Acknowledgements

Whitehorse City Council would like to acknowledge the contribution of the many residents, organisations, and community stakeholders who contributed to the development of the Positive Ageing Strategy.

Council would like to thank the following community organisations for their time and participation:

- Box Hill North Combined Probus Club
- Box Hill Police
- Box Hill South Ladies Probus Club
- Box Hill Senior Citizens Club
- Chinese Community Social Services Centre Inc.
- Eastern Community Legal Centre
- Eastern Health
- Eastern Suburbs TPI Social Club
- Forest Hill Uniting Church Monday Companions
- Indian Pensioners Club
- Inner East Melbourne Medicare Local
- Inner East Primary Care Partnership
- Koonung Cottage Community House
- Life Activities Club of Whitehorse
- Louise Multicultural Centre
- Migrant Information Centre
- National Seniors Australia
- NEAMI
- OMNI Box Hill Group
- Polish Senior Citizens Club
- Senior Citizens Club- Nunawading Inc.
- U3A Nunawading Inc.
- Uniting Care Community Options
- Whitehorse Community Health Service
- Whitehorse Day Club Box Hill RSL
- Whitehorse Manningham Libraries
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Appendix 1: Glossary of Terms ......................... 36
The Whitehorse Positive Ageing Strategy 2012-2017 sets out Council’s vision for an age-friendly community where the physical, social, and mental well-being of older people is promoted and strengthened.

The positive ageing framework has been adopted by many Victorian local governments to guide their work in promoting and strengthening the well-being of older people.

Positive ageing approaches originated from the World Health Organisation’s work in promoting active and healthy ageing. *Active Ageing: A Policy Framework (2002)* proposed that governments should enact policies and programs that enhance the health, participation and security of older people.

The Positive Ageing Strategy’s development process included background research, a review of policy documents, and stakeholder consultation.

Analysis of national, state and local government area (LGA) level demographic information was undertaken. Data sources included the Australian Bureau of Statistics (ABS) and Council’s community profile.

The review of policy documents included plans and policies at both State and Federal levels. Whitehorse plans and strategies were also reviewed in detail to identify issues and opportunities relevant to positive ageing.

The Whitehorse Positive Ageing Strategy sits under the Council Plan and the Community Wellbeing Plan, a high-level plan for improving health and wellbeing in Whitehorse.

The Positive Ageing Strategy is guided by the Environments for Health Framework, which identifies external, contextual factors that influence health and wellbeing. The framework divides these influences into four ‘environments’:

- Physical and built environment
- Economic environment
- Social environment
- Natural environment

Consideration of the Environments for Health framework has helped to ensure that the Positive Ageing Strategy takes account of broader, contextual influences on health as well as individual factors.
Consultation comprised several workshops held with Council officers, community groups, Councillors, government and health sector organisations. Many different issues, ideas and opportunities were discussed, building on those identified during the background research.

The considerations listed below are assumptions about issues, contextual factors and processes that Council has made during the development of the Positive Ageing Strategy. They have informed the development of the Strategy, and will also inform its implementation, overall and in relation to individual projects and initiatives.

- Successful implementation of the Strategy will depend on a broad range of partnerships.
- The diversity of financial circumstances of older people is understood and acknowledged.
- Climate change and emergency situations pose particular challenges for older people.
- Technology presents both significant opportunities and challenges for older people.
- The views and expectations of both older people and the broader community with respect to ageing are changing.
- Older people have diverse information and communication needs.

The following strategic objectives have been developed based on background research, consultation, and current policy directions. They are the overarching goals of the Positive Ageing Strategy:

1. Promote the physical and mental health of older people
2. Enhance physical infrastructure that supports positive ageing
3. Provide information, health and support services
4. Encourage greater community involvement and connection
5. Improve older people’s access to essential goods and services
6. Monitor and respond to changing needs, circumstances and policy directions.

Each strategic objective is accompanied by several strategies that outline the actions, projects, directions and initiatives that will contribute to the implementation of the Positive Ageing Strategy.

The Positive Ageing Strategy will be subject to regular monitoring, review and evaluation processes. These processes will involve Council officers, organisational and community stakeholders, as well as a Positive Ageing Reference Group, which will be developed as an action from this plan.
Introduction

About This Plan

The Whitehorse Positive Ageing Strategy 2012-2017 sets out Council’s vision for an age-friendly community where the physical, social, and mental well-being of older people is promoted and strengthened.

A wide range of services, facilities, and activities for older residents are currently provided by Council. These include Home & Community Care services, facilities, leisure centres, community services and open spaces. Council also provides financial support to community groups to assist with the delivery of programs and activities.

Although some of the Positive Ageing Strategy will be implemented directly by Council, many initiatives will rely on the support of government and community partners. Council is committed to continuing to strengthen existing networks and partnerships to enable the whole community to work towards a more age-friendly Whitehorse.

The new Strategy builds on the previous Planning to Age Well in Whitehorse Positive Ageing Strategy 2006-2011, which was developed as part of a broad strategic review of Council’s Aged and Disability Services Department.

