Age Friendly Charter

LOWER GREAT SOUTHERN 2019 - 2024

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Foreword

We are pleased to partner with WA Primary Health Alliance to engage with the Lower Great Southern community members, service providers and government in developing the very first Age Friendly Charter for Albany, Denmark and Plantagenet.

The Age Friendly Charter aims to provide a future road map that reflects the voice of our older community members. This is more than just another title for the Lower Great Southern, it is an opportunity to look at our region with fresh eyes and ask ourselves, "Is our region a good place to age?"

We recognise that our community members move across municipal boundaries to access services, participate in social activities, volunteer, and connect with friends, family and employment. As such, this Charter seeks to empower the community to lead the way in changing behaviours toward those increasing numbers of people who are living longer, healthier lives, and have the right to age well. We thank the community members who participated in developing this charter. This ensured we continued to keep sight of who this Charter is for and that it reflects the voice of our community.

I commend this Charter to you and trust that it offers a platform to support a resilient, vibrant and prosperous region where everyone is valued and respected. It is a reminder that as a life stage, older age should provide people with the opportunities to live healthy, positive and productive lives, connected to and participating in the life of the community.

DENNIS WELLINGTON
MAYOR | CITY OF ALBANY

WA Primary Health Alliance is delighted to partner with the City of Albany to shape, strengthen and sustain a health system and broader community, which works for people to achieve better healthcare, particularly for those at risk of poor health outcomes.

Ageing well is vital to the health and wellbeing of communities. As Mayor Wellington has confirmed, this requires much more than access to quality healthcare; it also needs a strong commitment across the board to make our community a great place for older people to live.

In all that we do, we are committed to listening to local communities to understand who they are, their unique health needs and how their world is changing.

The opportunity to involve consumers, carers and families so closely in this initiative has therefore been of immense value and has made this truly a Charter for the community by the community.

We look forward to continuing to play our role in delivering better health, together with all stakeholders to empower our older people to live their lives to the fullest.

LESLEY PEARSON
REGIONAL MANAGER – GREAT SOUTHERN
WA PRIMARY HEALTH ALLIANCE

WHY A CHARTER?

The Lower Great Southern has a greater population of people over 60 than the WA regional average.[2] In line with global trends, WA's population of 65-84 years will double and the numbers of people over 84 will quadruple.[3] This trend is expected to continue for several decades.[3] The Australian Aboriginal and Torres Strait Islander population, aged 65 years and over, is forecast to more than double by 2026[3] and around one in five older Western Australians will be from a culturally and linguistically diverse (CaLD) background by 2026.[3]

Regional WA faces unique challenges around ageing. *The Ageing in the Bush Strategy*[4] identified several common concerns for regional WA including; sparse and geographically disperse populations; aged services under pressure; aged and homecare workforce issues; and significant and sustained growth in demands for aged and home care services.[4] The increasing numbers of older people in rural areas is contrasted with dwindling numbers of young people and families which presents further challenges.[4]

According to the W.A. Government *Sustainable Health Review 2019* (SHR), spending on health has more than doubled in the past 10 years and is projected to approach 38 percent of the WA State Budget by 2026-27.[5] The *Review* recognises the need for more proactive health interventions that acknowledge the importance of having a safe place to live and the benefits of social participation, prevention and early intervention in good health-care.[5]

While these challenges are certainly reflected in the Lower Great Southern, the community believe our region has a high level of resilience and social connection. We have heard many stories of community-based initiatives and the important role family, friends and neighbours play in the lives of our older community members. The community were keen to ensure their resilience was recognised and built upon and not undermined or eroded.

This Charter recognises that there are formal instruments in place that service providers must comply with such as the new single Charter of Aged Care Rights.[6] It is not intended to create another framework for compliance rather a set of localised values that serve to create a community led vision for collaboration within the Lower Great Southern.

This Charter serves to define the values and aspirations as told by our older community members and how, together with service providers and government, we can improve the ways in which people can live longer, healthy and happier lives in the Lower Great Southern.

This Charter sets out nine strategic aspirations and supporting outcome areas to guide how we can collaborate to achieve better outcomes for the whole region but especially our older people.

By working together under the guidance of this Charter, we can maximise our efforts and resources to support community members to age well. To harness this collaborative approach requires effort from our community, service providers and government.

Age Friendly Charter

LOWER GREAT SOUTHERN 2019 - 2024

This Charter defines the values and aspirations as told by our older community members and how together as service providers and government we can work together to improve the ways in which people in our community can live longer, healthier and happier lives.

Social Connection and Belonging

Provide opportunities for older people to have fun and socialise. Promote neighbourliness and connection between generations.

Health and Wellbeing

Promote healthy active ageing. Improve access to quality and respectful health and support services that reflect the choices, goals or preferences of older people. Increase collaboration and coordination between services to improve the way the community receives care.

Home and Community

Support people to age at home with grace and dignity and keep people within their communities for longer. Provide people with greater accommodation choices and improve respite and support for carers.

Outdoor Spaces, Buildings and Design

Create buildings and public outdoor spaces that improve access and meet older people's needs. Promote innovative planning and design to provide greater choices for all people to age well.

Transport

Improve access to transport opportunities for people ageing across the region.

Inclusion and Mutual Respect

Encourage respect, tolerance and compassion throughout the community. Empower people to be involved in decision making as they age.

Volunteering, Employment and Finance

Provide opportunities for people to continue to volunteer and work, share skills, knowledge and wisdom as they age. Encourage early planning for their future.

Communication and Information

Provide easy to understand and accessible information that enables people to stay connected and find the support and services they require as they age.

End of Life

Improve care and support for people, families and carers through illness, dying, death and grief.

About the Charter

WA Primary Health Alliance

WA Primary Health Alliance (WAPHA) shapes, strengthens and sustains a health system that works for people. Our role is to simplify and increase access to primary healthcare by planning, guiding and directing investment towards important services. As part of the Australian Government's Primary Health Network initiative, we operate across the state, improving access to healthcare closer to home for those at risk of poor health outcomes.

