a number of other plans and policies that align with positive ageing. These include:

- Wyong Shire Learning Community Strategy 2012-2015
- Wyong Shire Community Plan 2008 – 2013
- Wyong Shire Youth Engagement Strategy (2011)
- Wyong Shire Cultural Plan (2005)
- Regional Cultural Framework (2012)
- Promoting Housing Choice: A local Housing Strategy for Wyong Shire (2008)
- Wyong Shire Community Facilities Strategy (2012)
- On Road- Bicycle and Strategy (2010)
- Recreation Facilities Strategy (2009)
- Settlement Strategy
- Quality of Life in the Central Coast – A community survey of Central Coast residents
- Draft Economic Development Strategy (2014)

Similarly, the Gosford 2025 Community Strategic Plan is a whole of community document which outlines the long-term social, economic, environmental and governance directions and aspirations as expressed by the community.

The Community Vision:

“Our Community will be a vibrant, socially inclusive and innovative place which values its residents and visitors. Our economy will be diverse and robust linked by sustainable transport and communication networks. Our environment will be protected, enhanced and sustained. Decisions made will consider the impact on current and future generations.”

Information is grouped around four key themes:

1. Society and Culture:
 - Our community is a safe place
 - Our local history, culture and diversity is valued and celebrated
 - Everyone has fair access and opportunity to participate in community life
 - Our built environment is a desirable place to be
 - Our health and wellbeing provide for a satisfying and productive life
2. Environment:
 - Diversity of the natural environment is protected and supported
 - Opportunities exist to access and experience natural areas

Background and Supporting Research Report

- We use resources responsibly
 - We live in an environment where pollution is minimised
 - Benefits of the natural environment are understood and valued
 - Land use and development protects the value and benefits provided by the natural environment
3. Economy:
- Gosford is a place that attracts people to work, live and visit
 - Gosford attracts and supports new and existing businesses and investment
 - Gosford City Centre thrives as a regional hub
 - We have appropriate skills and knowledge
 - There are good links between our homes, places of work, services and facilities
4. Governance and Leadership:
- Decision making processes are open and transparent
 - We collaborate to achieve outcomes
 - We are engaged and well informed
 - Our infrastructure is well managed and maintained
 - Our leaders make decisions

Within the Community Strategic Plan there are a number of specific and generic action areas that benefit an ageing population. For example:

A3.1. Planning considers the diversity of people in our community

A1.3 Build connections and relationships in the community

A2.3 Promote opportunities for a range of local cultural and recreational activities

A3.2 Provide services and activities to support a balanced lifestyle

A3.3 Improve access to community services, programs and facilities

A3.4 Increase the availability of appropriate housing

A4.2 Provide opportunities for enjoyment of community spaces and places

A5.2 Provide a range of opportunities to enhance community wellness

D3.1 Target engagement activities to support a wide range of participation

Gosford Council has a number of other plans and policies that align with positive ageing. Examples of these include:

- Social Inclusion Policy (2013)
- Disability Action Plan (2008 – 2012) – currently being updated
- Regional Cultural Framework (2012)
- Affordable Housing Strategy (2005 and reviewed and updated 2009)
- Central Coast Quality of Life Survey (2012)
- Open Space and Leisure Services Strategic Plan (2013)
- Aboriginal Development and Reconciliation Plan (2012 – 2015)
- Affordable Housing Strategy (2005)
- Positive ageing Strategy (2007 – 2010)
- Meeting the needs of an Ageing Population – the challenges ahead for Gosford City Council (2006)
- Gosford Bike Strategy (2011)

Background and Supporting Research Report

5 PROFILE OF OLDER RESIDENTS

5.1 Overview of the Central Coast

The Central Coast is made up of Wyong Shire to the North and the City of Gosford to the south and is conveniently located in between the major centres of Sydney and Newcastle.

Wyong Shire covers approximately 830 square kilometres. Traditionally a holiday and retirement area, Wyong is now established as a coastal urban fringe area attracting a range of population groups and undergoing many social changes. The 1970s and 1980s was characterised by rapid growth, with the population growing from 47,000 in 1976 to 82,000 in 1986. This level of growth continued during the 1990s reflecting the timing of new land releases and housing development. During the last decade the population has continued to increase but at a slower rate. The estimated resident population of the Shire at June 2012 was 155,767. The Shire's population is projected to grow to around 203,450 by 2031.

Gosford City Local Government Area covers around 1030 square kilometres with large areas of State Forest, National Parks and nature reserves including beaches and waterways. Ninety five percent of the population lives in settlements to the east of the Sydney – Newcastle Freeway. The population of Gosford has grown rapidly, particularly through the 1970's and 1980's. In 1960 the population was around 31,000 rising to 52,000 in 1970, and by 1986 had reached 109,000. This trend continued into the 1990's and by 2001 the population was 155,000. The area continues to experience a dual pattern of population growth with both mature aged persons and families with school aged children. The current estimated population for Gosford is 168,528 persons (2012)¹. The LGAs population is projected to grow to around 182,000 by 2031.

5.2 Older People as a Demographic

Table 1 below shows the population distribution and change for older people on the Central Coast.

In 2011 there were 36,980 people aged 60 years and over living in Wyong Shire. This equates to 24.7% of the total population. In the five years to 2011, the 60+ age group has grown significantly, increasing from 32,904 people to 36,980 people or 12.4%.

In 2011 in Gosford there were 41,290 people aged 60 years and over or 25% of the total population. In the five years to 2011, the 60+ age group has grown by 11.7% or 4,324 people from 36,974 in 2006.

Table 1: Population Aged 60+

Population 60+	Gosford LGA					Wyong LGA				
	2011		2006		Change	2011		2006		Change
	Number	%	Number	%		Number	%	Number	%	
60 – 64	10,124	6.2	8,246	5.2	1,878	8,838	5.9	7,333	5.2	1,505
65 – 69	8,454	5.2	6,863	4.3	1,591	7,904	5.3	6,803	4.9	1,101
70 – 74	6,731	4.1	6,305	4.0	426	6,719	4.5	6,030	4.3	689
75 – 79	5,683	3.5	6,331	4.0	-648	5,323	3.6	5,645	4	-322
80 – 84	5,159	3.2	5,176	3.3	-17	4,352	2.9	4,021	2.9	331
85+	5,139	3.2	4,053	2.6	1,086	3,844	2.6	3,072	2.2	772
TOTAL	41,290		36,974		4,283	36,980		32,904		9,942

Source: ABS Census 2011, 2006

Older residents living on the Central Coast are a diverse and dynamic group of people. The categorisation of 'older people' spans an age range of over 40 years (from 60 to 100+ years) with many differences in health, family circumstances, physical abilities, socio-economic status and service needs.

Background and Supporting Research Report

Over 60% of the older population are aged in the 60-74 year age bracket, and over 25% are aged in the 75-84 year age bracket. Just over 10% are aged 85+. There are more females (53.7%) than males (46.3%) aged 60+ living in Wyong Shire and also across all age groups over 60 years. The greatest differences are in the 80-84 age group where there are 581 more females, the 85 - 89 age group where there are 580 more females and the 65-69 years age group where there are 578 more females.

There was growth in all areas in the 60 years and over age group. The most significant increases in growth of older people aged 60+ years in Wyong Shire were in the small areas of Woongarra/Warnervale (50%), Rural West - Mardi (41.3%), Watanobbi (32.6%) and Kanwal/ Wyongah (30.4%). The most significant increases in growth of older people aged 60+ years in the Gosford LGA were in the small areas of Point Clare/Tascott/Koolewong (12.8%), Erina/Green Point (11.2%) and Broken Bay (10.8%).

Table 2 below shows the population distribution age 60+ and change for older people within Wyong Shire. The highest concentrations of older people are in the southern areas of the Shire - Bateau Bay/Shelly Beach, Long Jetty/Toowoan Bay/Blue Bay, Berkeley Vale to Chittaway - and the northern areas of Budgewoi/Halekulani/ Buff Point, Lake Munmorah/Chain Valley Bay and Gorokan.

Of the 25 small areas in Wyong Shire, over half (14) of these areas have a higher proportion of people aged 60+ than the Shire proportion (24.7%). The population of Toukley area has highest proportion of older residents with 36.4% of residents aged 60+.

Table 2: Distribution of Population Aged 60+ in Wyong Shire

Small Area	2011		2006		2006 - 2011	Percent Change %
	# aged 60 yrs +	As % of the area	# aged 60 yrs +	As % of the area		
Wyong LGA	36,980	24.7	32,894	23.1	4,086	12.4
Bateau Bay/Shelly Beach	3,697	28.6	3,614	28.3	83	2.3
Berkeley Vale - Chittaway - Glenning Valley - Fountaindale	2,439	18.7	2,268	17.7	171	7.5
Blue Haven	1,005	16.3	792	13.5	213	26.9
Budgewoi/Halekulani/Buff Point	2,600	29	2,464	28.1	136	5.5
Gorokan	2,125	27.8	2,036	28.3	89	4.4
Gwandalan - Summerland Point	1,507	28	1,239	24.2	268	21.6
Hamiyn Terrace - Wadalba	1,364	19.4	1,070	20.8	294	27.5
Kanwal - Wyongah	1,528	26.2	1,172	21.2	356	30.4
Killarney Vale	1,780	25.3	1,729	25.5	51	2.9
Lake Haven - Charmhaven (part)	1,587	27.9	1,542	27.1	45	2.9
Lake Munmorah - Chain Valley Bay	2,464	34	1,925	28.2	539	28.0
Long Jetty - Blue Bay - Toowoan Bay	2,131	29	2,080	31.5	51	2.5
Manning Park	539	22.4	530	22	9	1.7
Noraville - Norah Head - Canton Beach	1,575	32.4	1,485	30.8	90	6.1
Ourimbah - Rural South	709	15.7	600	13.6	109	18.2
Rural West - Mardi	421	21.3	298	17	123	41.3
San Remo - Doyalson	1,012	20.2	946	20	66	7.0
The Entrance - North Entrance	1,431	26.8	1,151	30	280	24.3
Toukley	1,513	36.4	1,509	36.9	4	0.3
Tuggerah - Mardi - Chittaway Point - Tacoma South	946	17.5	871	17.6	75	8.6
Tuggerawong - Tacoma - Rocky Point	400	18.3	338	15.6	62	18.3
Tumbi Umbi	1,247	25.2	1,101	22.6	146	13.3
Watanobbi	578	15.6	436	12.3	142	32.6
Woongarra - Warnervale - Charmhaven (part)	1,236	17.3	824	14.1	412	50.0
Wyong Town	1,027	27.3	864	26.6	163	18.9

Source: ABS Census 2011, 2006 (Wyong Shire Community Profile - did the population experts)

Note: Shading denotes a higher proportion of 60+ year olds than the Shire average.

Background and Supporting Research Report

Table 3 below shows the population distribution age 60+ and change for older people within Gosford City. The highest concentrations of older people are in Umina/Woy Woy-Blackwall, Erina/Green Point, Kincumber, Ettalong Beach-Booker Bay.

In 2011, of the 20 small areas in Gosford LGA, just under half (8) of these areas have a higher proportion of people aged 60+ than the LGA proportion (25.4%). More than a third of the population in Erina/Green Point (36.2%), Ettalong Beach-Booker Bay (35.9%) and Woy Woy-Blackwall (34.2%) is aged 60+.

Table 3: Distribution of Population Aged 60+ in Gosford City

Small Area	2011		2006		2006 - 2011	Percent Change %
	# aged 60 yrs +	As % of the area	# aged 60 yrs +	As % of the area		
Gosford LGA	41,290	25.4	36,952	23.5	4,338	11.7
Avoca Beach – Picketts Valley – Copacabana – MacMasters Beach	1,543	18.4	1,283	15.3	260	20.2
Broken Bay	1,958	34.5	1,767	30.1	191	10.8
Central Coast Plateau North	548	21	431	17.5	117	27.1
Central Coast Plateau South	363	23.9	349	21.2	14	4.0
East Gosford – Point Frederick - Springfield	2,402	24.6	2,147	23.2	255	11.9
Erina – Green Point	3,996	36.2	3,593	33.3	403	11.2
Ettalong Beach – Booker Bay	2,068	35.9	1,930	34.5	138	7.1
Forresters Beach – Wamberal – Terrigal – North Avoca	4,597	21.4	3,917	18.9	680	17.3
Gosford – West Gosford	1,123	23.5	939	22.5	184	19.6
Holgate – Matcham – Erina Heights	468	18.8	424	17.8	44	10.4
Kariong	781	12.2	654	10.6	127	19.4
Kincumber	2,122	30.5	2,084	30.3	38	1.8
Kincumber South – Bensville – Empire Bay	1,256	22.6	1,112	20.7	144	12.9
Lisarow – Mount Elliot	751	14.4	500	10	251	50.2
Narara – Niagara Park	1,797	16.9	1,429	13.5	368	25.7
North Gosford – Wyoming	3,386	25.2	2,937	22.3	449	15.3
Point Clare – Tascott – Koolewong	1,817	28.8	1,611	26.7	206	12.8
Umina Beach	4,305	26.8	4,113	26.8	192	4.7
Woy Woy – Blackwall	4,070	34.2	3,866	32.6	204	5.3
Yattalunga – Saratoga - Davistown	1,765	26.6	1,615	25	150	9.3

Source: ABS Census 2011, 2006 (Gosford City Community Profile - did the population experts)

Note: Shading denotes a higher proportion of 60+ year olds than the LGA average.

5.3 Projected Growth

Population projections prepared for the Central Coast predict that the numbers of older people aged 60 years and over will steadily increase. By 2031 it is projected that there will be nearly 105,000 residents aged 60+ within the region, representing a 34% increase overall since 2011.

Background and Supporting Research Report

Table 4: Population Projections Ages 60 years and over

Year	Population Aged 60+ (Gosford)	Population Aged 60+ (Wyang)
2012	41,290 (2011)	36,980 (2011)
2016	44,072	40,821
2021	47,428	45,328
2026	49,712	49,755
2031	50,923	53,811

Source: Gosford City and Wyong Shire Population Forecasts - id the population experts

Wyang

In terms of Social Planning Districts, the projected population of older people in the future is shown in Table 5. The highest concentration of older people is projected in The Entrance and Southern Lakes districts.

Table 5: Wyong Shire Projected Population Ages 60 years and over

Social Planning District	2012	2031	Total Difference 2012-2031	% Difference
Gorokan	5,364	6,195	831	15.5%
Northern Lakes	4,532	6,025	1,493	32.9%
Ourimbah – Rural South	751	1,181	430	57.3%
Rural West	459	643	184	40.1%
San Remo – Budgewoi	4,808	6,033	1,225	25.5%
Southern Lakes	5,639	7,132	1,493	26.5%
The Entrance	7,486	11,151	3,665	49%
Toukley	3,115	4,195	1,080	34.7%
Warnervale/ Wadalba	2,689	6,582	3,893	144.8%
Wyang	3,153	4,647	1,494	47.4%
Wyang Shire	36,980	53,810	16,830	44.3%

Source: Wyong Shire Population Forecasts - id the population experts

All Social Planning Districts in the Shire will see increases in the population of older people aged 60 years and over.

The Warnervale/Wadalba Social Planning District will see the most significant increases in population of older people aged 60 years and over with an increase of 144.8% (3,893 people) from 2012 to 2031. This growth is consistent with the projected total population growth of this area as the main urban release area within the Shire and on the Central Coast. The next most significant growth will be in the Ourimbah – Rural South Social Planning District (57.3%) followed by The Entrance Social Planning District (49%). It must be noted that the former has a relatively small total number of older residents.

Gosford

All Social Planning areas across Gosford City will experiences increases in the population of older people aged 60 years and over. The highest concentration of older people is projected in for the Woy Woy Peninsula.

The Mountains area will experience the greatest percentage of growth with 41.8%, however the total number of the increase is relatively small at 381 persons. The area that is expected to experience the next highest level of increase is the Coastal Area (including the suburbs of Forresters Beach, Wamberal, Terrigal, North Avoca, Avoca Beach, Picketts Valley, Copacabana and MacMasters Beach) with growth of 35.5% and Narara Valley (including the suburbs of Narara, Niagara Park, Lisarow, Mt Elliot, North Gosford and Wyoming) with growth of 35.2%.