The following Strategic Objectives have been identified based on background research, consultation, and current policy directions. They are the overarching goals of the Positive Ageing Strategy:

1. Promote the physical and mental health of older people
2. Enhance physical infrastructure that supports positive ageing
3. Provide information, health and support services
4. Encourage greater community involvement and connection
5. Improve older people’s access to essential goods and services
6. Monitor and respond to changing needs, circumstances and policy directions.

The considerations listed below are assumptions about issues, contextual factors and processes that Council has made during the development of the Positive Ageing Strategy.

They have informed the development of the Strategy, and will also inform its implementation, overall and in relation to individual projects and initiatives.
Successful implementation of the Strategy will depend on a broad range of partnerships.

The diversity of financial circumstances of older people is understood and acknowledged.

Climate change and emergency situations pose particular challenges for older people.

Technology presents both significant opportunities and challenges for older people.

The views and expectations of both older people and the broader community with respect to ageing are changing.

Older people have diverse information and communication needs.

The Positive Ageing Strategy is structured around the Strategic Objectives outlined above. Research outcomes, information from consultations, strategies and strategic indicators are all presented with the corresponding Strategic Objective.
Relationship with Other Plans

The City of Whitehorse has developed several strategic plans that include information, goals, objectives and policy directions relevant to positive ageing:

- Positive Ageing Strategy 2006-2011
- Council Plan 2012-2016
- Community Wellbeing Plan 2009-2013
- Disability Policy & Action Plan 2012-2016
- Burwood Heights Activity Centre Structure Plan (2006)
- Tally Ho Major Activity Centre Urban Design Framework (2007)
- Box Hill Transit City Activity Centre Structure Plan (2007)
- Nunawading / Megamile Major Activity Centre and Mitcham Neighbourhood Activity Centre Structure Plan (2008)
- Megamile (West) and Blackburn Activity Centres Urban Design Framework (2010)
- Whitehorse Integrated Transport Strategy (2011)
- Whitehorse Road Safety Strategy (2006)
- Whitehorse Play Space Strategy
- Whitehorse Sustainability Strategy
- Whitehorse Climate Change Adaption Plan
- Whitehorse Peak Oil Plan
- Whitehorse Waste Management Plan
- Whitehorse Recreation Strategy
- Whitehorse Open Space Strategy
- Arts & Culture Strategy
- Whitehorse Economic Development Strategy 2008-2013
- Whitehorse Volunteering & Civic Participation Strategy
- Whitehorse Disability Action Plan
- Whitehorse Diversity Policy & Action Plan
- Whitehorse Affordable Housing Policy

The Positive Ageing Strategy is informed by key trends, issues and directions arising from these plans, as well as information from background research and community consultation.
It is therefore important that the Positive Ageing Strategy is read in conjunction with, and understood in the context of, these and other related plans and strategies.

A particularly important reference is the Community Wellbeing Plan, a high-level plan for improving health and wellbeing in Whitehorse.

The Plan is guided by the Environments for Health Framework, which identifies the external, contextual factors that influence health and wellbeing. The framework divides these influences into four ‘environments’:

- Physical and built environment within which we live, work, learn, play, travel, and shop;
- Economic environment that determines access to worthwhile employment, affordable housing and affordable food;
- Social environment that determines the extent to which we are able to form meaningful relationships, participate and be engaged in our community; and
- Natural environment that determines the health of our water, soil, air and food systems.

Consideration of the Environments for Health framework has helped to ensure that the Positive Ageing Strategy takes account of broader, contextual influences on health as well as individual factors.

The responsibility for the development of the Positive Ageing Strategy sits with Council’s Home & Community Care and Community Development Departments.

Figure 1 overleaf describes the relationship between the Positive Ageing Strategy and other plans and strategies.
Figure 1: Relationship between the Positive Ageing Strategy and other Council plans and strategies.

**The Council Plan**
4 year strategic plan

**Community Wellbeing Plan**
4 year plan for health and wellbeing, focusing on the environments for health

**Municipal Strategic Statement (MSS)**
Strategic plan for land use, built environment, air and water

**Specific Strategic Plans**
Many policies, strategies, and action plans exist across Council. The Whitehorse Positive Ageing Strategy aligns with the Council Plan, Community Wellbeing Plan and MSS as well as influencing other Council Policies, strategies and action plans.

The following list grouped under the environments for health attempts to capture a range of plans however it is by no means a comprehensive listing.

**Social**
- Volunteering and civic participation
- Arts festivals and events
- Disability policy action plan
- Diversity policy and action plan
- Community safety
- Road safety strategy
- Municipal emergency management plan
- Recreation strategy
- Domestic animal management strategy

**Built**
- Affordable housing policy
- Integrated transport strategy
- Traffic management strategy
- Road management plan

**Natural**
- Open space strategy
- Energy action plan
- Water action plan
- Climate change risk assessment
- Sustainability strategy
- Waste management plan
- Peak Oil Strategy
- Heat Wave Strategy

**Economic**
- Economic development strategy
- Footpath trading guidelines
Development Process

The development process for the Positive Ageing Strategy included background research, a review of policy documents, and stakeholder consultation.

Analysis of national, state and local government area (LGA) level demographic information was undertaken to identify trends, issues, and implications. Data sources included the Australian Bureau of Statistics (ABS) and Council’s community profile.