We listen to local communities to understand who they are, their unique health needs, and how their world is changing. By partnering with community, service providers, GPs, allied health professions and government we work to deliver better health, together.

WAPHA recognises that while many older Australians are now living longer and healthier lives, there are many who continue to live with mental and physical health concerns. Many lack appropriate access to primary care, opportunities for social interaction and economic engagement within their communities. We recognise the importance of enabling older people to have a voice in matters that concern them.

> " We need the help of the whole health system, social and community sectors to work together to achieve better health outcomes for older people. "
>
> **Learne Durrington,**
> **WAPHA CEO April 2019**

Background

WAPHA, recognising that supporting an ageing population is broader than just the provision of healthcare, collaborated with the City of Albany to facilitate the development of a charter with the local aged community, government and service providers. The WAPHA Great Southern Regional Clinical Committee endorsed the project.

Key Partners and Community Engagement

Two panels guided the development of this Charter; the first panel was comprised of community members who provided advice and expertise to ensure the Charter focused on empowering the community to lead the way. This group highlighted the many community initiatives that exist outside of healthcare, and how to support and expand on these with improved connectivity, information, support and communication. A representative from this panel was on the agency panel to represent the community views. This group came from a diverse background and brought many lived experiences and interests to the Charter, including but not limited to:

> Living With Dementia
> Caring for a Spouse
> Culturally and Linguistically Diverse Community (Filipino)
> Aboriginal Community
> Carers - Parents/Community Members
> 85+ Community Members
> Access, Mobility and Driving
> Hospice/Palliative Care
> Aged Care Consumer Representative
> Older Community Volunteers
> Living With Hearing Loss
> Men's Health.

> " To be honest I don't know [what's important when I think about ageing], I don't really think about it, I like to think I'm still young. "
>
> **Albany Community Member**

> **"** To age gracefully, independently, with friends and activities around. To see people whenever we feel like it, to know we can meet up with friends whenever we want to and have time to ourselves to just relax and enjoy TV, or read, or do crosswords etc. whenever we want. **"**
>
> **Denmark community member**

Community engagement workshops were held in Albany, Denmark and Plantagenet and with the Albany Metropolitan Migrant Resource Centre and the Moorilurrup Aboriginal Healing Group, Mt Barker. Further to this we held telephone and face to face conversations with key community members and groups.

The agency panel were instrumental in advising on issues facing the ageing sector and for highlighting the strengths and opportunities within the region including:

> WA Primary Health Alliance

> Local Governments i.e. City of Albany, Shire of Plantagenet and Shire of Denmark

> WA Country Health Service (WACHS)

> Aged Care Providers i.e. Juniper, Craigcare, Clarence Estate, Amaroo Village

> Support And Advocacy Services i.e. Silver Chain, Carers WA, Alzheimer's WA, Albany Community Care Centre

> Regional Assessment Service i.e. Access Care Network Australia

> Southern Aboriginal Corporation and Albany Aboriginal Corporation

> St John Ambulance

> A Representative from the Community Panel.

Principles

The community and agency panels agreed to a set of principles to guide the development of this Charter:

> It is an agreed and concise roadmap or vision between our community, services providers and government.

> It involves our whole community, it is intergenerational and fosters a compassionate community.

> It is underpinned by a person-centred approach; it is inclusive and reflects the diversity of our community.

> It is empowering and respects the rights of all people. It challenges age related stereotypes and fosters mutual respect between our generations.

> It fosters collaboration not competition among service providers.

> It is based on best practice and innovation.

> It is regularly reviewed.

Age-Friendly Cities

Age Friendly Cities is a global effort coordinated by the World Health Organisation (WHO) to address physical, social and economic barriers to active ageing in cities and communities.[29] It provides a comprehensive framework that has been applied in developing this Charter.

The *WHO Age-friendly Cities* proposes eight interconnected domains that can help to identify and address barriers to the wellbeing and participation of older people;[29]

> *Transportation*

> *Housing*

> *Social participation*

> *Respect and inclusion*

> *Civic participation and employment*

> *Communication and information*

> *Community support and health services*

> *Outdoor spaces and buildings*

The Shire of Denmark and City of Albany have both applied the *WHO Age Friendly Cities Framework* as has WACHS in the WACHS Health Strategy for Older People 2018-2023.

Lower Great Southern Context

The Lower Great Southern includes three local governments: Denmark, Albany and Plantagenet. All three are characterised by a central service and administrative centre and a predominantly agricultural hinterland with a dispersed population supported by smaller service nodes. Agriculture, retail and health are among the region's main industries with tourism a major growth area. More recently the economic benefits of an ageing population have also been recognised. The region has experienced growth in its population and economy over the past decade and this is expected to continue.[7]

The City of Albany has a population of over 37,000, which includes the urban area of Albany which is the main administrative and service hub of the region.[7] A large area of agricultural land and natural reserves surround Albany along with numerous small community hubs and townsites.