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Table 6: Gosford City Projected Population Ages 60 years and over

Sector Planning District	2011 (Actual)	2031	Total Difference: 2011 - 2031	% Difference
Gosford Central	3,525	4,199	674	19.1%
Coastal Hinterland	4,463	5,261	798	17.9%
Coastal	6,141	8,323	2,182	35.5%
East Brisbane Water	5,142	6,343	1,201	23.3%
West Brisbane Water	2,598	2,997	399	15.3%
Mountains	911	1,292	381	41.8%
Peninsula	12,399	14,484	2,085	16.8%
Narara Valley	5,934	8,024	2,090	35.2%

Source: Gosford City Population Forecasts - .id the population experts

Key Implications:

- Increased requirement for an age friendly community including age appropriate, housing, buildings, outdoor spaces, social, civic and employment opportunities, and transport
- Requires a whole-of council response involving planning, community development, community buildings, sport leisure and recreation, economic development and communication units
- Requires a whole-of government approach focusing on co-ordinated forward planning for all aspects of the growing ageing community
- Ageing workforce with little growth in the numbers of young workers to fill the gap
- Less people of working age and more people in older age groups not in the workforce that require support
- Capacity to attract and maintain a workforce to support an ageing population
- Increasing life expectancy – people are living longer with more people in their 80's and 90's, therefore more females, lone person households, age related disorders with a corresponding increase in demand for high need care, support with daily activities and increasing demand for health and support services
- Different expectations and aspirations of the ageing population - a need for flexibility and creativity of service response to meet the diverse needs, interests and aspirations of the ageing population through their life course
- Co-ordinated information provision and activities to maximise individual wellbeing, socialisation, participation in community life, and preventative strategies for promoting, maintaining and restoring health and wellbeing (active ageing)

5.4 Diversity of Older People

Aboriginal and Torres Strait Islander People

While most Australians can generally expect to live a relatively long life, there are differences in life expectancy between population groups within Australian society. In particular, life expectancy at birth for Aboriginal and Torres Strait Islander Australians is lower than it is for the non-Indigenous population (AIHW 2007).

In 2011, Indigenous Australians aged 60 years and over constituted less than 1% of all older people aged 60+ living in Wyong Shire, which was much smaller than their representation among the population generally (3.6%). Similarly in Gosford, just over half a percent of all older people aged 60+ identified as indigenous compared to 2.2% of the overall population. This is the result of a much lower life expectancy - approximately 17 years lower than for the total population.

Because of the life expectancy gap between Indigenous and non-Indigenous Australians, and the very low proportion of the Indigenous population who are aged 65 years and over, the 'older' Indigenous population is generally considered to include all those who are 50 years and over (AIHW 2007).

The number of Indigenous people aged 50 years and over represented 13.6% of the total Indigenous population and those aged 60+ represented 6.5% of the total Indigenous population in Wyong Shire compared to Gosford with 14.6% and 7.01% respectively.

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Table 7: Aboriginal and Torres Strait Islander People aged 50+ and 60+

	Gosford	Wyong	Central Coast
Aboriginal and Torres Strait Islander 60 years and over	275 (7.7%)	358 (6.5%)	633 (7.01%)
Aboriginal and Torres Strait Islander 50 years and over	574 (16.1%)	743 (13.6%)	1317 (14.6%)
Total Aboriginal and Torres Strait Islander people	3,556	5,463	9,019

Source: ABS Census 2011

People from a Culturally and Linguistically Diverse Background

Nationwide, the cultural diversity of the older population has been growing, reflecting the immigration policies of the post-war period. Locally, the Central Coast is characterised by diversity in terms of birthplace with a number of different countries represented in small groups.

Across the Central Coast the majority of the population aged 60 years and over were born in the Oceania region with 73.3% in Wyong and 70.2% in Gosford. The next largest proportion of older people stated that they were born in North West Europe, 15.1% in Gosford and 13.7% Wyong. In Wyong Shire the remainder included Southern and Eastern Europe (3.3%) and the Americas (0.8%). In Gosford the remainder included Southern and Eastern Europe (2.9%), Asia (1.6%), Americas (0.8%), Sub-Saharan Africa (0.7%), North Africa and the Middle East (0.5%).

The majority of residents of the Central Coast aged 60 years and over spoke English as their first language with 89% for Gosford and 90% in Wyong Shire. In Wyong this is followed by 305 people (0.8%) who spoke Italian, 186 people (0.5%) who spoke Iberian Romance (language spoken by people from Spain, Portugal and Andorra) and 169 people (0.45%) who spoke Maltese. In Gosford this is followed by German 249 people (0.6%), Italian 249 people (0.6%), Dutch 220 people (0.5%) and Iberian Romance 204 people (0.5%).

Key Implications:

The increased diversity in the population provides indicators of an increasing demand/need for:

- Culturally sensitive approaches
- Equity of access for people from Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse backgrounds.
- Recognition of diversity therefore promotion of inclusiveness
- Flexibility in service delivery, approach and response
- Culturally appropriate communication methods (written, verbal, translations, interpreters).

5.5 Living arrangements of older people on the Central Coast

Marital Status

The last 30 years in Australia have witnessed large changes in the stability and longevity of marital relationships, with increasing separation, divorce and re-marriage rates. These changes are beginning to be reflected in the marital status of current older Australians with consequences for living arrangements. (AIHW 2007).

The marital status and living arrangements of an older person may have an impact on their perception of vulnerability and feelings of safety at home. Older people are less likely than others in the community to feel safe or very safe when at home alone, either after dark or during the day. Being married and/or living with someone else may contribute to a sense of protection from potential harm (AIHW 2007).

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Table 8: Marital Status for People aged 60+

	Wyong	Gosford
Married	21,002 (56.7%)	23,271 (56.4%)
Divorced	4,996 (13.5%)	5,495 (13.3%)
Never Married	1,701 (4.6%)	2,081 (5%)
Widowed	8,107 (21.9%)	9,162 (22.2%)
Widowed 85+	2,387 (62.3%) (total 85+=3,834)	3,143 (61.3%) (total 85+=5129)
Total Population aged 60+	36,980	41,290

Source: ABS Census 2011

Data from the 2011 Census shows that the majority of Central Coast residents (56.4% Gosford and 56.7% Wyong) of older people aged 60+ were married. This was evident for most people aged 60 - 79 years.

Among people aged 85 years and over, however, this changed throughout the Central Coast with a majority widowed (Gosford 61.3% and Wyong almost 62.3%). The proportion of people widowed increased with each age group, and the proportion of divorced people decreased.

In 2011 in Wyong, 13.5% of older people aged 60+ were divorced, 4.6% were never married and 21.9% were widowed. Of those widowed, women across all age 60+ age groups are at least three times more likely to be widowed than men reflecting the current disparity in life expectancy between men and women. In 2011 in Gosford 13.3% of older people aged 60+ were divorced, 5% were never married and 22.2% were widowed.

Household and Housing Types

The Central Coast has traditionally provided more affordable housing opportunities for a range of different income groups and households, including retirees and low to moderate income families. Although the area continues to provide cheaper purchase and rental housing well below the cost of that of Sydney region, areas of the Coast are becoming less affordable to specific groups of the population (*Wyong Shire Council 2008*).

In 2011, family households were the most common living arrangement for people aged 60 years and over in private dwellings. The most common household makeup in these private dwellings were couple households. In Gosford this amounted to a total of 22,278 households (59%) and in Wyong the total was 17,239 (51.6%) of households. The percentage of older people living with their partner declined significantly with increasing age.

Table 9: Home Ownership Central Coast Residents 60+

Tenure Type	20 - 59 years		50 years and over	
	Number	%	Number	%
Owned Outright	25,702	17.1%	47,046	61.6%
Owned with a Mortgage	72,819	48.4%	9,324	12.2%
Rented	43,478	28.9%	9,184	12.0%
Other / Not stated / Not applicable	8,491	5.6%	10,784	14.1%
Total	150,490	100.0%	76,338	100.0%

Source: ABS Census 2011

As Table 9 demonstrates home ownership is much higher across the Central Coast for residents aged 60 years and over 61.6% compared to those aged 20 – 59 years 17.1%.

Gosford and Wyong had similar proportions of people aged 60 and over living alone in private dwellings in 2011. In Gosford there were 10,551 (28%) people living alone in private dwellings and in Wyong there were a total of 8,999 (27%) people. Older people who live alone are at risk of experiencing loneliness and social isolation and are more likely to need outside assistance in the case of illness.

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Table 10: Numbers of residents aged 60+ in Non-Private Dwellings

	Wyong	Gosford	Central Coast
Hospital (Public and Private)	252	376	628
Psychiatric Hospital	17	0	17
In Hostel for the Disabled	69	0	69
In accommodation for the retired	472	881	1,353
In nursing home	1,096	1,005	2,101
Total in non-private dwellings	2,021	2,431	4,452

Source: ABS Census 2011

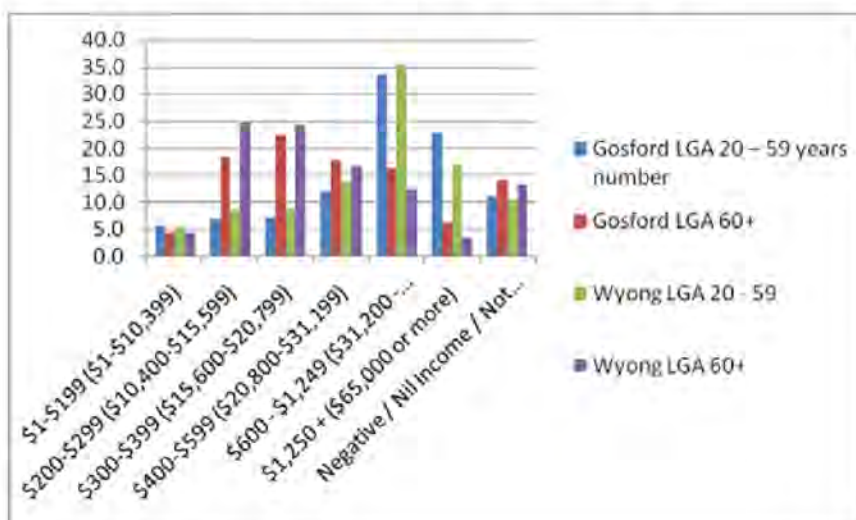
In 2011, a total of 4,452 people aged 60 years and over were usual residents in non-private dwellings, which consists of Gosford 2,431 persons (5.9%) and Wyong 2,021 persons (5.5%). Non-private dwellings include hotels, motels, guest houses and cared accommodation such as hospitals, aged care homes and supported accommodation. The majority of people aged 60+ living in non-private dwellings were living in nursing homes (2101 people) followed by accommodation for the retired (1353 people) and in hospital (628 people).

Key Implications:

- Vulnerability to homelessness of older people aged 50+. Reasons for this include housing stress, rental market volatility, lack of secure tenure, affordability for those on low incomes, lone person households)
- Decreasing housing affordability on the Central Coast therefore options for developing affordable housing options for seniors
- Adaption of housing to suit life cycle needs
- Increased numbers of residents preferring to 'Age in place' and implications for home based service delivery, aged care service provision and medical assistance
- Increasing numbers of lone person households with potential for social isolation, limited social engagement, lack of community connections with increased vulnerability to depression
- Socio-economic status of older residents impacting on capacity to pay for aged housing, activities and ongoing care

5.6 Income, employment and education of Older People

Graph 1: Income Gosford and Wyong LGAs 20 – 59 years and 60+ (2011)



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Older residents have a significantly lower income profile than the rest of the population across the entire Central Coast. This is demonstrated in the graph above where those aged 60 years and over in both Gosford and Wyong have a much higher proportion of people earning from \$200 – \$399 per week (\$10,400 – \$20,799 per year).

In Wyong Shire, of those aged 60 years and over, 25% have a weekly income of \$200 – \$299 per week, followed by 24.4 % of people with a weekly income of \$300 – \$399 per week. This is higher compared to NSW with 23.1% of people aged 60+ earning a weekly income of \$200 – \$299 and 22.9% earning a weekly income of \$300 - \$399.

Income Support

Recipients of income support are shown below in Table 11.

Table 11: Recipients of Income Support

	Aged Pension		Disability/ Sickness benefits	
	Number	%	Number	%
Gosford LGA	23,378	74	6,801	6.6
Gosford - East	9026	64	2,127	5.1
Gosford – West	14352	82	4,674	7.6
Wyong LGA	23,516	83	8,106	8.8
Wyong – North East	12,820	82	4,686	10
Wyong – South West	10,696	83	3,420	7.5
Central Coast	44,697	78	26,547	13.4
NSW	726,522	72	504,006	10.5

Source: Medicare Local Central Coast Population Health Profile 2013

The Central Coast has a higher proportion of residents receiving the aged care pension (78%) compared to NSW (72%) and disability/ sickness benefits (13.4%) compared to NSW (10.5%).

Wyong Shire has a significantly larger proportion of the population receiving the aged pension (83%) compared to Gosford LGA (74%). This is reflective of the lower socio-economic status and levels of disadvantage of older people living in Wyong Shire.

Employment

Table 12 Labour Force Characteristics 50 – 59 years

	Gosford LGA		Wyong LGA		NSW	
	Number	%	Number	%	Number	%
Employed (Full time & part time)	15,831	71.3%	14,442	69.6%	617174	69.5%
Unemployed (looking for full or part time work)	649	2.9%	647	3.1%	26497	3%
Total Labour Force	16480		15089		643671	
Not in labour force or Labour status not stated	5,711	25.7%	5,655	27.2%	244964	27.6%
	22191		20744		888635	

Source: ABS Census 2011

Table 13 Labour Force Characteristics 60 - 69 years

	Gosford LGA		Wyong LGA		NSW	
	Number	%	Number	%	Number	%
Employed (Full time & part time)	6,275	33.8%	4,369	26.1%	250253	36%
Unemployed (looking for full or part time work)	287	1.5%	236	1.4%	10225	1.5%
Total Labour Force	6562		4605		260478	
Not in labour force or	12,019	64.7%	12,122	72.4%	434523	62.5%

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Labour status not stated			
Total	18581	16727	695001

Source: ABS Census 2011

Table 14 Labour Force Characteristics 70 years +

	Gosford LGA		Wyong LGA		NSW	
	Number	%	Number	%	Number	%
Employed (Full time & part time)	780	3.3%	452	2.2%	37607	5.3%
Unemployed (looking for full or part time work)	27	0.1%	23	0.1%	839	0.1%
Total Labour Force	807		475		38446	
Not in labour force or Labour status not stated	21,874	93.1%	19759	97.7%	675406	94.6%
Total	23488		20234		713852	

Source: ABS Census 2011

Although there is no statutory retirement age in Australia, labour force participation drops sharply between the age groups of 50-59 and 60-69. In 2011, 33.8% of the total population aged 60-69 years in Gosford and 26.1% in Wyong were participating in either full-time employment or part-time employment. Over 68% of people aged 60 – 69 on the Central Coast were not in the labour force.

For those aged 70 years and over, 3.3% were participating in either full-time or part-time work in Gosford and 2.2% in Wyong. Over 95% of people aged 70 years + on the Central Coast were not in the labour force.

There has been a strong public policy emphasis on encouraging older workers to remain in paid employment for as long as possible. Australia has introduced age discrimination legislation at the federal, state and territory levels; is gradually increasing the age at which women can access the Age Pension; has affected ongoing increases to the minimum age for accessing superannuation benefits; and has introduced incentives for workers who stay on in employment beyond the age pension age. (AIHW 2007)

Of the population aged 60 years and over in the labour force in Wyong Shire, the largest proportion, 24.2% were employed as professionals followed by 23.8% employed as clerical and administrative workers and 18.9% employed as technicians and trades workers.

On the Central Coast, the industry employing the largest proportion of workers aged 60 years and over was the Healthcare and Social Assistance industry 17% (1950 people) followed by retail trade 10.7% (1238 people) and manufacturing 8% (990 people).

Education

Table 15 Level of school attained residents aged 20 years and over

	Gosford		Wyong		Gosford		Wyong	
	20 – 59 yrs		60+ yrs		20 – 59 yrs		60+ yrs	
	No.	%	No.	%	No.	%	No.	%
Year 11 and 12 equivalent	45,326	56.5%	12,299	29.8%	32,191	44.7%	7,815	21.1%
Year 10 equivalent or below	29,757	37.1%	22,678	55.0%	35,380	49.1%	23,331	63.1%
Did not go to school	151	0.2%	158	0.4%	147	0.2%	281	0.7%
Not stated / NA	4,892	6.1%	6,129	14.8%	4,317	6.0%	5,555	15.0%
Total	80,126		41,264		72,035		36,982	

Source: ABS Census 2011

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Table 16 Level of qualification attained residents aged 20 years and over

	Gosford				Wyong			
	20 – 59 yrs		60+ yrs		20 – 59 yrs		60+ yrs	
	No.	%	No.	%	No.	%	No.	%
Degree or above qualification	14,940	18.6%	4,062	9.8%	7,697	10.7%	1,930	5.2%
Certificate, diploma or advanced diploma	29,967	37.4%	10,034	24.3%	27,573	38.3%	8,393	22.7%
Qualification not stated / NA / inadequately described	35,220	43.9%	27,168	65.8%	36,766	51.0%	26,664	72.1%
Total	80,127		41,264		72,036		36,987	

Source: ABS Census 2011

As Table 16 indicates, a much smaller proportion of the population aged over 60 in both Gosford and Wyong completed a school level above year 10 compared to the population aged between 20 – 59 years. In Gosford, 56.5% of 20 – 59 year olds completed Year 11 or 12 equivalent compared to 29.8% for those 60 and over. Similarly in Wyong, 44.7% of 20 – 59 year olds completed Year 11 or 12 equivalent compared to 21.1% for those 60 and over.

