



BOROONDARA
City of Harmony

Creating an Age-friendly Boroondara

2014-19

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Table of contents

| | |
|-----------------------------------|-----------|
| 1. Executive summary | 3 |
| 2. Introduction | 3 |
| 2.1. Vision and purpose | 3 |
| 2.2. CAFB framework | 4 |
| 2.3. Corporate framework | 4 |
| 3. Background | 5 |
| 3.1. Methodology | 5 |
| 3.2. Context | 7 |
| 3.3. Consultation | 10 |
| 4. Action Plan | 16 |
| 4.1. Action Plan | 16 |
| 4.2. Implementing and monitoring | 18 |
| 4.3. Evaluation | 18 |
| 4.4. Accountabilities | 19 |
| 4.5. Corporate governance | 19 |
| 4.6. Risk management | 19 |
| 4.7. Financial implications | 19 |



1. Executive summary

In 2012, Boroondara was recognised by the World Health Organisation as an age-friendly city. Boroondara is one of only six Australian cities to have received this recognition and it is an achievement of which, Council is justly proud. Ongoing membership of the Global Network of Age-friendly Cities and Communities (GNAFCC) requires the development of a strategy to further progress age-friendliness in the community. The Creating an Age-friendly Boroondara Strategy 2014-19 (CAFB) fulfills this commitment.

Consultation for the CAFB focused on the 'lived' experience of older people - that is, what they experience as age-friendly in their daily lives in the community and where things could be improved. Through surveys, focus groups and public forums, older people spoke about their desire to remain independent and active at home and in the community and to enjoy long and healthy lives. Council and community based services that support this aspiration were highly valued. In fact, the face to face consultations became something of an information exchange as older people learned about the full range of services available to them. The idea of making a difference in the lives of others was still strong in older age. Older people talked about the importance of volunteering and finding opportunities to mentor younger people as well as learning from them.


Ideas for improving age-friendliness centered around social inclusion, mobility, safety and affordability. There was a general view among older people and service providers that social isolation is a risk amongst older people, especially those who live alone. Opportunities to socialise and participate in the life of the community were seen as essential to reversing this trend. Public transport becomes a key to independence as people age and actions to increase confidence in using it and feeling safe were highlighted. On-going cost of living pressures are an issue for many people but especially those on fixed incomes such as the old age or carers pension. A number of small, locally based programs that may save older householders modest amounts of money were proposed.

Older people's experiences of and ideas about age-friendliness were supplemented by demographic research. Consultation with staff across all Council departments and local aged service providers were held to discuss locally relevant and deliverable responses that would progress age-friendliness. Benchmarking with other local governments was undertaken to determine best practice in relation to the issues that had been raised during the consultations and strategy development. The result of the consultations, research and benchmarking will be used to develop annual action plans in consultation with the Creating an Age-friendly Boroondara Reference Group . Once formally adopted by Council, actions will be undertaken over the next five years by Council and its community partners.

2. Introduction

2.1. Vision and purpose

The purpose of the CAFB is to identify and respond to the environmental and social factors that contribute to age-friendliness and active ageing in the City. Active ageing policy is



defined by the WHO as ‘optimising opportunities for health, participation and security in order to enhance quality of life as people age’.

2.2. CAFB framework

The action plan will be structured using the four themes from the Boroondara Public Health and Wellbeing Plan (BPHWP) 2013-17. The four themes are:

- Theme 1: Resilient, safe and inclusive community
- Theme 2: Liveable, sustainable, health promoting City
- Theme 3: Equitable access for all
- Theme 4: Best practice health and wellbeing, planning and leadership.

The BPHWP framework captures a broad spectrum of Council’s core business and enables cross-council effort to address the eight WHO domains of age-friendliness:

- social participation
- respect and social inclusion
- civic participation and employment
- community support and health services
- transport
- housing
- outdoor spaces and buildings
- communication and information.

These eight interrelated domains were used to guide the research and consultation phase of the CAFB’s development.

Key stakeholders of the strategy include:

- Older adults (60 years and over) living, working and recreating in Boroondara¹
- Councillors
- The aged-care workforce and local service providers directed towards older people

2.3. Corporate framework

In 2008, Council adopted Our Boroondara - Our City Our Future, which is the community’s 20 year vision for the City to 2028. The vision identified two long term issues - community connectedness and sustainability. The CAFB reflects the vision statement’s four major themes:

- Community wellbeing
- Managing a sustainable environment
- Planning a well-designed and sustainable city
- Connecting our City.

