



Lane Cove Seniors

Social Plan 2010–2014

June 2010



Lane Cove Seniors Social Plan 2010 - 2014

Prepared for
Lane Cove Council

By
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List of Acronyms and Definitions

ABS	Australian Bureau of Statistics
AIHW	Australian Institute for Health and Welfare
ACAT	Aged Care Assessment Team
BIRDS	Brain Injury Respite and Development Service
CACP	Community Aged Care Packages
DADHC	Department of Ageing, Disability and Home Care
DARTS	Disabled Alternative Road Travel Service
EACH	Extended Aged Care At Home
EACH-D	Extended Aged Care At Home Dementia
DSP	Disability Support Pension
FWE	Full-time Workload Equivalent
HACC	Home and Community Care
LCCAS	Lane Cove Community Aid Service
LGA	Local Government Area
NDS	National Data Set
LNSCT	Lower North Shore Community Transport Inc.
NSACPR	Northern Sydney Aged Care Planning Region
NSCCAHS	Northern Sydney and Central Coast Area Health Service
NSGPN	Northern Sydney General Practice Network
PTS	Patient Transport Service
SEPP	State Environmental Planning Policy
WAT	Wheelchair Accessible Taxi

OVERVIEW

A number of key issues have been identified, based on the above research, augmented by consultations with community members and service providers. Even though the issues are quite varied, and Seniors as a group are varied and diverse, they can be grouped into the following headings -

- Improving awareness;
- Keeping seniors well and active, overcoming social isolation;
- Supporting independent living;
- Ensuring support is available for those who can no longer live independently; and
- Support for carers and volunteers.

Section 4 contains detailed analysis and possible responses to these issues.

1. INTRODUCTION

The NSW Government has developed a new Integrated Planning and Reporting Framework for local government which aims to strengthen councils' strategic focus and improve integration of various statutory planning and reporting processes undertaken by Councils. This new planning process includes:

- A 10 year Community Strategic Plan (CSP);
- A 4 Year Delivery Program detailing activities to achieve the objectives of the Community Strategic Plan;
- An Annual Operation Plan, outlining the activities to be undertaken for that year as part of the 4 Year Delivery Program; and
- An Annual Report, which will report on the above 3 plans.

Under this new system, Social Plan recommendations will feed into Council's Annual Operational Plan and the four year Delivery Program. Recommendations from the Social Plan will be included in the Annual Operational Plan and be allocated an annual budget.

A Social Plan examines the needs of the local community, including groups that may be disadvantaged in some way, and formulates activities that Council and/or other agencies could implement to address identified needs and enhance community well-being. Lane Cove's Social Plan will identify the needs of seven target groups:

- Children (0-12 years);
- Young people (12-24 years);
- Women and Men;
- Older people (55 years and older);
- People with disabilities;
- People from culturally and linguistically diverse backgrounds; and
- Aboriginal and Torres Strait Islander people.

The Aboriginal and Torres Strait Islander people target group is contained in a separate Northern Sydney Aboriginal Social Plan.

This Seniors' Social Plan provides an overview of the needs of Lane Cove's Seniors and includes a demographic overview, mapping of available services, and a number of recommendations to address identified needs.

Lane Cove Council is committed to promoting, planning and providing for the needs of seniors. In line with the previous Social Plan, seniors are defined for the purpose of this document as those aged 60 years and over.

2. SENIORS DEMOGRAPHIC PROFILE

This section provides an updated demographics 'snapshot' of Seniors living in the Lane Cove Local Government Area (LGA) and the key changes that have occurred since the 2001 Census. Since the preparation of the previous Seniors Social Plan, Lane Cove has experienced a number of changing demographic trends, particularly amongst older age groups within the community.

Given the complexity of the terms 'seniors' and the variations of the interests and needs of seniors by age, detailed information has been provided where relevant and important for various planning purposes, such as seniors living facilities (55 years and over), and the distribution of aged care in-home support packages provided by the Commonwealth Government (70 years and over).

The demographic profile is largely drawn from the most recent Australian Bureau of Statistics (ABS) 2006 Census of Population and Housing¹, and has been supplemented with other data where available. For purposes of comparison, statistical data for the Sydney Statistical Division (the 'Sydney SD') has been provided. Where relevant, comparisons are also made with the Lower Northern Sydney Statistical Sub-Division² (the 'Lower Northern Sydney SSD'), in which Lane Cove Local Government Area is situated.