In terms of tertiary qualifications 18.6% of 20 – 59 year olds in Gosford have completed a Degree qualification or above compared to 9.8% for those aged 60 and over. In Wyong the trend was similar with 10.7% of 20 – 59 year olds having completed to degree qualification or above compared to 5.2% for those aged 60 and over.

A small proportion of the population aged 60 years and over 0.5% (453 people) were currently attending an educational institution.

Key Implications:

- Longer working life for Central Coast Residents and increased levels of older worker participation in the workforce (requiring commitment from industry and employers, government and individual employees)
- Attraction and retention of older workers to the workforce through flexible workplace practices and training, balancing flexibility with accountability, tax incentives etc
- Remaining younger workforce capacity in terms of skills and knowledge, physical numbers to take on work)
- Transition of older population from the workforce into retirement
- Disconnect between full-time working life and future community connections and linkages
- Building capacity and opportunities for increasing volunteer contribution and participation for older people from full-time work coming into retirement age therefore bringing great community benefit as well as facilitating social inclusion of older people in society
- Socio-economic status of residents including the ability and capacity to pay for activities, services, programs, care, accommodation, lifestyle
- Importance of lifelong learning in creating new education, training and upskilling opportunities for older people

5.7 Disability Parking

The NSW Roads and Maritime provides eligible residents with parking concessions. To be eligible for a Mobility Parking Scheme (MPS) permit, you must have a disability. For the purposes of this scheme this includes someone:

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- o Who is unable to walk due to the permanent or temporary loss of use of one or both legs or other permanent medical or physical condition,
- o Whose physical condition is detrimentally affected as a result of walking 100 metres, or
- o Who requires the use of crutches, a walking frame, callipers, scooter, wheelchair or other similar mobility aid

MPS permits are also available to people who are permanently blind
(http://www.rms.nsw.gov.au/usingroads/mobilityparking/mobility_eligibility.html)

Table 17 NSW Mobility Parking Scheme

Local Government Area	Total	Individual class	Organisation class	Temporary class
Blacktown	12,753	12,165	275	313
Lake Macquarie	12,273	11,932	119	222
Fairfield	11,633	11,291	149	193
Bankstown	11,353	10,809	226	318
Wollongong	10,990	10,319	470	201
Wyong	10,974	10,710	100	164
Liverpool	9,897	8,764	856	277
Gosford	9,520	9,123	189	208
Sutherland Shire	9,306	8,624	350	332
Newcastle	8,829	8,301	406	122

Source: MPS permits by LGA as at 31 December 2013, www.rms.nsw.gov.au

As demonstrated in Table 17 above Wyong and Gosford rate 6th and 8th respectively in the numbers of Mobility Parking Scheme Permits in NSW out of a total of 152 Local Government Areas. Wyong has a total of 10,974 and Gosford has 9,520 permits.

5.8 Health and Wellbeing of Wyong Shire's Older People

The World Health Organization (WHO) defines health broadly as a state of complete physical, mental and social wellbeing, and not solely as the absence of disease.

Aspects of life that are important to health and wellbeing for older people include:

- o A healthy and active lifestyle
- o Good physical and mental health
- o Adequate services and infrastructure to support active ageing
- o Good further educational and lifelong learning opportunities
- o Opportunities for leisure and recreational pursuits
- o Positive relationships with family and friends and engagement and connection with wider social networks
- o Adequate income and freedom from financial stress.
- o Being able to get around in terms of transport and mobility

Disease and Chronic Health Conditions

The Medicare Local Population Health Profile 2013 for the Central Coast has described the top eight causes of burden of disease and injury for the whole population in 2010 as:

1. Cancer
2. Cardiovascular disease
3. Nervous System and Sense Disorders
4. Mental Disorders
5. Chronic Respiratory diseases
6. Diabetes
7. Injuries
8. Musculoskeletal diseases

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The risk factors that contribute to the burden of disease in 2010 were:

1. Tobacco
2. High Blood Pressure
3. High Body Mass
4. Physical inactivity
5. High Blood Cholesterol
6. Alcohol
7. Low fruit/ vegetable consumption
8. Illicit drugs

Central Coast Health Concerns

- The incidence of all cancers on the Central Coast is significantly greater (525.0 per 100,000 people) than the NSW average (483.2 per 100,000 people).
- Cardiovascular disease is a major issue for the region. The Central Coast has a higher rate of hospitalisations per 100,000 people than NSW for both coronary heart disease (CC 666.9 NSW 608.7) and stroke related (CC 163.9 NSW 143.2).
- In the 2010 NSCCH Health Survey 2010, 9.8% of the Central Coast population were estimated to have high or very high psychological distress which was similar to NSW rate
- The rate for suicide on the Central Coast in 2007 (most recent data available) was 9.2 people per 100,000 population compared to the Australian rate of 8.6 per 100,000 population. The Central Coast suicide rate has declined significantly since the late 1990's.
- Asthma and smoking attributable lung cancer hospitalisation rates are similar to NSW, but Chronic Obstructive Pulmonary Disease (COPD) or Emphysema hospitalisations were considerably higher. COPD hospitalisations for ages 65+ were also significantly higher than NSW (1733.1 compared to 1470.4 per 100,000 population).
- The sustained and rapid growth in the number of people in the region living with diabetes is a concern. The 2012 NSW Population Health Survey estimated that the proportion of people on the Central Coast with diabetes or high blood glucose was 7.5% compared to 8.4% for NSW. In contrast, the Central Coast rate of hospitalisation for diabetes was 175.2 per 100,000 population compared to 144.7 per 100,000 population for NSW.
- Injury related hospitalisations, particularly those related to falls, were substantial on the Central Coast (2048 people admitted due to a fall in 2011/12). This is projected to increase as the population ages.
- Rate of hospitalisations for knee and hip replacements on the Central Coast was significantly higher (393.5 per 100,000 population) than for NSW (328.6 per 100,000 population).

(Central Coast Medicare Local 2014)

Dementia

One of the most significant health issues for older people on the Central Coast is dementia. Increasing age is the major risk factor for dementia, so with the large ageing population on the Central Coast, dementia is affecting a growing number of Central Coast residents.

Dementia is, characterised by progressive cognitive and physical decline caused by a variety of diseases to the brain affecting 20% of people over 80 and up to 30% by age 90.

The number of people with Dementia locally is projected to increase by 300% from 4,735 in 2011 to 14,310 in 2050.

Wyong Shire and Gosford City are ranked in the top 10 NSW Federal electoral divisions with the highest dementia prevalence. Projections suggest that Wyong and Gosford LGA's will remain with top 10 ratings until 2050 and beyond.

One in seven or 70% of people over 75 with dementia die within five years, with the average life expectancy being between five to eight years. Dementia is currently the second largest cause of disability burden after depression and a major determining factor in precipitating entry to residential care.

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Consequently, dementia results in considerable burden of care. Older people fear a diagnosis of dementia more than any other and their carers have the highest stress levels of any carer population due to increasing financial, physical, emotional and social isolation incurred by the caring role. The burden of care increases in the presence of Behavioural and Psychological Symptoms of Dementia (BPSD).

Early diagnosis and intervention helps people with dementia, their carers and families to better plan their lives and make informed decisions concerning the treatment and management of the disease.

(Central Coast Primary Dementia Care Network 2011)

Key Implications:

- The relationship between socio-economic status and health and wellbeing for Wyong Shire residents as Wyong Shire is rated as the 56th most disadvantaged local government area in NSW according to the 2011 SEIFA Index of disadvantage.
- Stronger focus on early diagnosis, intervention and prevention strategies through addressing the risk factors causing chronic disease such as smoking, nutrition, sun exposure and physical activity
- The increasing rise of illnesses and deaths which are considered to be preventable and/or the onset delayed through active physical and social activities
- Significant increases in the numbers of people aged 50+ who experience, and who are projected to experience anxiety, mental illness and dementia
- Increased number of people who do not have adequate social contacts rendering them vulnerable to isolation and loneliness
- Planning for an Age friendly physical environment which encourages healthy and active lifestyles
- Adequate access to health services and programs

5.9 Carers, Volunteers and Need for Assistance

Older people make valuable contributions to their families and communities through unpaid household, volunteer and community work, as well as providing care to grandchildren, spouses and relatives with a disability.

Formal volunteering is high for people on the Central Coast aged 60+ years with 12,466 people or 31.4% (of the total number of people volunteering) involved in volunteering activities. The rate of volunteering declines dramatically after the age of 75 years.

Most families need someone else to look after their children at times, so that parents or guardians can work, study or do other things. Grandparents make a considerable contribution to informal child care.

On the Central Coast, of the total population aged 60 years and over, 9223 people or 11.9% provided unpaid childcare.

The need for assistance with communication, self-care and mobility (core activities) is one dimension used to measure the level of disability. Of the population aged 60 years and over 11,399 people or 15.6% require assistance with core activities. This reflects the large number of older people living independently in Wyong Shire.

Key Implications:

- Impact of caring role on informal carers, especially those aged 60+ in terms of physical and mental health and wellbeing
- Support needs for carers
- The value of carer support to the economy
- Ability of carers aged 60+ to continue in this role and therefore impacts on service delivery
- Increased need for assistance
- Increasing numbers of older people caring for grandchildren

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5.10 Community Support and Participation

The level of social participation and community engagement among older people depends on a range of factors including health, mobility, geographical proximity, transport, community safety, access to technology, opportunity and personal preference. Active involvement can lead to better health outcomes.

5.11 Central Coast Quality of Life Survey 2012

The Central Coast Quality of Life Survey is research commissioned by Gosford and Wyong Councils to assess how people are living in their local community and identifies aspects of people's quality of life that are important to them.

Below is a summary of some key findings from the most recent survey carried out in 2012. The full report is available from either Gosford or Wyong Councils website.

The Central Coast Quality of Life Survey (2012) found that:

Life Balance and Leisure time – Adequacy of free time and venues to pursue leisure time activities:

- In 2012 over half (50.7%) of Central Coast respondents agreed or strongly agreed that they often feel rushed or pressured for time. Persons under the age of 60 years were more likely to agree that they often felt rushed or pressed for time.
- Residents 60 years and over were more likely to agree or strongly agree and less likely to disagree that there were adequate opportunities to pursue arts and creative opportunities than other residents, while residents under the age of 40 were less likely to strongly agree with this statement. However residents under 60 years were more likely to agree or strongly agree that there were opportunities to participate in sporting or recreational activities.

Life Balance and Leisure time – Participation in leisure time activities:

- Persons aged 60 years and over were significantly more likely to visit a library, whilst residents aged over 40 years were significantly more likely to visit a local theatre or gallery. Younger residents (aged 18 – 39 years) were more likely on the other hand to attend a sporting event.
- On the Central Coast a greater share of females had participated in painting or drawing and dance in 2012, while a greater share of males had participated in music or a drama/performance. Younger residents (18-39 years) were more likely to have participated in painting or drawing and creative writing, and residents under the age of 60 years were more likely to have participated in music, dance, drama or a performance.
- The Quality of Life survey also asks respondents about leisure and recreation time spent in the natural environment. In 2012 78.7 per cent of Central Coast residents had spent leisure or recreation time in natural environments within the last four weeks. There appeared to be a relationship between spending time outdoors and age. Persons under the age of 40 were most likely to spend time outdoors (87.4% doing so in 2012), followed by those aged 40-59 years (80.3%). By comparison, a little over two-thirds (68.3%) of people aged over 60 spent time outdoors in the previous month. Males were significantly more likely than females to have spent time outdoors for leisure and recreational activities in the previous month.
- Males were significantly more likely than females to have participated in fitness or sporting activity. Younger residents, those under 40 years, were significantly more likely to have participated in these activities than residents aged 40-59 years. Residents aged 40-59 years were significantly more likely to have participated in a fitness or sporting activity than those aged 60 years and over. There is no difference in the mean wellbeing score for those who participated in a fitness or sporting activity relative to those who did not.

Standard of Living

- In 2012 35.9 per cent of Central Coast residents had experienced times in the last 12 months when they were short of money to meet everyday needs. Females were more likely than males to have experienced a shortage of money to meet everyday needs, and residents under the age of 60 were more likely to have experienced shortages for everyday needs than

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residents 60 years and over. There was no statistically significant difference between the LGAs of Gosford and Wyong in levels of financial stress as captured by this question.

- Residents under the age of 60 years were significantly more likely to not be able to pay electricity, gas or telephone bills on time, not pay the mortgage or rent on time or to have needed to ask family and friends for financial help as the result of a shortage of money. Persons aged less than 40 years were significantly more likely than persons aged 40 to 59 years to have not been able to meet rent or mortgage payments or to have approached friends or relatives for financial help. On the other hand, Central Coast residents aged 60 years and over were more likely than younger residents to have gone without meals or have been unable to heat their homes as a result of a shortage of money to meet everyday needs.
- In 2012 females were less likely than males to report that they could easily raise the money and more likely to report that they could raise the money but it would involve some sacrifices or that they were not sure they could raise the money. A very clear relationship emerges between access to funds for an emergency and age, younger persons (aged under 40 years) were significantly less likely to easily have access to emergency funds than persons aged over 40 years, and persons aged 40-59 years were less likely to easily access emergency funds than persons over the age of 60. This probably reflects the greater financial security and acquirement of assets, such as home ownership, which tend to come with age.

Accommodation

- In 2012, 94.3 per cent of Central Coast residents reported that they were satisfied with their accommodation. Residents under the age of 60 years were significantly less likely to be satisfied with their accommodation than persons over the age of 60.

Transport

- Persons aged 60 years and over were significantly less likely to indicate they were mostly satisfied with public transport and significantly more likely to indicate that they were always satisfied with public transport
- In 2012 18.6 % of survey respondents had experienced some kind of travel restrictions in the last 12 months, there was no significant variation in 2012 results between Central Coast LGA's or by age or gender
- Central Coast residents facing a transport restriction within the last year had significantly lower wellbeing scores than those who had not experienced a restriction

Personal Relationships

- Women were significantly more likely than men to feel extremely valued (31.6% vs 23.9%) and there was a clear dip in feeling valued between the ages of 40 and 59 (30.0% down to 19.7% and back up to 31% post 60).

Living arrangements

- Those over 60 were significantly more likely to be living alone.

Social media

- Use of social media and electronic communication was associated with age. While 94% of residents aged 18 – 39 used social media, this figure decreased to 66 percent in the 40 -59 age group and to 43.8% in the 60's and over group.

Neighbourhood and Community

- Residents aged 18-39 were significantly more likely to be dissatisfied with their neighbourhood while those 60 and over were significantly more likely to be satisfied or very satisfied.
- Residents aged 18 – 39 were significantly more likely to be dissatisfied that people in their neighbourhood could be trusted while those 60 and over were significantly more likely to be satisfied that people in their neighbourhood could be trusted

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Perceptions of safety

- In 2012 survey respondents under the age of 40 years were less likely to report that they felt unsafe walking around their area during the day, however persons aged 60 years and over were more likely to report that they felt safe than persons aged 40 – 59 years. Persons 60 years and over were however significantly less likely to report that they felt very safe
- Persons aged 60 years and over were significantly less likely to nominate feeling safe or very safe when walking in their local area after dark compared to other age groups
- Central Coast residents aged 60 and over were less likely to report feeling very safe at home during the day and more likely to report feeling safe

Broader environmental issues

- Residents aged 60 years and over are significantly more likely to believe that climate change will have no impact on them or their children
- Residents aged 60 years and over were more likely to report concerns with the level of noise than those under 60.

Health

- Health status was also associated with age and income, with health status decreasing with age and increasing with income. As would be expected, the proportion of Central Coast residents who rated their health as poor to fair in the 18 to 39 age group was lower (8.9%) than those 60 years and over (30.5%). Similarly, the proportion who rated their health as very good to excellent was 34.4 per cent in the 60+ age group compared to 14.7 per cent of those aged 10 to 39
- Central Coast residents aged 60 and over were significantly more likely to be diagnosed with a medical condition than residents in the younger age groups. There was also an association with income, with residents earning higher incomes less likely to have a diagnosed condition
- Older residents aged 60 years and over and those with access to less than \$30,000 a year were significantly more likely to find it difficult or extremely difficult to access after-hours care without going to the hospital emergency department.
- Women were significantly more likely to have seen a GP than men and residents aged 60 and over were more likely to have seen a GP than those in younger age groups

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6 CURRENT OVERVIEW OF SERVICES AND FACILITIES FOR OLDER PEOPLE ON THE CENTRAL COAST

6.1 Care and Support Services

Older people receive care from a range of different areas – from informal carers, publicly subsidised community and residential care services, or directly from private suppliers of aged care services.