The review of policy documents included plans and policies at both State and Federal levels, as follows:

- National Strategy for an Ageing Australia (2001)
- Ageing in Victoria: A plan for an age-friendly society 2010-2020
- Victorian Public Health & Wellbeing Plan 2011-2015
- Evaluation of the MAV / COTA Positive Ageing in Local Communities project

Several Whitehorse plans and strategies were also reviewed in detail to identify issues and opportunities relevant to positive ageing:

- Council Plan 2011-2015
- Community Wellbeing Plan 2009-2013

The background research and review of policy documents identified a wide range of information, issues and potential opportunities. These were presented to Council officers and community stakeholders during the consultation process described below.

A series of workshops were held to consult with Council officers, community groups, Councillors, government and health sector organisations as follows:

- One workshop for Council officers across the organisation.
- Two workshops for health service providers and government representatives.
- Two workshops for community groups and organisations.
- One workshop with Councillors.
The workshops covered a range of areas including:

- Presentation of background information, policy context, and issues arising.
- Discussion of issues, themes, ideas and opportunities relevant to older people in Whitehorse.
- Review of the implementation of the previous Positive Ageing Strategy.
- A case study exercise to consider issues and solutions for people of varying ages and needs.
- General feedback and discussion.

A full list of organisations and groups consulted is presented on Page 2. Figure 2 below provides a summary of the development process for the Positive Ageing Strategy.

**Figure 2: Positive Ageing Strategy Development Process**

1. **Background Research**
2. **Policy Documents Review**
3. **Community Consultation**
4. **Council Review**
Demographics – Who we are

Australia and Victoria

Australia’s population is ageing as a result of increased life expectancy and lower fertility. During the period 1990 to 2010, the proportion of people aged over 65 years increased from 11.1 per cent to 13.6 per cent. During the same period, the proportion of the population aged 85 years and over doubled from 0.9 per cent to 1.8 per cent (ABS, 2010).

This national picture is mirrored in Victoria, with 13.7 per cent of the population aged 65 years and over in 2010. Current life expectancy in Victoria is 79.6 years for males and 83.9 years for females (ABS, 2010).

By 2036, the proportion of Victorians aged 65 and over is projected to rise from 13 per cent to 22 per cent of the population. The number of people aged over 85 years is projected to increase from around 100,000 in 2006 to around 300,000 in 2036 (Office for Senior Victorians, 2010).

City of Whitehorse

In Whitehorse in 2011 there were 14,450 persons aged 60-69, 15,357 persons aged 70-84, and 4,277 persons aged 85 and over¹.

Compared with metropolitan Melbourne, Whitehorse has a larger proportion of people in the older age groups, with 22.5 per cent of the Whitehorse population aged 60 years and over, compared with 18.2 per cent for metropolitan Melbourne. Figure 3 overleaf shows the age structure of the City of Whitehorse (.id consulting, 2013).

The top ten countries of birth for residents aged 65 and over are depicted in Figure 4². A higher proportion of residents aged 65 and over were born in European countries. This is likely due to the influx of migrants from this region in the aftermath of the Second World War. It is worth noting that for the general population, China is the most common overseas country of birth, whereas a smaller proportion of residents aged 65 and over are from China (ABS, 2011).

¹ Unless otherwise stated, data quoted is place of usual residence.
² Based on place of enumeration.
Figure 3: Age Structure

Figure 4: Overseas Countries of Birth
Table 1 below shows lower levels of English proficiency among the 65 and over age group, with 80 per cent more residents indicating they speak English ‘not well or not at all’.

**Table 1 – English proficiency, City of Whitehorse**

<table>
<thead>
<tr>
<th></th>
<th>Speaks English only</th>
<th>Speaks English well or very well</th>
<th>Speaks English not well or not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents aged 65 years and over</td>
<td>72%</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>All residents</td>
<td>71%</td>
<td>21%</td>
<td>5%</td>
</tr>
</tbody>
</table>

In 2011, 321 people identified as being Aboriginal in the City of Whitehorse, with 25 per cent aged over 50 years³. Use of Home & Community Care (HACC) services by this group is low, 12 per cent as compared with 32 per cent for the region (Department of Health, 2012).

³ Based on place of enumeration
Overall, 4.3 per cent of the Whitehorse population reported needing assistance with core activities. The need for assistance increased markedly with age. In 2011 38.1 per cent of residents 85 years and older required assistance as compared with 20.8 and 12.4 percent for residents aged 80-84 and 75-79 respectively.

Significantly in 2011, 11.3 per cent of the Whitehorse population provided unpaid care to family members or others, compared with 10.9 per cent for Greater Melbourne.

In 2010-2011, the City of Whitehorse Home & Community Care service provided over 100,000 meals to residents. Over 135,000 hours of home support services were provided to 3,351 residents.

Figure 5 below shows the forecast changes in age structure for the City of Whitehorse. Between 2011 and 2021, the number of people aged over 65 is expected to increase by 2,248 (8.1 per cent), and represent 18.8 per cent of the population.

The age group which will have the largest increase is 70-74 year olds, whose numbers are forecast to increase from 6,102 to 7,060 by 2021 (id consulting, 2012).
Policy Context

Positive Ageing

The positive ageing framework outlined below has been adopted by many Victorian local governments to guide their work in promoting and strengthening the physical, social, and mental well-being of older people.