2.1 Age Profile

2.1.1 Overview

The key trends amongst the seniors population within the Lane Cove Local Government Area between 2006 and 2001 are:

- The number of people aged 55 year and over increased by 7.8%, but at a lower rate of growth when compared to the Sydney Statistical Division (13.6%);
- A slight decline (1.9%) in the number of Lane Cove residents aged 65 years and over, compared to a 7.8% increase within this age group in the Sydney Statistical Division. Despite this decline, the Local Government Area still has a higher *proportion* of seniors aged 65 years and over than the Sydney Statistical Division (13.2% versus 12.3%);
- A decline of 5.3% in those residents aged 70 years and over, whilst the Sydney Statistical Division increased by 6.7%;
- A decrease in the number of residents aged 65-84 years (5.5%), which continues a trend evident between the 1996 and 2001 Censuses (a 6.8% decrease); and
- A 17.0% increase in residents aged 85 years and over since 2001, following on from an 8.8% increase in the period 1996-2001.

2.1.2 Age Structure

Figure 2-1 summarises the age and gender of seniors residing in the Lane Cove Local Government Area in 2006. There were 4,007 people aged 65 years and over living in the Local Government Area, representing 13.2% of the Local Government Area's population. The number of people in this age group has declined by 1.9% since 2001, from 4,083. During the same period, the Sydney Statistical Division experienced an increase of 7.8% of residents aged 65 years and over, whilst the Lower Northern Sydney Statistical Sub-Division increased by 4.2%.

¹ In some instances, data from the 2006 Census is not comparable with data from previous censuses due to a change in the count method for reporting census data. The reporting of Census data has changed from where people were on the night of the Census ('Place of Enumeration') to where they usually live ('Place of Usual Residence'). This broadly affects all 2001 data previously utilised. However overall, any difference between the 2006 and 2001 data compilation methods used by the Australian Bureau of Statistics do not materially affect the analysis presented in this Seniors Social Plan. Some data presented was compiled using the Australian Bureau of Statistics CData Online 2006, therefore some data may differ slightly to data from the Australian Bureau of Statistics website due to the randomisation process used by CData to maintain confidentiality.

² The Lower Northern Sydney Statistical Subdivision comprises Lane Cove, Hunters Hill, Mosman, North Sydney, Ryde and Willoughby Local Government Areas (LGAs).

Despite the decline, the Lane Cove Local Government Area still retains a higher proportion of seniors aged 65 years and over (13.2%), compared to the Sydney Statistical Division (12.3%). Both are lower than growth evident in the Lower Northern Sydney Statistical Sub-Division (13.6%).

Figure 2-1: Age Distribution of Seniors in Lane Cove Local Government Area, 2006

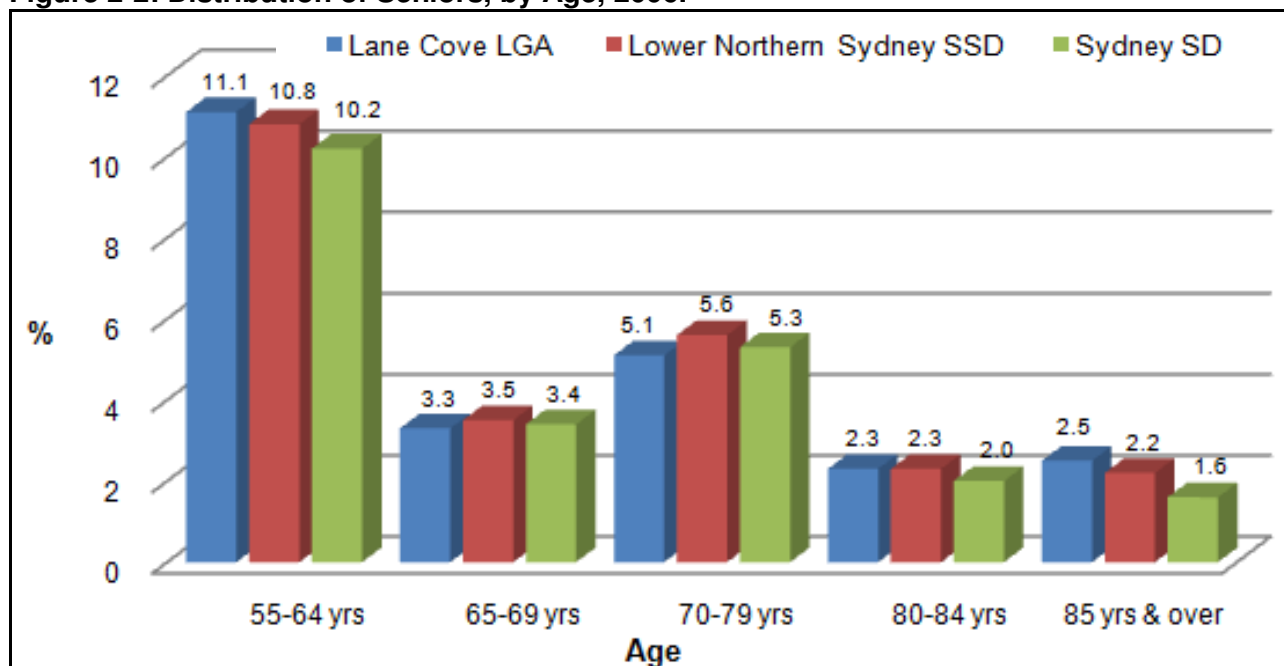
Age	Males	Females	Total
55-59 yrs	951	988	1,939
60-64 yrs	712	719	1,431
65-69 yrs	485	510	995
70-74 yrs	342	445	787
75-79 yrs	316	454	770
80-84 yrs	277	425	702
85+ yrs	209	544	753
Total 55+ yrs	3,292	4,085	7,377
65+ yrs	1,629	2,378	4,007
70+ yrs	1,144	1,868	3,012
(50-54 yrs)	910	1,065	1,975

Source: Australian Bureau of Statistics Census of Population and Housing, 2006, CData Online 2006.