The Shire of Denmark has a population of approximately 5,964 who reside across the four town sites of Denmark, Peaceful Bay, Bow Bridge and Nornalup. Denmark is the main administration and service centre.[8]

The Shire of Plantagenet has an approximate population of 5,168. The Shire encompasses the towns of Mount Barker, Kendenup, Narrikup, Rocky Gully and Porongurup. Mt Barker is the main administration and service centre.[9]

All three local governments in the Lower Great Southern have a higher proportion of residents at post retirement age than the Regional WA average in 2016.[7][8][9]

Percentage of population over 60 years of age

Population % over 60 years of Age	
City of Albany	27.4%
Shire of Denmark	33.2%
Shire of Plantagenet	28.8%
Regional WA	20.6%

Australian Bureau of Statistics 2016 census

The 2016 census indicates that people are moving to the region as they age, with all three local governments experiencing very high migration rates in the older population.[7][8][9]

Projected Populations

Shire of Plantagenet		
	65-84	**85+**
2016	870	70
2021	990	50
2026	820	80

Shire of Denmark		
	65-84	**85+**
2016	1110	70
2021	1270	70
2026	1430	100

City of Albany		
	65-84	**85+**
2016	6200	910
2021	7060	1100
2026	7930	1370

WA Tomorrow projections 2016-2031 WA Tomorrow Population Report No. 11

Aboriginal People

The Menang Noongar Aboriginal people are original inhabitants of the Lower Great Southern Region.[10] The Menang people continue to live in the region and practise their culture and as such their culture is a living culture that is as important today as it has ever been.

> " It's important we have support to do activities that keep our culture alive. We need the younger ones to be spending time with the older people so this knowledge is passed on. The young ones could drive the old people out to do these types of things. "
>
> **Moorilurrup Women's Group**

> " There are a lot of older Aboriginal people who are caring for grandchildren, often full time. This is hard for the women. "
>
> **Moorilurrup Women's Group**

Aboriginal Western Australians experience a significant gap in life expectancy and have higher rates of disability than non-Indigenous people; a gap of 13.4 years for males and 12 years for females compared to non-Aboriginal people.[11] Older Aboriginal and Torres Strait Islander people are almost three times more likely than non-Indigenous older people to need help with self-care, mobility or communication.[12] As a result, the need for aged care and community services for Aboriginal people often occurs at a younger age than in the general population.[12] This Charter therefore considers 50+ as older for Aboriginal people.

When engaging the Moorilurrup Aboriginal Healing Group, the Aboriginal women who attended said that accessing services can often be challenging. They said that often Aboriginal people do not feel comfortable in a clinical setting with mostly non-Aboriginal staff. A similar sentiment was expressed about accessing residential aged care as Aboriginal people do not always feel comfortable in settings dominated by non-Aboriginal people. They suggested that Aboriginal people be given training and employment opportunities in the area of ageing so younger Aboriginal people are in roles that provide care to older Aboriginal people. Transport was considered a significant issue affecting a range of things including staying connected, practising their culture and accessing country. The women also spoke about the importance of keeping generations connected and their culture alive.

> " It would be good to have training opportunities for young Aboriginal people, so they can be working for places that look after Aboriginal people. "
>
> **Moorilurrup Women's Group**

Social Connection and Belonging

Provide opportunities for older people to have fun and socialise. Promote neighbourliness and connection between generations.

Social isolation has the potential to cause physical and emotional stress that can have a significant impact on people's health.[19] Older people tend to be susceptible to social isolation as their social networks reduce and chronic health concerns have an effect on mobility.[19] Other common influences on loneliness involve the death of loved ones, family and friends moving away, remote rural housing, relocating from an existing community to seek additional social services or healthcare.[20]

> " I don't want to be labelled as old, I don't go to places specifically for older people, it makes me feel old. "
>
> **Albany community member**

Most of the community members we spoke with considered social connection as crucial to living. They wanted to be able to do the things they enjoyed, to have fun and meet up with friends. They wanted to interact with younger people and remain mentally stimulated and part of the whole community. There were many positive examples throughout the region of activities and groups that bring people together, however there was also the need for more opportunities and places for people to connect and belong.

> " It's important to feel like you're being useful and part of the community, like growing your own vegetables and mental stimulation from work or other interests. "
>
> **Denmark community member**

Hawthorn House, Albany

> We don't want to mix with just 'older' people, we want to mix with younger people too.

Plantagenet community member

> Older people tend to look out for each other, especially when they know they have no family around to support them.

Denmark community member

Changes in traditional family structures, new family care patterns and changes to the way we live and care for people have reduced the opportunities for younger and older people to connect, especially when older people are living in aged care facilities.[41] As society is now more segregated, relationships and connection between generations often need to be facilitated through programs and planned activities.[41] The Hawthorn House facilitates intergenerational connection through a regular 'playgroup' at their day centre facility.

We heard from many people who had moved to the region to retire and their family were living elsewhere, and others whose children had moved away. As people age and become frail they are often less able to maintain their social networks. We heard from the community of the need to more proactively support the older members of our community when they become vulnerable to isolation.

Another key source of social connection in the region is the relationships between friends and neighbours. Neighbourly connection has been found to play an important role in the lives of older people.[27] Research into support for people with chronic illness found that people are more likely to receive practical and emotional support from neighbours if they have individual connections to people in their neighbourhood.[27] In the Lower Great Southern where the population is often isolated and dispersed, these neighbourly relationships are particularly helpful and important in enabling people to remain socially connected and supported.

> People leave to die […] couples move down at retirement as 'sea-changers' but often move back to Bunbury, Perth, Mandurah etc., usually closer to family.

Denmark community member

Hawthorn House, Albany

The Lower Great Southern Region has one of only three Alzheimer's WA community wellbeing centres, Hawthorn House. It is a friendly day centre that provides family with a short break whilst providing an enriching experience for the person with dementia. People are provided with a wide range of meaningful activities based on their strengths, identity and interests. The centres provide meaningful engagement, stimulation and friendship in specially designed enabling environments.

Hawthorn House also hosts a range of other community groups including a playgroup to enable intergenerational interaction, craft and shed groups.

https://www.alzheimerswa.org.au/our-services/day-centres/hawthornhouse

Health and Wellbeing

Promote healthy, active ageing. Improve access to quality and respectful health and support services that reflect the choices, goals and preferences of older people. Increase collaboration and coordination between services to improve the way the community receives care.