¹ Some of the data sets analysed as part of the development of the CAFB defines older people as 55 years and over.



The Boroondara Council Plan's 2013-17 vision is to have a 'vibrant and inclusive community and an outstanding quality of life'. The themes, objectives and strategies outlined in the CAFB are consistent with Council's vision.

The key strategy in the health, ageing and disability component of the Council Plan is that Council will 'plan, facilitate and implement, where appropriate, programs to enhance the health, wellbeing and independence of Boroondara's community members, particularly older people and those with disabilities.' The sought outcome is for community members, especially older people and those with disabilities, to be supported to feel safe and independent.

The Boroondara Public Health and Wellbeing Plan 2013-17 is the higher level strategy to increase health and wellbeing for people of all ages in the City. The four theme areas are:

- Theme 1: Resilient, safe and inclusive community
- Theme 2: Liveable, sustainable, health promoting City
- Theme 3: Equitable access for all
- Theme 4: Best practice health and wellbeing, planning and leadership.

3. Background


3.1. Methodology

Between February 2013 and January 2014, Council consulted with the community via surveys, forums and interviews. Demographic analysis, a literature review and benchmarking with other local governments' policies for healthy ageing and age-friendly cities were also conducted. The aim was to better understand community views and aspirations to progress age-friendliness in Boroondara.

Surveys

Three types of surveys were used: online surveys, e-kiosks and via Council's Community Voice Panel. A total of 251 survey responses were received. They were supplemented with data extracted in relation to older age groups in other recent Council surveys including:

- an unpublished 2010 telephone survey on indicators of community wellbeing and mental health issues. A total of 158 responses by people aged 65 years and over (52 were aged 80+) were analysed. The survey results, although a few years old, still have contemporary relevance as they closely aligned with the WHO's indicators of an age-friendly city or community.
- the 2012 Boroondara Public Health and Wellbeing Plan 2013-17 telephone survey. A total of 354 responses by people aged 60 years and over (including 34 aged 85+) on the importance of health and wellbeing issues, safety and quality of life were analysed.
- a 2013 census of participants in seven of Boroondara's 10 neighbourhood houses. A total of 260 responses by people aged 65 years and over (53 were aged 80+) were analysed.



Thus, a total of 1,023 survey responses by older people informed the development of the CAFB.

Face to face consultations

In total, 143 people participated in face to face consultations. The consultation activities included:

- Five forums open to the public were held in key localities: Hawthorn, Kew, Camberwell, Ashburton and Balwyn.
- Two workshops were held with the Creating an Age-friendly Boroondara Reference Group as well as individual interviews with most members.
- Nine forums were held with existing seniors' groups in Boroondara, including U3A Deepdene, U3A Hawthorn, German Senior Citizens, Kew Senior Citizens, Greek Senior Citizens, Italian Senior Citizens, Evergreen Seniors Group and two groups at Camcare.
- Two forums were held with local community service providers. The forums were facilitated opportunities for a diverse range of providers to share their views and expertise. A special Boroondara Aged Service Providers Association (BASPA) forum was held as well as meetings with the Inner East Melbourne Medicare Local and the Inner East Community Health Service.
- A workshop was held with City of Boroondara Councillors.
- Interviews with individuals and small groups across Council departments gave staff members an opportunity to contribute ideas to the CAFB.
- Targeted interviews were held with representatives from culturally and linguistically diverse (CALD) and lesbian, gay, bisexual, transgender and intersex (LGBTI) groups, the Council on the Ageing (COTA) and local Victoria Police representatives.

Benchmarking

As part of the development of the CAFB, the plans and strategies related to ageing that were developed by the six local governments that make up the eastern metropolitan region along with Boroondara and the five other members of the Global Network of Age-friendly Cities were reviewed. The following information was gathered:

- Title – the plans used a mixture of terms including, positive ageing, active ageing, healthy ageing, ageing well and age-friendly in their titles. The CAFB title was chosen to reflect membership of the GNAFCC and because age-friendly, according to the WHO, encompasses the other terms.
- Timeframe – the majority of plans covered a five year timeframe, one was for 10 years, one for six years and two covered four year periods. Requirements of GNAFCC membership requires a planning, implementation and review cycle that is best undertaken over five years.
- Contents – the plans varied in whether they included a vision and set of principles. Some were unique to the plan, some were tied to the Council Plan vision and mission and some did not refer to a vision or principles. It was common for plans to include a demographic profile of older people, an outline of the methodology used to develop the plan, the policy context and key themes from the consultation. About half the plans defined terms such as 'active' and 'positive' ageing or described the features of an age-friendly city. All the plans contained an action plan.

