

Port Augusta City Council
Ageing Strategy 2007 - 2012
Making Port Augusta a Better Place to Grow Older

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EXECUTIVE SUMMARY

The Port Augusta City Council commissioned Urban & Regional Planning Solutions to prepare this Ageing Strategy to promote and support positive ageing experiences, while recognising the diversity of needs of different groups of older people.

Council is seeking to strengthen existing partnerships and build new relationships between service providers from all spheres of government, non-government organisations and the private sector.

Population projections for the City of Port Augusta indicate that by 2016, more than 20% of the population will be aged over 65. This represents a significant increase on the 11.7% of the population in that age group in 2001.

This Ageing Strategy focuses on nine goals that will need to be addressed if Port Augusta is to become an even better place to grow older. These goals are:

- Provide older people with a choice of affordable housing designed and located to support independence and social connection.
- Provide improved transport access for older people to services and facilities and those social and recreational activities that contribute to a positive quality of life.
- Support programmes and activities that foster social interaction and build connections that reduce fear and loneliness.
- Provide and maintain a public environment that supports physical activity, safe access and informal social connections.
- Increase the level of co-ordination between providers of aged care and health services and develop innovative responses to gaps in health services for older people.
- Plan now to meet the projected future demand for residential aged care places, so that all older people have access to high quality affordable facilities within their community.
- Provide and promote home help services to assist older people to live independently with confidence.
- Provide and distribute information in ways that reach older people, their carers and families to support their understanding of the services and programmes that are available and how to access these.
- Attract, develop and retain a skilled and committed workforce to provide care and support to older people.

The Strategy was informed by extensive consultation involving the input of over 150 service providers, members of community organisations and older people, between February and April 2007.

These consultations demonstrated that growing older in Port Augusta can be a positive experience for most residents. Older people acknowledged that they have access to high quality health services and future support in affordable low and high care residential facilities, if and when this is required.

There are some obvious gaps that need to be addressed and the Strategy has recommended priority actions that should be undertaken by Council and other organisations working in partnership to improve the outcomes for older residents.

A suggested timeframe has been provided for the implementation of the actions in this Strategy. The following actions are identified as priorities. It is therefore recommended that the Port Augusta City Council give active consideration to providing budget including staff resources, to progress these actions in the next 12 months. Several of these actions are linked although they relate to different goals, however, they are not listed in any particular priority order.

In the next 12 months, it is recommended that Council:

- facilitate the establishment of an Aged Care Co-ordination Network (S9.1);
- initiate and co-ordinate the development of an Information Plan for Older People (S12.1);
- investigate the potential for a community based Home Help Service (S11.1);
- initiate discussions with not-for-profit providers of retirement housing and increase housing choice and provide affordable options (S5.1);
- begin to plan to meet projected future demands for residential aged care places by exploring partnership opportunities with not-for-profit aged care providers (S10.1);
- seek funding from relevant State Government departments to prepare and implement a Movement Strategy to support safe walking and cycling and improve access for people with disabilities (S8.1);
- work with the Office of Public Transport and the existing bus and taxi service operators to improve existing services (S6.1);
- develop a proposal in partnership with the Regional Development Board and Area Consultative Committee for funding for training a mature aged pool of aged care workers (S13.1).

Council will also continue to contribute as a partner and, where necessary, as an advocate to other spheres of Government to ensure that services, facilities, programmes and the skilled and committed staff to deliver these are available to support older people, their carers and families. Growing older in Port Augusta can be a positive experience. It all depends on committed partnerships between Council, other providers of aged care services, community organisations and the whole community of Port Augusta.

Working together we **can** make Port Augusta an even better place to grow older.

1 WHY DO AN AGEING STRATEGY?

If there is one thing in life that we would all like to be certain of, it is growing older. As one octogenarian told me during the consultation on the State Ageing Strategy "It sure beats the hell out of the alternative"!

There is a great deal of emphasis in the media about the impacts of our ageing population such as a declining workforce, increasing demands for health services and the need for costs of retirement to be met by older people through personal savings and superannuation.

Older people are sometimes made to feel that they are a burden on their families and society or they fear that poor health and frailty may contribute to them needing high levels of support later on.

It is important then to consider these facts about ageing in Australia:

- 70% of people aged over 85 still live independently, many with little or no assistance;
- About 1 in 6 volunteers are aged 65 years or more;
- About 70% of South Australians aged 65 and over participate in some form of regular physical activity;
- Of the children in the full time care of relatives, 80% of these are cared for by grandparents;
- Over 25% of South Australians over 65 lived alone in 2001 – in Port Augusta this was slightly higher;
- Of the lone person households in South Australia 65 years and over, 4 in 10 do not own a car;
- The number of women reaching 80 years or older is almost double that of men;
- Over two-thirds of the State's primary carers are women;
- 78% of older South Australians own their own homes. This may be lower in Port Augusta where 33% of all households are renting their homes.

(Source: South Australian Government, Improving with Age 2006).

The research suggests that people entering retirement are becoming more active and this will continue to extend the average life expectancy. People retiring in 2012 will expect to remain in their own homes or move to a more easily maintained home on a smaller block where they will be able to remain with support, as required, until physical or mental frailty makes this impossible.

A summary of the research undertaken for the Strategy is provided in Appendix 1.

2 WHO ARE WE PLANNING FOR?

Based on the consultation undertaken for this project, an older person would be someone who is 10 years older than the person I am speaking with. Many 70 to 80 year olds have told me that "much later on, when they are older they may need supported accommodation or help with transport". Right now they are too busy living full and active lives to worry too much about that time.

However, many of those I spoke to could think of small services and actions that would make their lives a little easier now if these were available.

Older people are receiving support ranging from in-home care, to respite care and full nursing care in aged care facilities.

While it is clear that a person's age in years does not define them, nor should it be seen as limiting their participation, for the purposes of planning we will establish that "older people" are those aged 65 years and over.

Port Augusta's population projections forecast that by 2016, just over 20% of the population will be over 65 years old. This is a significant increase on the 2001 Census figure of 11.7% and will represent a higher proportion than that for South Australia as a whole. The greatest increase will be in the number of people aged over 75 where a 75% increase on 1996 figures is projected resulting in a total of 1,010 people in this age group. The numbers of people aged between 65 and 74 will increase by over 50%.

(Source: Planning SA)

This time horizon means that we need to be planning now, with and for the people who are aged over 55, since they will be part of the 20% of people living in Port Augusta who are classified, statistically at least, as "older people" in 2016.

Appendix 2 provides an overview of population data for the City of Port Augusta. These characteristics highlight the need for particular responses with respect to housing choice and transport.

Many of the measures we as a community could put in place to create a positive and supportive environment for older people, will have benefits for all residents in the City of Port Augusta and those who visit for work or holidays.

This Ageing Strategy is therefore a City wide document that has relevance to all members of the community including businesses, older people, their carers and those workers who provide services and support to meet their needs.

3. WHAT ARE THE ELEMENTS THAT CONTRIBUTE TO A POSITIVE AGEING EXPERIENCE?

The South Australian Government's Ageing Plan "Improving with Age" established four goals for the State as follows:

- "• Improving health services;
- Expanding housing choices;
- Creating more accessible transport systems; and
- Making communities safer."

Consultation with service providers and community groups for this project has supported these four goals and added others. The goals for the Port Augusta Ageing Strategy are as follows:

- Provide older people with a choice of affordable housing designed and located to support independence and social connection.
- Provide improved transport access for older people to services and facilities and those social and recreational activities that contribute to a positive quality of life.
- Support programmes and activities that foster social interaction and build connections that reduce fear and loneliness.
- Provide and maintain a public environment that supports physical activity, safe access and informal social connections.
- Increase the level of co-ordination between providers of aged care and health services and develop innovative responses to gaps in health services for older people.
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- Provide and distribute information in ways that reach older people, their carers and families to support their understanding of the services and programmes that are available and how to access these.
- Attract, develop and retain a skilled and committed workforce to provide care and support to older people.

4. STUDY PROCESS

Following initial consultation in February 2007 with more than 80 people from 20 organisations, a Discussion Paper was prepared to stimulate debate with members of the Port Augusta community and service providers who support older people and their carers. Appendix 3 contains a list of those who participated in the initial consultation conducted in February.

During April 2007, a series of opportunities were provided to test the options proposed to address the issues raised through preliminary consultation. These included:

- a lunch time discussion with representatives of organisations for older people;
- two workshops for service providers and community organisations;
- a community forum;
- a staffed display at the Undercover Markets at which 35 surveys were completed;
- a presentation to Rotary.

Appendix 4 provides a record of these consultation processes which attracted considered feedback from over 100 members of the Port Augusta community during April.



5. AFFORDABLE AND APPROPRIATE HOUSING

Discussion

Port Augusta is currently experiencing population growth associated with the expansion of mining at Roxby Downs. House prices have risen and there is a severe shortage of rental accommodation. Average annual house prices have risen by 17.75% per annum since 2000. The median price was \$197,000 for houses and \$130,000 for units for the 12 months to March 2007.

Port Augusta has been a working class town with a relatively high proportion of rental properties. In 2001, 33.4% of all dwellings in Port Augusta were being rented which is significantly higher than the State average. Most of these are owned and managed by Housing SA, the public housing agency or the Aboriginal Housing Authority.

Housing SA currently has a 2-5 year waiting list for 2 bedroom units and is not building any new stock. They are experiencing an increase in requests from people who own their own 3 bedroom home but can't afford the new townhouse style of development being built in the town. They are asking to go on the Housing SA waiting list for 2 bedroom units. However, to do that, they have to put their house on the market and if it sells, find a place to rent privately, (which is very difficult due to pressure from workers in the mining sector) until a public housing unit becomes available.

Most of the people who contributed to the research identified the lack of two bedroom retirement style units for purchase or rental as a factor that limits their choices and may lead to them needing additional help to maintain their larger houses and gardens.

Housing SA has a number of vacancies in 1 bedroom cottage flat and bedsit accommodation because most older people want 2 bedrooms to enable them to have visitors, space for hobbies and storage and in the case of couples, space to be alone sometimes.

People were very clear that the kind of units they would be interested in, would be in small clusters close to shops, medical services and community centres. Most people considered that larger retirement lifestyle units on the fringe of the city would be better for younger retirees with access to a car. They don't consider that the existing bus service provides adequate access to the major shops and services they need from outer areas.

As part of this project, contact has been made with a number of providers of retirement housing and residential aged care services. Appendix 5 contains a summary of the kinds of housing they provide and their potential interest in further discussions with the Port Augusta City Council.

Retirement housing needs to be designed so that it can enable the introduction of Aged Care packages to support people to remain at home for as long as possible. It is anticipated that retirement villages will be able to offer aged care packages in the future, subject to the outcomes of a current pilot project being undertaken by the Australian Government.

Due to the high proportion of public rental housing in Port Augusta, there will need to be retirement units available for subsidised rents as well as units for purchase. It is anticipated that the provision of units available for entry fees of between \$50,000 and \$70,000 would assist people who own their own homes to buy a licence while retaining some of the proceeds of the sale of their house to provide security for the future.

It would be desirable to reduce the purchase cost of new units below the \$195,000 currently applicable in Ardrossan, perhaps by Council providing suitable land at a subsidised rate. Retirement units could be located close to Ramsay Village to enable a continuum of care and allow couples to stay close to each other when one partner needs a higher level of care. There are significant advantages in this model, particularly for active couples in their late 70's and early 80's, who may need additional support in the next few years.

Strategic Actions

Goal: Provide older people with a choice of affordable housing designed and located to support independence and social connection.

Strategies	Council Role	Partners	Timing
5.1 Initiate discussions with not-for-profit providers of retirement housing including, but not limited to, Southern Cross Care, ECH and Helping Hand Aged Care Inc, to identify and develop opportunities to provide clusters of 2 bedroom retirement units close to services and facilities.	Facilitator. Could be joint venture partner if Council owned land were available	Not-for-profit providers of retirement housing	2007/08 and ongoing, depending on response
5.2 Explore the potential for joint venture agreements with providers of retirement housing to redevelop and/or upgrade existing 1 bedroom cottage flats and bedsit units including Council owned units and those owned by Housing SA to	Facilitator. Potential partner in redeveloping Council owned units	Housing SA. Not-for-profit retirement housing providers	2008/09 and ongoing

Strategies	Council Role	Partners	Timing
provide 2 bedroom units. Ensure that at least 50% of these remain available as low cost rental housing for older people.			
5.3 Develop a prospectus that could be used to seek registrations of interest from private sector developers and financiers of retirement units. Ensure these units provide adequate levels of support and access to services.	Facilitator.	Private developers.	2009/2010

6. ACCESSIBLE AND RESPONSIBLE TRANSPORT

Discussion

Access to transport in regional areas has been identified in recent research as a major contribution to wellbeing for older people. When they are no longer able to drive, they are at considerable risk of losing their independence, self-sufficiency and social connections.

(Source: ABC National Radio Bush Telegraph Professor Julie Byles, School of Medicine and Public Health, Newcastle University)

For the people we spoke to in this situation, the public bus services provided in Port Augusta are very important. They were reluctant to suggest improvements to the service in case it was taken away.

However, it is clear that the present bus service is not accessible for all older people due to steep steps and a lack of hand rails. The absence of air conditioning and the kind of seats also discourage people from using the services. Several people told us that they can no longer use the town bus and others consider that their future access will be restricted by their reduced levels of mobility.

The bus timetable is inconvenient for people wanting to get to activities in the early afternoon as there are no services between 11.00 am and 1.00 pm.

Taxis are considered to be expensive by many people or an unwarranted extravagance. They are also often not available at the times when they are needed due to school runs. This is especially seen as the case with the only Access Cab in town which is tied up between 8.00 and 9.00 am and 3.00 and 4.00 pm for scheduled school runs.

Council's community bus which is used by Health Focus and for access to library activities and other community events is highly valued. However, it can only cater for limited numbers of people in wheelchairs and is not ideal for those with restricted mobility. Since this bus was purchased using funds derived through contributions by residents of Nerrilda Nursing Home and AM Ramsay Village priority access must be provided to these facilities.