> " Healthy Active Ageing is the process of developing and maintaining the functional ability that enables wellbeing in older age. "
>
> **World Health Organisation**[14]

It is widely recognised that the best way to ensure good health for our older community is by preventing diseases and promoting healthy lifestyle choices throughout our whole life not just in older age.[14] By supporting and promoting healthy and active lifestyle choices, we can support people to age well into the future and lower the incidence of avoidable disease and injury.[14]

Health was recognised by the community members we spoke with as fundamental to ageing well. This included valuing their own health and taking responsibility for maintaining good health. The community expressed concern regarding access to services, especially those people in the more rural areas of the region, and the challenges often faced when navigating the healthcare system. Many people had to travel significant distances to access services and even those living in close proximity to services were often concerned about transport. Many people acknowledged that as they become frail they may have to downsize or relocate closer to support, healthcare and services.

> " There needs to be greater flexibility for the WA Health system to invest and reinvest in more proactive health interventions that acknowledge the importance of having a safe place to live and the benefits of social participation, prevention and early intervention in good health care.[5]

Sustainable Health Review 2019, Final Report to the Western Australian Government

The WHO estimates more than half of the impacts of disease among people over 60 is potentially avoidable through changes to our lifestyle.[14] While disease is often preventable it is also important to acknowledge that disease can be managed for many older people. It has been found that with the right support and management many older people can maintain their wellbeing and quality of life while living with several conditions.[14]

A person's journey through the health system often involves accessing a number of different services either within the community or through a hospital or clinic, especially when they have several conditions. These services may not connect well because of the way they are funded, have limited data sharing ability, or have limited understanding of the benefits in communicating and working collaboratively.[15]

As people age they are often at greater risk because they may have co-morbidities requiring complex management.[13] Helping people to make good lifestyle choices and providing an accessible and integrated healthcare system can help keep people in good health and prevent illness.[13]

Integrated care is designed to assist people to overcome the challenges of navigating the health system.[15] Poorly integrated or coordinated services can compromise the quality of care for patients and increase the frequency of avoidable hospitalisations, emergency department visits, and medication errors.[15]

The recent *Sustainable Health Review* recognises that Western Australians are frequently required to navigate multiple systems that have become so complex that people often do not receive services when they need them or end up in hospitals when they do not need to be there.[5]

Integrating health and care services can address these issues and help empower patients to take greater control over their own health and wellbeing.[5] It also means that patients are more likely to receive the right care, in the right place, at the right time.[5]

Healthy ageing is also about creating the environments and opportunities that enable people to be and do what they value throughout their lives.[14] It is also important we maintain people's dignity and empower them to be involved in the decisions that affect their lives, especially when they are accessing services and receiving care.[18]

A 'person or relationship centred approach' to care is about seeing people as individuals and treating them with respect.[18] It is important as it ensures that the focus remains on what matters to the person receiving support.[18] It acknowledges the individual and that their needs and circumstances are unique. Most importantly it is empowering as it recognises what matters to the person and sees them as integral in achieving the outcomes they are seeking. A person or relationship centred approach is also crucial for addressing ageism and elder abuse.[18]

Mindful Walking Group - Mt Barker Community Resource Centre

The Mt Barker Community Resource Centre coordinates the Heart Foundation Mindful Walking Group with local community members who walk together every Tuesday.

Strengthen Your Legs - Shire of Denmark

The Shire of Denmark ran a six-week program aimed at preventing falls in men over 65. The program focused on engaging less active men over the age of 65 to improve their leg strength to reduce the risk of falls, improve their confidence and encourage regular participation in fitness programs. The program was extended by several weeks at the request of the participants who have since been integrated in to the Living Longer Living Stronger Program.

Home and Community

Support people to age at home with grace and dignity and keep people within their communities for longer. Provide people with greater accommodation choices and improve respite and support for carers.

> " We'd like to stay where we are, we like the privacy and space, but we understand that eventually we'll have to downsize or move closer to town or family for support. "
>
> **Plantagenet community member**

Home and community play a fundamental role in our wellbeing, yet growing numbers of older people are entering retirement with rental uncertainty or mortgage stress.[24] Homelessness is a growing problem for older Australians and will likely continue to increase over time due to an ageing population and declining rates of home ownership among older people.[28]

The community indicated a strong preference for staying in their own homes for as long as possible. Generally, the people we spoke with didn't want to move; they were keen to have modifications to enable them to live at home safely. Community members are keen to have access to health services; community nursing, and support services that enable them to stay at home longer. Many people did however recognise that downsizing or relocating may be necessary in the future. The concerns they had included; limited options locally for downsizing, the downturn in the property market, proximity to family and giving up their existing lifestyle.

In Australia, there is a growing trend for older people to 'age in place', or age in their own home.[3] Ageing in place is defined as, 'a person's ability to live independently in their homes and communities with access to affordable services'.[3] Older people who are given the choice to remain in familiar settings tend to have better outcomes in terms of independence, social participation and health.[34]

Despite a desire to age at home, older adults living in regional WA are increasingly required to relocate to other regions or towns to access the services and infrastructure they require to meet their aged care needs.[26] This puts increased pressure on local governments and communities to provide suitable age-friendly infrastructure and services across the region for older residents to age at home or 'age in place'.[26]

The Wheatbelt Development Commission Creating Aged Friendly Community Project found that for 'ageing in place' to be a viable option there must be: effective and high-quality community health facilities, affordable appropriate accommodation options, a diverse range of retail options and accessible transport options.[26]

> **"** Often people have to leave town or move to Albany when they get older or one of them gets sick. This can be hard because they can lose touch with friends and sometimes couples get separated. **"**
>
> **Plantagenet community member**

People's ability to remain at home is dependent on their circumstances. There is an increasing demand in our region for a range of accommodation choices that enables people to stay close to their community if they are unable to remain at home and for appropriate respite opportunities to ensure people in caring roles are also adequately supported.

