



HealthWest Partnership

Existing and emerging HACC population consultation project

Consultation Report

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Executive Summary

The HealthWest Partnership is a strategic alliance of two Primary Care Partnerships comprising 27 health and community organisations in the western region of Melbourne. HealthWest's goal is to improve the health and wellbeing of the community by facilitating an integrated approach to population health. HealthWest is participating in a Home and Community Care (HACC) funded Ageing in Growth Corridors project. HDG Consulting Group was commissioned to undertake a component of this project, by conducting consultation in relation to the perceived needs of the future HACC population in the Melton and Wyndham growth corridors.

Significant population change is predicted in Melton and Wyndham, which may have considerable implications for the provision of HACC and other services. In the five years from 2011-2016 it is anticipated that the population of people aged over 65 years in Melton will nearly double, whilst the same population in Wyndham is expected to increase by nearly 60 per cent. Similarly, the total change in the population who indicated a need for assistance from 2006 to 2011 was between 54 and 65 per cent indicating that the population of people with need for assistance is likely to also increase at a high rate.

Consultation was based on a mixed method approach to ensure a broad sampling of members of the general public: street interviews, on-line and paper surveys and a focus group. Overall there were 132 participants. The majority were female, and resided in the Shire of Melton (57 per cent) or Wyndham (33 per cent), reflecting the desired focus on Caroline Springs. Forty-nine per cent of participants were born Australia and 67 per cent were either receiving full or part government pensions.

Analysis of the consultation data indicates the key themes as:

- Street interviews: keeping active, maintaining participation and encouragement, access to information and advanced planning
- Surveys: Carer support and respite, physical and mental health activity, access to services
- Focus group: transport, access to information, safety and security.

Access to information and services was a common theme as was the importance of health-related activity and behaviours (such as physical activity, mental activity, good nutrition), to which transport was identified as a key barrier.

Participants tended to have positive attitudes towards active ageing and self management in the future. This suggests that planning in the future should focus on supporting people to plan and maintain participation, activity and positive health behaviours and attitudes, for example through access to information (including technology), a broad range of activities and services (including to facilitate healthy ageing, personal and independence planning) and improved transport options.

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1 Introduction

1.1 Background

The HealthWest Partnership is a strategic alliance of two Primary Care Partnerships comprising 27 health and community organisations in the western region of Melbourne. HealthWest's goal is to improve the health and wellbeing of the community by facilitating an integrated approach to population health (including the collection and analysis of population data to inform strategic planning), health promotion and service system design.

HealthWest is participating in a Home and Community Care (HACC) funded Ageing in Growth Corridors project. HDG Consulting Group was commissioned to undertake a component of this project, by conducting consultation in relation to the perceived needs of the future HACC population in the Melton and Wyndham growth corridors.

The information contained in this report will contribute to the Ageing in Growth Corridors project and inform service planning and development as part of the HealthWest strategic planning process for 2013-2015.

1.2 Scope

The project aim was to conduct a limited consultation process with the emerging and future HACC population in the western growth corridor, specifically the local government areas of Melton and Wyndham.

A mixed method approach was used to generate qualitative information in relation to the attitudes, aspirations, perceptions related to active ageing and need for assistance of the potential future HACC population. Consultations were held with various cohorts in the targeted local government areas to ascertain participants' self perceptions about:

- values and attitudes underpinning self management of health
- need for assistance and health literacy
- values and attitudes related to accessible and inclusive structures and services for persons of varying needs and capacity
- carers' capacity to provide basic support and maintenance to people living at home whose capacity for independent living is at risk
- expectations of HACC services.

1.3 Method

The project method included three key project stages (Table 1). The project was implemented from May to August 2012.

Table 1: Summary of project method

Stage	Key activities	Timing
1. Project commencement	Project briefing, review of relevant background information, preparation of consultation matrix by type and geographical location, and development of survey.	June 2012
2. Consultation	Data collection via street interviews, focus groups and surveys.	June-August 2012
3. Reporting	Data syntheses and analysis and reporting.	July-August 2012

A sampling matrix was used to guide the consultation process. A mixed method approach which included focus groups, an online survey, street interviews and other targeted consultations was used to ensure a broad sampling of members of the general public. Due to the limited project resources, eight consultation processes were used:

1. Street interviews at Melton
2. Street interviews at Werribee
3. Street interviews at Caroline Springs
4. Email survey (snowball technique)
5. Targeted email consultations
6. Static survey at council customer service desks
7. Targeted mail out via retirement village
8. CALD (focus group)

The street interviews were conducted at three key local shopping centres or strip malls in Melton, Werribee and Caroline Springs.

Surveys were distributed to key contacts at community service clubs, who in turn circulated the survey to interested members (Table 2). The majority of clubs expressed interest in participation however approximately 30 per cent of clubs contacted declined to participate or did not respond to the enquiry.

Table 2: Clubs targeted in email distribution¹

Melton		Wyndham	
Club or group	Survey	Club or group	Survey
Caroline Springs Lions Club	✓	Combined Probus Club of Wyndham	x
Caroline Springs Seniors Group	✓	Hoppers crossing Seniors club	✓
Combined pensioners and superannuates assoc	✓	Ladies Probus Club of Wyndham	x
Djerriwarrh Masonic Lodge	x	Lions Club of Werribee	✓
Melton Lifestylers walking group	✓	Little River Lions Club	✓
Melton Masonic Lodge	✓	Point Cook Lions Club	✓
Melton Masonic Lodge	✓	Retired Persons of Werribee Club	x
Melton Mens Shed	✓	Rotary club of Hoppers Crossing	✓
Melton RSL	✓	Rotary club of Wyndham	✓

¹ 'x' indicates no response or decline to participate

Melton		Wyndham	
Club or group	Survey	Club or group	Survey
Melton Senior Citizens Club	x	Rotary Club Werribee	✓
Probus club of Melton ladies	x	Werribee RSL	✓
Red Hat Society	x	Wyndham over 50's club	x
Rotary Club Laverton	✓	Wyndham RSL	✓
Zonta Club of Melton	x	Wyndham Walkers club	✓

Surveys were also distributed to a targeted email list of 39 people who had previously indicated interest in participating in research or consultation processes for the Melton Shire Council. Surveys were also made available to the general public at the Melton Shire Council and Wyndham City Council reception areas. People were able to complete and return the survey at the council, or were provided with the opportunity to access an online survey or post the paper copy to the consultants.

Stockland Retirement Living (national company) distributed the survey to residents of a retirement village located in the City of Wyndham. A focus group representing a range of CALD communities was held at the Caroline Springs Library.

1.4 Sample size and characteristics

Overall there were 132 participants, the majority of whom were female (62 female; 35 male; 35 not stated).

Of these, 49 per cent were born in Australia, with a further 9 per cent of participants being born in countries such as New Zealand, Scotland and England. The remaining 40 per cent of participants were born in other countries, thus indicating a high representation from CALD communities.

The majority of participants resided in the Shire of Melton (58 per cent) however a significant proportion of participants were from Wyndham (33 per cent)². This distribution pattern reflects the desired focus on Caroline Springs.

The personal income for two thirds of participants (67 per cent) was either fully or in part through government pensions. Twenty percent of participants were self or family funded with approximately half of them (48 per cent) fully self or family funded. Seventeen per cent of participants were currently employed. The age range of employed participants was broad, from less than 45 years to 66-75 years.

The consultation findings were collated and analysed; key themes and trends are reported in the following chapters.

² The remaining nine per cent resided in other local government areas or did not provide a post code.

2 Demographic context

The local government areas of Melton and Wyndham are within the Department of Health North and West Metropolitan Region covering geographical regions of 527 square kilometres and 542 square kilometres respectively. Melton is located 38.8 kilometres from the Melbourne central business district, whilst Wyndham is located closer to the Melbourne central business district at a distance of 27.5 kilometres.

Population forecast

As evident in Table 3 the total number of people living in both Melton and Wyndham is forecast to increase from 2011 to 2031 by at least 13 per cent. In both areas, the highest change is anticipated to be experienced between 2011 and 2021 where the population is predicted to increase by an average of 50 per cent.

Table 3: Population forecast for people living in Melton and Wyndham

Year	Melton				Wyndham			
	Males	Females	People	Change per 5 years	Males	Females	People	Change per 5 years
2011	56,795	56,185	112,980		85,047	83,504	168,550	
2016	70,472	70,364	140,836	25%	110,577	109,168	219,745	30%
2021	83,889	84,601	168,491	20%	131,648	130,287	261,935	19%
2026	97,917	99,607	197,524	17%	151,867	150,604	302,471	15%
2031	111,543	114,231	225,774	14%	170,903	169,821	340,724	13%

Source: Victoria in Future 2012, Department of Planning and Community Development (2012).

Significant population change is predicted in older adults, which may have considerable implications for the provision of HACC services and other services which include older people. As shown in Table 2, in the five years from 2011-2016 it is anticipated that the population of people aged over 65 years in Melton will nearly double, whilst the same population in Wyndham is expected to increase by nearly 60 per cent.