The care needs of older people are very different and a flexible approach is required. Older people may need intensive periods of rehabilitation to assist them in regaining their independence. Overall however, their needs tend to rise over time and the availability of informal carers tends to decline. As a result, those aged 85 years or above have a higher level of reliance on formal care services (*Australian Productivity Commission 2011*).

Informal Carers

Most care for older people is provided informally by family, friends, neighbours and community groups. Access economics (2010b) estimated that if the informal care provided by unpaid carers to all people in need was replaced by formal care, the cost would be more than \$40 billion per annum (*Australian Productivity Commission 2011*).

The Government provides support to carers by providing respite services and income support.

Formal Aged Care Services

The Australian and State and Territory governments provide subsidised formal aged care programs including the Home and Community Care (HACC) program, community care packages and residential aged care.

HACC program

The HACC program is the largest and most extensive program providing services and programs to older people. It plays an important role in enabling older people to live active and independent lives in their own accommodation and remain connected with their local community.

HACC primarily provides low intensity levels of support. It includes meal preparation and delivery, community transport, domestic assistance such as house cleaning and home maintenance, home modification, personal care and allied health care.

Organisations providing HACC services range in size from large organisations that offer multiple programs and services, to small organisations offering only one service or program.

The HACC program is jointly funded by the Australian, State and Territory Governments under the Home and Community Care Act 1985.

Table 18 shows Central Coast HACC client demographics.

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Table 18 Demographic of HACC Clients on Central Coast

Area	Group				Total	
	Clients living alone	Clients with a carer	Indigenous clients	NES clients	Number	Standardised ratio
Gosford - East	1,145 (42%)	544 (20%)	37 (1.4%)	36 (1.3%)	2,704	62
Gosford - West	2,100 (47%)	858 (19%)	86 (1.9%)	45 (1%)	4,471	85
Wyong - North East	1,433 (41%)	835 (24%)	111 (3.2%)	42 (1.2%)	3,510	80
Wyong - South West	1,254 (41%)	772 (26%)	65 (2.1%)	31 (1%)	3,031	78
Central Coast	5933 (43%)	3010 (22%)	300 (2.2%)	155 (1.1%)	13,716	77
NSW	349,097 (38%)	55,744 (26%)	9,473 (3.6%)	28,145 (10.6%)	266,561	85
Australia	349,097 (38%)	238,957 (26%)	24,152 (2.6%)	87,304 (9.4%)	93,0087	100

Source: Medicare Local Central Coast Population Health Profile 2013

As outlined in the table above, HACC clients across the region are more likely to live alone and less likely to have a live-in carer compared to both NSW and national figures. The number of people receiving HACC services across the region is lower than expected compared to national figures. This is thought to be because of a lack of knowledge of available services rather than a lack of need (*Central Coast Medicare Local 2014*).

Community Care Packages

There are three types of community aged care packages providing alternatives to residential aged care offering both low and high level care options for those who need support to remain in the community. These include:

- Community Aged Care Packages (CACP) which offer low-level care within a person's home for those who require basic support and assistance with activities of daily living
- Extended Aged Care at Home (EACH) packages offer a higher level of care than CACP
- Extended Aged Care at Home Dementia (EACHD) packages cater for those with more complex care needs

Community Care packages are individually planned and co-ordinated to help older people remain in their homes. On the Central Coast a total of 1316 community care packages are funded.

The breakdown for these across the region is:

- Basic care (level 1) – 34 packages
- Low care (level 2) – 1031 packages
- Intermediate care (level 3) – 30 packages
- High care (level 4) – 219 packages

The ratio of care packages to per 1000 people over 70 years on the Central Coast is 25.63. This is considered to be well below the national benchmark of 28.3 per 1000 people.

(*Central Coast Medicare Local 2014*)

Residential Care

Residential care is provided to older people when their care needs become too intensive for at home services.

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There are two types of residential aged care providing care within an accommodation setting for those whose care needs can no longer be met within their own homes:

- Respite care offers temporary or casual residential care to support both older people and their carers
- Permanent care offers low or high level care depending on an individual's needs, in residential aged care accommodation, once a person can no longer manage to live at home
- Shortfalls have been identified in existing residential aged care provision both for low and high care and dementia care within the Central Coast Region. The region is below Commonwealth Government benchmarks in terms of places available compared to the population

The Central Coast has 37 Residential Aged Care Facilities, 17 located in Gosford LGA and 20 located within Wyong LGA. These facilities provide 3,761 beds for aged care accommodation across the region. The breakdown of bed types is as follows:

- Low care – 1506 beds (40% of all beds provided)
- High Care (including dementia specific) 2255 beds (60% of all beds provided)

(Central Coast Medicare Local Central Coast 2014)

Retirement Villages

Retirement Villages which include independent and assisted living units have an important role to play in the accommodation of older residents. The Retirement Village Association (RVA) estimates that there are currently around 160,000 residents living in 1870 retirement villages across Australia (*Australian Productivity Commission 2011*).

The type and quality of this accommodation varies significantly from basic to luxury resort-style living. Many of the retirement villages within the region are not affordable for many residents as they are targeted at the high end of the market. This is aimed to attract residents from Sydney rather than meeting the needs of local aged residents.

Community Care Access Point initiative

The community aged care service system can seem bewildering and complex for people who are unfamiliar to it. In recognition of this, the Central Coast Aged Care Sector have worked together over many years through the Central Coast Ageing and Disability Association to develop user friendly processes of co-ordination and communication for Central Coast residents.

In 2012, the State government through the department of Human Services – Ageing, Disability and Home Care implemented the Community Care Access Point initiative.

The Community Care Access Point (CCAP) is a single point that provides a simple way for older people, people with a disability, their families and carers to get information about and gain access to community care services in the Hunter and Central Coast areas.

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6.2 Council's Role – Gosford City and Wyong Shire Council

Gosford and Wyong Councils provide a broad range of services to the local community. Some of these services are generic in that they cater for the entire community regardless of age, and some are more targeted towards particular groups within the community, for example, young people or older people.

Different community expectations, resources available and internal management decisions reflect what services Councils provides. The way services are provided and the level at which they are provided are not always identical across the region, as local government has responded to the needs within the local community. As you read through the following list of services provided you will notice some similarities and some differences between Gosford and Wyong Council.

Service Provider	Gosford Council	Wyong Council
Community Facilities	<ul style="list-style-type: none"> o Community halls o Neighbourhood and community centres o Cultural facilities 	<ul style="list-style-type: none"> o Community halls o Neighbourhood and community centres o Cultural facilities
Community Facilities Targeted for Over 50's	<ul style="list-style-type: none"> o Gosford Active Over 50's Leisure and Learning Centre o Terrigal Active Over 50's Leisure and Learning Centre o Ettalong Active Over 50's Leisure and Learning Centre 	<ul style="list-style-type: none"> o Toukley and District Senior Citizens Club o Long Jetty and District Senior Citizens Club o Lake Munmorah Senior Citizens Club o Wyong Senior Citizens Club
Community development programs and activities	<ul style="list-style-type: none"> o Seniors Week program o Education and advocacy internally and externally for older people o Grandma Moses Art Prize o Production of community information specific to the needs of older people 	<ul style="list-style-type: none"> o Seniors Week program o Education and advocacy internally and externally for older people o Production of community information specific to the needs of older people
Library Services	<p>Gosford City has branches located at:</p> <ul style="list-style-type: none"> o Gosford o Woy Woy o Umina Beach o Erina o Kincumber o Kariong o Wyoming o Mooney Mooney Community Library (run by the Mooney Mooney community with support from Gosford library) o Book Express o Book Mobile <p>Targeted services for older people include:</p> <ul style="list-style-type: none"> o Large print books, as well as talking books on CD. o Home Library Service - for people who are unable to visit a library branch. o Internet Lessons for Beginners - Free beginner internet and email lessons are held on various days. o Family History resources. o Book clubs, knitting groups and the Living Library. o Author talks 	<p>Wyong Shire has five branch libraries located at:</p> <ul style="list-style-type: none"> o Tuggerah, o Lake Haven, o The Entrance, o Bateau Bay and o Toukley o Home Library Service <p>Targeted services for older people include:</p> <ul style="list-style-type: none"> o Large print books, as well as talking books on CD. o Home Library Service - for people who are unable to visit a library branch. o Internet Lessons for Beginners - Free beginner internet and email lessons are held on various days. o Family History resources. o Book clubs, knitting groups and the Living Library. o Author talks o Free workshops relating to ageing o New technologies to assist with reading o Assistance with accessing government services and applying for seniors card on-line
Waste Services	'Wheel in Wheel Out Service' for frail older people and people with disabilities who are unable to move their bin to and from the kerb	'Wheel in Wheel Out Service' for frail older people and people with disabilities who are unable to move their bin to and from the kerb
Recreation facilities, programs and events	<ul style="list-style-type: none"> o Active recreation facilities for example sporting fields, netball and multipurpose facilities, tennis courts and skateboard / BMX facilities 	<ul style="list-style-type: none"> o Active recreation facilities for example sporting fields, netball and multipurpose facilities, tennis courts and skateboard / BMX facilities

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Service Provides	Gosford Council	Wyong Council
	<ul style="list-style-type: none"> ○ Community parks and reserves ○ Natural open space reserves including walking trails, fire trails and picnic facilities, beaches and foreshores and ○ Aquatic centres ○ Cycle ways and shared pathways 	<ul style="list-style-type: none"> ○ Community parks and reserves ○ Natural open space reserves including walking trails, fire trails and picnic facilities, beaches and foreshores and ○ Aquatic centres ○ Cycle ways and shared pathways ○ Boat ramps, jetties
Road safety	<ul style="list-style-type: none"> ○ Promoting road safety in the community ○ Developing greater community ownership of road safety ○ Developing road safety as a priority in the management of transport and land use 	<ul style="list-style-type: none"> ○ Promoting road safety in the community ○ Developing greater community ownership of road safety ○ Developing road safety as a priority in the management of transport and land use
Community Information	<ul style="list-style-type: none"> ○ Over 50's newsletter – check with Fiona re name ○ Aged Care Services 	<ul style="list-style-type: none"> ○ Growing Older And Loving Life (GOALL) newsletter ○ Active seniors – information on programs and activities for the over 50's ○ Aged Care Services
Cemeteries	<ul style="list-style-type: none"> ○ Point Clare Cemetery ○ Wamberal Cemetery 	<ul style="list-style-type: none"> ○ Noraville Cemetery and its Memorial Garden and Niche Wall ○ Jiliby Cemetery ○ Yarramalong Cemetery ○ St Barnabas Cemetery ○ Ronkana Cemetery
Rebates	<ul style="list-style-type: none"> ○ Rates ○ Annual water charge 	<ul style="list-style-type: none"> ○ Rates ○ Annual water charge ○ Pets through Animal Care Facility

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7 APPENDICES

7.1 Appendix A: Innovative Projects

Below are some examples of how other communities are responding to the needs of an ageing population. The research has resulted in an overview which illustrates various innovative programs, projects and activities for older people. These have been grouped under each relevant key theme area.

Staying Healthy

Brisbane City Council – Free Immunisation for Seniors

It is recommended that people aged 65 years and over be vaccinated against Pneumococcal and Influenza diseases.

All seniors (65 years and over, or 50 years and over for Aboriginal and Torres Strait Islanders), including international and interstate visitors, can use Council's free immunisation service for these vaccines. Clinics run from March to June (traditionally flu season).

Active Over 50's

Active Over 50' is a unique exercise program specifically for people who are 50 years and over.

Affordable group classes in aqua fitness, ballroom dancing, gentle exercise, strength training, and tai chi are available at over 25 Central Coast venues. Trained professionals conduct the classes and people who attend Active Over 50 classes range from 50 up to 99 years old.

The Better Health Channel (VIC State Government)

The Better Health Channel (BHC) provides health and medical information that is quality assured, reliable, up to date, easy to understand, regularly reviewed and locally relevant. BHC does not have any advertising or sponsorship and is fully funded by the State Government of Victoria (Australia).

The Better Health Channel provides health and medical information to help individuals and their communities improve their health and wellbeing.

Information on the Better Health Channel is provided to help people stay healthy or understand and manage their health and medical conditions. It does not replace care provided by medical practitioners and other qualified health professionals.

Well for Life

Well for Life initiatives use health promoting principles and have focused on improving physical activity, nutrition and emotional wellbeing for older people who participate in Home and Community Care (HACC) services, live in public sector residential aged care services (PSRACS) and live in public housing.

Walking for Pleasure

Walking for Pleasure is a NSW Sport and Recreation program which promotes regular walking with a group.

There are Walking for Pleasure clubs all around NSW that walk regularly in places such as National Parks, places of historical interest, beaches and local areas of interest.

Participating in a Walking for Pleasure club is:

- Enjoyable
- Social
- Easy
- Accessible

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- Healthy
- Free to join

Heartmoves

Heart Foundation Heartmoves is a gentle physical activity program suitable for anyone who hasn't done any exercise in a while. Heartmoves is open to everyone and is designed to be safe for people with stable long term health conditions such as heart disease, diabetes or obesity.

Heartmoves is run by accredited exercise professionals specifically trained in managing safe, low to moderate intensity physical activity programs. Classes are limited in size to ensure maximum safety for the participants.

Taking part in regular Heartmoves sessions can help:

- lower blood pressure
- improve cholesterol control
- manage weight
- improve wellbeing and quality of life
- manage diabetes
- improve balance and flexibility
- improve sleep
- improve bone mineral density with arthritis management
- prevent falls and injuries from falls

Getting Around

Free Seniors Travel Trial

Since September 2013, eligible Gold Coast seniors have been able to travel for free on Gold Coast Surfside buses from 9am to 3.30pm, Monday to Friday.

Since January 2014 eligible Gold Coast seniors have been able to travel free on buses from 8.30am - 3.30pm Monday to Friday.

The Free Seniors Travel trial is part of the City of Gold Coast's drive to encourage more Gold Coasters to use public transport, and to make better use of existing services. It will initially operate as a trial until 31 March 2014.

Community Passenger Networks

CPN's play a key role in providing a central point of contact for the transport needs of local communities. They primarily provide a transport information and brokerage service, and sometimes offer last resort transport for the transport disadvantaged. CPN services are offered to those who are frail, elderly, isolated or who have a disability; do not have access to transport; do not have family, friends or neighbours to help with transport, or cannot walk to the bus stop.

Village2Village shuttle buses in Sydney City

The Village2Village bus is a free hop-on, hop-off service which enables residents of the City of Sydney to access local businesses, hospitals, shopping centres, restaurants and universities. The bus is open to the public which means anyone can use the service regardless of age.

The service operates every Thursday and Friday and is a partnership by South East Sydney Community Transport and the City of Sydney.

Local Link transport for Greater Manchester UK

Local Link is a door-to-door flexible transport service that picks older people up and takes them directly where they want to go. The journey must be booked at least one hour in advance, but can be booked up to a week ahead. Local Link uses minibuses or taxis that are shared with other passengers.

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Interconnect Lincolnshire UK

InterConnect is a quality network of connecting local bus services designed to improve public transport links to destinations throughout Lincolnshire, making travel by bus easier, quicker and more efficient.

All InterConnect routes have a high frequency of service with modern, low-floor vehicles.

Across the InterConnect network, real-time information, new bus shelters, raised kerbs and improved bus stop information boards are being provided. CCTV systems are also now installed on buses and will be provided at interchanges to help passengers feel safer at all times, especially in the evenings.

CallConnect Lincolnshire UK

CallConnect forms part of the Interconnect bus network and is a public bus service that operates only in response to a pre-booked request (on a 'dial a bus' basis). Most CallConnect services are fully flexible and are operated by modern fully accessible minibuses.

Anyone can use CallConnect for any purpose such as shopping, medical appointments, work, training or just meeting friends.

In most cases CallConnect will pick up and set down at designated locations in each village or town. Passengers with a disability or those living in more isolated locations (where there is no natural pick up point) can be picked up and returned to their home address, if it is safe and practical to do so.

The CallConnect service will accommodate travel to any location within each service operating area, and if you are travelling further afield you can connect with the main Interconnect bus service or other local bus or train service.

Hackney Community Transport Social Enterprise

Hackney Community Transport (HCT) was originally founded in 1982 when around 30 local community groups in the London Borough of Hackney pooled their vehicle resources, providing low cost minibuses to help our community to get out and about.

The organisation has grown across London, into Yorkshire, Humberside and the Southwest, becoming HCT Group in 2008.

