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DEFINITIONS

Active Ageing is ‘the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age’ (WHO Active Ageing: A Policy Framework).

An Age-Friendly Community is one in which governments, service providers, public officials, community leaders and business:

- Recognise the great diversity among older people.
- Promote their inclusion in all areas of community life.
- Respect their decisions and lifestyle choices.
- Anticipate and respond flexibly to ageing-related needs and preferences.
- An age-friendly community promotes active ageing and inclusion of people of all ages and ability levels.

Ageing Well involves meaningful and positive engagement with people, community and institutions; having a personal sense of security and autonomy and adapting to the changes associated with ageing.

Ageing in Place: ensuring access, affordability and attitudes to enable older people to live in their homes and remain connected to their community. This means growing older in your current house and community rather than having to move to a retirement village or nursing home and hostel to secure the services and support you need. Not simply about people living in their own homes but supporting older people to stay connected with their community, family and lifestyle. Central to the idea is that older people should have choice in their housing and care living arrangements and that older people want to maintain their independence for as long as is possible.

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- Mr Colin Penter - Matrix Social Focus
- Ms Rosemary Cant - Social Systems and Evaluation
- Mr Terry Simpson
- Mr Michael Knight - Pracsys

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The consultants were guided by project managers from the South West Development Commission and Department for Communities and we would particularly like to acknowledge the guidance and support of Ms Anna Oades of the South West Development Commission and Ms Karen Purdy from Department for Communities.

We would also like acknowledge the planning services section of the Shire of Augusta-Margaret River, in particular Mr Andre Schonfeldt for reviewing the planning framework for this report.

The knowledge, guidance and advice of the members of the project advisory group is especially acknowledged. The group includes the following people:

- Mr Don Punch, South West Development Commission
- Ms Anna Oades, South West Development Commission
- Mr Geoff Broad, Shire of Augusta-Margaret River
- Ms Jackie Massey, City of Bunbury
- Mr Mike Schramm, Department of Planning
- Mr Ian Smith, Department of Health
- Ms Linda Jackson, Department of Health
- Mr Tim Hartland, Shire of Harvey
- Ms Maureen Wright, Department of Sport and Recreation
- Ms Gail Ipsen Cutts, Shire of Manjimup
- Ms Karen Purdy, Department for Communities
EXECUTIVE SUMMARY

Population ageing is one of the most significant challenges facing the nation (and WA). By 2026 it is estimated that almost one person in four will be a senior and the population over 60 years will outnumber young people aged less than 19 years. Population ageing requires long-term constructive planning by all levels of government to improve outcomes for people of all ages.

The experience of ageing is shaped by the context in which it happens. A critical element of planning for population ageing is the creation of age-friendly, liveable communities and built environments. Affordable housing, carefully planned housing and neighborhoods, accessible transport, accessible public spaces and amenities, opportunities for participation and involvement in community and economic life and accessible health and community services are required for older people to live fulfilling lives.

The findings of this project show that much can be done to assist older people to age actively beyond the traditional realms of aged care services, health, housing and accommodation, and income and pensions.

This project is unique in that it shows how the wellbeing of older people can be addressed through action across a wide range of public policy areas such as land use planning, urban design and urban planning, planning of the built environment, transport services, housing design and provision, design of public space, outdoor places and buildings, economic and labour market planning, human services planning, social and civic participation and recreational and cultural planning.

Services and infrastructure for the ageing population need to be clustered in places where older people live. The South West Development Commission commissioned this project to provide the basis for an innovative regional response to the ageing population that will position the South West as a leading ‘age-friendly region’ able to benefit from the historic opportunities provided by population ageing.

This project provides a number of outputs to assist in future planning for a regional response to the ageing population including:

- A report of the main findings of the Active Ageing Research Project divided into seven main chapters.
- Demographic analysis (Chapter 2) which provides information on people aged 50 years and over in the South West, together with population and service demand projections using the Ageing Population Services Demand model developed specifically for the project (for an outline of the model see Chapter 3).
- An Ageing Population Services Demand Model which is a high level pilot program designed to provide the SWDC with a set of indicators that is easily interpreted and readily updateable. The model is a dynamic Excel spreadsheet comprised of 16 hyperlinked worksheets which relate the projected population growth of the South West to the estimated demand for a range of services for residents of the 12 South West local government areas within the target range of 50 years and above. The model is not designed as a comprehensive final set of indicators, nor an in-depth audit of all potential data sources or areas of investigation, but is intended as a snapshot tool that can present a profile of the study area or individual LGAs, according to a selected set of metrics (see Chapter 3 for an Overview of the Model). The full Excel spreadsheet model is available from the SWDC.
- Identification of the main social infrastructure and human service requirements for an ageing population on a
sub-regional basis. These services and infrastructure are the building blocks for a community response to the challenges resulting from population ageing. The chapter also summarises the findings of consultations undertaken on the need for services and infrastructure for an ageing population (Chapter 4).

- A Planning Framework to guide the planning and design of age-friendly communities in the South West in response to population ageing. This aims to assist regional authorities, State government agencies and South West local governments, and the private and not-for-profit sectors to consider the issues of an ageing population when developing their policy, plans, strategies and service delivery, to ensure their activities contribute to age-friendly communities in the South West (Chapter 5).

- Australian examples of strategies and programs used successfully to plan for age-friendly communities in response to population ageing, including strategies developed in the South West (Chapter 6).

- A concluding chapter which provides a way forward in the South West to enable planning for population ageing (Chapter 7).

Population ageing provides an opportunity to strengthen the economy, improve the quality of life of older people and strengthen the whole community in the South West. However, if the South West is to reap the benefits of population ageing and make best use of the contribution of its older residents (and visitors), the ageing of the population must move to the forefront of public and social policy.

This project provides some of the tools to enable this to begin. We wish the SWDC well with their efforts.

ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>AHMAC</td>
<td>Australian Health Ministers Advisory Council</td>
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<tr>
<td>CBD</td>
<td>Central Business District</td>
</tr>
<tr>
<td>CPTED</td>
<td>Crime Prevention through Environmental Design</td>
</tr>
<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
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<tr>
<td>COTA</td>
<td>Council on the Ageing (WA Branch)</td>
</tr>
<tr>
<td>DET</td>
<td>Department of Education</td>
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<tr>
<td>DSC</td>
<td>Disability Services Commission</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Housing</td>
</tr>
<tr>
<td>DoSR</td>
<td>Department of Sport and Recreation</td>
</tr>
<tr>
<td>ECU</td>
<td>ECU South West Campus</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HACC</td>
<td>Home and Community Care Program</td>
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<tr>
<td>ILU</td>
<td>Independent Living Unit</td>
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<tr>
<td>LGA</td>
<td>Local Government Authority</td>
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<tr>
<td>NGO</td>
<td>Non-Government Organisation</td>
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<tr>
<td>PATS</td>
<td>Patient Assisted Travel Scheme</td>
</tr>
<tr>
<td>R4R</td>
<td>Royalties for Regions (WA Government)</td>
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<td>SW</td>
<td>South West</td>
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<td>SWDC</td>
<td>South West Development Commission</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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1: BACKGROUND AND PROJECT SCOPE

1.1 Introduction

We live in a unique moment in history. People are living longer and the world is experiencing a historic change in the age structure of populations. Almost all countries, particularly Australia, are ageing. Australia is undergoing a historic transition to an ageing society. The number of people aged over 65 years will grow from 13% to 22% in the next 40 years.

Population ageing requires long-term constructive planning by all levels of government to improve outcomes for people of all ages. The experience of ageing is shaped by the context in which it happens. A critical element of long-term planning for population ageing is the creation of age-friendly, liveable communities and built environments. Affordable housing, carefully planned housing and neighborhoods, accessible transport, accessible public spaces and amenities, opportunities for participation and involvement in community and economic life and accessible health and community services are all required for older people to live fulfilling lives.

It is in this context that the South West Development Commission initiated this project as the first step in a process to identify what is required to respond to the needs of the ageing population of the South West population to deliver better social and physical infrastructure to seniors throughout the South West. Once this project is completed there will be a number of future steps to implement the model/framework, including the possible development of a South West Active Ageing Strategy.

This report outlines the findings of the Active Ageing Research Project commissioned by the South West Development Commission and the Department of Communities. The project was undertaken by consultants Rosemary Cant, Colin Penter, Michael Knight (Pracsys Consulting) and Terry Simpson. The report draws together all the evidence gathered as part of the project.

1.2 Project scope

The purpose of the project was to research and develop a model and framework to assist in the planning and delivery of (social) infrastructure for seniors in the South West (as defined by the boundaries of the South West Development Commission) that is consistent with the principles of the South West Regional Planning Framework, South West Development Commission Strategic Plan 2004-2015, WA Active Ageing Strategy and the WA Age Friendly Communities Framework (and WHO Age Friendly Cities Framework).

The project focused on the region as a whole, as well as its sub-regions, Bunbury-Wellington, Vasse and Warren-Blackwood.

The consultancy has developed a model and framework that can be used to integrate land use planning and social infrastructure planning needs to enable planners, policy makers and service providers to formulate appropriate responses to meet the needs of existing and future seniors.

The model will address the changing nature of the seniors’ population in the South West which will generate demands (and opportunities) for new, and in some cases, different types of social infrastructure, services, programs and facilities. This will require:

- Meeting the needs of an expanding population of current and future seniors.
- Integrating land use and infrastructure planning processes to ensure infrastructure is provided with regard to seniors’ needs.
- Making the most efficient use of resources through integrated planning and coordinated services provision.
- Expanding and reforming the nature of the health, education and social services sector to meet the needs on a growing ageing population.

It is anticipated the planning model and framework will assist State government agencies, local government, planners, service providers and other key stakeholders to prepare for the changing ageing demographic and the shifts occurring in the social, cultural, economic and environmental landscape as it affects the existing and future ageing population in the South West.

1.3 Need for the project

In WA today 16% of the population are seniors. By 2041 nearly one in three West Australians will be a senior.

The South West region has a growth rate higher than the national average and is one of the fastest growing regional population centres in WA.

In addition to the increasing population of seniors, older people are not just living longer, but are also living differently. These trends have profound implications for how infrastructure, services and facilities are designed for seniors so that they can live active and fulfilled lives.

The demographic, social and economic shifts occurring present major challenges for those with responsibility for the planning and delivery of services, programs and infrastructure for seniors. In addition, the concept of active ageing is a relatively new and diverse set of ideas. However much of the current planning for social infrastructure for seniors is often based on narrow ideas of
seniors’ needs and aspirations, and modes of providing services, programs and infrastructure that are inconsistent with the philosophy and intent of active ageing.

Full and proper planning and delivery of services and infrastructure is needed if the challenge of meeting the needs of a growing older population is to be consistent with the goals of active ageing.

Given the critical role social infrastructure and services can play in facilitating active ageing and creating healthy, sustainable and successful communities, the process of planning for the provision of social infrastructure and services becomes even more critical.

At the regional level the South West is confronted by many strategic challenges which are significant for planning and development of social infrastructure and services (for seniors). Some of those challenges include:

- Unprecedented growth and expansion. The South West is one of WA’s most dynamic and fast growing regions.
- The South West is facing both a skills shortage, and a major labour shortage.
- Significant population growth in the main population centres of Greater Bunbury, Busselton and Margaret River and towns such as Dunsborough, Capel and Boyanup.
- Expansion outwards from the population centres of Bunbury and Busselton to surrounding sub-regional centres, towns and settlements and rural areas.
- The population of seniors is distributed unevenly throughout the South West.
- Increasing attraction of the coastal areas and inland rural areas of the South West as a retirement destination, leading to migration of retirees and lifestyle migrants relocating to high amenity coastal and inland environments.
- Impact of climate change. The South West of WA is recognised as one of the world’s most significant biodiversity hotspots and is experiencing one of the highest rates of climate change in the country.

Government agencies are responding to these various challenges, in conjunction with local governments, the private sector and NGOs. Planning initiatives such as the South West Regional Planning Framework, the South West Human Services Planning Committee and various local government frameworks and plans are designed to address some of the planning challenges arising from an ageing population.

The consultancy builds on and supports such initiatives.

1.4 Project objectives and outputs

The objectives of the project were to:

- Research, collate and define the key drivers of infrastructure and services demand in the region in relation to the ageing population.
- Identify key barriers and opportunities in planning to meet the needs of an ageing population.
- Collate existing information, including regional population data, and undertake further necessary research to identify the existing and emerging growth issues throughout the region for the next five, 10 and 15 years and how this will impact on the ageing population.
- Identify programs, services and infrastructure that will address gaps in the South West as the population ages.

The consultancy was to deliver a final report that includes a model of likely demand for varying types of services and infrastructure required for an older population living within the South West region. It would identify key infrastructure requirements, including accommodation and service needs for seniors, and forecast future deficiencies that will impact in the future. This will comprise:

- Current priorities.
- Regional and sub-region priorities within 5 years.
- Regional and sub-region priorities within years 5-15.

The model to be developed as part of the Project makes clear reference to policy and best practice frameworks regarding infrastructure for seniors. A range of policy frameworks, planning frameworks, plans and strategies were considered.

1.5 Guiding frameworks

Two core frameworks guided the Project – the WA Age Friendly Communities Framework and the South West Planning Framework.

The Age Friendly Communities Framework

An overarching guiding framework for the project is the WA Age Friendly Communities Approach, which is based on the World Health Organisation’s (WHO) Age Friendly Cities Project and Life Course Program.

This WA Age Friendly Communities Framework was developed jointly by the Department for Communities based on research undertaken in partnership with the City of Melville, as part of the World Health Organisation’s (WHO) Age-Friendly Cities (AFC) Project. The Western Australian Age-Friendly Communities
approach builds on the Vancouver Protocol, the methodology developed for the AFC Project, and incorporates the Checklist of Essential Features of Age-Friendly Cities, contained in WHO’s Global Age-Friendly Cities: A Guide, developed as a result of the AFC Project undertaken in 33 cities in 22 countries throughout the world.

The framework is premised on the idea that an age-friendly community is one that promotes active ageing. **Active Ageing** is ‘the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age’ (WHO Active Ageing: A Policy Framework). **An Age-Friendly community** is one in which governments, service providers, public officials, community leaders and business:

- Recognise the great diversity among older people;
- Promote their inclusion in all areas of community life;
- Respect their decisions and lifestyle choice; and
- Anticipate and respond flexibly to ageing-related needs and preferences.

The Age Friendly Community Framework highlights the importance of an accessible and inclusive local environment to older people’s quality of life. Crucially, it draws attention to the range of issues and factors that determine whether communities and places are age-friendly, including the physical and social environment, local policies, infrastructure, services, and programs. It is important to point out that an age-friendly community benefits all ages.

The Age Friendly Communities Framework identifies eight aspects that overlap and interact to create an age-friendly community:

- Outdoor spaces and buildings.
- Transport.
- Housing.
- Social participation.
- Respect and social inclusion.
- Civic participation and employment.
- Communication and information.
- Community support and health services.

In addition, the WA Active Ageing Benchmark Indicators is a key document. The set of indicators developed by the Department of Communities report on the status of active ageing among seniors in WA. The Indicators cover the following areas:

- Health and wellbeing.
- Community attitudes.
- Community and social participation.
- Employment and learning.
- Accessibility.
- Protection and security.

**South West Planning Framework**

The South West Planning Framework provides a blueprint for development in the South West for the next 15-20 years and focuses on eight themes:

- Settlement strategy.
- Population growth.
- Climate change.
- Inclusive communities.
- Economy and employment.
- Sustainable environment.
- Natural resources and agriculture.
- Transport and infrastructure coordination.

1.6 Project approach

Using all this information, a statement of key purpose was developed to define the primary focus of the project which was to:

Develop a model and framework to assist with the planning and delivery of **social infrastructure and services** for older people over the next two decades in the following areas:

1. Housing and accommodation.
2. Transport services (for access and mobility).
3. Access to health and community services.
4. Services and infrastructure that facilitate community involvement and community wellbeing.
5. Land use planning and urban design.
6. Economic participation (income and employment).

A comprehensive methodology was used for this project based on the range and diversity of tasks that had to be completed and included:

- Detailed discussion and strategic analyses with the SWDC and the Project Steering Committee.
- Background research and literature review.
- Demographic analysis and detailed research.
- Development and testing of a series of metrics and indicators.
to inform the Ageing Population Services Demand Model and analysis of available data sources to inform the metrics and indicators in the model.

- Extensive review of statistical data bases to inform the Ageing Population Services Demand Model.
- Extensive development and revision of the Ageing Population Services Demand Model.
- An extensive stakeholder consultation process across the region and in Perth.
- Consultation and liaison with local government authorities and government and non-government agencies.
- Identification and review of strategies and initiatives undertaken in Australia to plan and design age-friendly communities in response to population ageing.
- Preparation and revision of draft documents, models and frameworks.

1.7 Structure of the report

The Report presents the main findings of the Active Ageing Research Project, divided into seven main Chapters:

Chapter 1 (this Section) describes the scope of the project.

Chapter 2 provides a demographic profile of people aged 50 years and over, projected demand for services over the next 15-20 years and some of the implications for services.

Chapter 3 provides an overview of the Ageing Population Services Demand Model which is a high level pilot program designed to provide the SWDC with a set of indicators that is easily interpreted and readily updateable. The model is not designed as a comprehensive final set of indicators, nor an in-depth audit of all potential data sources or areas of investigation, but is intended rather as a snapshot tool that can present a profile of the study area or individual LGAs, according to a selected set of metrics. The full Ageing Population Services Demand Model is available as a separate resource.

Chapter 4 identifies the main infrastructure and service requirements for age-friendly communities in the South West. The chapter is arranged in two parts. The first part summarises the findings of consultations undertaken as part of the project. The second part identifies key service and infrastructure requirements on a regional and sub-regional basis. This includes regional and sub-regional priorities within the period 0-5 years and 5-15 years.

Chapter 5 is a Planning Framework to guide the planning and design of age-friendly communities in the South West in response to population ageing. It will assist governments and private sector stakeholders to consider the issues of an ageing population when developing their policy, plans, strategies and service delivery.

Chapter 6 provides Australian case examples of strategies used successfully to plan for age-friendly communities in response to population ageing, including strategies developed in the South West.

Chapter 7 is a concluding chapter which provides brief comments as a way to move forward in the South West to enable planning for population ageing.

1.8 Overview of the study area

For the purpose of this study the South West region of Western Australia is consistent with the boundaries of the South West Development Commission and consists of the sub-regions and local government areas (LGAs):

- Bunbury-Wellington sub-region – Bunbury, Capel, Collie, Donnybrook-Balingup, Harvey and Dardanup LGAs.
- Vasse sub-region – Augusta-Margaret River, Busselton LGAs.
- Blackwood sub-region – Boyup Brook, Bridgetown-Greenbushes, Manjimup, Nannup LGAs.

The South West region has a population of 134,734 and combines a mixture of urban, rural and remote areas within the one region.
1 For the purpose of the project social infrastructure is defined as both ‘hard’ and ‘soft’ infrastructure that comprises the system of planning schemes, social services and networks and community facilities that support individuals, families and communities. The scope is much wider than health services. This is in recognition that people’s wellbeing and active ageing requires a wide range of services and infrastructure and facilities to be properly planned and incorporated into growth plans. The provision of social infrastructure is the responsibility of all levels of government (Federal, State and Local) and is provided by the private, public, not-for-profit and civil society sectors.

2 For the purpose of this project seniors are defined as people aged 60 years and over.

The City of Bunbury is the largest population centre in the region, with nearly 32,000 residents, and is also the main regional service and administrative centre. Bunbury is the commercial, service and administrative hub for the South West. Bunbury is WA’s second largest city. The City of Bunbury and Greater Bunbury, which comprises surrounding LGAs, is one of the fastest growing regional centres in Australia.

The South West has experienced a long standing pattern of population growth. There has been significant population growth in the greater Bunbury area, which now comprises over 50% of the total population of the South West. The Shires of Capel, Dardanup and Harvey, which surround the City of Bunbury, are growing at a faster rate than the City of Bunbury.
Chapter 2 provides demographic information on people aged 50 years and over in the South West together with population and service demand projections using the Ageing Population Service Demand Model (Pracsys 2009) developed for this study. As well as using the Model, the chapter has used information from other published sources to develop a profile of ageing in the South West.

2.1 Context

The ageing of the ‘baby boom’ generation is the major demographic trend that will significantly impact on the South West over the next 20 years. These are people born between the years 1946-1965, a period that saw a substantial increase in the number of registered births in Western Australia. The oldest baby boomers are now in their early 60s and the youngest in their early 40s.

The decline in fertility in the decades since the baby boom together with improvements in life expectancy and post-war migration has resulted in baby boomers forming a bulge which has moved up the age pyramid and now entering the retirement ages. This bulge is evident in Table 2.1 below which shows the projected growth of the South West population aged 50+ years over the next 20 years.

The ageing population is bringing about a change in the sex ratio of males per 100 females from 100.5 in 2007 to 97.6 in 2011 and 94.0 by 2026. In 2007 the LGAs with the highest proportion of population aged 50+ years were Bunbury which had 22.5% of those aged 50+ years, Busselton with 20% and Harvey with 13%. These were still the LGAs with the highest proportion of population aged 50+ in 2026.

Table 2.1: South West projected growth of 50+ aged population 2007-2026

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<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
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<th>80-84</th>
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<td>9,167</td>
<td>7,734</td>
<td>5,896</td>
<td>4,410</td>
<td>3,666</td>
<td>2,589</td>
<td>2,015</td>
<td>46,041</td>
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<td>2011</td>
<td>12,256</td>
<td>11,249</td>
<td>9,703</td>
<td>6,128</td>
<td>4,463</td>
<td>3,515</td>
<td>2,126</td>
<td>1,774</td>
<td>51,214</td>
</tr>
<tr>
<td>2016</td>
<td>13,208</td>
<td>13,265</td>
<td>13,084</td>
<td>10,189</td>
<td>6,230</td>
<td>4,248</td>
<td>2,978</td>
<td>1,247</td>
<td>63,449</td>
</tr>
<tr>
<td>2021</td>
<td>14,112</td>
<td>14,294</td>
<td>15,254</td>
<td>12,691</td>
<td>10,357</td>
<td>5,930</td>
<td>3,599</td>
<td>1,749</td>
<td>76,987</td>
</tr>
<tr>
<td>2026</td>
<td>12,936</td>
<td>15,274</td>
<td>16,358</td>
<td>16,491</td>
<td>12,901</td>
<td>9,851</td>
<td>5,023</td>
<td>2,113</td>
<td>88,439</td>
</tr>
</tbody>
</table>

Source: Pracsys (2009) Demand Model

Table 2.2: Number of people aged 50+ years by LGA

<table>
<thead>
<tr>
<th>LGA/Year</th>
<th>2007</th>
<th>2011</th>
<th>2016</th>
<th>2021</th>
<th>2026</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nannup</td>
<td>602</td>
<td>573</td>
<td>606</td>
<td>801</td>
<td>863</td>
</tr>
<tr>
<td>Boyup Brook</td>
<td>638</td>
<td>652</td>
<td>766</td>
<td>889</td>
<td>1,019</td>
</tr>
<tr>
<td>Bridgetown-Greenbushes</td>
<td>1,730</td>
<td>1,801</td>
<td>2,131</td>
<td>2,452</td>
<td>2,657</td>
</tr>
<tr>
<td>Donnybrook-Balingup</td>
<td>1,890</td>
<td>1,990</td>
<td>2,458</td>
<td>2,966</td>
<td>3,305</td>
</tr>
<tr>
<td>Capel</td>
<td>2,729</td>
<td>3,263</td>
<td>4,549</td>
<td>5,926</td>
<td>7,045</td>
</tr>
<tr>
<td>Collie</td>
<td>2,889</td>
<td>3,203</td>
<td>3,909</td>
<td>4,746</td>
<td>5,345</td>
</tr>
<tr>
<td>Dardanup</td>
<td>3,131</td>
<td>3,593</td>
<td>4,574</td>
<td>5,752</td>
<td>6,811</td>
</tr>
<tr>
<td>Manjimup</td>
<td>3,292</td>
<td>3,672</td>
<td>4,461</td>
<td>5,269</td>
<td>5,836</td>
</tr>
<tr>
<td>Augusta-Margaret River</td>
<td>3,403</td>
<td>3,980</td>
<td>5,040</td>
<td>6,360</td>
<td>7,582</td>
</tr>
<tr>
<td>Harvey</td>
<td>6,184</td>
<td>7,113</td>
<td>9,217</td>
<td>11,338</td>
<td>12,984</td>
</tr>
<tr>
<td>Busselton</td>
<td>9,193</td>
<td>9,952</td>
<td>12,063</td>
<td>14,421</td>
<td>16,505</td>
</tr>
<tr>
<td>Bunbury</td>
<td>10,360</td>
<td>11,467</td>
<td>13,586</td>
<td>16,068</td>
<td>18,487</td>
</tr>
<tr>
<td>TOTAL (South West region)</td>
<td>46,041</td>
<td>51,214</td>
<td>63,449</td>
<td>76,987</td>
<td>88,439</td>
</tr>
</tbody>
</table>

Source: Pracsys (2009) Demand Model
2.2 Projected demand for selected services

This section covers the projected demand for services in the South West by people aged 50 years and over. It is complemented by the information in Chapter 4 which was obtained during the consultation phase of the project.

Transport

Australians depend on the car as their major form of transport but as people age their access to self-driven transport declines. A South Australian study on ageing (Hugo et al 2009) noted that the percentage of women holding driver’s licences was substantially lower than the percentage of men, particularly in their later years. This means that a man’s loss of his driver’s licence may affect not only himself but also his partner.

The percentage of people without access to self-driven transportation is expected to rise from an estimated 20% in the 50-59 year age group, to 25% in the 60-69 year age group, 30% in the 70 to 74 year age group, 40% in the 75-79 year age group, 50% in the 80-84 year age group and 75% in the 85+ year age group.