Council has previously supported significant research into the concept of a Community Passenger Transport Network which requires funding support from the State Government. Thanks to the efforts of local people and health services, bus transport is now available to take patients to Adelaide and Whyalla for medical appointments at a subsidised rate.

Strategic Actions

Goal: Provide improved transport access for older people to services and facilities and those social and recreational activities that contribute to a positive quality of life.

Strategies	Council Role	Partners	Timing
6.1 Work with the Office of Public Transport and the existing bus and taxi service operators to establish a programme for upgrading vehicles and improving timetables to provide additional services during the day, especially between 11.00 am and 1.00 pm.	Initiate discussions	Office of Public Transport. Bus Operator. Des's Cabs	2007/08
6.2 Investigate the potential to introduce a Dial'n'Ride system using small buses and 8 seater vehicles to provide across-town service for shopping and access to medical appointments, group activities and sport.	Convene a meeting with owners of small buses and 8 seater vehicles to identify opportunities and constraints to establishing a service	Des's Cabs. Volunteer drivers: • Health Service; • Rotary. Agencies such as SkillShare with buses.	2008/09
6.3 Explore ways to progress work already undertaken in respect to establishing a Community Passenger Transport Network that integrates: • the existing town bus service; • smaller Dial'n'Ride buses; • accessible buses and taxis; • paid and volunteer drivers; in a user pays service that operates on weekends and public holidays.	Prepare a funding submission and liaise with Office of Public Transport to enable the employment of a co-ordinator	Office of Public Transport. Managers of existing buses, taxis and volunteer drivers.	2007/08
6.4 Replace the Health Focus bus to provide additional capacity for passengers in wheelchairs. Retain existing bus to provide shopping service, visiting service to Nerrilda, Ramsay and Wami Kata and extra options for community outings, subject to meeting priority access needs of Nerrilda Nursing Home and Ramsay Village.	Council to fund replacement vehicle	Volunteer drivers. Other community groups wishing to use buses	2008/09

7. SOCIAL ISOLATION AND PERSONAL SAFETY

Discussion

Many of the agencies we spoke with talked about the impacts of social isolation on older people. Volunteers from organisations like Meals on Wheels talked about the loneliness that older people living alone experience. They long for company and a chat. The Police sometimes find people living in distressing circumstances when they are no longer able to care for themselves and their home. Telecross provides important daily contact for people living alone.

Some people report that fears for their personal safety keep them locked into their houses every evening. While the Police note that the level of crime against older people has decreased in the past 6 years and that most crimes are opportunistic, when there is a violent confrontational attack, this generates a lot of anxiety which can be inflamed by the media.

Those programmes that support social interaction, particularly where these also provide door-to-door transport are highly valued. Those we spoke to mentioned the importance of Health Focus and the Men's Shed. They would like to see these activities expanded to enable more people to participate. In particular, people suggested that the Men's Shed could be expanded to include activities such as leather work that could appeal to Aboriginal men and some computer courses or other areas of learning for those who are not wanting to work with their hands. Additional support could be provided for frail older men.

It was noted that there are very few safe evening activities such as dancing, concerts or other entertainment. No groups seem to focus on after-hours activities. Transport would need to be provided to make people feel more comfortable attending evening events.

Uniting Care Wesley's Horizons Programme is designed to recruit volunteers who can provide social and respite opportunities. This model of Community Visiting was suggested by many people as a way to reduce people's sense of isolation. It is likely that many groups and individuals are providing these services in an ad hoc and responsive way. It would appear that many older people and their carers are unaware of the services and support that are available. (See Section 12 for discussion on information provision.)

It was also suggested that more use could be made of existing community facilities such as the Senior Citizens and Pensioner Association Clubrooms and CWA Hall.

Men who participated in the community meetings stressed the difference between the kinds of social activities men are interested in and those which are usually provided. Men often want something to do that is ancillary to social interaction, such as playing pool, cards or darts while they have a drink and chat. Less formal unstructured approaches are needed.

The link between social isolation and depression was noted. Facilities such as Club House Our House provide support for people with mental health conditions including older people.

Strategic Actions

Goal: Support programmes and activities that foster social interaction and build connections that reduce fear and loneliness.

Strategies	Council Role	Partners	Timing
7.1 Maintain connections between people receiving facility or home based care and community services	Continue to support access to library services and Council auspiced programmes.	Aged Care Facilities, Seniors and Pensioners Club, CWA, Churches, Probus Clubs, etc. Housing SA	Current and ongoing
7.2 Work with the Volunteer Resource Centre to develop a Community Visitors Programme that co-ordinates and promotes existing community visiting programmes and expand these to reach more people	Co-ordination of initiation then hand over to Uniting Care Wesley or other agency to drive project	Housing SA, UCW, Health Service, Hospital Volunteers, Meals on Wheels	2007/08
7.3 Investigate potential sources of programme funding to replicate the Health Focus Services, possibly using other community venues supported by transport	Seek funding from National and State Government Sources		2008/09
7.4 Provide small community grants to clubs or organisations willing to provide evening or weekend events, supported by a door-to-door transport service for people aged 65 and over	Funding against agreed criteria. Promotion of events	Churches, Clubs and Pubs, Community Organisations, Owners of	2008/09

Strategies	Council Role	Partners	Timing
		buses, volunteer drivers.	
7.5 Identify ways that the Men's Shed could provide increased access for those who require a higher level of support	Facilitate preparation of a Discussion Paper by Men's Shed Co-ordinator	Agencies providing support to older men, eg, Lovell HCS, Dom Care, etc	2007/08
7.6 Seek registrations of interest from licensed venues that could provide semi-structured activities suitable for men, including pool, cards, darts, etc.	Facilitate and promote activities	RSL, Community Clubs, Sporting Clubs	2007/08

8. A PUBLIC ENVIRONMENT THAT SUPPORTS PHYSICAL ACTIVITY, SAFE ACCESS AND INFORMAL SOCIAL CONNECTIONS

Discussion

A key contributor to older people's ability to maintain a beneficial level of physical activity is the quality of streets, footpaths and public spaces.

People of all ages look for seating under shelter or shade at regular intervals along a walking path and in parks. They also need access to clean well-maintained public toilets and water for drinking. Footpaths need to have level surfaces and be free of tripping hazards.

Older people particularly need clearly defined pedestrian crossings in locations with good levels of visibility for motorists and pedestrians. They need ramps to assist in crossing at intersections or mid-block where there is a large distance between intersections. There are several quite dangerous streets within the Central Business Area (eg Flinders Terrace) and adjacent to the Hospital where infrastructure is needed to ensure a safer pedestrian environment. Those we consulted suggested a number of specific areas where the lack of footpaths or poorly maintained paths poses a risk to older people by increasing the likelihood of trips and falls. Many serious walkers prefer to walk on the roadway which can lead to conflicts with vehicles. It was generally agreed that a city-wide audit is needed focussing on areas that generate high levels of pedestrian activity.

People with sensory disabilities experience an additional set of challenges in the public environment. It is important that conflicts with other groups such as cyclists and skateboarders are avoided as well as making sure that the design of crossings provides clear indications of how to use them safely.

People with mobility impairments and their carers expressed considerable concern about the number and location of car parking spaces for people with disabilities in the Central Business Area. They were also extremely frustrated by the lack of control of the use of these spaces by people without permits. A blitz period with fines issued to offenders was suggested as a way to bring about more considerate behaviour.

Strategic Actions

Goal: Provide and maintain a public environment that supports physical activity, safe access and informal social connections.

Strategies	Council Role	Partners	Timing
<p>8.1 Prepare a Movement Strategy to support safe walking and cycling and improve access for people with disabilities. This would:</p> <ul style="list-style-type: none"> • identify priority footpaths and public spaces to be upgraded; • involve older people, people with disabilities and their carers in the preparation of the Strategy. 	Develop brief and undertake study	Could be some funding from State agencies listed below	2007/08
<p>8.2 Explore potential to obtain funding from State Government programmes including; People for Places, Safe Routes, Physical Activity initiatives and other relevant sources to implement the Movement Strategy.</p>	Initiate discussions and prepare funding submissions as required	Planning SA, DTIE, Heart Foundation, Office of Recreation and Sport	2008/09
<p>8.3 Ensure that planning policies establish strong guidelines for developers regarding providing streets, paths and open spaces that encourage physical activity and incidental exercise.</p>	Undertake Plan Amendment Report	Developers	2007/08 and ongoing
<p>8.4 Undertake regular maintenance on footpaths in areas of high pedestrian movement.</p>	Budget for maintenance		Current and continuing

9. ACCESS TO HEALTH SERVICES

Discussion

There are an extensive range of Health Services in the Port Augusta area and these are highly valued by older people. They recognise that they usually have shorter waiting times for specialist services than people in Adelaide. They can almost always see a GP when they need to. They regard the quality of care provided by the Hospital and local health professionals as being of an exceptionally high standard.

However, there are some significant gaps in services, particularly in the areas of mental health, assessment and treatment of early onset dementia and publicly funded dental services. Aboriginal older people appear to be particularly disadvantaged in obtaining dental care. Workers in Aboriginal aged care also noted the need for culturally appropriate palliative care services.

During the consultation process for this project, it also became evident that some health workers are unaware of services provided by other agencies that could be of assistance to their clients. Networking appears to be somewhat opportunistic and ad hoc, apart from initiatives such as the Division of General Practice's Aged Care Panel that brings together GPs, aged care facility staff, pharmacists and other specialists. The Dom Care Reference Group and Disability Alliance Group provide a co-ordinated focus to these services.

Several care workers talked about the lack of a co-ordinated approach to assessment, referral and treatment, especially for people with complex multiple health issues. They are likely to have to tell the same story to several different organisations in order to get the package of services they need.

Another issue that was raised is the turn over of health care staff including GPs, specialists and allied health professionals. This is discussed in more detail in Section 13.

Strategic Actions

Goal: Increase the level of co-ordination between providers of aged care and health services and develop innovative responses to gaps in health services for older people.

Strategies	Council Role	Partners	Timing
<p>9.1 Establish an Aged Care Co-ordination Network comprising representatives of all providers of services to older people and their carers that would meet quarterly to:</p> <ul style="list-style-type: none"> • progress implementation of this Ageing Strategy; • review and update community needs and issues; • share information about service directions, funding, staffing, etc; • advocate for funding to address service gaps; • co-ordinate a regular Ageing Expo (see Section 12); • contribute to the Information Plan (see Section 12). <p>Council could convene the network and provide administrative support for the first year. This role could then be rotated between the member agencies annually.</p>	<p>Facilitation. Resources to support establishment. Participation on an ongoing basis.</p>	<p>All providers of services to support older people and their carers (See Ageing Expo list)</p>	<p>2007/08 and ongoing</p>
<p>9.2 Increase the level of mental health services available to older people including:</p> <ul style="list-style-type: none"> • assessment and treatment; • flexible care packages; • day care programmes; • respite for carers; • support for staff in aged care facilities, eg, specialists available, training. 	<p>Support other agencies in their bids for funding. Advocacy to Australian and South Australian Governments</p>	<p>Port Augusta Health Service, Commonwealth OFTA, State Health & Families and Communities Departments</p>	<p>2007/08</p>

Strategies	Council Role	Partners	Timing
<p>9.3 Undertake research into the feasibility of providing Transitional Care and Hospice Care in a single multi-purpose facility. Depending on the outcome of this research, develop a funding proposal to establish this facility. It could be considered as part of the future development of high and low care residential facilities.</p>	<p>Support for actions of other agencies. Lobby Government as required. Participate as partner where appropriate.</p>	<p>Port Augusta Health Service, Aged Care Service Providers</p>	<p>2008/09 2010-2012</p>
<p>9.4 Explore ways to extend palliative care services to provide culturally appropriate support to Aboriginal people and their families in the dying and grieving process. An Aboriginal Project Officer could be employed to develop guidelines through consultation with Aboriginal people and health and aged care services.</p>	<p>Support for actions of other agencies</p>	<p>Port Augusta Health Service. Pika Wiya, Wami Kata</p>	<p>2007/08</p>

10. AGED CARE FACILITIES AND SERVICES

Discussion

Port Augusta has a 40 bed high care aged care facility at the Nerrilda Nursing Home and 52 permanent low care beds and 2 respite care beds in the AM Ramsay Village. Current redevelopments will provide an additional 5 high care and 8 low care beds.

The Wami Kata Old Folks Home provides 32 places for Aboriginal people aged 50 years and over. Twenty (20) of these are high care places and 12 are low care.

Lovell HCS is funded by the Commonwealth Government to deliver Community Aged Care Packages (CACP) and ACH and Dementia EACH packages. There are long waiting lists for CACP's in the region with never less than 50 clients on the list.

Alabricare has been funded to provide weekend and holiday respite care for older people to ensure adequate levels of support for carers. Currently there is no waiting list as many people are unaware of the service. Similarly, Uniting Care Wesley's Renewal'n Rest programme is intended to provide respite solutions for people with dementia. Domiciliary Care can also provide respite care services either as formal respite which requires an ACAT assessment or informal in-home support for carers.

However, many service providers still identified the lack of respite care as a significant gap in Port Augusta. There was particular concern about the availability of respite care and day care programmes for people with dementia and older people with diagnosed mental health conditions. These groups need specific staff skills and an environment designed to meet their needs.

One of the key issues mentioned by service providers, health professionals and older people, was the availability of high care beds for local people. It is considered by some people that there are not enough nursing home places to cater for existing demands. It was stated that it is not unusual for people to have to wait outside of the region for 3 months for a nursing home bed. During this time there is no programme of support for the partner or families to enable them to visit and stay in contact.

The availability of beds to enable couples to stay together even if they need different levels of care was identified as a gap. Some other regional areas are able to cater for couples in their facilities.

Given the significant projected increase in the number of people aged over 75 in the next 10 years, it is likely that the number of high care beds required could double unless alternative housing models and increased in-home support services are available to allow people to stay in their own homes.

Strategic Actions

Goal: Plan now to meet the projected future demand for residential aged care places, so that all older people have access to high quality affordable facilities within their community.