Positive ageing approaches originated from the World Health Organisation’s work in promoting active and healthy ageing. *Active Ageing: A Policy Framework (2002)* proposed that governments should enact policies and programs that enhance the health, participation and security of older people.

Such policies and programs to help older people remain healthy and active were viewed as a necessity rather than as a luxury. The goal of active ageing approaches was to enable people to realise their potential for physical, social, and mental well-being and to fully participate in society according to their needs, desires and capacities.

The policy framework identifies several determinants of active ageing, as well as a range of challenges presented by an ageing population. The following three pillars provide a framework for action:

1. **Participation**
   
   When labour market, employment, education, health and social policies and programmes support their full participation in socioeconomic, cultural and spiritual activities,

2. **Health**

   When the risk factors (both environmental and behavioural) for chronic diseases and functional decline are kept low while the protective factors are kept high, people will enjoy both a longer quantity and quality of life.

3. **Security**

   When policies and programmes address the social, financial and physical security needs and rights of people as they age, older people are ensured of protection, dignity and care in the event that they are no longer able to support and protect themselves.
National Strategy for an Ageing Australia

The National Strategy for an Ageing Australia seeks to respond to a significant ageing of the population that will take place in the first half of this century. It provides a broad framework for a national response to the challenges and opportunities of an older Australia, and a vehicle for ongoing engagement with the community.

The Strategy considers issues and sets goals for achievement in a wide range of areas including the ageing workforce, sustainability of retirement incomes, community attitudes, infrastructure, healthy ageing and health service provision (Commonwealth of Australia, 2001).
Aged Care Reform
The Federal Government’s recently released aged care reform package Living Longer, Living Better involves a ten-year reform plan and a funding commitment of $3.7 billion.

The reforms will drive significant changes in the design and supply of services over time. While the Government will remain the major funder of aged care services, there will be a greater contribution towards the cost of care from older people with income and assets beyond the pension and family home.

There is a greater emphasis on providing an integrated and improved range of community care to assist people to live at home, and simplifying access to information about aged care, with a national call centre and the My Aged Care website (Commonwealth of Australia, 2012).

Active Service Model
The Active Service Model aims to change the way that Home and Community Care (HACC) services are provided. Services aim to improve older people’s capacity, skills, awareness and knowledge, with an emphasis on independence and self-reliance where possible.

A key driver for the Active Service Model is the current growth in numbers of people who are ageing. A substantial number of older people will experience significant levels of disability in the last 10 – 15 years of life. This will inevitably lead to an increased demand for community based services.

The Active Service Model emphasizes proactive and / or preventative services that have the potential to reduce older people’s dependency levels, rather than services that substitute for the person’s own effort (Department of Human Services, 2008).

Medicare Local
The Australian Government has committed to establishing a national network of primary health care organisations, Medicare Locals, by mid-2012. Medicare Locals will be independent legal entities with strong links to their local communities, health professionals, service providers, consumers and patient groups.

The overall objective of the Medicare Locals is to support health professionals, improve the delivery of primary care services, and improve access to after-hours primary care. They will be responsible for making it easier for patients and service providers to navigate their way through the health care system.

Medicare Locals will perform many activities that Divisions of General Practice are currently undertaking but will take on more roles, identifying the gaps in the current health care system and consolidating relationships with hospitals, community health, private providers and the aged care sector (Department of Health & Ageing, 2012; Eastern Ranges General Practice Association, 2012).
Ageing in Victoria: A Plan for an Age-Friendly Society

The former Victorian Labor Government developed a ten-year plan to address population ageing, *Ageing in Victoria: A plan for an age-friendly society 2010-2020*. The strategies outlined in the plan sought to achieve better outcomes for older people in three areas:

1. **Good health and wellbeing**
2. **Age-friendly communities**
3. **Economic and social participation**

The plan acknowledges the important role of local governments as a first point of contact and key service provider, including the provision of services funded by federal and state governments (Office for Senior Victorians, 2010).

**Victorian Public Health & Wellbeing Plan**

The *Victorian Public Health and Wellbeing Plan 2011-2015* aims is to achieve lasting improvements in the health of all Victorians. The Plan identifies local communities as one of four priority settings for action.

Local governments are seen as ideally placed to develop, lead and implement local policies to influence many determinants of health, in areas such as transport, roads, parks, waste, land use, housing and urban planning, recreation and cultural activities, and creating safe public places (Department of Health, 2011).

**Home & Community Care (HACC) Diversity Plan**

The Eastern Metropolitan Region (EMR) diversity plan will inform the local approach to maximising access to services for HACC special needs groups, including people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait islander backgrounds, those with dementia, and people who are financially disadvantaged.

The diversity plan will inform the allocation of resources for improved service access and outcomes for diverse people, and influence the diversity plans developed by individual HACC funded agencies. The overarching priority of the diversity plan is to acknowledge diversity as an integral part of implementing a client centered services within the Active Service Model framework (Department of Health, 2012).
Positive Ageing Strategy

Strategic Objectives
1. Promote the Physical and Mental Health of Older People
2. Enhance Physical Infrastructure that Supports Positive Ageing
3. Provide Information, Health and Support Services
4. Encourage Greater Community Involvement and Connection
5. Advocate for Improved Access to Services
6. Respond to Changing Needs, Circumstances and Policy Directions
STRATEGIC OBJECTIVE 1:

Promote the Physical and Mental Health of Older People

Council plans indicate that diseases often associated with ageing – heart disease, stroke, dementia, depression and lung cancer – make a significant contribution to the overall health burden in Whitehorse.