Table 4: Population forecast for people aged 65 years and over in Melton and Wyndham

Year	Melton					Wyndham				
	65-74 years	75-84 years	85 and over	Total	Change per 5 years	65-74 years	75-84 years	85 and over	Total	Change per 5 years
2011	4,255	1,951	750	6,956		6,453	2,946	1,045	10,445	
2016	7,851	3,757	1,669	13,276	91%	10,629	4,289	1,678	16,595	59%
2021	11,450	6,009	2,718	20,177	52%	14,776	6,479	2,230	23,485	42%
2026	13,881	9,318	3,917	27,115	34%	18,340	9,940	3,099	31,379	34%
2031	15,407	12,483	5,463	33,353	23%	22,346	13,436	4,350	40,132	28%

Source: Victoria in Future 2012, Department of Planning and Community Development (2012).

Need for assistance

With this growth there is likely be an increased population reporting a 'need for assistance' (NFA) as measured by the Australian Bureau of Statistics Census conducted in 2011. In the 2011 census 4,491 people in Melton and 5,437 people in Wyndham, or three to four per cent of the Melton and Wyndham populations report a NFA (Table 5). In both local government areas, the proportion of the population with NFA increases considerably by the age of 55 to 64 years. The proportion of the population with NFA then continues to increase with age, where more than half of all people aged 85 years and over reported a NFA. Combined with the considerable population increase in these age groups, an increased demand for support services such as HACC is indicated.

Table 5: Population with need for assistance (NFA) in Melton and Wyndham in 2011

Age range	Melton			Wyndham		
	Population with NFA	Total population	Per cent of population with NFA	Population with NFA	Total population	Per cent of population with NFA
0-14 years	592	26,962	2.2%	877	40,012	2.2%
15-24 years	333	15,310	2.2%	362	24,030	1.5%
25-34 years	217	21,487	1.0%	271	29,803	0.9%
35-44 years	362	18,076	2.0%	379	28,364	1.3%
45-54 years	486	13,744	3.5%	520	21,568	2.4%
55-64 years	870	10,445	8.3%	830	14,329	5.8%
65-74 years	642	4,255	15.1%	760	6,453	11.8%
75-84 years	609	1,951	31.2%	875	2,946	29.7%
> 85 years	380	750	50.7%	563	1,045	53.9%
Total	4,491	112,980	4.0%	5,437	168,550	3.2%

Source: Census 2011, Australian Bureau of Statistics Local Government Area Community Profiles.

Analysis of Australian Bureau of Statistics data 2006 and 2011 illustrates that need for assistance as a proportion of the total population shows an overall 0.6 per cent increase in Melton and a 0.1 per cent increase in Wyndham (Table 6). Whilst the increase represents a small percentage of the total resident population, the increase in the number of people who indicated a need for assistance is greater than 50 per cent in Wyndham and approximately 65 per cent in Melton.

Table 6: Change in need for assistance measures from 2006-2011

Age range	Melton			Wyndham		
	Per cent of population with NFA		Change from 2006-2011	Per cent of population with NFA		Change from 2006-2011
	2006	2011		2006	2011	
0-14 years	2.1%	2.2%	45%	1.9%	2.2%	74%
15-24 years	1.7%	2.2%	76%	1.3%	1.5%	79%
25-34 years	1.0%	1.0%	57%	1.0%	0.9%	46%
35-44 years	1.7%	2.0%	67%	1.4%	1.3%	43%
45-54 years	2.9%	3.5%	63%	2.3%	2.4%	50%
55-64 years	7.2%	8.3%	84%	5.4%	5.8%	63%
65-74 years	11.8%	15.1%	113%	9.8%	11.8%	75%
75-84 years	30.5%	31.2%	36%	27.9%	29.7%	23%
> 85 years	52.9%	50.7%	58%	53.2%	53.9%	49%
Total	3.4%	4.0%	65%	3.1%	3.2%	54%

Source: Census 2011, Australian Bureau of Statistics Local Government Area Community Profiles and Census 2006, Australian Bureau of Statistics Local Government Area Community Profiles.

Total population change from 2006 to 2011 was to be between 43 and 49 per cent in the local government areas of Melton and Wyndham. The total change in the population who indicated a need for assistance from 2006 to 2011 was between 54 and 65 per cent. It is possible that the population of people with need for assistance will continue to increase at a higher rate than the total population is increasing.

CALD

Another demographic factor that may influence planning for future HACC services is the distribution and change in population of people from culturally and linguistically diverse (CALD) backgrounds. Table 7 shows the top ten countries of birth for Melton and Wyndham. The most common countries of birth for people living in either local government area are the United Kingdom, India, the Philippines and New Zealand.

Table 7: Top ten countries of birth for people living in Melton and Wyndham in 2011

Melton			Wyndham		
Rank	Country	Percent of population	Rank	Country	Percent of population
1	United Kingdom	3.0%	1	India	5.0%
2	India	2.5%	2	United Kingdom	4.0%
3	Philippines	2.5%	3	New Zealand	3.1%
4	New Zealand	1.8%	4	Philippines	2.4%
5	Malta	1.7%	5	China	1.5%
6	Vietnam	1.3%	6	Italy	1.1%
7	Macedonia	0.9%	7	Malaysia	0.8%
8	Italy	0.9%	8	Sri Lanka	0.8%
9	Sri Lanka	0.8%	9	Vietnam	0.7%
10	Croatia	0.6%	10	Malta	0.7%

Source: Census 2011, Australian Bureau of Statistics Local Government Area Community Profiles

3 Street interview results

3.1 Participants

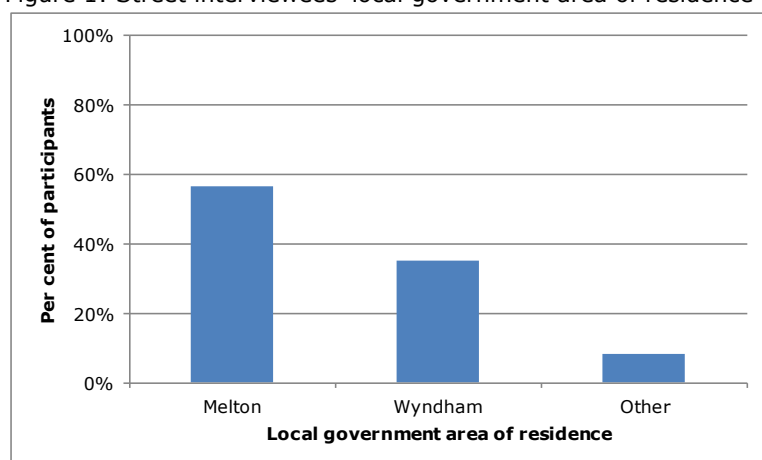
Street interviews were conducted in three locations to obtain a broad representation of residents. Table 8 illustrates the demographic details of the 37 participants: the average age was 63.9 years, ranging from 40 to 87 years; the majority (65 per cent) of participants was female.

Table 8: Street interview details

LGA	Location	Date	Number	Average age	Age range	Females
Melton	High street, Melton	14.06.12	13	64.2 years	40-86 years	9 (69%)
Melton	CS Square, Caroline Springs	05.07.12	11	67.1 years	42-80 years	6 (55%)
Wyndham	Watton Street, Werribee	14.06.12	13	60.9 years	42-87 years	9 (69%)
Total			37	63.9 years	40-87 years	24 (65%)

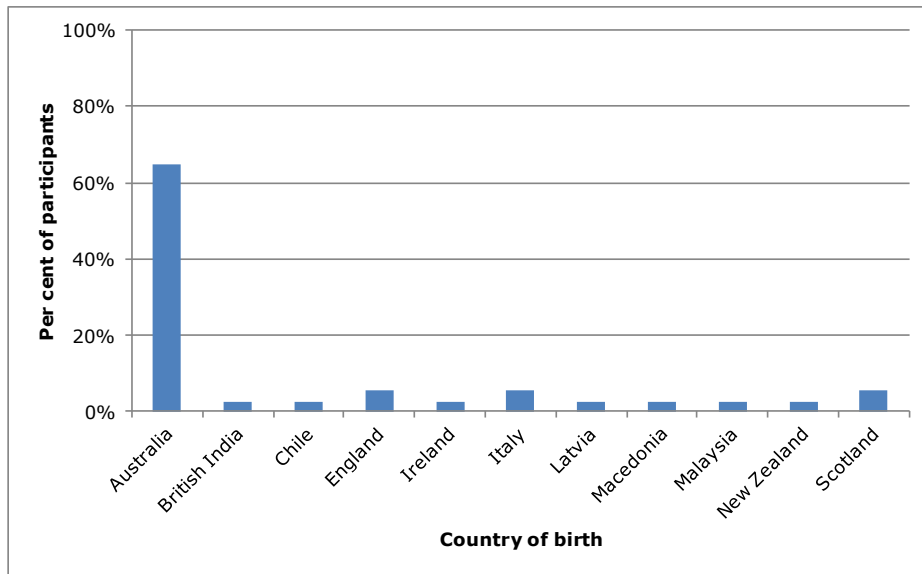
Analysis of postcode data indicated that the majority of participants were residents of Melton (57 per cent) or Wyndham (35 per cent), with eight per cent of respondents residing outside these areas (Figure 1).

