

clarence
VALLEY COUNCIL

Positive Ageing Strategy

2011 - 2020

"to achieve an age-friendly community"



Acknowledgements

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Glossary

ABS	Australian Bureau of Statistics
ATSI	Aboriginal and Torres Strait Islander
CALD	Culturally and Linguistically Diverse
CBEAS	Clarence Business Enterprise Advisory Service
CDO	Community Development Officer
CPTED	Crime Prevention Through Environmental Design
CSS	Community Support Services
CVC	Clarence Valley Council
DAP	Disability Action Plan
DS	Development Services
EDU	Economic Development Unit
EEO	Equal Employment Opportunity
EOS	Environment and Open Spaces
FS	Finance and Supply
HR	Human Resources
KRA	Key Result Areas
LEP	Local Environmental Plan
LGSA	Local Government and Shires Association
NNSWLHN	Northern NSW Local Health Network
NoRBEC	Northern Rivers Business Enterprise Centre
OP	Operations
PAS	Positive Ageing Strategy
PMT	Project Management Team
SEP	Strategic and Economic Planning
SPCD	Social Planning and Cultural Development
W.H.O.	World Health Organisation

Summary Sheet of Critical Issues to be addressed in 2011/12

MAJOR OUTCOME

Clarence Valley - an age-friendly community

KRA	Secondary Outcomes	CRITICAL ISSUES TO BE ADDRESSED IN 2011/12	
Governance	1. The organisation understands the impact the ageing of the Clarence Valley population will have upon revenue and resource & asset allocation and management	Commence the planning re the impact on CVC finances & workforce <i>Sections: Finance & Human Resources</i>	
	2. Council services & programs are adequately resourced to assist the Clarence Valley community to achieve the main outcome of the Positive Ageing Strategy	Determine the resources to be allocated to the CDO – Positive Ageing position <i>Sections: Councillors & Executive</i>	Establish the Older Persons Advisory Committee by CDO – Positive Ageing <i>Section: SPCD</i>
Moving Safely Around the Community	3. Older residents can maintain their independence & well-being through the ability to move safely around the community by: walking; cycling; the use of motorised scooters and vehicles; and access to public transport. 4. Public spaces are safe for older persons and include seating, shade and accessible public toilets.	Develop the Checklist for age-friendly community infrastructure by CDO-Positive Ageing <i>Section: SPCD</i>	Investigate the provision of a taxi based in Iluka by CDO-Positive Ageing <i>Section: SPCD</i>
Housing	5. Older residents and those planning for older age have available a range of housing options that address the housing needs of older residents.	Promotion of the Clarence Valley Adaptable Housing Guidelines <i>Sections: SPCD; SEP; DS</i>	
Community Support and Health Services	6. The range and quantity of health and community support services to support older persons to live independently is available in the Clarence Valley. 7. Improved health outcomes for older ATSI residents.	Continue grant applications and lobbying for additional services <i>Sections: SPCD; CSS</i>	Iluka – advocate for additional services to better utilise Community Health Centre <i>Section: SPCD</i>
Social Interaction and Community Participation	8. Older residents remain active, contributing, respected and valued members of the community, civil and family structures. 9. Older residents have a range of inclusive activities from which to choose – both inter-generational and age specific.	Introduce regular new residents welcome and information sessions <i>Sections: All CVC & Councillors</i>	Seek grant to develop a database of retired persons' skills & knowledge <i>Section: SPCD</i>
Information and Communication	10. Older residents have access to information so they can: exercise choice about lifestyle; wellness; accommodation; financial planning; service type etc	Finalise the Council Community Directory <i>Sections: SPCD & IT</i>	Continue with Aged Services Expos <i>Section: SPCD</i>

1 Introduction

Clarence Valley Council (CVC) commissioned the development of an Ageing Strategy to research the impact of the growth of the ageing population on the communities of the Clarence Valley and to recommend changes in the provision of Council services to accommodate the needs of older people.

1.1 Outcomes

The main outcome sought by the Strategy is: *to achieve an age-friendly community in the Clarence Valley*. The secondary outcome areas are:

- Moving Around the Community
- Housing
- Social Interaction and Community Participation
- Information and communication
- Community support and health services

The Strategy is a plan of Clarence Valley Council so an additional secondary outcome area has been included to address outcomes specifically required for Council:

- Governance

To reflect the philosophical approach to the Strategy the term “positive” was later added to the title, which is now Clarence Valley Positive Ageing Strategy.

1.2 Risk Managing the Achievement of the Outcomes

There is a major risk the outcomes of the Positive Ageing Strategy will not be achieved if additional resources are not allocated to the position Community Development Officer – Positive Ageing to co-ordinate the Strategy Actions and to assist other Council officers with the responsibilities allocated to them.

Currently there is a full-time position Community Development Officer – Ageing/Disability with responsibilities for the four portfolios of Ageing, Disability, Health and Women. Increased responsibilities associated with the Clarence Valley Council Disability Action Plan 2010 were allocated to the position with a recommendation for additional resources to enable the work to be performed. To date this has not occurred and the additional responsibilities of the Positive Ageing Strategy are unlikely to be achieved without additional human resources.

1.3 Methodology

Project Management

Project management was applied through:

1. A Project Management Team (PMT) consisting of the CVC Manager Social Planning and Cultural Development, CVC Community Development Officer – Aged/Disability, Manager of CVC Community Support Services and three community members was established. Its role was to provide oversight and guidance.
2. A Report on the Literature Review and Consultation was prepared and distributed to the PMT for consideration and input, and to all who participated in the consultation meetings.
3. A Draft Positive Ageing Strategy was developed for internal circulation to Council Managers and the PMT to allow feedback on the suggested strategies and to ensure an integrated approach across Council.

Literature Review

An extensive literature review was conducted to provide context to the strategy, including examination for the impact of an ageing population on Council’s Policies, Procedures and Protocols.

Demographic Analysis

A detailed demographic analysis was conducted to understand the characteristics of the population of the Clarence Valley and the communities within. Where available the various population projections were also analysed to assess the anticipated quantitative impact.

Community Engagement

The following range of consultation methods was deployed to access the data required for the development of the Positive Ageing Strategy.

1. An on-line survey placed on Clarence Valley Council website. The link to the survey was maintained in the most prominent position on Council's home page for the duration of the survey. The survey was open for 5 weeks from 8 October to 15 November 2010. It was a general survey to be completed by all community members and Council staff with an interest in the ageing of the population.
 - A PDF version of the survey was widely distributed by email to organisations and services with a request that copies be printed and made available to interested parties and clients. The email also indicated the web address for the survey.
 - Hard copies of the survey were made available at both Council customer service offices, libraries, Grafton Community Centre and Treelands Drive Community Centre.
 - The survey could also be returned by reply paid envelope.
 - The availability of the survey on-line was promoted through posters at prominent locations throughout the Clarence Valley, media releases, newspaper advertisements, and broadcast emails from the consultant's database, Clarence Valley Council general and disability/aged services databases and to all Clarence Valley Council employees.
 - The on-line survey, printed surveys and posters all indicated that interested persons, if they preferred, could phone the consultant for a direct phone interview.
2. Separate on-line surveys were developed for Aged Care Services to gauge the impact of an ageing workforce and Clarence Valley Real Estate Agents to gauge the type and level of demand for "retirement" or "down-sizing" housing.
3. An on-line forum was established and promoted through the same channels as the survey.
4. Consultations were held in the form of Café Conversations at the following locations:
 - Yamba – afternoon and evening
 - Maclean – afternoon and evening
 - Grafton – afternoon and evening
 - Iluka – afternoon
 - Grafton Indigenous consultation - morning
5. The Consultant attended the Grafton Aged Care Services Expo to promote the project and survey and to provide the opportunity for discussions with persons attending.
6. Presentation was made to the Grafton Chamber of Commerce and Industry.
7. Interviews were conducted with the Council's:
 - Strategic Planner
 - Community Development Officer – Housing
 - Community Development Officer – Safety and Crime Prevention
 - Human Resources Manager

2 Context

2.1 Our Ageing Population

Older Persons are defined by the NSW State Government as those aged 55 years and over. However within the Aboriginal and Torres Strait Islander (ATSI) community, due to additional health issues and lower life expectancy, people aged 45 years and over are defined as older.

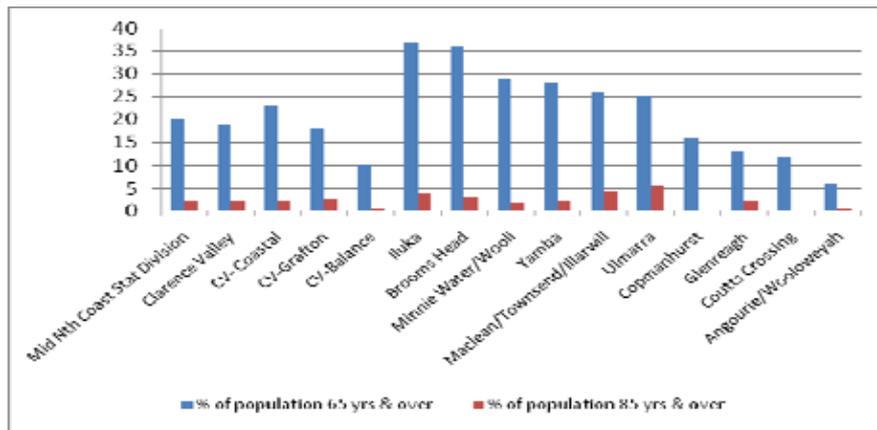
Data relating to the past and current populations of the Clarence Valley and sourced from the ABS¹ and Clarence Valley Council's Community Profile² are provided below:

- The estimated resident population for 30 June 2009 is 52,054, an increase of 1,965 or 3.92% since 2006.
- Since 2006 the proportion of the population aged 55 years and older has increased from 32.8% of the total population to 34.5%, with the largest increase of 0.7% occurring in the 55-64 years cohort.
- The number of Centrelink Age pension recipients has increased from 7,062 in 2006 to 7,813 in 2009.
- The number of persons receiving the Carers Payment has increased from 586 in 2006 to 829 in 2009.
- The number of persons receiving the Disability Support pension has increased from 3,027 in 2006 to 3,296 in 2009.
- In 2006 17.8% of wage and salary earners were aged 55 years and over, whilst in 2009 the proportion had increased to 18.1%.
- The number of persons aged 50 years and over increased by 2,946 between 2001 and 2006 or from 36.3% of the Clarence Valley population to 40.9%. This compares to 29.1% to 31.3% for NSW.
- In 2006:
 - There were 7,805 men and 8,290 women aged 55 years and over.
 - The median (middle of the range) age for the population of Clarence Valley was 44 years, compared to NSW at 37 years. In 2001 the median ages were 40 years and 35 years respectively.
 - 27% of Clarence Valley households consisted of one person compared to 24% for NSW.
 - 34% of Clarence Valley females aged 65 years and over live in lone person households compared to 19% of males. These figures are similar to those for NSW.
 - Iluka/Woombah has 37% of its population aged 65 years and over (equates to 648 persons) and 3.8% aged 85 years and over (66 persons). It also has an over-represented population aged 50-65 years so the trend is likely to continue. The presence of an Aged Care Facility will cause an increase in the proportion of aged persons; however Iluka has no Aged Care Facility. In comparison:
 - Yamba (excluding Angourie/Wooloweyah) has 28% aged 65 years and over (1,545 persons) and 2.1% (117 persons) aged 85 years and over & contains a number of Aged Care Facilities.
 - Maclean/Townsend/Illarwill has 26% aged 65 years and over (873 persons) and 4.5% aged 85 years and over (151 persons) and also contains Aged Care Facilities and a hospital.
 - Brooms Head has 36.5% aged 65 years and over (88 persons) and 2.9% aged 85 years and over (7 persons). Brooms Head has no Aged Care Facility.
 - Minnie Waters/Wooli has 29% aged 65 years and over (61 persons) and 1.5% aged 85 years and over (11 persons). It has no Aged Care Facility.
 - Ulmarra has 25% aged 65 years and over (111 persons) and the highest proportion at 5.4% or 24 persons due to the location of an Aged Care Facility – Rathgar Lodge.