They also highlighted the interconnectedness of physical and mental health. Good physical health enables people to socialise, work, play, and to participate actively in society. Poor health limits these opportunities, and increases the risk of isolation and depression.

Whitehorse is fortunate to have many organisations and groups providing social, recreational, and educational activities for older people. Senior citizens clubs, the Life Activities Club, U3A, ethnic senior’s clubs and Council’s own programs provide a wide range of opportunities for physical activity and social connection.

Community and stakeholder consultations revealed that more education is needed about health, including both health issues and information about available services. Community members felt that social isolation, a challenge for many older people, can have a significant impact on health.

An emerging issue is that older people are more vulnerable to the health impacts of climate change. Projected increases in numbers of heatwave events and emergency situations present significant challenges for older people.

Grief and loss was identified as an important, and often hidden, health issue for many older people, especially after the death of a spouse.
### STRATEGIES
- Improve access to buildings, pathways, parks and public spaces.
- Hold a positive ageing expo to promote currently available services, activities, and resources.
- Advocate to relevant organisations healthy eating and nutrition programs targeting high needs groups.
- Continue to support the delivery of existing health and wellbeing programs for older people.

### STRATEGIC INDICATORS
- Seventy-five percent (75 per cent) of planned access projects completed.
- Increased awareness of services, activities, and resources.
- Number of activities/events with a health and wellbeing focus delivered to older people.
STRATEGIC OBJECTIVE 2:

Enhance Physical Infrastructure that Supports Positive Ageing

Council plans identify several barriers to healthy living for older people. While Whitehorse has many high quality facilities such as parks, swimming pools, and gymnasiums, consultations revealed that a lack of physical infrastructure such as toilet facilities or safe walking paths acted as barriers to access in some cases.

Consultation with community members and stakeholders highlighted several issues and opportunities. Road safety was identified as a concern for many older people, due to their decreased mobility and longer reaction times. Poor infrastructure may exacerbate these risks. Conversely, good design can help overcome them, through measures such as longer walk times at pedestrian crossings for example.

Transport was the subject of considerable discussion. Community members fed back that the availability of community buses is limited, and that in many cases groups providing activities for older people are struggling to find volunteer drivers. Requirements such as insurance and OH&S legislation can provide further barriers to the use of community buses.

Public transport was seen as largely inadequate, with a limited number of destinations and a poor frequency of service, especially on weekends. Concerns were raised about safety on buses, including boarding, sitting down and disembarking. Only a proportion of buses on certain routes have a low floor, which means services are not accessible in some instances. In addition public housing estates are reportedly not well serviced by current public transport routes.

Whitehorse’s urban design was seen to provide some barriers to greater mobility, with residences, shopping areas, services and community facilities relatively dispersed. There was discussion about how housing for older people in the future could be co-located with facilities, services and amenities to overcome these issues.

Finally, participants emphasised that it is important that groups serving older people have good facilities in which to meet. While the provision of facilities in Whitehorse overall was seen as a strength, some facilities were in poor condition or lacked important amenities such as heating and cooling.
### STRATEGIES

- Investigate opportunities for the co-location of housing, amenities, community services and facilities.
- Continue to deliver educational programs and infrastructure to improve road safety for older people.
- Improve the safety, accessibility, and amenity of parks and open spaces for older people.
- Upgrade community facilities in line with Council’s capital works program to be more age friendly.
- Explore with key partners the opportunities for an age friendly walking area.

### STRATEGIC INDICATORS

- Seventy-five per cent (75 per cent) of planned road safety education programs delivered.
- Seventy-five per cent (75 per cent) of planned upgrade and redevelopment projects delivered.
- Partnership commitment to develop an age friendly walking area.
STRATEGIC OBJECTIVE 3:

Provide Information, Health and Support Services

The review of Council plans revealed that many community members had difficulty accessing medical facilities in their local area. The trend towards larger ‘super clinics’ detracted from the local base and doctor-patient relationship that people were looking for.

Council is one of the largest providers of services to older people and people with disabilities in the municipality. Services include Home Care, Personal Care, Respite Care, Home Maintenance, Meals on Wheels, and social support. These services are likely to come under considerable pressure from increasing demand and changes in service models.

Consultation with community stakeholders revealed that older people are more vulnerable during emergencies, such as fires, floods, heatwave events, or extended power outages. It is important that emergency management arrangements, which are often coordinated at a local level, take account of this increased vulnerability.

Elder abuse is a largely hidden problem, the incidence of which increases with age and / or the onset of dementia. Often such abuse relates to access to or control over financial resources and assets such as the family home. Older people are likely to experience difficulty reporting and seeking assistance to deal with such issues.

Concerns were expressed by several community groups serving older people about changes in OH&S legislation to include volunteers and volunteer-involving organisations. Group representatives felt the new requirements are likely to make it more difficult to provide social support and recreational activities for their members.