Health

‘Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’ (World Health Organization 1946).

At age 60 years, a Western Australian man can expect to live another 21.9 years and a Western Australian woman another 25.6 years.

Since 2002 the WA Health and Wellbeing Surveillance System has collected self-report data to monitor the health and wellbeing of Western Australians on an ongoing basis. Data from 2003-2004 was used in 2006 to benchmark the health and wellbeing of WA seniors. It was found that 80% of WA seniors rated their health status as excellent, very good or good. The most recent available data from the WA Health and Wellbeing Surveillance System, although not quite comparable in terms of age category breakdown, indicate that this percentage is stable over time. 2003-2004 data on long-term health conditions from the WA Health and Wellbeing Surveillance System showed that 76% of seniors had at least one long-term health condition and that prevalence increased with age, from 65% of 60-64 year olds to 84% of 80+ year olds. The most common long-term health conditions were arthritis (52%), heart disease (21%), cancer (17%), injury requiring treatment (16%), osteoporosis (15%) and diabetes (12%). The prevalence of arthritis and osteoporosis were higher in women and heart disease and diabetes were higher in men. With the exception of injury, the prevalence of these conditions increased with age.

The Australian Institute of Health and Welfare (2007) has estimated the prevalence of dementia (including Alzheimer’s) for people aged 65+ at 6.5%. For people aged 85+ the prevalence is estimated to be 22.4%. In the older age groups the prevalence is higher among women. Most (57%) of people living with dementia live in households, although the proportion decreases with age.

DISABILITY

Seniors 75+ years were more likely to have a disability than those aged 60-74 years (67% compared to 44%). Seniors living in the country (58%) were more likely to have a disability than those living in the metropolitan area (49%). Of those seniors with a disability 16% had a profound or severe core-activity limitation. The prevalence of profound or severe core-activity was 8% for those 60 to 74 years but then increased sharply to 32% for those aged 75+ years. Property maintenance, health care, transport, housework, mobility and self-care were commonly reported activities with which assistance was needed.

According to the survey, 18% of WA seniors were carers who had provided some informal assistance to those needing help because of disability, long-term health condition or age on an ongoing basis for at least six months. Four percent (4%) were primary carers. The proportion of seniors who were carers increased with age from 17% of 60 to 74 years olds, and to 21% of those aged 75+ years. National figures show partners, sons and daughters were the most common providers of help for older people. Of carers providing primary care for their partner, 48% were aged 65+ years.

DEMAND FOR GPS AND HOSPITAL BEDS

The estimated number of GPs in the South West required to meet the demand for GP services by people aged 50+ is expected to double between 2007 and 2026 – from 18 to 36. In the same period the average number of hospital beds demanded per night for those aged 50+ is expected to increase from 309 to 633 beds.

Housing and accommodation

The demand for accommodation in the South West among people aged 50+ years is expected to grow by 96% over the next 20 years. Based on current trends much of the growth will be in separate houses.
Table 2.3: Expected demand for accommodation among people aged 50+ years by dwelling type

<table>
<thead>
<tr>
<th>Year/Type</th>
<th>Total dwellings</th>
<th>Separate house</th>
<th>Semi-detached, row, terrace</th>
<th>Flat, unit apartment</th>
<th>Accom. for retired or aged</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>27,433</td>
<td>24,516</td>
<td>395</td>
<td>1,318</td>
<td>460</td>
<td>743</td>
</tr>
<tr>
<td>2011</td>
<td>29,935</td>
<td>27,048</td>
<td>394</td>
<td>1,299</td>
<td>415</td>
<td>779</td>
</tr>
<tr>
<td>2016</td>
<td>37,142</td>
<td>33,683</td>
<td>540</td>
<td>1,584</td>
<td>408</td>
<td>926</td>
</tr>
<tr>
<td>2021</td>
<td>45,768</td>
<td>41,283</td>
<td>702</td>
<td>2,062</td>
<td>558</td>
<td>1,163</td>
</tr>
<tr>
<td>2026</td>
<td>53,799</td>
<td>48,104</td>
<td>891</td>
<td>2,663</td>
<td>734</td>
<td>1,408</td>
</tr>
</tbody>
</table>

Source: Pracsys (2009) Demand Model

Some indication of housing affordability can be obtained by considering the proportion of total dwellings that are rented. Table 2.4 shows tenure type by age group as at 2006. Using 12.5% as a reasonable estimate of the proportion of households among the 50+ age group renting their accommodation, the total rental accommodation required may be expected to grow from approximately 3429 dwellings in 2007 to 6725 in 2026.

Australia-wide, AHURI has predicted that the number of people aged 65+ living in lower income rental housing will have increased by 115% from 2001 levels by 2026, with the greatest change in the 85+ age group. AHURI sees this as creating a strong and continuing demand for rental housing suited to older, lower income, sole person households18.

Table 2.4: Tenure type by age group as at 2006

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Fully owned</th>
<th>Being purchased</th>
<th>Being purchased under a rent/buy scheme</th>
<th>Rented</th>
<th>Being occupied rent-free</th>
<th>Being occupied under a life tenure scheme</th>
<th>Other tenure type</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54 Years</td>
<td>37.7%</td>
<td>38.2%</td>
<td>0.1%</td>
<td>15.4%</td>
<td>1.1%</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
<tr>
<td>55-59 Years</td>
<td>50.3%</td>
<td>26.9%</td>
<td>0.1%</td>
<td>12.9%</td>
<td>1.4%</td>
<td>0.2%</td>
<td>0.3%</td>
</tr>
<tr>
<td>60-64 Years</td>
<td>59.5%</td>
<td>16.4%</td>
<td>0.0%</td>
<td>12.3%</td>
<td>1.1%</td>
<td>0.4%</td>
<td>0.3%</td>
</tr>
<tr>
<td>65-69 Years</td>
<td>63.2%</td>
<td>4.0%</td>
<td>0.3%</td>
<td>12.0%</td>
<td>1.6%</td>
<td>2.6%</td>
<td>0.2%</td>
</tr>
<tr>
<td>70-74 Years</td>
<td>64.7%</td>
<td>6.3%</td>
<td>0.2%</td>
<td>12.5%</td>
<td>1.4%</td>
<td>2.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>75-79 Years</td>
<td>64.4%</td>
<td>9.8%</td>
<td>0.1%</td>
<td>12.7%</td>
<td>1.2%</td>
<td>1.1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>80-84 Years</td>
<td>59.6%</td>
<td>4.2%</td>
<td>0.1%</td>
<td>11.1%</td>
<td>2.3%</td>
<td>3.7%</td>
<td>0.5%</td>
</tr>
<tr>
<td>85 Years +</td>
<td>56.8%</td>
<td>4.3%</td>
<td>0.2%</td>
<td>11.1%</td>
<td>1.9%</td>
<td>4.0%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Source: Pracsys (2009) Demand Model
RESIDENTIAL AGED CARE

There are two main types of aged care in Australia: high level care or nursing home and low level care or hostels. Some providers specialise in high or low level care but many provide a continuum of care that enables residents to age in place. For planning purposes the current target ratio for federally funded aged care services is 113 places per 1000 people aged 70+ years, including Aboriginal and Torres Strait Islander people aged 50+. Currently the 113 places\(^4\) are made up of:

- 44 High level (nursing home) places.
- 44 Low level (hostel) places.
- 25 Community Care Places.

For 2008 the indicative allocation of places in the South West was 100 residential, 0 Community Aged Care Packages, 7 Extended Aged Care at Home Packages and 0 Extended Aged Care in the Home - Dementia\(^5\).

Based on population projections the demand for high care, low care and community care in the South West is shown in Table 2.5.

<table>
<thead>
<tr>
<th>Year</th>
<th>High level care</th>
<th>Low level care</th>
<th>Community Aged Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>558</td>
<td>558</td>
<td>317</td>
</tr>
<tr>
<td>2011</td>
<td>523</td>
<td>523</td>
<td>297</td>
</tr>
<tr>
<td>2016</td>
<td>647</td>
<td>647</td>
<td>368</td>
</tr>
<tr>
<td>2021</td>
<td>952</td>
<td>952</td>
<td>541</td>
</tr>
<tr>
<td>2026</td>
<td>1315</td>
<td>1315</td>
<td>747</td>
</tr>
</tbody>
</table>

Source: Pracsys (2009) Demand Model

Utilising the DPS Guide to Aged Care\(^21\) it appears that there are 671 high level care places and 589 low level care places in the South West. This suggests that in regional terms a shortfall will become apparent around 2016 unless new facilities are developed. However, there is not necessarily a good match between facility location and demand, for example Margaret River has no high level care places despite there being a current likely need for 40 such places in the Augusta-Margaret River LGA.

According to the Productivity Commission key trends in the aged care sector 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\(^22\).
Services supporting independence

The Home and Community Care (HACC) Program provides community care services to frail aged people and young people with disabilities and their carers. The objective of HACC is to enhance the independence of these groups and to delay their premature admission into residential care through the provision of basic maintenance and support services. Unless otherwise stated the data in this section are taken from the Home and Community Care Minimum Data Set Report 2007-2008.

In 2007-2008, 91% of South West HACC recipients were aged 50+ years and 70% were aged 70 years or over. The majority of HACC recipients (71%) lived in a private residence that they owned or were purchasing, a further 20% lived in rental accommodation, 3% were in an independent living unit within a retirement village and 2% were in other accommodation. Most (73%) were in receipt of either an aged pension or a Department of Veterans’ Affairs pension.

In order, the most common forms of assistance provided were assessment (19%), domestic assistance (13%), transport (12%), home maintenance (11%), client care coordination and case management (8%), meals (8%), social support (7%) and centre-based day care (6%). The highest volume of hours of service was for centre-based day care, 135 hours on average. Most commonly HACC clients in the South West received two HACC service types (24%), followed by one HACC service type (23%) and three HACC service types (21%). HACC clients receiving the highest proportion of all service types were in the 70 to 89 age group.

The hours of HACC services for the over 50 age group and the personnel requirements (non-skill specific) gives some indication of the number of full-time equivalent (FTE) workers likely to be needed to meet projected demands over the next 20 years across the region.

<table>
<thead>
<tr>
<th>Year/service requirements</th>
<th>Hours of service</th>
<th>Number of FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>302,508</td>
<td>229</td>
</tr>
<tr>
<td>2011</td>
<td>209,516</td>
<td>220</td>
</tr>
<tr>
<td>2016</td>
<td>349,557</td>
<td>265</td>
</tr>
<tr>
<td>2021</td>
<td>465,407</td>
<td>363</td>
</tr>
<tr>
<td>2026</td>
<td>615,353</td>
<td>466</td>
</tr>
</tbody>
</table>

Source: Pracsys (2009) Demand Model
6 ibid.
7 Wood Nerissa, Smith Brooke, Stevens Paul T and Daly Alison, 2008. Health and Wellbeing of Adults in Western Australia 2007, Overview of Results. Department of Health, Western Australia.
10 A core activities are self-care, mobility and communication.
The Ageing Population Services Demand Model (Version 1.5) has been prepared by Pracsys as an analytical tool to assist in the Active Ageing Study undertaken by Matrix Social Focus, Social Systems and Evaluation and Pracsys for the South West Development Commission. This report is not a stand alone document and is designed to be read in conjunction with the Ageing Population Services Demand Model (v1.5).

This chapter is not the full model but rather, provides an overview of the modules available through the model. The full Excel spreadsheet model is available from the South West Development Commission.

3.1 The Purpose of the Model

The Ageing Population Services Demand Model (Version 1.5) is, in effect a high level, pilot program designed to provide the SWDC with a set of indicators that is both easily interpreted and readily updateable. The model is not designed as a comprehensive set of indicators, nor indeed as an in-depth audit of all potential data sources or discrete areas of investigation, but is intended rather as a ‘snapshot’ tool that can present a profile of the study area as a whole, or of individual LGAs, according to a selected set of metrics.

The dynamic nature of the model means the user can run ‘what if scenarios’ by varying the values of the variables (in the blue cells) in each of the worksheets. The updateable nature of the model means that the user can populate the model with updated data from the sources identified as well as sourcing other data not identified in the process of developing the model to this point.

3.2 Model Description

The model is a dynamic Excel spreadsheet comprised of 16 hyperlinked worksheets or modules which relate the projected population growth of the study area to the estimated demand for a range of services for residents of the 12 participating South West local government areas within the target age range of 50 years and above. The model is a demand model only and contains no supply analysis and therefore no service gap analysis.

The front page or control panel of the model (see Figure 1) displays the links to the spreadsheet components. The model itself features seven main areas of demand:

- Demand for hospital beds
- Demand for general practitioners
- Demand for residential aged care places
- Demand for transportation services
- Demand for accommodation by dwelling type
- Demand for HACC services
- Sporting and recreation activity participation.

Demand estimates in each of the modules are based on population statistics for each of the 12 local government authorities in the study area from the 2006 Census. Population projections for each of the LGAs for subsequent five year periods out to 2026 are included in the model. Demand profiles can be generated by five year snapshots and by local government area as well as the study area as a whole.

N.B. The model considers potential demand for services by residents only. It does not consider utilisation of services by visitors, workers or itinerant population for any of the local government areas. Moreover, demand for services is based only on the projected demand for such services by those residents aged 50 and above. While a number of the services in any given area may be consumed by people outside of this demographic, the modelling of such demand falls outside the scope of this investigation.

The model is locked to protect its integrity with the input variable cells in each of the worksheets shaded in blue. It is these cells that can be modified with the results cascading through the model.

More Information

Enquiries regarding access to and use of the model should be directed to the research officer at the South West Development Commission.

The updatable model is in a developmental stage and suggestions for further development, enhancement and improvement are invited by SWDC.
Figure 3.1: Ageing population services demand model control panel

South West Development Commission
Ageing Population Services Demand Model v1.5

Instructions


GP Services → Hospital Beds → Residential Aged Care Places → HACC Services → Accommodation Demand

Accommodation Tenure → Transportation Services

Sports & Rec. Participation

Developed by
© Pracsys 2009

Source: Pracsys (2009)
3.3 Department of Health and Ageing Statistical Local Area Population Projections, 2007 to 2027, Revised

Baseline population estimates for each of the local government areas are derived from the Australian Government Department of Health and Ageing Statistical Local Area Projections 2007 - 2027. While some local governments have expressed concern about the accuracy of the estimates, the Census data is considered the most authoritative, consistent and transparent data set currently available.

Figure 3.2 presents an extract from the model detailing population estimates for each of the local government areas by five year age cohort. Figure 3.3 presents aggregated population estimates for each of the local government areas for the target age of 50 years and above.

**Figure 3.2: Base year (2007) population statistics by local government area (part extract only)**

<table>
<thead>
<tr>
<th>LGA</th>
<th>50-54 Years</th>
<th></th>
<th>55-59 Years</th>
<th></th>
<th>60-64 Years</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>Harvey</td>
<td>829</td>
<td>739</td>
<td>1,568</td>
<td>678</td>
<td>627</td>
<td>1,305</td>
</tr>
<tr>
<td>Collie</td>
<td>369</td>
<td>324</td>
<td>693</td>
<td>339</td>
<td>264</td>
<td>603</td>
</tr>
<tr>
<td>Dardanup</td>
<td>362</td>
<td>324</td>
<td>686</td>
<td>360</td>
<td>312</td>
<td>672</td>
</tr>
<tr>
<td>Capel</td>
<td>389</td>
<td>382</td>
<td>771</td>
<td>325</td>
<td>294</td>
<td>619</td>
</tr>
<tr>
<td>Donnybrook-Balingup</td>
<td>257</td>
<td>228</td>
<td>485</td>
<td>211</td>
<td>196</td>
<td>407</td>
</tr>
<tr>
<td>Bunbury</td>
<td>1,146</td>
<td>1,117</td>
<td>2,263</td>
<td>1,018</td>
<td>989</td>
<td>2,007</td>
</tr>
<tr>
<td>Busselton</td>
<td>986</td>
<td>942</td>
<td>1,928</td>
<td>765</td>
<td>766</td>
<td>1,531</td>
</tr>
<tr>
<td>Augusta-Margaret River</td>
<td>448</td>
<td>404</td>
<td>852</td>
<td>356</td>
<td>328</td>
<td>684</td>
</tr>
<tr>
<td>Nannup</td>
<td>58</td>
<td>68</td>
<td>126</td>
<td>74</td>
<td>69</td>
<td>143</td>
</tr>
<tr>
<td>Bridgetown-Greenbushes</td>
<td>162</td>
<td>176</td>
<td>338</td>
<td>212</td>
<td>194</td>
<td>406</td>
</tr>
<tr>
<td>Boyup Brook</td>
<td>65</td>
<td>43</td>
<td>108</td>
<td>69</td>
<td>73</td>
<td>142</td>
</tr>
<tr>
<td>Manjimup</td>
<td>387</td>
<td>359</td>
<td>746</td>
<td>336</td>
<td>312</td>
<td>648</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>5,458</strong></td>
<td><strong>5,106</strong></td>
<td><strong>10,564</strong></td>
<td><strong>4,743</strong></td>
<td><strong>4,424</strong></td>
<td><strong>9,167</strong></td>
</tr>
</tbody>
</table>

Source: Customised projections prepared for the Australian Government Department of Health and Ageing by the Australian Bureau of Statistics
**Figure 3.3: Base year (2007) aggregate population aged 50 and above by local government area (part extract only)**

<table>
<thead>
<tr>
<th>LGA</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvey</td>
<td>3,222</td>
<td>2,962</td>
<td>6,184</td>
</tr>
<tr>
<td>Collie</td>
<td>1,477</td>
<td>1,412</td>
<td>2,889</td>
</tr>
<tr>
<td>Dardanup</td>
<td>1,603</td>
<td>1,628</td>
<td>3,131</td>
</tr>
<tr>
<td>Capel</td>
<td>1,410</td>
<td>1,319</td>
<td>2,729</td>
</tr>
<tr>
<td>Donnybrook-Balingup</td>
<td>979</td>
<td>911</td>
<td>1,890</td>
</tr>
<tr>
<td>Bunbury</td>
<td>4,981</td>
<td>5,379</td>
<td>10,360</td>
</tr>
<tr>
<td>Busselton</td>
<td>4,479</td>
<td>4,714</td>
<td>9,193</td>
</tr>
<tr>
<td>Augusta-Margaret River</td>
<td>1,711</td>
<td>1,692</td>
<td>3,403</td>
</tr>
<tr>
<td>Nannup</td>
<td>303</td>
<td>299</td>
<td>602</td>
</tr>
<tr>
<td>Bridgetown-Greenbushes</td>
<td>878</td>
<td>852</td>
<td>1,730</td>
</tr>
<tr>
<td>Boyup Brook</td>
<td>330</td>
<td>308</td>
<td>638</td>
</tr>
<tr>
<td>Manjimup</td>
<td>1,701</td>
<td>1,591</td>
<td>3,292</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>23,074</td>
<td>22,967</td>
<td>46,041</td>
</tr>
</tbody>
</table>

Source: ABS Customised projections prepared for the Australian Government Department of Health and Ageing by the Australian Bureau of Statistics

### 3.4 Population Forecasts

The model is designed to allow the user to explore population growth scenarios by manipulating the values in the Population Growth Variables worksheet. Two key variables will determine residential population: mortality rates (derived from ABS Western Australia Age Specific Death Rates 2007) and net migration rates. Five year net migration rates are essentially growth rates minus mortality rates. Net migration is derived by subtracting residents moving out of an area from those moving into the same area. While the variables for mortality rates are from published sources, net growth rates (which may be negative) are hypothetical global values. That is, published sources are unlikely to determine a growth rate for each age cohort for each community; that information can only be determined in retrospect once the data is collected on a longitudinal basis. In the absence of such data, global growth rates for the study area are still valid for scenario building purposes. Figure 3.4 presents an extract from the model detailing mortality rates and net migration rate for LGAs in the study area.

N.B. The population projections derived from the Commonwealth Department of Health and Ageing have not been used (except for the base year 2007) because they assume extrapolation of population considering fertility, mortality and migration on established data only. They do not consider possible population impacts arising from specific development projects and strategies for the region aimed at extending the economic base with the subsequent aim of total population growth.
Figure 3.4: Population growth variables – mortality rates and five year net migration rates by local government area (part extract only)

<table>
<thead>
<tr>
<th>Regional Mortality Rate (per 1000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>35-39 Years</td>
</tr>
<tr>
<td>40-44 Years</td>
</tr>
<tr>
<td>45-49 Years</td>
</tr>
<tr>
<td>50-54 Years</td>
</tr>
<tr>
<td>55-59 Years</td>
</tr>
<tr>
<td>60-64 Years</td>
</tr>
<tr>
<td>65-69 Years</td>
</tr>
<tr>
<td>70-74 Years</td>
</tr>
<tr>
<td>75-79 Years</td>
</tr>
<tr>
<td>80-84 Years</td>
</tr>
<tr>
<td>85+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Five Year Net Migration Rate (net growth rate excluding mortality rate)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
</tr>
<tr>
<td>LGA</td>
</tr>
<tr>
<td>Harvey</td>
</tr>
<tr>
<td>Collie</td>
</tr>
<tr>
<td>Dardanup</td>
</tr>
<tr>
<td>Capel</td>
</tr>
<tr>
<td>Donnybrook-Balingup</td>
</tr>
<tr>
<td>Bunbury</td>
</tr>
<tr>
<td>Busselton</td>
</tr>
<tr>
<td>Augusta-Margaret River</td>
</tr>
<tr>
<td>Nannup</td>
</tr>
<tr>
<td>Bridgetown-Greenbushes</td>
</tr>
<tr>
<td>Boyup Brook</td>
</tr>
<tr>
<td>Manjimup</td>
</tr>
</tbody>
</table>

Source: Pracsys (2009) Demand Model

3.5 Demand for Hospital Beds Module

The Demand for Hospital Beds module estimates demand for hospital beds in the 50 years and over age grouping only. It does not consider demand for hospital beds by residents aged under 50, nor does it evaluate demand by level of service requirements and technical capacity of local / regional hospitals to cater for demand. The key variables in this module are the incidence of hospital admissions (derived from the Australian Institute of Health and Welfare, Australian Hospital Statistics 2006-07) and the average length of stay per admission. The end measure is an estimate of the average number of hospital beds required on any given night. It should be noted that this is an estimate of average requirements and does not consider peak demand. Figure 3.5 presents an extract from the model detailing the estimate of demand for hospital beds.
### Figure 3.5: Demand for hospital beds - South West Region 2007 (part extract only)

<table>
<thead>
<tr>
<th>MALES</th>
<th>Incidence of Hospital Admissions for Males (per 1000 population)</th>
<th>Average Length of Stay (nights)</th>
<th>Number of Hospital Admissions Per Year</th>
<th>Number of Hospital Nights Per Year</th>
<th>Average Number of Hospital Beds Demand Per Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54 Years</td>
<td>351</td>
<td>2</td>
<td>1,916</td>
<td>3,832</td>
<td>10.5</td>
</tr>
<tr>
<td>55-59 Years</td>
<td>477</td>
<td>2</td>
<td>2,262</td>
<td>4,525</td>
<td>12.4</td>
</tr>
<tr>
<td>60-64 Years</td>
<td>652</td>
<td>3</td>
<td>2,625</td>
<td>7,875</td>
<td>21.6</td>
</tr>
<tr>
<td>65-69 Years</td>
<td>842</td>
<td>3</td>
<td>2,504</td>
<td>7,512</td>
<td>20.6</td>
</tr>
<tr>
<td>70-74 Years</td>
<td>1060</td>
<td>4</td>
<td>2,318</td>
<td>9,273</td>
<td>25.4</td>
</tr>
<tr>
<td>75-79 Years</td>
<td>1447</td>
<td>4</td>
<td>2,573</td>
<td>10,291</td>
<td>28.2</td>
</tr>
<tr>
<td>80-84 Years</td>
<td>1447</td>
<td>6</td>
<td>1,702</td>
<td>10,210</td>
<td>28.0</td>
</tr>
<tr>
<td>85 Years +</td>
<td>1447</td>
<td>9</td>
<td>1,059</td>
<td>9,533</td>
<td>26.1</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td>16,959</td>
<td>63,050</td>
<td>173</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEMALES</th>
<th>Incidence of Hospital Admissions for Females (per 1000 population)</th>
<th>Average Length of Stay (nights)</th>
<th>Number of Hospital Admissions Per Year</th>
<th>Number of Hospital Nights Per Year</th>
<th>Average Number of Hospital Beds Demand Per Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54 Years</td>
<td>365</td>
<td>2</td>
<td>1,864</td>
<td>3,727</td>
<td>10.2</td>
</tr>
<tr>
<td>55-59 Years</td>
<td>433</td>
<td>2</td>
<td>1,916</td>
<td>3,831</td>
<td>10.5</td>
</tr>
<tr>
<td>60-64 Years</td>
<td>554</td>
<td>3</td>
<td>2,054</td>
<td>6,163</td>
<td>16.9</td>
</tr>
<tr>
<td>65-69 Years</td>
<td>680</td>
<td>3</td>
<td>1,987</td>
<td>5,961</td>
<td>16.3</td>
</tr>
<tr>
<td>70-74 Years</td>
<td>841</td>
<td>3</td>
<td>1,870</td>
<td>5,809</td>
<td>15.4</td>
</tr>
<tr>
<td>75-79 Years</td>
<td>1029</td>
<td>4</td>
<td>1,943</td>
<td>7,771</td>
<td>21.3</td>
</tr>
<tr>
<td>80-84 Years</td>
<td>1029</td>
<td>5</td>
<td>1,454</td>
<td>7,270</td>
<td>19.9</td>
</tr>
<tr>
<td>85 Years +</td>
<td>1029</td>
<td>7</td>
<td>1,320</td>
<td>9,241</td>
<td>25.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td>14,407</td>
<td>49,573</td>
<td>136</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Hospital Admissions Per Year</th>
<th>Number of Hospital Nights Per Year</th>
<th>Average Number of Hospital Beds Demand Per Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54 Years</td>
<td>3,779</td>
<td>7,559</td>
<td>20.7</td>
</tr>
<tr>
<td>55-59 Years</td>
<td>4,178</td>
<td>8,356</td>
<td>22.9</td>
</tr>
<tr>
<td>60-64 Years</td>
<td>4,679</td>
<td>14,038</td>
<td>38.5</td>
</tr>
<tr>
<td>65-69 Years</td>
<td>4,491</td>
<td>13,473</td>
<td>36.9</td>
</tr>
<tr>
<td>70-74 Years</td>
<td>4,188</td>
<td>14,882</td>
<td>40.8</td>
</tr>
<tr>
<td>75-79 Years</td>
<td>4,516</td>
<td>18,062</td>
<td>49.5</td>
</tr>
<tr>
<td>80-84 Years</td>
<td>3,156</td>
<td>17,480</td>
<td>47.9</td>
</tr>
<tr>
<td>85 Years +</td>
<td>2,379</td>
<td>18,774</td>
<td>51.4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>31,366</td>
<td>112,623</td>
<td>309</td>
</tr>
</tbody>
</table>

Source: Pracsys (2009) Demand Model
3.6 Demand for General Practitioners Module

Demand for general practitioner services is based on a number of variables including:

- Number of general practice encounters per person per year.
- Length of average consultation.
- Average number of consultations per day per GP.
- Average number of days worked per annum per GP.