Figure 2-2 shows the breakdown of different age groups of seniors living in the Lane Cove Local Government Area in 2006. These are also compared to the same age groups in the Sydney Statistical Division and Lower Northern Statistical Sub-Division. This identifies that -

- The number of seniors aged 65-84 years in the Local Government Area has continued the decline evident from 1996 to 2001, declining 5.5% between 2001 and 2006 (from 3,441 to 3,253). This follows a 6.8% reduction between 1996 and 2001;
- The Lane Cove Local Government Area has a notably higher proportion of 'older' seniors than the Sydney Statistical Division (2.5% aged 85 years and over, compared to the Sydney Statistical Division (1.6%) and the Lower Northern Sydney Statistical Sub-Division (2.2%)). The number of seniors aged 85 years and over residing in the Lane Cove Local Government Area has risen from 642 in 2001 to 751 2006, an increase of 17.0%. This follows an 8.8% increase that was recorded in the 1996-2001 period; and
- In 2006, the proportion of Lane Cove Local Government Area residents who were aged 55-64 years (11.1%) was also greater than the Sydney Statistical Division (10.2%), as well as the Lower Northern Sydney Statistical Sub-Division (10.8%). This is important for planning purposes, as many of the residents in this age group will have reached the age of 65 by the time this Social Plan is put into effect in 2009.

Figure 2-2: Distribution of Seniors, by Age, 2006.



Source: Australian Bureau of Statistics, Census of Population and Housing 2006, compiled using Australian Bureau of Statistics CData Online.

2.1.3 Gender

Women constitute a greater proportion of the seniors population in the Lane Cove Local Government Area, a disparity which increases with age. This trend is generally consistent with both the Sydney Statistical Division and the Lower Northern Sydney Statistical Sub-Division.

In 2006, 59.3% of people aged 65 years and over in the Lane Cove Local Government Area were female, slightly higher than both the Sydney Statistical Division (56.1%) and the Lower Northern Sydney Statistical Sub-Division (58.7%). For those aged 85 years and over in the Lane Cove Local Government Area, this gap has widened to 70.8% female. This is slightly higher than both the Sydney Statistical Division (68.1%), but comparable to the Lower Northern Sydney Statistical Sub-Division (also 70.8%).

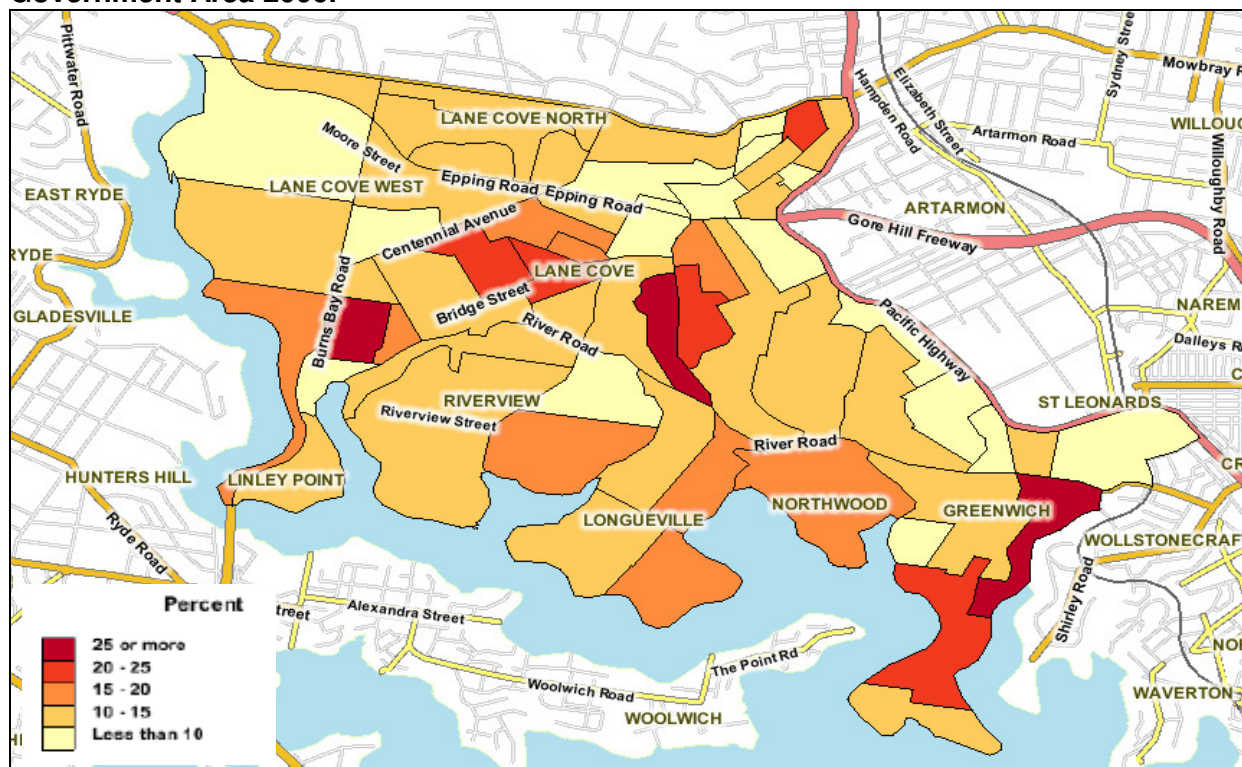
This means that there are approximately two and a half times more women than men aged 85 years and over in the Lane Cove Local Government Area.