Figure 1: Street interviewees' local government area of residence (street interviews)



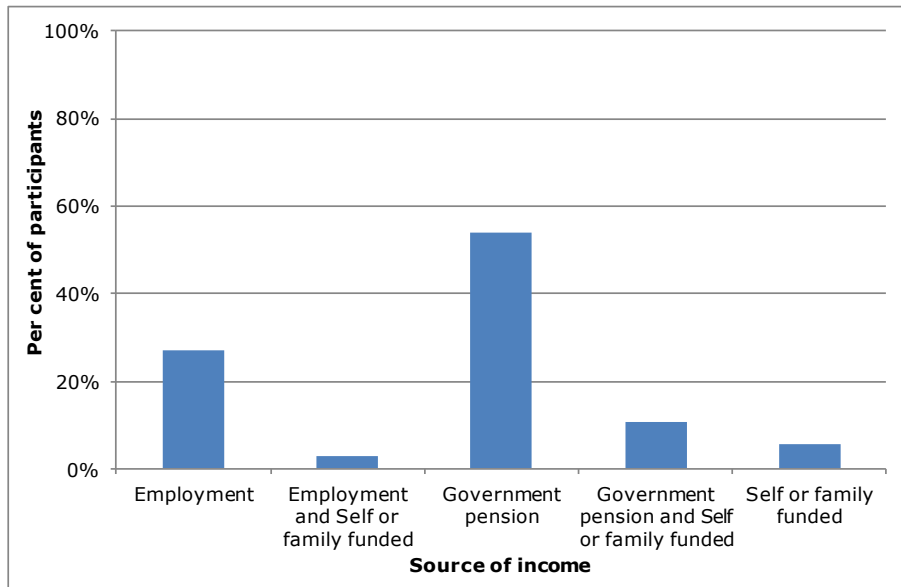
Nearly two-thirds of participants (65 per cent) were born in Australia, which aligns with 2011 census results (Figure 2). Following Australia the next represented countries were England, Scotland and Italy. The remaining countries were represented each by one respondent only.

Figure 2: Country of birth (street interviews)



The majority of interviewees (54 per cent) indicated their primary income source as a government pension (Figure 3). Approximately one-third of interviewees received income through employment; the age of employed interviewees varied from <45 years to 75 years of age. Nearly 20 per cent of interviewees were fully or partially resourced through self or family funding.

Figure 3: Source of income (street interviews)



3.2 Findings (Street interviews)

a) Active ageing, values and attitudes

Three key themes emerged from street interviews around active ageing, values and attitudes and perceptions of need over time. These included:

- keeping active
- maintaining participation and encouragement (emotional and social contact, keeping interested)
- access to information and advanced planning (house set up, aids and equipment, home modifications, technology).

Participating in interests or hobbies where the individual is involved with other members of the community (such as gym or exercise programs, outdoor activities, shuffle board, chess, music, games or movie nights) was considered to be a key influence on active ageing. To encourage older people to participate, interviewees felt that activities should be appropriate for age, ability and interest.

Sedentary activities were less favoured as a means of keeping active and engaged in older age.

In the shorter term one-third of responses indicated that keeping active (physical activity, mental activity, good food) and social participation and support (including positive encouragement) were most important. Some interviewees indicated the desire for activities for older people who share common interests, the opportunity to meet a romantic partner or to go to a gym with people of similar age and ability, or to simply have an accessible outdoor area.

Almost one quarter of responses also identified access to information for a range of purposes (self-management, home modifications, health information, aids etc).

Table 9: Key themes for future needs in short term (street interviews)

Theme	Related sub themes	Number of responses	Per cent of responses
Keeping active	Physical activity	15	20%
	Eat well and good nutrition	6	8%
	Mental activity and stimulation	3	4%
	Sub total	24	32%
Participation and encouragement	Social support and connection	11	14%
	Participate in activities	7	9%
	Encouragement and positivity	5	7%
	Sub total	23	30%
Access to information	Self management and planning	6	8%
	Home modifications	5	7%
	Access to health information	4	5%
	Equipment and aids	3	4%
	Sub total	18	24%
Other	Other support	7	9%
	Home help	4	5%
	Sub total	11	14%

In the longer term these themes remained relatively consistent. Physical activity (for example outdoor games to encourage older people or people with a disability to be engaged with the community) increased in importance as did good nutrition and generally retaining good health (Table 10).

The importance of participation and encouragement and opportunities for social connection reduced marginally; whereas eating well and good nutrition increased in importance. The need for financial and family support increased.

In both the short and longer term 'home help' was relatively infrequently identified by interviewees as related to active ageing, values, or attitudes, however was considered as a service to assist people remaining living in their own homes (see part b below).

Table 10: Key themes for future needs in the longer term (street interviews)

Theme	Sub group	Number of responses	Per cent of responses
Keeping active	Physical activity	21	22%
	Eat well and good nutrition	17	18%
	Maintain health	5	5%
	Mental activity	4	4%
		47	50%
Participation and encouragement	Social support and connection	10	11%
	Encouragement and positivity	6	6%
	Maintain relationships	3	3%
		19	20%
Access to information	Access to health information	5	5%
	Home modifications	3	3%
		8	9%
Other	Financial support	5	5%
	Family support and capacity	4	4%
	Other	4	4%
	Carer support	3	3%
	Home help	2	2%
	Transport	2	2%
		20	21%

b) Need for assistance and expectations of HACC services

Interviewees were asked to identify the type of assistance older people, or people with a disability may need in the future to stay living in their own homes (Table 11).

Support services

Home help was considered by 54 per cent of respondents as being a significant activity which would assist people in remaining in their homes in the future. Additionally, services such as nursing and medical support (27 per cent) through home medication reviews or on call nursing services, meals on wheels (19 per cent) or other food and nutrition support and transport (16 per cent) were considered to contribute significantly to people's ability to remain living independently within the community.

Table 11: Need for assistance (N=37)³ (street interviews)

Themes	Number of respondents	Per cent of respondents
Home help	20	54%
Nursing and medical support	10	27%
Meals on wheels	7	19%
Other	7	19%
General support	6	16%
Transport	6	16%
Social group	5	14%
Access	5	14%
Carer support and respite	4	11%
Home safety assessment	4	11%
Information	4	11%
Maintenance	4	11%

Other themes

Other themes that emerged through the consultation included the importance of access to services, recreational groups or appropriate housing as well as appropriate disability access in maintaining a person's health and independence within the community. Further, many people commented on the importance of having someone regularly contact older people to check on their wellbeing. As described by one interviewee in Melton:

- 'Back up phone calls so that people don't feel isolated, a service that people can rely on to check they are ok.'

Making modifications to the home in order to adapt to changing needs was another way to maintain independence and remain active. As one person commented:

- '(You) should have the house already set up for when you are not able to get about, rails, ramps etc.'

Another person commented that there is a need for more single storey houses to be made available that are suitable for one or two people, particularly in Caroline Springs, where most houses are double storey and built to accommodate families.

Identifying appropriate information or pathways to services was considered to be a challenge for older people and as such clearer pathways to accessing support and care were also suggested (11 per cent).

³ Themes are based on respondents own terminology without information on a list of service types.

Carer capacity

Interviewees offered a variety of responses regarding carer capacity and the aspects of assistance or support that a carer would provide. The type of support provided by a carer was considered to be highly dependent upon the person's needs and the nature of the person's care requirements, however many respondents suggested that a carer would provide assistance with planning and daily activities such as meals, personal care and transport.

Emotional and physical support were identified as important aspects of care which would be provided by a carer, however, some participants also emphasised the need for carer support and respite. Respite was considered as a means of increasing or maintaining carer capacity.

Respondents indicated that family or spouses were likely to become carers. However, it was acknowledged that this may not be suitable in all situations, for example where medical care needs exceeded the family member's capability. In these situations additional support would be essential in helping to maintain a person in their own home.

Source of support

Fifty nine per cent of the interviewees considered that the Council should provide support to people as they age. Other key sources included federal and state Governments (27 per cent), family (19 per cent) and private organisations (19 per cent). Also suggested were church, health services, volunteers and the community.