The ratio of general practitioner encounters per age cohort per year is derived from the Journal of Paediatrics and Child Health (Notwithstanding the journal title, the publication does publish a table that does report the number of Australian males and females in each age group and the number of general practice encounters per person per year for each age group in 2001). The other three variables are hypothetical but based on anecdotal evidence from general practice.

The intention of this module is to arrive at an estimate of the number of general practitioner FTEs based on the variable values listed above and represented in Figure 3.6.

While the Commission has undertaken this study, it has concurrently provided funding towards the South West Medical Attraction Taskforce (SMAT). Information and recommendations from SMAT’s initial report should be considered to further inform the South West Active Ageing Research Project.

**Figure 3.6: Demand for General Practitioners - South West Region 2007 (part extract only)**

<table>
<thead>
<tr>
<th>MALES Age Group</th>
<th>Number of general practice encounters per Male per year</th>
<th>Incidence of GP Usage Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54 Years</td>
<td>3.4</td>
<td>18,557</td>
</tr>
<tr>
<td>55-59 Years</td>
<td>3.4</td>
<td>16,126</td>
</tr>
<tr>
<td>60-64 Years</td>
<td>6.4</td>
<td>25,766</td>
</tr>
<tr>
<td>65-69 Years</td>
<td>6.4</td>
<td>19,034</td>
</tr>
<tr>
<td>70-74 Years</td>
<td>7.8</td>
<td>17,059</td>
</tr>
<tr>
<td>75-79 Years</td>
<td>7.8</td>
<td>13,868</td>
</tr>
<tr>
<td>80-84 Years</td>
<td>7.8</td>
<td>9,173</td>
</tr>
<tr>
<td>85 Years +</td>
<td>7.8</td>
<td>5,710</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>125,293</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEMALES Age Group</th>
<th>Number of general practice encounters per Female per year</th>
<th>Incidence of GP Usage Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54 Years</td>
<td>6.0</td>
<td>30,636</td>
</tr>
<tr>
<td>55-59 Years</td>
<td>6.0</td>
<td>26,544</td>
</tr>
<tr>
<td>60-64 Years</td>
<td>7.6</td>
<td>28,181</td>
</tr>
<tr>
<td>65-69 Years</td>
<td>7.8</td>
<td>22,297</td>
</tr>
<tr>
<td>70-74 Years</td>
<td>9.0</td>
<td>20,007</td>
</tr>
<tr>
<td>75-79 Years</td>
<td>9.0</td>
<td>16,992</td>
</tr>
<tr>
<td>80-84 Years</td>
<td>10.8</td>
<td>15,260</td>
</tr>
<tr>
<td>85 Years +</td>
<td>10.8</td>
<td>13,856</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>173,684</td>
</tr>
</tbody>
</table>
### Total Incidence of GP Usage Per Year

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Incidence of GP Usage Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54 Years</td>
<td>49,193</td>
</tr>
<tr>
<td>55-59 Years</td>
<td>42,670</td>
</tr>
<tr>
<td>60-64 Years</td>
<td>53,947</td>
</tr>
<tr>
<td>65-69 Years</td>
<td>41,241</td>
</tr>
<tr>
<td>70-74 Years</td>
<td>37,066</td>
</tr>
<tr>
<td>75-79 Years</td>
<td>30,860</td>
</tr>
<tr>
<td>80-84 Years</td>
<td>24,433</td>
</tr>
<tr>
<td>85 Years +</td>
<td>19,566</td>
</tr>
<tr>
<td>TOTAL</td>
<td>298,977</td>
</tr>
</tbody>
</table>

Source: Pracsy (2009) Demand Model

---

### Additional Information

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average length of consultation (hrs)</td>
<td>0.25</td>
</tr>
<tr>
<td>Average number of consultations per day per GP</td>
<td>32</td>
</tr>
<tr>
<td>Average number of days worked per annum per GP</td>
<td>220</td>
</tr>
<tr>
<td>Number of consultations per annum per GP</td>
<td>7,040</td>
</tr>
<tr>
<td>Number of GP’s required to service the population (50 years and over)</td>
<td>18</td>
</tr>
</tbody>
</table>
### 3.7 Demand for Residential Aged Care Places Module

This module estimates demand for residential aged care places according to each age cohort based on the ratio of demand for high and low level residential care places derived from the Department of Health and Ageing data\(^2\) which reports the demand for places per 1,000 residential population.

The rate of demand for residential places per 1,000 is a variable that can be manipulated with the number of places calculated on the population growth trajectory divided by the rate of demand. Demand is estimated for high and low care residential places as well as community care places. Figure 3.7 presents an extract from the model detailing the demand for residential aged care places.

*Figure 3.7: Demand for residential aged care places - South West Region 2007 (part extract only)*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of high level nursing home places required / 1000 population</th>
<th>Number of low level hostel places required / 1000 population</th>
<th>Number of community care places required / 1000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-59 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60-64 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-69 Years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70-74 Years</td>
<td>44</td>
<td>44</td>
<td>25</td>
</tr>
<tr>
<td>75-79 Years</td>
<td>44</td>
<td>44</td>
<td>25</td>
</tr>
<tr>
<td>80-84 Years</td>
<td>44</td>
<td>44</td>
<td>25</td>
</tr>
<tr>
<td>85 Years +</td>
<td>44</td>
<td>44</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total</th>
<th>Number of high care residential places required</th>
<th>Number of low care residential places required</th>
<th>Number of community care places required</th>
</tr>
</thead>
<tbody>
<tr>
<td>558</td>
<td>194</td>
<td>194</td>
<td>110</td>
</tr>
<tr>
<td>558</td>
<td>161</td>
<td>161</td>
<td>92</td>
</tr>
<tr>
<td>558</td>
<td>114</td>
<td>114</td>
<td>65</td>
</tr>
<tr>
<td>558</td>
<td>89</td>
<td>89</td>
<td>50</td>
</tr>
</tbody>
</table>

Source: Pracsys (2009) Demand Model
3.8 Demand for Transportation Services Module

This module estimates demand for transportation based on the number of residents in the 50 years and over age grouping only, who do not have access to self-drive transportation. Demand for transportation services is best described as a proxy indicator insofar as it is not possible to estimate demand for public transport where the provision of public transport or taxi services is either non-existent or extremely limited. Lack of supply of such a service means the demand for the service is artificially low. This module is a simple estimate of the percentage of residents within each age cohort that might have a need for transport other than self drive. It does not estimate the frequency of the travel requirements or the type of transportation required. The purpose is to arrive at an estimate of units of demand for transportation services. Figure 3.8 details the demand profile and given the percentage of resident population without access to self drive options and arrives at an estimate of the number of residents requiring some form of transportation service.

*Figure 3.8: Demand for transportation services - South West Region 2007 (part extract only)*

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage of residents without access to self driven transportation</th>
<th>Number of residents without access to self driven transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54 Years</td>
<td>20%</td>
<td>2,113</td>
</tr>
<tr>
<td>55-59 Years</td>
<td>20%</td>
<td>1,833</td>
</tr>
<tr>
<td>60-64 Years</td>
<td>25%</td>
<td>1,934</td>
</tr>
<tr>
<td>65-69 Years</td>
<td>25%</td>
<td>1,474</td>
</tr>
<tr>
<td>70-74 Years</td>
<td>30%</td>
<td>1,323</td>
</tr>
<tr>
<td>75-79 Years</td>
<td>40%</td>
<td>1,466</td>
</tr>
<tr>
<td>80-84 Years</td>
<td>50%</td>
<td>1,295</td>
</tr>
<tr>
<td>85 Years +</td>
<td>75%</td>
<td>1,511</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>12,949</td>
</tr>
</tbody>
</table>

Source: Pracsys (2009) Demand Model
3.9 Demand for Accommodation by Dwelling Type

The Demand for Accommodation by Dwelling Type module estimates demand for accommodation by age cohort based on the distribution of housing types in each LGA according to the ABS Older People Australia: A Social Report (1999). Accommodation types include:

- Single houses.
- Semi-detached houses / row or terrace houses / townhouses.
- Flats / units / apartments.
- Retired or aged care accommodation (self care).

The module allows the user to distribute demand for each accommodation type and to determine whether the status of the accommodation is owned outright, mortgaged, private rental, public rental or other.

While the distribution of accommodation types is based on 2006 Census data, the model allows the user to distribute demand for each accommodation type according to the occupier status to estimate future demand for accommodation by type according to population growth scenarios. Figure 3.9 presents an extract from the model representing the variable distribution of demand for accommodation types (figures may not add due to rounding).

**Figure 3.9: Future demand for accommodation by housing type - South West Region 2007 (part extract only)**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Separate house</th>
<th>Semi-detached, row or terrace house, townhouse</th>
<th>Flat, unit or apartment</th>
<th>Accom. for the retired or aged</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54 Years</td>
<td>96%</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>55-59 Years</td>
<td>96%</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>60-64 Years</td>
<td>93%</td>
<td>1%</td>
<td>3%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>65-69 Years</td>
<td>93%</td>
<td>2%</td>
<td>3%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>70-74 Years</td>
<td>88%</td>
<td>2%</td>
<td>5%</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td>75-79 Years</td>
<td>84%</td>
<td>1%</td>
<td>9%</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td>80-84 Years</td>
<td>70%</td>
<td>6%</td>
<td>13%</td>
<td>2%</td>
<td>8%</td>
</tr>
<tr>
<td>85 Years +</td>
<td>62%</td>
<td>0%</td>
<td>12%</td>
<td>14%</td>
<td>12%</td>
</tr>
</tbody>
</table>
**Average persons per dwelling per age group - South West Region 2007 (part extract only)**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Separate house</th>
<th>Semi-detached, row or terrace house, townhouse</th>
<th>Flat, unit or apartment</th>
<th>Accom. for the retired or aged</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54 Years</td>
<td>2.0</td>
<td>2.0</td>
<td>2.0</td>
<td>1.0</td>
<td>2.0</td>
</tr>
<tr>
<td>55-59 Years</td>
<td>1.9</td>
<td>1.9</td>
<td>1.9</td>
<td>1.0</td>
<td>2.0</td>
</tr>
<tr>
<td>60-64 Years</td>
<td>1.8</td>
<td>1.8</td>
<td>1.8</td>
<td>1.0</td>
<td>2.0</td>
</tr>
<tr>
<td>65-69 Years</td>
<td>1.7</td>
<td>1.7</td>
<td>1.7</td>
<td>1.0</td>
<td>2.0</td>
</tr>
<tr>
<td>70-74 Years</td>
<td>1.5</td>
<td>1.5</td>
<td>1.5</td>
<td>1.0</td>
<td>2.0</td>
</tr>
<tr>
<td>75-79 Years</td>
<td>1.3</td>
<td>1.3</td>
<td>1.3</td>
<td>1.0</td>
<td>2.0</td>
</tr>
<tr>
<td>80-84 Years</td>
<td>1.2</td>
<td>1.2</td>
<td>1.2</td>
<td>1.0</td>
<td>2.0</td>
</tr>
<tr>
<td>85 Years +</td>
<td>1.1</td>
<td>1.1</td>
<td>1.1</td>
<td>1.0</td>
<td>2.0</td>
</tr>
</tbody>
</table>

**Future dwelling demand (units of accommodation) - South West Region 2007 (part extract only)**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Dwellings</th>
<th>Separate house</th>
<th>Semi-detached, row or terrace house, townhouse</th>
<th>Flat, unit or apartment</th>
<th>Accom. for the retired or aged</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54 Years</td>
<td>5,282</td>
<td>5,047</td>
<td>12</td>
<td>120</td>
<td>-</td>
<td>103</td>
</tr>
<tr>
<td>55-59 Years</td>
<td>4,819</td>
<td>4,634</td>
<td>17</td>
<td>63</td>
<td>-</td>
<td>105</td>
</tr>
<tr>
<td>60-64 Years</td>
<td>4,284</td>
<td>4,084</td>
<td>62</td>
<td>114</td>
<td>-</td>
<td>112</td>
</tr>
<tr>
<td>65-69 Years</td>
<td>3,475</td>
<td>3,224</td>
<td>60</td>
<td>115</td>
<td>34</td>
<td>42</td>
</tr>
<tr>
<td>70-74 Years</td>
<td>2,922</td>
<td>2,591</td>
<td>71</td>
<td>154</td>
<td>27</td>
<td>80</td>
</tr>
<tr>
<td>75-79 Years</td>
<td>2,789</td>
<td>2,365</td>
<td>38</td>
<td>243</td>
<td>59</td>
<td>84</td>
</tr>
<tr>
<td>80-84 Years</td>
<td>2,100</td>
<td>1,514</td>
<td>135</td>
<td>288</td>
<td>61</td>
<td>102</td>
</tr>
<tr>
<td>85 Years +</td>
<td>1,762</td>
<td>1,144</td>
<td>-</td>
<td>222</td>
<td>280</td>
<td>116</td>
</tr>
<tr>
<td>TOTAL</td>
<td>27,433</td>
<td>24,516</td>
<td>395</td>
<td>1,318</td>
<td>460</td>
<td>743</td>
</tr>
</tbody>
</table>

Source: Pracsys (2009) Demand Model
3.10 Demand for HACC Services Module

Demand for HACC services is based on the Home and Community Care Program National Minimum Data Set (HACC MDS) 2006/07. The module estimates demand for hours of HACC services which is then translated into personnel requirements (non skill specific). The user can vary the percentage of each age cohort requiring HACC services along with the average monthly hours of service required by each person. This translates into annual hours of HACC services required for the selected community, based on the population projections contained in the model. By estimating the average hours per day per carer or HACC staff and the average number of days worked per year by each full time equivalent worker, the user can arrive at estimates of the number of carers required to service the over 50 resident population in each location. Figure 3.10 presents an extract from the HACC services demand module of the model.

**Figure 3.10: Demand for HACC Services - South West Region 2007 (part extract only)**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage Using HACC Services</th>
<th>Average monthly hours of service required</th>
<th>Number of people using HACC Services</th>
<th>Number of hours of service required per month</th>
<th>Number of hours of service required per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54 Years</td>
<td>1.4%</td>
<td>6.00</td>
<td>148</td>
<td>887</td>
<td>10,649</td>
</tr>
<tr>
<td>55-59 Years</td>
<td>2.0%</td>
<td>6.00</td>
<td>183</td>
<td>1,100</td>
<td>13,200</td>
</tr>
<tr>
<td>60-64 Years</td>
<td>3.1%</td>
<td>6.00</td>
<td>240</td>
<td>1,439</td>
<td>17,262</td>
</tr>
<tr>
<td>65-69 Years</td>
<td>6.2%</td>
<td>6.00</td>
<td>366</td>
<td>2,193</td>
<td>26,320</td>
</tr>
<tr>
<td>70-74 Years</td>
<td>12.2%</td>
<td>6.00</td>
<td>538</td>
<td>3,228</td>
<td>38,737</td>
</tr>
<tr>
<td>75-79 Years</td>
<td>23.3%</td>
<td>6.00</td>
<td>854</td>
<td>5,125</td>
<td>61,501</td>
</tr>
<tr>
<td>80-84 Years</td>
<td>35.6%</td>
<td>6.00</td>
<td>922</td>
<td>5,530</td>
<td>66,361</td>
</tr>
<tr>
<td>85 Years +</td>
<td>47.2%</td>
<td>6.00</td>
<td>951</td>
<td>5,706</td>
<td>68,478</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td>4,202</td>
<td>25,209</td>
<td>302,508</td>
</tr>
</tbody>
</table>

- Average hours of service per day per carer = 6
- Average number of days worked per annum per carer = 220
- Number of hours of service provided per carer per annum = 1,320
- Total number of carers required to service the population (50 years and over) = 229

Source: Pracsys (2009) Demand Model
3.11 Sporting and Recreational Activity Participation Module

Sporting and Recreational Activity Participation like transport services is a proxy indicator rather than a direct demand for specific types of services or facilities. The module identifies a number of activities and facilities and assigns a participation rate per age cohort to arrive at an estimate of total numbers of residents over the age of 50 years who will engage in the activity or have need of facilities. The model does not estimate frequency or duration of use. The module also allows the user to add activities or facility usage as required. Figure 3.11 presents an extract from the sporting and recreational activity participation module. The user can add or remove activities currently profiled in the model.

**Figure 3.11: Sporting and recreational activity participation (part extract only)**

<table>
<thead>
<tr>
<th>MALES</th>
<th>Participation rate (65 years and over)</th>
<th>Number participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking</td>
<td>46%</td>
<td>3,919</td>
</tr>
<tr>
<td>Lawn bowls</td>
<td>6%</td>
<td>511</td>
</tr>
<tr>
<td>Golf</td>
<td>9%</td>
<td>775</td>
</tr>
<tr>
<td>Swimming</td>
<td>15%</td>
<td>1,278</td>
</tr>
<tr>
<td>Fishing</td>
<td>5%</td>
<td>417</td>
</tr>
<tr>
<td>Aerobics/fitness</td>
<td>14%</td>
<td>1,193</td>
</tr>
<tr>
<td>Library facilities</td>
<td>44%</td>
<td>3,774</td>
</tr>
<tr>
<td>Cycling</td>
<td>25%</td>
<td>2,130</td>
</tr>
<tr>
<td>Gopher use</td>
<td>10%</td>
<td>852</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEMALES</th>
<th>Participation rate (65 years and over)</th>
<th>Number participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking</td>
<td>46%</td>
<td>4,328</td>
</tr>
<tr>
<td>Lawn bowls</td>
<td>6%</td>
<td>564</td>
</tr>
<tr>
<td>Golf</td>
<td>6%</td>
<td>583</td>
</tr>
<tr>
<td>Swimming</td>
<td>15%</td>
<td>1,411</td>
</tr>
<tr>
<td>Fishing</td>
<td>14%</td>
<td>1,317</td>
</tr>
<tr>
<td>Aerobics/fitness</td>
<td>2%</td>
<td>226</td>
</tr>
<tr>
<td>Library facilities</td>
<td>52%</td>
<td>4,855</td>
</tr>
<tr>
<td>Cycling</td>
<td>25%</td>
<td>2,352</td>
</tr>
<tr>
<td>Gopher use</td>
<td>10%</td>
<td>941</td>
</tr>
</tbody>
</table>

Source: Pracsys (2009) Demand Model

CONCLUSION

Whilst this model is in a developmental stage, it still provides a scenario planning tool for local government.

It is the intention of the South West Development Commission to provide this model directly to those local governments wishing to use this facility. Training on the use of the model by local governments will be provided by SWDC.
This chapter identifies the main infrastructure and service requirements for age-friendly communities in the South West. The chapter is arranged in two parts.

The first part summarises the findings of consultations undertaken as part of the project and describes the views of stakeholders consulted. It includes an overview of the main needs identified by stakeholders and outlines their priorities for changed or additional strategies for the future to improve services and infrastructure for population ageing.

The second part identifies key service and infrastructure requirements on a regional and sub-regional basis. This includes current priorities, regional and sub-regional priorities within the period 0-5 years and years 5-15. Services and infrastructure are the fundamental building blocks for a community response to the challenge presented by population ageing.

4.1 Consultation Findings

This section summarises the findings of consultations undertaken to inform the project. These are presented as regional findings, although specific comments are made about sub-regional and local needs.

Transport

Transport was consistently cited as the most significant area of unmet need for older people in the South West. This is an issue both in terms of transport within the South West and between the South West and Perth.

Lack of transport is a major hindrance for people accessing a range of services, particularly between communities. An example was given of an aged person having to travel by bus from Pemberton to Busselton for an appointment. This would require a three-day trip, as they would need to leave the day before their appointment and return the following day. In some small communities there is no public transport system connecting them to the larger towns.

These inadequacies particularly affect people who have to travel to major population centres on a regular basis for specialist health treatment, for example having to travel to Bunbury three times a week for renal dialysis. For those without transport, this often means imposing on family or friends if public transport is not available. For those having to travel to Perth to attend specialist appointments (e.g. oncology treatment) transport is an even greater issue.

A result is that people often cancel medical appointments because of lack of transport, particularly those not eligible for assistance through Patient Assisted Travel Scheme (PATS) or Home and Community Care Program (HACC). Most find the cost of taxis prohibitive.

A related problem is the frequent use of ambulances to transport patients between hospitals, not because they require ambulance care, but because no other means of transport is available. This is not efficient use of a high cost resource.

A lack of public transport also increases social isolation among older people, particularly in smaller communities. It reduces their ability to keep in contact with family and friends and to participate in normal community activities. The increased loss of drivers’ licenses due to mandatory reporting of medical conditions has increased the isolation of many older people.

Social isolation is often associated with deteriorating physical and mental health, which in turn can be exacerbated by lack of access to health services through lack of transport.

Health services

Availability of and access to health services is reportedly a major issue. In part this is a consequence of the lack of transport services referred to in the previous section, but there are also major issues with the quantum and organisation of health services in the region.

A lack of GP services in the region is a major concern, with one report of a three week wait to see a doctor in Bunbury. Many specialist services are either intermittent or non-existent in the region, with most being centralised in Bunbury.

Health issues and access to services is a particular problem for older Aboriginal people in the region, many of whom have the additional stress of care responsibilities for grandchildren.

It was reported that 80% of hospital inpatients are over 65 years and that many are sent home too quickly because of pressure on beds. This does not allow sufficient opportunity for rehabilitation pre-release, which often results in further re-admission. The Transition Care program does provide post release follow up, liaising between service providers and the hospital. There are currently 20 transition care places. It was advised that the ‘revamp’ of Busselton Hospital may result in it becoming a rehabilitation centre for the region with approximately 20 transition beds.

It was reported that mental health services for older people in the region are quite inadequate. In particular, intellectually disabled people have difficulty accessing mental health services. The lack of mental health facilities for older people, particularly for respite care, outside of Bunbury was identified as a service gap. Carers of older people with mental illnesses were reported to be a
neglected group, partly because of concerns about confidentiality and the stigma associated with mental illness.

Other areas of service deficiency raised by service providers were post hospital services for stroke victims, services for people with dementia, allied health services especially speech therapy, no geriatrician in the region, no Community Health Social Work services for seniors, and no rehabilitation services in the region.

In particular, the organisation of health services came in for some criticism, particularly the fact that people have to go considerable distances to access many services, rather than have the services come to their communities. For many it means regular travel to Bunbury or even Perth. Models of service provision that bring the services closer to the people were advocated where this is feasible.

Housing & accommodation

A lack of affordable housing is a major issue generally, but one which particularly affects older people on limited incomes. Older people in the private rental market face high rental costs plus a lack of security. Having to seek new accommodation can be highly stressful for older people.

Homelessness is reported to be increasing in the region, including among aged people. Some people are reported to be living in tents on the outskirts of Bunbury. It was also reported that there are increasing numbers of older people living in caravan parks because of affordability issues. Some people living in caravan parks have made substantial investment in park homes but have no security of tenure should the park owner decide to sell the park.

A lack of sufficient public housing in the region to meet the needs of older people, who are asset poor and on limited incomes, was seen as a critical issue. Statewide 13% of public housing is seniors housing and seniors also occupy other public housing. The importance of allowing the option for people to maintain independent living for as long as possible was also raised.

The ability to age in place is now recognised as a major factor in relation to the overall wellbeing of older people. Staying in the community they know and are known by local people is important to many older people in terms of maintaining key social connections and continuing to participate in community life. This has implications for the allocation of both public rental accommodation and availability of residential care placements.

The need for disabled people to live close to family members and amenities was raised as an issue, with a perception that Department of Housing need to be more responsive to these individual needs in allocating accommodation. For many disabled people staying within a community where they are known and accepted can be particularly important. On a positive note, the adoption of universal access design features in Department of Housing accommodation was viewed positively.

COMMUNITY HOUSING

Community Housing is affordable urban rental accommodation, responsive to client needs managed by not-for-profit organisations or local government. The Department of Housing has two community housing programs of particular relevance to the development of housing for seniors – the Joint Venture Housing Program and the State Community Housing Investment Program (SCHIP). The Joint Venture Housing Program has enabled the development of seniors complexes in small communities through a partnership with local government. The Brunswick Aged Accommodation Units are an example.