2.1.4 Geographical Distribution

The geographical distribution of seniors aged 65 years and over living in the Lane Cove Local Government Area in 2006 varied significantly, ranging from 4.7% to 29.9% of residents in a particular locality (or Australian Bureau of Statistics Collectors District, see Figure 2-3).

The highest concentration of seniors living in the Lane Cove Local Government Area can be found in Lane Cove in the area bounded by Burns Bay Road, Penrose Street and Burns Bay Reserve (29.9%). This is likely to be due to the Caroline Chisholm High Care Aged Facility (nursing home) and separate low care facility (retirement village) being located within this area. The area bounded by Longueville Road, Austin Street and River Road West has the second highest concentration (28.9%) which includes the Kamilaroi Retirement Centre. In addition, there is a Department of Housing complex located in Lihon Street which has long-term older residents (many of whom have aged in place).

Figure 2-3: Proportion of the Population Aged 65 Years and Over, Lane Cove Local Government Area 2006.



Source: Australian Bureau of Statistics, Census of Population and Housing, 2006. Compiled using CData Online 2006.

N.B The sections within the Local Government Area represent Census Collection Districts (CDs) – the smallest unit for data collection and processing for the 2006 Census, with an average of about 225 dwellings in each CD. Individual suburbs are comprised of multiple CDs.

2.1.5 'Seniors Living' Eligibility

The section of the population aged 55 years and over has been considered in this profile, as:

- they are the group which are generally eligible for seniors living housing³, including independent living within a 'village' style environment; and
- it includes 'younger' seniors who will, over the coming years, be nearing retirement, some of whom may be eligible for financial assistance (e.g. the age pension) or subsidised in-home support if required.