¹ ABS: National Regional Profile: Clarence Valley (A) (Local Government Area), November 2010

² Prepared by id.profile and sourced from <http://profile.id.com.au/Default.aspx?id=256> Census conducted by the Australian Bureau of Statistics

Figure 1: Percentage of population aged 65 years and over and 85 years and over by locality

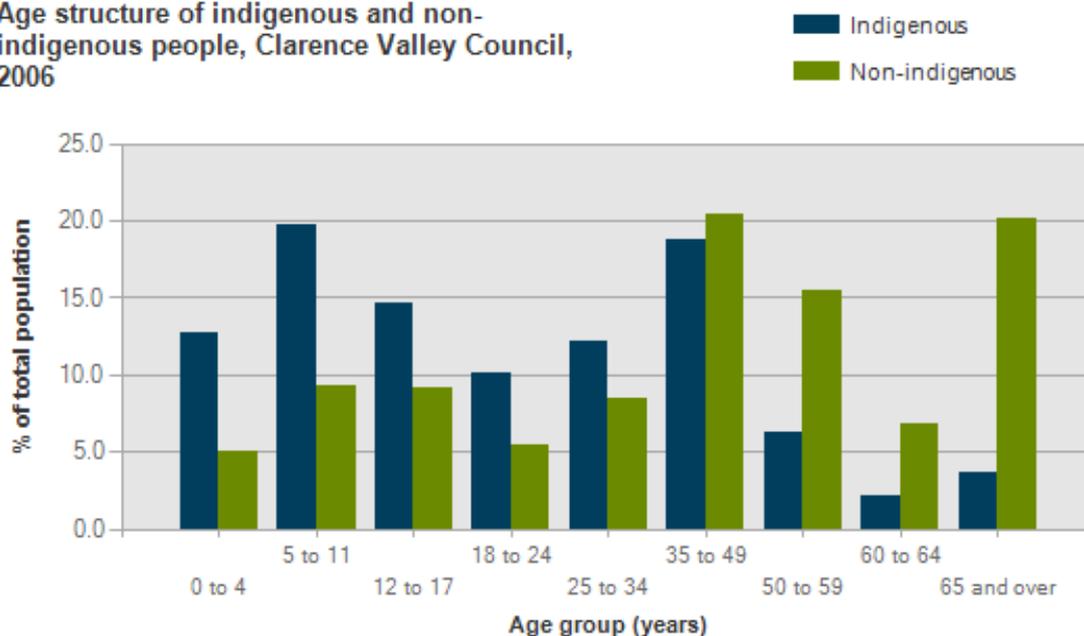


Source: Australian Bureau of Statistics 2006 Census of Population and Housing

- The age structure of the indigenous population of the Clarence Valley is markedly different to the non-indigenous population with 69% aged 0 - 34 years, compared to 37% for the non-indigenous population. Similarly only 4% of the Indigenous population are aged 65 years and older compared to 20% of the non-indigenous population.
- The Clarence Valley indigenous profile is similar to the profile for indigenous residents of the Northern Rivers region and the Mid North Coast Statistical Division.

Figure 2: Indigenous and Non-Indigenous Age Structure: Clarence Valley

Age structure of indigenous and non-indigenous people, Clarence Valley Council, 2006



Source: Australian Bureau of Statistics, 2006 Census of Population and Housing (Usual residence)

2.1.1 Population Projections

The NSW Department of Planning³ produces population projections from 2006 to 2036 for the Statistical Local Areas (SLAs) and Local Government Areas (LGAs) of New South Wales. The projections are based on the ABS 2006 census and the latest data and expertise on fertility, mortality and migration. Trends in fertility, mortality and migration are characterised by random and cyclical fluctuations and because the fluctuations are impossible to predict, projection assumptions for fertility, mortality and migration are often formulated as long-run averages.

³ Department of Planning (2009) *New South Wales Statistical Local Area Population Projections, 2006-2036*. Sydney: Department of Planning.

Every SLA in the State is projected to experience continued population ageing (an increase in the percentage aged 65 and above) over the next three decades.

Clarence Valley LGA Data

The population increases by 7,200 between 2006 & 2036 with 3,400 fewer residents aged 64 years or less and 10,600 more aged 65 years plus in 2036. There is a growing trend for more deaths than births and a minor decline in net migration.

The data below provides comparisons between the whole of the Clarence Valley and the three sub-regions: Coastal; Grafton and Balance. In summary, in 2006:

- The Clarence Valley population was 50,100 compared to the projected population of 57,300 in 2036, an increase of 14.4%.
 - 19% of the population was aged 65 years and over and by 2036 it is projected to be 35%.
 - The median age will increase from 43 to 54 and the dependency ratio⁴ from 63 to 100.
- The Clarence Valley - Coastal population was 20,200 compared to the projected population of 27,100 in 2036, an increase of 34.2%.
 - 23% of the Clarence Valley - Coastal area was aged 65 years and over. By 2036 it is projected to be 39%.
 - The median age will increase from 47 to 58 and the dependency ratio from 69 to 110.
- The Clarence Valley – Grafton⁵ population was 23,700 compared to the projected population of 22,700 in 2036, a decrease of 4.2%.
 - 18% of the Clarence Valley - Grafton area was aged 65 years and over. By 2036 it is projected to be 35%.
 - The median age will increase from 41 to 46 and the dependency ratio from 40 to 51.
- The Clarence Valley – Balance population was 6,200 compared to the projected population of 7,500 in 2036, an increase of 21%.
 - 10% of the Clarence Valley - Balance area was aged 65 years and over. By 2036 it is projected to be 21%.
 - The median age will increase from 41 to 46 and the dependency ratio from 47 to 68.

2.1.2 Life Expectancy in Australia⁶

Life expectancy is the average number of additional years of life a person of a particular age and sex could expect to live if the age-specific death rates of the reference year(s) prevailed throughout his or her lifetime.

Since the late 1800s, life expectancy for Australian girls and boys has increased by over 30 years. During 1881-1890, the average life expectancy for a newborn boy was 47.2 years and that of a new born girl 50.8 years. By 2007-2009 it had risen to 79.3 for newborn boys and 83.9 years for newborn girls. NSW and the ACT have the highest life expectancy for females born in 2007-2009 (84.3 years).

There are differences for Indigenous Australians however. Life expectancy for Indigenous males is higher in NSW (69.9 years) than for Indigenous males in the Northern Territory (61.5 years). Similarly, life expectancy at birth for Indigenous females is also estimated to be higher in NSW (75.0 years) than in the Northern territory (69.2 years).

Implications of Living Longer

Increasing life expectancy has impacted a number of social issues including:

- An increase in the number of years between traditional retirement age and death. Consequently retirement income policies have been targeted by government including:

⁴ Dependency ratio is the number of people aged 0-14 and 65+ per 100 people aged 15-64

⁵ The Grafton SLA relates to the previous LGA of the City of Grafton and is comprised of 82.7Km², an area that excludes the proposed growth areas of Junction Hill and Waterview Heights. The projections indicate a reduction in the population of the Grafton SLA, however discussions with Clarence Valley Council indicate new residential and industrial release areas is likely to retain or grow the Grafton population.

⁶ ABS Australian Social Trends, March 2011 Life Expectancy Trends – Australia Catalogue No: 4102.0

- Increase in the Age Pension eligibility age. The qualifying age for women has been gradually rising from 60 years to 65 years in 2013; between 2017 and 2023 the Age Pension qualifying age will slowly rise from 65 years to 67 years for men and women
- Introduction of compulsory superannuation in 1992
- Increase in the number and proportion of the population with a disability. In 2009, 40% of 65-69 year old Australian had a disability. The probability increases with age, peaking at 88% for Australians age 90 years or older
- Greater demand for health services.
- Growing demand for aged care. Australian government spending on aged care is also projected to rise between 2009-10 and 2049-50 from 0.8% to 1.8% of GDP. Population ageing is the major driver for the increase in spending accounting for approximately 2/3rds of the projected increase in real spending on aged care



2.2 Literature Review

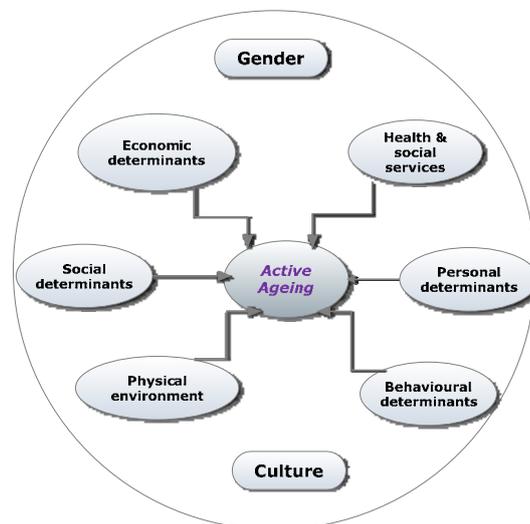
An extensive body of work about the ageing of the population has developed in the last ten years with a cross-section identified below. In NSW and Australia the concepts of positive ageing and age-friendly communities have been incorporated into government policies to promote healthy ageing and well-being.

2.2.1 Global Age-friendly Cities: A Guide⁷

The World Health Organisation (WHO) published this Guide in 2007 in response to discussions held at the XVIII International Association of Gerontology and Geriatrics (IAGG) World Congress of Gerontology and Geriatrics. The research was conducted internationally across 33 cities in recognition of the two global trends of ageing and urbanisation. Two Australian cities were included in the research: Melbourne, Victoria and Melville, WA.

The idea of an age-friendly city builds on the WHO active ageing framework⁸. Active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age.

Figure 3: Determinants of Active Ageing



In an age-friendly city, policies, services, settings and structures support and enable people to age actively by:

- recognizing the wide range of capacities and resources amongst older people;
- anticipating and responding flexibly to ageing-related needs and preferences;
- respecting their decisions and lifestyle choices;
- protecting those who are most vulnerable; and
- promoting their inclusion in and contribution to all areas of community life.