- Action plans – the strategies and actions in the action plans were structured in a wide variety of ways including the Victorian State Government’s Environments for Health framework which looked at the social, built, natural and economic environment, two were aligned with themes from other council plans, several had themes that emerged from consultation, two used broad themes that were informed by the WHO checklist for age-friendly cities and the remainder were grouped by broad themes with no explanation about their origin. The CAFB uses a combination of these approaches through its alignment with the BPHWP themes which are based on the four environments of health.
- Key themes – the themes and actions to address them reflected the wide diversity of the municipalities, their demographics and location eg coastal, rural or urban. Actions and strategies were very much designed to be locally relevant and responsive and informed by the priorities of older people, Council staff and service providers involved in the consultation. This is the approach taken by the CAFB.

3.2. Context

3.2.1 Older people in Boroondara - demographic trends

Boroondara is experiencing population ageing that will continue over the next few decades. The first of the baby boomers (those born between 1946 and 1964) turned 65 in 2011. This generation is predicted to live longer, be more mobile, have greater access to finance and more technological ability and resources than the previous generation. They are also better educated, more informed and have greater expectations for themselves and of others including governments and service providers.

The data below suggests that older people in Boroondara are generally affluent, have a high life expectancy and enjoy an overall great sense of wellbeing. The data also reveals that for some older people, particularly single women, the situation is not so positive and ageing may bring with it increased isolation and financial pressure.

Population profile

- Boroondara residents aged 60 and over currently make up 20% of the City’s population (32,219 people).
- The number of Boroondara residents aged 60 years and over is forecast to rise by 32.0% from 2011 to 2031 (fourth highest in the Eastern Metropolitan Region (EMR)).
- Boroondara has the highest number of residents aged 85 years and over of any metropolitan local government area with 2.9% (4,632 people) falling into this age group.
- Compared to Victoria, Boroondara has a greater proportion of residents aged 85 years and over.
- Boroondara has the third highest number of residents aged 60 years and over in the EMR (after Monash and Whitehorse).
- Boroondara has the highest proportion of residents aged 85 years and over in the EMR.

Suburb populations

- Kew has the highest number of residents aged 60 years and over in Boroondara (5,166).

- Camberwell has the highest number of residents aged 85 years and over in Boroondara (800).
- Deepdene has the highest proportion of residents aged 60 years and over in Boroondara (29.4%).
- Deepdene has the highest proportion of residents aged 85 years and over in Boroondara (5.8%).

Income

- Nearly 40% of households occupied by people aged over 60 years have an income of over \$1,000 per week.
- Almost a quarter (23.5%) of 70-84 year old women in Boroondara received an income of \$300-\$599 per week compared to 14.4% of men in the same age group.
- Overall, older women have lower incomes than older men.

Housing

- The majority (66.9%) of people aged 60 years and over own their house outright. A further 11.7% have a mortgage and 7.3% are renting.
- Sixty three percent of people aged 60 years and over live in a one family household and 23% live alone.
- Women are twice as likely as men to live in lone person households
- Only 7.8% of the population live in non-private dwellings such as aged care facilities and community run registered rooming houses.
- A higher percentage of women aged 85 years and over (36.1%) live in non-private dwellings compared to men of the same age (19.4%)

Ethnicity and language

- A total of 34.8% of residents aged 60 years and over were born overseas. Of these, 25.6% were born in non-English speaking countries.
- Among Boroondara's older residents, 6% speak English 'not well' or 'not at all'.

Health and wellbeing

- Compared to the rest of Boroondara, residents aged 55 years and over had a higher personal wellbeing index (81.3 compared to 79.7).
- Comparing the City of Boroondara with the EMR and neighbouring LGAs from 2003 to 2007, Boroondara had the highest male life expectancy and equal highest female life expectancy. The neighbouring municipalities of Stonnington and Monash had equal estimates for female life expectancy.
- Over the 1999–2007 period, life expectancy for men in Boroondara improved by 2.2 years (80.0 years to 82.2 years). Over the same period, life expectancy for women in Boroondara improved by 1.9 years (83.9 years to 85.8 years).
- Compared to the rest of Boroondara, residents aged 55 years and over felt less safe when walking alone (day or night). However, they scored higher than those aged 55 years and over in the EMR and Victoria.
- Compared to the rest of Boroondara, residents aged 55 years and over were more likely to have experienced transport limitations in the previous 12 months.
- Compared to the rest of Boroondara, residents aged 55 years and over were more engaged in the community (arts and culture participation, citizen engagement activities).