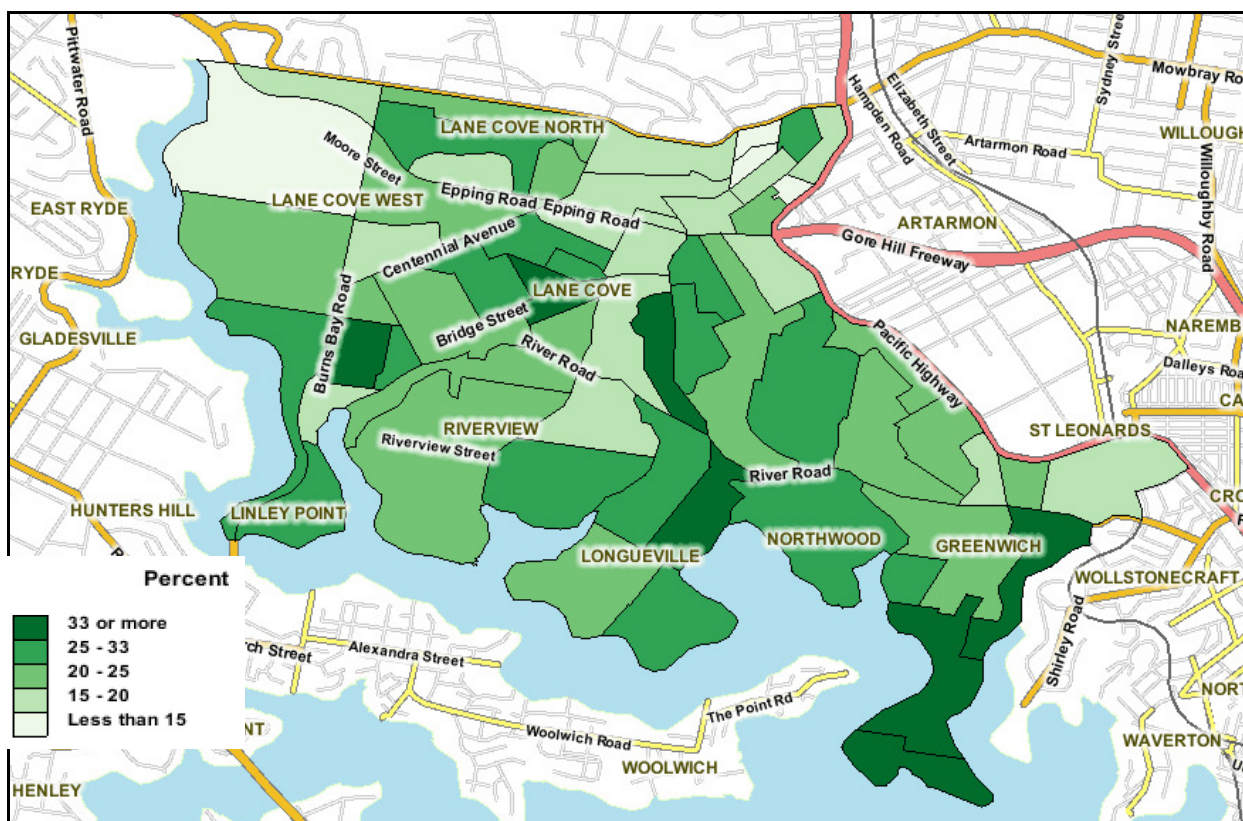
In 2006, there were 7,377 people aged 55 years and over living in the Lane Cove Local Government Area, representing almost one quarter (24.2%) of the area's population, compared to 22.5% for the Sydney Statistical Division. The Lower Northern Sydney Statistical Sub-Division had a marginally higher proportion of people in this age group (24.4%). The number of people aged 55 years and over has increased by 7.8% since 2001, up from 6,842. However, growth was not as significant as for the Sydney Statistical Division (13.6%) or the Lower Northern Sydney Statistical Sub-Division (12.5%).

As shown on the Figure 2-4, there were seven localities within the Lane Cove Local Government Area in 2006 where more than one third of the population was aged 55 years and over, including parts of Lane Cove, Greenwich and Longueville. The areas with the highest concentration are the

³ State Environmental Planning Policy (Housing For Seniors Or People With A Disability)

same as those identified for 65 years and over, namely the areas in Lane Cove along Burns Bay Road (40.1%) and Longueville Road (39.8%), in which aged care facilities are located.

Figure 2-4: Distribution of Persons Aged 55 years and over in the Lane Cove Local Government Area



Source: Australian Bureau of Statistics, Census of Population and Housing, 2006. Compiled using CData Online 2006. N.B The sections within the Local Government Area represent Census Collection Districts (CDs) – the smallest unit for data collection and processing for the 2006 Census, with an average of about 225 dwellings in each CD. Individual suburbs are generally comprised of more than one CD.

2.1.6 Home and Community Care (HACC) Target Group

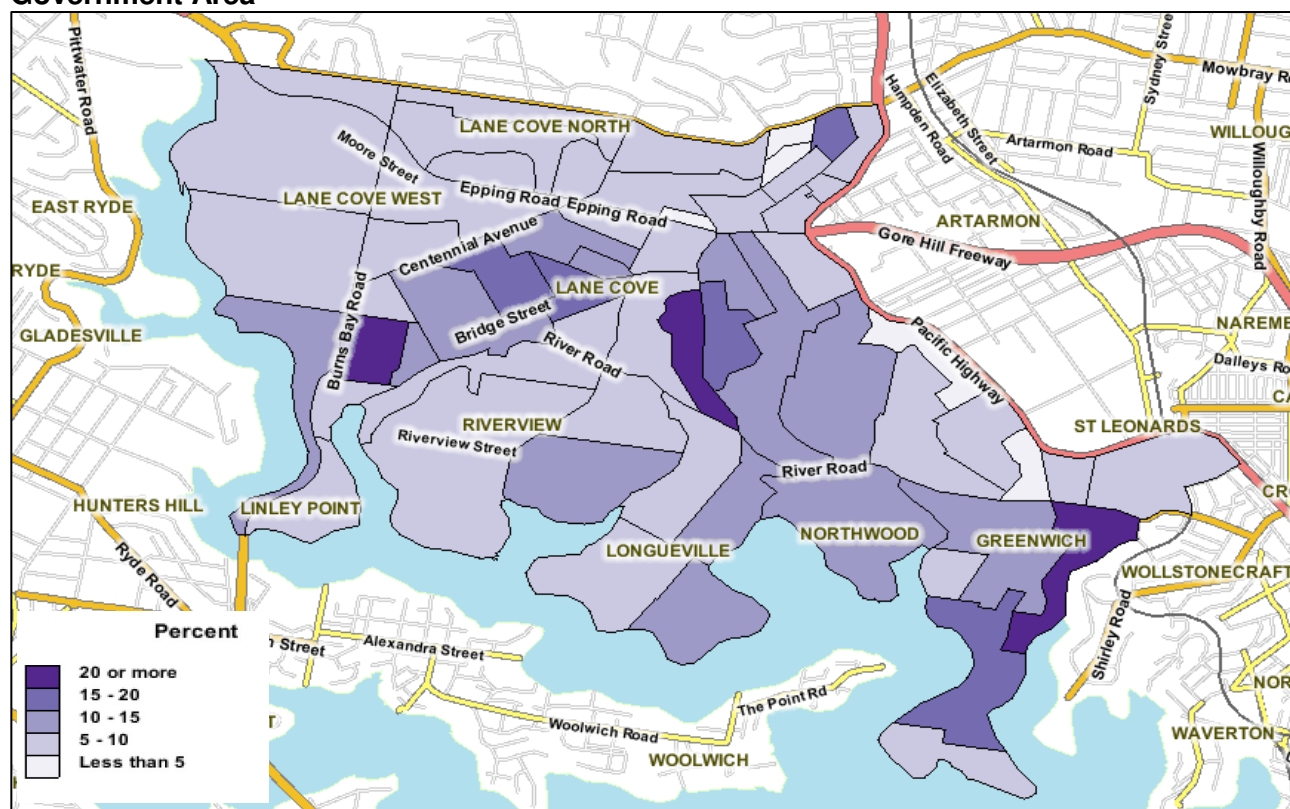
The population aged 70 years and over has been considered in this profile as it forms the basis of aged care planning in Australia. The Australian Government uses information relating to the current and projected number of persons aged 70 years and over as part of its funding allocation criteria for providing aged care facilities, as well as assistance to remain in the home (its Community Aged Care Packages (CACP) and Extended Aged Care at Home (EACH) packages (discussed in Section 3.10)).