One of the significant challenges facing older people is dementia, with more than 400,000 people in Australia living with dementia.[25] More than 50 percent of residents in Australian residential aged care facilities live with dementia.[25] By 2023, Alzheimer's will be the leading cause of death among older Australians and is already the leading cause of death among older women.[25] According to Alzheimer's WA, 70 percent of people living with dementia are currently residing in their own homes and rely upon carers.

Carers have the lowest wellbeing of any population subgroup; three in five people will care for an ageing spouse, parent, friend or relative.[22] There are 2.7 million people in Australia providing informal assistance.[8] The estimated value of unpaid care in 2015 was $60.3 billion (3.8 percent of GDP).[21]

In Australia, family plays a critical role in caring situations, with 47 percent of people relying solely on their family for day-to-day care.[23] While families will always play an important role in long-term care, changing demographics and social norms mean it is impossible for families alone to meet the care needs of older people. Long-term care is about more than meeting basic needs, it is about preserving older people's rights, fundamental freedoms and human dignity.[42]

We also heard from our community about the important role friends and neighbours play in providing care. The informal care roles these relationships play are often crucial in enabling people to remain connected and supported as they age at home.

> **"** I've developed friendships, and these form a network of carers. Not everyone has family close by. Older community members are looking after each other. **"**
>
> **Denmark community member**

Responsibility for long-term care should be shared between families, governments and other sectors in order to ensure access to quality healthcare and to help avoid financial hardship to both older people and their caregivers.[40]

As we heard from the Moorilurrup Women's Group, accommodation choices don't always reflect the diversity of our community. There is a need to create safe compassionate places of care that provide for the diversity of our community including cultural and gender diversity.

Albany Community Hospice Weavers

Albany Community Hospice has adopted a Weavers Pilot Project as an important step toward further enhancing the delivery of palliative care in the region.

The Weavers is a peer-to-peer support program which recognises the need to support the carer along their caring journey. The carer is connected with a volunteer 'Weaver', an experienced and trained former carer, the person gains an ally to walk alongside them, share stories and knowledge about services and strategies. This in turn enables the carer to be more effective in their caring role, reducing stress and increasing wellbeing.

Through the Weavers Program, the Hospice aims to increase the capacity of the community to care for their own. It aims to increase the wellbeing of carers so they can care for their loved one.

http://www.albanyhospice.org.au/familyCarer.aspx

Outdoor Spaces, Buildings and Design

Create buildings and public outdoor spaces that improve access and meet older people's needs. Promote innovative planning and design to provide greater choices for all people to age well.

Our community members spoke about the need for shade and amenity from trees, the location of seating and smooth and safe footpaths and road crossings. Access is important for enabling people to maintain their independence. It enables them to get to shops and access services and places in the community safely. It also encourages people to be out and about and remain socially connected. Remaining active brings multiple physical but also social benefits that contribute to higher levels of wellbeing and ultimately better health.[14]

Access and connection to community for older people is strongly linked to the physical environment in which they live, this includes outdoor spaces, footpaths and public buildings.[37] It is the ability for the physical environment to not only support people to get around but to facilitate connection for people. Mobility is a key aspect of active ageing, older people who live in unsafe environments or areas with multiple physical barriers are less likely to get out and therefore more prone to isolation, depression, reduced fitness and increased mobility problems.[37]

A key aspect of creating better physical and built environments for people who are ageing is to involve the community in 'co-design'.[37] Engaging the community in the design and planning process leads to the incorporation of a wider range of perspectives and result in innovative solutions that better reflect people's needs.[37] Planning and design for the future creates opportunities to address the challenges and constraints that our community may face in maintaining their quality of life as they age.[37] There are many innovative solutions for issues that have been identified in our region such as transport, social connection, housing and accommodation that can be addressed through innovative planning and design.[37]

> " My friend is in her 90s she is very independent because she uses her gopher to get around. But the bumps in the footpaths and crossings can knock her around. "
>
> **Albany community member**

> " We need more ACROD Bays and safer ways for older people to get around town. "
>
> **Plantagenet community member**

🚗 Transport

Improve access to transport opportunities for people ageing across the region.

> ❝ What happens when you lose your licence? People rely on family and they aren't always available. Some people don't have family. ❞
>
> **Plantagenet community member**

> ❝ It would be good to have a community bus to Albany, not just for medical appointments but for going to the cinema and shops and other fun things like that. ❞
>
> **Denmark community member**

Transport is recognised as one of the most complex challenges facing people who are ageing in regional Australia.[26] This was also reinforced during the community engagement process as transport was identified consistently as a significant issue throughout our region, even within Albany where public transport services exist.

The *Statewide Ageing in the Bush Project* identified that the limited transport options available in regional WA, can be a particular problem for older people who may no longer be able to drive, or for many Aboriginal people who may not have a licence to drive.[26] Limiting transport options for older residents can limit all other aspects of their life and reduce independence when they need it most.[26] A local transport solutions project in the Wheatbelt found in order for community members to effectively age in place there must be transport options in place that enhance mobility and accessibility to essential services such as healthcare.[26]

The greatest concern raised by the community was losing their licence due to age and the impact this would have on their ability to remain connected and access services. This was a concern everywhere, however more so for the people living in rural areas. The issue of older people driving safely was also raised and there was recognition that this was a serious concern.

The *Age-friendly Albany Strategy* recognised that Albany is heavily car reliant and while it does have public transport services, these are limited.[32] The consultation process undertaken identified other themes associated with transport which included; well-maintained streets and more parking options, difficulty walking around because of uneven, unsafe footpaths, insufficient seating, and sharing pathways with cyclists and gopher users.[32]

> ❝ Aged residents in regional Australia need safe transport options that preserve dignity, boost independence, and deliver access to multiple activities that contribute to quality of life. ❞
>
> **Seniors Strategic Planning Framework**[3]

St John Ambulance Denmark – Community Transport Service

St John Community Transport volunteers provide safe, reliable, and affordable transportation to members of our community. Community Transport Volunteers drive members of the community from their homes to pre-booked medical and wellness related appointments, using a vehicle supplied by St John Ambulance WA. It is an important service that has allowed people living in and around Denmark to maintain their independence and wellbeing while being able to access medical and health related services and activities. The vehicle service is for ambulant (self-mobile) passengers requiring transport within the Denmark community or to Albany.