The SCHIP is a capital funding program to develop an ‘integrated social housing system’ through partnerships between the Department of Housing and ‘Growth Providers’ – key industry investors. Preferred providers are also eligible for funding. Growth Providers will also have an opportunity to lease public rental housing for a peppercorn lease. They will be responsible for property and tenancy management during the lease period.

Growth providers are understood to be large accredited providers with substantial assets under management. Preferred providers are middle tier providers and there is also provision for a third tier of small niche providers. The Growth Provider for the South West is Fremantle-based Access Housing.

The South West has received funding from State and Federal Governments for social housing in the South West, including 32 seniors units in East Bunbury. Access Housing is managing 40 of the homes in Bunbury, including the seniors units.

In the course of consultations with local government some uncertainty was expressed about the implications of this three tier service provision model established by the Department of Housing for existing and future developments which local governments and/or community organisations may wish to undertake.

RETIREMENT LIVING

Generally reports about retirement villages in the region that are covered by the Retirement Villages Act were positive, both in terms of quality of accommodation and design. In particular, they were seen as providing a safe and supportive environment for older women living on their own. Newer retirement complexes are
aimed at the ‘well aged’ and have many amenities. They are not cheap, costing in the vicinity of $400,000 to buy in and charging a monthly levy but may provide a return on investment when terminated. Demand is said to outstrip supply and developers (both for-profit and not-for-profit) say they have no difficulty finding buyers. Older developments offering fewer amenities and smaller dwellings (independent living units or villas) and available on a different model are less expensive – around $100,000. These units – generally one bedroom – may not meet the expectations of baby boomers.

In terms of scale, developers consider 100 units to be breakeven for new developments. This has implications for the size of land parcels made available for retirement village developments. Developers would like local government to develop a better understanding of their needs and also the contribution that they make to the community. The following features are considered desirable for a development:

- Near medical facilities.
- Near shopping facilities.
- On a public transport route.

Some retirement villages have low and high level care facilities within the complex. However, one for-profit provider indicated that their experience was that residents prefer residential aged care in close proximity to but not in the actual village. People no longer able to live independently but unwilling to move into residential care can be an issue for village operators.

A few retirement complexes run by not-for-profit agencies in Bunbury and Busselton have some limited rental accommodation available. Renters tend to be pensioners and the provision of rental accommodation is considered to be part of the agency’s social charter.

Positive comment was made about the role of local councils in establishing seniors’ complexes, which are seen to be allowing many older people to remain in the region.

AGED CARE

Aged care is a highly regulated setting. Increased expectations by residents and their families for amenities and services and an environment of continuous improvement has put pressure on providers.

The supply of aged care places is becoming a major issue, particularly at the high care end. It was reported that 45% of aged care facilities are losing money Australia-wide and a number are closing or handing back places28. This position is likely to deteriorate as the rate of take up of new aged care bed licences is also declining. In 2007, for the first time, all of the bed licence allocations in Western Australia were not taken up. That trend continued in 2008 with only 500 licences applied for in Western Australia out of 1400 on offer. There were no applications for new licences for low or high care in the South West in either of these two rounds. If this trend continues it is likely to result in a crisis in aged care places in the region.

In particular, there has been an ongoing shortfall in the uptake of high care beds as service providers find them uneconomical because they are unable to cover the capital costs. Capital costs for low care beds are largely supported by the ability to charge bonds. These are not available in relation to the provision of high care beds.

Increased building costs which have not been adequately matched by funding levels is cited as a major issue, particularly where there is no provision for requirement of bonds. Operational costs are also increasing, particularly in relation to the trend towards single room accommodation. Difficulties in attracting sufficient trained staff have added to these issues. Provision of aged care in the South West has been almost exclusively undertaken by the not-for-profit sector, however it is becoming increasingly unviable, particularly in smaller communities. Currently it is reported that newer nursing homes have waiting lists, but some of the older ones still have vacancies29.

Related to this is the need for councils to plan for the future provision of aged accommodation, including allocating sufficient land, actively supporting the development of new services, educating the community and streamlining approvals processes. The lack of suitable land allocated for retirement villages and aged care facilities was a major issue for both for-profit and not-for-profit developers. According to a not-for-profit operator of retirement villages and residential aged care, the most appropriate size for the latter is 160 beds but in wings of 36-48 beds. For a complex involving both retirement living and aged care approximately nine hectares of land is required.

One service provider spoke of a need for sheltered living encompassing purpose-built complexes where people live independently but where services are brought in. It was reported that this style of accommodation is growing rapidly in the UK, and is replacing residential care. Others spoke about the need for innovative models of multi-purpose residential community accommodation.

The need for low cost accommodation close to hospitals was identified as an urgent need, both for people visiting the larger regional centre for outpatient treatment and for relatives of people in hospital.
Community engagement

Engagement and inclusion of older people in their communities is an important aspect of sustaining their physical and mental health and general wellbeing. This is particularly true of those who are without family support in the immediate area and who are socially isolated either through physical limitations or lack of community contacts.

An important component of creating age-friendly communities in the South West will be the inclusion of older people in community life and valuing the contributions they bring. This means more than just providing senior citizens’ centres and related activities. Intergenerational contact is also important to provide a normalised environment for older people. In addition young families and younger people who do not have contact with older relatives can gain much from contact with older people. Local communities that take the initiative to include older people in their community and foster intergenerational contact will find it rewarding on many fronts.

Volunteer work is an important avenue for community engagement for many older people, however according to data provided by the Department for Communities, the participation rate in volunteering for people over 65 years is lower than for other age cohorts (27.6%). This suggests that there is considerable scope to increase the participation by older people in volunteering, thus benefiting the older person and the community in which they live.

Clearly some older people are hampered by disability, frailty or other limitations of ageing and the opportunities for them to volunteer may be reduced accordingly. For many however the issues include cost and availability of transport, family responsibilities, lack of knowledge of volunteering opportunities or lack of confidence that they have something of value to offer. There are volunteer centres throughout the region which are keen to attract older volunteers. Local councils could be of assistance in supporting them in marketing volunteering and in supporting the provision of training and other support for volunteers.

Lifetime Learning is another way in which seniors can keep their minds active and engage with the community. Many towns in the South West have Community, Neighbourhood and Learning Centres in which members can meet for a variety of activities at low cost. The University of the Third Age, Open Learning Australia and the TAFE system also provide learning opportunities. With the exception of TAFE, these programs rely heavily on volunteers for tutors, courses and administration. Critical to their use by seniors is accessibility (e.g. within walking distance, close to bus stops etc) and affordability.

Services supporting independence

A need was identified for more services in the home to keep people out of residential care, with the observation that many older people are going into residential care too early because of a lack of alternatives. In particular, people could avoid going into low care if more comprehensive in-home services were available. This would be a more cost effective approach to service provision and result in better quality of life for many older people. The issue is primarily about empowering older people to maintain an independent life if that is what they wish.

A number of comments were made about improvements needed in the Home and Community Care (HACC) program including questioning the efficiency of small amounts of money going to multiple agencies each with their own administration and infrastructure costs. The inflexibility of the program was also criticised as requiring the needs of the client to fit to the specific services on offer rather than tailoring a response to the needs of the individual. There were positive comments about a recent decision arising from HACC consultations, which will allow agencies some flexibility of volume between services types, which will partly address this issue. Other comments about HACC services included unavailability at weekends, a lack of services outside of the main centres, the restrictions on the number of hours of service, an inability of many HACC providers to provide additional hours even when these can be purchased through brokerage funds, and the inability to get home help for conditions which are not chronic.

By comparison with HACC, the Disability Services Commission provides funds to families to purchase services, with a priority on supporting ageing carers. Local Area Coordinators work with families to broker services. It was suggested that this service approach results in a more individualised service response.

The cost of home modifications was cited as a major barrier to ageing in place, with only limited assistance being available through the HACC program for those who are eligible.

Adequate income maintenance is a major precondition of independent living. The Federal Government is currently reviewing retirement benefits and it is expected that this will improve the retirement incomes of many older people. The regional Centrelink office has a separate section dealing with seniors and carers in recognition of the large number of seniors in the region. This allows seniors to see the same person each time, thus providing a more personalised service. A social work service is also available to age pensioners, particularly to those
with caring needs. Centrelink also provides a service whereby financial information officers are available to work with people pre-retirement to help them maximise their eligibility for benefits.

**Respite care**

Insufficient respite care services was a common theme in consultations with service providers. This adds to the substantial burden on older carers, many of whom are struggling to keep their ageing relatives in their own homes. It also impacts on older people who have caring responsibilities for partners or adult children with disabilities, as well as other physically or mentally ill family members. By way of example, it was advised that there is only one respite bed available in Busselton.

A lack of respite care sometimes results in pressures on acute care beds, particularly when carers become ill as a result of the pressures upon them.

Not only are there insufficient respite care resources in the region but the way in which respite care is administered is also regarded as a problem. Respite care can not be booked in advance, which means that carers are unable to book holidays confident that respite services will be available. This adds to the unremitting pressure that many carers feel.

It was also advised that there are no respite services for Aboriginal people in the region, and that a culturally appropriate respite service for Aboriginal people is needed as many older Aboriginal people do not feel comfortable in a mainstream service.

A lack of respite services able to cater for people with dementia was also cited as a problem with fewer facilities offering secure respite. It was claimed that organisations simply can not afford to build more respite care facilities. Brokerage funds are available to purchase respite services, however the facilities are just not available.

This is a critical issue. The choice of remaining in their own homes is vitally important to the wellbeing of many older people, and the enormous commitment of carers allows this to occur, at the same time saving the Government substantial sums of money which would otherwise be required for residential care. Investment in adequate respite care services makes sound economic sense as well as providing much-needed relief to people who undertake this caring role.

The demands and pressures on older carers are often unrecognised. One service provider cited situations where bona fide carers were not aware of Carers Allowance.

**Aged care services**

The WA Country Health Service based in Bunbury has an Aged Care Service which provides a range of aged care services, in addition to administering the HACC program. Importantly, it includes the Aged Care Assessment Team (ACAT) which undertakes assessments to determine the level of care and services needed by frail older people. These assessments determine eligibility for Aged Care packages, which provide more intensive in-home care or admission to residential care.

Other services include an older patient initiative including hospital emergency department risk screening and follow up, an aged care liaison officer who undertakes complex case management, a community care coordinator and a home modifications and appliances scheme.

One comment was received that the focus of aged care services on a medical model of care and assessed disability is not effective and that a social model geared at identifying what is needed to satisfactorily maintain an older person in the community would be more appropriate.

**Mobility & access**

Issues of mobility and access to facilities and programs was consistently raised as an issue impeding the participation of many older people in community life and leading to increased social isolation. A particular theme was the condition and suitability of footpaths and crossings, particularly for use by people on gophers or in wheelchairs. Many footpaths and crossings were described as unsafe and difficult to navigate. A related theme was the need to educate many gopher users on issues of safe navigation and respect for other users, with one referring to instances of ‘gopher rage’.

It was commented that building codes have improved access to many facilities, however some still require improvement. Another aspect of access is cost with many older people finding the cost of access to recreation centres prohibitive. Because of the importance of exercise to the health and wellbeing of older people, off peak price reduction for older people was suggested.

**Workforce issues**

The lack of staff providing services and support to older people, particularly as care workers, was identified as a major issue in the South West and the need to improve the training of those staff was identified as a major infrastructure issue. Agencies working with older people report significant difficulties recruiting and retaining staff. A strong view was expressed that staffing in the NGO ageing and community services sector is in crisis.

Poor salaries and conditions on offer for those who work with older people is seen to act as a major disincentive to
employment.

The need for long-term workforce planning for people to work with older people in the South West was identified as a priority.

Safety

Safety is a major issue for older people living independently, particularly in relation to safety in and around the home and the danger of falls. Falls are a major factor in health incidents and hospital admissions for older people.

The Department of Health Injury Prevention Unit conducts a falls prevention program, ‘Stay on Your Feet’ which is an education program dealing with safety and lifestyle issues. It is concerned with raising awareness both by direct contact with groups of seniors in the community as well as funding non-government organisations to raise awareness.

Safety from crime and violence is also perceived as a major concern for older people, and is often an important consideration in decisions to move to a retirement village, where the level of security is perceived to be higher than in the community.

Information, advice & referral

The importance of public awareness of the services that are available was seen as important with some acknowledgement that this has improved.

Carelink, which in the South West is run by Red Cross, has an extensive database of services and is funded to provide advice and information on available services. Its focus is mainly on aged care and services to older people. It operates through both a call centre and a ‘walk-in’ service. An important aspect is on services to help older people remain in their homes. They provide information, have a guided referral process and seek out information on behalf of older people where it is not already on their database.

Poor quality financial advice is a problem for many older people. People don’t plan for retirement, yet this is a time when people have to make the most complex financial decisions. There are few services providing high quality objective financial advice to older people. Many older people have been ‘burnt’ by advisers.

4.2 The Future

Agencies were asked to indicate their priorities for changed or additional strategies for the future to improve services, infrastructure and the ‘age-friendliness’ of the South West.

Services

Improved transport services were seen as a major priority to enhance the lives of older people, both in terms of transport within the region and to Perth. In particular an increase in the availability of ‘HACC type’ transport and exploring other models of transport such as small community buses and ‘CAT-type’ bus services in country areas and small towns were suggested. There was a consensus that the current models of public transport in the region do not fit the need. One suggestion was that the amount of funds spent on funding individual organisations for special purpose buses, some of which are unutilised for long periods, would be better spent through a more comprehensive approach to transport issues.

An expansion of HACC eligibility and range of services was also advocated, to make them less restrictive. Changing the service model (e.g. hours of service) to fit the person’s lifestyle was also suggested, rather than people needing to adapt their lifestyle to fit with the service.

In relation to aged care, a review of funding mechanisms for both community and residential care was advocated, including a review of the Aged Care Act 1995. Aged care funding has not kept pace with the costs of delivery and, in particular, a new capital mechanism is needed to facilitate the continued development of high care places. A Senate Inquiry into Aged Care (April 2009) suggests the recommendations of that inquiry be monitored in terms of implications and opportunities for the region.

Infrastructure

Access to suitable and affordable housing was seen as a major infrastructure challenge. Federal and State government announcements of anticipated expansion of public housing are encouraging, and it will be important to ensure that sufficient funds are directed towards the needs of older people in the South West.

In terms of planning for retirement accommodation, it was suggested that the WA Planning Commission needs to re-examine building codes and planning processes for retirement living, to speed up the processes. It was estimated that it currently takes six to seven years from the commencement of the planning process to a facility being on the ground and ready for business. The delivery of adequate retirement accommodation to meet the future needs of the region will require a shortening of these timeframes.

Local governments were seen as having a key role to play in infrastructure development, in particular with regard to planning issues, provision of community transport and providing accommodation for non-government services to older people. Several informants described the number of small local
government shires as an impediment to development of adequate infrastructure, and saw proposed amalgamations of local governments as potentially providing a more cohesive approach to infrastructure development.

The Royalties for Regions program was also seen as a potential boost to infrastructure in the region. Importantly the needs of seniors and the establishment of age-friendly communities should be accorded high priority by local authorities in their allocation of funds received under the Royalties for Regions initiative.

**Workforce issues**

The lack of trained people to provide services to older people, particularly as care workers, was identified as a major infrastructure need. Long-term workforce planning was needed to address this problem.

**Age-friendly communities**

Local Government was seen as the key to the establishment of age-friendly communities. Comment was made that Augusta-Margaret River Shire used the Age Friendly Communities Research Framework to assess their facilities and infrastructure, and this should be seen as a model by other local authorities. The consultation process associated with the Aged Friendly Communities model was also seen as an important way of engaging older people in local planning.

It was also suggested that all local authorities should establish a specific Aged Service portfolio to better plan for the expanding numbers of older people in their populations. In particular retaining retired farmers and other local retired people in the community and keeping them involved at a community level was seen as important. People may lose their sense of identity when they cease work, and community involvement creates a continuing sense of purpose as well as making their skills and experience available to the community.

**Intergenerational activities** was suggested as an important way of making connections between older and younger people, particularly given demographic trends which sees many older people separated by distance from their families, whilst many young families are also without the presence of older relatives in the local area. Encouraging older people to mentor in the school system was seen as a useful way to connect older and younger people, as well as demonstrating a valuing of the contributions of older people.

It was suggested that the South West Development Commission and local authorities could take a lead role in supporting involvement in the community by raising the awareness and profile of volunteering by older people. This could also include active support for Volunteer Resource Centres and better use of Telecentres (now Community Resource Centre) as places to provide information on volunteering opportunities. Support for training of volunteers is also needed. The cost of volunteering is an impediment for some older people on low incomes and reimbursement of expenses such as petrol is important to allow some people to maintain their volunteer role.

**Pre retirement planning** was seen as important, and awareness initiatives that get people thinking about what comes after retirement and beginning to start actively planning for this as well as looking after themselves before they retire was seen as a potentially valuable form of early intervention.
### 4.3 Key Infrastructure and Service Requirements (By Sub Region)

**BUNBURY WELLINGTON SUB-REGION** (City of Bunbury, Shires of Capel, Collie, Dardanup, Donnybrook-Balingup, Harvey)

<table>
<thead>
<tr>
<th>Current Priority</th>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Develop, own and/or use WHO Active Ageing Framework within SW context</strong></td>
<td>• Ageing demographic of the Region</td>
<td>Immediate</td>
</tr>
<tr>
<td><strong>Development of State Ageing Policy</strong></td>
<td>• Wide range of agencies and stakeholders serving older people</td>
<td>Medium term</td>
</tr>
</tbody>
</table>

**Need / Issues**
- Requires a regional ageing strategy to address population ageing which engages all government agencies, private sector stakeholders and NGOs.
- Population projections for Bunbury and Harvey show greatest projected populations of older people.
- Harness commitment and activity of all relevant stakeholders.
- Explore and understand the specific needs of older people living in Bunbury.

**Mechanisms**
- Strategic partnership between Department for Communities, SWDC, Department of Planning, LGAs, and other agencies.
- Follow study recommendations and prioritise planning in Bunbury and Harvey (particularly Treendale and surrounds) where there will be greater concentrations of older residents.
- Conduct an Age Friendly Communities (WHO) exercise in Bunbury.
- Develop Age Friendly business awards.

**Timeframe**
- Current

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<table>
<thead>
<tr>
<th>Current Priority</th>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
</table>
| **Aged Care Places** | • Emerging shortfalls in supply of aged care places, particularly high care places.  
• Reluctance of aged care providers to take up aged care beds. | High |

**Need / Issues**
- Required in Greater Bunbury and the whole region.
- Increased dementia and secure garden facilities required in Greater Bunbury region.

**Mechanisms**
- Action is required by State and Commonwealth government and aged care providers.
- Pilot project with local governments to attract aged care providers to take up aged care places in the South West.

**Timeframe**
- Current, next 15 years.
<table>
<thead>
<tr>
<th>Current Priority</th>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
</table>
| Improved infrastructure, amenity and design for walking, cycling and gopher use | - Walking is the most preferred activity of older people
- Increased gopher/scooter use is likely in coming decades
- Cycling is an increasing baby boomer activity which will continue over the next decade | High |

**Need / Issues**
- Pedestrian safety concerns emerging in the CBD
- Development of connected pathways
- Bike plans for both City of Bunbury and a Greater Bunbury Bike Plan
- CBD requires bike lockers and storage facilities
- Renewal and improvement of streetscapes and signage
- Footpath audit that will address uneven footpath surfaces particularly within CBD
- Audit of shop overhangs/eaves in CBD to repair leaking/dripping roofs
- Provide grab railings in areas of high wind tunnels in CBD (e.g., near Bunbury Tower)
- Walkability and accessibility of beaches, natural bushland, walk trails parks and outdoor spaces, etc
- Gopher recharge outlets and pathways

**Mechanisms**
- Structure planning at the local level
- Developer contributions
- Town planning, streetscape renewal, CBD, town centre and activity centre revitalisation
- Tourism planning – regional gopher/scooter strategy
- Improve accessibility of beaches and tourist attractions for older people
- Implement recommendations of the Walkability Project – seen through older people’s lens
- Department of Transport – Implement gopher/scooter strategy

**Timeframe**
- Current

<table>
<thead>
<tr>
<th>Current Priority</th>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
</table>
| Increase labour market options for older people across the South West | - Economic growth
- Ageing workforce
- Employment needs of the community and residential care sector | Medium |

**Need / Issues**
- As people live longer they will want to remain in employment and extend their working lives
- More and more older people will want to continue their career, or start a new one

**Mechanisms**
- Improve flexible work options in both the private and public sector
- Provide community education to reduce ageism

**Timeframe**
- 5-10 years
### Older People’s Housing & Accommodation

#### Current Priority Drivers
- Need to increase public housing stock, increase social and community housing stock, increase private rental
- Lack of affordable and appropriate housing options for seniors
- Retain residents in own communities
- Changing aspiration and needs of older people
- Options provided by the market don’t meet older people’s needs

#### Need / Issues
- Older people are looking for something other than traditional aged care housing and accommodation
- Need for the development of innovative housing models
- Gated aged complexes are not conducive to integration with surrounding communities
- Funding required for the development of independent living units in Capel
- Multicultural aged care housing and services are required within Bunbury region
- Increased capacity at Tuia Lodge in Donnybrook for all levels of care, particularly respite
- Increased capacity at Hocart Lodge in Harvey to extend care services for ageing in place and to accommodate up to 16 high care beds

#### Mechanisms
- Work with DoH, Regional Growth providers and other housing providers to develop a Regional Seniors Housing Strategy
- Implement age-friendly guidelines in housing design and community amenity
- Develop age-friendly tick/ award process for housing innovation
- Public housing for seniors to have a minimum two bedrooms standard to cater for carers
- Innovation through changes to Town Planning schemes to allow for differing building form
- Explore transportable fully fitted granny flat concept which can be moved when no longer required
- Develop specific seniors housing stock to meet older people’s changing aspirations

#### Timeframe
- Current-15 years

### Staffing and skill shortages in aged services

#### Current Priority Drivers
- Labour and skill shortages are a key challenge for those industries that serve older people

#### Need / Issues
- Address staff and skill shortages through South West College of TAFE
- Requires increased government services funding towards a salary component so that aged care services can better attract and retain good staff

#### Mechanisms
- Develop SW strategy to engage all level of government to address staffing shortages in industries serving older people

#### Timeframe
- 5-15 years
### Current Priority Drivers Priority

<table>
<thead>
<tr>
<th>Current Priority</th>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community and public transport options</td>
<td>Population growth, access to services and recreational and cultural activities</td>
<td>High</td>
</tr>
</tbody>
</table>

#### Need / Issues

- Better Greater Bunbury route design
- Lack of taxis in Greater Bunbury area
- Address isolation of residents of Collie – through lack of transport for shopping, appointments and social networking in Collie
- Improved transport to other regional centres
- Investigate volunteer transport options
- Improved cycleways through Greater Bunbury Cycle Scheme
- Australind – improve pathways to accommodate dual use – to accommodate growing scooter and motorised cycle use

#### Mechanisms

- Partnership with Department of Transport/Planning/PTA /SWDC/Local governments to map current transport network and providers to identify opportunities for innovation
- Mapping exercise to gather data on numbers, destination points and priority vs discretionary travel preferences
- Following data gathering exercise, negotiation with private transport providers around selected routes
- Community bus and transport schemes
- Targeted local taxi schemes
- Community bike scheme
- Greater Bunbury LGAs to use Royalties for Regions to create a Greater Bunbury cycleway

#### Timeframe

Current, next 15 years

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### Current Priority Drivers Priority

<table>
<thead>
<tr>
<th>Current Priority</th>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve HACC services</td>
<td>Service provision struggling to keep up with demand</td>
<td>Medium</td>
</tr>
</tbody>
</table>

#### Need / Issues

- Integration, coordination and re-orientation of services to ensure that services fit client needs rather than the reverse
- Increase funding to allow increased Ageing in Place services in retirement villages, other independent living units and lifestyle caravan parks
- Improve services outside of main centres
- Address service gaps and problems in addressing client needs (see consultation findings)

#### Mechanisms

- Drive change through SW HACC Network

#### Timeframe

0–15 years
<table>
<thead>
<tr>
<th>Current Priority</th>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist health and medical services and facilities for older people. (Refer outcomes South West Medical Attraction Taskforce).</td>
<td>• Lack of GPs and specialist medical practitioners in Bunbury and some towns</td>
<td>High in some towns without GPs</td>
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<tr>
<td></td>
<td>• Lack of specialist health and medical services and aged facilities for older people close to where people live in the region</td>
<td>High in terms of specialist health and medical services for older people</td>
</tr>
</tbody>
</table>

**Need / Issues**
- Develop plans for future servicing specific to older people’s needs especially dementia, stroke, oncology services, cancer centre, intensive care unit, geriatric, community and mental health social work services for older people, rehabilitation
- Address future of older people with mental health issues who will require both accommodation and services
- Address the lack of flexibility for medical appointments in Bunbury for residents travelling from other South West towns – to address reported instances of cancellation on arrival with expectations that people can find transport following week

**Mechanisms**
- Use recommendations of the South West Medical Attraction Taskforce
- Various Health Service Plans

**Timeframe**
Current and up to 15 years

<table>
<thead>
<tr>
<th>Current Priority</th>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve lifelong learning options</td>
<td>• Social participation, knowledge, mentoring • Providing more opportunities for older people to learn has significant economic, social and personal benefits</td>
<td>Medium</td>
</tr>
</tbody>
</table>

**Need / Issues**
- Limited options for ‘Summer school’ type courses
- Need for a range of personal development courses

**Mechanisms**
- Develop SW campus of ECU as specialised centre of excellence in lifelong learning
- Resource telecentres/community resource centres to be further developed as lifelong learning ventures
- SW College of TAFE to provide community learning schemes for all people