Minibus hire – a low cost alternative: Provide community groups, clubs and non-profit organisations in Hackney with a financially supported scheme to access cheap minibuses - Group Transport. This service is financially supported by Hackney Council and by money reinvested from HCT Group's commercial contracts.

YourCar: A low cost, fully accessible alternative to minicab hire – designed to help people with disabilities or mobility difficulties where a regular minicab or taxi doesn't meet all of their needs. Vehicles are fully wheelchair accessible and drivers are trained to be able to help their passengers from door to vehicle to door.

Minibus driver training: Minibus Driver Awareness Scheme supports community group members driver vehicles themselves, saving on having to hire a driver with their vehicle. This service is financially supported by Hackney Council and by money reinvested from HCT Group's commercial contracts.

Route 812: A unique community-designed hail and ride route that helps older people and people with disabilities to get out and about

Mobility scooters: Working in partnership with several local authorities in London, a variety of innovative schemes loan out or hire mobility scooters for people who would not otherwise be able to access them.

Background and Supporting Research Report

NRMA Active Retirees

The NRMA Active Retirees Road safety Program provides a three hour program for people over 65 years. Key topics include:

- Risk factors for drivers over 65
- Understanding new vehicle technologies (ABS, Airbags, GPS etc.)
- Choosing a safe vehicle
- Occupant safety including child restraints
- Intersection safety
- Road Rule Quiz
- Safer reversing and manoeuvring (includes blind spots and reverse sensors and cameras)
- Fatigue management and trip planning
- Options for when you turn 85

NRMA Years Ahead

Road safety program for residents aged 55 and over and aimed at assisting older drivers with driving safely and confidently for longer.

Key topics covered include:

- Changes to legislation
- Safe driving tips
- Road rules
- Vehicle safety
- Pedestrian safety
- Physical fitness and driving
- Mobility alternatives

My Home

The Benevolent Society's Apartments for Life

This development comprises 128 age-friendly apartments to be built and owned by the Society in Bondi. Half the site will be open space, with facilities at ground level (such as café, meeting rooms, dementia day care centre) to be shared with the local community.

The aim is for 95 per cent of residents to be able to stay in their apartment to the end of their life, connected to their local neighbourhood, and using community care services as needed.

Thirty per cent of the units will be affordable by local older people who cannot afford to buy in at the full price and a further 10 per cent will be available for rent to those on low incomes and no assets (i.e. social housing residents).

Housing NSW's Central Living development

This development is located in the heart of Fairfield city centre within easy walking distance of public transport and shops. It comprises 44 two-bedroom units, one retail unit, two common rooms, car parking and open and landscaped areas.

The Fairfield Central Living project and the Benevolent Society Apartments for Life share similar aspirations for creating buildings that foster older people's wellbeing. Both are based on the Humanitas Foundation concept developed in Rotterdam, The Netherlands and focus on older people's quality of life, their autonomy and independence. Both offer innovative ways of providing social housing for older people on medium to low incomes.

Background and Supporting Research Report

Transition and Support

Smart Moves for Wise Heads:

An internal career guidance and support program for Council employees who are aged over 50, supporting them to stay in the workforce in appropriate and rewarding roles as they grow older.

Age Diversity Strategy ANZ Bank

The purpose of this strategy was to create a workplace culture where 'Age is no barrier' by:

- Retaining skills and experience
- More effectively recruiting mature age workers
- Better reflecting the age profile of customers and the wider community
- Investigating the business and customer benefits of mixed aged teams
- Emphasising flexible work practices, and marketing these to mature age employees

Mature Workers Matter

Is a project aimed at developing resources for organisations to:

- Support mature workers, improve their working environment and contribute to the reduction of injury and improvement of return to work
- Retain mature workers
- Attract mature workers
- Promote work organisation practices that benefit all workforce generations
- The resources can be found on the SA and NT Government websites

New Deal 50's Plus – United Kingdom

New Deal 50+ aims to help people aged 50 and over who are looking for or considering a return to work. Many people over 50 find that although they want to work, it is difficult to find a worthwhile job that pays a decent wage. Others want to work but need help and advice.

Retirement Planning Framework – Red Cross

A retirement planning framework to help older employees with intellectual disabilities working in supported employment settings transition successfully into retirement.

My Community

Good Neighbour Clean-up Scheme

The Good Neighbour Clean-up Scheme is a Brisbane City Council initiative that provides a voluntary refuse transport service for residents who are over 60 years of age or have a disability.

Volunteers collect the applicant's general waste items which are too large for the general refuse bin, and transport the waste free of charge to a Council Transfer Station.

Clean Up Australia Day

Clean Up Australia Day takes place each year on the first Sunday in March and is a simple way to take action to clean up, fix up and conserve the Australian environment.

In 2014 an estimated 572,400 volunteers removed 15,700 tonnes of rubbish at 7,140 sites right across the country.

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Being Involved

Growing Older and Living Dangerously

Growing Older and Living Dangerously (GOLD) is a Brisbane City Council program of events and activities for residents 50 years of age and over. There is a great range of free or low cost activities, such as sports, fitness, music or arts and crafts.

GOLD n' kids

Brisbane City Council runs GOLD n' kids for residents 50 years and over and children aged over four to enjoy together. Events include African drumming, fishing, cooking and sport.

Senior Superstar

Brisbane City Council runs this program which is in its seventh year. It is a popular annual talent competition challenging hundreds of aspiring performers and entertains thousands of audience members in venues across Brisbane.

Saviours of the Lost Arts Brisbane City Council

The inaugural Saviours of the Lost Arts program in 2010 brought together hundreds of keen crafters and learners from across Brisbane for a celebration and skills exchange focused on preserving and sharing traditional arts and crafts.

The Every Generation Festival South Australia

This festival is a month-long, community based intergenerational celebration of active ageing in South Australia. The activities of the festival celebrate the lives, achievements and continuing contributions of older South Australians.

Men's Sheds

The modern Men's Shed is an updated version of the shed in the backyard that has long been a part of Australian culture. Men's Sheds are springing up all around Australia. If you looked inside one you might see a number of men restoring furniture, perhaps restoring bicycles for a local school, maybe making Mynah bird traps or fixing lawn mowers or making a kids cubby house for Camp Quality to raffle.

You might also see a few young men working with the older men learning new skills and maybe also learning something about life from the men they work with. You will see tea-bags, coffee cups and a comfortable area where men can sit and talk. You will probably also see an area where men can learn to cook for themselves or they can learn how to contact their families by computer.

Red Cross Programs

Red Cross provides programs using a network of volunteers to connect people who are isolated back into their communities, decreasing isolation and improving their quality of life through simple human contact. This is done through the following programs: MATES Program, Telecross, Telechat and Community Visitors Scheme.

Count us in! Social inclusion for older people living in residential aged care: initiative

The aim of the Count us in! initiative is to promote and facilitate community inclusion, good health and quality of life for older people living at public sector residential aged care services (PSRACS). Funded projects focus on improving engagement between residents and the broader community through the development of programs that target a particular focus area:

- Residents: To empower individuals and provide community supports to maintain a resident's interests and engagement with family, friends, social groups and clubs.

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- Community: To support social inclusion for older people by strengthening community resources and networks, establishing partnerships with community groups and providing training and education programs for volunteers and community groups.
- Organisation: To strengthen the capacity of aged care staff to facilitate and embed meaningful social inclusion opportunities for residents through education and training programs, tools and resources to promote positive change in organisational culture, practice and attitude.

The Count Us In! initiative complements Well for Life activities as both incorporate and integrate aged care quality improvement initiatives to improve the living experiences of older people in residential aged care settings. This is possible through promoting a holistic person-centred care approach which meets the social, emotional and physical needs of the individual and supports the individual with services they want and need to sustain their sense of inclusion and identity.

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7.2 Appendix B: Quality of Life and wellbeing for persons aged 60 and over on the Central Coast

Quality of Life & wellbeing for persons aged 60 and over on the Central Coast:

Analyses of the quality of life wellbeing score for survey respondents aged 60 & over

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 - 1.3 Predicting the Odds
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1. Executive Summary

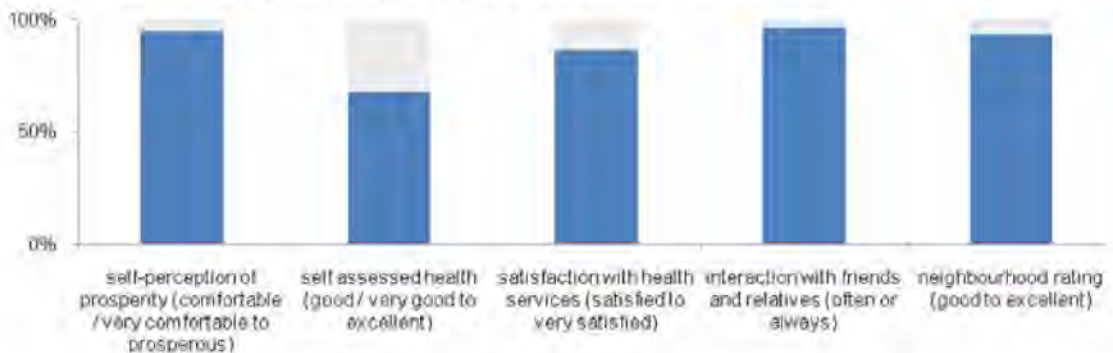
The predictors of wellbeing

An important part of the Quality of Life on the Central Coast (QoL) survey was calculating a wellbeing score for each of the survey participants. An analysis of the factors that led to higher scores meant that it was possible to predict the odds for a resident having higher wellbeing². Those factors were:

- self-perceived prosperity - comfortable (4.4) or very comfortable to prosperous (10.7)
- health status – good (3.1) very good to excellent (4.1)
- satisfaction with health services - satisfied to very satisfied (2.1)
- interaction with friends and relatives - often or always (4.6)
- neighbourhood rating - good to excellent (3.5)
- age - over 60 (2.8)

This report focused on Central Coast residents aged over 60 therefore the results presented here focused on the remaining five factors that contributed to wellbeing. Any resident over 60 with positive ratings for one or more of the factors that contributed to wellbeing had increased odds of higher wellbeing scores.

Figure 1: Residents over 60 with increased odds of higher wellbeing scores



- A high proportion of residents over 60 positively rated their self-perception of prosperity (94.9%), interaction with those not living at home (96.6%), and their neighbourhood (93.3%).
- Positive ratings for self-assessed health and satisfaction with the health services on the Central Coast were not as high (67.7 % and 86.3%). This was considered important as these two factors for wellbeing were closely related.

Overall 75.4 per cent of residents over 60 rated themselves positively in combinations of either four of five of these predictors for wellbeing.

Lower wellbeing scores

At some point in the quality of life survey, almost one in every two or 44.7 per cent of residents over 60 rated themselves negatively as one or more of the following:

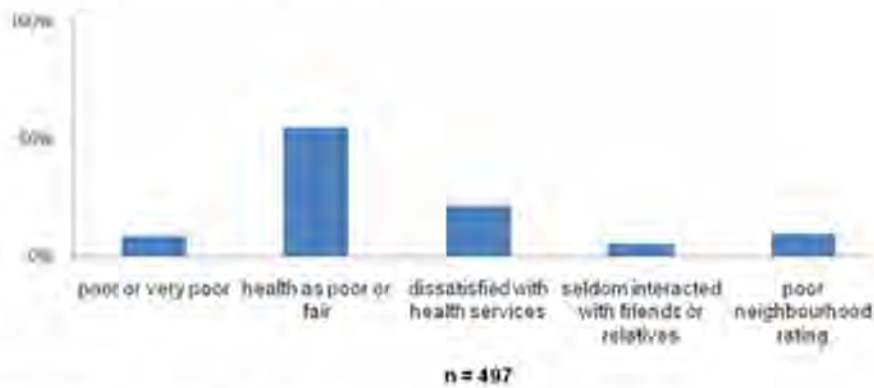
- poor or very poor
- in poor or fair health
- dissatisfied or very dissatisfied with the health services on the Central Coast
- rarely or never interacting with family or relatives not living with them
- living in a neighbourhood that was poor or fair

² For full discussion on the 2012 QoL wellbeing score and regression analysis refer to: Bill.A., Ramanathan. S., 2012, *Quality of Life of Central Coast Residents: Report from the 2012 Quality of Life Survey*, prepared for Gosford City and Wyong Shire Councils by the Central Coast Research Foundation - Research Report No. 439/2012, Newcastle NSW 2300, pg 191 - 197.

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These responses were used to compare wellbeing scores, they were considered to be the 'reference group' responses.

Figure 2: All reference group responses



Of the 497 responses across all reference groups:

- 8.7% related to self-assessed prosperity as poor to very poor
- 55.1% related to self-assessed health as poor or fair
- 21.3% related to dissatisfaction with health services on the Central Coast
- 9.7% related to neighbourhood ratings as poor or fair
- 5.2% related to rarely or never interacting with friends or relatives

Unfortunately it was not possible to predict the odds for lower wellbeing based on these results, so the combinations of these responses was considered.

This analysis showed that around three quarters or 74.2 per cent of residents over 60 rated themselves in only one of these reference groups. One in every four residents over 60 or 25.9 per cent rated themselves in combinations of two or more of these reference groups.

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Table 1: Combinations of responses across all reference groups

	prosperity as poor or very poor	poor or fair health	dissatisfied with health services	rarely interacted with friends or relatives	poor or fair neighbourhood rating
prosperity as poor or very poor	43	•	•		
poor or fair health	•	274	•	•	•
dissatisfied with health services	•	•	106	•	•
rarely interacted with friends or relatives		•	•	26	
poor or fair neighbourhood rating	•	•	•		48

- It was known that poor or fair health was a dominant factor that may relate to lower wellbeing scores. However when combinations of these negative responses were analysed, poor or fair health was strongly associated with all of these reference groups.
- Unsurprisingly dissatisfaction with health services was consistently associated with poor or fair health. When dissatisfaction with health services was combined with two or more other reference groups, there was an association with all of these reference groups.

1.1 The Wellbeing Score

The idea of a wellbeing score is to find a way to measure the quality of life or personal wellbeing of individuals in a community. An important part of the Quality of Life on the Central Coast (QoL) survey was calculating a wellbeing score for each of the survey participants.

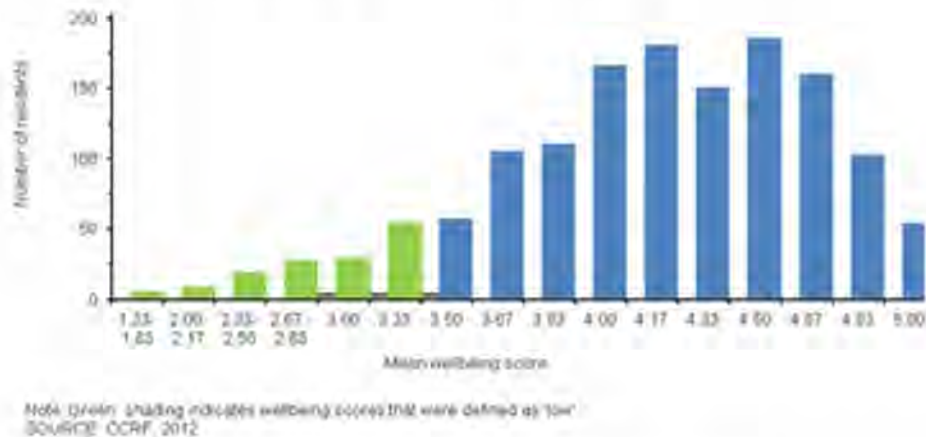
The calculation of the wellbeing scores was based on equal combinations of the following six measures of quality of life:

- The extent to which people were happy with their life
- Their level of satisfaction with what they had achieved (up to the time of their interview)
- Their level of satisfaction with their current standard of living
- Their level of satisfaction with their life as a whole (up to the time of the interview)
- How valued people felt by those that knew them
- How optimistic people felt about their future

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The mean ratings for these questions were added together and then divided by 6 to generate a wellbeing score. Using this calculation wellbeing scores were assigned to each QoL survey participant. In 2012, the lowest wellbeing score was 1.33 and the highest possible score was 5.00.

Figure 3: 2012 Quality of Life wellbeing scores for the Central Coast



Most of the residents on the Central Coast were positioned within the blue shading, recording a wellbeing score of 3.50 or higher. This meant that they were more likely to experience a reasonably high level of personal wellbeing. However 12.1% of residents had lower wellbeing scores at 3.33 or less.

It was important to know more about why some residents had higher scores compared to others. So by looking at the survey responses more closely, it became possible to predict which residents were likely to have higher personal wellbeing.

1.2 Factors that contribute to higher wellbeing

To determine the factors that led to higher wellbeing scores, a univariate analysis was conducted to find out all of the possible factors that could contribute to wellbeing. Then a multivariate analysis was conducted to single out those factors that were strongly associated with higher scores.