Strategies	Council Role	Partners	Timing
<p>10.1 Initiate discussions with not-for-profit aged care providers to explore the potential for a partnership approach to developing and managing additional aged care places to meet demand for services after 2015. This may involve Council ceasing to be a direct funder of services after that time. Community support for this approach would be contingent on Council establishing and publicising criteria to ensure that the level of concessional access meets community needs and that the quality of care is maintained to a very high standard.</p>	<p>Lead partner with responsibility to establish criteria for models to be used to fund and manage aged care into the future</p>	<p>Not-for-profit aged care providers such as Southern Cross, ECH, Helping Hand and other recognised organisations</p>	<p>2007/08 to commence discussions</p>
<p>10.2 Take a more co-ordinated approach to promoting the respite care services that are available. Advocate for additional resources for specific respite care needs, eg, for carers of people with dementia or mental health problems.</p>	<p>Participation in Aged Care Network. Promotion.</p>	<p>Commonwealth Carelink, Agencies providing respite care services</p>	<p>2007/08 and ongoing</p>

Strategies	Council Role	Partners	Timing
10.3 Investigate potential to use Health Focus bus or other health service buses to provide transport for partners, families and friends of older people placed in aged care beds outside of Port Augusta due to lack of availability in local facilities.	Provide bus and drivers in response to demand/ bookings.	Organisations with buses, Volunteer drivers, Health Service, GPs.	2007/08

11. SUPPORT FOR STAYING AT HOME

Discussion

Most older people indicated that they would prefer to remain in their homes for as long as they can manage. For many older people, having access to a smaller home in a complex where communal garden areas are managed for them is seen as a way to extend the length of time they could remain independent.

Domiciliary Care provide a range of in-home support services to assist people to remain at home and to return home after a hospital admission. Clients need to be assessed to receive the support, and services are not available in evenings or on the weekends.

Lovell Home Care Services provide home help services which are available on weekends and up to 8.00 pm on week nights to clients who may be referred by Domiciliary Care or self-referred. There is no means test although clients are encouraged to pay something if they can.

Meals on Wheels deliver 60-65 meals a day Monday to Friday. Meals are cooked by the Hospital and delivered by one of 80 volunteers working for Meals on Wheels.

Some of the home assistance services that older people need are not covered by Domiciliary Care or Home Care Services due to the Work Safety conditions that apply to their workers.

The tasks that people would like help with are turning mattresses, cleaning ceiling fans and lights, taking curtains down for cleaning, changing batteries in smoke alarms, light bulbs and washers in taps. For many older women living alone, their inability to manage these small maintenance tasks undermines their confidence to continue living independently.

The level of social connection experienced is a key contributor to older people remaining at home. As discussed in Section 7, social isolation can be addressed by having a strong sense of neighbourliness, community visitors programme and additional social activities supported by accessible transport.

Strategic Actions

Goal: Provide and promote home help services to assist older people to live independently with confidence.

Strategies	Council Role	Partners	Timing
<p>11.1 Investigate the potential to develop a community based Home Help service available as a "fee for service" to older people not eligible for Domiciliary Care by working with the Port Augusta Rotary Club. Seek Commonwealth funding through the Area Consultative Committee to enable Rotary members to mentor and supervise Work for the Dole participants and possibly senior secondary students who undertake this as an accredited Vocational Education Course due to their ability to learn home maintenance skills.</p>	<p>Co-ordination and Seed Funding. Prepare submission for funding.</p>	<p>Rotary. CentreLink. Job Search agencies. Schools, Flinders Region, ACC</p>	<p>2007/08 2008/00</p>
<p>11.2 Promote existing Home Assistance Services provided through Dom Care, the Men's Shed and Uniting Care Wesley's Commonwealth Carelink list of private service providers to whom they can refer clients. (Carelink cannot endorse these providers, so clients need to exercise the same caution they would when obtaining any household service.)</p>	<p>Promotion. Support for Men's Shed activities</p>	<p>Uniting Care Wesley. Domiciliary Care</p>	<p>Current and ongoing</p>

12. FINDING OUT WHAT'S AVAILABLE TO MEET MY NEEDS

Discussion

There are many services and programmes operating in Port Augusta that focus on meeting the needs of older people. Each of the organisations providing the services produces information packs, brochures and tools to let people know what is available.

And yet in every group I spoke with, including service providers, people asked questions that indicated that they do not know what is available or that they are not sure who is able to access the particular service. For example, some older people knew that Council runs a bus to the library once a week but they thought it was only for residents of Ramsay Village. Others didn't know that the library will home deliver the books they select for themselves at the library so they don't have to carry heavy loads on the bus.

Older people and their carers are missing out on services they are entitled to, simply because they do not know about them.

Information is one of the crucial keys to wellbeing and independence, and collectively agencies need to provide it more effectively.

There is no single strategy solution to providing information in ways that are useful to older people. Some read, some don't. Some will only seek information when they are in crisis and others will collect in and put it away until they need it, if they can find it.

Strategic Actions

Goal: Provide and distribute information in ways that reach older people, their carers and families to support their understanding of the services and programmes that are available and how to access these.

Strategies	Council Role	Partners	Timing
<p>12.1 Develop an Information Plan for older people that includes the following elements:</p> <ul style="list-style-type: none"> • A DL sized Fridge Magnet with key services and their contact details which could provide Carelink's phone number as the first point of call. • CD containing a Directory of Service Providers to be distributed to GPs, specialists, allied health professionals, Housing SA and all agencies/ individuals that refer people to services. • Fortnightly Ageing Well Column in the Trans-Continental Newspaper profiling service providers and the nature of the support they offer. This should also include community organisations and groups such as Probus, CWA, Seniors and the Aboriginal Elders Council. • Regular (annual or biennial) forums of service providers to continue the impetus of the Ageing Expo held in May 2007. • TV and Radio announcements which need to be read more slowly. • Regular liaison with Pika Wiya Health Service to identify and respond to information needs of older Aboriginal people and their families. 	<p>Council to initiate and co-ordinate. Could also seek funding/support from Seniors Information Service. Library is a key distribution point. Existing information held by Council is a key resource.</p> <p>Participate through Aged Care Network.</p>	<p>Commonwealth Carelink through Uniting Care Wesley could fund and co co-ordinate this with Council. Aged Care Network - members could be involved in design and distribution. Meals on Wheels, Service Clubs, Community Clubs, Chemists, GPs.</p> <p>Media organisations.</p> <p>Pika Wiya Aged Care Network.</p>	<p>2007/08</p>

Strategies	Council Role	Partners	Timing
<ul style="list-style-type: none"> • The service providers network proposed in Section 9 would have an important role to play in ensuring a well resourced and co-ordinated approach to developing the information tools and to ensuring these are distributed effectively across the community. Distribution mechanisms should include sporting clubs, churches, post offices, hotels and clubs so that people who do not usually participate in established groups of older people are able to receive the information. 	<p>Distribution through Library, Council run programmes and aged care facilities.</p>	<p>All service providers and community organisations, hotels, clubs and businesses</p>	<p>2007/08 and ongoing</p>

13. ATTRACTING, DEVELOPING AND RETAINING STAFF TO PROVIDE CARE AND SUPPORT TO OLDER PEOPLE

Discussion

Many service providers spoke of their frustration in not being able to find or retain staff particularly in allied health professions such as speech therapy, occupational therapy, physiotherapy and podiatry. There is also considerable turnover in General Practitioners, which can interrupt the consistency of care available to older people.

Key gaps include specialists in mental health and the ageing process including dementia. There are long waiting periods for these services.

Managers of Aged Care facilities particularly spoke of the difficulties in obtaining Registered Nurses for Aged Care. Workers in support services highlighted the costs of TAFE training and the difficulty in undertaking training while working. Losing a day's pay for training is very difficult for many workers.

There have been a number of initiatives such as scholarships for local students and training programmes for Aboriginal Aged Care workers. These initiatives have had some success, although no one applied for the bursary offered to existing staff of Port Augusta City Council's Aged Care Facilities last year. While it is acknowledged that several organisations offer scholarships, it is considered that more support needs to be provided for training aged care workers.

A key opportunity that was strongly supported during the consultation was a greater focus on mature aged workers. It is considered that those people who have made a long term commitment to live in Port Augusta are more likely to remain in employment. This group could include women whose children have started or left school, men who have retired early from the workforce and men and women who are currently active as volunteers working with older people.

It is considered important to promote employment in aged care as a worthwhile career. This could be done by profiling the contribution made by aged care workers to the wellbeing of older people through newspapers and organisational newsletters. Council could also establish an annual Award for Services to Aged Care, nominated by clients, their carers and families. These measures will help to increase the level of recognition by the wider community of the valuable contribution to the overall quality of life in Port Augusta made by committed aged care workers.

Strategic Actions

Goal: Attract, develop and retain a skilled and committed workforce to provide care and support to older people.

Strategies	Council Role	Partners	Timing
13.1 Liaise with Southern Cross Care to explore the way they have developed and provided paid training for personal care workers. Develop a proposal in partnership with the Regional Development Board and Area Consultative Committee to obtain funding for a programme to recruit and train 15-20 mature aged unemployed or under-employed people.	Initiate and co-ordinate funding proposal given importance of staffing for aged care facilities.	Wami Kata, Lovell HCS, Alabricare, Port Augusta Health Service, TAFE and other Registered Training Organisations.	2008/09
13.2 Develop flexible and affordable training modules for staff already working in aged care facilities and programmes.	Employer responsible for staff	TAFE and other training organisations. Other aged care services.	2008/09
13.3 Continue scholarships and traineeships and explore ways to further develop contracts to require staff who receive employer funded training to work for the organisation for an agreed period.	Employer of staff in aged care.	Aged Care Services	Current and ongoing
13.4 Consider the introduction of an annual Award for Services to Aged Care nominated by clients, their carers and families.	Facilitator.	The Trans Continental, Potential Sponsors, Other aged care services, Community.	2008/09

14. PRIORITY RECOMMENDATIONS

A suggested timeframe has been provided for the implementation of the actions in this Strategy. The following actions are identified as priorities. It is therefore recommended that the Port Augusta City Council give active consideration to providing budget including staff resources, to progress these actions in the next 12 months. Several of these actions are linked although they relate to different goals, however, they are not listed in any particular priority order.

In the next 12 months, it is recommended that Council:

- facilitate the establishment of an Aged Care Co-ordination Network (S9.1);
- initiate and co-ordinate the development of an Information Plan for Older People (S12.1);
- investigate the potential for a community based Home Help Service (S11.1);
- initiate discussions with not-for-profit providers of retirement housing and increase housing choice and provide affordable options (S5.1);
- begin to plan to meet projected future demands for residential aged care places by exploring partnership opportunities with not-for-profit aged care providers (S10.1);
- seek funding from relevant State Government departments to prepare and implement a Movement Strategy to support safe walking and cycling and improve access for people with disabilities (S8.1);
- work with the Office of Public Transport and the existing bus and taxi service operators to improve existing services (S6.1);
- develop a proposal in partnership with the Regional Development Board and Area Consultative Committee for funding for training a mature aged pool of aged care workers (S13.1).

Council will also continue to contribute as a partner and, where necessary, as an advocate to other spheres of Government to ensure that services, facilities, programmes and the skilled and committed staff to deliver these are available to support older people, their carers and families. Growing older in Port Augusta can be a positive experience. It all depends on committed partnerships between Council, other providers of aged care services, community organisations and the whole community of Port Augusta.

Working together we **can** make Port Augusta an even better place to grow older!



APPENDIX 1
LITERATURE REVIEW

Port Augusta Council Ageing Strategy 2007-2012

Literature Review

1. DEPARTMENT OF TRANSPORT AND URBAN PLANNING 2007

In 2001, Port Augusta had approximately 3 percentage points less than South Australia's proportion of residents over 65 years of age. However, the amount of older people residing in the Port Augusta Local Government Area is expected to rise relatively sharply, compared to South Australia over the ten years to 2016. In the 20 years from 1996 to 2016, the proportion of people aged over 65 in Port Augusta is projected to have doubled to 20% of the population. This is demonstrated in Figure 1, below.

South Australia however, has a slower growth rate and it is estimated that the proportion of the State's residents over 65 will have increased to 22% by 2026, up from 14% in 1996.

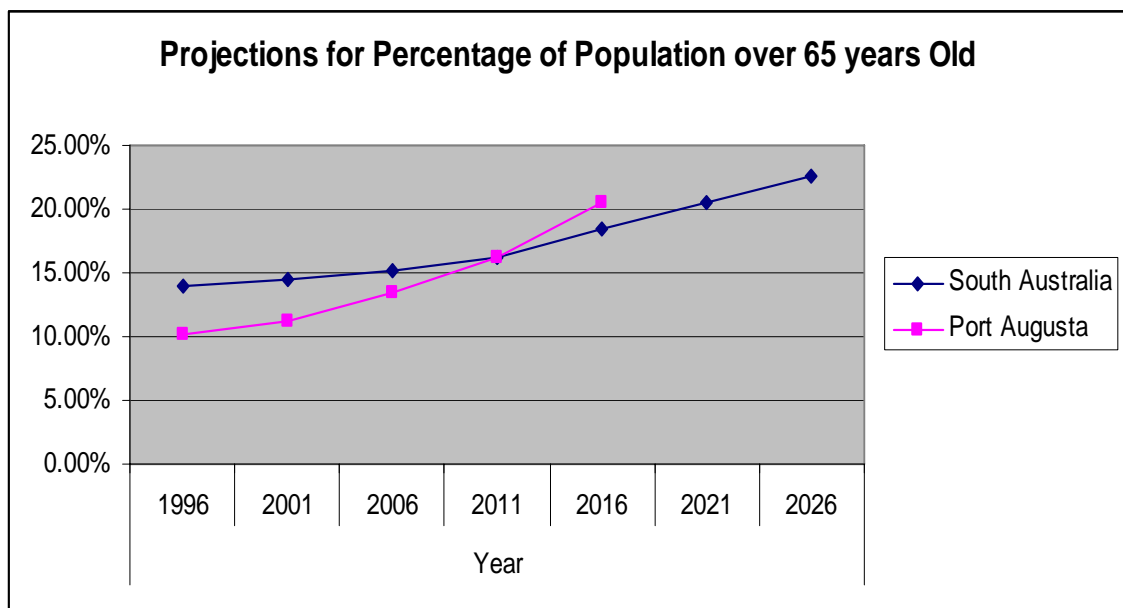


Figure 1. Source: Department for Transport and Urban Planning 2007

2. NATIONAL STRATEGY FOR AN AGEING AUSTRALIA, 2002

This strategy highlights the impacts of population ageing. The key areas that will be affected are described as:

1. independence and self provision (includes employment for mature age workers);
2. attitude, lifestyle and community support;
3. healthy ageing;
4. world class care.