**Timeframe**
5-10 years
### Current Priority

**Improve community amenities and infrastructure that older people use**

<table>
<thead>
<tr>
<th>Drivers</th>
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<tbody>
<tr>
<td>Libraries and resource centres are heavily used by older people</td>
</tr>
<tr>
<td>Older people are frequent users of local community facilities and amenities and local shops</td>
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<table>
<thead>
<tr>
<th>Priority</th>
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<tbody>
<tr>
<td>High</td>
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</table>

### Need / Issues

- Requires review of community amenities and facilities such as libraries, Community Resource Centres (Telecentres), community centres, recreation centres, swimming pools to determine specific gaps
- Develop and/or improve access to affordable small meeting rooms for one-off sessions or series of lessons (eg six week Mahjong course). Retain older facilities for such a purpose
- Ensure location of private services close to where older people live (shops, medical centres, chemists, shopping etc)
- Increase State resourcing fund to adequately increase numbers of books and facilities in libraries necessary for an ageing (but extremely literate) population
- Extend library facilities in Australind for seniors’ information and advisory service. Include internet facilities and teach options such as Photoshop and Skype
- Review funding for increased numbers of age specific events in the region
- Develop art galleries, museums, outdoor cinema venues and other cultural venues
- Location of hydrotherapy pools

### Mechanisms

- SWDC Investment Plan
- Local Government plans and strategies
- Town Planning Schemes
- Seniors Recreation Council

### Timeframe

0-5 years

### Current Priority

**Home modification and home maintenance and repairs service**

<table>
<thead>
<tr>
<th>Drivers</th>
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<tbody>
<tr>
<td>Older people want to stay in their homes longer</td>
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<tr>
<td>Many homes are not suitable for people as they age</td>
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<table>
<thead>
<tr>
<th>Priority</th>
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<tbody>
<tr>
<td>Medium</td>
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</table>

### Need / Issues

- Many older people could avoid going into care if their homes were modified
- The inclusion of 24 hour call buttons and response services may overcome need/desire to move to retirement complexes
- Extension of home maintenance and gardening services

### Mechanisms

- HACC service
- Local governments

### Timeframe

5-10 years
### SOUTH WEST ACTIVE AGEING RESEARCH PROJECT

#### VASSE SUB-REGION (Shires of Augusta- Margaret River, Busselton)

<table>
<thead>
<tr>
<th>Current Priority</th>
<th>Drivers</th>
<th>Priority</th>
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</thead>
<tbody>
<tr>
<td><strong>Improve streetscape and built environment to serve older people’s needs</strong></td>
<td>- Improve community amenities for safety and convenience</td>
<td>Medium</td>
</tr>
</tbody>
</table>

**Need / Issues**

- Outdoor seating, public toilets, safe traffic crossings

**Mechanisms**

- SWDC
- LGA Activity

**Timeframe**

0-15 years

<table>
<thead>
<tr>
<th>Current Priority</th>
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<th>Priority</th>
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<tbody>
<tr>
<td><strong>Improve HACC services</strong></td>
<td>- Service provision struggling to keep up with demand</td>
<td>Medium</td>
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</tbody>
</table>

**Need / Issues**

- Integration, coordination and re-orientation of services to ensure that services fit client needs rather than the reverse
- Improve services outside of main centres
- Address service gaps and problems in addressing client needs

**Mechanisms**

- Drive change through SW HACC Network

**Timeframe**

0–15 years
### Older People’s Housing and Accommodation

**Priority Drivers**
- Lack of affordable and appropriate housing options for seniors
- Need to increase public housing stock, increase social and community housing stock, increase private rental
- Lack of affordable and appropriate housing options for seniors
- Changing aspiration and needs of older people
- Options provided by the market are not what many older people want

**Need / Issues**
- Older people are looking for something other than traditional aged care housing and accommodation
- Particular attention should be applied to the town of Augusta in terms of the development of independent living units and a low care facility
- Increase supply of independent living units in Dunsborough and surrounds
- Develop further informal and cheap meeting places for older people in Vasse region
- Need to increase supply of housing for older low income households

**Mechanisms**
- Implement age-friendly guidelines in housing design and community amenity
- Develop age-friendly tick/award process for housing innovation
- Public housing for seniors to have minimum two bedrooms standard to cater for carers
- Work with DoH, Regional Growth providers and other housing providers to develop a Regional Seniors Housing Strategy
- Increase public housing stock, increase social and community housing stock, increase private rental
- Develop specific seniors housing stock to meet older people’s aspirations (ILU, community housing options, retirement complexes)

**Timeframe**
Current-15 years

### Respite care services

**Priority Drivers**
- More older people are choosing to live at home and be cared for by a family member
- Increasing number of older people in carer roles

**Need / Issues**
- Lack of respite care places in the Shire of Augusta-Margaret River
- Inadequacies in way respite care is provided

**Mechanisms**
- Non-government funding for respite services

**Timeframe**
0-5 years
<table>
<thead>
<tr>
<th>Current Priority</th>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
</table>
| Improved infrastructure and amenity for walking and cycling and gopher use | • Walking is the most preferred activity of older people  
• Walkability and accessibility of local environment is vital  
• Increased gopher/scooter use is likely in coming decades | High     |

*Note: The Shire of Augusta-Margaret River recently released the results of their Age Friendly Communities Study. Recommendations from this study should be undertaken in terms of services and infrastructure requirements.*

**Need / Issues**
- Explore and understand the specific needs of older people within the Shire of Busselton
- Fully implement the recommendations of the Age Friendly Communities project in the Shire of Augusta-Margaret River
- Review pedestrian safety in each town
- Requires renewal and improvement of streetscapes and signage
- Improve walkability and connectivity of local streets, footpaths and outdoor spaces and parks and neighborhoods
- Gopher recharge outlets and pathways needed

**Mechanisms**
- Age Friendly Communities process – Department for Communities funded
- LGA pathways and pedestrian plans
- LGA sport and recreation plans
- DoSR plans and funding
- Town planning, town centre and activity centre revitalisation
- See planning toolkit
- Structure planning at the local level
- Developer contributions
- Town planning, streetscape renewal and revitalisation, town centre and activity centre revitalisation
- Tourism planning
- Regional gopher/scooter strategy
- Improve accessibility of beaches and tourist attractions for older people

**Timeframe**
Current to 15 years
### Staffing and skill shortages in aged services

**Drivers**
- Labour and skill shortages are a key challenge for those industries that serve older people

**Priority**
- Medium

### Need / Issues
- Address staff and skill shortages through local TAFE strategy or possibly Community Resources Centres (Telecentres)
- Schools Strategy to show aged care as a viable career path

### Mechanisms
- Develop SW strategy to engage all level of government to address staffing shortages in industries serving older people

### Timeframe
- 5-15 years

---

### Improve community amenities and infrastructure that older people use

**Drivers**
- Libraries and resource centres are heavily used by older people
- Older people are frequent users of local community facilities and amenities

**Priority**
- High

### Need / Issues
- Augusta Community Resource Centre (Telecentre) developed and funded to extend active ageing initiatives and support
- Development of outdoor library in Margaret River
- Extend/improve facilities such as seating at Margaret River Cultural Centre
- Development of a combined community resource centre and library in Busselton
- Ensure location of private services close to where older people live (shops, medical centres, chemists, shopping etc)

### Mechanisms
- Planning framework
- SWDC Investment Plan
- Local Government plans and strategies

### Timeframe
- 0-5 years

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### Aged Care Places

**Drivers**
- Shortfalls beginning to emerge in supply of aged care places, particularly high care places, due to reluctance of aged care providers to take up aged care beds

**Priority**
- High

### Need / Issues
- Whole sub region

### Mechanisms
- State and Commonwealth government, aged care providers

### Timeframe
- Current, next 15 years
### Current Priority

<table>
<thead>
<tr>
<th>Drivers</th>
<th>Priority</th>
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<tbody>
<tr>
<td>Transport options – vehicles</td>
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</tr>
<tr>
<td>• Safety of older drivers (RAC listing as worst highway in State)</td>
<td>High</td>
</tr>
</tbody>
</table>

### Need / Issues

- Passing lanes on key transport routes
- Improved road surfaces and design
- Driver retraining and support
- Local licenses as an option to keep older people driving

### Mechanisms

- SWDC, Main Roads, LGAs
- State Government
- Federal Government

### Timeframe

- Current 0-5 years

---

### Current Priority

<table>
<thead>
<tr>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist health and medical and hospital services for older people</td>
<td></td>
</tr>
<tr>
<td>Outcomes of the SWDC funded South West Medical Attraction Taskforce should be addressed</td>
<td></td>
</tr>
<tr>
<td>• Lack of GPs and specialist medical practitioners in some towns</td>
<td>High in some towns without GPs</td>
</tr>
<tr>
<td>• Lack of specialist health and medical services close to where older people live in the region</td>
<td>Medium across the region as a whole</td>
</tr>
</tbody>
</table>

### Need / Issues

- GPs, allied health, mental health, specialist health services specific to older people’s needs (including dementia, stroke, oncology, cancer, mental health, geriatric, community social work services for older people, rehabilitation)
- Increased funding is required to address lack of allied health staff within Shire of Manjimup (eg speech therapy, dietician, podiatrist)
- Shires’ planning should support planning zones for new medical services
- Support for new providers addressing GP shortage such as GP Down South in Manjimup
- Increased support required for Pemberton Medical Centre and Northcliffe Medical Post

### Mechanisms

- South West Medical Attraction Taskforce
- Various Health Service and Local Health Plans

### Timeframe

- Current and up to 15 years

---

**WARREN BLACKWOOD SUB-REGION** (Shires of Boyup Brook, Bridgetown-Greenbushes, Manjimup, Nannup)
<table>
<thead>
<tr>
<th>Current Priority</th>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
</table>
| **Community Transport Options**      | • Population growth, access to services and recreational and cultural activities  
                                           • Difficulty accessing services | High     |

### Need / Issues
- Range of community transport options to provide access to services and facilities
- Funding program for small scale initiatives to improve local transport
- Improved volunteering base for transportation
- Investigate options for the use of school buses in non peak times
- Community vehicles attached to a centre (eg Manjimup Volunteer Research Centre)
- Encourage businesses to share courtesy bus
- Encourage retailers to provide home delivery, particularly food orders
- Encourage a cycling culture from pre-school to old age
- Support existing and future bike plans in Warren Blackwood Shires
- Change to taxi regulations to facilitate backfill transport
- Research with appropriate organisations

### Mechanisms
- Partnership with Department of Transport/Department of Planning/SWDC/Local governments to map current transport network and providers to identify opportunities for innovation
- Community bus and transport schemes
- Targeted local taxi schemes
- Community bike scheme
- LGAs to use R4R to create sub regional cycleways
- Negotiation with private transport providers around selected routes
- SW Community Transport Forum

### Timeframe
0-5 years
### Current Priority

#### Drivers

- Walking is the most preferred activity of older people
- Weather protection – rain and harsh sunlight
- Increased gopher/scooter use is likely in coming decades
- Walkability and accessibility of beaches, natural bushland, walk trails etc

#### Priority

- High

### Need / Issues

- Review pedestrian safety in each town
- Requires a heavy vehicle diversion that will address current and future safety concerns for older pedestrians who need to cross the main highway that runs through town centre of Bridgetown
- Provide covered walkway sections on the pavements which protect from rain and hot sun
- Provide street furniture and benches
- Provide age-friendly signage with spacing between words and message lines
- Consider the use of established pictographs with words to facilitate comprehension of signs
- Develop connected and wide pathways suitable for cycles, mopeds and scooters in local streets, parks and neighborhoods
- Provide gopher recharge outlets and pathways and parking

### Mechanisms

- See planning framework
- Structure planning at the local level
- Developer contributions
- Town planning, town centre and streetscape renewal and revitalisation
- LGA pathways and pedestrian plans
- LGA sport and recreation plans
- DoSR plans and funding
- Tourism planning
- Regional gopher/scooter strategy
- Walkability project
- Disability inclusion plans

### Timeframe

Current
<table>
<thead>
<tr>
<th>Current Priority</th>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing and accommodation options</td>
<td>• Lack of affordable and appropriate housing options for seniors</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>• Retain residents in their own community</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Changing aspiration and needs of older people</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Lack of aged care accommodation options</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Existing aged accommodation in centres within the Warren Blackwood region are stretched</td>
<td></td>
</tr>
</tbody>
</table>
### Current Priority Drivers

#### Aged Care Places

- Emerging shortfalls in supply of residential aged care places, due to reluctance of aged care providers to take up aged care places in the South West region provided through Department of Health and Ageing

<table>
<thead>
<tr>
<th>Current Priority</th>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged Care Places</td>
<td><em>Emerging shortfalls in supply of residential aged care places, due to reluctance of aged care providers to take up aged care places in the South West region provided through Department of Health and Ageing</em></td>
<td>High</td>
</tr>
</tbody>
</table>

#### Need / Issues

- This is a need in the whole sub region
- This requires a pilot project in partnership with local government to attract aged care providers to take up aged care places in the South West
- Increased community care and dementia packages

#### Mechanisms

- State and Commonwealth government, aged care providers
- Local Government

#### Timeframe

Current, next 15 years

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#### Improve HACC services

- More older people want to age in place in their own homes and community and have services come to them
- Service provision struggles to keep up with demand

<table>
<thead>
<tr>
<th>Current Priority</th>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve HACC services</td>
<td><em>More older people want to age in place in their own homes and community and have services come to them</em></td>
<td>Medium</td>
</tr>
</tbody>
</table>

#### Need / Issues

- Integration, coordination and re-orientation of services to ensure that services fit client needs rather than the reverse
- Improve services outside of main centres through flexible service delivery options such as transporting clients into main centres from outlying areas
- Address service gaps and problems in addressing client needs (see consultation findings)
- Improved services to Indigenous people

#### Mechanisms

- Drive change through SW HACC Network

#### Timeframe

0–15 years
### Current Priority: Improve community amenities and infrastructure that older people use

<table>
<thead>
<tr>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Libraries and resource centres are heavily used by older people</td>
<td>High</td>
</tr>
<tr>
<td>• Older people are frequent users of local community facilities and amenities</td>
<td></td>
</tr>
</tbody>
</table>

#### Need / Issues
- Fund and develop Community Resource Centres (Telecentres) in Pemberton, Boyup Brook, Bridgetown, Greenbushes, Nannup and Walpole to provide active ageing initiatives, information and support for older residents
- Develop and fund the Manjimup Volunteer Resource Centre to have an active ageing focus
- Extend mobile library use
- Further develop age specific programs at recreation centres, including extending the focus from group classes to individualised fitness programs that seniors can conduct in their own homes
- Develop local walking groups and safe routes
- Ensure location of private services close to where older people live (shops, medical centres, chemists, shopping etc)

#### Mechanisms
- Ageing Toolkit
- SWDC Investment Plan
- Local Government plans and strategies

#### Timeframe
0-5 years

### Current Priority: Respite care services

<table>
<thead>
<tr>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>• More older people are choosing to live at home and be cared for by a family member</td>
<td>High</td>
</tr>
<tr>
<td>• Increasing number of older people in carer roles</td>
<td></td>
</tr>
</tbody>
</table>

#### Need / Issues
- Lack of respite care places
- Inadequacies in way respite care is provided
- Specific needs of Aboriginal people not well recognised
- Development of respite options in locations of Walpole, Pemberton and Northcliffe areas

#### Mechanisms
- Non-government funding for respite services

#### Timeframe
0-5 years
<table>
<thead>
<tr>
<th>Current Priority</th>
<th>Drivers</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing and skill shortages in aged services</td>
<td>• Labour and skill shortages are a key challenge for those industries that serve older people</td>
<td>Medium</td>
</tr>
</tbody>
</table>

**Need / Issues**

- Address staff and skill shortages
- Online aged care certificate courses and/or local access to courses
- Address language interpretation facilities and improved staff training for those that work with older migrant residents who may revert to their first language as they age

**Mechanisms**

- Develop SW strategy to engage all level of government to address staffing shortages in industries serving older people

**Timeframe**

5-15 years

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29 There were mixed views expressed on this issue. Many stakeholders argued that there were large waiting lists for high and low care residential care in the South West.
In this section a Planning Framework is provided to assist agencies in meeting the needs of the ageing population by ensuring it is considered when developing plans, policies and strategies for older people. The Framework identifies key issues/challenges, possible strategies and case study examples in the following areas:

- Built environments and urban form.
- Integrated planning and governance.
- Accommodation and housing choices/options.
- Design and modification of homes and buildings.
- Mobility and transport options.
- Community and health services and community infrastructure, amenities, and facilities.
- Social and economic participation.
- Balance between public, non-government, community, and private sector.

5.1 Introduction

This chapter presents a Framework to guide the planning and design of age-friendly communities in the South West in response to population ageing.

It aims to assist regional authorities, state government agencies and South West local governments, as well as the private and not-for-profit sectors to consider the issues of an ageing population when developing their policies, plans, strategies and services, to ensure their activities contribute to age-friendly communities in the South West.

Planning for the ageing of the population is a cross-cutting theme which affects a range of policy and service domains in all spheres of government.

About the Framework

- The Framework includes design principles and elements, strategies to plan for age-friendly communities and Australian case examples of strategies developed elsewhere (the case examples are available in Chapter 6). The design principles and elements set out in this Framework should be read in conjunction with the WAPC Liveable Neighbourhoods Policy and where appropriate this Framework provides additional considerations specifically tailored to meeting the needs of the ageing population.

- The Framework is aimed at integrating the efforts of South West based government agencies, planners, local government authorities and private sector stakeholders, such as developers, planners and architects, and non-government organisations.

- The Framework is not a one size fits all approach and should be tailored to a specific place (regional, sub-regional or local), particular need or issue (health, housing, transport) or particular user (local government, state government, developer, NGO).

- The Framework does not necessarily require additional resources for implementation but rather aims at coordinating existing efforts from different authorities and providers.

- The Framework complements the South West Planning Framework and other plans prepared by the South West Development Commission, such as the Liveable Neighbourhoods Policy, and other related policies prepared by state government agencies and South West local government authorities, including Active Ageing Plans/Strategies.

5.2 The Framework

The framework includes three components:

- Principles.
- Key Elements (factors determining the outcomes).
- Set of Desired Outcomes.

Principles

The principles have been derived from policy and research literature and the consultations held with regards to planning for age-friendly communities. The principles are therefore aligned with some of the elements of the Liveable Neighbourhoods Policy and aims particularly to extend on these in order to specifically provide for the needs of the ageing population. As such reference is made to relevant Liveable neighbourhood elements where these principles are further discussed and expanded upon in terms of land use planning and urban design.

1. Local place focus: This involves thoughtful community-oriented planning and design so that a better local environment is created for people in which to live, work and play across the life course. This can involve older people living in their homes as long as they need, being able to get out and about as they need, travelling short distances for all they require and receiving services and support in the local area where they live. Liveable Neighbourhood Element 1.

2. Connectivity: This is about providing links that enable people to come together to use facilities, amenities and services in their local area (footpaths, cycleways, public
space, transport, physical environment and links between homes and shops). Liveable Neighbourhood Element 2.

3. **Accessibility:** This is about ensuring that all people, including older people have access to the necessary opportunities to live a full life and achieve particular tasks or goals. This requires access to resources, services, opportunities, and infrastructure, as well as addressing barriers to access. This involves bringing services and support as close as possible to where older people live. Liveable Neighbourhood Element 4 & 7.

4. **Flexibility:** This is about the ability of governments, communities, NGOs and the private sector to respond to particular circumstances and support a full range of older people’s needs in the areas where they live. This might include affordable housing, mix of housing types, full spectrum services, accessible and affordable transport, well designed public and outdoor space. Liveable Neighbourhood Element 1 & 3.

5. **Inclusion:** This is about ensuring that people of all ages, abilities and mobility levels are respected and included in the social and economic life of communities. Older people are susceptible to multiple forms of exclusion and being treated with a lack of respect. Factors that exclude older people such as age, race, culture, mobility, gender, income and wealth, social and cultural attitudes, economic status and geographical location need to be addressed. Liveable Neighbourhood Element 1.

6. **Liveability:** Relates to the attractiveness and particular amenities a community has to offer. This means things such as well-designed open and public spaces, access to services, access to public transport, access to IT and telephone services, connection to community, feelings of safety, participation in social and economic life, community identity and cultural development. Liveable Neighbourhood Element 1.

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**Key elements**

The key elements (factors determining the outcomes) emerged out of policy and research literature and the consultations, as the necessary elements in planning for age-friendly communities.

**PHYSICAL STRUCTURES**
- Variety of housing types that are affordable and adaptable
- Housing density and amenities that promote walkability
- Mixed use zoning
- Walkable neighbourhoods
- Public space
- Cater for walking, wheelchairs, gophers, cycleways
- Low traffic volume
- Well designed and aesthetically pleasing indoor and outdoor spaces
- Clean and affordable water, power and electricity
- Community facilities and amenities
- Access to the natural environment

**SERVICES PROVISION**
- Access to health and medical services
- Access to essential services and shops – post offices, libraries, grocery, newsagent
- Access to IT; internet and telephone
- Accessible and affordable transport
- Access to in-home support
- Access to education and employment
- Access to leisure and recreation

**SOCIAL VALUES**
- Socially inclusive and supportive community
- Quality of life
- Sense of belonging
- Participation in decision making
- Respect for diversity and culture
- Social cohesion
- Ecologically sustainable
- Community safety wellbeing
- Spirituality and sense of meaning and purpose
Outcomes

In order to address population ageing and plan age-friendly communities the following set of desired outcomes for older people in the South West are required:

| Outcome 1: | Creation of built environments and urban form that ensures integration with surrounding communities and engenders accessibility, inclusion, belonging, mobility, safety, security and activity (including parks, streets, open space, public space, buildings, commercial space). |
| Outcome 2: | Integrated planning and governance across sectors, organisations and activities. |
| Outcome 3: | Diverse and affordable accommodation and housing choices and options (including retirement/lifestyle villages) that are located in close proximity to existing services and infrastructure to support independence and ageing in place. |
| Outcome 4: | Design and modification of homes and buildings based on universal design principles. |
| Outcome 5: | Availability of mobility and transport options that ensure independence including public and community transport, walking and cycling, gophers, driving and specialised transport. |
| Outcome 6: | Provision of community and health services and community infrastructure, amenities and facilities that are affordable, and that enhance inclusion, independence, health and wellbeing and safety at various points in the lifecycle. |
| Outcome 7: | Equitable opportunities for participation and lifelong learning in economic, social and community life, labour markets, local democracy and civic life. |
| Outcome 8: | Balance between public, non-government, community and private sector provision that ensures equitable access to all the above. |

5.3 Applying the Framework

Under each outcome there is an overview of the issues involved and possible actions (what can be done). In reading this section it should be noted that some issues and actions contribute to more than one outcome and may appear a number of times. As per the principles that underlay these outcomes specific elements addressed in the Liveable Neighbourhoods Policy relate to these outcomes and relevant actions. Therefore it is important to note that these outcomes expand on the Liveable Neighbourhoods Policy with a particular focus on planning for an ageing community, and should therefore be read in conjunction with the relevant elements of the Liveable Neighbourhoods Policy. Examples of good practice for each outcome are included in Chapter 6.

OUTCOME 1: Built environments and urban form (including land use patterns and transport systems (see Outcome 5) and design features – parks, streets, open space, public space, buildings and commercial space)

Issues*

- Concerns relating to the built environment and to the design of places are among the top concerns of older people. Many older people face major problems getting outdoors due to barriers in the built environment, such as lack of level and connected footpaths, regular rest points and lack of age-friendly facilities.
- The importance of the built environment in supporting older people to age in place is often overlooked due to a focus on the home itself and services provided therein.
- Inclusive built environments and neighbourhoods make it easier for older people to undertake necessary tasks, remain physically active and get out and about and meet people. Green space provides particular benefits for physical and mental health in later life.
Mobility is essential to independent and active ageing.

Walkability is a key issue. Walking is the main form of exercise for older Australians. When neighbourhood design is safe, age-friendly, designed for walkability and pleasant, older people are more likely to engage in the recommended level of activity.

Eight key aspects of the built environment can have a major effect on seniors’ participation. These are:

- Permeability (paths of travel).
- Transport.
- Legibility (way-finding).
- Public buildings.
- Open spaces.
- Street fixtures, furniture and lighting.
- Safety and security.
- Types of housing (see outcome 3).

What can be done?

STATE AND LOCAL GOVERNMENT

- Incorporate these considerations into the planning processes at the regional and local level. In particular this could form part of or considered in addition to the Liveable Neighbourhoods Policy.
- Encourage mixed use and densities that enable housing to be built in proximity to services, amenities and support.
- Where mixed use is not achieved review and develop good connections between residential and town centres and local amenities and the surrounding residential areas and locate older people’s housing and accommodation within walking distance of basic services, amenities and facilities.
- Develop new and review existing zoning provisions to incorporate accessible dwelling units as standard practice, and that encourage a diversity of accommodation types for an actively ageing community.
- Provide incentives that encourage the planning, design and development of age-friendly communities.
- Promote development patterns and urban design features that meet the needs of older people:
  - Smaller, more compact multi-dwellings and housing types.
  - Easy connection to neighbours, shops, services and transport.
- Focus development near existing resources.
- Encourage mixed use developments to reduce distances between residences, shops, recreation, health and medical and other community facilities and services.
- Plan communities around people rather than reliance on vehicles.
- Ensure services and facilities are in walkable distance.
- Ensure that linkages to health and community services are taken into account in the design and delivery of housing products to enable ageing in place.
- Where appropriate provide for narrow streets built on grid pattern with safe pedestrian crossings and walkways.
- Further develop assessment criteria (based on this Framework) that complement the Liveable Neighbourhoods Subdivision Application – Compliance Checklist to assist local government, planners, developers and government agencies in ensuring the elements required for an age-friendly community are being included in Local Structure Plans, Town Planning Schemes, policies, plans and developments and design guidelines.