Internet connection

- Slightly more than 60% of people aged 60 years and over have a broadband internet connection compared to 77.3% of all Boroondara residents.



3.2.2 Policy context

The CAFB has considered key legislation, policies and plans at the federal, state and local level to help interpret research and consultation findings and identify priority areas.

Australian Government

In April 2012, the Australian Government released its new aged care reform Living Longer Living Better. Its stated aims are to provide greater support for older people to remain at home, improve access to residential care, increase recognition of carers and those from culturally diverse backgrounds, strengthen the aged care workforce, increase support for those with dementia, and improve access to information.²

The government's approach to issues relating to ageing is outlined in its September 2013 document, The Coalition's Policy for Healthy Life, Better Ageing.³ The policy states: '[t]he Coalition believes better ageing is about ensuring older Australians have the care they need, when they need it and wherever they need it'. Apart from a focus on issues such as providing aged care to a high standard and funding further dementia research, the policy emphasises living in the community and a simpler information system to assist people to access services.

Key themes include working in partnership with stakeholders, minimising red tape and simplifying information systems. Websites such as the Australian Government's www.myagedcare.gov.au reflect the evolving approach across all levels of government towards targeted, clear, accessible and relevant information for specific stakeholder groups.

The November 2013 Productivity Commission Research Paper, An Ageing Australia: preparing for the future, will be an important input to future policy development.⁴ Highlighting both the growth and ageing of Australia's population over the next 50 years, the commission stresses the importance of all levels of government addressing the implications of this major demographic shift proactively, since it will impact labour supply, economic output, infrastructure requirements and governments' budgets. Most pressure will be felt through growing expenditure on health, aged care and the aged pension. The paper calls for new reform approaches not currently on the policy horizon to deal with these pressures.

Victorian Government

The Victorian Government has emphasised the importance of health promotion at the local level in a number of its recent key policy documents including: the Victorian Health Priorities Framework, the Public Health and Wellbeing Plan and Improving Care for Older People: a policy for Health Services and the Home and Community Care Active Service Model.⁵


In August 2012, the Victorian Parliament's Family and Community Development Committee tabled its Inquiry into Opportunities for Participation of Victorian Seniors. The Committee's

² State of Victoria, Department of Health, 2012. Healthy ageing literature review

³ <http://www.liberal.org.au/our-policies> accessed January 2014

⁴ <http://www.pc.gov.au/research/commission/ageing-australia> accessed January 2014

⁵ State of Victoria, Department of Health, 2012. Healthy ageing literature review



proposed strategy identifies the need to plan for age-friendly environments and the importance of empowering older Victorians to take charge of their own health. The committee recommended a whole-of-government strategy which includes:

- empowering senior Victorians and recognising their diversity
- changing perceptions of older people
- supporting older Victorians to plan for later life
- planning for and achieving age-friendly environments
- retaining and improving aged care and support services
- increasing knowledge and understanding of older people.

In response to the report's recommendations, the Victorian Government appointed a Commissioner for Senior Victorians who chairs a select Ministerial Advisory Committee to develop a whole-of-government older persons' action plan to address older people's participation and coordinate the plan across government.⁶

3.3. Consultation

Consultation and research for the CAFB was guided by the WHO age-friendly framework (listed at 2.2).

Summary of consultation outcomes

Overwhelmingly, participants in face to face consultations consistently reinforced their desire to remain living in their own homes, connected and involved with their communities and contributing in a meaningful manner. Equally, they acknowledged impediments to their quality of life including mobility, safety and financial security. These aspirations and concerns were reflected in the quantitative research and survey results.

Social participation/respect and social inclusion


Social connectedness assists older people to actively participate in the community. This is linked to positive mental and physical health outcomes. Study participants, who had strong social ties with family and friends and were involved in civic, cultural and other community activities, had higher rates of survival from illness, less cognitive decline and better mental health than those with fewer ties.⁷

Feedback from the face to face consultations and interviews included that:

- Opportunities for affordable social activities in Boroondara exist and it is important they remain affordable.
- Contact between generations and across cultures is highly valued.