The views and expectations of both older people and the broader community with respect to ageing are changing. Some participants fed back that ageing needs to be considered within a cultural context, and that it is important to work closely with cultural groups in order to achieve this. As a consequence, there will need to be a flexible and responsive approach to the provision of information and support services.
### STRATEGIES

- Undertake research into the information and communication preferences of older people.
- Advocate for gaps in mental health services for older people.
- Continue to host programs such as Wiser Walker, Wiser Driver, and Keeping Safe and Mobile.
- Improve partnerships between Home and Community Care and health services.
- Develop an elder abuse policy for Council’s Home and Community Care services.
- Continue to support the needs of older people in municipal emergency response and recovery planning.
- Continue to liaise with and support diverse cultural and ethnic groups in the provision of information, services and activities.

### STRATEGIC INDICATORS

- Increased awareness of services, programs, and activities.
- Seventy-five percent (75 per cent) of planned safety education programs delivered.
- Enhanced ability to recognise and report, in relation to instances of elder abuse.
- Improved education in relation to emergency planning for older people.
- Training provided to Home and Community Care staff in relation to elder abuse.
STRATEGIC OBJECTIVE 4:

Encourage Greater Community Involvement and Connection

Council plans revealed that while family and friends were a crucial source of support for older people, changing roles within families could be a source of stress and difficulty. This is particularly the case for older people who may have caring responsibilities for grandchildren, their own ageing parents, children with disabilities, or their partner.

The plans also highlighted that from a community safety point of view many older people feel vulnerable. Public spaces, public transport, and personal / property crime were all areas of concern. Scams and aggressive sales representatives were identified as an issue deserving of more attention, and a real source of financial risk for older people.

Many older people are embracing new information and communication technologies such as smartphones, e-books, and social media. Others who do not have access to, or interest in such technologies may experience reduced access to information and services as organisations increasingly communicate online. Conversely, some consultation participants felt that the overuse of information and communication technologies could lead to social isolation.

Many community stakeholders felt that society needs to take greater advantage of the skills and knowledge of older people, and also recognise their contribution. Volunteering and paid employment were seen as important ways that this could be achieved.

A desire was expressed for increased contact between generations, through projects such as ‘The Warmth of Wool’. This could also enable skill and knowledge transfer, and create mentoring opportunities for young people. It was felt that many older people have skills that can assist with emerging issues such as climate change adaptation.

Participants expressed that a proportion of older people are socially isolated and / or depressed. Not surprisingly this group was seen as challenging to communicate with and provide assistance to. In a related vein, the abandonment of older people by friends and relatives, especially after moving to a retirement village or nursing home, was seen as a significant issue.

Finally, community groups felt that there is a lack of knowledge in the community about available services and activities. Several groups expressed frustration about a lack of funds to advertise their activities making it difficult to attract new members.
### STRATEGIES
- Explore opportunities for intergenerational projects and activities.
- Promote the ‘know your neighbour’ initiatives as a means of social support for older people.
- Increase awareness of volunteering opportunities for older people.
- Promote the Transition Communities initiative as a social connection / community participation opportunity.
- Continue to support existing community safety initiatives.

### STRATEGIC INDICATORS
- Number of intergenerational forums hosted.
- Improved perceptions of safety.
- Two volunteer expos held during the strategy’s timeframe.
- Number of meetings held by the Transition Communities group.
- Seventy-five percent (75 per cent) of planned community safety initiatives undertaken.
STRATEGIC OBJECTIVE 5:

Advocate for Improved Access to Services

The Whitehorse Community Wellbeing Plan indicates that 38 per cent of renters aged over 65 years of age and living alone are experiencing financial stress due to housing-related costs comprising greater than 30 per cent of their income.

Council plans also highlights the impact of cost on access to healthy food. Many people commented during consultations that fresh, healthy food was more expensive than convenience or highly processed foods. This was seen as a particular concern for people on low incomes, including many older people.

As outlined in Strategic Objective 2, transport, housing location and urban design all impact on older people’s access to essential goods and services. The limited availability of community buses, inadequate public transport, and the City’s urban design were all identified as constraints to access.

Issues of language, access, participation and culturally appropriate service provision will be important to consider given 29.4 per cent of the Whitehorse population were born overseas, with 22.9 per cent from a non-English speaking background.

A particular challenge highlighted during consultations is that older people from such backgrounds may lose their English language ability as they age, with consequences for access to services and social participation.
<table>
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<tr>
<th>STRATEGIES</th>
<th>STRATEGIC INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to use community and ethnic radio to disseminate information</td>
<td>□ Increased awareness of services, programs, and activities.</td>
</tr>
<tr>
<td>about programs, activities, and services.</td>
<td>□ Number of advocacy campaigns in regards to public transport.</td>
</tr>
<tr>
<td>Advocate for improved frequency, reach and accessibility of public transport services.</td>
<td>□ Level of food insecurity as measured by the Community Indicators Victoria (CIV) survey.</td>
</tr>
<tr>
<td>Continue to support existing measures to improve access to and affordability of healthy, nutritious food</td>
<td>□ Increased translation of Council information for culturally diverse groups.</td>
</tr>
<tr>
<td>Advocate for improved urban planning to create more accessible, walkable, liveable neighbourhoods.</td>
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<tr>
<td>Continue to support current language services and / or service delivery initiatives for people of diverse backgrounds</td>
<td></td>
</tr>
</tbody>
</table>
STRATEGIC OBJECTIVE 6:

Respond to Changing Needs, Circumstances and Policy Directions.