In 2006, there were 3,012 people aged 70 years and over living in the Lane Cove Local Government Area, representing **almost one in ten residents** (9.9%), a higher proportion than the Sydney Statistical Division (8.9%). The Lower Northern Sydney Statistical Sub-Division had a slightly higher proportion of residents in this age group (10.2%).

However, the total number of people aged 70 years and over decreased by 5.3% since 2001, down from 3,182. During the same period, the proportion of people aged 70 years and over in both the Sydney Statistical Division and the Lower Northern Sydney Statistical Sub-Division increased (by 6.7% and 1.5% respectively). It is noted that despite this overall decrease, **the key needs group for aged care assistance (those over 85) increased by 17%** within the Local Government Area in the five years to 2006.

As shown in Figure 2-5, the areas with the highest concentration of persons aged 70 years and over are similar to those areas with the highest proportion of 'younger' seniors (i.e. aged 55 and 65 years and over). This includes **three areas within the Lane Cove Local Government Area where more than one in five residents is aged 70 years and over.**

Figure 2-5: Distribution of Persons Aged 70 years and over in the Lane Cove Local Government Area



Source: Australian Bureau of Statistics, Census of Population and Housing, 2006. Compiled using CData Online 2006. N.B The sections within the Local Government Area represent Census Collection Districts (CDs) – the smallest unit for data collection and processing for the 2006 Census, with an average of about 225 dwellings in each CD. Individual suburbs are generally comprised of more than one CD.