Table 12: Values and attitudes (N=37) (street interviews)

Source of support	Number of respondents	Per cent of respondents
Council	22	59%
Government	10	27%
Family	7	19%
Private organisations	7	19%
Church	3	8%
Hospitals and health services	3	8%
Volunteers	3	8%
Community	2	6%

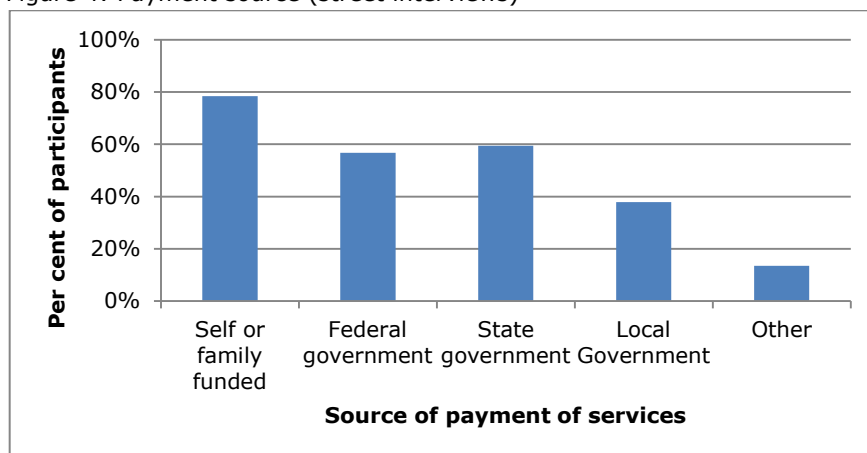
Payment source

The majority of interviewees (65 per cent) suggested that support services should be paid for by a combination of self or family funding and government support.

Sixteen per cent of respondents indicated that funding should be solely through government support at either the federal, state or local level. Other sources of payment for services utilised means testing or volunteer programs.

Some participants indicated a need for self sufficiency or means testing to determine the applicable charge per person.

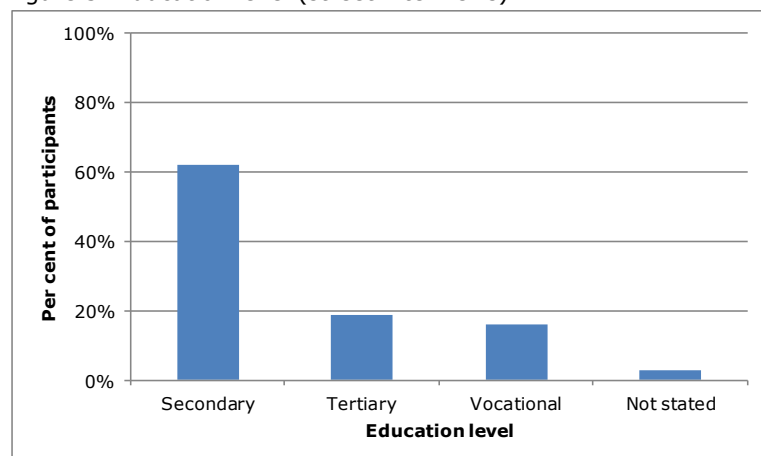
Figure 4: Payment source (street interviews)



c) Health literacy

Interviewees' education level and self rated confidence in managing their own health was measured. The education level was recorded to provide a proxy measure of literacy (Figure 5). Nearly two-thirds of interviewees had secondary level education with less than 20 per cent with tertiary education.

Figure 5: Education level (street interviews)

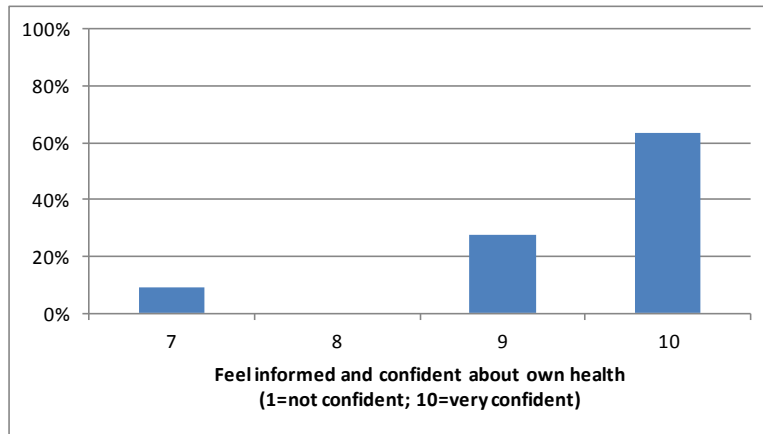


Approximately one-third of interviewees disclosed their confidence regarding being informed about their own health. Figure 6 illustrates that of those interviewees most reported feeling very confident in the management of their own health. Nine per cent of interviewees felt slightly less informed, however were confident in obtaining further information. Self management and remaining well-informed about health information were important to many respondents in enabling them to remain living in their own homes in the future.

For example, a Melton resident commented:

- 'It is also good to know things, so would like to have someone advise me on what help I can get and where I go for it'.

Figure 6: Informed and confident about health (street interviews)



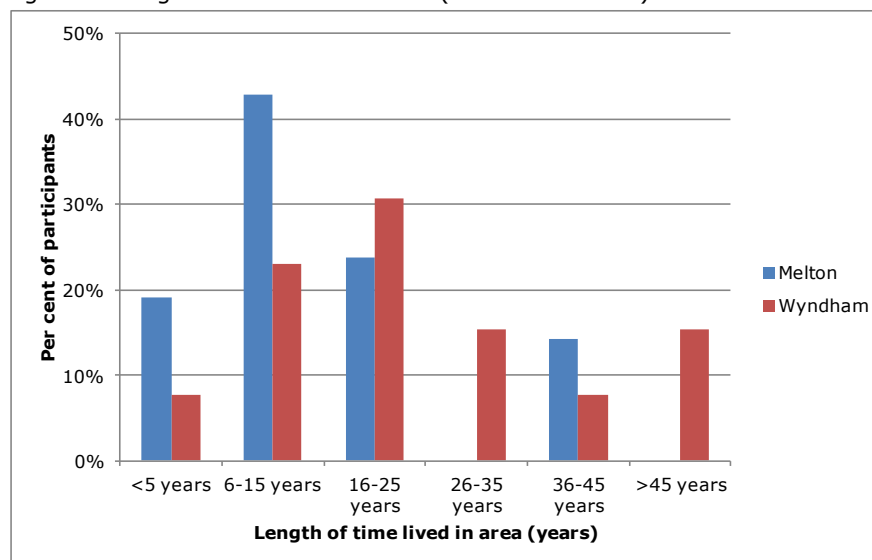
d) Internal migration

As previously noted the majority of interviewees in the street interviews were residents of either Melton or Wyndham.

Figure 7 illustrates the proportion of participants and the length of time they lived in each local government area. The majority of participants in Melton had lived in the area for a shorter time period (average of 6-15 years) than those from Wyndham (average of 16-25 years). This may be due to there being more established infrastructure within the local government area of Wyndham, or alternatively that there are newer property developments within Melton which people are moving to.

Some reasons for moving into the Melton local government area were specifically related to the statistical local area of Caroline Springs. Caroline Springs was developed on Greenfield land in 1999 and the population has since proliferated. Reasons for moving to this area included moving closer to family and support networks as well as moving to a new area which would have new walkways, pathways and community facilities that were not yet damaged, broken or worn so that older or disabled people were more easily able to move around the community without the risk of falling.

Figure 7: Length of time lived in area (street interviews)



Of all interviewees, eight per cent did not currently reside in either the Melton or Wyndham local government areas. Migration from current residential areas to the local government areas of Melton and Wyndham was not being considered by these participants. The main reason cited was distance from existing support networks.

3.3 Summary of street interviews

Street interviews identified a number of key themes as being important to supporting future independence in ageing. These themes included:

- keeping active
- maintaining participation and encouragement (emotional and social contact, keeping interested, contact for older people to check on their wellbeing)
- access to information and advanced planning (self-management, house set up, aids and equipment, home modifications, technology).

Many interviewees indicated that activities requiring physical activity and engagement were favoured above sedentary activities as a means as maintaining health in the future. These activities were considered key to self maintenance of health and reflected respondents values and attitudes towards ageing.

In terms of assistance provided, or need for assistance, interviewees considered that home help would be a significant activity which would enable people to remain living independently in their own homes in the future. This was considered to assist people to manage their daily requirements with assistance that would support them to remain independent. Other support mechanisms included back up phone calls to check on older people and home modifications to ensure homes were safe and supportive of an older person's changing needs.

The majority of interviewees suggested that support services should be paid for by a combination of self or family funding and government support. This was also reflected by the anticipated source of support and capacity of carers, which was described as being through family for core activities, and council or government agencies for other activities.

The health literacy of interviewees within Melton and Wyndham appeared to be high, with the majority of respondents having completed secondary or tertiary education. Additionally, a high proportion of interviewees indicated a high degree of confidence in being informed and confident about managing their own health.