It was found that residents that answered the following questions with a positive response were around 90% more likely to have a higher wellbeing score. These positive responses became the key predictors of wellbeing.

- Self-perceived prosperity (very comfortable or prosperous)
- Health status (very good to excellent)
- Satisfaction with health services (satisfied to very satisfied)
- Interaction with friends and relatives (often or always)
- Neighbourhood rating (good to excellent)
- Age (over 60)

Conversely residents who responded to these questions in a negative way:

- poor or very poor
- rated their health as poor or fair
- were dissatisfied or very dissatisfied with the health services on the Central Coast
- never or rarely interacted with family or relatives not living with them
- rated their neighbourhood as poor to fair
- were 18-39 years old

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were the least likely to be in the high wellbeing group, and were at greatest risk of low wellbeing.

1.3 Predicting the Odds

The results for the six factors that contributed to higher wellbeing scores were analysed. This made it possible to predict the odds as to whether a resident may have a higher or lower wellbeing score [all other factors being constant].

For example, being aged 60 and over had its advantages for quality of life and wellbeing. The odds showed that compared to residents aged 18-39, the older age groups were 2.8 times more likely to be in a higher wellbeing group.

Table 2: The odds for predicting higher wellbeing scores

factors contributing to higher wellbeing	odds for higher wellbeing scores	compared to those that were
1 Self-perceived prosperity	comfortable / just getting along 4.4	poor to very poor
	very comfortable prosperous 10.7	
2 Interaction with friends or relatives	often or always 4.6	rarely or never
3 Self-assessed health	good 3.1	poor or fair
	very good to excellent 4.1	
4 Satisfaction with health services on the Central Coast	satisfied to very satisfied 2.1	very dissatisfied to dissatisfied
5 Neighbourhood rating	good to excellent 3.5	poor to fair
6 Age	60 and over 2.8	18-39 years

Therefore there were six factors that contributed to higher wellbeing. Positive responses had better odds for higher wellbeing scores, so they became the predictors for wellbeing.

- Comfortable, very comfortable or prosperous
- Often or always interacted with neighbours
- Good, very good or excellent health
- Satisfied or very satisfied with health services
- Good to excellent neighbourhood rating
- Aged 60 and over

Negative responses were referred to as being part of a reference group, because these responses were used to compare against those with higher wellbeing scores.

- Poor to very poor
- Rarely or never interacted with neighbours
- Poor or fairer health
- Dissatisfaction with health services
- Poor or fair neighbourhood rating
- Aged 18-39 years

For example, Compared to residents that self-assessed their health as poor to fair, those that felt they had very good to excellent health were 4.1 times more likely to be in the higher wellbeing group.

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2. Factors Contributing to Wellbeing

Over recent decades the structure of the population on the Central Coast has changed considerably. More and more people live on the Central Coast and the population has been getting older. This meant that it was important to know about the wellbeing of residents aged over 60, and to consider how to live well into the future.

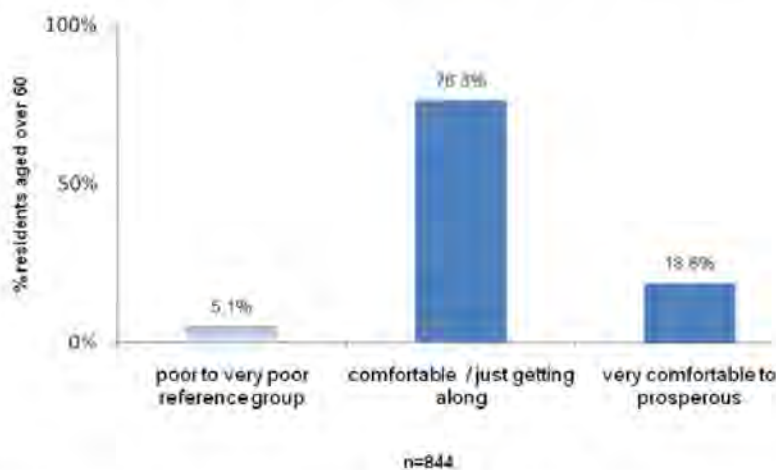
One of the six factors that contributed to wellbeing was age. All residents aged 60 and over were 2.8 times more likely to experience higher wellbeing, so then this report has focused on the remaining five.

2.1 Self-perceived prosperity

Compared to residents in the reference group that considered themselves poor to very poor:

Residents that considered themselves to be comfortable/just getting along were 4.4 times more likely to have higher wellbeing scores. Those that considered themselves to be very comfortable to prosperous were 10.7 times more likely to have higher wellbeing scores.

Figure 4: Given your current needs and financial responsibilities, would you say that you and your family are...



When asked to rate self-perceived prosperity, a total of 95.2 per cent of residents over 60 were either comfortable/just getting along or very comfortable to prosperous. Based on these positive perceptions of prosperity, the majority of Central Coast residents over 60 had increased odds of higher wellbeing scores.

This also meant that the 5.1 per cent of residents over 60 that were positioned in poor to very poor reference group were less likely to have higher wellbeing scores.

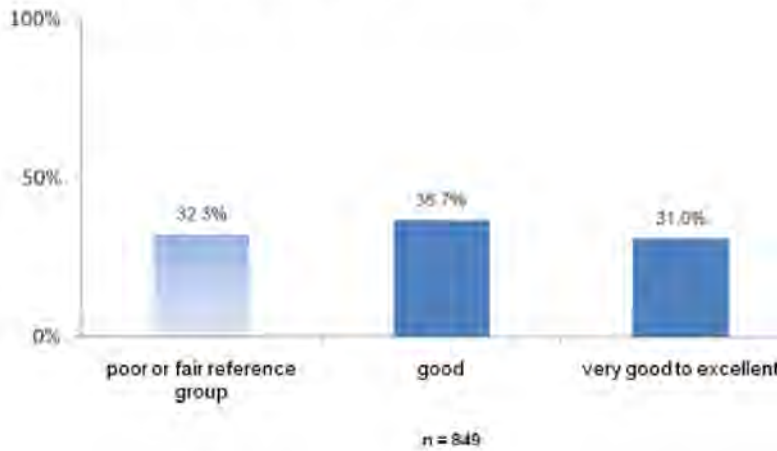
2.2 Self-assessed health

Compared to residents in the reference group that self-assessed their health as poor or fair:

Residents that self-assessed their health as good were 3.1 times more likely to be in the higher wellbeing group. Those that self-assessed their health as very good to excellent were 4.1 times more likely to have higher wellbeing scores.

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Figure 5: In general, would you say that your health is...?



When asked to self-assess their health, 67.7 per cent of Central Coast residents indicated that their health was either good or very good to excellent. Based on these positive perceptions of health almost seven in every ten Central Coast residents over the age of 60 had increased odds of higher wellbeing scores.

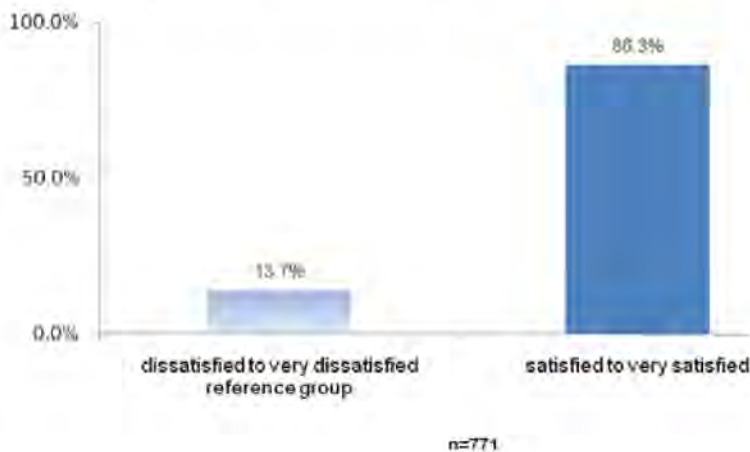
This meant that 32.3 per cent of residents over 60 were positioned in the reference group. These residents that self-assessed their health as poor to very poor were less likely to have higher wellbeing scores.

2.3 Satisfaction with health services on the Central Coast

Compared to residents in the reference group that were dissatisfied to very dissatisfied with the health services of the Central Coast:

Residents that were satisfied to very satisfied with the health services on the Central Coast were 2.1 times more likely to have higher wellbeing scores.

Figure 6: Overall, how dissatisfied or satisfied are you with health services on the Central Coast?



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When asked if they were satisfied with health services on the Central Coast, a total of 86.3 per cent of residents over 60 indicated that they were either were satisfied to very satisfied. Based on the level of satisfaction with health services on the Central Coast, over eighty per cent of residents over 60 had increased odds of higher wellbeing scores.

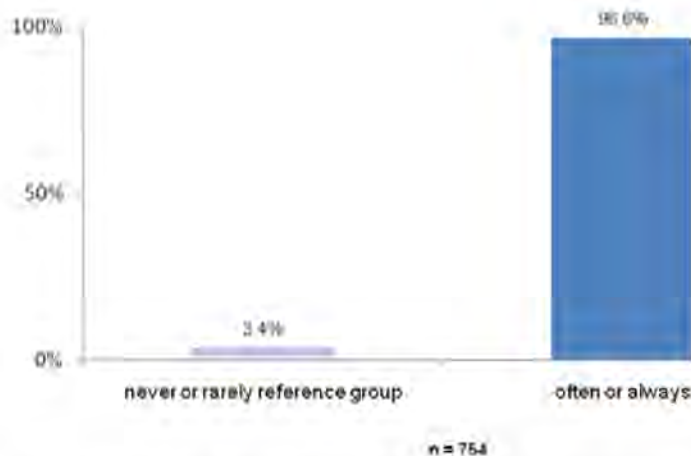
This meant that 13.7 per cent of residents over 60 were positioned in the reference group. These residents that were dissatisfied to very dissatisfied with health services on the Central Coast were less likely to have higher wellbeing scores.

2.4 Interaction with friends and neighbours

Compared to residents in the reference group that rarely or never interacted with friends or neighbours:

Residents that interacted with friends and relatives often or always were 4.6 times more likely to have higher wellbeing scores.

Figure 7: In the past 4 weeks how often did you interact with friends or relatives not living with you? (Includes talking to someone face-to-face or on the telephone but not email)



When asked how often they interacted with friends or relatives not living with them, 96.6 per cent of residents over 60 did so either often or always. Interaction included either talking to someone face-to-face or on the telephone. Based on the frequency of interaction with friends and relatives the majority of Central Coast residents over 60 had increased odds of higher wellbeing scores.

This meant that the 3.4 percent of residents over 60 were positioned in the reference group. These residents that rarely or never interacted with friends or relatives not living with them were less likely to have higher wellbeing scores.

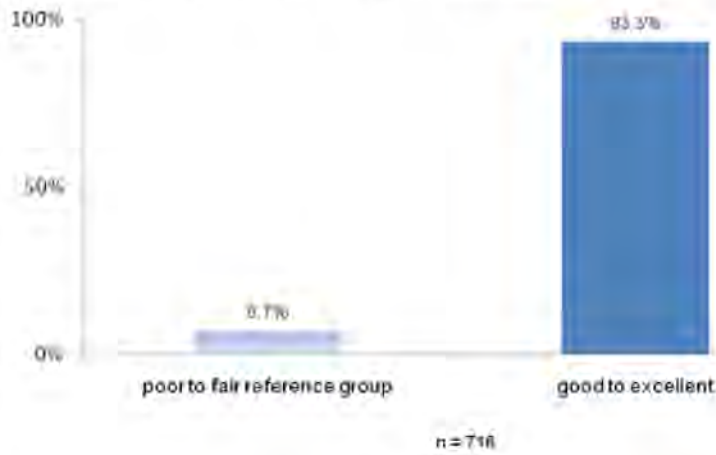
2.5 Neighbourhood rating

Compared to residents in the reference group that rated their neighbourhood as poor to fair:

Residents that rated their neighbourhood as good to excellent were 3.5 times more likely to have higher wellbeing scores.

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Figure 8: How would you rate your neighbourhood as a place to live?



When asked to rate their neighbourhood, a total of 93.3 per cent of residents over 60 rated their neighbourhood as good to excellent. Based on these positive neighbourhood ratings the majority of Central Coast residents over 60 had increased odds of higher wellbeing scores.

This meant that 6.7% of residents over 60 were positioned in the reference group. These residents that rated their neighbourhood as poor to fair were less likely to have higher wellbeing scores.

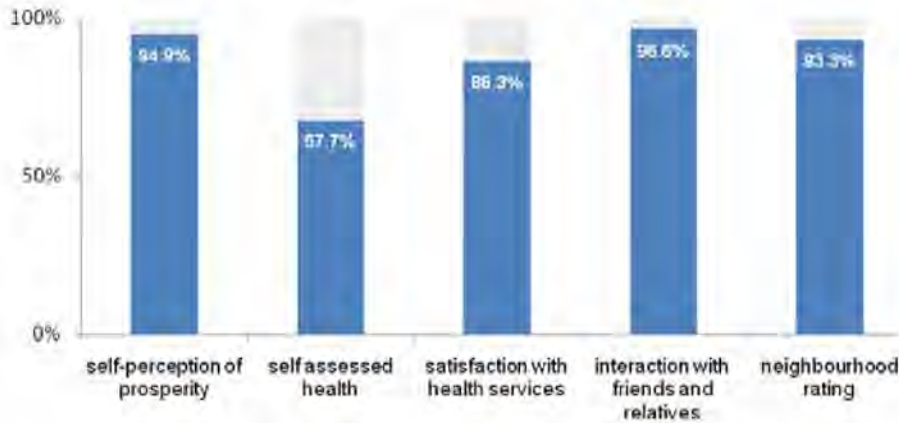
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3. The Predictors of Wellbeing

3.1 Predictors of wellbeing

The responses from Central Coast residents over 60 to the five factors that contributed to higher wellbeing scores in the 2012 QoL survey are shown below.

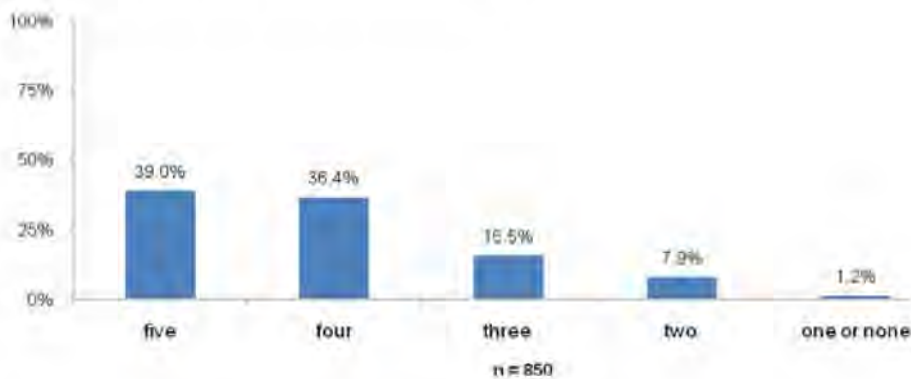
Figure 9: Positive ratings for the predictors of wellbeing



There was a high proportion of residents over 60 that answered positively when asked to rate their self-perception of prosperity (94.9%), frequency of interaction with those not living at home (96.6%), and their neighbourhoods (93.3%).

Ratings for self-assessed health and satisfaction with the health services on the Central Coast were not as high (67.7 % and 86.3%). This was considered important as these two factors were closely related.

Figure 10: Combinations of predictors of wellbeing



Overall around three quarters of residents over 60 rated themselves positively for four to five combinations of predictors for wellbeing. These residents over 60 with multiple positive responses were even more likely to have higher wellbeing scores.

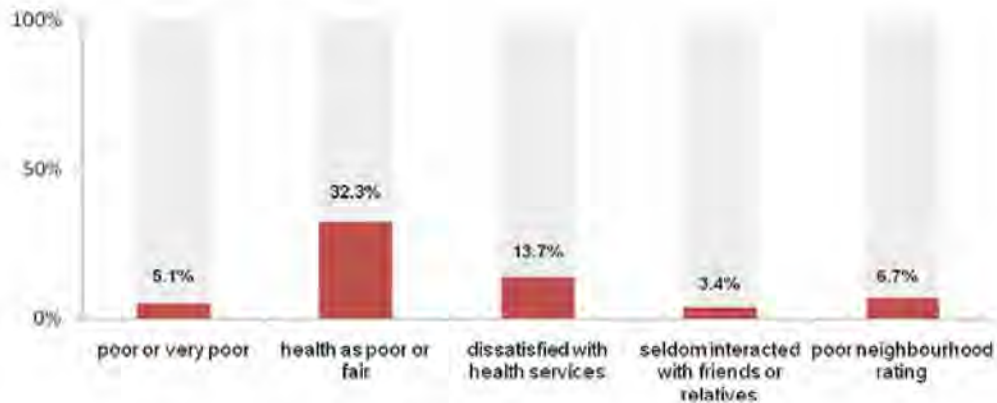
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3.2 Lower wellbeing scores

There were a number of residents over 60 in the QoL survey that were positioned within the reference groups. These residents answered negatively to one or more of the five factors that contributed to wellbeing, for example, poor, very poor, dissatisfied, or very dissatisfied.