⁶ http://www.cotavic.org.au/wpcontent/uploads/2013/02/Inquiry_into_Opportunities_for_Participation_of_Victorian_Seniors_-_Victorian_Government_Response-3.pdf accessed January 2014

⁷ State of Victoria, Department of Health, 2012. Healthy ageing literature review p.14

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- There is great diversity among older people in terms of socio-economic status, health status, ethnicity, sexuality and family and caring responsibilities. This may affect their ability to participate in community life due to the affordability of activities, language barriers, stigma and a lack of respite options.
 - There is evidence of social isolation among older people, especially those who live alone.
 - The University of the Third Age (U3A) and Chinese senior citizen groups are growing rapidly. U3A in particular requires more meeting spaces.
 - Men's Sheds were regarded very positively as a community resource providing opportunities for socialisation and activities in a safe and supportive environment.
 - It was suggested that organisations and clubs undertake training to make their activities and services more accessible for a diverse range of people.

Findings from the quantitative research and surveys identified the following facts and trends:

- Boroondara residents aged over 55 were more likely (88.9%), than the rest of the community (81.1%), to report that they had enough opportunities to participate locally in arts and related activities.
- 82% of residents aged over 55 had participated in arts and related activities, similar to the rest of the Boroondara community, but significantly higher than all Victorians (58.7%)
- The 2013 survey results from the development of the Boroondara Sports and Recreation Strategy identified demographic differences between the population aged 80 years and over and the rest of the population. This cohort is:
 - less likely to participate in exercise classes/fitness, or to use walking or bike paths
 - not likely to participate more than once per month in their preferred activities
 - around one in five (22%) of participants aged 60 years to 79 indicated that they have a condition that restricts their ability to participate while this proportion increased to 60% of those aged 80 years and over
 - on a positive note, they are more likely to participate in recreation activities for enjoyment than for other reasons.
- A census of participants at seven of Boroondara's 10 neighbourhood houses, revealed the following about people aged 55 years and older:
 - the main reasons for attending are to participate in social groups or to do a course or a class
 - the main benefit of attending is spending time with other people
 - for approximately 45%, English is not their primary language.

Civic participation and employment

Volunteering provides an opportunity to participate in social and civic life. In Boroondara, 25% of residents aged between 60 and 84 years volunteer. Among those aged 85 years and over the figure is 8%. Older people volunteer at similar rates to the rest of the Boroondara community but at higher rates than the Melbourne metropolitan average.



As the population ages, governments around the world are encouraging older people to remain in the paid workforce longer. In Australia, the age of eligibility for the aged pension and superannuation entitlements is rising. Employment issues for older workers were not highlighted during consultations or in survey responses. Apart from being a large employer, local government has a limited role in influencing older people's experience in the paid workforce.

Feedback from the face to face consultations and interviews included:

- Volunteering is important to those who participate.
- Older people are looking for meaningful, skills-based volunteering opportunities that draw on their life experience.
- Volunteers can be discouraged by regulations, such as police checks and compulsory training.
- Participants in the face to face consultations put a high value on the opportunity to share their views as part of the development of the new CAFB.

Findings from the quantitative research and surveys identified the following facts and trends:


- The Boroondara Sport and Recreation Strategy 2013 survey results found that:
 - people aged 60 years and over were less likely to volunteer or consider volunteering at a local sport and recreation activity than people under 60 years of age.

Community support and health services

Health and support services are vital to maintaining health and independence among older residents. Care needs to be good quality, affordable and accessible. The Australian and Victorian Governments are largely responsible for financing and organising health and social support services. Local government plays a role in the planning and delivery of services, together with the community-based not for profit sector.

Feedback from the face to face consultations and interviews included:

- Home care services, seen as council-based, provide high-quality, affordable care assisting older people to live independently in their own homes.
- There was an unmet demand for more in-home support and a lack of awareness about available services.
- The Council-coordinated Boroondara Aged Services Providers Association network (BASPA) was seen as a highly successful way to bring services together for networking and resource sharing.
- More parking, especially disabled permit parking, is required close to GPs and allied health services.



Findings from the quantitative research and surveys identified the following facts and trends:

- 31% of respondents (n=135) to a Boroondara Community Voice Panel survey identified improved access to community and health services as the most important issue in creating an age-friendly Boroondara.
- A household telephone survey conducted during development of the Boroondara Public Health and Wellbeing Plan (BPHWP) 2013-17, included the following responses from people aged over 60:
 - Access to affordable local health services was ranked number one in a list of 17 health and wellbeing issues.
 - Access to affordable, nutritious food was the second most important issue.
 - Responses to questions about personal wellbeing revealed that, in general, quality of life improved with age. For example, people aged 60 years and over were more satisfied with their personal relationships and living standard than younger respondents.