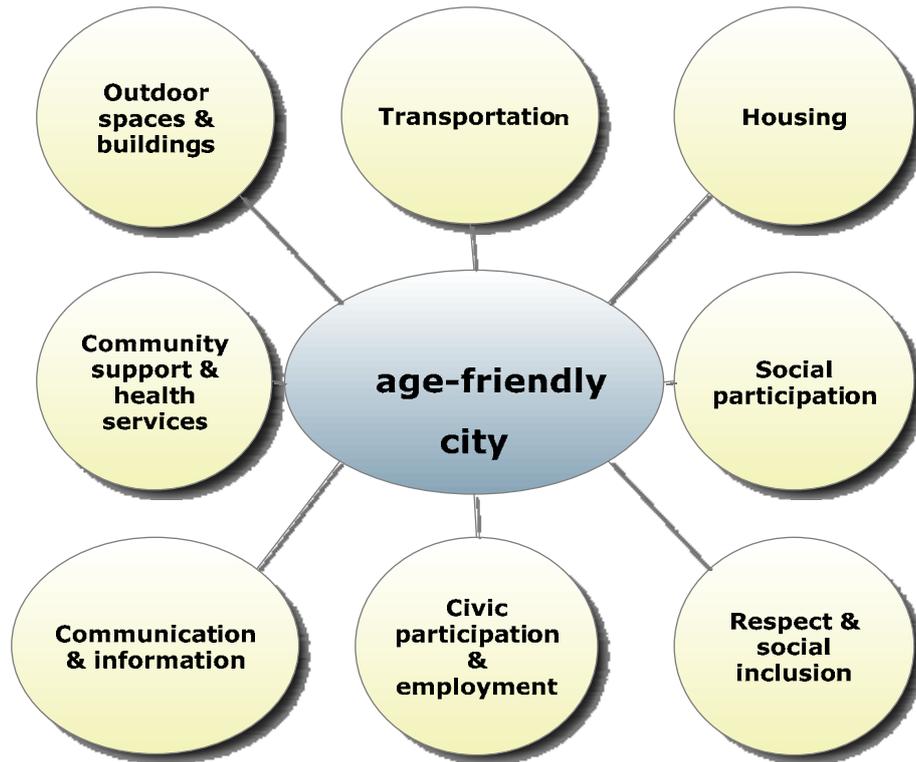
Active ageing depends on a variety of influences or determinants that surround individuals, families and nations. They include material conditions as well as social factors that affect individual types of behaviour and feelings⁹. All of these factors, and the interaction between them, play an important role in affecting how well individuals age. Many aspects of urban settings and services reflect these determinants and are included in the characteristic features of an age-friendly city (Fig. 3).

The research recognised eight topic areas that contribute to an age-friendly city (Fig. 4 below)

⁷ *Global Age-friendly Cities: A Guide* Geneva, WHO, 2007

⁸ *Active ageing: a policy framework*. Geneva, WHO, 2002

⁹ Marmot M. *Health in an unequal world*. The Harveian Oration. London, Royal College of Physicians of London, 2006

Figure 4: Age-friendly City Topic Areas

Provided below are summarised extracts from the research providing additional information about each topic.

Outdoor Spaces and Buildings

The outside environment and public buildings have a major impact on the mobility, independence and quality of life of older people and affect their ability to “age in place”. In the WHO project consultation, older people and others who interact significantly with them describe a broad range of characteristics of the urban landscape and built environment that contribute to age-friendliness. The recurring themes in communities around the world are quality of life, access and safety with the following of particular importance:

1. Pleasant and clean environment
2. Green spaces
3. Outdoor seating/Somewhere to rest
4. Age-friendly footpaths, walkways and cycle paths
5. Safe pedestrian crossings
6. Accessibility and age-friendly buildings
7. A secure environment
8. Adequate public toilets
9. Good customer service – taking into account the needs of older customers

Transportation

Transportation, including accessible and affordable public transport, is a key factor influencing active ageing. It is a theme running through many other areas of discussion. In particular, being able to move about the community determines social and civic participation and access to community and health services with the following of importance:

1. Availability and Affordability
2. Reliability and frequency
3. Travel destinations
4. Age friendly vehicles

5. Specialised services for older people
6. Priority seating and passenger courtesy
7. Transport drivers
8. Safety & comfort
9. Transport stops and stations
10. Taxis
11. Community transport
12. Information
13. Driving conditions
14. Courtesy towards older drivers
15. Parking

Housing

Housing is essential to safety and well-being. People consulted by WHO in all regions have much to say on different aspects of housing structure, design, location and choice. There is a link between appropriate housing and access to community and social services in influencing the independence and quality of life of older people. It is clear that housing and support that allow older people to age comfortably and safely within the community to which they belong are universally valued with the following of particular importance:

1. Affordability
2. Design
3. Modifications
4. Maintenance
5. Ageing in Place
6. Community integration
7. Housing options
8. Living environment

Community Support & Health Services

Health and support services are vital to maintaining health and independence in the community. Many of the concerns raised by older people, caregivers and service providers deal with the availability of sufficient good quality, appropriate and accessible care.

Health service issues dominate the focus group discussions in the majority of cities, reflecting their importance for active ageing. Access to health care as well as to a range of health services that are not strictly medical are major themes, although less attention is paid in general to community support and social services, with the following of particular importance:

1. Service accessibility
2. Range of services
3. Voluntary support
4. Emergency planning & care

Social participation

Social participation and social support are strongly connected to good health and well-being throughout life. Participating in leisure, social, cultural and spiritual activities in the community, as well as with the family, allows older people to continue to exercise their competence, to enjoy respect and esteem, and to maintain or establish supportive and caring relationships. It fosters social integration and is the key to staying informed. Yet the older people consulted by WHO indicate clearly that the capacity to participate in formal and informal social life depends not only on the offer of activities, but also on having adequate access to transportation and facilities and on getting information about activities. In most cities, older people report that they participate actively in their communities but feel there could be more possibilities for participation. They suggest having more and varied activities closer to where they live. They would like activities that foster integration within the community and with other age groups and cultures. The biggest concerns are affordability and accessibility, especially for people with

disabilities, and awareness of activities and events. Having appropriate support in place to enable accessibility, particularly for people with mobility issues, is important as indicated below:

1. Accessibility of events & activities
2. Affordability
3. Range of events & activities
4. Facilities and settings
5. Promotion and awareness of activities
6. Addressing isolation
7. Fostering community integration

Respect & Social Inclusion

Older people report experiencing conflicting types of behaviour and attitudes towards them. On the one hand, many feel they are often respected, recognized and included, while on the other, they experience lack of consideration in the community, in services and in the family. This clash is explained in terms of a changing society and behavioural norms, lack of contact between generations, and widespread ignorance about ageing and older people. It is clear from the consultation that the respect and social inclusion of older people depend on more than societal change: factors such as culture, gender, health status and economic status play a large role. The extent to which older people participate in the social, civic and economic life of the city is also closely linked to their experience of inclusion. Issues include:

1. Respectful & inclusive services
2. Public images of ageing
3. Intergenerational & family interactions
4. Public education
5. Community inclusion
6. Economic inclusion

Civic Participation & Employment

Older people do not stop contributing to their communities on retirement. Many continue to provide unpaid and voluntary work for their families and communities. In some areas, economic circumstances force older people to take paid work long after they should have retired. An age-friendly community provides options for older people to continue to contribute to their communities, through paid employment or voluntary work if they so choose, and to be engaged in the political process.

Older people would like to have more opportunities for employment, and would like to see current employment and volunteer opportunities better tailored to their needs and interests. They would also like to see more efforts made to encourage civic participation and feel there are barriers to participation, including physical barriers and cultural stigmatisation, surrounding participation by older people. Issues include:

1. Volunteering options
2. Employment options
3. Training
4. Accessibility
5. Civic participation
6. Valued contributions
7. Entrepreneurship
8. Pay

Communication and information

Staying connected with events and people and getting timely, practical information to manage life and meet personal needs is vital for active ageing. Participants in most cities in the developed world say there is a variety of information from many different general and specialized media for older people, while in cities in developing countries, people in the focus groups emphasize a few community-wide media, mostly television, radio and newspapers.

Yet the fear of missing information and of being left out of the mainstream is voiced almost everywhere. Rapidly evolving information and communication technologies are both welcomed as useful tools and criticized as instruments of social exclusion. Regardless of the variety of communication choices and the volume of information available, the central concern expressed in the focus groups is to have relevant information that is readily accessible to older people with varying capacities and resources. Issues include:

1. Accessible information
2. Oral communication
3. Printed information
4. Plain language
5. Automated communication equipment
6. Computers and the Internet

2.2.2 Planning the Local Government Response to Ageing and Place¹⁰

This document was prepared in 2004 for the Local Government Association of NSW & Shires Association (LGSA) of NSW to assist local government in general, and individual councils with the policy challenges caused by a significant growth in the numbers of older people.

Whilst the data is somewhat dated (*but with similar trends to more recent publications*) it provides a clear explanation of the differences between the generations emphasising “diversity” from sociological, psychological and cultural perspectives and the impact of the ageing population on Council functions and responsibilities.

Section 5 of the document examines the question: “*What does local government need to do to deal with the changing population profiles especially ageing population?*” Councils with immediate, rapid or significant growth in the ageing population (either in numbers of elderly and in proportions of elderly in the general population) have to line these future ageing population pressure points up with the predictable or emerging impacts of ageing populations on all finance, service, planning and regulatory, and other functions.

In response a framework has been developed for assessing social, environmental and economic impacts of ageing for councils and covers:

- Revenue raising functions – the way councils raise their finances
- Service (or non-regulatory) functions – the direct infrastructure, facilities and services that councils provide to people
- Statutory Planning and Regulatory functions – the way councils plan for and regulate their localities
- Council as an employer – the employment that councils offer

For each functional area there is information on likely impacts and the sources from which the Associations have drawn this information.

2.2.3 Towards 2030: planning for our changing population

The NSW whole-of-government strategy was released in 2008 and identifies a range of strategies through which NSW Government agencies can respond to the ageing of the population, especially the ageing of the “baby boom” generation and Gen X.

The Strategy was developed using a number of papers prepared for the Ageing 2030 – Creating the Future conference held in Parliament House Sydney in October 2007. The papers included:

- *Some Spatial Dimensions of Australia’s Future Aged Population: A Demographic Perspective*, prepared by Professor Graeme Hugo, University of Adelaide. In summary the paper argues that the most salient element of the changing Australian population is the “baby boom generation”. As this group enters the 65+ age cohort in large numbers in the second decade of this century, Professor Hugo suggests there will be a substantial shift in the characteristics of the nation’s older population and in their geographic distribution.

¹⁰ N Jackson & N Baum *Planning the Local Government Response to Ageing and Place*, 2004, Local Government Association of NSW & Shires Association of NSW

While noting that each generation of older people has a distinctive composition, and that little research has been done into how “baby boomers” will differ from earlier generations of older people, Professor Hugo suggests that the “baby boomers” in old age will:

- have fewer children than the present generation of older people
- be living by themselves more than any other older generation, but in different areas than the current generation of older people – more will be at greater distances from their children and in low density suburbs where accessing services is difficult
- have higher levels of chronic illness and disability than any previous generations because of longer life expectancy, although they may be more health conscious and some may be healthier because of lifestyle choices
- have higher levels of education than previous generations
- have private superannuation to a greater extent than previous generations
- be more ethnically heterogeneous than any previous generation, with potentially less gender inequality, but greater social polarisation.

Professor Hugo further states that baby boomers may behave differently from earlier generations as they enter the young-old ages of retirement and pre-retirement. This involves a greater tendency to: engage in “sea change” and “tree change” migration, sell up the family home and downsize and relocate (including renting rather than purchasing a new home), and be involved in “grey nomad” mobility. Given the number of “baby boomers”, there is a need for further research in this area.

- *Ageing Well: Determinants of Good Quality of Life*, Professor Helen Bartlett, University of Queensland. The determinants include:
 - Good social relationship with family, friends and neighbours
 - Social roles (social and volunteering activities) and activities/hobbies performed alone
 - Good health and functional ability
 - Living in good home and neighbourhood
 - Positive outlook and psychological well-being
 - Adequate income
 - Independence and control over one’s life

A matrix for promoting independence was provided involving choice and control by older people:

- Citizenship: positive images; safety and fear of crime; social inclusion.
- Information: information services; resources and health promotion guides
- Lifestyle: physical activities; life-long learning; peer mentoring.
- Simple services: technology; radio; home assistance; transport.
- Early intervention: falls prevention; primary care; driving assistance.
- Enablement: involvement of older people through peer support and mentoring
- Community services
- Institutional avoidance

2.2.4 North Coast Area Health Service: The Care of the Older Person 2010 – 2015

The Care of the Older Person 2010-2015 outlines the priorities for the North Coast Area Health Service (NCAHS) in the arena of services for older people. It aims to improve service provision through the development of services, partnerships and systems.