So then the predictors for wellbeing also told another story. Those residents over 60 that were part of a reference group were less likely to have higher wellbeing scores.

Figure 11: The reference groups



- 5.1% considered themselves to be poor or very poor
- 32.3% rated their health as poor or fair
- 13.7% were dissatisfied or very dissatisfied with the health services on the Central Coast
- 3.4% rarely or never interacted with family or relatives not living with them
- 6.7% rated their neighbourhood as poor to fair

An analysis of the odds for lower scores was not undertaken in 2012, so it was not possible to predict the 'risk' for lower wellbeing. However it was important to understand how many residents over 60 had been positioned in one or more reference group.

Figure 12: Proportion of residents in any reference group

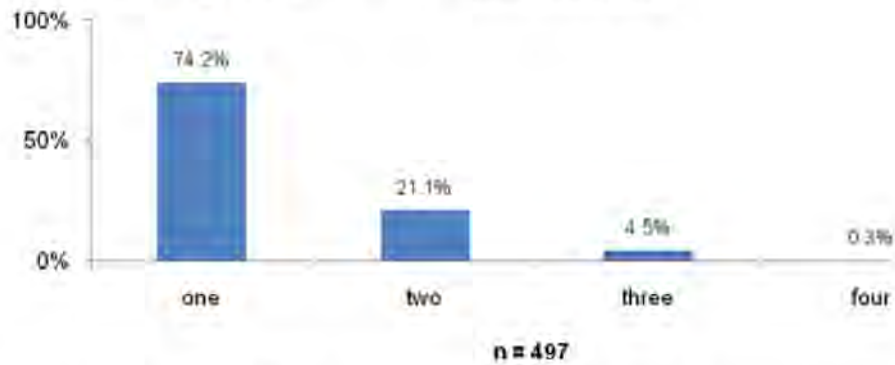


Just under half, or 44.7 per cent of Central Coast residents over 60 were part of a reference group for one or more factors that contributed to wellbeing.

Based on the 2011 Census population count, this would equate to around 34,858 persons or 21.4% of the Central Coast population. Current population forecasting to 2031 would estimate this at around 46,816 persons or 25.7% of the Central Coast population.

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Figure 13: Percentage of residents in one or more reference group



Almost three-quarters or 74.2% of residents over 60 were positioned in one reference group. However one on four residents or 25.9% were positioned in two or more reference groups.

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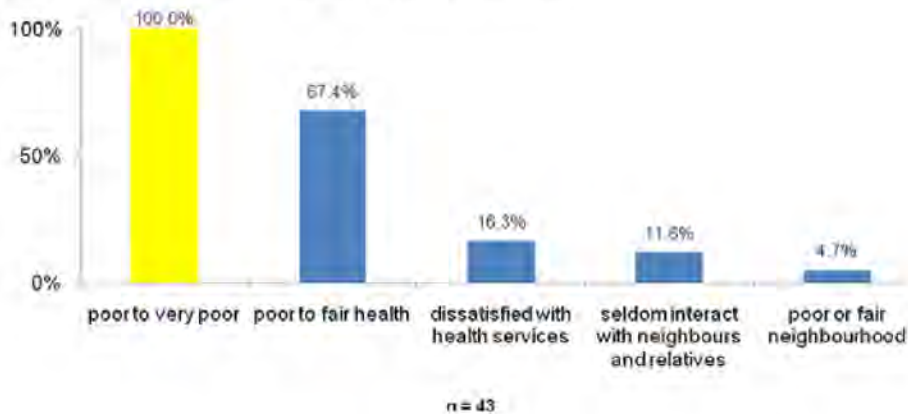
4. The Reference Groups

4.1 Residents over 60 who self-assessed their prosperity as poor to very poor

A relatively small percentage of Central Coast residents over 60 (5.1%) rated their self-perceived prosperity as poor to very poor. This would have equated to 3,077 persons in the 2011 Census, and forecasted to grow to 5,341 persons to 2031.

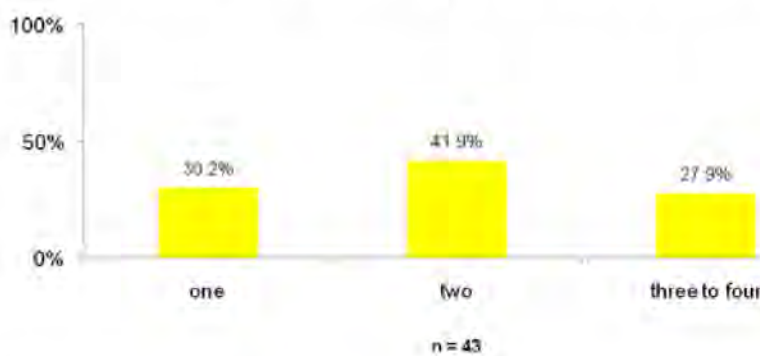
Residents over 60 that considered themselves as poor to very poor also rated themselves within these other reference groups.

Figure 14: Self-perception of prosperity (poor to very poor)



- 67.4% also rated their self-assessed health as poor to fair
- 16.3% were also dissatisfied or very dissatisfied with health services on the Central Coast
- 11.6% also rated their neighbourhood as poor to fair
- 4.7% also rarely or never interacted with friends or relatives not living with them

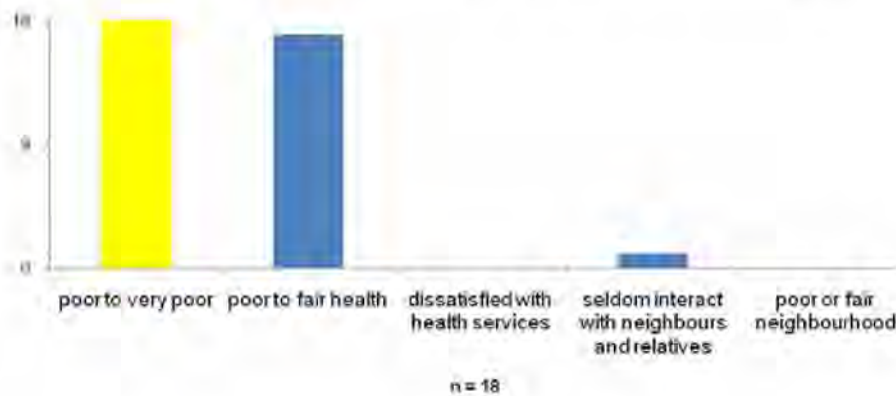
Figure 15: Self-perception of prosperity (poor to very poor) combinations of responses



When a resident over 60 considered themselves to be poor to very poor, 30.2% of the time that was the only reference group the resident was part of. However 41.9% of the time the resident was part of a second reference group, and 27.9% of the time they were part of three or more reference groups.

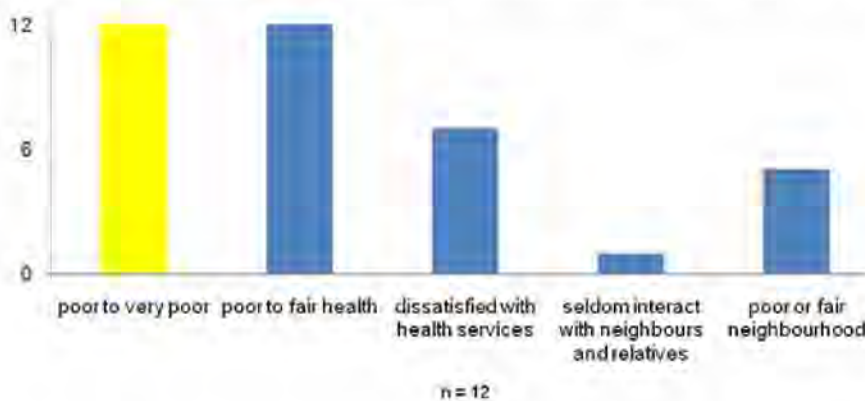
Background and Supporting Research Report

Figure 16: Self-perceived prosperity (poor to very poor) plus one other reference group



When residents over 60 rated themselves as poor to very poor in combination with one other reference group, the majority of them also self-assessed their health as poor or fair.

Figure 17: Self-perceived prosperity (poor to very poor) plus two or more reference groups



When residents over 60 rated themselves as poor to very poor in combination with two or more other reference groups:

- each resident also rated their self-assessed health as poor or fair
- just over half were also dissatisfied to very dissatisfied with health services
- just under half rated their neighbourhood as poor to fair

Summary

A relatively small percentage of Central Coast residents over 60 (5.1%) rated their self-perceived prosperity as poor to very poor. This would have equated to 3,077 persons in the 2011 Census, and forecasted to grow to 5,341 persons to 2031.

When a resident over 60 considered themselves to be poor to very poor, 30.2 per cent of the time that was the only reference group the resident was part of.

One in every four or 41.9 per cent of residents over 60 that rated themselves as poor to very poor did so in combination with one other reference group, and the majority of the time they also considered their health as poor or fair.

Background and Supporting Research Report

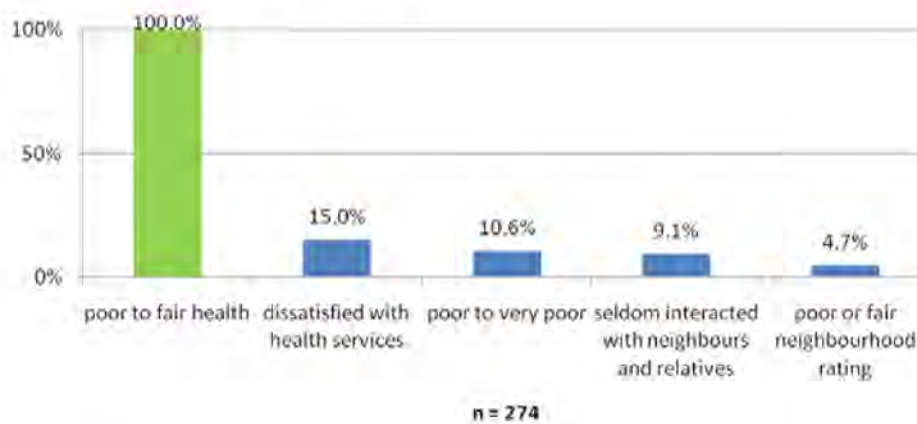
Almost one in every three or 27.9 per cent of residents over 60 that rated themselves as poor to very poor did so in combination with two or three other reference groups. Each of these residents also self-assessed their health as poor to fair, and more than half were also dissatisfied to very dissatisfied with health services on the Central Coast.

4.2 Residents over 60 who self-assessed their health as poor to fair

Almost one-third of Central Coast residents over 60 (30.2%) rated their health as poor to fair. This would have equated to 25,189 persons in the 2011 Census, and forecasted to grow to 33,829 persons to 2031.

Residents over 60 that considered their health to be poor or fair also rated themselves within these other reference groups.

Figure 18: Self-assessed health (poor or fair)



- 15.0% were also dissatisfied or very dissatisfied with health services on the Central Coast
- 10.6% also rated their prosperity as poor to very poor
- 9.1% also rated their neighbourhood as poor to fair
- 4.7% also rarely or never interacted with friends or relatives not living with them

This shows the dominance the self-assessed health has over other reference groups. A persons' perception of their health was an important factor contributing to their wellbeing.

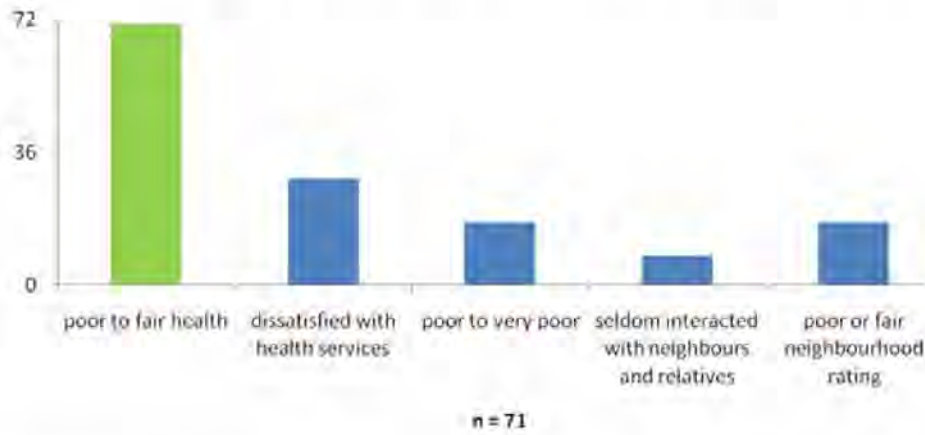
Figure 19: Self assessed health (poor or fair) combinations of responses



Background and Supporting Research Report

When a resident over 60 rated their health as poor to fair, 67.5% of the time that was the only reference group the resident was part of. However 25.9% of the time the resident was part of a second reference group, and 6.6% of the time they were part of three or more reference groups.

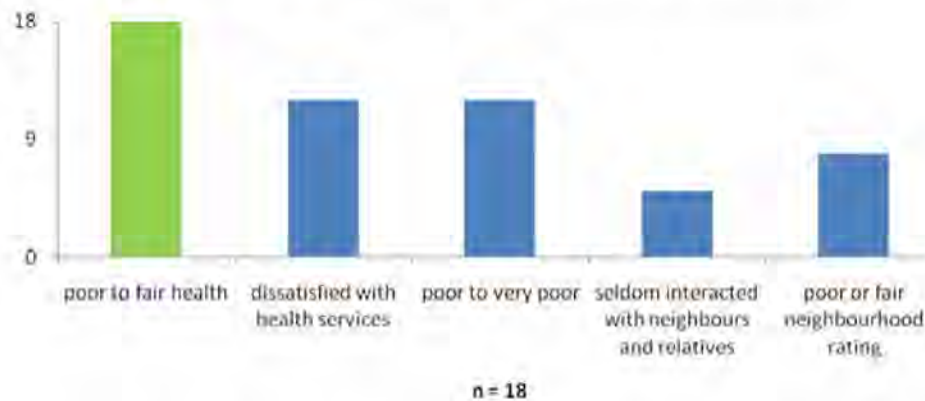
Figure 20: Self-assessed health (poor or fair) plus one other reference group



When residents over 60 rated their health as poor to fair in combination with one other reference group, they did so in combination with one of the following:

- dissatisfaction with health services on the Central Coast
- self-perception of prosperity as poor to very poor
- rarely or never interacting with friends or relatives not living with them
- poor to fair neighbourhood rating

Figure 21: Self-assessed health (poor or fair) plus two or more other reference groups



When residents over 60 rated their health as poor to fair in combination with two or more other reference groups they did so in combination with two or more of the following:

- dissatisfaction with health services on the Central Coast
- self-perception of prosperity as poor to very poor
- rarely or never interacting with friends or relatives not living with them
- poor to fair neighbourhood rating

Background and Supporting Research Report

Summary

Almost one-third of Central Coast residents over 60 (30.2%) rated their health as poor to fair. This would have equated to 25,189 persons in the 2011 Census, and forecasted to grow to 33,829 persons to 2031.

When a resident over 60 considered their health to be poor or fair, 67.5 per cent of the time that was the only reference group the resident was part of.

One quarter or 25.9 per cent of residents over 60 that rated their health as poor or fair did so in combination with one other reference group. A small percentage (6.6%) of residents over 60 that rated their health as poor to fair did so in combination with two or more other reference groups.

Overall, whether self-assessed health was combined with one or more responses in other reference groups, poor to fair health was consistently associated with:

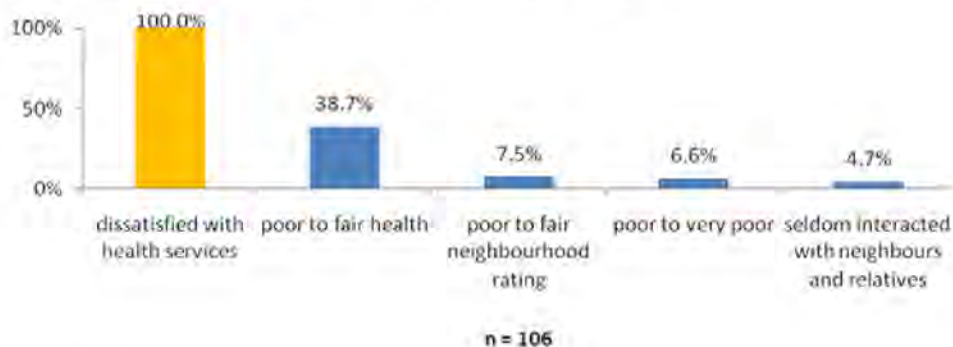
- dissatisfaction with health services
- poor to very poor prosperity
- rarely or never interacting with friends or relatives not living with them
- poor to fair neighbourhood rating

4.3 Residents over 60 that were dissatisfied or very dissatisfied with health services on the Central Coast

Just over one in every ten (13.7%) of Central Coast residents over 60 were dissatisfied or very dissatisfied with health services on the Central Coast. This would have equated to 10,685 persons in the 2011 Census, and forecasted to grow to 14,348 persons to 2031.