On average interviewees living in Melton had resided in the local government area for less time than those living in the Wyndham local government area. The main reasons for moving into the Melton area were specifically related to relocation closer to family and support networks as well as interest in living in newly developed locations which would provide well maintained walkways and community facilities.

Overall, street interviews reflected the needs and future values for a sample of the Wyndham and Melton populations. Interviewees presented common themes across both local government areas indicating that keeping active, maintaining participation, and access to information and personal planning for independence, were key areas for assisting people to self manage their health and future wellbeing. Additionally, interviewees shared a collective position regarding need for assistance in the home to ensure people may remain living independently in an appropriate environment.

4 Survey results

4.1 Participants

Surveys were distributed to 18 local clubs and groups, a targeted email list and the survey being made available in council reception areas (see section 1.3). This broad distribution of surveys was expected to obtain participation from a wide and varied cohort residing or participating in the Melton and Wyndham local government areas.

A total of 63 people responded to the survey. As shown in Table 13 participants had an average age of 66-75 years, ranging from less than 45 to 85 years; and the majority (60 per cent) of participants were female.

Table 13: Survey participant details

LGA	Number	Average age	Minimum age	Maximum age	Females
Melton	25	66-75 years	46-55 years	76-85 years	56% (n=14)
Wyndham	29	66-75 years	56-65 years	> 86 years	62% (n=18)
Other	9	56-65 years	< 45 years	76-85 years	67% (n=6)
Total	41	66-75 years	<45 years	> 86 years	60% (n=38)

Participants were evenly distributed between Melton (40 per cent) and Wyndham (46 per cent) (Figure 8). The remaining 14 per cent of participants were from other residential areas, including Brimbank.

Figure 8: Survey participants' local government area of residence

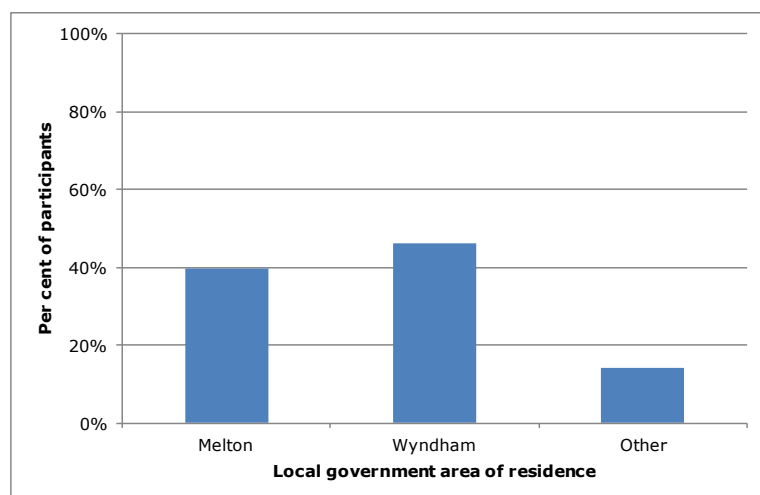
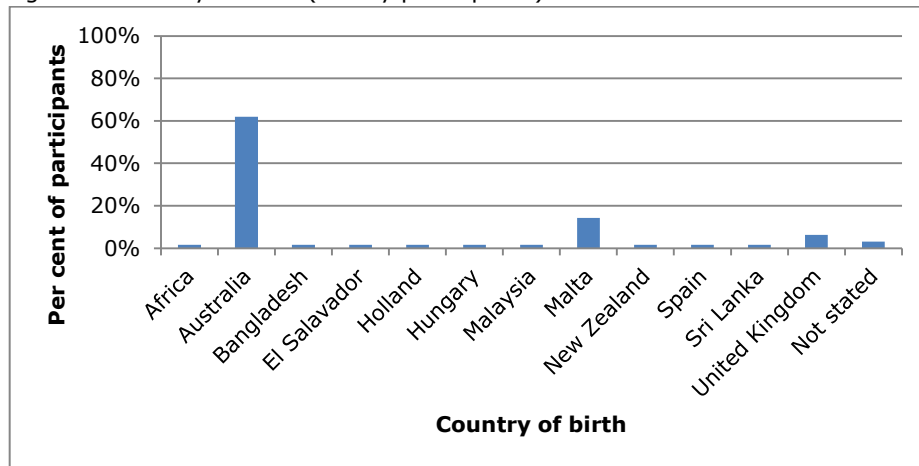


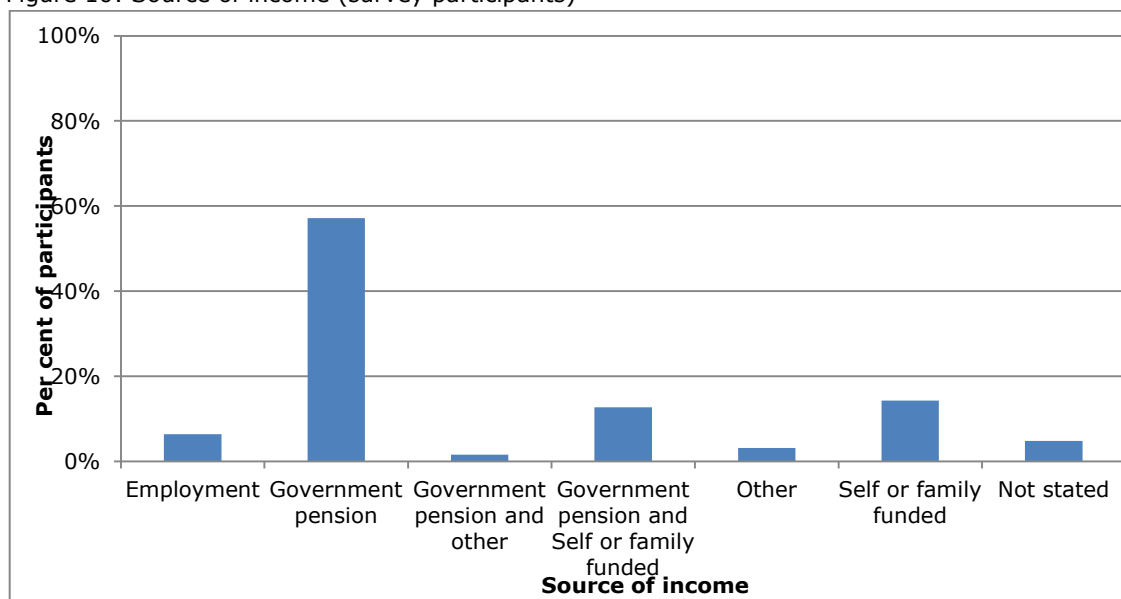
Figure 9 illustrates the country of birth of survey respondents to surveys. More than half of all respondents were born in Australia and 14 per cent of respondents were born in Malta.

Figure 9: Country of birth (survey participants)



More than half of respondents (56 per cent) to the survey indicated that primary income source was government pension (Figure 10). Approximately 15 per cent of respondents received government pension in addition to self or family funding whilst 12 per cent of respondents received their total income through self or family funding. This suggests that nearly one-third of participants were fully or partially self or family funded.

Figure 10: Source of income (survey participants)



4.2 Findings

a) Active ageing, values and attitudes

There were three major themes identified by survey respondents. These were:

- carer support
- physical and mental health and activity (combined)
- access to services.

Carer support was highlighted by one third of respondents as being essential to enabling a person to remain living independently (Table 14).

Between 11 and 33 per cent of respondents indicated that activities that encourage physical, mental and social interests were important in maintaining a person's health and independence.

Around 40 per cent of participants indicated that there was a need for greater access to services through transport, information or support to attend activities.

Table 14: Key themes for the future (survey participants)

Theme	Number of respondents	Per cent of respondents
Transport	25	40%
Social programs	21	33%
Carer support	19	30%
Interactive TV	16	25%
Other	16	25%
Exercise programs	15	24%
Mental activity	7	11%

Source of support

The anticipated source of support for people to remain living independently in their own homes included government (60 per cent), Council (32 per cent), not for profit organisations (30 per cent) and family support (10 per cent). Participants indicated that support could be delivered through both personal connections such as family and more formal connections such as through government programs with established eligibility criteria.

Table 15: Source of support (N=63) (survey participants)

Source of support	Number of respondents	Per cent of respondents
Government	38	60%
Council	20	32%
Not for profit	19	30%
Other	9	14%
Family	6	10%
Not stated	6	10%
Community groups	5	8%

b) Need for assistance and expectations of HACC services

A number of broad themes were identified as describing the future needs of older people in assisting them to stay living independently in their own homes. Overall, the most common themes were the need for financial support, transport, carer support, shopping, meals and personal care and equipment. These themes represent the greatest concerns for people regarding their ability to stay living in their own homes independently in the future.

Improved financial support (including financial planning) and access to appropriate transport, through taxi voucher concessions or improved public transport systems, were suggested as the most significant needs for the future. Support from carers, support with shopping, meals, personal care and equipment were also identified as future needs. Such support may include the availability of suitable equipment and home modifications such as wheelchair accessible doorways and lower bench tops, as well as modified appliances (e.g. large buttons on electronic equipment). Other requirements included medical support, home help and social support.