The NCAHS has a higher proportion of people (18%) aged 65 years and over as compared to the NSW average (14%) and the proportion is likely to increase significantly with corresponding impact on the demand for a range of health services. In addition to the above average proportion aged 65 years and over, the NCAHS contains the 4th largest in number in NSW. In addition to its own residents ageing, the North Coast experiences considerable retirement migration. Many of those moving to the North Coast do not have family and social support networks within the region to assist if they require additional support, which in turn places additional demand on services. Many people moving to the area from metropolitan areas have greater expectations of services. The document identifies seven priority areas:

1. Care of the older person in the inpatient setting
2. Care of the older person in the community and partnerships with community care providers
3. Partnerships with General Practice
4. Partnerships with Residential Aged Care Facilities (RACFs)

5. Promoting health in older people
6. Workforce
7. Coordination and collaboration.

2.2.5 Council of the Ageing (NSW)

The Council of the Ageing (COTA) produces fact sheets to assist with planning for an ageing population. Two examples are:

- *Creating Age Friendly Environments*: much of the content is drawn from the WHO Age-friendly Cities Guide; and
- *Seniors Impact Statements*: provides a checklist to be considered by government agencies when developing policies.

2.2.6 Monash Baby Boomer Study

Prepared for the City of Monash in 2009 by KPMG, the study provides research on the expectations of the Baby Boomer generation born between 1946 -1961.

The Monash Baby Boomer Study primarily focused on people aged between 48 and 63 years who live in the municipality. The research indicates that while 'Baby Boomers' are optimistic about their futures, they are concerned about their ability to pay for healthcare. They also plan on retiring later than previous generations and 65% of those surveyed said they would remain in the workforce due to financial considerations and 80% of those surveyed said they would engage in volunteer work during retirement. The Study identified five priority areas of the Baby Boomer generation, including wellbeing, finances, engagement, housing and family and social connection.

The Study discusses the concept that Baby Boomers are introducing a new phase in the lifecycle that is known as the "lifestyle phase" – being the stage between full-time work and retirement which blends the two and occurs in the (approximate) age range of 55 – 65 years. This is followed by retirement (approximately 65 – 75 years) before old age. The main reason for the introduction of additional stages is the increase in life expectancy.

In 1930¹¹ when the life expectancy was 63 years there were basically three stages of life: child, adult; and old. In 1970 with the life expectancy at 72 there were four stages of life: child, teen; adult; and old. Now in 2010 with a life expectancy of 82 there are six stages of life: child; adolescence; adult; lifestyle; retired; and old.

2.2.7 IT COULD BE YOU: female, single, older and homeless¹²

This report documents the experience of older women and homelessness in an attempt to influence policy. There is evidence of increasing numbers of older women entering for the first time the homeless population with an inability of the homeless service system to meet the demand.



¹¹ Bernard Salt, KPMG, Population Trends: Opportunities for Regions, Regional Development Australia National Forum, March 2010

¹² *IT COULD BE YOU: female, single, older and homeless*, Ludo McFerran, Homelessness NSW, 2010

2.3 A Few Myths About Ageing

MYTH	FACT (2006 ABS Census)
<p>The majority of aged people will go into some form of residential care</p>	<p>Persons aged 65 years and older in Australia:</p> <ul style="list-style-type: none"> • the large majority (77%) are independent of care • 17% receive community based care • Only 5% are residential aged care residents (7% for Australia) <p>Persons aged 80 years and older:</p> <ul style="list-style-type: none"> • 50% remain independent of care • 35% receive community based care • Only 15% are residential aged care residents
<p>Everyone needs services and assistance as they age</p>	<p>In the Clarence Valley assistance with daily living is required by:</p> <ul style="list-style-type: none"> • 13% of people aged 55 years and over • 18% aged 65 years and over • 51% aged 85 years and over
<p>Seniors aren't involved in the community</p>	<p>In the Clarence Valley:</p> <ul style="list-style-type: none"> • 41% of people who volunteer for an organisation or group are aged 55 years and over • 6% of people who volunteer for an organisation or group are aged 75 years and over • 22% of all persons aged 55 years and over volunteer • 14% of all persons aged 75 to 84 years volunteer • 17% of the workforce is aged 55 years and over. This compares to 14% for NSW
<p>There are three stages of life:</p> <ul style="list-style-type: none"> • Child • Adult • Old 	<p>Due to the increase in life expectancy there are now six stages of life:</p> <ul style="list-style-type: none"> • child • adolescent • adult • lifestyle (semi-retired) • retired • old

3 Consultation Results

3.1 General Survey Results

A total of 163 surveys were returned. Questions marked with * allowed multiple answers.

3.1.1 Demographic Characteristics of the Survey Sample

- 71% of respondents were female.
- 56 people responded to the question about identity characteristics:
 - 16% were Aboriginal and/or Torres Strait Islanders (ATSI). Of the 163 people who responded to the survey, the 9 ATSI respondents represents 5.5% of the total respondents which is similar to the 5% of the Clarence Valley population who identify as ATSI.
- 9.8% of the total survey respondents were from a Culturally & Linguistically Diverse background
- 5.5% of total respondents have a disability
- 14.7% are a carer of an elderly person – in the main a spouse.
- The majority of respondents (44%) were from the Baby Boomer age group (50-64 years), followed by persons aged 65-74 years (21%); 35-49 years (17%); 75-84 years (9%); 18-34 years (5%); 85 plus years (3%); and 17 years or less (1%)..
- 60% of the respondents live in the Lower Clarence, with 30% from Grafton and 10% from the surrounding area. This provides a good representation across the Valley. The 2006 census for the total population indicates Greater Grafton contains 47.4%, Clarence Coast contains 40.4% and the balance of the area contains 12.2%.
- The majority of respondents live in a *couple* household with no children (50%), with 22% living *alone* and 12% in a *couple with dependent children* household.
- 50% of respondents were employed; 38% were retired; 5% were students; 4% were not part of the workforce; and 3% were unemployed.

3.1.2 Responses to Survey Questions

- 62% of respondents answered “yes” to the question, *Are you likely to change your residence as you become older?*
- 68% of those answering “yes” to the previous question indicated they would prefer to stay where they are now.
- The main reasons for changing location are *Smaller dwelling/property* (24%), closely followed by *Closer to services* (20%); *Accessible dwelling* (16%); *Closer to relatives* (9%); *To low care accommodation* (9%); *Closer to friends* (5%); *To high care accommodation* (4%); *Insecurity of tenure as currently renting* (4%). Other reasons provided include lack of public transport when driving less; and lack of suitable housing including having a purpose built home.
- The 153 respondents to the question *Issues Council needs to address to assist in making your older age a positive experience.* (respondents could select up to ten)* cast 1,225 votes. The most frequently cited issues were:
 1. *Provide age friendly urban settings e.g. seating, even footpaths; road crossings; signage; public toilets; accessible buildings* - 114 votes
 2. *Advocate for improved public transport* - 109 votes
 3. *Provide information about support services to assist independent living* -- 95 votes
 4. *Support healthy ageing programs such as physical exercise; healthy eating* - 93 votes
 5. *Advocate for a range of preventative health services e.g. falls prevention; health screening; dental care* – 88 votes
 6. *Promotion of life long learning opportunities e.g. library services; U3A; music programs; community college courses* - 82 votes

-
7. *Apply guidelines so all new housing can be easily adapted at a later stage for people with mobility restrictions* – 76 votes
 8. *Advocate for age appropriate health services e.g. geriatrician* – 68 votes
 9. *Facilitation of social connection through activities and events* – 68 votes
 10. *Encourage housing developers to offer a range of housing options* – 65 votes
 11. *Monitor and advocate for Aged Care services* – 64 votes
 12. *Access to information about issues relating to ageing e.g. legal issues; financial planning; succession planning; retirement planning* – 61 votes
 13. *Promote employment opportunities for older people* – 58 votes
 14. *Promote positive images of older people, including as employees or business operators* – 56 votes
 15. *Promotion of volunteering opportunities* – 55 votes
 16. *Facilitation of interaction across the generations* – 39 votes
 17. *Provide information about personal and home security* – 34 votes
- o The 30 respondents from Iluka and the 8 respondents of ATSI background, who answered this question, also placed *Provide age friendly urban settings e.g. seating, even footpaths; road crossings; signage; public toilets; accessible buildings* as the top priority and included all the other issues as part of their top 5 priorities, except for *Provide information about support services to assist independent living* which was not part of the ATSI respondents top 5. The 3rd highest priority for ATSI respondents was *Access to information about ageing e.g. legal issues; financial planning; succession planning; retirement planning*.

Figure 5 how well do you think the Clarence Valley currently rates as an age-friendly community?

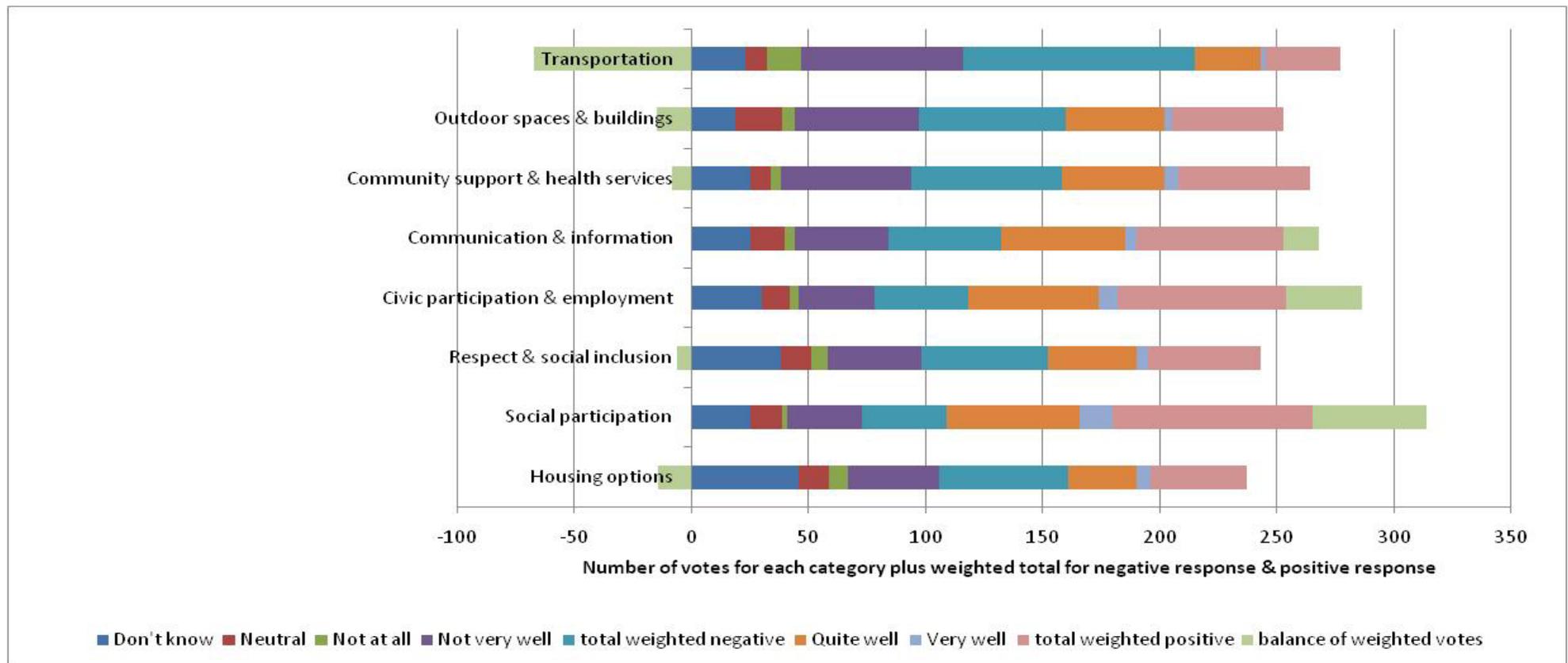


Figure 5 provides a weighted interpretation of the responses to the question *how well do you think the Clarence Valley currently rates as an age-friendly community?* It also shows the number of responses for *don't know* and *neutral*. These 2 responses are not included in the "weighted" figure. Total weighted negative is the sum of each vote provided for *not very well*, plus a doubling of the votes for *not at all*. A similar approach is used for the positive responses, *quite well* and *very well* (doubled).