A national physical activity participation initiative included in the strategy aims:

- To increase and enhance lifelong participation in sport and recreation;
- To develop quality infrastructure, opportunities and services to support participation in sport and recreation; and
- To realise the social, health and economic benefits of participation in sport and recreation.

Research from US Surgeon-General's 1996 report into Physical Activity recommends the following guidelines:

- best if exercise is of moderate intensity;
- should add up to thirty minutes on most days;
- can occur in ten-minute bursts and may be cumulative;
- should raise the heart rate, thus causing one to puff and pant, while it is still possible to talk;
- be adequate to ensure older people remain healthy, fit, active, independent and contributing members of society.

The main 'drivers' of physical activity reported by the research are:

- improving health or fitness;
- personal benefits;
- **social** or family **contact**; and
- usefulness of the activity.

2.1 Barriers to Participation

The National Ageing Strategy highlighted the following barriers to participation.

Physical

- Older people may feel they have passed the age for engaging in exercise, input not valued, expectations to behave in a certain way. Through encouragement and support they can learn to break free from the stereotypes currently dictating their lifestyles and levels of activity.
- They are advised to seek medical advice before commencing any exercise programme.

Related to the Family

- change in a partner's health;
- family responsibilities and commitments;
- expectation that carers, who are most often women, should provide opportunities for others at the expense of their own leisure time, can also limit participation.

External Factors

- physical isolation;
- lacking awareness of what is available;
- lack of appropriately trained leaders;
- availability of transport;
- absence of a suitable companion.

Perceptions

- perceived lack of time;
- perception of being physically incapable of participation in specific activities.

Multicultural Communities

- residents from non-English speaking countries may struggle to confidently communicate in groups of mixed cultures;
- residents who come from different cultural backgrounds may feel uncomfortable mixing with other cultures and might require encouragement.

2.2 Overcoming barriers

The strategy suggests that Organisations wishing to offer quality services need to recognise these barriers. To be successful, programmes need to emphasise the emotional rewards of fun, enjoyment and sociability, with exercise the outcome of the activity rather than the purpose. They also need to be integrated into people's everyday social, family and working lives. People need basic information about safe and appropriate forms of physical activity.

Other elements of the response include acknowledgements of:

- Diverse interests which means that grouping all older persons under the "seniors" tag is not always appropriate.
- A range of activities needed.
- Recognition of the ways that women influence men's attitudes to health and body image.
- The importance of encouraging men to take responsibility for their own health and body image.
- Women's need to build their confidence in their ability to exercise and making older women aware that moderate exercise can produce health benefits.
- The benefits of older instructors which might provide more comfort and security for participants.
- Government funding has traditionally funded sporting, rather than recreational activities.
- An emerging emphasis on 'recreation rather than sport':
 - fitness trails;
 - bike paths;
 - indoor pools.
- The value of encouraging and supporting life-long participation by promoting a variety of programmes and services that cater for all clients/members regardless of their age, gender, ethnicity, ability or physical capabilities.
- The importance of acknowledging and incorporating the needs of older people by involving them in planning processes and evaluating service provision.
- The role of promotional material that contains positive, active images of older people enjoying a range of activities, and promotes the benefits of lifelong participation by dispelling the myths relating to physical activity.
- The need to educate everyone to be aware of their attitudes and language when interacting with older people.

- The value of the contribution made by older people in paid and voluntary work and in their role as carers.

3. STATE STRATEGIC PLAN

The State Strategic plan recognises that South Australia has a looming ageing issue, unprecedented in human history. With the first range of "Baby-Boomers", born between 1945 and 1961 approaching 65 within the next few years, the State has plans to encourage healthy living as South Australians move into their retirement years.

This strategy is to integrate retirees back into the workforce, with the aim to reduce dementia and encourage social participation, particularly for the elderly and those in regional areas. Objective 2 demonstrates this initiative, 'Improving Wellbeing - Address the challenge of an ageing population' (State Strategic Plan, 2007).

Goals include to:

- enable older workers to maintain or upgrade their skills;
- improve community and business attitudes to older workers;
- provide workplace flexibility to integrate older workers back into the workforce.

'Work and Life' accreditation and awards that will be presented to South Australian businesses that adopt flexible work practices, are suggested as incentives. The businesses can then market these awards to gain a competitive edge.

As part of the South Australian Generational Health Review (2003), the State Government is placing an increasing emphasis on prevention, early intervention, health promotion and reduction of health inequalities in regional South Australia. It aims to provide better access to health services for local communities, especially Aboriginal people, people with a mental illness and the aged.

4. SOUTH AUSTRALIAN AGEING PLAN: IMPROVING WITH AGE 2006

In line with the State Strategic Plan, South Australia's Ageing Plan focuses on the provision of community services to maintain population health as South Australians grow older.

The foundation of the Ageing Plan, particularly in regional areas is:

1. Improving health services:
 - ensuring health services are accessible and sensitive to people from multicultural backgrounds and Indigenous communities;

- continuing research into the complex health needs of Indigenous South Australians;
- providing high quality palliative care services to meet the individual needs of older people within hospitals, the community and at home;
- the State Dementia Action Plan provides care services to older people enabling choice and independence;
- the Eighty Not Out book has stories of active, older people;
- protecting against abuse of older people

2. Expand housing choices:

The priority is to encourage the provision of affordable, appropriate and well located housing that works for South Australians as they grow older. To promote adaptable housing design by:

- collaborating with the housing industry to promote SAHT Design Guidelines for Sustainable Housing and Liveable Neighbourhoods to ensure that new SAHT housing has improved accessibility, affordability and sustainability features;
- providing improved consumer information about design features of housing for older people;
- maintaining services that provide older home owners with advice and assistance on renovation and repairs;
- maintaining HACC funding to the *Home Assist* programme (generally administered through local councils) to provide a wide range of home support services, including home maintenance;
- continuing early intervention and falls prevention programmes that provide advice and encourage independent living;
- further promoting the *Seniors Loan* which can help older people to gain access to some of the capital in their house to add to their disposable income, but still keep their home;
- funding modifications to social housing properties to enable older tenants to stay in their homes.

3. Create more accessible transport systems:

- through the Planning Strategy for South Australia and the State Infrastructure Plan, ensure well located and accessible public transport within regional South Australia, to improve access to services for older people and their carers;
- develop and implement regional transport plans and approaches that integrate passenger transport options to improve access to services and social networks for older people in regional South Australia;
- improve the safety of older pedestrians within the arterial road network and facilitate similar improvements at the local government level through modification programmes and planning advice;
- continue to support the Fitness to Drive Taskforce on issues such as safety, independence, mobility, improved customer information and with strategies to assist people when they stop driving to maintain ongoing independence.

4. Making communities safer:

- to increase the safety and security of Regional South Australian communities by improving street permeability, street lighting and integration of all cultures together, reducing segregation.

5. AUSTRALIAN LOCAL GOVERNMENT ASSOCIATION (ALGA) POPULATION AGEING ACTION PLAN 2004-2008, "AWARENESS TO ACTION"

The purpose of the Action Plan is to build the capacity of local government to plan for an ageing population. To achieve this objective, the plan provides a flexible framework that:

- builds awareness of population ageing within local government;
- encourages local government action to plan for an ageing population;
- fosters partnerships to support a more collaborative approach to population ageing;
- improves access to regional information on population ageing and future demographic shifts.

A 'whole-of-government' approach is required, with local government leading with their responsibilities. This is titled, Integrated Local Area Planning (ILAP) and ensures Councils:

- have adequate, timely completion and certification of aged care homes;
- understand the needs of seniors;
- initiate key services;
- provide library services;
- offer home and community care;
- engage in volunteering services;
- provide community grants;
- facilitate recreation and leisure services;
- offer carers support; and
- maintain and develop seniors' centres.

Council Self Assessment Checklist, (ALGA)

Commitment

- Endorse at council level through the generation of a resolution;
- Incorporate population ageing issues in council's corporate plan;
- Allocate resources to seniors issues.

Recognition

- Compile a socio-demographic profile of seniors from ABS statistics and other sources;
- Consult with community agencies and other departments about trends and local variations.

Relationships

- Support community initiatives for seniors;
- Ensure council's consultation procedures are conducive to seniors involvement;
- Establish partnerships in service provision and programme development;
- Provide mechanisms for information sharing and feedback.

Assessment

- Compile a register of current services and programmes;
- Match needs with service provision and identified gaps
- Ensure that council's policies, services and programmes are relevant seniors needs;
- Interact with seniors, community agencies and service providers to assist in understanding local needs;
- Develop priorities for future action.

Response

- Assess the impact of population ageing on council operations;
- Establish whole-of-council steering committee;
- Gain direction from State and Commonwealth policies;
- Use reference material to generate ideas for activities and/or actions
- Review successful approaches taken by other local councils;
- Develop a staged action plan which identifies action/s, timeframes, indicators and responsible officers.

6. COUNCIL OF THE AGEING (COTA): A RESPONSE TO THE NATIONAL AGEING STRATEGY 2000

Community and Urban Planning

The physical layout of communities needs to be compact, accommodating less mobile citizens with nearby amenities located within walking distance.

Integrated urban villages and housing diversity for whole community, young and old as per 'Ageing In Place'. Elderly living only with other older residents in the community, ie retirement village causes 'serious problems emerging' (Youth-Seniors Project, South Australia)

Healthy Ageing in Aboriginal Communities

Stresses the importance of research into actual diseases that Indigenous communities face. For example, senile dementia may be less relevant as Aboriginal people have a shorter life expectancy.

The importance of trained indigenous staff, care workers and services in or close to Aboriginal communities should be a priority.

7. PLANNING STRATEGY FOR REGIONAL SOUTH AUSTRALIA

Goals relating to the Upper Spencer Gulf are:

- Improving access to quality health and community services, such as regional hospitals, aged care facilities, mental health services and Aboriginal health programmes;
- Strengthening community capacity and infrastructure to enable communities to promote local health and wellbeing;
- Develop partnerships with the community and service providers to promote resilient, caring and productive communities;
- Improving the health and wellbeing of Aboriginal people.

8. SECTION 30 REVIEW (FUTURE POLICY DIRECTIONS)

- Encourage greater housing diversity and ensure housing affordability for people on low incomes, Indigenous residents and older people.
- Explore opportunities for joint ventures and partnerships with both private and community housing organisations in providing aged and affordable housing.

9. REFERENCE LIST

Reference Number	Document	Year	Prepared By	Prepared For	Main Theme
1	Department of Transport & Urban Planning	2007	Planning SA	South Australia	Population Projections
2	National Ageing Strategy (http://www.nationalseniors.com.au/Policies%20New/Federal%20Policy.htm)	2002	Australian Federal Government The Hon Kevin Andrews MP, Minister for Ageing	Australian Government	Australia's Ageing Issue
3	State Strategic Plan	2007	Mike Rann, State Premier	South Australia	South Australia
4	South Australian Ageing Plan	2006	Jay Weatherill, Minister for Ageing	Local Governments	Ageing Population
5	Population Ageing Action Plan http://www.alga.asn.au/policy/healthAgeing/ageing	2004-2008	Australian Local Government Association (ALGA)	Local Governments	Australia's Ageing Issue
6	Response to the National Ageing Strategy	2000	Council of the Ageing (COTA)	Local Governments	Ageing
7	Planning Strategy for Regional South Australia	2003	Planning SA	Regional South Australia	Regional South Australia
8	Section 30 Review	2007	URPS	Port Augusta City Council	Port Augusta Planning

APPENDIX 2

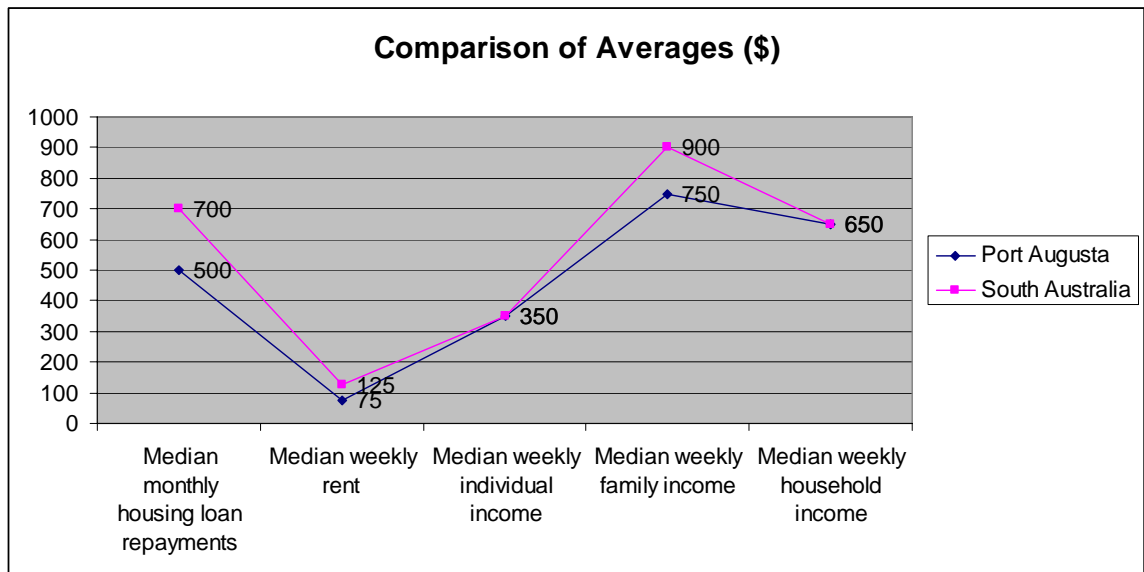
Population Data and Analysis Based on 2001 ABS Census Data

Comparison of Selected Averages

Port Augusta residents earn the same median weekly income on an individual and household basis as South Australia as a whole, however, when grouped as families, the City earns 17% lower than the State’s median average.