Transport

Public transport, taxis and community transport are key factors in older people's ability to remain independent and mobile. Transportation was a theme in many discussions. The ability to move around the City determines social and civic participation and access to community and health services.

Feedback from the face to face consultations and interviews included:

- Acknowledgement that the City was well served by all forms of transport but improvements could still be made to frequency, reach and accessibility.
- Many older people reported feeling unsafe boarding or disembarking from buses and trams and not having sufficient time to find a seat.
- The safety of older pedestrians was highlighted and reflected in a high rate of injuries and fatalities in 2013.
- Discourtesy and refusal to take short trips by taxi drivers was reported and identified as an advocacy issue for Council.
- Transport fares added to cost of living pressures experienced by older people.
- Council's community bus is highly valued but also not well known in the general community.

Findings from the quantitative research and surveys identified the following facts and trends:

- 17.9% of Community Voice Panel survey respondents nominated transport as the second most important factor in creating age-friendliness in Boroondara. Respondents felt that improved transport would enable seniors to be active and independent.
- Results of the BPHWP telephone survey revealed that people over 70 years of age were significantly more likely (24%) to feel unsafe or very unsafe on public transport at night than people under 60 years of age (17%).

- The Boroondara Sport and Recreation Strategy 2013 survey results found that the availability of public transport was a significant factor in sport and recreation participation for people aged 80 years and over.
- As part of a 2010 survey into community wellbeing and mental health, 158 people aged 65 years and over (53 were aged 80+) ranked 'access to transport for all' and 'use of public transport' as numbers four and five in a list of important community health and wellbeing indicators.

Housing

Safe, appropriate housing with a secure tenure is fundamental to health and wellbeing. Familiar surroundings, where people feel part of the local community, contribute to the age-friendliness of a city. Housing diversity in the local area to accommodate older people's changing needs is also an indicator of age-friendliness. Local government in Victoria is not generally a housing provider but plays other key roles.

Feedback from the face to face consultations and interviews included that:

- Participants expressed a preference for staying in their own homes as long as possible and want to have a choice about when and if they move, or age in place. The services Council and other aged services provide to support ageing in place were highly regarded.
- A strategy to prepare people for downsizing, where people would be educated about its merits before a housing crisis arose, was proposed.
- Deterrents to downsizing to smaller properties were identified. These included lack of smaller affordable properties, especially in retirement villages, and the possibility of losing pension and benefit entitlements due to the sale of a property.
- There was a perception that some older people in Boroondara are 'asset rich but income poor'. That is, people own large houses but have insufficient income to maintain them or meet cost of living expenses, such as heating and nutritious food.

Findings from the quantitative research and surveys identified the following facts and trends:

- A total of 66.9% of residents aged 60 years and over own their house outright, a further 11.7% are paying off a mortgage and 7.3% are renting.
- According to a 2012 unpublished report into the housing preferences of Boroondara residents⁸, 69% of couples aged 60 years and over and 72.9% of singles in the same age groups don't intend to move from their current address within the next five years.
- Housing is considered an important component of age friendliness by 15.6% of the Boroondara Community Voice panel.
- Older people who participated in the 2013 BPHWP survey ranked 'affordable housing' lowest of 17 issues that contribute to health and wellbeing in the local area.

⁸ Boroondara City Council 2011 Housing Preferences Survey (July 2011).



Outdoor spaces and buildings

Many and varied features of the urban environment contribute to a city's age-friendliness. Green space, pavements, lighting and access to shops and public buildings are critical to older people's independence, mobility and overall wellbeing. Older people put a special value on surroundings that are clean, safe and visually pleasant.

The built and natural environments also affect people's ability to maintain their health by providing opportunities for physical activity and access to health and community services.

Feedback from the face to face consultations and interviews included:

- Broken or uneven footpaths and branches overhanging footpaths were major concerns for older people when they were out walking.
- Consultation participants congratulated Council for the quality and maintenance of parks and green spaces. These were highly valued.
- Safety at and around transport stops and seating at public transport stops was highlighted as an area for improvement.
- The idea of a "seniors' playground" with equipment for gentle exercise was raised, as was space for outdoor gentle exercise classes for the community, including the CALD community.