Table 16: Need for assistance (N=63) (survey participants)

Theme	Number of respondents	Per cent of respondents
Financial support	30	48%
Transport	28	44%
Carer	10	16%
Shopping and meals	9	14%
Personal care	8	13%
Equipment	8	13%
Medical support	5	8%
Home help	4	6%
Not stated	4	6%
Social support	3	5%

Carer capacity

The capacity of carers to provide support was related to the type and frequency of assistance required by the care recipient; and was therefore difficult for participants to forecast. The availability of respite was often suggested as having a significant impact upon a family member's capacity to provide care. Education regarding best practice for care was also identified.

Activities that were identified for the (unpaid) carer to provide included home help (29 per cent), transport (21 per cent) and a variety of other activities such as physical and financial support, planning and companionship (14 per cent).

Source of support

Sixty per cent of respondents indicated that services should be funded exclusively by federal, state or local government. Most people suggested that local government should be responsible for funding support (76 per cent), however, approximately 70 per cent of respondents also indicated that funding should be through federal or state government.⁴

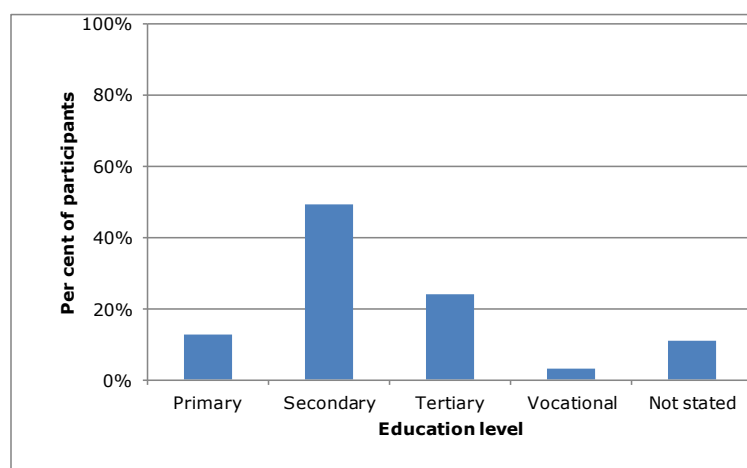
Overall one third of participants (34 per cent) indicated that services provided to assist a person to stay living at home should be funded by self or family funding in combination with a government subsidy.

It was anticipated that both council (29 per cent) and government (60 per cent) should provide the necessary support services to older people and people with a disability. One third (33 per cent) of participants indicated that support could be provided through not for profit or non government organisations; and 13 per cent of respondents indicated that family would provide the services.

c) Health literacy

Approximately half of the survey participants had secondary level education and 20 per cent with tertiary education (Figure 11). Given the relatively high level of secondary and tertiary completed education, this suggests a relatively high capacity for health literacy.

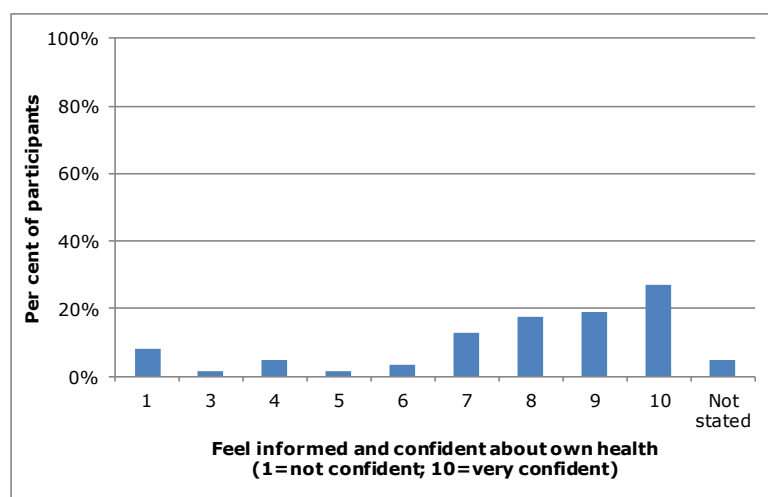
Figure 11: Education level (survey participants)



⁴ Home and Community Care (HACC) is jointly funded by the Commonwealth, State and Territory Governments under the *Home and Community Care Act (Commonwealth) 1985*. In Victoria, local councils and other funded organisations also contribute significant funds and resources to HACC services, as do service users who contribute via fees.

More than half of survey participants indicated feeling very confident in the management of their own health (Figure 12). However, 15 per cent of participants rated their confidence as being below average. Self management and remaining informed about health information were important to many respondents in enabling them to remain living in their own homes in the future.

Figure 12: Self management confidence (survey participants)



d) Internal migration

The majority of participants (78 per cent) were current residents of the Melton and Wyndham areas. However, those participants who did indicate reasons for potential future moves, or recent moves to the area cited being closer to family or friends would be the key determinants driving migration to the area.

4.3 Summary of survey results

Surveys elicited a number of key themes as being important for people living in the Melton and Wyndham areas in the future. These themes included:

- carer support
- physical and mental health and activity (combined)
- access to services.

Support for carers was considered by one third of respondents to be an enabler for a person to remain living independently.

About one third of interviewees indicated that activities that encourage physical, mental and social interests were important in maintaining a person’s health and independence in the future.

Around 40 per cent of participants indicated that there was a need for greater access to services through transport, information or support to attend activities. Improved financial support (including financial planning) and access to appropriate transport, through taxi voucher concessions or improved public transport systems, were suggested as the most significant needs for the future. These activities were considered to assist people to manage their daily requirements with supported transport to attend to their needs. Other support mechanisms included home help for example shopping and meals, personal care and support in the home as well as medical and social support.

The majority of participants suggested that support services should be paid for exclusively by federal, state or local government. Only one third of participants indicated that services should be funded by self or family funding in combination with a government subsidy. This was also reflected by the anticipated source of support and capacity of carers, which was described by the overwhelming majority of participants as being through the government or council.

The health literacy of participants within Melton and Wyndham was considered to be high, with the majority of respondents having completed secondary or tertiary education. Additionally, a high proportion of interviewees indicated a high degree of confidence in being informed and confident about managing their own health.

Participants presented common themes across both local government areas indicating that carer support, physical and mental activity and access to services were key areas for assisting people to self manage their health and future wellbeing. Additionally, participants indicated that support in financial management and planning as well as transport were necessary to ensure people may remain living independently in the future. These themes represent the greatest concerns for people regarding their ability to stay living in their own homes independently in the future.

5 Focus group results

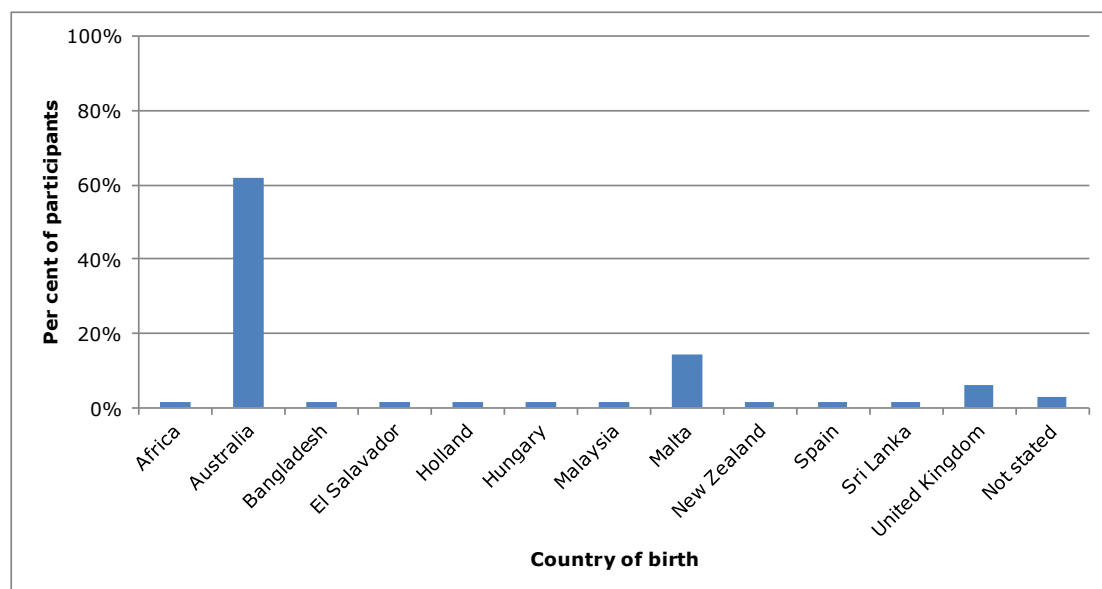
5.1 Participants

The CALD focus group held at the Caroline Springs Library was attended by approximately 40 people currently involved in various CALD communities within both Melton and Wyndham. Participants received a brief presentation regarding the project and participated in group discussion and information sharing to ascertain perceptions of need in the future and access to services.