Both the City’s median monthly housing loan repayments and weekly rent are 30 and 40% lower than South Australia’s, respectively, as shown in Figure 1 below.

Figure 1.



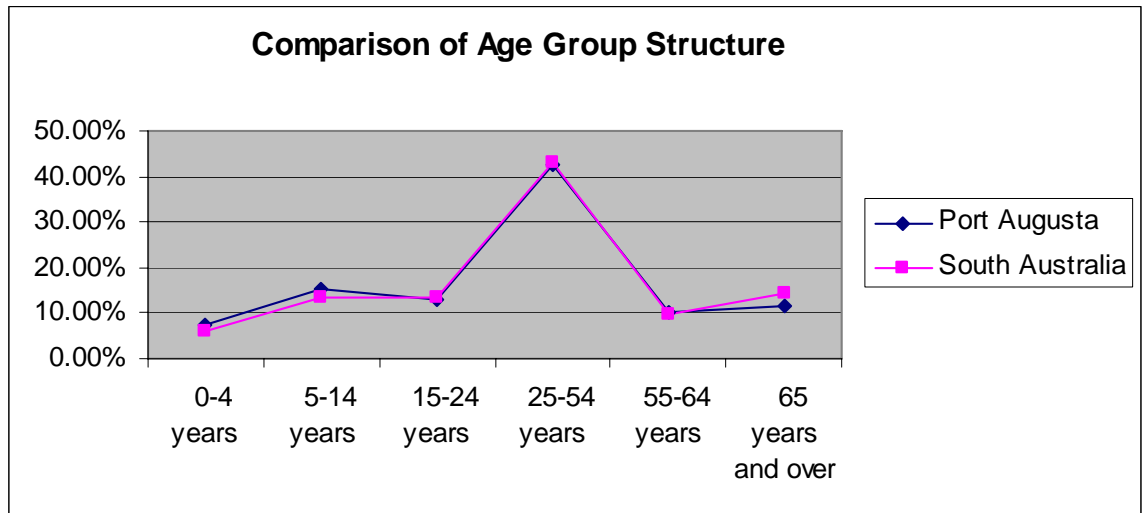
2001 Census Data. Australian Bureau of Statistics

Age Profile

Figure 2 below demonstrates that Port Augusta compares evenly with the State’s average for most age brackets, with less than a 2-point difference in all groups except the 65 years and older age group. This is demonstrated most clearly in the largest bracket of 25 to 54 year olds, where Port Augusta’s 42.7% almost matches the State’s proportion of 42.9%.

11.7% of Port Augusta’s residents are over 65. This is almost 3 points lower than South Australia as a whole.

Figure 2.



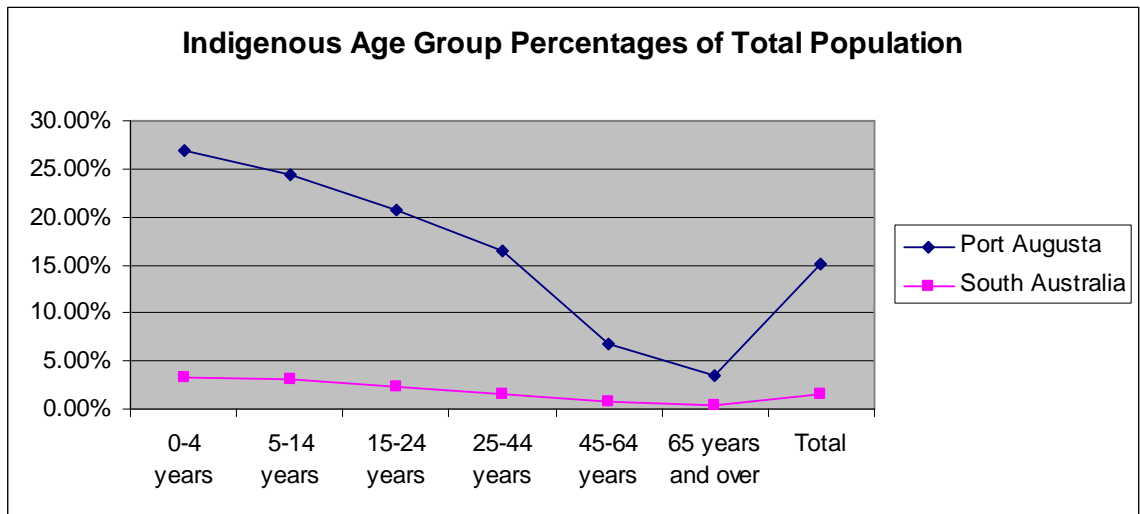
2001 Census Data. Australian Bureau of Statistics

Figure 3, below, clearly shows the difference in the demographic profile of the Indigenous population in Port Augusta. Residents under the age of 25 dominate the number of all other residents, making up 72% of the Indigenous population. This compares to less than 9% for the whole of South Australia. 17% are between 25 and 44 years of age against 1.5% throughout the State.

Seven percent (7%) are aged between 45-64 and the over 65's make up only 3.5%. The State's proportions for these age brackets of indigenous residents total 1% of South Australia's population.

Fifteen percent (15%) of Port Augusta's residents are Indigenous compared to less than 2% of the State's total population.

Figure 3

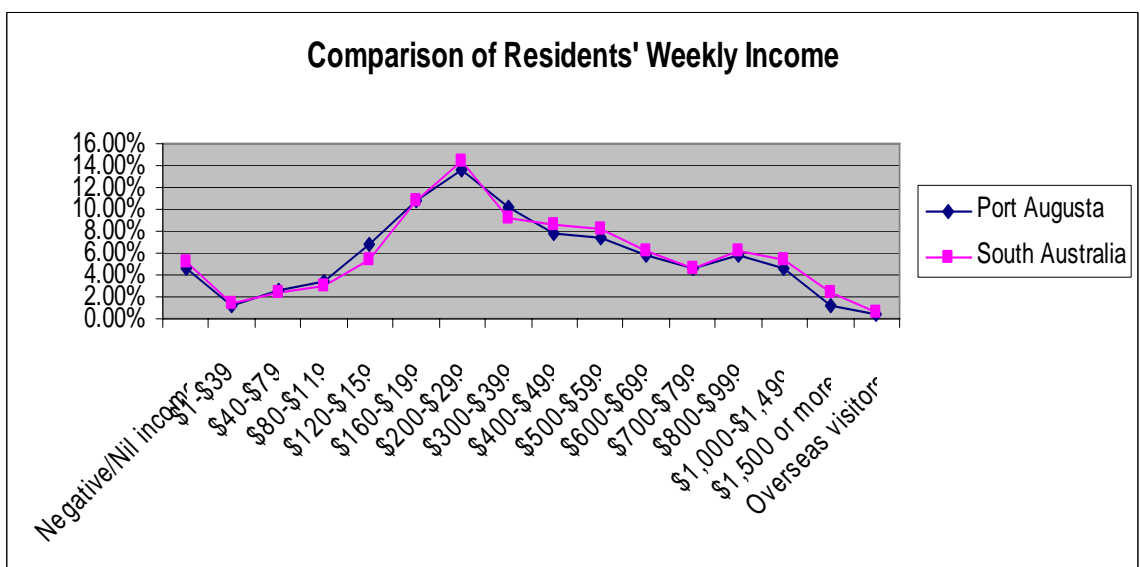


2001 Census Data. Australian Bureau of Statistics

Individual Weekly Income

Port Augusta is on par with South Australia, with all but two of the weekly income ranges within a point of the State. Notably though, Port Augusta has 1.52 points more than South Australia earning from \$120-159 per week and has 1.31 points less than the State in the top bracket, earning over \$1,500 per week. See figure 4 below.

Figure 4.



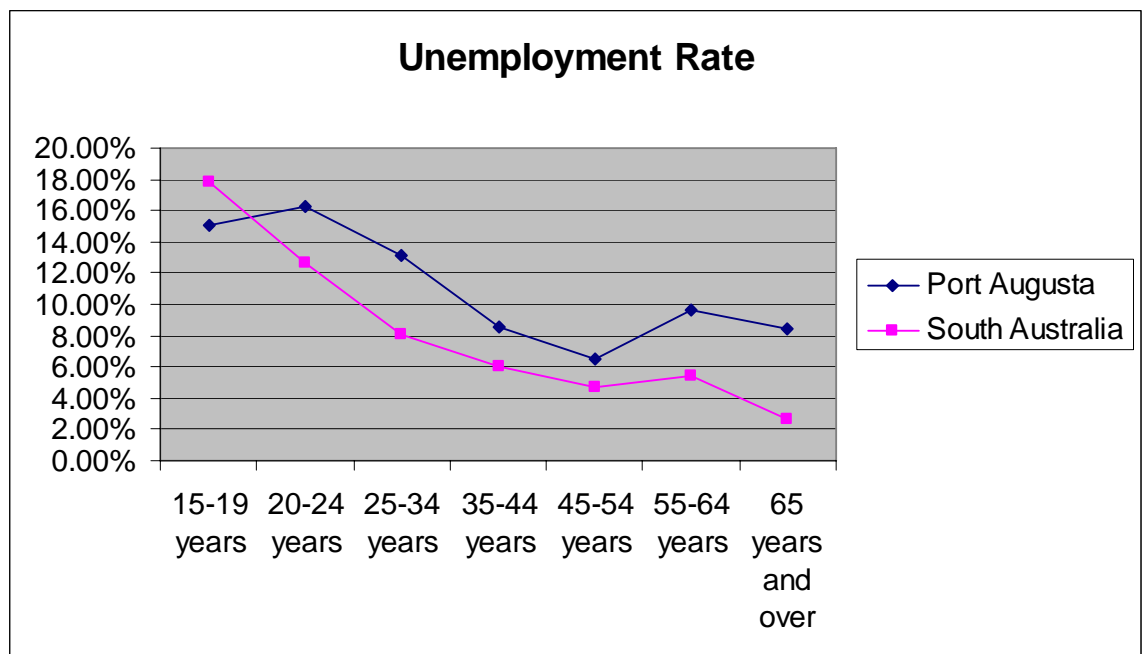
2001 Census Data. Australian Bureau of Statistics

Unemployment Rate

Port Augusta ranges from 2 to 6 points higher than South Australia in all but the youngest, 15-19 age group, where they have approximately 3 points below the State's figure. Port Augusta's oldest age bracket has an unemployment rate of 8.45%, compared to SA's 2.62%.

Overall, Port Augusta has 10.42% unemployment, 2.81 points higher than the State's total. This is demonstrated in Figure 5, below.

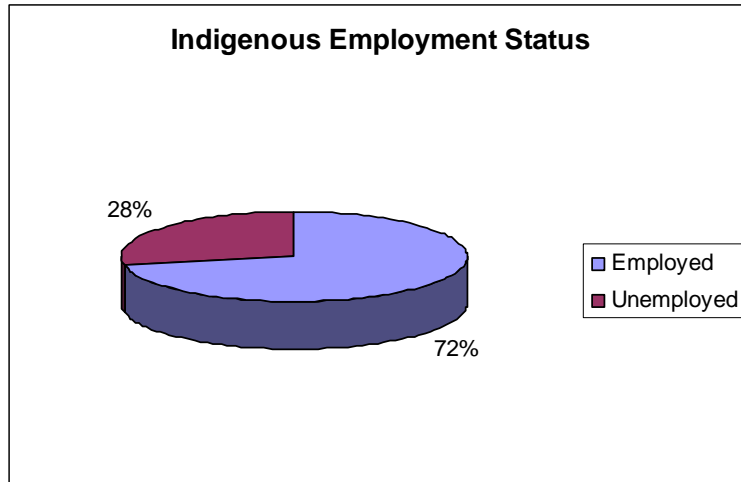
Figure 5.



2001 Census Data. Australian Bureau of Statistics

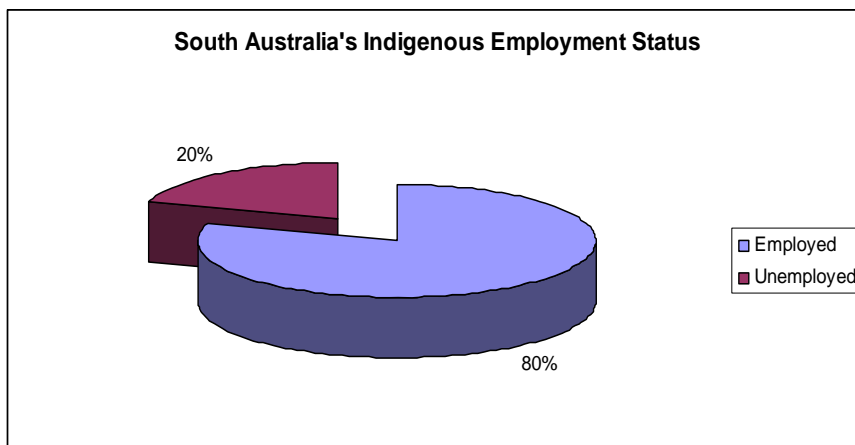
With regard to the employment status of the Indigenous residents of Port Augusta, figure 6, below shows that the unemployment rate for this group is 28%, compared to 20% for the State's Indigenous residents, as per figure 7.