Inclusion and Mutual Respect

Encourage respect, tolerance and compassion throughout the community. Empower people to be involved in decision making as they age.

Although there is substantial evidence about the many contributions that older people make to society, they are often stereotyped as dependent, frail, out of touch, or a burden.[16] These types of attitudes can limit older people's freedom to live the lives they choose and can lead to older people becoming isolated within their own communities.[16]

Age related discrimination can also be an issue in the health system where certain symptoms in older patients can be dismissed as just 'old age' instead of being viewed as potentially treatable health conditions.[35]

> " Young, old and everyone in between – Australians of all ages have the right to be treated fairly and to enjoy the same opportunities as others. "
>
> **Australian Human Rights Commission.**

Employment is a particular area of concern where many older people feel they are being discriminated against. Employment is often not a choice for many older people who need to work.[33] [30] Many older people are facing financial hardship with some experiencing homelessness.[28]

Our older community is also very diverse and people should be free to celebrate their diversity, practice their culture and be active in the community as they age. Our care and service environments need to be proactive in creating the

space for a compassionate, respectful and safe experience for people as they age.

Older people need to be involved in the decisions that affect them. In a care environment this is often referred to as person or relationship centred care and this approach focuses on what matters to the person receiving support and their family.[18] A person or relationship centred approach empowers people to remain in control of their own lives and is crucial for addressing ageism and elder abuse.[18] The community spoke about dignity and the importance of being treated with respect.

Supported decision-making is a practice that enables people to make decisions about their own life and is now an internationally mandated principle of international law under the *Convention on the Rights of People with Disability.*[36] Supported decision-making focuses on enabling people who have cognitive decline, whether it be an intellectual disability, acquired brain injury or mental illness, or dementia to be involved in the decisions that affect them.[36]

Moorilurrup Aboriginal Healing Group, Plantagenet

Amity Health established the Moorilurrup Aboriginal Healing Group with funding from WAPHA, following consultation with the local Aboriginal Elders. The Elders wanted a place to regularly meet and come together to talk, be creative and do activities that interest and stimulate them.

The group, who are mostly women, meet weekly in a hall provided by the Baptist Church. This group enables the women to come back to their birthplace and country. The group is open to everyone including children and men. This allows the members to be around family of all ages. It also allows the women to continue to care for the children in their family including grandchildren, nieces and nephews, while staying connected and doing activities they like. It is a safe place to visit and belong because the members are able to make their own decisions.

Volunteering, Employment and Finance

Provide opportunities for people to continue to volunteer and work, share skills, knowledge and wisdom as they age. Encourage early planning for the future.

Older Australians make an enormous contribution to society, through both paid work and volunteering.[31] Australians aged 65 years and over contribute almost $39 billion each year in unpaid caring and voluntary work.[31] If the unpaid contribution of those aged 55 - 64 years is included, that figure rises to $74.5 billion per year.[31]

> " I want to be an 'ACTIVE' part of community. I understand people are facing lots of different circumstances, some people have to keep working. "
>
> **Albany community member**

> " Volunteering is important, it's a good way to stay involved and connected especially if you are new to town, it's a good way to meet people. "
>
> **Denmark community member**

The community recognised the importance of maintaining mental stimulation from work interests and saw that volunteering offered an opportunity for transitioning to retirement. For some members of the community retirement was not an option, as they required employment for financial security. Some members of the community were providing support and care to younger family, friends and partners and this impacted their own wellbeing and ability to work. Most people generally wanted to stay connected and remain useful and active members of the community.

We recognise that there are members of our community who are experiencing extreme financial hardship and poverty as they age. We know that these people exist in our community and their experience of ageing is very different.

Older Australians should be recognised for their role in building strong and healthy communities.[28] However, many say that negative attitudes about older people can translate into unfair treatment and social exclusion, this can mean missing out on work, training, study and other opportunities.[28]

Around one in three Australians aged between 55 and 64 years say they have experienced discrimination because of their age.[17] The most common types of discrimination include being turned down for a job, being ignored or treated rudely and having disparaging jokes made about their age.[17] For many older Australians working is not a choice but a necessity as an increasing number of old people face financial hardship and uncertainty.[28]

Most people we spoke to recognised that they need to be practical and plan for the changes they may face as they age. In particular, financial planning for their needs as they become frail.

> " Volunteering is important, helping family business, babysitting etc. It's not just older people looking after younger people to keep them well and financially secure but for meaning and mental stimulation. "
>
> **Denmark community member**

> " There aren't a lot of job opportunities for the young ones, they've moved away and sometimes the oldies are left here or move to Perth to be with their family. "
>
> **Plantagenet community member**

Communication and Information

Provide easy to understand and accessible information that enables people to stay connected and find the support and services they require as they age.

> " I just don't trust social media or the internet I'm afraid of scammers. "
>
> **Denmark community member**

The need for simple and easy to access communication and information was a common issue raised by many of the community members we spoke with. They were seeking a consistent and easily accessible source of information, particularly around the availability of services. People were also concerned about the communication needs of older people as they experienced changes in health e.g. loss of sight or hearing, cognitive decline. There was a clear sense that these changes often contributed to a loss in connection to the community.

When the WHO was developing the *Age Friendly Cities* framework they found that information and communication was essential for older people everywhere for active ageing.[29] Most people agreed that 'staying connected with events and people and getting timely, practical information to manage life and meet personal needs was vital'.[29] WHO *Age Friendly Cities* Guide (p.60).