Compared with metropolitan Melbourne, Whitehorse has a larger proportion of people in the older age groups, with 21.7 per cent of the Whitehorse population aged 60 years and over, compared with 17.0 per cent for metropolitan Melbourne.

In 2011, 4.3 per cent of Whitehorse residents required assistance with core activities due to a disability, long-term health issue or old age. This proportion is likely to increase with continued population ageing.

By 2021, the number of people aged over 65 is expected to increase by 4,398 (17.3 per cent), and represent 18.7 per cent of the population. The age group which will have the largest proportional increase is 85 and over, whose numbers are forecast to increase from 3,489 (2.4 per cent) to 4,807 (3.0 per cent) by 2021 (id consulting, 2011).

These increases will have a significant impact on the service provision system. There is a real need to consider how services and programs for older people will continue to be funded in the face of increasing demand.

As well as increasing numbers of older people, consultations revealed that expectations about ageing are changing. Many older people do not identify with traditional conceptions of ageing or social roles of older people, and may have a different mindset about family, work and lifestyle than may have been the case in the past.

A good example of these changes is provided by senior citizens’ centres. Many centres are experiencing declining memberships and governance difficulties in the face of rising regulatory expectations of community-based committees. In addition many older people do not identify as ‘senior citizens’ and are unlikely to participate in this form of social support.
<table>
<thead>
<tr>
<th>STRATEGIES</th>
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</thead>
<tbody>
<tr>
<td>Information dissemination regarding state and local demographic trends, particularly the results of the 2011 Census.</td>
<td>☐ Development of demographic fact sheets.</td>
</tr>
<tr>
<td>Respond to Federal and State directions/initiatives in policy and service delivery.</td>
<td>☐ Information Session to be held on the demographics of Whitehorse.</td>
</tr>
<tr>
<td>Development of a Positive Ageing Network.</td>
<td>☐ Positive Ageing Network developed and implemented.</td>
</tr>
<tr>
<td>Actively engage with State policy areas such as urban and transport planning that have a significant impact on older people.</td>
<td>☐ Municipal Public Health Plan developed in conjunction with key Council service areas.</td>
</tr>
</tbody>
</table>
Implementation and Evaluation

The Positive Ageing Strategy will be a living document, subject to regular monitoring, review and evaluation processes as set out below. An important aspect of the implementation process will be ensuring transparency and accountability.

Implementation

Annual action plans will be developed to guide the Strategy’s implementation. These plans will include specific actions, resource requirements, outcomes and timelines.

Specific roles and responsibilities will be assigned to staff within the Home and Community Care and Community Development Departments to support the implementation of the annual action plans.

Evaluation

Strategic indicators have been assigned to each strategy. These indicators will be regularly monitored to determine progress and provide evidence of positive change.

Council staff, organisational and community stakeholders will be involved in the evaluation of individual actions.
References