Figure 6. Port Augusta



2001 Census Data. Australian Bureau of Statistics.

Figure 7. South Australia



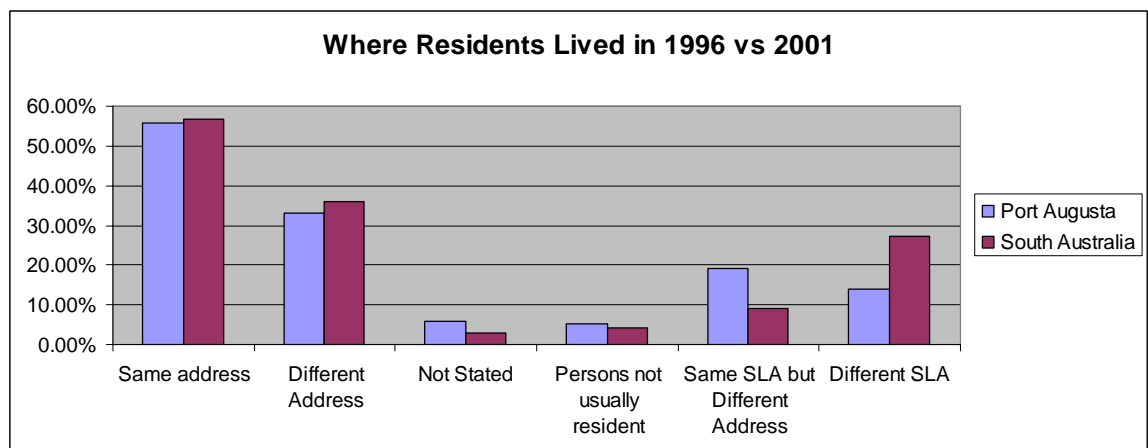
2001 Census Data. Australian Bureau of Statistics

Where the Residents were living 5 years before the 2001 Census

The majority of residents, 56% were living at the same address as in the previous census. The proportion of people who did not state where they were living or they did not usually reside in the same Statistical Local Area (SLA) varied from 3 to 6% for Port Augusta and South Australia.

Roughly one third of residents were living somewhere else in both data sets. The significant difference was where the residents had moved from. Nineteen percent (19%) of residents in Port Augusta had moved within the same SLA, compared to 9% of residents in the SA. In Port Augusta, 14% had moved from outside the same SLA but the State had almost double that percentage with 27% of residents who had moved from a different SLA. See figure 8 below.

Figure 8.

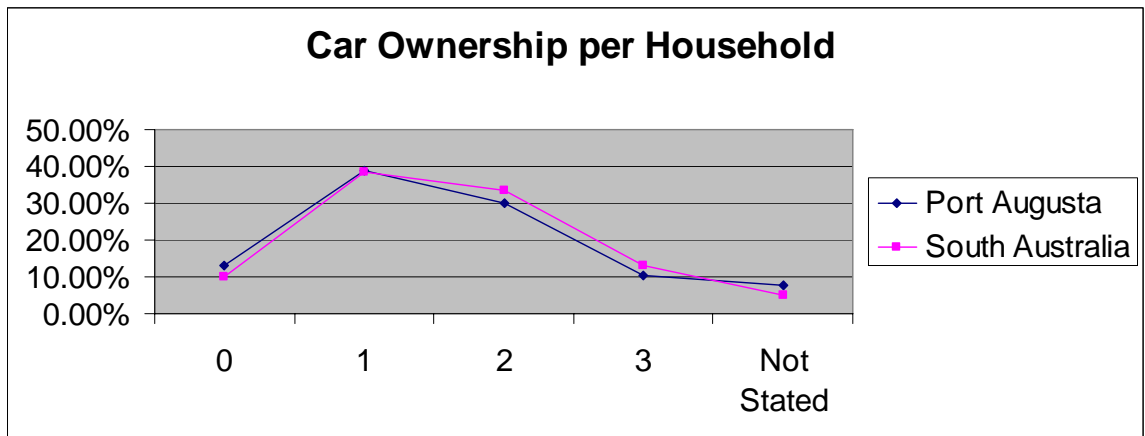


2001 Census Data. Australian Bureau of Statistics

Car Ownership per Household

Port Augusta generally has fewer cars per dwelling than South Australia as a whole. Figure 9 below shows that Port Augusta has more dwellings than SA with no car, 3 points higher, or only 1 car, half a point higher. SA has 3.5 points more of dwellings that have 2 cars and 2.75 points higher with 3 cars per dwelling.

Figure 9.

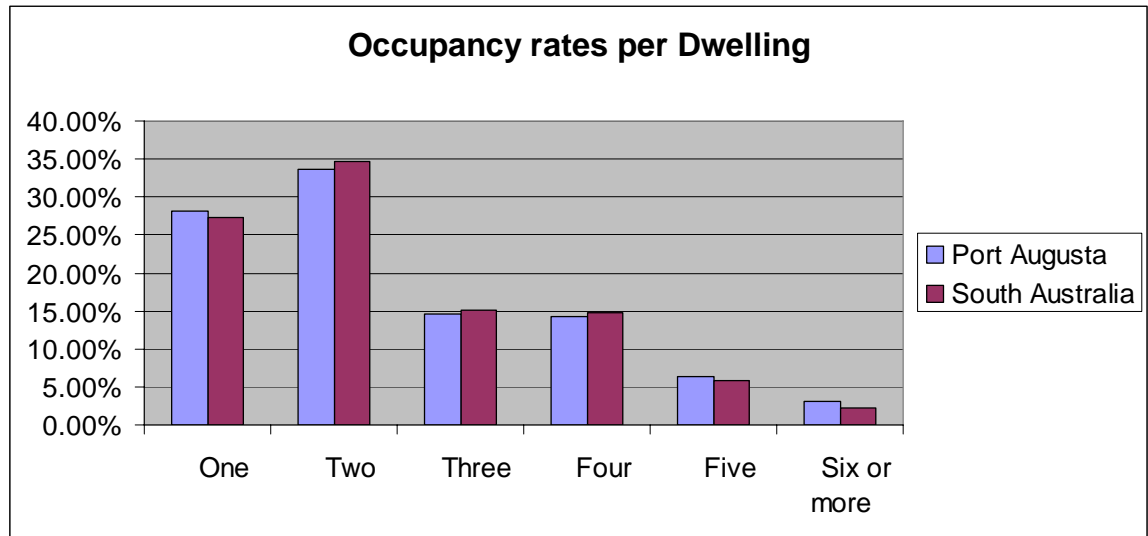


2001 Census Data. Australian Bureau of Statistics

Dwelling Occupancy Rates

Port Augusta is in line with the State as a whole with approximately 28% of households comprising people living alone, 34% sharing with one more person, 15% living in a house of three people, 14% of dwellings have four residents, 6% with five and 3% of dwellings have six resident. This is demonstrated in Figure 10 below.

Figure 10

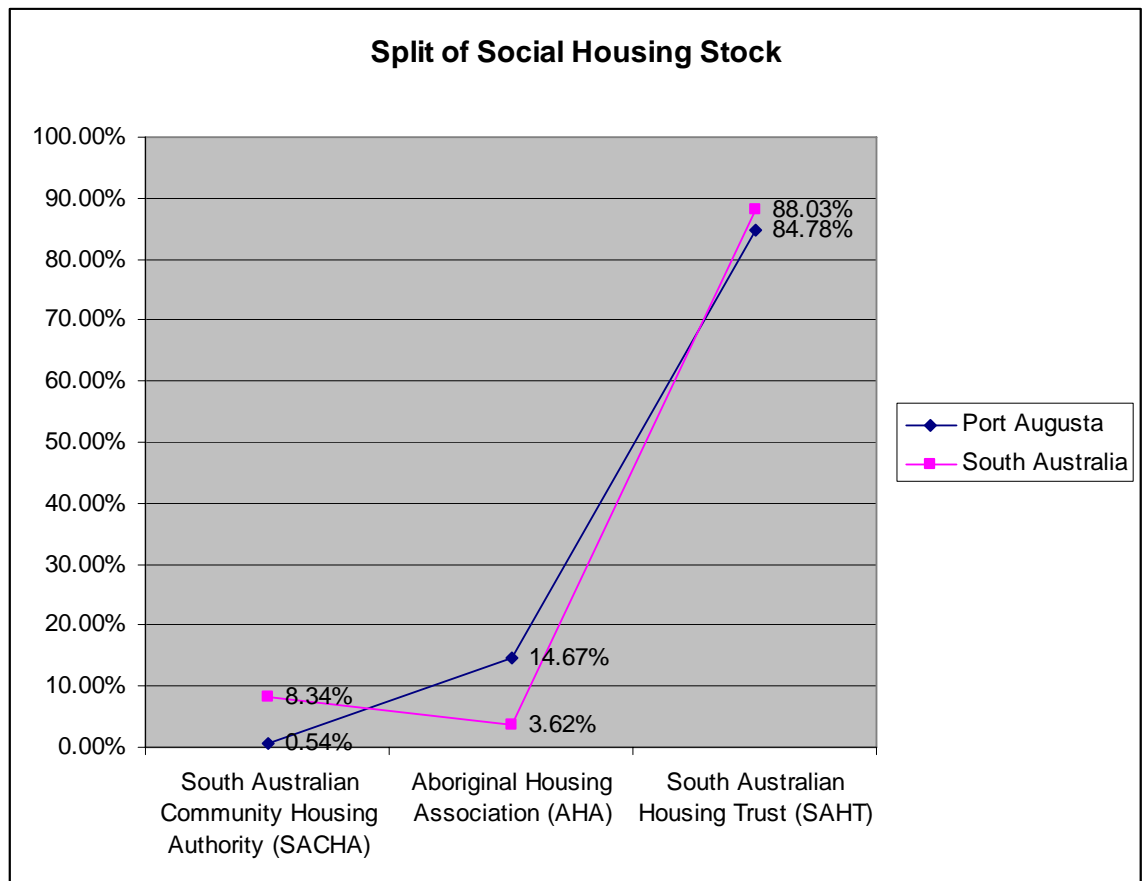


2001 Census Data. Australian Bureau of Statistics

Social Housing Stock

Figure 11 demonstrates the proportion of renters in each kind of social housing. It should be noted that all of these forms of social housing are now managed through Housing SA. Almost 15% of renters in Port Augusta were with the Aboriginal Housing Authority, compared to less than 4% statewide. Eighty five percent (85%) of renters in Port Augusta were in Housing Trust accommodation with less than 1% in Community Housing. This was much lower than the State proportion of 8.4%.

Figure 11.



2001 Census Data. Australian Bureau of Statistics.

APPENDIX 3

List of Contributors to Preliminary Consultation in February 2007

Anne O'Reilly	Port Augusta City Council
Michael Duneman	Port Augusta City Council
Mayor Joy Baluch and Councillors	Port Augusta City Council
Snr Sgt Rod Malkin	SAPOL
Donna Kite	SAPOL
Peta-Alison Giles	SAPOL
Heather Sheldon	Royal Society for the Blind
Sara Press	Wami Kata
Bob Ticehurst	Wami Kata
Ros Franklin	Health Focus
Bronwyn Filsell	Men's Shed
Desley McKinlay	Nerrilda
Bernice Racanati	Ramsay Village
Sue Naisbitt	Nerrilda
Anna Kaponi	Pika Wiya Aboriginal Health Service
Cheryl McKenzie	Pika Wiya Aboriginal Health Service
Rachel Press	Division of GPs
Dr Don McQuiston	Division of GPs
Allan Johnston	Housing SA
Tina Duneman	Port Augusta Library
Cindy Veen	Volunteer Resource Centre
Rosemary Taylor	Lovell HCS
Carol Alphick	Lovell HCS
Ruth Anderson	Alabricare
Carol Leyson	Alabricare
Sharon Hepberman	Alabricare
Tasha Symens	Alabricare
Trudi-ann Brooks	Domiciliary Care
Jane Kirkham	Palliative Care
Alana Smith	Acute & Allied Health
Lyn Olsen	Director of Nursing
Sue Newman	Hospital Discharge Planner
Cathy Brook	Aged Care and Assessment Team

Verity Paterson	Community Services, Port Augusta Hospital and Regional Health Service
Ros McRae	Hospital Campus Manager
Julie Haynes	Uniting Care Wesley
Wendy Pearce	Uniting Care Wesley
Chris Bulman	Northern Carers
Lorna Campbell	Northern Carers

Meals on Wheels

Thora Ware
Lesley Henrickson
Irene Copley
Mettie Everett
Trevor White
Margaret Nobbs
Doug Morton

Joint Meeting of Senior Citizens and Pensioners Association

Myra Mabus
Amy Sheehan
Pat Chappell
Eva Carpenter
George Parker
Joan Wickham
Vera O'Brien
Joan Parker
Nell Coleman
John Coleman
Kath Carlyle
Judy Bourke
Bet Lloyd
Celia White

Joint Meeting of Probus Clubs

Berry Hill

Lorna Keelan

Jean Grantham

Margaret Cimarosti

Flo Robins

Molly Keneally

Dawn Webb

Joyce Hooper

Joan Dobson

Kath Gardiner

Dennis Dobson

Ron Webb

Aboriginal Elders Council with Janine Hains – 12 people

APPENDIX 4

Record of Consultation on Discussion Paper:

- Workshop with Service Providers and Community Groups 12th April 2007
- Lunch with Representatives of Organisations for Older People 12th April 2007
- Community Forum 12th April 2007
- Workshop with Service Providers and Community Groups 13th April 2007

PORT AUGUSTA AGEING STRATEGY

WORKSHOP WITH SERVICE PROVIDERS AND COMMUNITY GROUPS

Thursday 12th April 2007

Port Augusta Sporting and Social Club

RECORD OF WORKSHOP

1. INTRODUCTION

The workshop was attended by 10 representatives of service providers and community groups (see Attachment One).

The purpose of the workshop was to test opportunities provided in the Discussion Paper and to further develop those needing a co-operative approach.

The following sections provide a record of the contributions to the workshop.

2. TESTING THE OPPORTUNITIES

2.1 Affordable and Appropriate Housing

Opportunities	Support ⁽¹⁾	Comments
Provision of private retirement housing for rent	Strong	Like "Wontama" in Kadina
Provision of 2 bedroom units for purchase	Medium	Tried this recently!
Joint ventures with Housing SA to redesign existing housing	Strong	Proposals for PPP under consideration
Provision of land or other support by Council to enable development of housing for older people	Medium	Council and Business Port Augusta need to be lobbied
Small to medium sized clusters of units close to centre of town, shopping and medical facilities	Strong	
Large scale retirement / lifestyle villages with their own facilities	Strong but one dissenting view	Want to move in! EIS issues / infrastructure and water availability is questioned

(1) Very strong – 8+ ticks
Strong – 5-7 ticks
Medium – 3-4 ticks
Low – 1-2 ticks

2.2 Accessible and Responsive Transport

Opportunities	Support	Comments
Establish Community Passenger Transport Network	Medium	Now ✓✓ Dial-a-Bus
Negotiate with transport operators to provide more accessible services	Medium	Stateliner can organise accessible bus for people in wheelchairs if booked
Use existing agency buses in a more co-ordinated way	Medium	Smaller buses. Flexible pick up / drop off. Easier step on and off
Use community buses to provide a visiting service to aged care facilities	Medium	Good idea. Need flexible route.