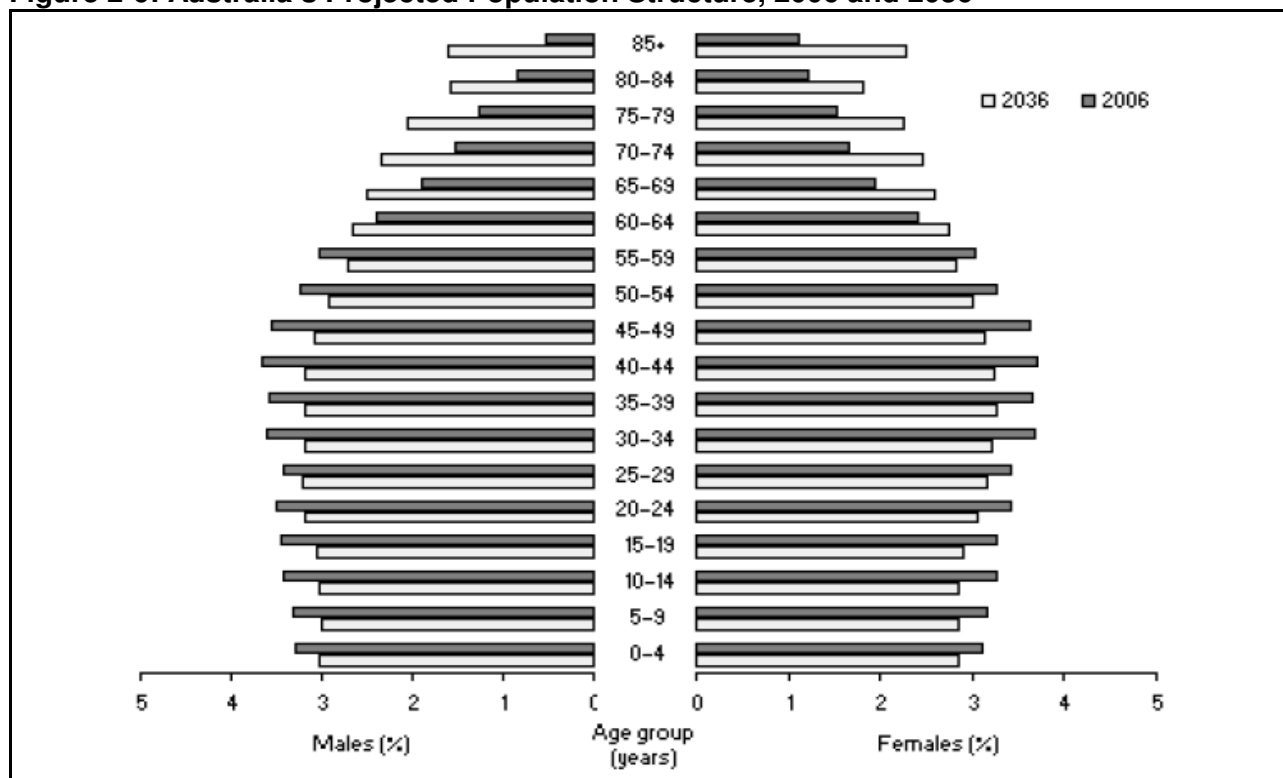
2.2 Age Projections

2.2.1 Ageing in Australia

Over the coming decades Australia's population aged 65 years and over is projected to increase substantially. The ageing of the population is a major change in Australia's demographic composition, and is a current focus for both economic and social policy. Much of the discussion around population ageing focuses on issues associated with an increasing proportion of older people - for example, expenditure associated with income support, the provision of health and disability services, and family and community care.

The population pyramid in Figure 2-6, adapted from the Australian Bureau of Statistics' *Population Ageing in NSW (2008)*, indicates a substantial change in the structure of Australia's population will occur from 2006 to 2036. The result is a more equal distribution of the population across the age cohorts, in particular equalling out between the genders in the older age groups. This structural shift will pivot around the 50-55 year age cohort, with the proportion of those aged less than fifty years declining and those aged above fifty years increasing.

Figure 2-6: Australia's Projected Population Structure, 2006 and 2036



Source: Australian Bureau of Statistics, *Population Ageing in NSW (2008)*, Catalogue No. 4106.1.

With health outcomes continuing to improve and mortality rates declining, life expectancy of Australians continues to increase. The Australian Bureau of Statistics (ABS) indicates that previous population projections assumed:

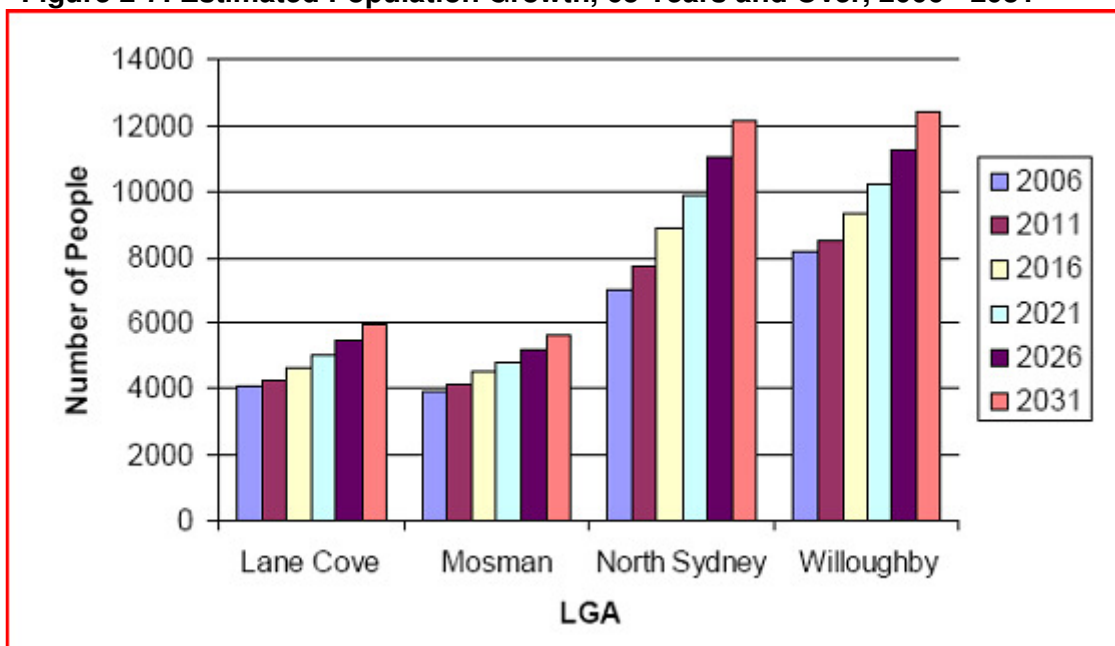
“these trends would continue each year for a limited period, the latest projections include a ‘high’ life expectancy alternative, in which recent life expectancy gains are assumed to continue each year for the full duration of the projection period. Under this alternative, life expectancy is assumed to increase to 92.2 years for men, and 95.0 years for women by the year 2050-51.”⁴