The community spoke of information technology as both positive and negative. People were supportive of certain technologies such as personal safety devices or telehealth services that enabled them to communicate and access services remotely. However, information technology was also often spoken about negatively with many people feeling technology was a barrier for them.

For some people the availability of internet coverage was an issue due to geography and 'black spots' and this limited their access to digital based information and communication. A lot of people did not trust the internet and were concerned about cyber safety and fraud and they preferred other means of communication. For some people accessing the internet was not an option, we understand that for some of these people access to the technology was not affordable.

> " There are black spots in internet coverage, in some places you just don't get the internet. "
>
> **Denmark community member**

> " We need a community directory, so we can find all the services that are available in the one place. "
>
> **Plantagenet community member**

> " Keeping up with technology is a challenge, we need young people to mentor us. "
>
> **Albany community member**

Don't Give up on IT

Albany Public Library runs a program 'Don't Give up on IT' that connects older people with information technology (IT) students from the Great Southern TAFE. The students, as part of the curriculum, go to the library and mentor members of the community to use their own technology. The program is currently being enhanced with funding through the Brandenburg Trust to enable older people to borrow technology such as iPads and tablets to try them out and develop their skills before investing in their own technology.

Additionally, Albany Public Library offers a Home Library Service (HLS), selecting and delivering books to seniors in the community who are unable to get into the library. The HLS serves approximately 100 customers, with three runs every month. Aged Care Facilities are often included in the HLS runs.

The Shire of Plantagenet Library and the Community Resource Centre offer digital learning courses for seniors through the Australian Government initiative *'Be Connected'*.

> " We need information for newcomers, there are a lot of groups in town but sometimes it feels hard to break in to. "
>
> **Denmark community member**

🌷 End of Life

Improve care and support for people, families and carers through illness, dying, death and grief.

When engaging with our community members for this Charter, people shared thoughts on both the practical and emotional aspects of dying. We met people who had lost partners or loved ones and they talked of their experiences. We also spoke with people about advance care planning and their understanding of their choices at the end of life and what was important to them.

People were often uncomfortable discussing their own declining health and death, however people recognised the importance of talking about, and planning for, their own future treatment and care needs if they became very unwell. The community members spoke of how friends and family have supported each other during times of caring, loss and grief and how this reduced feelings of isolation and fatigue. They found that through talking to others about their experiences, they were able to share skills and knowledge about

caring for someone at their end of life and help people to connect to the support they needed

The important role the whole community plays when someone is at the end of life is being recognised internationally by movements such as Compassionate Communities.[39] It recognises that care at times of crisis and loss is not solely a task for health and social services but is everyone's responsibility.[38]

In the Great Southern, the Compassionate Communities project, being delivered through WAPHA, aims to increase community knowledge and responsiveness around dying, death and grief, and how best to support each other. Also, Compassionate Communities recognises that people at the end of life and their families have better experiences and outcomes when health professionals and civic institutions empower and work with communities to increase education and information and partner with them in the care of our most vulnerable people.

Death Café - Albany

Death Café is held monthly in Albany and has been going since 2014. It is an informal gathering open to the community and is facilitated by local community members and is open to anyone who would like the opportunity to talk about death, dying and bereavement.

SIGNING THE CHARTER

Individuals and organisations can sign the Age Friendly Charter.
As signatories to this Charter we agree to support the principles
and outcome areas and most importantly commit to collaborate to
improve the ways in which people in our community can live longer,
healthier and happier lives.

To sign this Charter visit:
www.wapha.org.au/age-friendly-charter

ACKNOWLEDGEMENTS AND THANKS

Finally, we wish to thank all the many contributors to this Charter,
especially the older community members of the Lower Great Southern
who volunteered their time and offered their views and experiences.
We would encourage everyone, of whatever age in Albany,
Plantagenet and Denmark to work with us to focus on the themes of
our Lower Great Southern Age Friendly Charter.

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STRATEGIC ASPIRATIONS AND OUTCOME AREAS

👥 Social Connection and Belonging

Provide opportunities for older people to have fun and socialise. Promote neighbourliness and connection between generations.

1.1 Increase and strengthen programs that foster learning, understanding and mutual respect between generations.

1.2 Promote volunteer programs that enable younger and older people to support each other. e.g. Adopt a Granny.

1.3 Encourage people to develop relationships within their neighbourhood through programs such as 'Neighbour Day'.

1.4 Increase opportunities for older people to be socially and physically active. Ensure these opportunities allow for diversity, fun and creativity.

1.5 Involve the community in the design of programs to ensure they reflect their interests.

1.6 Encourage local social hubs that create a sense of place for the whole community to connect and belong.

1.7 Create programs to reach people who are socially or geographically isolated and inactive.

1.8 Support social innovation initiatives that build community connection e.g. Village Hub concept.

💚 Health and Wellbeing

Promote healthy, active ageing. Improve access to quality and respectful health and support services that reflect the choices, goals and preferences of older people. Increase collaboration and coordination between services to improve the way the community receives care.

2.1 Plan and adapt health services for the growing older population, longer life expectancy and complexity of care needs.

2.2 Continue to explore opportunities that address service gaps due to geographic distance and isolation. e.g. Telehealth.

2.3 Promote and encourage the uptake of prevention, early intervention and screening, for health conditions. e.g. stroke, arthritis, asthma, back pain, cancer, heart disease, diabetes or mental health conditions.

2.4 Provide education and awareness raising programs for building healthy and active lifestyle habits for all age groups.

2.5 Provide support and education to empower people to proactively plan for their future care needs.

2.6 Build a culture of collaboration between health and support services to improve the way the community receives care.

2.7 Provide adequate rehabilitation and reablement programs to keep people independent for longer.

2.8 Promote and encourage consistent dignified care that remains focused on the individual receiving care.

2.9 Provide healthcare and support services that Aboriginal people feel comfortable and safe to access.

2.10 Ensure healthcare and support services reflect the diverse needs of the ageing community e.g. cultural diversity, disability and gender diversity.