To provide an overall score for each of the topics the total of the negative weighted votes is subtracted from the total weighted positive votes to provide the *balance of weighted votes*. The results indicate that the Clarence Valley on balance is doing relatively well with a positive balance of votes in the areas of Social Participation, Civic Participation & Employment, and Communication and Information. However the areas of Transportation, Outdoor Spaces & Buildings, Housing Options, Community Support & Health Services, and Respect & Inclusion have a negative balance of votes and are not faring as well. These areas are shown as the green colour on the left-hand (negative) side of Figure 5.

A similar analysis was conducted for Yamba, Iluka, Maclean and Grafton and ATSI respondents. Table 1 provides the balance of weighted score for each issue for each locality, for the Clarence Valley and for ATSI respondents.

Table 1 Age-friendly community issues by selected locality and Indigenous background – balance of weighted scores

Issue	Clarence Valley (N=162) ¹³	Grafton (N=46)	Yamba (N=21)	Maclean (N=21)	Iluka (N=23)	ATSI (N=9)
Housing options	-14	3	-1	-1	-7	7
Social participation	49	12	12	9	10	7
Respect & social inclusion	-6	-4	-3	0	-2	-12
Civic participation & employment	32	13	2	5	4	-4
Communication & information	15	5	5	5	5	-3
Community support & health services	-8	-9	7	2	-4	5
Outdoor spaces & buildings	-15	2	-8	-7	3	0
Transportation	-67	-16	-18	-11	-10	5

The results are generally similar to that for the whole Clarence Valley with the following exceptions:

- ATSI respondents indicate a different experience to the wider community: Respect and social inclusion is identified as the most negative issue, whilst transportation is viewed in a relatively positive light compared to the wider community; Housing options are viewed more positively than the wider community whilst Civic participation and employment and Communication and information are viewed more negatively. Social participation is viewed positively as per the wider community.
- Grafton has a more positive view of Housing options and Outdoor spaces and buildings than other localities in the Clarence Valley.
- Yamba and Maclean viewed Community support and health services more positively than other localities in the Clarence Valley.

3.1.3 Comments from the general survey

A selection of comments sorted into a range of topics was provided in the Final Report on the Literature and Consultation and have assisted in identifying needs and strategies to achieve the Positive Ageing Strategy outcomes.

The main topics are:

- Moving Around the Community
- Health and Community Support Services

¹³ N = number of respondents answering question

- Information
- Social Interaction and Community Participation
- Housing

3.2 Submissions and Community Member Interviews

Two submissions accompanying the surveys were received from residents of Iluka and Maclean. Both relate to the need for age appropriate dwellings (smallish, accessible and level) located on level flood-free ground with utilities and footpaths provided. The footpaths to be wide enough for walking, cycling and use of scooters, particularly in Iluka and Townsend/Gulmarrad to ensure residents without vehicles can access CBD and for others to remain fit.

The Maclean submission made the point that not all older people want small blocks, but there is little choice on the market between 400 m² urban or 1 acre/4,000 m² rural residential. The submission indicates that many retirees require serviced house blocks of 800 m² to 2000 m² to provide house, caravan, sheds, garage, vegetable patch etc, but the sub-division choices are either too small or too large.

Discussions were also held with approximately ten community members who made contact or raised the subject at other forums. The main issues raised also relate to age-appropriate housing options within or near urban centres so that services are closer, and the need for wide foot/cycle paths that allow walkers, cycle and scooter users to comfortably pass each other when approaching from different directions.

The issue of the ageing of Multiple Occupancy dwellers was raised, as many who settled in the Clarence Valley in the 1970's and 1980's are approaching an age where they need to think about their ability to maintain their way of life, which is often labour intensive – wood heating; maintenance of alternative power systems; large gardens, maintenance of vehicles used in gravel roads etc.

Options being canvassed include purchase of smaller area of land with availability of utilities on a sealed road closer to an urban centre, on which small cluster dwellings with common areas can be developed. The sharing of lifestyle and the cost of overheads will continue, but with fewer associated physical tasks. This model is not dissimilar to some retirement villages, however the ability of current Clarence Valley Council planning policies will need to be considered.

3.3 Survey of Aged Care Services

Ten services responded to the survey which canvassed issues relating to their workforce.

Age of the Workforce

- 50% of the services have at least 61% of their employees aged 45 years and over;
- 20% have at 46-50% of their employees aged 45 years and over;
- 10% have at 41-45% of their employees aged 45 years and over;
- 10% have at 0-10% of their employees aged 45 years and over

Turnover of Staff and Vacancies

- 80% of the services do not have what they consider to be a high turnover of staff aged less than 45 years
- 70% of the services do not find it difficult to fill vacancies, including positions for qualified staff, however the difference between the Social and Community Services Award compared to Local Government Award can make a difference
- Comments included: *Because we are situated in a high unemployment regional area so people tend to hang onto their jobs because there's no other opportunities*

Reasons for Leaving

- 70% of the services indicated *dissatisfaction with wages* as being one of the top four reasons
- 60% of the services indicated *lack of a career path* as being one of the top four reasons
- 50% of the services indicated *high stress levels* as being one of the top four reasons
- 40% of the services indicated *retirement* as being one of the top four reasons
- *Dissatisfaction with working conditions; unappealing work*; and other all received a 20% response rate
- Comments included: *continually changing environment where 'consultations' and 'reforms' change things that work perfectly well as they are; wages; not long enough hours*

Additional Comments

- *growth in the lower river areas will make it challenging to provide service to all clients*
- *Our organisation will need to grow to meet this need, needing to employ more staff.*
- *Lack of staff to provide support to the ageing population.*
- *Being a meals service the increase will only make us more viable and sustainable in the future!*
- *Not enough skilled workers to meet needs*

3.4 Survey of Real Estate Agents

The survey was to gauge buyer interest in smaller or “down sized” dwellings. Five of nineteen Real Estate Agencies responded (26.3%) to the survey – 3 from Grafton; 1 from Iluka; and 1 from “other”.

Question 1 of the survey asked: *Approximately how often does your real estate agency receive enquiries from middle/mature aged (approximately) people for the following range of dwelling types.* The response choices were: frequently; sometimes; never; not sure.

The responses were:

- | | | |
|-----------------------------------------------------------------------------------------------|-----------------|---------------|
| • <i>Small house on small block:</i> | frequently - 2; | sometimes - 1 |
| • <i>house plus "granny" flat:</i> | sometimes - 3 | |
| • <i>villa or duplex residence:</i> | frequently - 2; | sometimes - 1 |
| • <i>villa or duplex residence on one level only:</i> | frequently - 2; | sometimes - 1 |
| • <i>apartment:</i> | sometimes - 4 | |
| • <i>apartment on ground floor:</i> | frequently - 2; | sometimes - 1 |
| • <i>upmarket retirement village:</i> | sometimes - 2; | never - 2 |
| • <i>over 55's complex:</i> | sometimes - 2; | never - 3 |
| • <i>downsizing from current dwelling to something more manageable including garden size:</i> | frequently - 4; | sometimes - 1 |

Question 2 asked: *has there been an increase in these types of enquiries over the last 5 years?*

- *Yes:* 3
- *No:* 1
- *Not sure:* 1 (responder in position for 14 months only)

Question 3 asked: *Are these types of enquiries:*

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| • <i>Mainly from Clarence Valley residents?</i> | 0 |
| • <i>Mainly from people wishing to move to the Clarence Valley?</i> | 1 |
| • <i>Both?</i> | 4 |
| • <i>Not sure?</i> | 0 |
| • <i>Comment:</i> Many from within the Clarence Valley, but also many wishing to move to the Clarence Valley to get away from the city but also because their own children have started families here. | |

Question 4 asked: *As the Clarence Valley Council is preparing this Positive Ageing Strategy (PAS) in preparation for a significant ageing of the Clarence Valley population, is there anything else of relevance to the PAS that you have observed through your work and you would like to comment upon?*

Two comments were posted:

- More medical facilities are required in the future as well as Doctors. Better transport to these facilities and around town also needed
- Obviously Flood Free property located on the ground level is desirable

Whilst the survey sample is relatively small, responses indicate there is a growing demand from both current and prospective residents for a more “age-friendly” housing stock.

3.5 Café Conversations

Public workshops with the community took the form of Café Conversations, a relaxed opportunity for attendees to discuss ideas in small groups over refreshments. Four tables were prepared with information and suggested questions about different topics on each table. Participants circulated around the tables to ensure a cross-section of ideas and discussions occurred.

The table topics were based the World Health Organisation’s Age Friendly Cities: A Guide, and consisted of:

Topic 1	Well Being
Topic 2	Housing
Topic 3	Involvement
Topic 4	Family and Social Connections

Towards the end of the sessions, a general discussion including all participants took place and each participant then nominated what they believed were the most important issues to be considered in the Positive Ageing Strategy. Participants could nominate as many issues as they wished and wrote each on a separate card and placed them on a sticky wall. The cards were then sorted into similar topics with the whole group then agreeing with the allocations.

The number of cards per topic functioned as an informal vote for what the group saw as the most important issues to be addressed.

Café Conversations were held in Yamba, Iluka, Maclean and Grafton during October 2010, with another held in Grafton with Aboriginal participants in February 2011.

More detailed results are contained in the Final Report on the Literature and Consultation and have assisted in identifying needs and strategies to achieve the Positive Ageing Strategy outcomes.

Yamba Café Conversations with 12 participants: 11 October 2010 (afternoon only)

The issues that emerged in ranked importance were:

1. Moving around the locality and healthy ageing (14 cards).
2. Social interaction and participation (11 cards).
3. Health and Community Support Services (8 cards).
4. Information (7 cards).
5. Housing (3 cards).
6. Internet (3 cards).

Iluka Café Conversations with 10 participants: 15 October 2010 (afternoon only)

The issues that emerged in ranked importance were:

1. Moving around the locality and healthy ageing (16 cards).
2. Health and Community Support Services (11 cards).
3. Social interaction and participation (7 cards).
4. Housing (4 cards).

Grafton Café Conversations with 9 participants: 18 October 2010 – (afternoon and evening sessions)

The issues that emerged in ranked importance were:

1. Social interaction and participation (34 cards).
2. Housing (21 cards).
3. Moving around the locality and healthy ageing (15 cards).
4. Health and Community Support Services (9 cards).
5. Information (7 cards).