Demographic characteristics were provided for 32 attendees. The average age of attendees was 60 years, with ages ranging from less than 45 years to 76-85 years. The majority of participants were residents of Melton (91 per cent), however a small proportion lived in the Wyndham area (six per cent). The remaining three per cent of participants lived in other areas of the north and west metropolitan region of Melbourne.

Participants represented a wide variety of CALD backgrounds (Figure 13). Nearly one third of participants were born in Chile (31 per cent) and 19 per cent were from Macedonia. The spread across different CALD backgrounds was considerable, and corresponded with the spread of countries of birth identified through paper and street surveys. This provides a strong breadth and depth to the consultation findings.

Figure 13: Country of birth CALD Focus group



5.2 Findings

a) Active ageing, values and attitudes

Focus group participants indicated in order to remain healthy and independent in the future, older people from CALD backgrounds require access to information, transportation and opportunities for community participation relevant to their cultural needs.

Access to information about services, opportunities and general health information were considered important factors in maintaining health in the future. Information on how to access services, support networks, education opportunities and technology would provide people with better capacity to care for others as well as themselves in the future. This could also include the use of technology to enhance social networking opportunities in the future.

Transport was a commonly identified as an issue that affects a person's ability to continue to live independently as they age. Access to the central business district (CBD) as well as the local community was highlighted as issues and the provision of better public or community transport was suggested as being a possible solution. Community bus services providing regular transport to points of interest such as a shopping centre or medical centres would allow people to more adequately attend to their shopping and medical needs.

b) Need for assistance and expectations of HACC services

Transport and home help were the most frequently cited future needs for assistance by participants in the CALD focus group. This included both older people and people with a disability.

For young people with a disability and their carers, the need for more follow-up services to be provided by council or other agencies was important, for example providing employment options and utilising opportunities for people to use their skills or talents.

Safety was a major concern for some participants. It was suggested that whilst home alarm technology may be useful, older people, particularly those living with family may be lonely during the day. Ensuring that older people have something to do during the day while the family are working would counteract this. Alternatively, people could be well supported living in community arrangements (one example was described with a number of families/households living in one compound with separate units and providing support to one another).

The provision of information sources in a variety of languages was considered as important to increasing knowledge and service access. Similarly, focus group participants suggested that culturally relevant activities or services would enhance engagement.

Other suggestions for the future included the provision of a support telephone line where people can receive a timely response to requests for information and assistance with problem solving. This was suggested as a mechanism to support people to manage their homes, for example identifying appropriate services to support home maintenance.

c) Ideas for the future

Housing

The need was identified for a range of housing options. One example was cluster housing in a community environment; another example was where older people who are capable of caring for themselves during the day, stay in their own home and sleep in residential care overnight for safety purposes.

Security

Personal safety and security was important to this group, particularly for older people who live alone. Participants identified the availability of emergency buttons, alarm systems, help or information desks at a central location, hotlines to emergency services, and regular phone calls to check on people as being important to people as they age.

Technology

Participants wanted assistance with computer training. One person commented:

- 'In 3-5 years education and assistance around using modern technology will become more important; it may also help to address communication and access issues.
- 'Also assistance around cost of utilities and who people can use e.g. choosing between (internet) providers...'

There was a general perception that in 5-10 years, technology will have exponential growth and if people are not taught the underlying concepts of how things work they will experience increasing difficulties in using and managing technology.

5.3 Summary of focus group results

The focus group demonstrated a number of key themes as being important for people living in the Melton and Wyndham areas in the future. These themes included access to information, transport and opportunities for participation in the community that were culturally appropriate. Many participants indicated that appropriate activities with language support were essential to promote participation by people from different backgrounds.

In terms of assistance provided, or needs for assistance, focus group participants considered that transport and home help would be significant areas which would enable people to remain living independently in their own homes in the future.

Housing and safety were ongoing concerns for the future for many participants. Various housing options such as community living were suggested as enhancing support and safety in the home for older people. Personal safety and security were also highlighted as necessary components in considering options to remain living independently in the future.

Overall, focus group participants reflected the needs and future values for a broad sample of the Wyndham and Melton CALD populations. Participants presented common themes across both local government areas as well as across a number of different cultural groups. Participants indicated that transport, home help, safety and security and housing were important factors for consideration of HACC services in the future.

6 Limitations

The key limitation of this study was the project size. However, a wide variety of consultation techniques were utilised in order to obtain the most representative sample of the population from Melton and Wyndham. In doing this multiple methods were employed across a wide cohort of participants.

Street interviews at three locations captured approximately one-quarter of participants (n=37). The yield of participants was approximately the same at each location with approximately four surveys completed per hour. It was estimated that the response rate was approximately one per five people approached or 20 per cent. This method was intensive given the time involved in approaching and talking with participants.

Other consultation methods utilised a broader distribution approach using an email 'snowball' technique. Surveys were distributed through local clubs as well as people who had registered interest with local council. Through this mechanism the survey was distributed through nearly 20 clubs with between 10 and 60 members. The survey was provided to potential participants in an online and printable format. This method was a possible limitation if potential participants did not have good access to internet or computer or alternatively, good computer literacy.

Consultation with CALD community leaders was conducted through a focus group meeting facilitated by the Melton City Council. This elicited a strong attendance rate and was attended by three interpreters (Macedonian, Mandarin, Spanish). Due to the larger than anticipated group size, specific discussion was limited however; each participant had the opportunity to contribute to the findings through wider discussion and written responses.

Despite these limitations the consultation approach has successfully identified a variety of common themes across all participants. The similarity across the majority of responses reflects a level of saturation in the results indicating that wider consultation may not have elicited highly variable responses.

7 Discussion and conclusion

7.1 Active ageing, values and attitudes

Active ageing is the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age. It applies both to individuals and groups within the population. Active ageing allows people to appreciate their potential for physical, social and mental well being throughout life and to participate in the community whilst equipping them with adequate protection, security and care when needed.⁵

There were four key themes, which emerged from consultations around active ageing, values and attitudes and perceptions of need in time. These included

- keeping active
- maintaining participation and encouragement
- access to information and advanced planning
- access to the community.

Appropriate activities for age, ability and interest were one of the main active ageing strategies reported by participants. Active hobbies or interests such as gym or exercise programs, outdoor activities such as shuffleboard or chess and music, games or movie nights would encourage greater participation amongst older people and people with a disability than more sedentary activities.

Access to information, transport and events were also mechanisms through which it was considered participation would be enhanced.

Participants' short term focus was on keeping active through eating well, physical activity and mental activity and stimulation and there was a perception that physical and mental activities were important to reduce depression and loneliness amongst older people and people with a disability. There is considerable evidence in academic literature that physical activity and good nutrition are particularly important for older adults, to ensure good physical, mental and social health and governments have introduced a number of initiatives to try to improve wellbeing in older age. For example the Well for Life program, which has been operating in Victoria since 2003, seeks to enable active and positive ageing through promoting physical activity, nutrition⁶.

It was noted by participants, that there is a need for improvements to community and public transport in these areas as this is a significant factor in maintaining a connection and participation within the community as well as in assisting people to retain independence with activities such as shopping or attending appointments.

⁵ Ageing and life course, World Health Organisation, accessed 20 July, 2012, http://www.who.int/ageing/active_ageing/en/index.html

⁶ Well for Life, Overview and background, Aged Care in Victoria, State Government of Victoria, Department of Health, <http://www.health.vic.gov.au/agedcare/maintaining/wellforlife.htm>.

Participants did not have any specific suggestions aimed at addressing this problem however suggested that new developments should include housing that is suitable for older people and people with a disability that is close to shops and other facilities, or in easy access of public transport.

Participants considered social support and social inclusion essential to healthy and active ageing. Some participants suggested that activities should be based on the interests of older people. For example, the opportunity to meet a romantic partner or to go to a gym with people of similar age and ability, or to simply have an accessible outdoor area with outdoor games like chess, were ways in which older people or people with a disability could become more engaged with the community.

Remaining a part of the community was recognised as being an important factor and ensuring culturally and linguistically appropriate information and services were available would enable people to access support when required. Social inclusion is known to be health protective and can occur through formal support such as organised activities, events or groups, or casually through contact made with others when walking, shopping or using public transport.⁷

7.2 Need for assistance and expectations of HACC services

Types of assistance

More than eighty per cent of participants consulted do not currently receive any HACC services and hope to continue to manage without requiring services despite their advancing age.

The majority of respondents indicated that local councils should provide older people and people with disabilities appropriate services, yet few (less than 20 per cent) appeared to expect to receive HACC services in the future.

The types of assistance needed in the future most commonly anticipated were home help and transport. These were considered as being the two most important factors influencing a person's ability to remain living independently in their own homes across all consultation methods.