Home and Community

Support people to age at home with grace and dignity and keep people within their communities for longer. Provide people with greater accommodation choices and improve respite and support for carers.

3.1 Foster and advocate for innovation in accommodation to enable people to have greater choices as they age e.g. homelessness, affordability, social connection, in home respite, cultural and gender diverse care.

3.2 Provide more choices to enable people to age with grace and dignity e.g. outreach services, volunteer support services, co-living for carers.

3.3 Foster collaboration across service providers to ensure gaps are addressed and opportunities harnessed for outreach services.

3.4 Encourage people to be proactive and plan for their future to enable them to remain independent for longer e.g. future co-living for care and housing adaptions. Encourage people to develop and value relationships within their neighbourhood that enable them to age at home for longer.

3.5 Advocate for more flexible and increased support for carers to ensure sustainable and consistent care, including appropriate respite options.

3.6 Promote design standards and housing adaptions that provide greater choice and flexibility in accommodation throughout the community.

3.7 Continue to address increasing demand for residential aged care, especially the increasing demand for respite care. Improve aged care choices in outer regional areas.

3.8 Create housing and care models that provide safe and culturally appropriate care for Aboriginal people.

Outdoor Spaces, Buildings and Design

Create buildings and public outdoor spaces that improve access and meet older people's needs. Promote innovative planning and design to provide greater choices for all people to age well.

4.1 Consider the needs of older people when designing and maintaining public outdoor spaces and buildings. e.g. provide good access, adequate seating, toilets and shade.

4.2 Provide footpaths and access that are safe and encourage people to be active and mobile in the community e.g. safe crossing points on roads, smooth footpaths for all forms of mobility, adequate seating and shade trees.

4.3 Create opportunities for development that encourage greater interaction and support between generations e.g. intergenerational community housing models and community hubs.

4.4 Foster technology, design and social innovation, to enable people to 'age in place' or remain at home longer. e.g. digital personal safety alarms.

4.5 Encourage innovative urban planning and design to create more age-friendly communities e.g. infrastructure that fosters connection between generations, promotes mobility and access, social connection and interaction, including alternative accommodation models.

Transport

Improve access to transport opportunities for people ageing across the region.

5.1 Promote community-based models of transport to address challenges of geographic isolation and a dispersed population e.g. car pool project.

5.2 Foster collaboration and resource sharing among local stakeholders and service providers to pool and share transport services and resources.

5.3 Consider transport and access issues when planning or reviewing services, developing programs, and other activities e.g. consider how people will physically access services.

5.4 Support older people to manage their ability to drive, including programs that support older people to maintain, moderate or improve their driving.

5.5 Provide education and awareness raising programs for people to understand the impact of declining health on their ability to drive safely and the associated risks to the community.

5.6 Encourage people to plan and prepare for the challenges faced when they are no longer able to drive e.g. access to alternative transport options.

Inclusion and Mutual Respect

Encourage respect, tolerance and compassion throughout the community. Empower people to be involved in decision making as they age.

6.1 Recognise the cultural, spiritual and gender diversity of the ageing population and provide opportunities for people to continue to celebrate their diversity, practice their culture and be active in the community as they age.

6.2 Provide opportunities that celebrate all older people and allow them to continue to contribute meaningfully to the community.

6.3 Consider opportunities for building compassion in the community around ageing e.g. Dementia Friendly Program.

6.4 Empower and encourage older people to be involved in the decisions that affect their lives e.g. adopting supported decision making in policy and procedures.

6.5 Promote initiatives and activities that build relationships and respect between generations.

6.6 Raise awareness and encourage the adoption of strategies to identify, reduce and address elder abuse.

Volunteering, Employment and Finance

Provide opportunities for people to continue to volunteer and work, share skills, knowledge and wisdom as they age. Encourage early planning for their future.

7.1 Encourage people to be proactive in planning financially for their future and the changing needs they may face as they age.

7.2 Advocate for equality and flexibility in employment for people as they age to enable all older people to have opportunities for financial security.

7.3 Encourage employers to provide flexible and staged retirement to enable older people to continue working if they choose or need.

7.4 Encourage people to transition to volunteering as a way of continuing to contribute meaningfully to the community upon retirement.

7.5 Acknowledge and respect the knowledge, skills and contribution older people have made and can continue to make within the community.

7.6 Support opportunities for Aboriginal people to be employed in the aged care sector to enable more culturally appropriate care and service environments.

7.7 Provide training and employment opportunities for older people to ensure they have the skills and opportunities to access employment for as long as they need.

7.8 Enable opportunities to support cultural and gender diversity in the care and service environments.

Communication and information

Provide easy to understand and accessible information that enables people to stay connected and find the support and services they require as they age.

8.1 Acknowledge and address how different people experience issues accessing information technology e.g. affordability.

8.2 Be responsive and adaptable in addressing the communication barriers experienced by older people.

8.3 Provide clear communication to older people about their rights and entitlements.

8.4 Continue to facilitate programs to raise the digital literacy of older people to enable them to access technological initiatives.

8.5 Continue to explore technological opportunities that assist in overcoming service and communication gaps due to distance and isolation. e.g. telehealth.

End of Life

Improve care and support for people, families and carers through illness, dying, death and grief.

9.1 Support programs that encourage people to talk about death, dying and loss as a natural part of life. e.g. Death Café or Dying to Know Day.

9.2 Enable people to have choices at the end of their lives by planning for their potential care needs. e.g. Advance Care Plan/Advance Health Directive.

9.3 Encourage the whole community to support each other during times of caring and grief.

9.4 Encourage people to be comfortable with offering, asking for and accepting help during times of caring and grief.

9.5 Provide culturally appropriate services that deliver respectful, high-quality care, support and choice for the people at the end of their lives.