2.3 Social Isolation and Personal Safety

Opportunities	Support	Comments
Increase funding to Health Focus so more people can participate	Strong	Funding for high care dementia ✓✓
Broaden range of activities at Men's Shed	Medium with one person unsure	Encourage more to join. Also consider "Women's Shed" or equivalent. Senior Citizens and Pensioner Association already available up to 6 days a week
Co-ordinate / promote community visiting programmes	Strong	Increasing need in Dom Care
Agencies work with Volunteer Resource Centre to develop Community Visitors Programme	Medium	People want some company at home on occasions
Maintain connections between people receiving facility or home base care and community services, eg library, activity programme	Strong	HAS introduced Aged Care Co-ordinators
More social activities available in evenings and weekends	Medium	Transport issue. Safety issue
Build a stronger sense of neighbourly concern	Strong	How?

2.4 Supportive Public Environments

Opportunities	Support	Comments
Council to prepare a Movement Strategy to support safe walking and cycling	Very strong	Footpath maintenance ✓✓✓. Grants to support physical activity
Involve the users of streets and public spaces in the planning and design process	Very strong	
Explore potential to obtain funding from State or National Government to improve pedestrian routes	Very strong	
Identify pedestrian routes that you see are a priority for improvement	Very strong	More walking tracks
Have a stronger role in urban planning to enable "natural exercise", ie, accompanied by the above	Medium	

2.5 Access to Health Services

Opportunities	Support	Comments
Funding for Mental Health Services and support	Very strong	Very under funded. Need "community" type services as well as hospital services, ie, Aged Care Package type response. Activity Centre for people with mental health problems.
Develop an Aged Care Co-ordination Network	Medium	
Explore ways to extend Palliative Care Services including to Aboriginal people	Very Strong	This is very achievable with a relatively small investment
Identify the most pressing health service gaps	Low	Isn't this already happening? What are the outcome/s?

2.6 Aged Care Facilities and Services

Opportunities	Support	Comments
Investigate a Partnership Approach with a private or non-government sector provider to obtain additional high care beds	Very strong	Negotiated with community and council to guide management. Needs Community Steering Group. Make use of old hospital for high care beds – no building is not structurally sound
More co-ordinated approach to supporting access to Respite Care	Medium	
Transport for people and families if people have to be placed out of town to reduce burden while waiting for bed in Port Augusta		

2.7 Support for Staying at Home

Opportunities	Support	Comments
Develop a Home Assist Programme to provide maintenance and cleaning services for older people not eligible for other services	Strong	Although Dom Care provide a relatively good range. Community Assist programme?
Promote existing home help resources	Strong	Directory. Waiting list (high)
Develop a more flexible / responsive home support to Dom Care Criteria	(New opportunity)	All hours and days

2.8 Finding Out What is Available to Meet My Needs

Opportunities	Support	Comments
Develop an Information Plan for older people that uses a number of different approaches	Very strong	
Put effective Distribution Mechanisms in place to make sure information gets to those who need it	Strong	And ensure that information is easily understood
Consider "Case Management" Model of Care to assist people to negotiate the service system	(New opportunity)	

2.9 Attracting Developing and Retaining Staff

Opportunities	Support	Comments
Develop flexible and affordable training modules. Seek funding support from Australian Government	Strong	Seek more Scholarships, Traineeships. Lots of past training has been good but not necessarily increased retention
Further develop contracts to enable "bonded: employment for staff who receive employer funded training	Strong	
Promote employment in aged care by recognising the contribution of aged care workers	Very strong	Attracting Indigenous workers
Increase salaries (or other incentives) to attract people to the area	(New opportunity)	
Volunteers could provide great support if funding supplied to train and support them appropriately	(New opportunity)	

3. DEVELOPMENT OF CO-OPERATIVE INITIATIVES

3.1 Aged Care Co-ordination Network

What needs to happen?

- Develop a network of agencies that meet regularly to discuss:
 - HACC Directions
 - Community Needs / Issues
 - Clinical Best Practice
 - Peak "lobbying" Body;
- Meet quarterly;
- Could also look at implementing Ageing Strategy.

Who needs to be involved?

All agencies that provide services to the aged (or "nearly" aged).

What resources are available?

- Meeting areas;
- People's time;
- Could rotate around agencies to share costs.

Who should drive this action?

Council – at the Expo.

3.2 Service Development to Address Gaps

What services are needed?

- Additional mental health for older people services:
 - flexible packages of care (Commonwealth OFTA);
 - increased geriatrician services (State Health / Commonwealth – fund and attract specialist to the area);
 - increased community based services including expertise (Dom Care / DFC Housing) Care Co-ordinators – need training for existing staff to better equip them to work with these clients from Registered Training Organisations in the metro area).

All of these initiatives can be implemented at a local level with appropriate funding support. Agencies in Port Augusta need to apply for funding and advocate for training.

- Hospice Service / Care (Commonwealth Palliative Care – facility and/or other resources to provide flexible model in community).
- Transitional Care Packages (Commonwealth / State to provide funding to employ/ contract in Centre). Hospice Care and Transitional Care could be combined in a multipurpose centre – need to research similar models and how these are funded.
- Co-ordinated planning to more accurately assess the **need** for services (perhaps co-ordinated by Council will need time, some funds for administration, advertising and office costs).
- Education and awareness of aged care health issues and related services (Commonwealth Carelink with money for a set advertising campaign).
- Need for more low/high care in future (Council has main responsibility).
- Dementia Care in the future as part of a continuum of service provision.

3.3 Information Provision

What already exists?

- Community Diary;
- Information at Council Office;
- Commonwealth Carelink Services;
- Information at Expo – handout of services.

What else is needed?

- CD of Service Providers;
- Magnet;
- Fortnightly column in Transcontinental for elderly;
- TV and Radio Ads:
 - TV announcements need to be read and played more slowly;
- Purse sized cards with details of key information points.

Who needs to be involved?

- All aged care services;
- Older people who know what questions need to be answered.

Who should drive / co-ordinate this action?

Council – Library with volunteers to help with distribution.

3.4 Community Transport

What resources exist?	Who manages these?
Health Focus bus	Council
Town Bus Service	Fullerton (private)
Taxi	Des's Cabs
Access Cab	Des's Cabs
School Buses	DECS and schools
SkillShare buses	SkillShare
Aboriginal Transport	Wami Kata, Pika Wiya
Private – Gulf Getaways	Don Costelloe
Alabricare accessible bus	Alabricare
Port Augusta Community Transport Service – Health Services to Adelaide and Whyalla	Hospital

What could a new service look like?

- An integrated network mixture of:
 - Some set routes and timetabled services;
 - Dial-a-bus;
 - Different size buses;
 - Disability access;
 - Paid and volunteer drivers.
- Co-ordinated with a paid Transport Co-ordinator;
- All users pay for service;
- Service operates on weekends and public holidays.

How could your organisation be involved?

- Possible integration;
- Possible volunteer sources.

Problems with the current town service

Old, too big, hot, disabled can't access, not accessible to lots of people due to steps, not flexible.

ATTACHMENT ONE

LIST OF PARTICIPANTS

Chris Bulman	Northern Country Carers
Lorna Campbell	Northern Country Carers
Jill Welk	SA Pensioners
Joan Carcuro	Low Vision Support Group
Ros Franklin	Health Focus
Bronwyn Filsell	Men's Shed
Karyn Reid	Independent Consultant
Rosemary Taylor	HCS
Verity Paterson	Port Augusta Hospital and Regional Health Service
Allan Johnston	Housing SA
Anne O'Reilly	Port Augusta Council

LUNCH WITH REPRESENTATIVES OF ORGANISATIONS FOR OLDER PEOPLE

Present: Irene Mahomed, Aboriginal Elders Council
Willie Austin, Aboriginal Elders Council
Vera Austin, Aboriginal Elders Council
Olive Bonner, Aboriginal Elders Council
Molly Keneally, CWA
Nancy Palmer, CWA
Jill Welk, Pensioners Association
Vera O'Brien, Pensioners Association
Ross McArdle, Curdnatta Probus Club and Masonic Lodge
Iris McArdle, Curdnatta Probus Club
John Colman, Senior Citizens
Nell Colman, Senior Citizens
Phil Greagan, Deputy Mayor
Ken McLean, Councillor

POSTCARDS FROM THE FUTURE

What is the most important action to take to make Port Augusta an even better place to grow older?

- Working together as a community to build our city ✓✓
- More police ✓✓
- More parking for elderly ✓✓
- Health and housing
- More aged care facilities ✓✓✓
- Transport for Specialist Doctors and shopping, trips to town, etc ✓✓✓✓
- Dial-a-bus for the elderly ✓✓
- Footpaths – bicycles being ridden on footpaths in main street at speed by youths 14-15 years old ✓✓
- Terrible buses – unsuitable seating – not air conditioned
- Co-ordination of medical services
- Footpaths round town
- Cleaning of bus stop at 6 Chapel Street
- Aged care pension rise from John Howard
- Improve Aboriginal health
- They don't need another skate park in or near town as it is dangerous
- I feel that the most important factor in aged person's homes is affordability. The current over 70 population retired on packages which are not in any respect compatible with current housing values. They need "low entry cost" rental housing.

COMMUNITY FORUM HELD AT PORT AUGUSTA SPORTS AND SOCIAL CLUB THURSDAY 12th APRIL 2007

Present: Shirley Moy, Brian & Lois Matsen, Ross Nykiel, Shirley Mundy, Barbara Rasmus, Joycelyn Richards, Joyce Hooper, Jean Grantham, Anne Wensley, Cathy Chinner

Following a presentation of the findings of the Ageing Strategy project, those present discussed the directions and opportunities contained in the Discussion Paper. The notes below are a record of their feedback.

Transport

- Smaller buses, eg, 21 seaters with comfortable seats similar to Whyalla's town buses.
- Brightly painted so they are appealing.
- Dial-a-Bus – is this something Rotary might take on?
- More Access Cab availability – hard if family has 2 people in wheel chairs.
- Funding is needed for co-ordinating transport resources.

Social Isolation / Personal Safety

- Afternoon tea group that goes to Ramsay to visit a friend and keep the circle of support.
- There are lots of groups – birthday groups, a Shirley group.
- Telecross provides important contact for people living alone.
- St John's has a volunteer visiting service in some other areas – why not Port Augusta?
- Men don't necessarily want the same kind of activities as women – often want something to do, eg, play pool, cards, darts, while they have a drink and mix with other men. A less formal and structured approach is needed.
- Senior Citizens Clubrooms are not being used to their full extent.
- Depression can be a consequence of isolation and can lead to mental health problems – Club House Our House provides support for people with mental health disorders including older people. There is also theatre group which is helping to break down stigma about people with mental health disorders.

Housing

- Lifestyle Village with a swimming pool, dining room and all support services.
- Single storey, 2 bedroom, environmentally friendly and affordable.
- Copper Coast Council is involved in developing 2 and 3 bedroom houses for retirees – purchase of \$170,000 to \$195,000 plus maintenance fees at the back of the hospital. They have good sized rooms and gardens. They are developing them in stages, 7 units at a time. When they are fully developed there will be a community centre and communal garage for boats and caravans.
- Southern Cross Nursing Homes have a very good reputation nationally.
- Need a continuum of care – Council can't always guarantee a bed in the nursing home so need transitional care.

- Social security impacts need to be considered if people sell their houses and then want to rent a retirement unit.

Streets and Footpaths

- Flinders Terrace – need a safe crossing with zebra crossing and island refuge between Wadlata and the Health Centre.
- More kerb ramps suitable for wheelchairs, gophers and pushers.
- Most streets are not pedestrian friendly.
- Hospital Road between the railway line and the Laundromat is bad for pedestrians.
- Bumps on footpaths can cause seizure activity for some people with disabilities in wheelchairs.
- At least one side of every street should have a decent footpath.
- Disability parking:
 - the one outside of Woolworths is badly located for safe reversing;
 - policing of Disability Parks (especially by the Commonwealth Bank);
 - not deep enough for vans / longer vehicles.

Health Services

- What happens when people turn 65 and Dom Care takes over from Community Support Workers? Will the Mental Health Team disappear from their lives?
- Grief counselling is needed as part of palliative care.
- Care Plan allows 5 free visits to allied health professionals per year, eg, physio, podiatry.
- Podiatry is hard to obtain.
- There are less people doing these allied health courses at Universities.

Aged Care Facilities

- Council should be involved in some way – retaining some control over determining who is involved, what they provide and where it happens.
- A lot of people regard the Nursing Home as theirs – they raised money for it.
- Things are changing and other ways of providing facilities may be needed.
- Would a combined group of church care providers be interested in this area?

Support for Staying at Home

- Help with simple tasks, eg, a home handyperson.
- Rotary / older people mentoring willing school students.
- Garden Club / Men's Shed can provide home help. Younger Vietnam Vets assess tasks and help unless it needs a tradesperson.
- Is there a way to take Ageing as a package to schools as a positive interaction between the generations?
- Provide choices – recognise that all older people are different.

PORT AUGUSTA AGEING STRATEGY

WORKSHOP WITH SERVICE PROVIDERS AND COMMUNITY GROUPS

Friday 13th April 2007

Port Augusta Sporting and Social Club

RECORD OF WORKSHOP

1. INTRODUCTION

The workshop was attended by 12 representatives of service providers and community groups (see Attachment One).

The purpose of the workshop was to test opportunities provided in the Discussion Paper and to further develop those needing a co-operative approach.

The following sections provide a record of the contributions to the workshop.