RESIDENTIAL DEVELOPERS IN PARTNERSHIP WITH LOCAL GOVERNMENT, WHERE APPLICABLE

- Proposed developments should aim to:
  - Connect well to existing or proposed services.
  - Connect with proposed developments on adjacent sites.
  - Take into account the existing structure and form of adjoining areas to maximise interconnection between new and existing communities.
  - Link with area plans to support self-contained mixed-use centres and good links to transport.
- Incorporate pedestrian-friendly design into neighbourhoods by locating services, shopping and facilities near housing.
- Increasing the permeability by ensuring sidewalks and footpaths are connected, where appropriate locating footpaths on both sides of streets, providing lanes to keep bikes, gophers and pedestrians separate, ensuring safe street crossings, increasing the number of crosswalks and providing shade and seats along routes for people to rest (also see outcome 5).
- Residential developments should be designed to encourage...
residents to connect with the public realm through effective urban design and implementation of high quality open space.

- Lifestyle or retirement developments should aim to address public streets with good linkages to surrounding areas.

**Accessibility & Connectivity**

- Increase accessibility of parks, open space, public space and recreational facilities and enhance connections by providing open space and parks within a maximum of 800m walking distance from dwellings (also see Outcome 5).
- Ensure access to open space and the natural environment caters for those with limited mobility.
- Ensure that essential services and local facilities (post offices, shops, health care facilities, schools, parks, recreational facilities, open space, retirement/aged care facilities, banks) and other destinations are within easy walking (400-800m) or cycling/gopher distance from residential areas. The difficulty of achieving this in small rural towns has to be acknowledged.
- Encourage commercial development that is within walking distance of residential areas and easily connected with reliable and affordable transport options.

**Signage**

- Ensure signage is clear and easily visible and requires minimal maintenance. Ensure signage uses large lettering, contrasting colours, plain fonts and non-reflective surfaces.
- Signage should specify distances, directions and local information.

**Amenity**

- Enhance safety through the use of Crime Prevention through Environmental Design principles when designing public and open space including – ensure open space is overlooked by housing and actively used facilities, cluster facilities such as cafes on the edge of parks and illuminate all open space that is used at night.
- Attempt to conserve and rejuvenate green space and community spaces so they serve older people’s needs.
- Maximise shade over paths, seats, rest stops, equipment, barbecue settings and play equipment.
- Consider the provision of signage trails, lockers, water fountains, bike racks, on and off leash walking areas for dog owners, low walls, transparent fencing and low vegetation.
- Provide seating in parks, open spaces and public space that is:
  - In an accessible position.
  - Has space for wheelchairs.
  - Has back and arm rests.
  - Is not too low, has shade.
  - Is a minimum one metre away from the pathway.
  - Is positioned to facilitate interaction.

**Recreation**

- Ensure neighbourhood parks provide for active and passive recreational use by older people.
- Incorporate older people’s needs into parks, trails, walkways, beachfronts and bush trails.
- Ensure wherever possible that recreation, sport facilities and open spaces are integrated with other community facilities (shopping centres, town centres) and not isolated.
- Give preference to multiple uses of recreation and sport facilities that are accessible by public transport, cycle and pedestrian ways.
- Ensure a range of recreational and community facilities within walking and cycling distance of homes.
- Offer specialist physical recreation activity and mental and social activity programs for seniors.
- Provide facilities and open space areas for a range and combination of uses and ages over time (passive and formal recreation, formal sporting activities, community events, pedestrian and cycle movement, bush tracks and walking areas, and community amenities).

* The issues were identified from the consultations and literature review.

**OUTCOME 2: Integrated planning and governance**

**Issues**

- The ageing demographic represents a major challenge to the policy and planning capacity of all levels of government and the private sector.
- In order to plan for age-friendly communities, better integration is required between federal, state, regional, local and site planning, and between strategic planning, development control, master planning and local planning.
There should be a stronger relationship between services planning for the ageing demographic and traditional land-use planning processes.

Aged care planning, policy and service delivery has grown out of distinct sectors and frameworks. Because responsibility for ageing is split between different levels of government planning is often fragmented and more difficult.

The responsibility for planning for age-friendly communities is divided between different levels of government (federal, state and local), the private sector (planners and architects, development and building industry) and not-for-profit sectors.

Action required to plan for age-friendly communities is often fragmented and uncoordinated and involves a range of intertwined issues including housing, transport, built environment, health and community services, care and support services, recreation and leisure and urban design and planning.

Local Governments have a major role in ensuring that the physical, social and economic environment of the local community is responsive to active ageing.

The lack of a comprehensive State Ageing Strategy to address the ageing of the WA population acts as a barrier to the response of state government agencies and makes it more difficult to develop regional planning responses to population ageing.

The State Government has indirect responsibility for local planning and housing strategies. State Government establishes the policy framework and processes for the development of local government planning schemes and facilitates regional growth and planning processes. Local councils, architects, planners, developers and builders are responsible for urban design and the built environment.

There are few models of regional and local level collaboration to achieve age-friendly communities.

Knowledge about the changing circumstances of older people and their issues and needs is often lacking among those involved in planning and development of the built environment and age-friendly communities.

What can be done?

STATE AND LOCAL GOVERNMENT

- Develop a governance structure that maps out and clearly delineates planning responsibilities for the ageing demographic.
- Establish an across-government planning forum in the South West to plan for population ageing/later life to co-ordinate and share information and to ensure that planning approaches integrate planning for housing, transport, public spaces and urban design and health and community services.
- Ensure a comprehensive cross-sectoral approach to the planning for age-friendly communities, particularly at the regional and local level. Establish planning, coordination and information sharing arrangements across government agencies, the private sector and NGO sector to address population ageing.
- Ensure better coordination between government agencies, including health and housing providers, to plan for the common goal of planning age-friendly communities.
- Develop an integrated development planning process that coordinates and incorporates all the relevant stakeholders and older people in place making, by developing an integrated ‘whole of Council’ and whole of community approaches to planning and service delivery in local government to ensure age-friendly communities and a full range of services, amenities and facilities for older people and their families in the local community.
- Ensure that social factors including older people’s social needs are given equal weight to economic, physical and environmental considerations in urban developments.
- Include health services, community planners and developers in the early parts of the planning process to achieve improvements in the built environment for older people.
- Involve older people in the planning and design of the built environment, urban and public spaces and neighbourhood planning.
- Ensure that government agency planning documents and strategies take into account actions required to prepare for population ageing and plan for age-friendly communities. Plans and strategies should summarise the ways the agency can contribute to creating age-friendly communities.
- Develop clear definitions and glossary of terms to provide a common language related to planning for age-friendly communities.
- Ensure that the building, development and planning sectors are informed about the development of age-friendly communities.
- Encourage government agencies in the South West to put plans and strategies in place to work towards the vision for active ageing and to improve responsiveness of service delivery to older people.
Formulate a comprehensive outreach education program to raise awareness of the future demographic shifts, the interconnected aspects of active ageing and ageing in place and how key stakeholders can plan and design communities that are more age-friendly.

Educate local government staff, planners, developers and architects about the unique requirements of planning for age-friendly communities.

Support and resource local governments to play a lead agency role in planning for age-friendly communities across the various service systems.

Discussion between housing/planning agencies and developers to include aged housing when preparing structure plans and local scheme amendments for residential developments.

PRIVATE SECTOR

Encourage private sector planners, developers, architects and builders to work more closely with aged care service providers and older people to achieve locally appropriate age-friendly communities.

Build partnerships across the various sectors providing services and infrastructure to older people, particularly between the health care sector, community care sector, local government, state government agencies and the private sector.

Bring together local government authorities, private developers, housing providers and regeneration authorities to align the supply of purpose built new housing stock and adapt existing housing stock to meet the changing requirements of older people.

OUTCOME 3: Adequate supply of diverse and affordable accommodation and housing

Key issues

The ageing of the population poses one of the greatest housing challenges. Creating an age-friendly community begins with the home and its connectedness to the surrounding community. A key issue is whether accommodation and housing enable independence in older age.

The current housing stock is insufficient and inadequate in meeting the needs of an ageing population.

Older people are looking for something other than traditional aged housing and accommodation options. There is a lack of enthusiasm among many older people for traditional aged care housing and accommodation, particularly retirement villages and nursing homes.

In terms of housing choices, older people want to live independently for as long as is possible, have easy access to health and community services, stay in their neighbourhood of choice and remain close to family and friends.

Current market trends and current funding models for the provision of housing for older people fit poorly with their housing needs and aspirations and leaves vulnerable older people exposed and excluded.

Reliance on market-led models of housing provision is associated with failure to deliver an adequate supply of affordable housing for older people. Older people are increasingly polarised by housing related wealth.

Scarcity of affordable housing for older people has become a major issue. Nationally older people are experiencing housing stress. Underlying causes of housing problems for older people are set to worsen.

An age-friendly community ensures a range of housing types for older people at various levels of affordability.

As the population ages faster than housing stock can be built or renewed there is an urgent need for government to work in partnership with private and NGO providers to refurbish or adapt existing housing stock to accommodate the changing requirements of older people.

Australia is on the threshold of a significant increase in low income older renters.

The availability of rental accommodation for seniors falls well short of what is required. Australia-wide the number of older people requiring low income rental households is expected to increase 115% between 2001 to 2026. Older people who are renters are particularly vulnerable to housing stress.

Low income private tenants are very vulnerable within the housing market and have few, if any housing options as they age. Increasing numbers of older people will be dependent on rental housing (public, social and private); however access to this tenure is difficult for older people due to lack of available housing stock, lack of affordability, insecurity of tenure and the need for frequent moves. Public policy action is needed to address the needs of this group of older people.

Australia-wide demand for public housing for older people is expected to increase 76% between 2001 and 2016, with the
highest increase in demand from the 85+ years age group\textsuperscript{37}.  

- Older people are having increasing difficulty gaining access to public housing\textsuperscript{38} due to reduction in public housing stock and shifts in public housing target groups. While demand for public housing stock is growing, public housing supply has fallen by about 100,000 dwellings relative to the total number of dwellings available in Australia\textsuperscript{39}.  

- Inability to access affordable housing has negatively impacts on older people. The scarcity of affordable housing options is a serious contributor to poverty, disadvantage and poor health and wellbeing among older people.  

- There is an urgent need to provide more affordable housing and develop a wider range of housing options for older people in the South West.  

- A significant proportion of housing for older people with low to moderate income is provided by public housing authorities, local government providers, small community not-for-profits and, more recently, large growth providers. The fragmentation between these players has the potential to undermine supply and disadvantage older people.  

- Older people prefer to age in their own home. Older people look for housing which is smaller, safer, more secure and close to services, infrastructure, transport and family. The location, choice, affordability and design of housing for older people and their carers and the proximity to health, medical and support services, and community amenities and infrastructure, are important considerations for older people.  

- There is a shortage of compact homes of all tenure types for older people. The preference for construction of large, single-detached single dwellings does not cater for older people’s needs.  

- Land use planning can sometimes exclude low cost housing development. Housing choices for older people are often limited by zoning and planning restrictions. A key challenge is to use the planning system to promote housing variety and to design age-friendly communities. Zoning regulations and current planning schemes are unable to handle non-conventional developments.  

- Planning strategies for affordable housing can be grouped under a number of approaches – increasing housing supply, reducing barriers to affordable housing, providing choice, preserving and offsetting the loss of low cost housing, encouraging new affordable housing and seeking a dedicated affordable housing supply in new developments.  

- Local governments play a fundamental role in the provision of affordable housing for older people, particularly in terms of planning and development approval and management of affordable social housing.  

- Many older people attracted to purpose-built aged housing are deterred by the prospect of living in a retirement village\textsuperscript{40}.  

- The proportion of seniors in residential aged care has declined and residential aged care is now concentrated in older age groups.  

- There is a major shortage of quality high care aged beds. High care beds are heavily dependent on federal funding that has not kept pace with the real cost of providing accommodation. New bed licenses are not being taken up because the existing subsidy does not cover the real costs of building beds and providing care.  

\textbf{What can be done?}

\textbf{STATE AND LOCAL GOVERNMENT}

- Provide for the housing needs of older people through a balanced combination of local community housing, public housing, social housing, private rental, private ownership as well as private and not-for-profit aged care accommodation providers.  

- Regularly review zoning provisions, local strategies and policies to ensure that it delivers affordable housing that enables older people to age in place, and remove zoning barriers to housing options for older people such as:  
  - Restrictions on ancillary dwellings and shared housing.  
  - Policy that limits the number of individuals that can live in a residence.  
  - Temporary independent living quarters.  
  - Multi-family units.  
  - Smaller dwellings.  

- Ensure existing R Codes respond appropriately and if not review through the Department of Planning and allow for variations to the R Codes and local government planning polices to assist in housing provision. For example: allowing the use of ancillary accommodation for non-family members in specific areas where appropriate.  

- Develop and prepare a section within local planning strategies to explicitly address age-friendly communities.  

- Develop regional and local housing policies and plans that promote a wide range of housing options and types for older people, rather than just group dwellings or complexes.
(Currently many council building codes are targeted at group dwellings or complexes such as retirement villages rather than more diverse housing types and options e.g. those that can support the transition from a single family housing unit to a multi-family housing unit whilst remaining in one’s chosen neighbourhood).

- Develop local housing policies to ensure that housing for older people is located so that residents can interact with other sections of the community (not gated or separate communities) and to ensure integration and proximity to services and infrastructure.

- As per the Liveable Neighbourhoods policy ensure a variety of density and lot sizes and mixed tenure types for various income levels are provided for and to provide guidance to developers to assist with the design and development of older people’s housing.

- Audit and streamline approval processes to facilitate the development of housing developments for seniors and develop an age-friendly assessment process for all aged related housing applications.

- Ensure clear and consistent policies on the mandatory requirement for developer contributions and their role in the development of affordable housing for older people.

- Provide incentives and concessions for developers including or providing affordable and diverse housing options for older people (e.g. zoning, fast track approvals, planning bonuses, fee discounts, higher density and developer contributions).

- Establish mechanisms such as developer contributions, betterment levies and inclusionary zoning to encourage more suitable housing options and housing design for older people.

- Ensure that state government land development and housing agencies (Department of Housing, Landcorp and Redevelopment Authorities) support and provide for affordable housing for older people.

- Develop and identify possible appropriately zoned land, community sites and investment opportunities (and expressions of interest) for accommodation options for older people in new release areas and other sites (e.g. Wodonga Victoria).

- Increase stock of public housing and social housing specifically for older people.

- Support small community-based housing providers and larger not-for-profit growth providers to work together to increase supply of housing for older people.

- Local government authorities work together with Department of Housing, the South West Development Commission, key regional stakeholders and housing providers to identify the future housing needs of their communities (including older people) and set targets and objectives for the achievement of housing numbers, types and tenures for older people.

PRIVATE SECTOR

- Provide smaller residential lots and higher density housing in areas close to towns and neighbourhood centres near public transport stops and in areas with high amenity that are well serviced and located close to community amenities and facilities.

- Consider and address the housing needs across regional and sub-regional markets, as well as locally.

- Increase awareness of older people’s housing aspirations and needs.

- Recognise that the majority of older people will not be wealthy ‘resort’ or retirement village dwellers and ensure there is a range of affordable retirement housing and accommodation options.

- Support a greater number of mixed housing developments for older people on single sites including retirement villages, low care and high care in the same development.

- Encourage increased densities to provide more availability of smaller, well located dwellings for older people who might wish to downsize without moving to a retirement villages.

- Explore options for cooperative and co-housing for older people.

- Make housing available in a range of tenure and pricing arrangements, including rental, outright purchase and other variants.

- Where possible provide for an adequate supply of affordable private rental housing suitable for older people.

- Ensure adequate levels of assistance and support and incentives are available to enable more older people to survive in the private rental market.

PRIVATE AND PUBLIC SECTOR

- Governments, the private sector, non-government sector and local communities need to plan for the delivery of the necessary changes to provide housing into the future for older people.

- Offset replacement of low cost housing lost through
development and re-development processes.

- Ensure existing housing stock is maintained and enhanced to support older people to age in place.
- Ensure better information about housing and accommodation options is conveyed to older people.
- Ensure that accommodation is planned in close collaboration with aged care services and service providers (also see Outcome 2).
- Ensure that aged care accommodation and retirement villages are part of the local community and not isolated from it (also see Outcome 1).
- Ensure that residents of aged care accommodation can access relevant service provision close to where they live. (Also see Outcome 1).

**OUTCOME 4: Design and modification of homes and buildings (based on universal design principles)**

**Key issues**

- Enabling older people to age successfully in their own homes and communities is critical to ‘ageing in place’.
- Most older Australians wish to remain in their own home as long as is possible.
- Despite the desire to stay and age at home difficulties increase with age. These include the burden of property maintenance, health care needs, mobility difficulties and vulnerability. Financial pressures are also a factor including inadequate superannuation and wish to provide financial assistance to children.
- Universal design is the design of products and environments to be useable by people of all ages to the greatest extent possible without the need for adaptation and specialised design. A major goal of universal design is to increase and prolong the independence and comfort of individuals within their homes. The Australian Housing Design Standards incorporate inclusive design, however it is not used as a mandatory point of reference for the building of new homes or modification of existing homes41.
- Home and building design tends to be tailored to a narrow range of physical abilities. Without universal design many older people are unable to live safely and comfortably in their own homes.
- For older people the design and modification of their home can make the difference between ‘ageing in place’ and having to move to an aged care setting.
- Home modifications are changes made to adapt dwellings and living spaces to meet the needs of people with physical limitations so they can live safely and independently.
- Home maintenance and modification services can achieve health, community care and housing outcomes for older people45.

**What can be done?**

**STATE AND LOCAL GOVERNMENT**

- Primary universal design features and visitability principles be mandated to all building codes for new home design to enable people to stay in their homes as they age.
- Develop a local policy on universal design and accessible home design that encourages universal design in new housing constructions and allows for R Code rationalisation where appropriate.
- Ensure that universal design principles are the basis for planning for housing for older people in the public housing sector, social and community housing sectors and the private sector.
- Develop a set of age-friendly design standards for age-friendly housing. When land use changes and development proposals require permits, use that as an appropriate time to require age-friendly modifications. The standards should consider the following:
  - Ensure there are smaller affordable rental units with wheelchair and ground access.
  - Ensure that older people’s accommodation provides access to residential outdoor space (such as shared gardens, balconies and parking space).
  - Design seniors’ housing and accommodation facilities so that older people can age in the facility.
  - Explore ways that ‘high care’ accommodation can be provided in independent living units or retirement complexes and villages.
  - Design housing and accommodation for seniors for increasing levels of support such as more complex needs and dementia.
  - Develop building regulations that enable and support effective home maintenance and modifications.
  - Ensure all houses and accommodation for older people are designed for emergency access.
HOME MAINTENANCE AND MODIFICATION

- Expand home care and support funding to include a category for subsidised housing adaptations and modifications for older people.
- Increase resources and funding for home maintenance and modification services at the local level so that it is commensurate with the need for those services.
- Address barriers to older people’s use of home maintenance and modification services including costs, lack of awareness and difficulty getting a tradesperson.
- Improve information, promotion and public awareness of the availability of home maintenance and modification services for older people by disseminating information about the eligibility, priority and user charges associated with home maintenance and modification services.
- Ensure linkages at the local level between hospitals and primary health care providers such as GPs and services providing home maintenance.
- Improve capacity for assessment of home maintenance and modifications requirements.
- Ensure availability of local occupational therapists and builders with expertise in home maintenance and modifications.

People aged 65 years or over account for a high number of pedestrian injuries and fatalities, the majority attributed to unintentional error by the pedestrian. Older drivers tend to be at higher risk of car accidents and sustain more injuries per kilometre travelled than younger drivers. In rural areas streets are often inhospitable for walking, wheelchairs or gophers. Public transport is often limited, non-existent or inaccessible. Older people in rural areas are more vulnerable to transport disadvantage.

Poor design of infrastructure and the built environment affects older people’s mobility and use of transport.

Community oriented transport options are limited.

Many current transport and land use policies contribute to the exclusion older people (e.g. policies that favour car travel, planning decisions that degrade the pedestrian environment, user pays policies and under funding of alternative options).

What can be done?

PUBLIC, COMMUNITY AND PRIVATE TRANSPORT

- Provide education programs that address and encourage the following with regards to public, community and private transport:
  - Vehicle sharing and car pooling and volunteer driver programs.
  - Safe driving by older people (including driver refresher courses; driving skill assessment and programs to subsidise cost of running and maintaining a vehicle).
  - Information on local travel assistance programs and concessional arrangements (taxi vouchers, public transport vouchers and assistance with car licensing).

- Improve road and facilities design to accommodate older drivers and transport users by incorporating:
  - Better quality of roads.
  - Alternative and welcoming street signage (restrict high solid walls and security shutters, create continuous street frontage and design street frontages that are not dominated by cars) including larger lettering of street names and directional signage and brighter lighting.
  - Improved location of transport stops and stations to be convenient, accessible, safe, and clean.
  - Ensuring seating and shelter is well lit and well marked with adequate signage.

OUTCOME 5: Mobility and transport

Key issues

- Transport and mobility are critical needs for older people. To live actively and independently older people need to retain mobility. Transport enables older people to access services, community amenities and activities and family and friends. Older people need flexible medical-related transport options.
- Of the many issues that prevent older people from ‘ageing in place’ lack of transport is one of the most frequently raised.
- The use of private vehicles dominates, however public and community transport becomes more important with age, particularly for women.
- Reduced mobility and poor access to transport constrains active ageing, reducing independence, access to services and access to networks and leads to poorer health. Without transport older people face major obstacles.
• Encourage businesses, private transport providers and public transport providers to address the transport needs of older people with flexible, affordable and innovative models (Also see Outcome 2).

• Ensure local taxis in major towns (where they are available) are adequate for older people’s needs (wheelchair accessible, affordable, available when needed and timely).

• Provide and access micro-financing for community transport, local taxis and community buses.

• Develop local community transport options to provide door-to-door transport to assist older people attend appointments, undertake shopping, participate in community activities and travel to and from local and regional amenities and facilities. Options could include:
  - Community bus.
  - Community cars.
  - Network of local volunteer drivers.
  - Car pooling and ride sharing options.
  - Shared use of community buses and vehicles (e.g. HACC, sporting clubs).
  - Better use of established school buses.
  - Shoppers bus.
  - Community taxis.

• Increase priority parking bays and drop off spots for older people and people with mobility issues near shops, medical facilities, main streets, community facilities, banks and post offices and ensure this conforms to Australian standards and is well signed.

• Advocate for improvements in public transport between towns and key locations.

• Widely disseminate information to older people about available public and community transport options.

DESIGN OF WALKING, CYCLING AND GOPHER USE

• Incorporate street calming and speed zones (at designated drop off zones, around health and medical facilities shops; and around community facilities) and consider narrower streets (Also see Outcome 1).

• Provide paths on at least one side of residential streets and on both sides of major roads near services that are continuous between residential areas and local amenities to enable people to walk, cycle or gopher between them.

• Ensure that footpaths are wide enough with centre lines so that wheelchairs, gophers, cyclists and walkers can use the facility side by side, or separate paths for cyclists in high use footpaths, due to concern for the safety of seniors.

• Design footpaths and shared paths for older walkers, cyclists and gophers (made from durable non slip material; require minimal maintenance; have tactile ground surface indicators at bus stops and traffic signals; gentle gradients; railings on gradients; and kerb ramps so older people can follow the path).

• Develop a variety of flat paved walking paths that allow recreational walking.

• Create gopher-friendly environments (safe tracks, covered parking bays and battery recharge facilities).

• Ensure road crossings that are pedestrian-friendly (well marked, wheelchair and gopher accessible in a convenient position for pedestrian and cyclist movement; pedestrian operated lights that are adequately timed for the less mobile; and take into account the visibility, health and mobility capacity of older people).

• Provide shared zones for pedestrians, cyclists and vehicles (provide cyclist lanes; adequate lighting; clear sight lines along walking and cycle ways; and protection from vehicles).

• Establish clear lines of sight along walkways and cycle ways (use low permeable fencing; effective lighting, avoid blank walls; prohibit obstructions in path of walkers and cyclists; and ensure foliage is at least one metre back).

• Illuminate walking paths and seating areas.

• Provide a high quality landscaping and aesthetically pleasing environment along footpaths (line streets with trees which provide shade, use indigenous vegetation and include community artwork).

CONNECTIVITY AND ACCESSIBILITY TO FACILITIES

• Ensure connectivity to public or community transport via footpaths and cycleways.

• Ensure pedestrian access leads to parks and open space, provide multiple entry and exit points with adequate lighting and ensure safe and clear entrances and exits, for larger parks further away from houses, locate near public transport and provide parking.

• Provide seating, bins and shelter and provide toilets for larger parks further away from houses.
• Provide linkages between homes, shops, workplaces, commercial centres, health and medical facilities, community facilities via footpaths, shared paths and public transport.
• Ensure that essential services, educational and employment have accessible public transport options and are linked to existing facilities.
• Provide shaded seating along pathways to wait and rest.
• Provide secure infrastructure in key destinations (bike racks, cycling lockers, toilets and gopher recharge units).
• Ensure street networks are connected to enable direct trips in and between neighbourhoods and to local amenities.

Residential and community care services are already stretched. The shortage of residential care places is becoming a major issue and will worsen as the population ages. Similarly, community care services will be stretched as the population ages as people with higher support needs will require services at home46.

The trend towards home and community-based services for older people will continue to grow, however the capacity of existing services to meet and address the growing demand will be a challenge. Home based services are often provided in a piecemeal fashion rather than coordinated.