Maclean Café Conversations with 6 participants: 19 & 26 October 2010 – (afternoon and evening sessions)

The issues that emerged in ranked importance were:

1. Housing (17 cards).
2. Social interaction and participation (15 cards).
3. Moving around the locality and healthy ageing (15 cards).
4. Information (2 cards).

Aboriginal and Torres Strait Islander (ATSI) Café Conversations with 10 participants: 2 February 2011 – (morning session)

The issues that emerged in ranked importance were:

1. Health and Community Support Services (10 cards).
2. Social Interaction and Participation (9 cards).
3. Information (5 cards).
4. Housing (2 cards).



4 Key Findings and Recommendations

The Positive Ageing Strategy's main outcome "to achieve an age-friendly community in the Clarence Valley" will be achieved by addressing the following key findings and recommendations as identified from the literature review, demographic analysis and consultation results.

The Clarence Valley is on its way to achieving this outcome through the development and implementation of earlier Council Plans and Programs that incorporate disability access and other social equity approaches; however there is a need for continued vigilance and work to address the gaps identified in reference to older people. The key findings and recommendations have been sorted into the following categories, which will in the main be used as the Key Result Areas in the Strategy Action Plan in Section 6.

Major Findings

Clarence Valley consultations all indicate the most important interventions for positive ageing relate to maintaining health and well-being into older age so as to avoid the need for health services and high level care and accommodation.

In the Clarence Valley this relates to the provision of appropriately designed built infrastructure (public and private) that allows and encourages residents as they age to remain independent and physically able. For those less physically able, the same infrastructure will provide opportunity to move around the community with dignity and independence.

Services and activities that support and encourage independence through information and promotion of physical and mental well being are identified as complementary to the community infrastructure.

Health and community support services were identified as important if ill-health occurs, but prevention had a higher priority.

Ageing is a global issue and research by the W.H.O. indicates in an age-friendly city, policies, services, settings and structures support and enable people to age actively by:

- recognizing the wide range of capacities and resources amongst older people;
- anticipating and responding flexibly to ageing-related needs and preferences;
- respecting their decisions and lifestyle choices;
- protecting those who are most vulnerable; and
- promoting their inclusion in and contribution to all areas of community life.

Positive ageing depends on a variety of influences or determinants that surround individuals, families and nations. They include material conditions as well as social factors that affect individual types of behaviour and feelings¹⁴. All of these factors, and the interaction between them, play an important role in affecting how well individuals age.

Ageing of the Clarence Valley Population

Findings:

- The population of the Clarence Valley has a greater proportion of its population aged 55 years and over compared to NSW, with a trend showing a continued increase in the proportion. The median age increased from 37 years in 1996 to 43 years in 2006 and is projected to increase to 54 in 2036.
- The population of the Clarence Valley - Coastal region is the oldest with the 2006 median age of 47 years compared to 40 and 41 years in the Clarence Valley – Grafton and Clarence Valley – Balance respectively. The 2036 median ages are projected to increase to 58, 51 and 46 years respectively.

¹⁴ Marmot M. *Health in an unequal world*. The Harveian Oration. London, Royal College of Physicians of London, 2006

- In 2006 19% of the Clarence Valley population was aged 65 years and over with projected proportion in 2036 estimated to be 35%. By 2036 the Clarence Valley – Coastal proportion is estimated to be 39%.
- In 2006 Iluka/Woombah had the largest proportion of persons (37%) aged 65 years and over (648 persons) which is substantial given it has no Aged Care Facility to inflate the figure.
- 34% of females aged 65 years and over live in one-person households compared to 19% for males. This identifies a likely need for home help/maintenance support for such persons to remain living independently.
- The age structure of ATSI residents is significantly different to the general population, with only 4% aged 65 years and older. As a result ATSI residents are categorised as “Older persons” at age 45 years.

Recommendations:

1. Clarence Valley Council (CVC) to adapt the W.H.O. age-friendly approach to strategic planning to address the needs of a growing aged population.
2. Strategies to assist older people need to factor in the greater proportion of older people living in the Clarence Valley – Coastal area.
3. Iluka requires particular attention due to its high proportion of older people, isolation, lack of health and community support services and lack of transport.
4. CVC to advocate for and support strategies and partnerships to assist the ATSI population to increase their life expectancy through programs such as Closing the Gap¹⁵.

Council Governance

Findings

The ageing of the Clarence Valley population will impact:

- The revenue raising capability of Local Government;
- Management of Council’s workforce;
- The design, type and maintenance of Council assets;
- Statutory Planning and Regulatory functions – land-use and housing;
- The demand for services provided by Council’s Community Support Services and the CDO – Aged/ Disability

Recommendations

5. Council incorporates the projected population data relating to the ageing of the population into its:
 - I. Financial planning guidelines.
 - II. Workforce Management Strategy.
 - III. Asset Management Strategy.

And provide for the impact in the management and operation of Council.

6. The Community Support Services section of Council continues to seek additional grants to increase service outputs.
7. Council to continue advocacy to improve and expand the range of locally based age-related health and support services.
8. Additional hours to be allocated to the current full-time CDO – Aged/ Disability with consideration given to splitting the position into two full-time or one full-time (Aged) and one part-time (Disability) positions. The expanded position to be titled CDO – Positive Ageing.

¹⁵ Australian Government Dept Families, Housing, Community Services & Indigenous Affairs, *Closing the Gap: The Indigenous Reform Agenda*, www.fahcsia.gov.au

9. An Older Persons Advisory Committee is established to support the work of the CDO – Positive Ageing and to provide a mechanism for Clarence Valley Council officers to consult about the impact of Council decisions and plans on older persons.
10. A survey is conducted in 5 years to assess the effectiveness of strategies in achieving the major outcome: *Clarence Valley – an age-friendly community*.

Moving Around the Community

Findings:

The outside environment and public buildings have a major impact on the mobility, independence and quality of life of older people and affect their ability to “age in place”.

Transportation, including accessible and affordable public transport, is a key factor influencing active ageing and being able to move about the community determines social and civic participation and access to community and health services.

In the Clarence Valley the provision of age-friendly urban settings and the provision of public transport are the two most important issues requiring attention. There is a need for:

- o Outdoor areas that are safe and that encourage Older People to move around.
- o Safe shared walking and cycle paths where rules of use are known and adhered to.
- o Accessible buildings.
- o A means to address the increasing number of Older persons without a drivers licence or access to a private vehicle – public and community transport.
- o Older People to use alternative means of transport, such as cycles and mobility scooters, safely.
- o Iluka has a large aged population and is isolated without a taxi service or community bus located in the village.

Recommendations:

11. Continued provision and upgrading to age-friendly standards of footpaths, cycleways; road crossings, seating, public toilets, access to buildings, and public safety.
12. Attractive outdoor spaces with shade and seating to encourage older people to walk and engage in other activities outdoors.
13. Ensure Open Space Strategies incorporate age-friendly design.
14. Pedestrian Access and Mobility Plans to incorporate an age-friendly checklist.
15. Where appropriate safe urban design principles based on Crime Prevention Through Environmental Design to be incorporated in new developments or redevelopments.
16. CVC to continue to advocate and support the identification and provision of the range of transport options required for an age-friendly community including:
 - I. Investigate how social media can assist in managing demand for and supply of transport services.
 - II. Improved public and community transport, particularly to urban areas attracting older residents – Iluka, Junction Hill, Maclean, Yamba, Clarenza – with routes and bus stops that recognise high prevalence of older people.
17. Council to facilitate the provision of training in the use of mobility scooters and the shared use of walking and cycle paths.
18. Council to investigate and lobby for the provision of a taxi based in Iluka.

Housing

Findings:

Housing is essential to safety and well-being. Appropriate housing structure, design, location, choice and support that allow older people to age comfortably and safely within the community to which they belong are universally valued.

In the Clarence Valley there is a shortage of housing options for older persons, the majority of whom would prefer to age in place. There is a need for:

- Recognition that there are now three stages of mature age: lifestyle; retired; and old - each with different housing needs.
- Greater choice in housing suitable for independent older persons (owner occupier and rentals):
 - smaller dwellings and lot sizes including villa and townhouse cluster development in range of city, town and village locations;
 - ¼ acre blocks that allow retirement lifestyle stage residents to store caravans, boats etc and to have vegetable gardens etc.
 - Adaptable housing design to allow ageing in place with house changed to duplex or in-fill self-care housing for larger blocks.
 - Community housing on outskirts of urban areas to suit rural dwellers that need to share tasks and access to services, but do not want urban living.
 - Retirement Village developments.
- Range of dwelling styles from low-key to up-market.
- Share housing for older people – both independent and with some household help; public and private.
- Adaptable housing so the dwelling can be easily changed as needs change.
- Affordable housing, including social housing for low income/asset poor people.
- Choice in type of neighbourhood with a preference for mixed-age neighbourhoods, but with some options for over 50s estates.
- Help to assist in down-sizing – the sorting and cleaning up of current house so it is freed up for families.
- Ageing in place in rural areas and villages with option for second dwelling on lot or choice of smaller lots in RU zones, allowing some village development to occur. In rural areas that have numerous smaller allotments (less than 40 hectares) and utilities/services already available, managed subdivision may allow a village to develop.
- Second dwellings in rural zones to be strictly controlled but ease need for attachment to existing dwelling.
- Choice in housing type for older tenants too.
- Culturally appropriate Aged Care and Respite Facility for Indigenous residents.

Recommendations

19. Council to investigate provision in the Rural Zones of its Local Environmental Plan (LEP) for a range of location and dwelling types required by older residents.
20. The review of the Clarence Valley Settlement Strategy to consider further development of villages in localities such as Gulmarrad and Pillar Valley where smaller size lots and services already exist – to provide for the different stages of ageing in locality place.
21. Council to undertake information programs for developers, builders, real estate agents, investors and residents re demand and type of housing required by a diverse ageing population that will suit the different stages of the Older Person including the use of community titles for “alternative” residential and retirement village style developments closer to urban areas.
22. Investigate other types of housing for independent living such as “Apartments for Life¹⁶” program developed by the Benevolent Society.
23. Apply the strategies developed in the Clarence Valley Affordable Housing Strategy, 2007¹⁷.

¹⁶ See web-site for details <http://www.bensoc.org.au/director/whatwedo/olderpeople/oceanstsite.cfm>

¹⁷ See description in Section 6 of this Plan or CVC website http://www.clarence.nsw.gov.au/content/uploads/Clarence_Valley_Affordable_Housing_Strategy.pdf

24. Apply the guidelines developed for the Clarence Valley Adaptable Housing Guidelines¹⁸ (under development).
25. Council to consult about the type and need for locally based culturally appropriate Aged Care and Respite Facility for Indigenous residents.

Community Support and Health Services

Findings

Health and support services are vital to maintaining health and independence in the community.