Residents over 60 that were dissatisfied with health services also rated themselves within these other reference groups.

Figure 22: Dissatisfaction with health services on the Central Coast



- 38.7% rated their self-assessed their health as poor to fair
- 7.5% rated their neighbourhood as poor to fair
- 6.6% rated their prosperity as poor to very poor
- 4.7% rarely or never interacted with friends or relatives not living with them

This shows the correlation between dissatisfaction with health services and residents that rated their health as poor or fair.

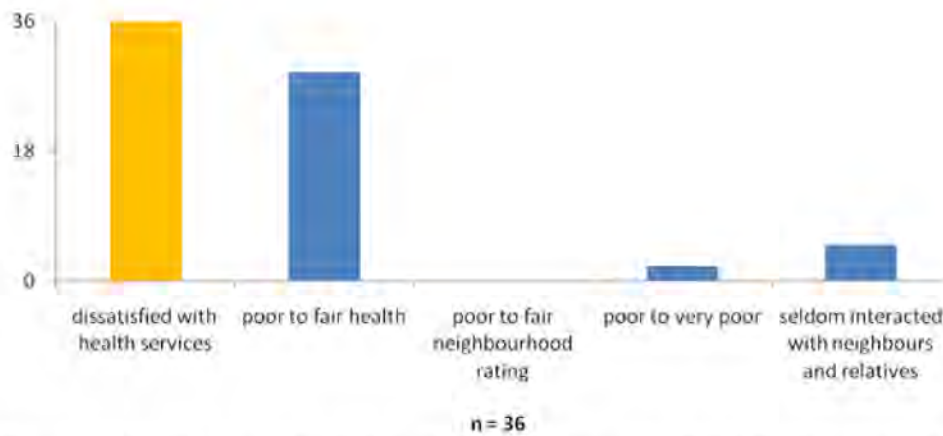
Background and Supporting Research Report

Figure 23: Dissatisfaction with health services - combinations of responses



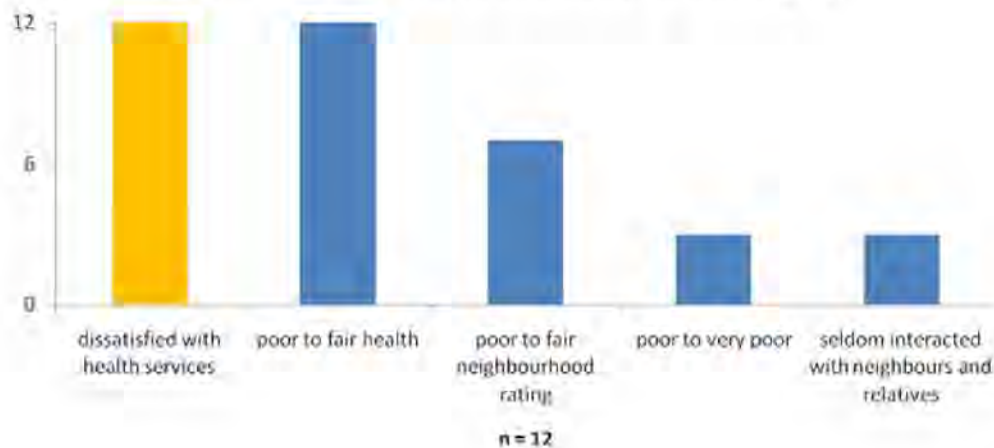
When a resident over 60 was dissatisfied with health services, 54.7% of the time that was the only reference group the resident was part of. However 34.0% of the time the resident was part of a second reference group, and 11.3% of the time they were part of three or more reference groups.

Figure 24: Dissatisfaction with health services plus one other reference group



When residents over 60 were dissatisfied with health services on the Central Coast in combination with one other reference group many residents also self-assessed their health as poor or fair.

Figure 25: Dissatisfaction with health services plus two or more other reference groups



Background and Supporting Research Report

When the 11.3% of residents over 60 were dissatisfied with health services on the Central Coast in combination with two or more other reference groups:

- each resident also self-assessed their health as poor or fair
- just over half also considered themselves to be poor or very poor
- around a quarter also rarely or never interacted with friends or relatives not living with them
- around a quarter also rated their neighbourhood as poor or fair

Summary

Just over one in every ten (13.7%) of Central Coast residents over 60 were dissatisfied or very dissatisfied with health services on the Central Coast. This would have equated to 10,685 persons in the 2011 Census, and forecasted to grow to 14,348 persons to 2031.

When a resident over 60 was dissatisfied or very dissatisfied with health services, 54.7 per cent of the time that was the only reference group the resident was part of.

Around three in every ten or 34.0 per cent of residents over 60 that rated dissatisfaction with health services did so in combination with one other reference group. One in every ten or 11.3 per cent of residents over 60 was dissatisfied with health services in combination with two or more other reference groups.

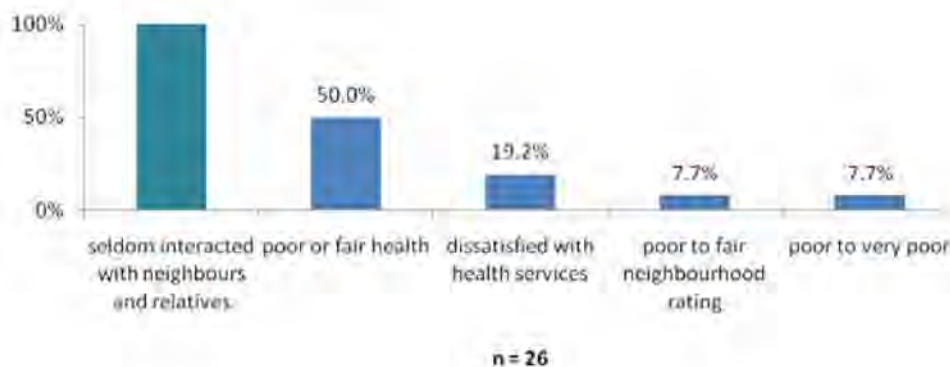
There was a strong prevalence for residents that were dissatisfied with health services to also rate their health as poor or fair, whether in combination with one or two or more other reference groups. However, when combined with two or more other reference groups, residents over 60 also rated themselves as poor to very poor, or otherwise they rarely or never interacted with friends or relatives outside the home or may have rated their neighbourhood as poor or fair.

4.4 Residents over 60 that rarely or never interacted with friends and relatives that lived elsewhere

A relatively small percentage or 3.4% of residents over 60 rarely or never interacted with friends or relatives that lived elsewhere. This would have equated to 2,651 persons in the 2011 Census, and forecasted to grow to 3,561 persons to 2013.

Residents over 60 that rarely or never interacted with friends and relatives that lived elsewhere also rated themselves within these other reference groups.

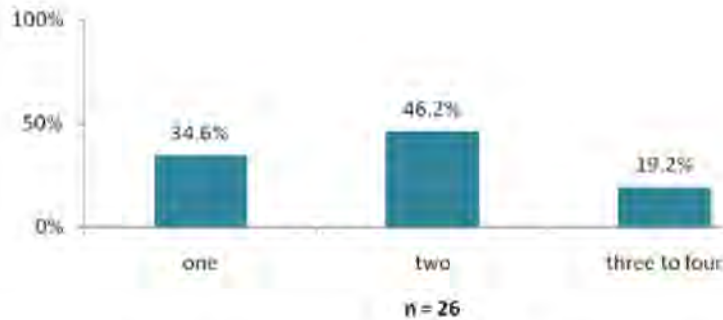
Figure 26: (Rarely or never) interacted with friends and relatives that lived elsewhere.



Background and Supporting Research Report

- 50.0% also rated their self-assessed their health as poor to fair
- 19.2% were also dissatisfied with health services on the Central Coast
- 7.7% also rated their prosperity as poor to very poor
- 7.7% also rated their neighbourhood as poor or fair

Figure 27: (Rarely or never) interacted with friends and relatives - combinations of responses



When a resident over 60 rarely or never interacted with friends or relatives that lived elsewhere, 34.6% of the time that was the only reference group the resident was part of. However 46.2% of the time the resident was part of a second reference group, and 11.3% of the time they were part of three or more reference groups.

Summary

A relatively small percentage or 3.4% of Central Coast residents over 60 rarely or never interacted with friends or relatives that lived elsewhere. This would have equated to 2,651 persons in the 2011 Census, and forecasted to grow to 3,561 persons to 2013.

When a resident over 60 rarely or never interacted with friends or relatives, 34.6 per cent of the time that was the only reference group the residents was part of.

Almost half or 46.2 percent of residents over 60 that rarely or never interacted with friends and relatives was also positioned in one other reference group, with around two in every ten or 19.2 per cent in combination with two or more other reference groups.

There was an association between residents over 60 that rarely or never interacted with friends and relatives and poor to fair health, or otherwise dissatisfaction with health services on the Central Coast.

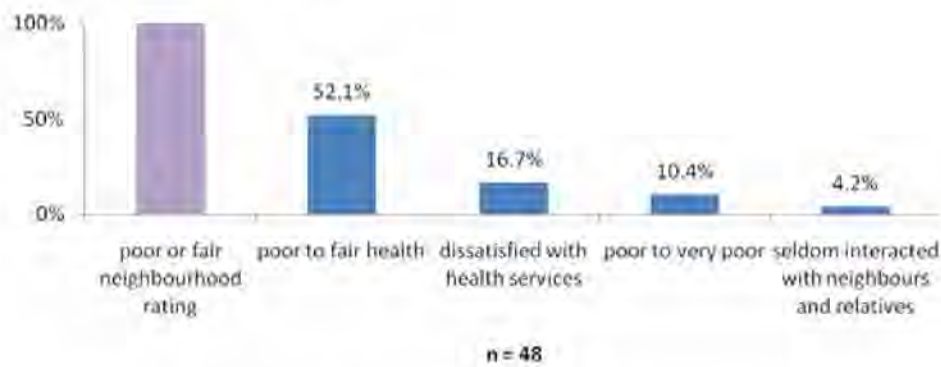
4.5 Residents over 60 that rated their neighbourhood as poor to fair

A relatively small percentage (6.7%) of Central Coast residents over 60 rated their neighbourhoods as poor to very poor. This would have equated to 5,225 persons in the 2011 Census, and forecasted to grow to 7,017 persons to 2031.

Residents over 60 that rated their neighbourhood as poor to fair also rated themselves within these other reference groups.

Background and Supporting Research Report

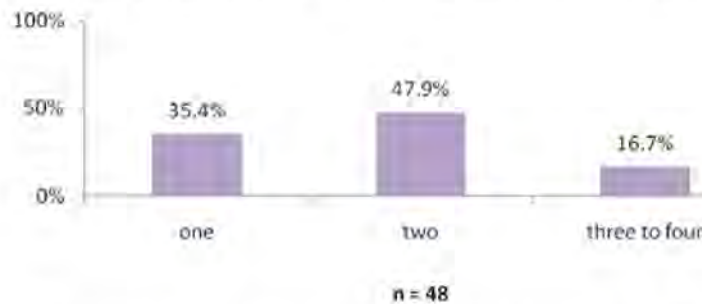
Figure 28: Neighbourhood rating (poor to fair)



- 52.1% self-assessed their health as poor to fair
- 16.7% were dissatisfied or very dissatisfied with health services on the Central Coast
- 10.4% rated their prosperity as poor to very poor
- 4.2% rarely or never interacted with those not living at home

One in two residents over 60 that rated their neighbourhood as poor or fair also self-assessed their health as poor or fair.

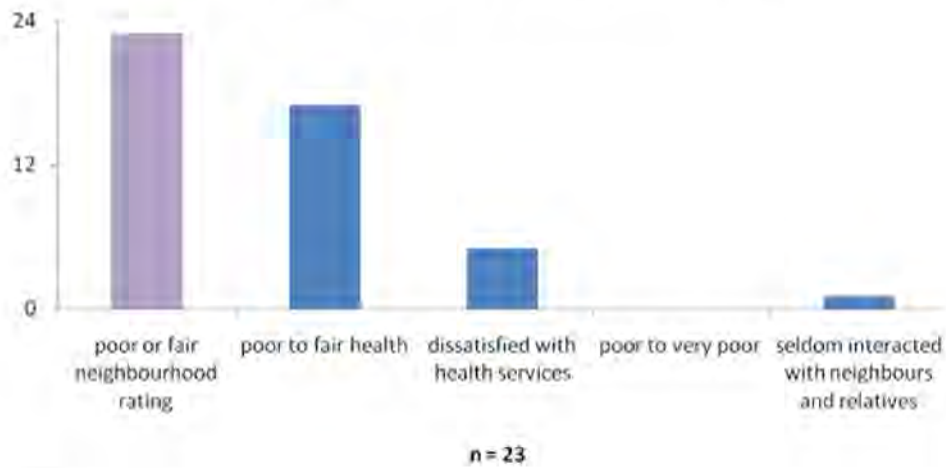
Figure 29: Neighbourhood rating (poor to fair) combinations of responses



When a resident over 60 rated their neighbourhood as poor to fair, 35.4% of the time that was the only reference group the resident was part of. However 47.9% of the time the resident was part of a second reference group, and 16.7% of the time they were part of three or more reference groups.

Background and Supporting Research Report

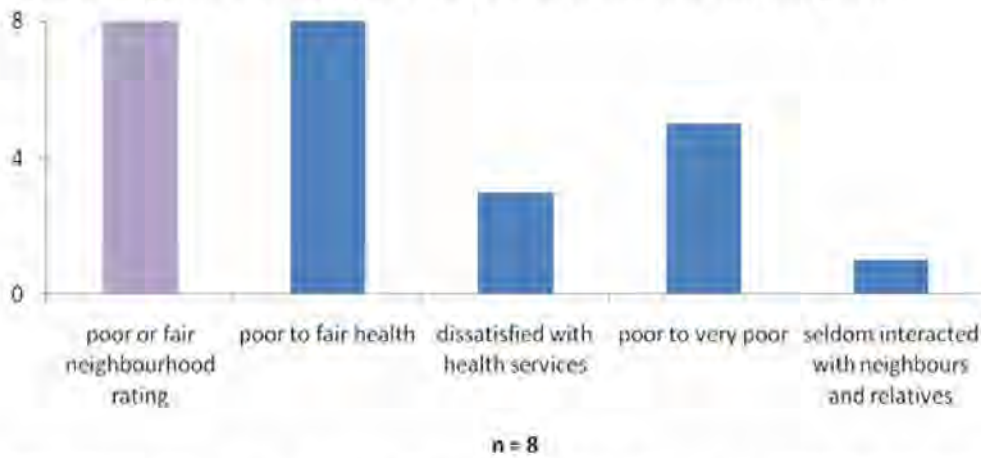
Figure 30: Neighbourhood rating (poor to fair) plus one other reference group



When residents over 60 rated their neighbourhood as poor to very poor in combination with one other reference group:

- many also rated their health as poor or fair
- some were also dissatisfied or very dissatisfied with health services on the Central Coast

Figure 31: Neighbourhood rating (poor to fair) plus two or more other reference groups



When residents over 60 rated neighbourhood as poor to fair in combination with two or more other reference groups:

- each resident also rated their health as poor to fair
- less than half were also dissatisfied to very dissatisfied with health services
- more than half also rated their prosperity as poor to very poor

Summary

A relatively small percentage (6.7%) of Central Coast residents over 60 rated their neighbourhoods as poor to very poor. This would have equated to 5,225 persons in the 2011 Census, and forecasted to grow to 7,017 persons to 2031.

Background and Supporting Research Report

When a resident over 60 rated their neighbourhood as poor or fair 35.4 per cent of the time that was the only reference group the resident was part of.

Almost one in every two or 47.9 per cent of residents over 60 that rated their neighbourhood as poor to fair did so in combination with one other reference group. For the main, those that did so also rated their health as poor to fair or otherwise were dissatisfied with health services on the Central Coast.

In addition 16.7 per cent of residents over 60 that rated their neighbourhoods as poor to very poor did so in combination with two or more reference groups.

- each resident also rated their health as poor to fair
- less than half were also dissatisfied to very dissatisfied with health services
- more than half also rated their prosperity as poor to very poor

Background and Supporting Research Report

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