The supply of unpaid care will change as a consequence of changes in households and families. For many older people the provision of unpaid care and support will be more challenging due to social and demographic changes (such as smaller families, families moving further a field, more people living on their own).

A growing number of older people are playing increased roles in caring for their own families, as carers of a partner or family member, as grandparents or providing caring around the home.

Existing infrastructure, amenities and community facilities have not been designed specifically for older people (e.g. building codes and local government policies don’t enable active ageing).

Older people will demand more from services in their communities. Formal care and social services will be under increased pressure from the growing numbers of older people with increased expectations.

There is a significant shortage of health care staff (doctors, nurses and allied health staff), care and support staff and aged care professionals in rural and remote areas and this impacts on the quality and quantity of service delivery and care.

Libraries are pivotal community services and institutions for older people and are used by large numbers of older people.

What can be done?

ENHANCE CONNECTION TO SERVICES

• Ensure that plans and zoning provisions enable mixed-use developments to provide maximum choice and to aim to reduce distances between residences and public services, health care and social services, commercial establishments and community facilities.
• Investigate the use of technology to overcome physical barriers to access.

OUTCOME 6: Community services, care services, medical and health services and infrastructure and facilities

Key issues

• As the population ages the demand for health, care and community services increases. There will be major shifts required in the way services and supports are provided to older people. It is likely the gap between need and availability of service will widen.

• Expenditure by federal and state government agencies on age related policy and planning has remained static over the past two decades, despite the ageing of the population45.

• The trajectory of ageing is changing. Older people are choosing to age ‘in place’, to live at home in their neighbourhood for as long as possible and access local services and facilities and call in support services to their home.

• To age in place older people need to have easy and safe access to services, amenities and facilities and support networks close to where they live. These basic components of daily life should be accessible to all people; however they are of particular significance for older people.

• The social environment – the physical distribution, accessibility, availability and proximity of services for older people to their homes – is critical for active ageing.

• Of services that older people require, health services are seen as the most important. The availability, accessibility and affordability of medical, dental and allied health services locally are major concerns for older people.
LEVEL AND TYPE OF SERVICES

- Plan at the regional and local level for the predictable increased demand for health and community services in terms of medical services, GPs, health infrastructure, libraries, day centres and community services.
- Ensure that the Commonwealth and state governments expand provision of critical specialist health, medical and allied health services in response to the ageing demographic.
- Ensure that local advisory and planning mechanisms are in place so gaps in services and support and addressed.
- Develop and provide an extended range of affordable in-home care services.
- Develop new models and modes of service delivery for older people directed towards preventative and community-based approaches.
- Develop mobile clinics that can deliver a range of allied health programs in the region.
- Strengthen caregiver support services.

SERVICE ACCESSIBILITY, COORDINATION AND INTEGRATION

- Ensure that health, human and support services provided to older people by agencies are coordinated and integrated in a way that ensures seamless service delivery and overcomes isolation or duplication of services.
- Plan for a continuum of services and care across public, private and non-government sectors.
- Explore ways to bring health and support services to low income seniors living in affordable housing (public and social housing, private rental, boarding houses, caravan parks and independent living units etc).
- Consider ways to make libraries central hubs and resource centres for older people.
- Explore the use of Community Resource & Volunteer Centres to deliver services to older people.

INFORMATION ABOUT SERVICES

- Improve information and referral services for older people.
- Create a single point of entry for information about local services.

SERVICE MODELS

- Support the development of alternative models of service delivery to older people that are tailored to the specific needs of older people in rural and remote areas in the South West (e.g. more client centred support services).

SERVICE PROVIDERS

- Develop and expand measures to attract and retain sufficient service delivery staff in health, aged care and community services (see Outcome 7).

SERVICES FOR CARERS

- Develop and support a regional response to the needs of ageing carers.

OUTCOME 7: Social and economic participation
(economic, social and community life, labour markets, lifelong learning, local democracy, and civil society)

Issues

- A decent income is essential to support security, independence, opportunity and quality of life as people age. Increasing living costs, particularly for older people on the single pension, present major difficulties.
- The overall image of ageing is one of relative affluence. Whilst for many there is a continuation and consolidation of affluence and prosperity, for an increasing proportion there is the consolidation and intensification of poverty, disadvantage and exclusion.
- The distribution of income amongst older people is increasingly polarised, unbalanced and uneven\(^{47}\). The number of older Australians likely to suffer cost of living pressures will increase in the future. Single pensioners are most at risk.
- More older people are likely to outlive their savings, with the result that many older people, even those with retirement savings, will have to rely on the pension.
- Many older people, particularly those reliant on the pension struggle to meet living costs. By 2023, 70% of older people will still be dependent on the pension.
- It is estimated 30-40% of retirees in coming decades will be in situations of multiple deprivation – low income, insecure housing, poor health, social isolation, and risk of inappropriate and premature entry into residential care\(^{48}\).
- Older people face a higher risk of poverty in old age. More than one in four people over 65 live in poverty and the risk of poverty is increased by a reliance on the pension and the declining value of many people’s retirement savings\(^{49}\).
The labour market is growing older. Continued social participation in the labour market, workforce and the community are important for older people’s wellbeing. Older people are working longer, in line with living longer and labour shortages. People are re-thinking their views on working and retirement.

The combination of people living longer, having higher expectations and inadequate retirement savings means there will be an increased level of income needed in older age. Many older people will need to work well beyond the retirement age.

Current pension arrangements, current superannuation arrangements and worker compensation arrangements do not encourage older people to work longer.

Local and regional economies need to create opportunities for older people who wish to remain in employment.

More older people working beyond retirement age are running their own businesses and people over 50 play a major role in growing small business.

Age discrimination in employment and vocational training remains a major barrier. Policies and strategies are needed so that people over 55 can remain in work and return to work if desired. For economic reasons employers need to tackle age discrimination and support the recruitment, retention and training of older workers, including more flexible opportunities for work and retirement.

Informing older people of their options for funding retirement and offering flexible options for retirement are essential strategies to enable active ageing.

Many older retirees have significant wealth, are well educated and skilled and have significant experience they can offer to a community. Harnessing this resource is vital for local communities.

Local government and local community agencies would benefit from deepening their understanding of the skill base of the older people in their communities.

The amount of care and support provided by older people is more than that provided by the formal aged care sector.\(^5^0\)

Lifelong learning and participation in cultural and recreational activities are important for older people’s health, quality of life and community wellbeing.

Participation of older people in social, community, work, educational and cultural activities has significant benefits for their wellbeing, as well as major community benefits.

Providing more opportunities for older people to learn has significant economic, social and personal benefits. Benefits of participation in education and learning include increased enjoyment of life, new skills learned, greater self confidence, increased social activity, ability to cope with life events and improvements in physical and mental health.

Older people play a major civic role. Volunteering is an important vehicle for community participation. Older people make significant contribution through volunteering. They have skill, time and resources to contribute to their communities, unparalleled in previous generations. Promoting civic and social engagement, volunteering and community involvement is critical to maintaining connections between older people and their communities.

Older people are also significant political actors. Many older people want to be actively involved in policy and planning decisions that affect them and their communities. Older people have the capacity to serve as major problem solvers and community leaders.

Cultural activities and cultural expression provide significant opportunities for older people’s creativity, development of skills and capacities and community identity.

Older people are increasingly powerful economically. They are a growing consumer market for health, housing, leisure, entertainment, culture and IT.

Leisure, social and recreation opportunities figure large in older peoples’ lives.

What can be done?

**EMPLOYMENT**

- Incorporate the ageing dimension in mainstream labour market programs with initiatives that target older people as a specific group.
- Match the labour market competencies of older people with labour market opportunities.
- Plan strategies to attract older people to remain in the workforce and for local business to employ more older people.
- Plan strategies to make it easier for older people to work longer in the South West including:
  - Strategies to stimulate and encourage demand from employers for older workers.
  - Flexible employment practices and recognition of the rights of workers who are also carers.
- Addressing age discrimination.
- Target support for older people trying to enter or re-enter the workforce.
- Provide incentives to work longer.

- Encourage active planning for retirement.
- Develop strategies to support and encourage more older people over 50 years of age to run their own business.
- Support older people in work to improve skills and retrain if necessary and increase older people’s skills levels through reskilling and retraining.
- Ensure specialist services and assistance are available to assist older people back into the workforce.
- Develop mechanisms for older people to provide input into planning and design issues that affect older people.

**INCOME**

- Advocate to the Commonwealth Government to increase pension levels and minimise disincentives to working beyond retirement.
- Ensure the availability of independent, not-for-profit, high quality financial advice to older people across the South West.

**ECONOMIC PARTICIPATION**

- Develop proactive economic development responses to the needs and interests of older people.
- Identify ways to unlock the economic potential of older people (through the labour market, as volunteers and as consumers).
- Encourage business to realise and respond to the economic opportunities created by an ageing population.

**PARTICIPATION IN CIVIL SOCIETY**

- Develop strategies to increase and support volunteering among older people.
- Plan and develop more appropriate volunteer opportunities that engage older people’s desire to volunteer and wide range of skills and experience.
- Ensure that social planning and community development activities at the local level promote and support informal and formal community networks and community participation for older people.
- Ensure practical strategies are in place to make the most of the immense volunteering resource of older people (such as meeting some of the costs of volunteering etc).

**PARTICIPATION IN LIFElONG LEARNINg, CULTURAL AND RECREATIONAL ACTIVITIES**

- Plan and provide a robust and diverse array of programs and activities so older people can contribute to and participate in their community.
- Ensure the availability and accessibility of community facilities and resources that older people trust and are able to use on a daily basis, such as libraries, day centres, Senior Citizens Centres, service clubs and social clubs.
- Ensure that older people from Aboriginal and culturally and linguistically diverse backgrounds are catered for within mainstream services and programs or through the provision of culturally secure programs.
- Support the development of successful older people’s skills networks which provide unique opportunities to achieve personal and social goals (such as Universities of the Third Age, Men’s Sheds and seniors learning academies/institutions).
- Local government authorities and community and sporting groups to plan facilities, infrastructure and programs to enable increased access by older people to social and physical activity, exercise and recreation and cultural programs.
- Develop projects and strategies to engage isolated older adults in their community through stimulating creative and social activities.
- Support intergenerational activities and learning programs.
- Support and fund programs that promote active ageing and active living such as physical activity programs for seniors, swimming walking and cycling events for older people, and community events.
- Ensure that facilities and amenities for recreation, sport and physical activity are accessible and affordable for older people.
- Provide opportunities for intergenerational learning around civic life, arts, cultural activities and recreational activities and through schools, youth centres and community services.
- Increase technology-related learning and training opportunities (e.g. localised information strategies to boost older people’s capacity to utilise new technologies).
- Build on and extend programs to cater for older people’s involvement in recreation and sporting activities.
OUTCOME 8: Balance between public, non-government, community and private sector provision

Issues

- Increasingly older people’s lives are reliant on interaction and active engagement with the ‘market’ (including the commercial for-profit business sector and not-for-profit sector).
- In many areas there is a heavy reliance on the ‘market’ and market mechanisms to provide for older people in areas such as retirement income, housing, health and medical care, the built environment, public facilities and infrastructure, transport, care, retirement accommodation and services and products.
- However, current market trends and market responses often fit poorly with the needs and aspirations of many older people, and leave vulnerable older people exposed and excluded. A high level of market failure is also an inevitable occurrence of such reliance.
- An over dependence on the market and the private sector to provide for an ageing population disadvantages many older people and places them at risk of exclusion.
- The privatisation of the pension and the reliance on private sources of income during retirement has increased risks for those close to retirement or already living in retirement.

What can be done?

- Ensure a much stronger role for government at all levels in planning and service delivery to address population ageing.
- Ensure that the planning, design, development and building sectors are well informed about the benefits of age-friendly communities and environments.
- Planning for age-friendly communities needs to be proactive and long term and involve many sectors, stakeholders, agencies and disciplines that all have a role.
- Strike a balance between user contributions and public funding to ensure equity of access for all older people, irrespective of their ability to contribute to the costs of services.
For many of the outcomes responsibility is shared between various levels of government, or between governments, the private sector and/or NGOs. Often the planning responsibility and capacity may lie outside the South West with federal and state governments and private sector. Where suggestions require action by the responsible authorities outside the region, key stakeholders in the SW, such as the SWDC, can lobby and advocate for these issues.

Beer et al (2009)
Beer et al (2009)
Beer et al (2009)
Naufel (2008)
Naufel (2008) and McNelis & Neske (2008) (As per the references)
McNelis & Neske (2008)
Naufel (2008); Kendig and Bridge (date unknown); and McNelis & Neske (2008)
Recent increases in funding have the potential to rectify this but this is some time off.
Beer et al (2009)
Karol & Giles (2008)
Australia wide the number of older drivers (aged 60 years and over) is rising. What is the reference for this?
George, S (date unknown) What Australian Older Drivers Think: Why They Need to Drive and How They Adapt their Driving, Powerpoint presentation, Flinders University, Department of Rehabilitation and Aged Care. Couldn’t find this one on the reference list. Please ensure all references used are listed in the reference list.
COTA WA (2009). Should write COTA in full as that is how it is on the reference list.
COTA WA (2009).
QCOTA What year? Couldn’t find this or the no. 39 in the reference list.
Collett, J (2009) Older fund members face risk, Sydney Morning Herald, August 6, 2009
COTA Australia 2008. Could only find COTA WA reference in the list.
A recent study revealed that Australians aged over 65 contributed almost $39 billion per year in unpaid caring and volunteering work. If those aged 55-64 are included the figure increases to $74.5 billion per year (figures quoted in Oppenheimer, 2008).
The previous chapter presented a Framework to guide the planning and design of age-friendly communities in the South West in response to population ageing.

This chapter provides Australian case examples of strategies used successfully to plan for age-friendly communities in response to population ageing. Examples of strategies being developed in the South West are included. Case study examples are presented under each outcome identified in the previous chapter.

6.1 Outcome 1: Built and urban environments and urban form

Inclusive design of the built environment for older people

The Inclusive Design for Getting Outdoors project is a UK-based research and design project investigating how the built and outdoor environment can enhance the quality of life of older people. The project identifies research and design guidelines for ensuring the outdoor environment enhances older people’s quality of life.

The website provides current knowledge about older people and the outdoor environment and includes design guidelines for designing the street environment, parks and open spaces including - width of footpaths and footways, adjacent and shared use (cyclists and pedestrians) of footpaths, materials of footpaths and footways, kerbs, pedestrian signage, bus shelters, seating, public toilets and street greenery.

http://www.idgo.ac.uk/design_guidance.streets.htm

Design Frameworks for Planning Healthy Environments and Liveable Communities

A number of planning and design frameworks and resources have been developed to assist planners, developers, urban designers, design and health professionals, local governments, architects, engineers, recreation to plan healthy environments and liveable communities. Although not ‘age specific’ these frameworks provide information and resources and design guidelines for use in planning, design and development to create liveable communities that would benefit older people.

Designing Places for Active Living (NSW Premiers Council for Active Living). This web-based resource is to assist in creating built environments for active living. It provides design guidelines for walking and cycling routes: cities, towns and neighbourhoods; public transport: streets: open space and retail areas.


Healthy Spaces and Places: Towards a National Planning Guide (National Heart Foundation, Planning Institute of Australia and the Australian Local Government Association). This is a national web-based guide that provides planners and health workers with guidance on ways to improve the built environment where people live, work and play to facilitate active living, community wellbeing and promote good health outcomes. Foremost, the guide is designed for planners; to assist them plan places where people can be active. The guide is intended to support and complement planning initiatives. Although not focused on older people it does provide considerable guidance on ways to plan and design the built environment for lifelong active living.

http://www.planning.org.au

Planning for Community Wellbeing: Shire of Augusta-Margaret River Local Planning Strategy and Local Planning Scheme

As part of the recently adopted Local Planning Strategy and Local Planning Scheme, the Shire is attempting to balance sustainable growth and economic development with community wellbeing and environmental protection for the next 20-25 years. Within its Local Planning Strategy the Shire has prepared Townsite and Hamlet Strategies for each of its major towns and settlements. The Townsite Strategy for Margaret River and for Augusta acknowledges that each town, particularly Augusta, has proportionally larger populations of older people and consequently requires strategies that would have the effect of creating more age-friendly communities in those towns. Some strategies identified in the Townsite Strategy include:

- Provision of community shuttle bus service from Augusta to provide transport opportunities to Margaret River.
- Provision of a mixed housing types and densities within a ‘hamlet’ community to promote walkability and active streets.
- Development of lower cost housing, rental accommodation and more diverse housing options to accommodate more residents over 55 years (particularly in Augusta).
- Ensuring an adequate level of health and aged care services for older people.
- Improve pathways for older people to ensure they provide for dual usage and comply with Australian standards.
- Ensure that commercial areas provide accessibility for people with limited mobility and for wheelchairs.
• Improve accessibility and walkability and create cycle and pedestrian networks to link residential areas, town centres, neighborhood centres, public open spaces, and recreation, social and cultural facilities.


**Redevelopment of the Jackson Court Activity Centre to make it more age-friendly**

The Jackson Square Court Activity Centre is a heavily used neighborhood activity centre comprising shopping, commercial, recreational, community services and health and medical services in middle to outer Melbourne. Jackson Court is situated on busy Doncaster Road and is a local catchment that serves surrounding neighbourhoods, and is used extensively by many older residents who live nearby. However, the centre was previously heavily accessed by car.

As part of its masterplan strategy to improve the Activity Centre the City of Mannigham sought to improve access and walkability for older residents through:

• Measures to improve walkability and pedestrian access for older people.
• Additional street amenities such as seating, drink fountains, shade, bike racks.
• Improved footpaths.
• Better lighting.
• Safer crossing posts.
• Home delivery service.

www.manningham.vic.gov.au

**Guidelines for Walkable Coastal Environments**

The City of Geelong has developed Guidelines for Walkable Coastal Environments to overcome access and mobility issues that arise for older people in areas with limited formal and constructed pathways. The guidelines explore issues affecting the walkability of coastal settlements and offers design solutions.

They are a specific response to the demands arising from an ageing population and significant growth in coastal settings.

The guidelines aim to reduce barriers to assess issues identified by residents, whilst retaining the high environment value of the coastal area. The guidelines are designed for engineers, planners, urban designers, developers and the local community and are being applied through the council’s capital work programs and by developers of new subdivisions.

The guidelines identify 17 planning issues and offer solutions and strategies to improve access e.g. gopher–café conflict, roads with no footpaths.


A background report is also available:


**Age-friendly shopping centres**

The City of Knox in Victoria is working with the Knox City Shopping complex to ensure the shopping centre is an age-friendly built environment. A survey was undertaken of older people and information and advice is provided to centre management and shop owners to create an age-friendly environment and address issues in their environments.

**6.2 Outcome 2: Integrated planning and governance**

**Victorian Government: Building Liveable Communities for an Age Friendly Community**

The Victorian Department of Planning and Community Development is developing a whole of government Planning Framework Building Liveable communities for an Age Friendly Community to address the challenges of an ageing population. The framework aims to build on the opportunities and challenges of an ageing society. It will be an integrated, whole of government planning framework focused on people and place in a number of key areas including housing, accessible built environments and public spaces, and transport and mobility.

**NSW Government Cross Government strategy for planning for a changing population**

Towards 2030: Planning for a Changing Population is a NSW whole-of-government policy and strategy to deal with population ageing and create more age-friendly communities. The strategy comprises five key strategic actions and 13 priorities across government. In 2009 a progress report on the implementation of the strategy was prepared.

http://www.dadhc.nsw.gov.au
Developing a ‘whole of council’ coordinated planning response to active ageing

The City of Victor Harbor in South Australia has a high percentage of its residents aged over 65. In response the City has integrated planning across the City and developed a ‘whole of Council’ response to the challenges of an ageing population at four levels – Strategic Planning, Planning policy, Planning development assessment and collaborative service planning. Specific actions include:

**Strategic Planning:** The City’s Strategic Plan outlines how the council will respond to a rapidly ageing community under each of its six broad strategic directions. The City has also developed an Urban Growth Management Strategy which focuses on the sustainable provision of physical and social infrastructure for an ageing population. Each strategy includes actions specific to older people e.g. increased provision of affordable housing, ensure roads and pedestrian networks meet the needs of older people.

**Planning Policy:** The City has an Adaptable Housing Planning policy that recommends that housing for older people be located so that residents can interact with other sections of the community (not gated houses) and that housing stock is within walking distance to services and public transport and has an ‘interesting’ outlook. The policy includes provisions specific to the site, car parking and design that are relevant to older people.

**Planning Development assessment:** The City has developed Planning Development Assessment, Housing for Life (Residential Development) to ensure that housing is able to be modified at minimal cost to suit people’s changing needs. Higher density developments are subject to performance criteria contained in the planning policy entitled Residential Accommodation for the Aged and People with Disabilities and Adaptable Housing Planning.

**Collaborative service planning:** The City has developed an internal multi-disciplinary team approach that brings together planners, social planners, building officers and engineers to share ideas and information. The City also participates in a multi agency Active Ageing group (Southern Fleurieu Positive Ageing Taskforce) that develops long-term strategies to address ageing. This group facilitates planning and service delivery across sectors, and ensures that community infrastructure, resources and services keeps up with development and growth.

http://www.victorharbour

Collaborative research and planning for age-friendly communities

A collaborative research and planning project between University of Queensland Australasian Centre on Ageing, Queensland Department of Communities, and Ipswich and Gold Coast Councils is identifying the collaborative action required at the local level to optimise the ageing experience in ways that promote active ageing and age-friendly communities. The project brings together key stakeholders from each agency and older people themselves to develop strategies in Ipswich and the Gold Coast to create age-friendly communities where older people can age well.

www.uq.edu/aca

Age-friendly communities and active ageing plans/strategies in the South West

Two South West Local Government Authorities (the Shire of Manjimup and Shire of Augusta-Margaret River) have developed age-friendly and Active Ageing Plans/Strategies to provide a specific framework and focus for planning age-friendly communities. These plans provide for a ‘whole of council’ approach to active ageing. The plans emphasise the participation of older people in community life, encourage an active approach to health and lifestyle, the creation of accessible community amenities and age-friendly built environments and maximise the contribution, achievements and capacities of older people in each LGA.

The Shire of Augusta-Margaret River was the first regional Council in WA to use the WHO Age Friendly Cities Framework to assess the needs and aspirations of its older residents on issues such as housing, outdoor spaces and buildings, transport, respect, social inclusion and participation. The two most important issues emerging from the study were (1) the lack of affordable and appropriate housing for older people, particularly rental housing close to facilities and services and (2) the inadequate design of the built environment, particularly the lack of outdoor seating, public toilets, unsafe traffic crossings, lack of parking and lack of access to beaches for older people. Other LGAs including the City of Melville, City of Rockingham and City of Mandurah have also used the Framework.

http://www.victorharbour
Integrated Planning for age-friendly communities within Local Government

The City of Brimbank has recognised that planning for an age-friendly community at the local level requires integrated planning across the council as a whole. It aims to ensure the convergence of land use planning, infrastructure service and community planning. “Bottom up” planning approaches that engage older people are linked to local service planning, using a social health model.

This integrated approach to planning for age-friendly communities directly informs Council practice in a number of areas:

- Land use and urban design (how older people use open space).
- Infrastructure planning (what facilities older people require).
- Service planning (what services are needed to meet older people’s needs).
- Community planning (levels of connection and engagement of older people).

Victorian Local Government Positive Ageing in Local Communities 2005-2009

The project is funded by the Victorian Government and is a joint initiative between the Municipal Association of Victoria and Council on the Ageing Victoria (COTA) to build the capacity of local government to plan for an ageing population and for age-friendly communities. The project funded 37 projects in Victorian LGAs to plan more liveable, age-friendly communities for older people in areas such as age-friendly environments, transport, housing, maintaining mobility, mobility and access and lifelong learning strategies include:

- Use of Active Ageing Advisers to assist local government.
- Researching and mapping good practice in local government.
- Conducting forums and events for older people and service providers, and planners.
- Development of tools and resources to assist Local Government.

http://www.mav.asn.au

6.3 Outcome 3: Adequate supply of diverse and affordable accommodation and housing

NSW State Environmental Planning Policy for Housing for Seniors

The NSW Government developed this policy which was gazetted in 2008. The policy contains design requirements for new seniors housing, including reference to urban design guidelines for infill, site suitability provisions and a guide for councils and applicants on housing for seniors.


As part of the policy a Seniors Living Policy Urban Design Guidelines for Infill Development has been prepared to assist in the design and assessment of development applications or infill developments under the State Environmental Policy for Housing for Seniors


NSW Social Housing for Older Residents Design Guidelines

As part of the NSW Government’s Towards 2030: Planning for a Changing Population Strategy Social Housing for Older Residents, design guidelines have been developed to ensure the integration of design aspects to meet the needs of older people. The draft guidelines are being trialed in 2009.

The purpose of the guidelines is to assist Housing NSW in its goal of developing social housing for older people that integrates both physical and social design aspects. The guidelines provide assistance to tenancy managers and asset managers developing or adapting social housing for older residents (whether in senior communities or other settings). The guide is designed to assist planning in terms of:

- Design of the physical environment of social housing.
- Encourage and facilitate older people’s participation.
- Ensuring provision of support services.

The guidelines provide specific detailed guidance on design objectives, site yield, site planning, building style, dwelling sizes, furniture, construction methods, universal access, environmental sustainability, location and room requirements, retrofitting.

Older Persons Housing Policy and Guidelines

The City of Brimbank and Shire of Melton in Victoria are developing an Older Persons Housing Policy and Guidelines to provide guidance for developers in relation to the social impact, design, sustainability and amenity requirements for older person’s housing within the Councils. The policy and guidelines will cover the full range of older person’s housing from independent living to nursing home care.