2. TESTING THE OPPORTUNITIES

2.1 Affordable and Appropriate Housing

Opportunities	Support	Comments
Provision of private retirement housing for rent	Yes	Would prefer community housing.
Provision of 2 bedroom units for purchase	Yes	
Joint ventures with Housing SA to redesign existing housing	Yes	But unrealistic
Provision of land or other support by Council to enable development of housing for older people	Yes	Council to retain land for housing
Small to medium sized clusters of units close to centre of town, shopping and medical facilities	Yes	
Large scale retirement / lifestyle villages with their own facilities	Yes	

2.2 Accessible and Responsive Transport

Opportunities	Support	Comments
Establish Community Passenger Transport Network	Yes	<ul style="list-style-type: none"> • Use small air conditioned accessible buses. • Door to door. • More for social needs than medical. • Extend current route to include wider area.
Negotiate with transport operators to provide more accessible services	Yes	Improve what is already there, existing buses are inadequate.
Use existing buses in a more co-ordinated way	Questioned	Existing town buses need improvement
Use community buses to provide a visiting service to aged care facilities	Yes	Smaller buses would be more appropriate – need to be accessible

2.3 Social Isolation and Personal Safety

Opportunities	Support	Comments
Increase funding to Health Focus so more people can participate	Yes	<p>More community awareness is required, especially dementia group.</p> <p>Health Focus has an unfortunate location stigma because it is attached to nursing home.</p> <p>Could other programmes be set up in community to target different groups.</p>
Broaden range of activities at Men's Shed	Yes	Hire the shed to other organisations for more dependent care recipients not necessarily broaden the range but increase opportunities for men who are more frail or need extra help.
Co-ordinate / promote community visiting programmes	Yes	Work together for it to be sustainable
Agencies work with Volunteer Resource Centre to develop Community Visitors Programme	Yes	
Maintain connections between people receiving facility or home base care and community services, eg library, activity programme	Yes	
More social activities available in evenings and weekends	Yes	Transport is an issue. Perception of not being safe at night

Opportunities	Support	Comments
Build a stronger sense of neighbourly concern	Yes	? How – due to diversity of people.

2.4 Supportive Public Environments

Opportunities	Support	Comments
Council to prepare a Movement Strategy to support safe walking and cycling	Yes	Need to extend beyond the popular "tourist" areas. Love the foreshore area. Walking trail around foreshore.
Involve the users of streets and public spaces in the planning and design process	Yes	Would like the opportunity to be involved. Most important to get consultation input from general public.
Explore potential to obtain funding from State or National Government to improve pedestrian routes	Yes	Acknowledge that Council can't fund everything – yes
Identify pedestrian routes that you see are a priority for improvement	Yes	Richardson – McSporran Walkway, McSporran Crescent, Woodforde Street – Caritas College – Grandparents collecting children from school. Tassie Street, Gibson Street

2.5 Access to Health Services

Opportunities	Support	Comments
Funding for Mental Health Services and support	Yes, but some uncertainty	Our organisation has funding for respite not being accessed – we need to be able to tap into these carers. Definite lack of funding in regard to health services
Develop an Aged Care Co-ordination Network	Yes	Based on SPOKE groups existing in Wakefield. There is a lack in this from acute to community would definitely be beneficial. Need to join together existing groups.
Explore ways to extend Palliative Care Services including to Aboriginal people	Yes	Good idea as nothing available on this and Aboriginal clients do not access current services ? project officer to develop some guidelines (Aboriginal). All services to Aboriginal people.
Identify the most pressing health service gaps	Yes	This would come up, be identified through a co-ordination network. Build on work / programmes already in place.

2.6 Aged Care Facilities and Services

Opportunities	Support	Comments
Investigate a Partnership Approach with a private or non-government sector provider to obtain additional high care beds	Yes, but one person questioned this	How could this be managed? Need more community awareness of Government Regulations controlling number of beds allowed per ageing population.
More co-ordinated approach to supporting access to Respite Care	Yes	Making people aware of this also. NGOs being more involved / equal with current organisations.

2.7 Support for Staying at Home

Opportunities	Support	Comments
Develop a Home Assist Programme to provide maintenance and cleaning services for older people not eligible for other services	Yes	Good to use community groups for this, eg Rotary / Work for the Dole, etc. Schools – Community Outreach Service. Utilise skills of retired people. Plan with Dom Care's Home Assist to complement each other.
Promote existing home help resources	Yes	Definitely !

2.8 Finding Out What is Available to Meet My Needs

Opportunities	Support	Comments
Develop an Information Plan for older people that uses a number of different approaches	Yes	? Plan could be too overwhelming with too much information. Services recommending / promoting each other. Marketing plan / strategy. Utilise existing resources – Carelink.
Put effective distribution mechanisms in place to make sure information gets to those who need it	Yes / strongly ✓	Articles in local paper – broad / not just health. Local paper – excellent. TV / Radio and fridge magnet. Most definitely regularly.

2.9 Attracting Developing and Retaining Staff

Opportunities	Support	Comments
Develop flexible and affordable training modules. Seek funding support from Australian Government	Yes	Should show recognition of training. More grants for training. NRDB should become involved with gaps in qualified employment and assistance with training to cover gaps.
Further develop contracts to enable "bonded: employment for staff who receive employer funded training	Yes	Works sometimes. PAH doing scholarships for allied health and nursing staff using this model, must stay 12 months or pay money back.
Promote employment in aged care by recognising the contribution of aged care workers	Yes	Stigma associated with working in Aged Care needs to be dispelled in some way. Make aged care more desirable. Name change of "care worker" would assist with stigma – maybe Nurse Level 1.

3. DEVELOPMENT OF CO-OPERATIVE INITIATIVES

3.1 Aged Care Co-ordination Network

What needs to happen?

Service providers group together on a regular basis (similar to SPOKE group in Wakefield region). Similar to Disability Alliance Group or Dom Care Reference Group.

Who needs to be involved?

Managers of aged services encompassing carers groups, community groups, residential facilities, respite services, Dom Care, RSB etc, (Use Expo list for reference).

What resources are available?

Commonwealth Carelink have list of services.

Need commitment from all groups to provide time for staff to attend, meeting space, etc.

Who should drive this action?

Initially Council, but may change over time. Dom Care have offered support. Wendy (UCW) has contact details for SPOKE and can offer support.

3.2 Service Development to Address Gaps

What services are needed?

- Community Services Information Centre located in the City Centre (Port Augusta City Council – would need building, staff to oversee, volunteers to run, amenities).
- Some specialist appointments (too long between appointments (SA Government needs to provide incentives such as money, housing, training to attract and retain staff. Country Health is working on this. Particular areas are:
 - podiatry;
 - mental health;
 - geriatrician;
 - psychiatry for aged care.

One option could be to credential existing staff to provide basic services.

3.3 Information Provision

What already exists?

- There are already brochures and pamphlets provided.

What else is needed?

- More TV and Radio coverage on a regular basis;
- More use of the local paper;
- Use both ABC and Umewarra Media - 891;
- More community groups working together;
- DVD on services available;
- Pocket directory of services similar to CentaCare;
- More use of Pika Wiya to distribute information to the Aboriginal community – also providing information to other service providers as to what is available through Pika Wiya.

Who needs to be involved?

- All service groups;
- Service providers;
- Everyone in the community;
- Doctors;
- CentreLink;
- Community information at the library;
- Use front line customer service in areas such as doctors surgeries, chemists and Council;
- Pika Wiya.

Who should drive / co-ordinate this action?

- Appoint a small forum of personnel from the service providers who would meet on a determined frequency and report to Council.
- All links back to a Co-ordination Group.

3.4 Community Transport

What resources exist?	Who manages these?
Public Transport	Transport SA
SkillShare buses	Education Department
Health Focus bus	Health Services
Pika Wiya Health Service buses	Private operators
School buses	
Private operators	
Port Augusta Taxis	
Volunteer transport services	
PMA's provide assistance for medical appointments	
Access Cabs very restricted due to permanent week day bookings (have advertised for more drivers to enable another cab)	
Community medical bus to Adelaide and Whyalla	

What needs to happen?

- Need a central contact point for co-ordination.
- Agreement from all parties concerned.

How could your organisation be involved?

Application for funding for co-ordinator role – by Council?
Delivering pamphlets while delivering meals?

Priority Areas for Allocation of Resources

Participants “voted” with fake money on the most important areas for the allocation of resources. The top five were recorded as:

- staffing;
- aged care facilities;
- health services to address gaps;
- social interaction / supportive environments;
- in-home support.

It should be noted that this reflects the views of this group only and is not intended to be used as the basis for determining overall priorities for the strategy.

ATTACHMENT ONE

LIST OF PARTICIPANTS

Joy Wright	Carers
Sue Newman	Port Augusta Hospital
Cathy Brook	Dom Care
Alanna Smith	Dom Care
Irene Copley	Meals on Wheels
Thora Ware	Meals on Wheels
Lesley Hendrickson	Meals on Wheels
Wendy Pearce	UCWA Commonwealth Carer Respite and Carelink
Bernice Racanati	AM Ramsay Village
Eric Rieck	Dom Care Reference Group
Phillip Jones	Families SA
Doug Morton	Meals on Wheels

APPENDIX 5

Summary of Housing and Residential Care Options

Provided by Organisations consulted as part of the project

SOUTHERN CROSS CARE

Southern Cross is the largest provider of Aged Care in South Australia with 1,100 Residential Aged Care Beds and almost 800 retirement units. An extra 170 residential care beds and 350 retirement units are either under construction or planned for the next 2-3 years.

Southern Cross has been involved in significant refurbishment of aged care facilities to give every person a single room with en-suite.

Southern Cross also provide:

- 3 rehabilitation services with programmes to restore people to fitness after injury or help manage chronic conditions;
- Hospice Care;
- Community Respite Houses;
- CAPS, EACH and EACH Dementia packages;
- Mental health programmes;
- Dementia programmes providing support for carers of those with severe dementia at home;
- hospital avoidance programme;
- research and development.

They have a strong education and training focus:

- paying trainees while they study;
- placing Registered Nurses from Flinders University during their training at larger facilities;
- have recruited Indigenous trainees with a view to supporting them to become trainers for other Indigenous trainees.

Southern Cross Care has residential care facilities in Gawler, Victor Harbor and Goolwa, but does not have a presence in other regional areas.

Retirement Living

Retirement units range from groups of 4 units up to 8 units and with the addition of packages, people are able to age in place.

Rental units are usually 2 bedroom but most new units for purchase are 3 bedroom with 2 garages. Units on the riverfront at Goolwa sell from \$275,000 and in McCracken Estate at Victor Harbor they start at \$245,000. Cost depends on the land value and location.

Residential Care

Around 40% of all places are concessional (above the Commonwealth standard of 22%) – can do this as a not-for-profit organisation. These people don't pay a bond.

They do offer "extra service" places in high care where people can pay an additional daily fee and higher bond to obtain a higher standard of room and level of support.

Bonds depend on people's level of wealth – they are agreed and negotiated.

Southern Cross Care would be interested in further discussions with Council. They consider that they could contribute through their strong experience in corporate governance, capacity in operating in an increasingly complex environment and ability to draw on a strong pool of staff and to support trainees in registered nursing and personal care.

ECH

Have been providing affordable independent retirement units for over 40 years. These were mostly 1 bedroom units built with significant subsidies from the Commonwealth Government, which are no longer available.

They have looked to have multiple sites across the metropolitan area to enable people to stay in the community where they have lived. This means most sites have less than 20 units and over half of all sites have fewer than 10 units. There are no on-site services, but people are able to access services nearby.

They have a few sites in the country at Ardrossan, Nairne, Willaston and Victor Harbor. They have considered Port Augusta previously and would be interested in further discussions with Council and also Housing SA.

ECH provides a mix of units under different loan licence agreements as follows:

- (1) Low entry licence fee - \$48,000 - \$55,000 entry fee for a 1 bedroom unit and if residents leave within the first 4 years, a part refund applies. A weekly maintenance fee of about 26% of the single aged pension which drops to 22% if they are eligible for rental assistance is required.
- (2) Higher entry licence fee - \$120,000 – ECH keeps 2½% per year for 5 years and then the person gets the rest back.
- (3) Retirement Village Product - \$180,000 - \$250,000 – ECH keeps 2½% of the entry price (not market value) and when person wants to move on there are no agent fees or refurbishment costs. ECH accepts risk of relicensing the unit.

In Ardrossan building costs have been higher, resulting in resident funded 2 bedroom units being sold for \$195,000.

ECH also has:

- Day Therapy Centres;
- an adult day Dementia Centre;
- 7 residential care sites with an eighth facility being built at Smithfield. They have 824 beds.

ECH has been involved in conversions of 1 bedroom and bedsit units to 2 bedroom units – add a bedroom and upgrade kitchen and bathrooms or turn 3 single bed units into two 2 bed units. ECH would be interested in working with Housing SA. If the land / existing units were made available to ECH at no cost, then upgraded 2 bedroom units could be available for an entry fee of about \$55,000 and some units could be retained by Housing SA.

HELPING HAND AGED CARE INC

Currently provide 200 beds in Port Pirie, Jamestown and Clare and 140 packages. They are building a retirement village in Clare where the purchase price of \$250,000 - \$260,000 reflects the costs of providing the units.

In the metropolitan area they provide a mix of rental and purchase housing. They have been refurbishing some older units and selling some to cross-subsidise the upgrade.

The Australian Government is looking at packages for retirement units and as a result of current pilot projects, may lead to future allocations.

Port Augusta could be of interest to Helping Hand due to the economies of scale afforded by their significant presence in Port Pirie. They could be interested in independent housing as part of an integrated relationship with residential care. They would assess their involvement based on their ability to add value with rental retirement units. They would seek to provide innovative design responses to keep costs as low as possible.

MERIDIAN (Bought out the Gannon Group)

Provide retirement housing – independent living units and serviced apartments with a weekly service fee that covers two meals a day, laundry and cleaning services. Market research shows increasing demand for 3 bedroom units which sell for about \$300,000. There is a weekly fee plus the entrance fee which is the value of the home.

Most people want to spend 75 to 80% of the amount they received from the sale of their home. The cheapest unit is about \$180,000.

VILLAGE LIFE

In spite of recent media coverage, Village Life is still potentially interested in developing rental retirements units in Port Augusta. Their representative explained that the situation that attracted media attention was generated through a financial trust that did not act in the best interests of Village Life as property managers or of the residents. Village Life does not envisage this kind of situation arising with any of its other properties. However, it is likely that the adverse publicity will have dented public confidence in the Village Life name and it may take some time for this to be re-established.