In the Clarence Valley, health services including healthy ageing programs to encourage physical exercise and healthy eating and preventative health services were identified as three of the top eight issues relating to positive ageing. There is a need for:

- Increased availability of locally based age-related health services in the Clarence Valley. The need will increase as the aged population grows, particularly in the 85 years plus. This cohort will be less likely to be licensed or able to drive long distances to other regional centres to access the specialist health services.
- Expansion of community support services and programs to assist residents to remain healthy and safe in their own homes and to live independently.
- Continued support and promotion of healthy ageing/active programs.
- Improved access to dental care programs.
- A range of small home-help services for older women living independently and alone who cannot manage some larger cleaning and maintenance tasks and because of low income cannot pay contractors, but are not eligible for government subsidised services as not frail or disabled – e.g. external house cleaning; gutter clearance; large pruning, furniture moving; rubbish removal to the kerb for annual rubbish pickup etc. These are the types of tasks family would generally assist with, but many do not have family nearby and their friends are also elderly. It could be a service using volunteers.
- Additional health services in Iluka as it has few located in the village, although isolated with a large older population. Greater utilisation of the Iluka Community Health Centre for services and programs.
- A Community Health Centre in Yamba in which residents can access services.
- Continued planning and programs to provide the required workforce to fill age-services employment.
- Quality, culturally appropriate Indigenous age-care services.
- Indigenous services need to be flexible to cater for diverse/complex needs and family situations.
- A Respite House that caters for Indigenous clients.

Recommendations

CVC to advocate:

26. To improve and expand the range of locally based age-related health and support services in the Clarence Valley.
27. For a range of healthy ageing physical activity programs.
28. For increased health related transport so residents without private transport can access health services out of town.
29. For health and aged care services targeting Indigenous people to be regularly reviewed to make sure they are being effective in achieving their contractual obligations and outcomes.

¹⁸ See description in Section 6 of this Plan or CVC website
http://www.clarence.nsw.gov.au/content/uploads/Final_Draft_Adaptable_Housing_Guidelines_Dec_2010.pdf

30. To government agencies to investigate and consider the return of Indigenous services to mainstream providers who employ Aboriginal people and culturally appropriate service provision.
31. For and support the skilling of the local workforce to fill the additional aged-care related positions vacant.

Social Interaction and Community Participation

Findings

Social participation and social support are strongly connected to good health and well-being throughout life. Participating in leisure, social, cultural and spiritual activities in the community, as well as with the family, allows older people to continue to exercise their competence, to enjoy respect and esteem, and to maintain or establish supportive and caring relationships. It fosters social integration and is the key to staying informed.

The extent to which older people participate in the social, civic and economic life of the city is also closely linked to their experience of inclusion.

In the Clarence Valley life-long learning and the facilitation of social connections were identified as important issues with a need for:

- o Range of activities that attract older people to be involved in the community with the added benefits of friendship, information, promotion of physical and mental health, and planning for retirement and old age.
- o Health promotion and healthy ageing programs and activities that extend health and provide interaction benefits.
- o Opportunities for the generations to mentor, mix and share skills, knowledge and self-worth.
- o Employment and business opportunities with the older population including recognition that they are a growing market segment for business.
- o Flexible work practices to encourage older employees to remain at work and promote benefit of over 55s workers.
- o Opportunities to volunteer including professional skill sets as advisors to projects and groups.
- o Support to the volunteer groups that provide activities for older people.
- o Respect for older people by showing what they can and do for the community – needs better image and promotion. This includes respect to Indigenous Elders.

Recommendations

32. CVC to work with community and private organisations to develop & promote age-appropriate activities and events: sporting; cultural; recreational; gardening; environmental; knowledge & information.
33. CVC to continue celebrations of Seniors' Week.
34. CVC to consider the inclusion of a category "Senior Citizen of the Year" for residents aged 75 years and over in the Australia Day Awards.
35. CVC to develop a positive image campaign for Older People showcasing their current contribution and roles they play in the community.
36. Implement the age-appropriate strategies in the Clarence Valley Enhancing the Volunteers Sector Report 2009.
37. CVC to develop a database of retired persons' skills and knowledge that can be used for project advice; advisory groups; and mentoring by Council and other organisations – involve Chambers of Commerce, NoRBEC and CBEAS.
38. Improve understanding of choices & options by Council participating in and promoting to business, initiatives that highlight the challenges & opportunities of an ageing workforce and an ageing customer base.
39. CVC to include strategies to address the impact of an ageing workforce in its Workforce Management Plan.

- 40.CVC to assist older residents to maintain optimum income by promoting financial planning knowledge including accessing Centrelink's Financial Information.

Information and Communication

Findings

Staying connected with events and people and getting timely, practical information to manage life and meet personal needs is vital for active ageing. Rapidly evolving information and communication technologies are both welcomed as useful tools and criticized as instruments of social exclusion.

In the Clarence Valley:

- Information about support services to remain independent was identified as the third most important issue for positive ageing.
- Information about the full range of topics that impact quality of life is a critical issue for Older People.
- Older Persons require a range of formats to provide accessible information about the range of topics related to ageing.
- Older people are rapidly adopting social media as a means to gain information and maintain communication with family and friends, however many still rely on traditional methods.
- Access to Council documents on display, with time to read and analyse, is difficult for those who cannot download them from the internet.
- Information is a high priority for Indigenous residents.

Recommendations

41. Council maintains and extends its role in providing information about issues relating to ageing.
42. A communications framework is established through which information is channelled.
43. Council to make copies of documents on display available for loan.



5 Links to Related Council Documents

The Clarence Valley Disability Action Plan 2011-2016 includes numerous strategies to assist in creating an age-friendly community in the Clarence Valley given the barriers to full participation by people with a disability are often experienced by people as they age. Consequently it must be read and implemented in tandem with the Positive Ageing Strategy. Only actions that do not appear in the Disability Action Plan are listed in the Positive Ageing Strategy. The relevant Disability Action Plan strategies are listed under each of the KRA Outcomes.

Similarly the Clarence Valley Council Social Plan 2010-2014 as the over-arching human services strategic plan of Council also contains Older People as one of its key target groups. The relevant Social Plan strategies are also listed under each of the KRA Outcomes.

Council's main strategic document, Valley Vision 2020, contains the following five Elements with associated aims and goals:

- Ecology
- Economy
- Society and Culture
- Human Habitat
- Governance

The actions identified in the Positive Ageing Strategy impact four of the Elements (excludes Ecology) with the relevant Valley Vision 2020 goal identified against each Positive Ageing Strategy action.

Other key Clarence Valley Council Plans that influence the achievement of the main Positive Ageing Strategy outcome, "to achieve an age-friendly community" are listed below. The Plans under development need to recognise and incorporate the Positive Ageing Strategy actions:

- Draft Clarence Valley Council Local Environment Plan (LEP), 2010
- Crime Prevention Plan 2011-2014 (under development)
- Clarence Valley Council Healthy Active Program (under development)
- Open Spaces Strategy (under development)
- Clarence Valley Adaptable Housing Guidelines (under development): The Draft Guidelines identify planning principles and design features to achieve diversity of housing types and promotes appropriate and affordable housing choices. The Guidelines have taken into consideration the different target groups within the community and their housing needs over a lifespan. To provide for these changing household groups there is a real need to provide diversity in housing choices including smaller and lower maintenance housing. The Adaptable Housing Guidelines will potentially influence housing specifications to address the changing future housing needs including:
 - Our ageing population profile
 - The need for increasing levels of improved accessibility
 - Changing family and household profile over their lifetime, including extensions as families grow as well as downsizing of larger dwellings as family members leave home

The Draft Guidelines can be accessed from:

http://www.clarence.nsw.gov.au/content/uploads/Final_Draft_Adaptable_Housing_Guidelines_Dec_2010.pdf

- Clarence Valley Council Affordable Housing Strategy 2007: The Strategy provides an opportunity for Council to respond to the increasing problem of the reduced amount of affordable housing. It is an important management tool to provide useful input into Council wide management plans and other plans such as the Economic Development Strategic Plan and the Local Environmental Plan. Council has an important role to play in housing provision, and planning for better local housing, promoting a range of housing that is affordable to households of varying financial capacity, including an adequate supply of housing that is affordable for very low, low and moderate income households. Affordable housing contributes to social, economic and environmental benefits for Council and the community.

The Draft Guidelines can be accessed from:

http://www.clarence.nsw.gov.au/content/uploads/Clarence_Valley_Affordable_Housing_Strategy.pdf

- Clarence Valley Council Enhancing the Volunteer Sector 2009

- Cultural and Community Facilities Plan 2009
- Clarence Valley Cultural Plan 2007-2012
- Clarence Valley Affordable Housing Strategy 2007
- Pedestrian Access and Mobility Plans – various locations
- Clarence River Way Master Plan 2009
- Clarence Regional Library Strategic Plan, 2009
- EEO Management Plan



6 Strategy Action Plan

The Strategy Action Plan is divided into the following six Key Result Areas (KRA). Each KRA has listed the main outcomes and the related Disability Access Plan and Social Plan strategy numbers.

KRA 1: Governance

KRA 2: Moving Around the Community

KRA 3: Housing

KRA 4: Community Support and Health Services

KRA 5: Social Interaction and Community Participation

KRA 6: Information and Communication

Following the KRA title and outcomes the issues and related action strategies are listed. To assist in the integration of the Positive Ageing Strategy across Council, columns are provided indicating the:

- section of Council responsible for implementing the strategy
- related Valley Vision 2020 goals
- the resourcing implication for Council
- priority for action
- the recommendation to which it relates

Priority definitions are listed below:

Ongoing (O)	Refers to an action which will be ongoing if already occurring or once implemented.
High (H)	Considered by the community to be very important and requiring action in the short term. To be actioned initially in years 1-2 of the life of the plan. Timeframe: 2011-13.
High (H)*	The highest priorities to be achieved in the first year
Medium (M)	Considered by the community to be important, however these issues will have a longer lead time due to contingencies such as impact on Council's resources. Timeframe: 2013-2016
Longer-term (L)	Issues of less urgency or with greater impact on Council's budget.

6.1 Resources

Many of the Action Strategies identified relate to actions already undertaken by Council so will require an adapted approach rather than additional resources. These Action Strategies indicate "existing" in the resource column.

A large number of the Action Strategies will only occur if the additional human resources are allocated to the existing component of the CDO- Aged/Disability to create the full-time position CDO - Positive Ageing. The action strategies dependent upon the additional resources are shown with an asterisks such as "additional*".

Where more than one responsible Section of Council is shown and the Resources indicate "Existing" and "Additional*" the CDP-Positive Ageing will work with the other Sections of Council to conduct the Action Strategy.

The use of "Grant*" indicates the CDO-Positive Ageing will apply for the grant and conduct or manage the project.



Key Result Area 1: Governance

Outcome 1: Council understands the impact the ageing of the Clarence Valley population will have upon revenue, resource & asset allocation, and management

Outcome 2 Council services & programs are adequately resourced to assist the Clarence Valley community to achieve the main outcome of the Positive Ageing Strategy - *to achieve an age-friendly community in the Clarence Valley.*

DAP Strategies: 6-7; 17-18

Social Plan Strategies: 1.6.3

Issue	Action Strategy	Responsible Section	V V 2020 Related Goal	Resources	Priority	Related Recommendation
Long-term Financial Planning	1. Ensure the impacts of the ageing of the population upon the assumptions used in developing Council's Long-term Financial Plan are considered – ability of asset rich/income poor retired residents to pay increased rates and other user pays fees; Aged Pension rates discount etc	Finance & Supply (FS)	G14	Existing	H-O	R5
Workforce Management	2. Ensure the ageing of the workforce is factored into the Workforce Management Strategy	HR	G15	Existing	O	R5, 39
Asset Management	3. The Asset Management Strategy and Asset Management Plans to consider the impact of an ageing population on the type of asset required and the design & maintenance of assets	Assets SPCD	G14	Existing Additional*	O	R5
Awareness and Advocacy – staff, Councillors and community	4. Consider extension of the CDO – Aged Services position to full-time to reflect the growing demands of the job and change the position title to CDO - Positive Ageing	SPCD	G6, 8,13	Existing & additional*	H*	R7
	5. Establish an Older Persons Advisory Committee of Council, to be supported by the CDO- Positive Ageing position		G6, 8,13	Additional*	H*	R8, 9
	6. Promotion of the role and existence of the Older Persons Advisory Committee		G6, 8,13	Additional*	H*	R8
	7. Use educational & promotional activities that include representatives of the Advisory Committee to raise awareness with staff and community in regard to the needs & rights of older people	All Council	G6, 13	Additional*	M	R8
Monitoring	8. As the main performance indicator for the success of the PAS conduct a community survey 5 years after adoption. The survey to be combined with that for the DAP and to include a selection of questions from the PAS 2010 survey	SPCD	G13, 14	Existing & Grant*	L	R10

Key Result Area 2: Moving Safely Around the Community

Outcome 3: Older residents maintain their independence & well-being through the ability to move around the community safely by walking; cycling; the use of motorised scooters and vehicles; and access to public transport.