### Appendix 1: Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Accessibility</td>
<td>Design of products and the built environment to be usable to the greatest extent possible by everyone, regardless of their age, ability, or status in life.</td>
</tr>
<tr>
<td>Active Service Model</td>
<td>An approach to the provision of Home &amp; Community Care services based on the premise that all clients have the potential to make gains in their wellbeing and that services can improve their capacity to make gains.</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>A condition is considered chronic when it lasts for more than six months, has a significant impact on a person’s life, and requires ongoing supervision by a health professional.</td>
</tr>
<tr>
<td>Community profile</td>
<td>Refers to a web-based summary of demographic data prepared by .id consulting from the Australian Bureau of Statistics Census of Population and Housing.</td>
</tr>
<tr>
<td>Core activities</td>
<td>Activities which are essential for daily living, such as self-care, mobility and communication.</td>
</tr>
<tr>
<td>Demographics</td>
<td>The study of populations, especially with reference to size and density, fertility, mortality, growth, age distribution, migration and vital statistics, and the interaction of all of these with social and economic conditions.</td>
</tr>
<tr>
<td>Determinant of health</td>
<td>Structures and conditions that shape daily life such as income, employment, and housing; access to healthcare, schools, and education; conditions of work and leisure; and the state of housing, neighbourhoods, and the environment.</td>
</tr>
<tr>
<td>Early intervention</td>
<td>An act of intervening with the intent of modifying an outcome either early in a person’s life, or early in the progression of a disease.</td>
</tr>
<tr>
<td>Elder abuse</td>
<td>Mistreatment or neglect of an older person(s) through the intentional or unintentional behaviour of another person(s). Such abuse may be physical, psychological, sexual, financial and/or systemic.</td>
</tr>
<tr>
<td>Functional decline</td>
<td>A reduction in an individual’s ability to perform activities that are associated with the routines of daily living.</td>
</tr>
<tr>
<td>Governance</td>
<td>Relates to the leadership, management, policies, practices, and processes for an organisation, group, or entity.</td>
</tr>
<tr>
<td>Health promotion</td>
<td>Services that help people make decisions about actions and behaviour that lead to good health.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Home &amp; Community Care</td>
<td>Refers to a range of maintenance and support services to help frail older people and younger people with disabilities to continue living in the community.</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>Refers to the built environment, encompassing for example roads, railways, buildings, parks, and the provision of services such as energy, water, and sanitation.</td>
</tr>
<tr>
<td>Labour market</td>
<td>The interaction between the suppliers of labour services (workers), the users of labour services (employers), and the resulting pattern of wages, employment, income, and economic activity.</td>
</tr>
<tr>
<td>Melbourne Statistical Division</td>
<td>The Melbourne metropolitan area as defined by the Australian Bureau of Statistics.</td>
</tr>
<tr>
<td>OH&amp;S</td>
<td>Abbreviation for Occupational Health &amp; Safety, which refers to policies, practices, and legislation to ensure safe and healthy workplaces.</td>
</tr>
<tr>
<td>Population Health</td>
<td>The health of the population, measured by health statistics and indicators; it is influenced by physical, biological, social and economic factors in the environment, by personal health behaviour, and health care services.</td>
</tr>
<tr>
<td>Positive ageing</td>
<td>A philosophy that older people should be supported to realise their potential for physical, social, and mental well-being and to fully participate in society according to needs, desires and capacities.</td>
</tr>
<tr>
<td>Prevention</td>
<td>Primary prevention refers to activities that aim to prevent health problems in whole populations before they occur. Secondary prevention involves population based activities that aim to identify precursors to, and early signs of, illness when treatment can be most effective. Early intervention refers to efforts that are aimed at responding to early signs of disease and preventing worsening of the disease.</td>
</tr>
<tr>
<td>Primary health care</td>
<td>Primary health care refers to health care services that are provided in community settings outside the hospital network. Such services are provided by general practitioners, nurses, pharmacists and a wide range of other health service providers.</td>
</tr>
<tr>
<td>Protective factor</td>
<td>Social, economic or biological status, behaviours or environments, which are associated with reduced susceptibility to a specific disease, ill health, or injury.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>Public health</td>
<td>What society can collectively do to ensure the conditions in which people can be healthy. Focuses on prevention, promotion, and protection rather than treatment, and on populations rather than individuals.</td>
</tr>
<tr>
<td>Risk factor</td>
<td>Social, economic or biological status, behaviours or environments, which are associated with increased susceptibility to a specific disease, ill health, or injury.</td>
</tr>
<tr>
<td>Service provider</td>
<td>An individual who, or organisation that, provides services related to health and wellbeing.</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>A person, group, or organization with an interest in a given issue, situation, action or enterprise.</td>
</tr>
<tr>
<td>Social inclusion</td>
<td>Refers to policies which result in the reversal of circumstances or habits which lead to social exclusion. Indicators of social inclusion include employment, access to services, relationships, community connection, and ability to participate in decision-making processes.</td>
</tr>
<tr>
<td>Strategic indicator</td>
<td>Enables an assessment of the process, outcome, and / or impact of an individual Strategy.</td>
</tr>
<tr>
<td>Strategic objective</td>
<td>An overarching goal of the Positive Ageing Strategy; the Strategy includes six Strategic Objectives.</td>
</tr>
<tr>
<td>Strategy</td>
<td>An action, project, or initiative that will contribute to the implementation of the Positive Ageing Strategy.</td>
</tr>
<tr>
<td>Target</td>
<td>Refers to the desired standard of performance to be achieved on a given performance indicator. Targets may be set on the basis of objective evidence, expert consensus, values or averages.</td>
</tr>
<tr>
<td>Urban design</td>
<td>The arrangement, appearance and functionality of towns and cities, and in particular the shaping and uses of public spaces.</td>
</tr>
<tr>
<td>Wellbeing</td>
<td>A view of wellness that is more than the absence of disease or illness. Wellbeing incorporates broader concepts such as better living conditions, improved quality of life and community connectedness.</td>
</tr>
</tbody>
</table>

Note: The above definitions are not intended to be a definitive reference, and should be used as a guide only.
**Acknowledgement of Country**
In the spirit of reconciliation, Whitehorse City Council acknowledges the Wurunderjeri people as the traditional owners of the land now known as Whitehorse and pays respects to its elders past and present.

**Contacting Council**

**Postal Address**
Whitehorse City Council
Locked Bag 2
Nunawading Delivery Centre 3131
Telephone: 9262 6333
Fax: 9262 6490
TTY: 9262 6325
(Service for people who are deaf or have a hearing impairment)
TIS: 131 450
(Telephone Interpreter Service – call and ask to be connected to Whitehorse City Council)

**Email**
customer.service@whitehorse.vic.gov.au

**Website**
www.whitehorse.vic.gov.au

**Service Centres**

**Whitehorse Civic Centre**
379-397 Whitehorse Road
Nunawading 3131

**Box Hill Service Centre**
Box Hill Town Hall
1022 Whitehorse Road
Box Hill 3128

**Forest Hill Service Centre**
Shop 130,
Forest Hill Chase Shopping Centre
Canterbury Road
Forest Hill 3131

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