Retirement Villages: Best Practice Planning Guidelines

The Victorian Department of Planning and Community Development and the Lower Hume Primary Care Partnership are developing guidelines to provide direction for the type of planning principles and practices necessary for the development and design of retirement villages that enable active and healthy ageing.


The Healthy Places and Spaces Project (a joint initiative of Planning Institute of Australia, National Heart Foundation and Australian local Government Association) has developed design principles and strategies to improve the planning and development of retirement accommodation for seniors.

http://www.healthyplaces.org.au

Development opportunities for older people’s housing in the City of Wodonga

The City of Wodonga is one of Victoria’s fastest growing inland cities. The City has a number of established housing options for older people and is seeking to partner with developers to invest in substantial housing developments for older people over the next 20 years. This includes retirement villages, public and private rental accommodation, units, high and low care residential aged care accommodation and high rise CBD units.

The council has identified a number of parcels of land where they would like to see seniors housing development occur.

To facilitate this, the City has developed a document titled Seniors Housing Options: Development Opportunities in Wodonga Victoria to provide developers with information and options for partnering with the City.


Apartments for Life

Apartments for Life is an initiative of the Benevolent Society of Australia. It is a new form of housing, care and support for older people that includes private rental, social housing and units for purchase in the same complex. The development departs from mainstream retirement village developments and incorporates the principles of Apartments for Life developed by the Humanitas Foundation in Amsterdam.

In the model, people are able to age in ‘place’ in their neighbourhood and stay living in their apartment for life, no matter what level of care they need. Apartments are age proofed and adaptable to residents changing health and care needs. Residents can receive community care packages in their own homes to enable them to remain independent. Community facilities and care advisers are on site. Half the site will be publicly accessible green space.

The proposal involves 140 apartments specifically designed for older people in two medium rise buildings. Ten per cent of apartments will be rented and 30% offered at discounted prices.


Local Government involvement in accommodation and housing for older people in the South West

Although their approaches vary, local government authorities across the South West play an active role in addressing the housing needs of older people.

Managing full spectrum of aged care housing options- Shire of Donnybrook Balingup

The Shire is the main provider of aged care accommodation in Donnybrook. Currently it manages:

Tuia Lodge: a 26 bed high and low care facility. The Shire is negotiating with Health to have six more beds and has plans to extend to 52 beds

Preston Village Independent Living Units. Currently nine units and the Shire has plans to build another eight units over the next five years.

Joint venture with Housing. 20 units are provided through a joint venture with DoH

Partner with Vintage Group in Balingup. The Shire has supported Vintage Group in Balingup to develop three Independent Living cottages.
Supporting community based responses – Shire of Manjimup

The Shire of Manjimup supports local community-based initiatives and options to provide more aged care accommodation in local towns such as the Walpole and Districts Seniors Accommodation and the Pemberton Aged Accommodation.

Supporting community based responses – Shire of Harvey

The Shire of Harvey provides support to two community-based seniors accommodation facilities. Hocart Lodge is a 40 bed high and low care facility with 11 independent living units. The Shire supports Brunswick River Cottages which comprises eight two-bedroom independent living units in Brunswick.

Affordable Housing Summit and Strategy – Shire of August Margaret River

In February 2009 the Shire hosted an Affordable Housing Summit attended by more than 100 delegates. Currently the Shire is pursuing a number of strategies that emerged from the Summit, in conjunction with the not-profit and not-for-profit housing sector, to increase the level of affordable housing in the Shire.

Managing low cost housing stock- Shire of Busselton

The Shire of Busselton has a Seniors Community Housing Program which is a joint venture with the Department of Housing. The Shire manages 42 rental properties for seniors. Properties are on Shire land, were built by the Department of Housing and the Shire acts as a landlord and property manager. There is a waiting list of approximately 50 seniors. The Shire has a Community Housing Officer.

6.4 Outcome 4: Design and modification of homes and buildings

Home Assist Secure

Home Assist Secure is a program run by the Queensland Department of Housing that aims to remove housing-related difficulties experienced by older people and people with disabilities who wish to remain living in their home. The program funds 41 community organisations throughout Queensland who employ staff and pay trades people to provide home maintenance, repairs and non-structural modifications. To be eligible for free information and referrals people must be over 60, or of any age with a disability, and live in their own home or in rental housing. To be eligible for subsidised assistance people must receive an Australian Government payment or allowance and be unable to make use of other forms of similar assistance, such as HACC and Veterans Affairs. Work is not undertaken that is the responsibility of the landlord under Residential Tenancies legislation.

http://www.housing.qld.gov.au/programs/ch/support/has.htm

Home Access

Home Access is an initiative of the Queensland Department of Housing which aims to assist people in the private rental market to adapt their homes by providing financial assistance and targeted information.

http://www.housing.qld.gov.au/design/hom

Baw Baw Shire Low Maintenance Gardens Project

The Baw Baw Shire in rural Victoria is a rural municipality with about 18% of its population aged 60 years and over. The Shire already ran a property maintenance service partly funded by the Department of Human Services for 900 residents already receiving assistance. The Low Maintenance Gardens Project provided an additional intensive gardening intervention to reduce garden maintenance requirements for current HACC recipients.

6.5 Outcome 5: Mobility and transport

Funding local community transport options

Transport Connections is a Victorian Government program that provides $18.3 million in funding to 32 projects throughout rural, regional and outer metropolitan interface municipalities to assist communities to develop a range of transport initiatives. The program funds and supports communities to develop small scale initiatives to improve local transport options. The program uses existing assets, such as taxis, school buses, community buses and volunteers to make it easier for people with limited access to transport to participate in community life. Whilst not directed only at older people the initiatives directly address the transport needs of older people.

Transport Connections is a joint initiative of the Victorian Department of Planning and Community Development, Department of Transport, Department of Human Services and Department of Education and Early Childhood Development.

http://www.transportconnections.dpcd.gov.au
Local Community Transport options in isolated rural areas

The Southern Mallee and Wimmera Transport Connections is a new bus network in Victoria’s North West which connects socially isolated residents, such as older people, with the community. The bus network is the result of three years work to find a solution to the transport needs of an area with limited access to public and community transport. The project aims to make use of existing transport assets such as school buses. Strategies include:

- Allowing isolated seniors on a school bus route to use spare seats.
- Use of a community bus once a week to collect residents from outlying towns.
- Development of a low cost weekly service, using an idle school bus to transport paying passengers from outlying settlements and villagers to town.
- The service makes a significant economic contribution to the town and also helps to maintain the specialist medical service in town.

City of Brimbank Community Transport Service

The City of Brimbank in Melbourne runs a community transport service with a current fleet of 10 modified buses, providing over 40,000 passenger trips per annum to disadvantaged people. Older people are the major user. The service operates six days a week and provides free door-to-door service for users. In 2008/9 the operating budget was near $700,000 with further capital commitment ($300,000) to upgrade the fleet. Council receives no operational funding through State or Federal governments for what is virtually the running of a community transport business (other than one off grants for capital contributions). The service is seen as essential for maintaining levels of older people’s community participation.

Hindmarsh Motorised scooter project

Hindmarsh Shire Council developed a range of strategies to ensure that its facilities, amenities and services are accessible for older people and others with limited mobility. The strategies included:

- Development and publication of Mobility Maps for each of the major towns and settlements. The maps show accessible pathways, toilets, public services (doctor surgeries, hospitals, chemists, schools, and community centres), parks and public amenities.
- Improvement of the physical environment for motorised scooter users. The Shire worked with scooter users to identify safe routes, audit pathways and upgrade and improve paths and distribute information to scooter users.
- Improved safety for scooter users, users of walking frames and people with prams.

Strategic Footpath Design

As part of its commitment to promote walkability the City of Geelong is embarking on a series of projects to rethink the way footpaths are built. It has developed a Strategic Footpaths Discussion Paper and Policy and applied this in a variety of locations. It has also developed a strategic Footpath Design Process for communities with limited footpath coverage. The process aims to develop continuous high quality amenity footpaths for people of all abilities and mobility levels. Reports and design guidelines can be found at:

http://www.geelongcity.vic.gov.au/Services_In-Geelong/Planning_for_People/Strategic_Footpath_Design

Needs of older pedestrians in Shire of Manjimup

Consultations undertaken with older people to inform the Shire of Manjimup’s Active Ageing Strategic Plan identified that poorly designed and maintained footpaths, walk trails and pedestrian links and inadequate street lighting were major concerns for older people in the Shire. As part of its Active Ageing Strategic Plan, the Shire developed a strategic objective to improve pedestrian access and ensure pedestrians can access facilities and services. Strategies identified include:

- Funding of a 10 year footpath, walk trail and seating installation and upgrade program.
- Installation of better pedestrian links to allow older pedestrian, gopher and wheelchair access in the CBD.
- Funding of a 10 year street lighting and installation and upgrading plan.
- Ensure developer contributions to upgrade and install new paths.

Golden Connections Community Transport

Golden Connections Community Transport is a community-based transport service provided by 23 volunteers and run by the Golden Plains Shire and the local community. The service involves
three 12 seater transit buses, 91 with wheelchair hoist, plus Shire vehicles and external buses. The service was the culmination of work over a number of years by the Golden Plains Shire who recognised the need for a dedicated community transport service to address the lack of transport in the Shire.

Golden Plains is a regional Shire located between Ballarat and Melbourne.

The service caters for older people, as well as young people, people with disabilities and others without access to transport.

Transport provided is for:
- Door-to-door service for medical appointments and other specialist services.
- Community travel.
- Passenger assistance for those with mobility problems.
- Links to other regional transport services.
- Regular outings to Ballarat.
- Community group hire.

Age-Friendly Public Transport Standards

The Australasian Centre for Ageing at the University of Queensland is developing age-friendly Transport Standards for public transport to improve older people's access to public transport.


http://www.aro.gov.au

6.6 Outcome 6: Community services, care services, medical and health services, infrastructure and facilities

HACC Active Service Model

The Active Service model is a different approach to how HACC services are delivered and aligns with the WHO Active Ageing Framework. The Active Service model is being progressively implemented in the Victorian HACC Program over 2008-2010. HACC has traditionally focused on providing a defined menu of services to clients, rather than individualised flexible service options that respond to the client's needs.

The Active Service Model aims to organise HACC services around the person and the care they need, rather than slotting the person into existing services. The model is based on the idea that people want to remain autonomous, people have the potential to improve their capacity, people's needs have to viewed in a holistic way, and a person's needs are best met through a strong partnership and collaborative relationship between the person, their carer, the family, support workers and service providers. The model is a way to strengthen existing practice and build improvements.

A number of pilot projects have been undertaken and evaluated to assist in the development of the model.


Increasing consumer choice in aged care services

The Brotherhood of St Laurence has prepared a discussion paper outlining the possibilities offered by consumer directed care – a mechanism for providing funding services and care to older people where consumers have direct control over their allocated funds and are able to use this flexibility to meet their needs. The Brotherhood argues that the approach offers an innovative way to deliver better outcomes for the greater number of older people requiring care as a result of population ageing.

The Discussion Paper calls for Federal and State governments and aged care sector to commit to development of pilot projects around Australia to trial models of consumer-directed care.

www.bsl.org.au

6.7 Outcome 7: Social and economic participation

Participation of Older people in Employment

As part of the second phase of its Active Ageing Strategy, the City of Mandurah, in partnership with the Shire of Murray has developed a Mature Age Employment Project to work with older people and local businesses to develop options for phased retirement and working in retirement and to assist older people who want to return to work or develop other employment options.

A web site Ac-cent Mandurah has been established for older people to provide information of events and activities, education and training opportunities and work-related opportunities. The project aims to make better use of the skills and experience of older people in Mandurah.

http://www.mandurah.wa.gov.au

http://ww.ac-cent.com.au
**Warmambool Wealthy and Wise Project**

Wealthy and Wise is a project developed in regional Victoria to address the economic impacts of positive ageing in a large rural regional centre. The project comprises four inter-related components:

- **Mature Aged Workers Strategy:** to investigate barriers and strategies to achieve sustainable employment of older workers.
- **Business mentoring program:** to provide older workers with the option of paid work through a skills bank where people register their skills and experience. The skills bank acts as referral service between skilled older people seeking paid and unpaid work and community agencies and businesses who need assistance.
- **Financial literacy and technology series:** to provide independent advice and information on options around investments, superannuation, taxation and Centrelink benefits and new technologies.
- **Dissemination of information**

http://warrnambool.vic.gov.au

**Working in Retirement Project**

Hindmarsh Shire Council in regional Victoria has developed a volunteering program specifically for retired men in Dimboola who want to work on local projects with a trade focus. As well as providing opportunities for retired men to participate and contribute to their community, the program provides tangible and direct benefits to the community through specific infrastructure and building projects completed around town. The program also links with local health services to assist men to access health care.

http://www.hindmarsh.vic.gov.au

**6.8 Outcome 8: Balance between public, non-government, community and private sector provision**

**Leadership for a balanced ‘full spectrum’ aged services, housing and facilities for older people in the Shire of Donnybrook-Balingup**

The Shire of Donnybrook-Balingup has taken an active leadership role to ensure that older people living in the Shire stay in the Shire as they age. The Shire sees its role as ensuring that older people have access to a full range of essential, health, medical and care services, housing and facilities appropriate to their needs as they age. In this way older people (and their families) do not have to go elsewhere as their needs change.

In many cases the Shire is the provider of those services and in others it advocates, lobbies and uses its financial resources to broker services (public, private and not-for-profit) into the Shire.

The Shire has a vision for centralised aged care facilities within a village lifestyle in Donnybrook which incorporates primary and essential services. The Shire aims to ensure a full range of housing and accommodation options for older people, including people with limited income. It manages accommodation and care facilities such as frail aged facilities, social housing, group housing, dependent and independent self funded retirement villages and a palliative care unit. The Shire is looking to expand its role in this area. The Shire also supports local community-based housing initiatives for older people. It also provides entertainment, cultural and recreational activities.

The Shire provides a Home Care program to support older people in their own homes. The Shire also plays a major role, by purchasing buildings and providing support, to ensure an adequate level of medical, dental and allied health services, such as physiotherapy, for older people.

The Shire has taken an active and assertive leadership role in managing older people’s facilities and services itself, as well as negotiating with and supporting a mix of public, for profit and not-for-profit aged service providers.

Shire of Donnybrook-Balingup Plan for the Future 2006-2026

http://www.donnybrook-balingup.wa.gov.au
This final chapter offers suggestions for moving forward with the findings and outcomes of the Active Ageing Research Project.

The South West Development Commission is to be congratulated for commissioning this project as the first step in a process to identify what is required to respond to the needs of the ageing population of the South West to deliver better social infrastructure and services to older people.

Services and infrastructure for the ageing population need to be clustered in places where older people live. The SWDC’s foresight provides the basis for an innovative regional response to the ageing population that will position the South West as a leading age-friendly region able to benefit from the historic opportunities provided by population ageing.

This project has provided a number of outputs to assist in future planning for a regional response to the ageing population:

- A report of the main findings of the Active Ageing Research Project, divided into seven main chapters.
- Demographic analysis which provides information on people aged 50 years and over in the South West, together with population and service demand projections using the Ageing Population Services Demand model developed specifically for the project.
- An Ageing Population Services Demand Model which is a high level pilot program designed to provide the SWDC with a set of indicators that is easily interpreted and readily updateable. The model is a dynamic Excel spreadsheet comprised of 16 hyperlinked worksheets which relate to the projected population growth of the South West to the estimated demand for a range of services for residents of the 12 South West local government areas within the target range of 50 years and above. The model is not designed as a comprehensive final set of indicators, nor an in-depth audit of all potential data sources or areas of investigation, but is intended as a snapshot tool that can present a profile of the study area or individual LGAs, according to a selected set of metrics (see Chapter 3 for an Overview of the Model). The full Excel spreadsheet model will be available in 2010 from the SWDC.
- Identification of the main social infrastructure and human service requirements for an ageing population on a sub-regional basis. These services and infrastructure are the building blocks for a community response to the challenges resulting from population ageing. The chapter also summarises the findings of consultations undertaken on the need for services and infrastructure for an ageing population.
- A Planning Framework to guide the planning and design of age-friendly communities in the South West in response to population ageing. It will assist governments and private sector stakeholders to consider the issues of an ageing population when developing their policy, plans, strategies and service delivery.
- This concluding chapter which provides comments on ways to move forward in the South West to enable planning for population ageing.

To successfully drive the innovation and change needed to respond to population ageing a number of additional issues will require attention.

7.1 Engaging the Federal Government

The Federal government is a major player in addressing the service and infrastructure needs of an ageing population. Actions by the Federal government significantly influence planning for population ageing in areas such as funding income, retirement savings, aged housing and accommodation, aged care, residential and community care, health care and taxation.

Efforts to develop a regional response to population ageing and develop age-friendly communities in the South West would require significant buy-in and contribution by the Federal Government.

**Recommendation:** Regional Development Australia – South West is engaged in a regional response to population ageing.

7.2 The need for a State Government Ageing Strategy

The State government is a major player in services and planning for population ageing. Planning for population ageing requires concerted strategic thinking and collaborative planning by State government agencies. In the absence of a comprehensive State government Ageing Strategy, a regional response becomes both more important, yet more difficult.

Not only does the lack of WA Strategy limit the priority accorded population ageing by State government agencies, it also makes it difficult to align a regional response with State government priorities and funding. There is no strategic driver or champion for change at the level of State Government agencies, nor is there any funding or sense of urgency from State Government agencies.

In the absence of a State Government Ageing strategy, government agencies in the South West should be encouraged to develop and put in place plans of how they will address issues of
population ageing and work towards the vision of active ageing. Each day they make decisions that affect older people to age successfully. Recognition of the importance of population ageing will enable agencies to add a perspective on ageing to existing and planned services, programs, strategies, plans and policies.

One consequence of the lack of a WA Government strategy to respond to population ageing is that responsibility falls on Local Governments and other sectors working with older people to drive the response. However, they are not equipped or resourced to do that.

Recommendation: The South West regional branches of State Government agencies examine their services and develop their own agency plans to respond to population ageing.

7.3 The key role played by Local Government

Local Government is one level of government playing an active role in addressing population ageing in the South West. Local Governments can be a catalyst for the development of more coherent and imaginative responses to population ageing, partly because of their range of responsibilities, and partly because they are the level of government closest to where older people live their lives. In addition to providing services, programs and infrastructure for older people, local governments are acting as catalysts for innovation, inter-agency collaboration and community partnerships.

There is real scope for local government authorities in the South West to develop innovative models for responding to population ageing by ensuring age-friendly communities. There is also opportunity in the South West to support and strengthen the role of local governments in areas where they have planning responsibility for the redesign and redevelopment of the urban and built form and local housing and infrastructure, to address the needs of the ageing population.

Local governments are currently hampered by a lack of resources in this area and divided responsibilities across the three tiers of government. The establishment of a Regional Ageing Strategy and a Regional Active Ageing Fund (perhaps through the Royalties for Region Program) would enable local governments to do more to address population ageing.

Recommendation 1: Local governments are supported to develop age friendly plans and strategies.

Recommendation 2: Local governments are supported to ensure that elements required for age-friendly communities are included in local structure plans, town planning schemes, policies, plans and developments and design guidelines.

7.4 The need for interconnected responses to the challenges of ageing

The responsibility for planning and responding to population ageing is divided between different levels of government (Federal, State and Local), the private sector and not-for-profit sectors. Action required to plan for population ageing involves a range of interconnected issues that cut across government agencies such as planning, housing, transport, built environment, health and community services, care and support services, recreation and leisure and urban design and planning.

The current structures of government are organised around specific services or needs delivered in isolation. The interdependencies between issues for ageing – housing and urban design, health services and transport, health and community care – require more integrated responses.

Government in the South West needs to drive a better undertaking of the interconnectedness of ageing – how it cuts across sectors and requires collaborative working and multi-faceted responses.

There is also a need to explore ways that planning and funding can be arranged around the common challenges of ageing, rather than agency responsibilities and budgets.

New administrative and planning arrangements will be necessary to develop regional and local responses to population ageing. Administering and governing planning for an ageing population is complex and requires the involvement of many different sectors and stakeholders.

There would be advantages in establishing a South West ‘Ageing Clearing House’ to take the role of ‘a champion’ or lead agency to drive change and innovation. This could involve sharing information, supporting partnerships, identifying funding opportunities and supporting initiatives on planning for population ageing and active ageing.

Given the role played by the SWDC in commissioning and driving this research project, and their role as a strategic driver of regional development, it would make good sense for them to take up that role. The significant role played by the Department of Planning highlights the significance of their role in future planning for population ageing.

However, a South West clearinghouse should work through a partnership approach to support government agencies, local government authorities, the private and non-government sector in responding to the ageing. One strategy would be to establish
an across-Government planning forum in the South West to plan for population ageing, to coordinate and share information and to ensure that planning approaches integrate planning for housing, transport, public spaces and urban design and health and community services.

An implementation model similar to the advisory committee established for the Active Ageing Research Project would be desirable (this included senior representatives from four LGAs, Health Department of WA, Department of Communities, Department of Planning, Department of Sport and Recreation and SWDC). The involvement of other government agencies, such as Department of Housing, Department of Transport private sector stakeholders and the non-government sector would be critical.

Recommendation 1: Establishment of a South West “ageing clearing house” based at the South West Development Commission.

Recommendation 2: Establishment of an ongoing across-government planning forum in the South West to plan for population ageing.

Recommendation 3: The South West Planning Committee consider how this study, and, in particular, the planning framework for an age-friendly community can contribute to the Liveable Neighbourhoods policy.

7.5 The need for significant strategic investment in services and infrastructure at the regional and local level

In a regional context ensuring sufficient and adequate services and infrastructure for an ageing population will require significant additional public and private investment. If population ageing is to be given a higher priority in the public policy agenda in the South West, there is a need to ensure significant strategic investment in services and infrastructure for older people. Reliance on a status quo, business as usual approach will not suffice. The barriers older people face to active ageing are substantial.

One of the challenges in planning for population ageing is that older people are confronted with an inherited urban form and design, and a built environment and infrastructure that are not conducive to their needs and aspirations to age actively and age in place. Redesigning and reforming the existing urban form and infrastructure will be a major challenge. Major improvements to urban form and infrastructure to address the needs of the ageing population will require significant expenditure by government.

The establishment of a Regional Active Ageing Fund (perhaps through the Royalties for Region program, or as a partnership with the Commonwealth and State governments and the private sector) would enable more strategic investment of public funds across the whole region to address population ageing.

Recommendation: An across sectorial regional active ageing fund is developed.

7.6 Creating awareness and educating key decision makers and stakeholders about the need for change

There remains a limited understanding of the importance and opportunities presented by population ageing and the strategies required to address population ageing among key agencies and decision makers. This project is the first step in a long-term process to create greater awareness and understanding about the issues involved and the need for change.

There is a need to increase understanding of the impact of population ageing and to raise the profile of ageing issues among decision makers particularly government and private sector stakeholders. The SWDC could be the lead agency for a comprehensive education program стратегия in the South West to raise awareness of future demographic shifts and the interconnected aspects of aging and outline ways that key stakeholders can plan and design more age-friendly communities in the South West.

More emphasis has to be given to the active involvement of older people themselves in planning for the challenges of population ageing. This is essential for informing policy and initiatives and guaranteeing that delivery of services and infrastructure is appropriate to older people’s needs and aspirations.

Recommendation: A public awareness/community engagement strategy is adopted to create awareness about the need for change.

7.7 Seize opportunities offered by existing and planned ‘mainstream’ initiatives in the South West to drive innovation for active ageing

One way to drive innovation and change is to ‘embed’ ageing related strategies and responses within existing and planned initiatives in the South West. In this way responses to population ageing can be mainstream as well as ageing specific. Recognition of the importance of population ageing will enable agencies to
add a perspective on ageing to existing and planned services, programs, strategies, plans and policies. Any policy, plan, strategy or program to improve wellbeing and quality of life, or drive social and economic development in the South West, could include action to address population ageing.

Some of the specific initiatives through which innovation to address population ageing could be pursued are:

- South West Planning Framework.
- South West Regional Grants Scheme (Royalties for Regions).
- Local Government Policies and Strategies such as Affordable Housing, Community Services/Community development plans, Recreations Plans and Strategies, Community renewal strategies.
- Development of Local Government’s Local Planning Strategies and Local Planning Schemes.
- Agency specific plans or strategies.

7.8 An over reliance on ‘the market’ to meet older people’s needs disadvantages large numbers of older people

Increasingly major aspects of older people’s lives are reliant on interaction and active engagement with the ‘market’ (including the commercial for-profit business sector and not-for-profit sector). There has been a tendency to over rely on the ‘market’ and market mechanisms (including the private, for profit business and not-for-profit sector provision, user pays arrangements) to provide for older people’s needs in areas such as retirement income, housing, health and medical care, the built environment, public facilities and infrastructure, transport, care, retirement accommodation and services, and products.

However, current market trends and market responses often fit poorly with the needs and aspirations of many older people, and leave vulnerable older people exposed and excluded. A high level of market failure is also an inevitable occurrence of such reliance.

For example, reliance on market-led models of housing provision is associated with failure to deliver an adequate supply of affordable housing for older people and accentuates polarisation of older people on the basis of housing related wealth.

There is clearly a major and growing role for the private sector and the market to deliver products and services to meet older people’s needs and address population ageing. However, governments must play a greater and more active leadership role in planning for population ageing. Only governments can ensure that the policy, regulations, services, infrastructure, services and programs that older people require are available, accessible and affordable.

7.9 CONCLUSION

Population ageing provides a massive opportunity to strengthen the economy, improve the quality of life of older people and strengthen the whole community in the South West. However, if the South West is to reap the benefits of population ageing and make best use of the contribution of its older residents (and visitors), the ageing of the population must move to the forefront of public and social policy. This project provides some of the tools to enable this to begin.
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