Findings from the quantitative research and surveys identified the following facts and trends:

- People aged 60 years and over responding to the 2013 BPHWP survey were significantly more likely (81.8%) than those aged below 60 (60.9%) to give a high ranking (8-10 out of 10) to the benefits of enhancing biodiversity and natural open spaces on community health and wellbeing.
- Older people in the same survey also ranked 'encouraging people to shop locally' in the top five health and wellbeing issues.
- The Boroondara Sport and Recreation Strategy 2013 survey results showed a demographic difference in the importance people aged 80 years and over placed on activities being held in purpose built or multi-use facilities. People in this age group considered it more important than other age groups.
- Access to parks and open space, satisfaction with the appearance of public space and satisfaction with the look and feel of Boroondara were ranked as the top three indicators of community wellbeing by people aged 65 years and older who responded to a 2010 survey on community wellbeing and mental health.

Communication and information

Making relevant information available to older people with varying capacities and resources is a key feature of an age-friendly community. Older people need specialised information on legal rights, health and wellbeing, services, community events and benefits and entitlements. The digital age offers some older people great advantages, but leaves others feeling excluded.



Feedback from the face to face consultations and interviews included that:

- Across all topics discussed there was an apparent lack of awareness of the services Council and other aged services provide and its role in housing and transport. A strong need for more targeted communication was identified.
- Consultation participants considered word of mouth one of the most effective means of communication. A range of people from Council, business and the volunteer sector were identified as potential 'community connectors' who could communicate Council information.
- Paper-based information was important to older people, particularly the *Leader Newspaper*, the *Boroondara Bulletin* and newsletters. Many older people without internet access felt excluded by the increases in information available online only.

Findings from the quantitative research and surveys identified the following facts and trends:

- Slightly more than 60% of people aged over 60 have a broadband internet connection. The rate declines with age, with people in their 80s having very limited access. Across Boroondara's total population, 77.3% have broadband internet, suggesting a digital divide between generations.
- Of the respondents to the Boroondara Community Voice Panel survey, 20 identified communications and service promotion as increasing age-friendliness.
- In the Sports and Recreation Strategy survey, people over 80 were more likely than other age groups to phone Council for information about available sport and recreation activities.

4. Action Plan

4.1. Action Plan

An annual Action Plan will be developed in consultation with the Creating an Age-friendly Boroondara Reference Group. The Reference Group is chaired by a Councillor and consists of a second Councillor, a broad representation of Officers from across Council and external partners to ensure a whole-of-Council, whole-of-community approach is achieved. The Creating an Age-friendly Reference Group will consider the feedback from the public consultation period to inform the annual actions. The annual Action Plan will include a mix of current actions from strategic plans across the organisation and the first annual Action Plan will be developed by November 2014. Annual Action Plans will be developed during the life of the five-year CAFB, apart from the final year when the whole strategy will be evaluated.

The actions will be grouped under the four theme areas from the Boroondara Public Health and Wellbeing Plan 2014-18 (BPHWP). Figure 1 shows that the BPHWP is the umbrella strategy for health and wellbeing effort across Council.

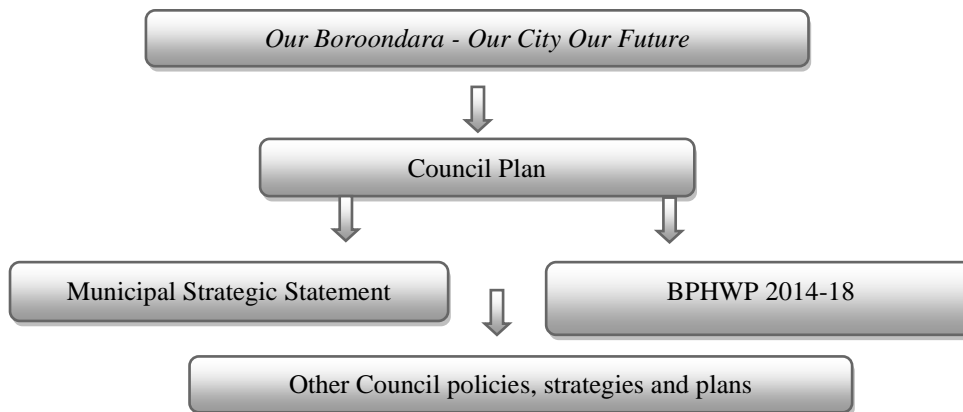


Figure 1: Public health and wellbeing framework

The four theme areas for the CAFB action plan will be:

Theme 1: Resilient, safe and inclusive communities

This theme captures actions related to social participation, social inclusion and respect and safety, especially for older pedestrians and drivers. Examples of potential actions include:

- hosting a Neighbour Day activity in partnership with community agencies to decrease social isolation among older people
- supporting the development of Men's Sheds to increase men's wellbeing and recreation opportunities
- developing and piloting a Wiser Cyclist program aimed at older people to promote bicycle safety and increase physical activity
- providing training to assist local traders to improve the physical and consumer accessibility of their businesses for older people
- information provision for elderly residents to prepare their homes for future heatwave events.