⁷ Wood, L., Shannon, T., Bulsara, M., Pikora, T., McCormack, G. and Giles-Corti, B., 2008, 'The Anatomy of the Safe and Social Suburb: an exploratory study of the built environment, social capital and residents' perceptions of safety', *Health & Place*, 14(1), pp15-31 in Bicycle Federation of Australia 'Cycling Fact Sheet'.<http://www.ncbi.nlm.nih.gov/pubmed/17576088>

Other themes that emerged through consultation included the importance of access to services. Identifying appropriate information or pathways to services was considered challenging for some older people; this is exacerbated when the individual has low health literacy. Participants suggested the introduction of a telephone 'hot line' or 'help line' to provide older people or people with a disability with advice and problem-solving support to help them remain in their own home. Examples ranged from advice about accessing services in response to emerging needs (types of services were not specified), including eligibility or discussion about alternatives, to practical support such as recommended tradespeople for home maintenance, advice about technology, the ability to discuss particular issues and brainstorm options or solutions, and so forth. The key aspect was the need to speak with a knowledgeable person to discuss ideas and assist the caller to decide on a course of action.

This was considered especially helpful for people from CALD backgrounds who may have little knowledge of the service system. In 2011 a report by National Seniors Australia, 'The Ageing Experience of Australians from Migrant Backgrounds' highlighted that a higher percentage of men and women from CALD countries indicate that need for assistance with daily activities compared to their peers who are born in Australia or other English-speaking countries.⁸

Carers

Carer capacity was considered to be highly dependent upon the person's needs and the nature of the person's care requirements. Overall, family were considered the primary source of support for an older person or person with a disability, however, it was suggested that local council services should assist the family carer to enhance the duration and quality of care they can provide and where an individual does not have a family to support them, the council should be responsible for the provision of support services.

Participants expected that a carer, be it a family member or otherwise, would provide support to the person in completing general daily activities such as shopping, meals, and so on; or in providing a source of social support or 'check in'. As people's needs become more complex participants expected more formal care services to be available, such as through council, government, hospitals and health services.

⁸ National Seniors Productive Ageing Centre 2011 The Ageing Experience of Australians from Migrant Backgrounds June 2011, Department of Health and Ageing, Australian Government, http://www.nationalseniors.com.au/icms_docs/98120_0611NSPACMigrantBackgrounds.pdf

Funding

Most participants were unclear about government funding arrangements for support services for aged and disability services. Although HACC services are funded by state and federal funding, some participants were adamant that the national and state governments did not provide funding but should. Local council was expected to make the greatest contribution as residents pay rates and therefore consider it the council's responsibility to provide these services. However, most participants believed that recipients should also contribute to the cost of services where possible. Whilst the source of support was generally anticipated as being through government or council, participants tended to expect that it would be resourced through a combination of fee for service and government subsidy. This suggests a level of acceptance by this sample group of payment for services.

Safety and security

Trust, safety and companionship were considered significant issues for the CALD community. Some participants suggested utilising technology ranging from home security to personal alarms as one way to improve older peoples' feeling of security. The provision of care by a trusted assistant or caregiver was particularly important for those people for whom language may present a barrier for communication or health literacy.

7.3 Health literacy

Health literacy is described as being an individual's ability to read (or otherwise apprehend), understand, and use health care information to make decisions about their health and follow instructions for treatment.⁹ Whilst health literacy is not directly related to general literacy, both low general literacy and health literacy or confidence engenders vulnerability and stress.¹⁰ Low literacy levels can however predict the degree of engagement that people may have with both primary and public health services and interventions as well as their confidence in self-management of chronic conditions.

Overall, the majority of participants had a secondary level of education or higher and felt confident about their health knowledge suggesting a reasonably high capacity for interpretation of health information and confidence about managing their health. Nevertheless some participants identified the need for easier access to information about support services and activities. People from CALD backgrounds highlighted the need for better access to information in community languages, to assist in increasing health literacy and enable people to make informed decisions about their health and independence.

⁹ Victorian Health Priorities Framework 2012–2022: Metropolitan Health Plan (glossary).

¹⁰ Keleher, H. and Hagger, V. (2007) Health Literacy in Primary Health Care, Australian Journal of Primary Health, 13 (2), 24-30.

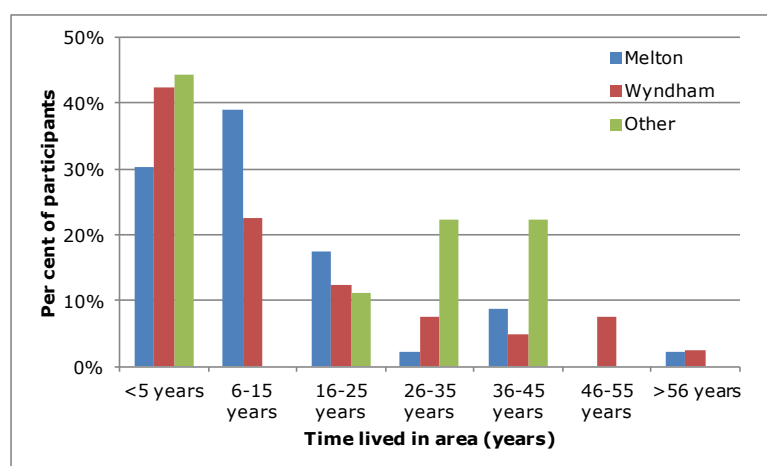
7.4 Internal migration

The key determinants driving internal migration in Melton and Wyndham were for people moving closer to family or friends or alternatively to move to newly developed areas (Figure 14).

Wyndham has a relatively high proportion of new arrivals to the area, upon analysis many of these residents live in a retirement village, suggesting that one of the key determinants driving migration to the Wyndham area is the availability of residential living for older people. New property developments of retirement village in the area may be seen to drive migration to the area in the future.

Factors influencing migration to Melton were cited as being because of the new developments over the past 15 years, particularly for people in Caroline Springs, as these areas have better footpaths (less possibility of tripping over broken pavements) and the infrastructure is generally accessible.

Figure 14: Time lived in area



7.5 Ideas for the future

Accessing information

Participants suggested telephone help lines for improved access to information about support services, activities and assistance with problem-solving.

Security and regular contact

Personal safety and security especially for people who live alone was considered important. Emergency buttons and alarm systems that link up to a central system of support and hotlines to emergency services were suggested. Participants thought it was important that a system be introduced to provide regular contact with frail older people or people with a disability to check-up on their general wellbeing. This was considered especially important for those living alone who may not yet receive services because they are on a waiting list.

Housing

New developments should include housing options suitable for older adults and people with a disability, such as wider doorways and adjustable bench heights. A range of housing options and care arrangements should be available to provide safety and security and enable independent living.

Technology

There was acknowledgement that technology will play an important role in assisting older people and people with a disability to remain active and independent in the future. Suggested were assistance to increase computer literacy and thereby enhance access to information, information about how technology can assist in the home environment and independent living (for example, the provision of mat sensors, bed exit alarms, safety or communication devices), and the use of technology in interactive social support groups.

7.6 Implications for planning

Overall, the implications for planning arising from the consultations in Melton and Wyndham local government areas reflect the needs of the current population which are broadly based around transport, access to and appropriate information about services, and ongoing participation in physical, mental and social activity. Table 17 illustrates the future implications for planning for HACC services in Melton and Wyndham.

Table 17: Implications for planning

Theme	Implications for planning
<i>Keeping active and healthy</i>	<ul style="list-style-type: none">• Physical activity opportunities for a wide range of abilities and interests, supported by transport options• Mental health activities and stimulation• Nutrition and healthy eating
<i>Maintaining participation and encouragement</i>	<ul style="list-style-type: none">• Emotional and social contact• Maintain interest and connection with community• Activities appropriate to interest, CALD background• Use of technology
<i>Access</i>	<ul style="list-style-type: none">• Information (community languages), help line• Independence planning and support, problem solving• Services• Transport
<i>Carer support</i>	<ul style="list-style-type: none">• Respite and support• Education
<i>Personal safety and security</i>	<ul style="list-style-type: none">• Alarms, security devices, regular contact• Housing options, home modifications• Access to mobility aids and equipment• Technology

The consultations identified positive values and attitudes towards living healthy and independent lifestyles in the future. Participants indicated perceptions of active ageing as reflecting a physically and mentally active lifestyle which was supported by a healthy diet and adequate medical input. Other expectations of services in the future included improved access to community services through provision of transport, information and support.

Many participants expressed strong desires to maintain their health in the future, and self management of physical, emotional and mental health were key to achieving this. Participants were conservative in their expectations of what would assist them in achieving these aims, referring to physical activity, mental stimulation, social support, home help, nutrition, access to transport and home safety and security. In addition, safety and security, communication mechanisms, capitalising on technology, carer support and personal planning for independence were considered as enablers to independent living in the future.