Outcome 4: Public spaces are safe for older persons and include seating, shade and accessible public toilets.

DAP Strategies: 8-12; 19; 23; 30; 37-39; 47-56; 58-60

Social Plan Strategies: 1.6.1; 1.7.1; 1.7.3-1.7.4; 1.8.2- 1.8.4; 1.8.6

Topic	Action Strategy	Responsible Section	V V 2020 Related Goal	Resources	Priority	Related Recommendation
Provision of age-friendly outdoor infrastructure	9. Develop a check-list to implement age-friendly community infrastructure guidelines	Operations (Op) & Environment & Open Spaces (EOS) SPCD Assets	G6, 10	Additional*	H	R1, 11, 12, 13
	10. Current community infrastructure to be assessed for age-friendliness		G6, 10	Additional*	H	R1, 11, 12, 13
	11. Prioritise maintenance & redevelopment works program to address gaps identified in strategy 2		G6, 10	Additional*	H-O	R1, 11, 12, 13
	12. Identify new work to provide access infrastructure – footpaths; cycleways; seating; road crossings etc		G6, 10, 11	Additional*	H-O	R1, 11, 12, 13
	13. The development of new Pedestrian Access and Mobility Plans (PAMP) to incorporate the age-friendly checklist		G6, 10, 11	Additional*	O	R1,14
Safety	14. Where appropriate Crime Prevention Through Environmental Design principles to be incorporated in new developments or redevelopments	Development Services (DS) SPCD	G6, 10	Existing	O	R15
Transport	15. Work with bus and taxi companies and Clarence Community Transport to identify and provide the range of transport options required for an age-friendly community	Social Planning & Cultural Development (SPCD)	G11	Additional*	H-O	R16
	16. Lobby for additional transport resources as required		G11	Existing	O	R3, 16
	17. Facilitate the provision of training in the use of mobility scooters and the use of shared cycle and walkways.		G11	Grant	H-O	R3, 17
	18. Investigate the provision of a taxi based in Iluka		G11	Additional*	H*	R2, 3, 18

Key Result Area 3: Housing

Outcome 5: Older residents and those planning for older age have available a range of housing options that address the housing needs of older residents.

DAP Strategies: 31-36

Social Plan Strategies: 1.5.1-1.5.2;1.5.4-1.5.6

Issue	Action Strategy	Responsible Section	V V 2020 Related Goal	Resources	Priority	Related Recommendation
Housing availability & choice	19. Apply the Affordable Housing Strategy and Policy	Development Services (DS), SPCD & Strategic & Economic Planning (SEP)	G6	Existing	O	R23
	20. Apply the Adaptable Housing Guidelines		G6, 10	Existing	O	R24
	21. Apply NSW SEPP Seniors Living Housing Policy		G6, 10	Existing	O	R19
	22. In the review of the Clarence Valley Settlement Strategy investigate the establishment of villages in rural areas where services and numerous small sized lots already exist.		G10	Existing	H/M	R19, 20
	23. Promote to developers and builders the need for a range of housing styles & sizes to suit the growing aged population in the Valley		G10	Existing	H & O	R21
	24. Investigate & promote a range of living arrangements for older people: co-tenanting; low-cost room for rent to younger person in exchange for tasks around the house; share house with shared cost of housekeeping & maintenance etc		G10	Grant*	L	R22
Culturally appropriate housing	25. Investigate the provision of culturally appropriate supported housing for Indigenous Elders e.g. Indigenous Respite House, Low Care and High Care Residential Care	SPCD	G6	Additional*	M	R25

Key Result Area 4: Community Support and Health Services

Outcome 6: Improved health outcomes for older people: The range and quantity of health and community support services to support older persons to live independently is available in the Clarence Valley.

Outcome 7: Improved health outcomes for older ATSI residents.

DAP Strategies: N/A

Social Plan Strategies: 1.1.1-1.1.6; 1.2.1; 1.2.3-1.2.7; 1.4.7-1.4.8; 1.4.10; 4.3.2;

Issue	Action Strategy	Responsible Section	V V 2020 Related Goal	Resources	Priority	Related Recommendation
Advocacy	26. CDO – Aged Services to continue identifying and advocating for the range of health and community services to be available in the Clarence Valley	SPCD	G6, 9	Existing	O	R7, 8, 26, 27
Services	27. Council's Community Support Services section to continue seeking grants to expand its supply and range of services	CSS	G6, 9	Existing	O	R9, 26
	28. Investigate establishing a volunteer-based home maintenance service to assist older people who are ineligible for subsidised services to: <ul style="list-style-type: none"> a. Cleanup house and downsize to a smaller dwelling b. Undertake large cleaning and maintenance jobs 	SPCD	G5, 6	Grant*	M	R26
ATSI Services	29. Advocate to ensure the ATSI program Closing the Gap operates in the Clarence Valley	SPCD	G6	Existing	H	R4, 29, 30
Iluka	30. Explore how to expand the range of health & community support services, including better utilisation of the Community Health Centre – Ambulance; dentist; allied health; medical	SPCD	G6	Existing	H	R3, 26, 28
Healthy Ageing	31. Develop & implement healthy ageing physical activities in partnership with Northern NSW Local Health Network (NNSWLHN) & other partners as appropriate	SPCD	G6	Grant*	H	R4, 26, 28, 29, 30
Workforce	32. Using a partnership approach with the range of tertiary education & training providers, Aged Care providers, & NNSWLHN to support & develop training programs to provide a trained and available aged care workforce	CSS & EDU	G5	Existing	H	R31

Key Result Area 5: Social Interaction and Community Participation

Outcome 8: Older residents remain active, contributing, respected and valued members of the community, civil and family structures.

Outcome 9: Older residents have a range of inclusive activities from which to choose – both inter-generational and age specific.

DAP Strategies: 1-5; 13-16; 40-46 57

Social Plan Strategies: 1.3.1 – 1.3.4; 1.4.3; 1.7.2; 2.1.3; 2.2.1-2.2.3; 2.3.1; 3.1.1; 3.2.1; 4.1.9;

Issue	Action Strategy	Responsible Section	V V 2020 Related Goal	Resources	Priority	Related Recommendation
Being Involved - Community	33. CDO-Aged Services to work with community and private organisations to develop & promote age-appropriate activities and events: sporting; cultural; recreational; gardening; environmental; knowledge & information etc	SPCD & EDU	G6-9	Existing & grant	O	R27, 32
	34. Encourage and support older peoples' participation in community festivals and events		G7	Existing	O	R32
	35. Implement the age-appropriate strategies in the Enhancing Volunteers Sector report.	SPCD	G6-9	Existing & Grants	O	R36
	36. Continue celebrations of Seniors' Week		G6-9	Existing & grant	O	R33
Being Involved - Civic	37. Develop a database of retired persons' skills and knowledge that can be used for project advice; advisory groups; and mentoring by Council, and other organisations – involve Chambers of Commerce, NoRBEC and CBEAS	SPCD & EDU	G4-9	Grant & Additional*	H*	R37
Image	38. Include Australia Day Senior of the Year category – aged 75 years and over	EDU	G8	Existing	M	R34
	39. Promote positive images & stories of older people through regular features in Council newsletters, publications and media	All Council	G8	Existing	H	R35
Employment & Business	40. Improve understanding of choices & options by Council participating in and promoting to business, initiatives that highlight the challenges & opportunities of an ageing workforce & an ageing customer base – similar to the "Missed Business" booklet developed for people with a disability	EDU SPCD	G5	Grant	M	R38

Key Result Area 6: Information and Communication

Outcome 10: Older residents have access to information as they approach different stages of life about choices through “life planning” so they can exercise choice about lifestyle; wellness; accommodation; financial planning; support service type etc

DAP Strategies: 20-29

Social Plan Strategies: 1.6.2; 1.8.1; 4.4.1-4.4.2

Issue	Action Strategy	Responsible Section	V V 2020 Related Goal	Resources	Priority	Related Recommendation
Access to information	41. In partnership with interested organisations to hold regular Aged Services Expos so that older people and those approaching older stages of life can identify & access what services are available, including accommodation, legal and financial planning	SPCD	G6-9	Existing & grant	O	R40, 41
	42. In partnership with community groups (U3A; Community Colleges; Service Organisations etc) hold regular talks and discussions on a broad range of topics associated with positive ageing, & make them open to all interested parties – could be in the Café Conversations format	SPCD & relevant CVC Sections	G6-9	Additional*	M-O	R41
	43. Welcome to new residents information sessions	All CVC & Councillors	G6-9	Additional*	H*-O	R32, 41
Finances	44. Assist older residents to maintain optimum income by promoting financial planning knowledge including accessing Centrelink's Financial Information Services Officer	SPCD	G6-9	Additional*	M	R41
Promotion of information	45. Develop a communication framework (community directory; community centres; libraries; Council e-newsletter; mail out to groups; newspapers; commercial; government & community radio; email database; on-line diaries; web-sites) through which notification of events can be broadcast	SPCD & IT	G6-9	Existing	H	R42
Access to Council reports	46. Make available for loan, copies of documents on display	All Sections	G6-9, 13	Existing	H	R43

7 Performance Indicators, Monitoring and Review

The main performance indicator is *“the achievement of an age-friendly community in the Clarence Valley.”*

All the strategies in the Strategy Action Plan are tools to achieve an age-friendly community, and as such the implementation and completion of the strategies are in themselves performance indicators for the process of achieving the desired outcomes.

Responsibility to implement these strategies/actions is shared across the organisation and will be monitored by the inclusion of them into the Performance Agreements of the responsible managers.

Actions will also need to be captured in all the key strategic plans developed by Council, such as the Delivery Program and the Operational Plans.

The consultation to develop the Positive Ageing Strategy included a survey that contained a question *“how well do you think the Clarence Valley currently rates as an age-friendly community?”* A repeat of this survey question as part of the Disability Action Plan survey to be conducted again in 5 years will be the key performance measure.

The establishment of the Older Persons Advisory Committee to be coordinated by the CDO – Positive Ageing, will play a vital monitoring and review role during implementation of the Positive Ageing Strategy including:

- Participation in the development and implementation of various strategies as recommended in the Positive Ageing Strategy.
- Receiving regular updates from the CDO – Positive Ageing on the implementation of strategies.

The CDO – Positive Ageing will therefore monitor the implementation of the Strategy. The general community will be kept informed on progress of the Strategy through Council's Annual Report.

If the additional human resources are not allocated to create the CDO – Positive Ageing, substantial components of the Strategy will not be achieved which will impact the delivery of the main performance indicator – *the achievement of an age-friendly community in the Clarence Valley*. The balance of the action strategies remaining if the human resources are not allocated will be monitored by the CDO – Aged/Disability.