Theme 2: Liveable, sustainable, health-promoting City

With a focus on the built and natural environment this theme area includes actions that directly support and increase older people's independence and mobility. Examples of potential actions include:

- investigating the feasibility of lowering the road speed limits around shopping strips and other areas frequented by older people to increase pedestrian and driver safety
- promoting energy saving initiatives aimed at reducing household expenses and preparing for the impacts of climate change
- providing age-friendly seating in parks, streets and at transport stops for older people to stop and rest
- coordinating Council's transport information and travel training programs for older people who have given up their licence or have not used public transport for a while.



Theme 3: Equitable access for all

Community members who experience disadvantage through low-income, insecure housing, language barriers and discrimination are particularly vulnerable in older age when levels of disability and chronic illness can increase and social isolation can occur. Examples of potential actions include:

- developing a Concessions Kit for older residents detailing available concessions from all levels of government to assist with the reduction of the cost of living
- developing a small business start-up kit for older people who have retired or semi-retired, together with mentoring and training opportunities to contribute to financial security
- running workshops on winter-proofing and summer-proofing houses as part of Seniors Week to assist older householders to reduce utilities costs and maintain health and wellbeing.

Theme 4: Best practice health and wellbeing planning and leadership

As part of its commitment in joining the WHO Global Network of Age-friendly Cities, Council agreed to adopt a bottom up process for involving older people in the development and implementation of its age-friendly strategy. Examples of potential actions include:

- establishing a Creating an Age-friendly Boroondara Reference group that includes older community members to assist Council by providing advice on the implementation of the CAFB
- undertaking research into older people's preferred method of communicating with Council and highlight any gaps in the provision of information
- holding an annual forum for the community on topics related to healthy ageing and age-friendliness in Boroondara


4.2. Implementing and monitoring

Within Council, the strategy's implementation will be the primary responsibility of the Health, Active Ageing and Disability Services Department in the Community Development Directorate.

The Creating an Age-friendly Boroondara Reference Group will assist by providing advice regarding the implementation of the CAFB. This group comprises two Councillors, representatives from across Council, the community sector and community members.

4.3. Evaluation

An evaluation strategy will be developed in 2014, which will outline the mechanisms and key performance indicators to measure and evaluate the plan's short term impacts and long term goals. The plan's influence on the eight WHO domains of age-friendliness, including from a policy and behavioural point of view, will also be examined. Towards the end of the five year



span of the CAFB, a full evaluation will be undertaken in partnership with the community to inform the next strategy's development.

4.4. Accountabilities

For all queries or feedback regarding this strategy, please contact the responsible officer below:

| Contact | Contact number | Contact e-mail |
|-------------|----------------|-----------------------------------|
| Wendy Smith | 9278 4703 | wendy.smith@boroondara.vic.gov.au |

4.5. Corporate governance

A Creating an Age-friendly Boroondara Reference Group 2014-19 will be established to provide advice regarding the implementation of the CAFB. This group will comprise of two Councillors, local service providers and community representatives.

4.6. Risk management

Risk management will be managed through regular reviews by the responsible Council Officer. Actions will be reported on annually through Council's corporate reporting system. This will provide the opportunity to:

- identify and pursue activities that have not started
- reduce or conclude activities that may no longer be necessary
- introduce activities in response to newly identified need.

4.7. Financial implications

The implementation of the Creating an Age-friendly Boroondara 2014-19 will be funded from within Council's existing resources wherever possible for service delivery, infrastructure renewal and planning in a manner that considers the needs of residents, including the needs of our ageing population. In addition, Council will also seek external funding where possible to support service provision for projects or services that will assist deliver the objectives of the Creating an Age-friendly Boroondara 2014-19 strategy. Some of the actions may require Council's consideration for funding within the development of each annual budget planning cycle for the life of this strategy, and these funding decisions would be made by Council in consideration of all priorities. Officers will develop costings for these projects within an appropriate timeframe for the relevant annual budget planning cycle for Council's consideration.