2.2.2 Ageing in the Lane Cove Local Government Area

As outlined in Section 2.1.2, there has been a decline in both the number and proportion of people aged 65-84 years residing in the Lane Cove Local Government Area. However, with the commencement of the retirement of the numerous people born in the twenty years following World War II – the “Baby Boomers” – the number in this age group living in the Lane Cove Local Government Area is projected to rise over the coming years. Figure 2-7 identifies the number of people aged over 65 years to be present in each Lower North Shore Local Government Area every 5 years to 2031.

⁴ Australian Bureau of Statistics, 2004, 4102.0 - Australian Social Trends, cited 21 June 2008 at <http://www.abs.gov.au/ausstats/abs@.nsf/0/95560b5d7449b135ca256e9e001fd879?OpenDocument>

Figure 2-7: Estimated Population Growth, 65 Years and Over, 2006 - 2031



Source: Home and Community Care (HACC), quoting Transport and Population Data Centre, NSW Transport and Infrastructure.

In 2004, the Local Government Association of NSW undertook an “Ageing and Place” study, in recognition of the impact the ageing population will have on local government bodies. As part of this study the Association engaged the University of Tasmania to produce comprehensive population ageing profiles for each of the NSW’s local council areas.

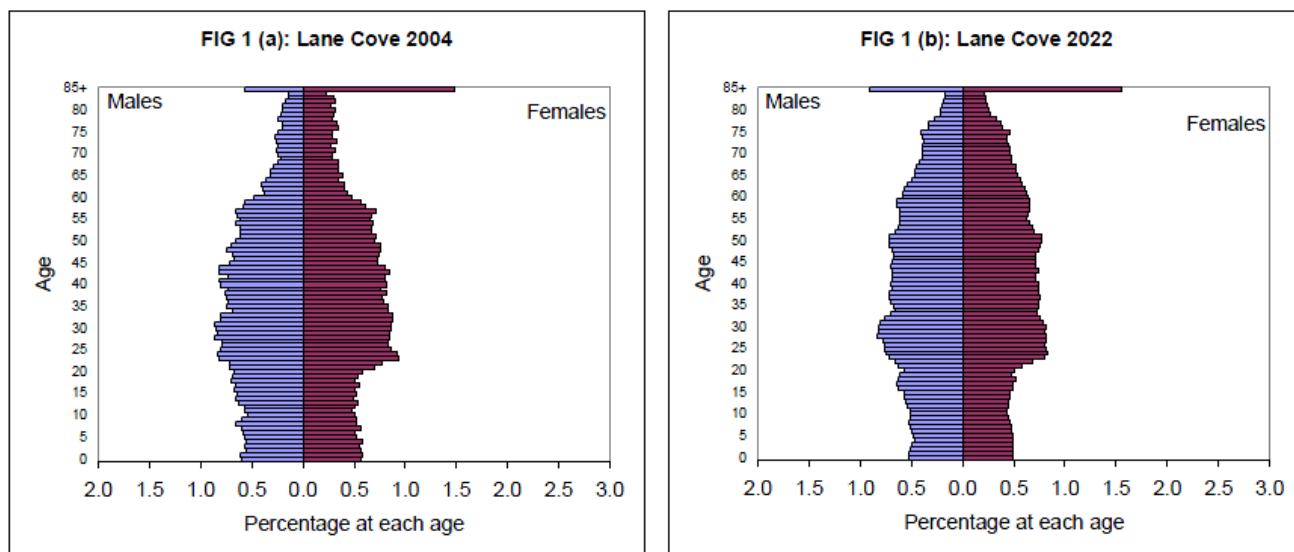
The study projected that the population aged over 65 in the Lane Cove Local Government Area would grow from 4,179 of the Local Government Area’s population in 2004 to around 5,908 by 2022 (i.e. a 41.4% change). They estimated that the proportion of the Lane Cove Local Government Area aged 65 years and over will increase from 12.9% in 2004 to 16.9% by 2022. The number aged over 85 years will grow from 667 to approximately 857 people (i.e. a 28.5% change), or from 2.1% to 2.5% of the population.

However the study did not identify that Lane Cove would be the most affected of NSW’s Local Government Area’s. This study identified the Lane Cove Local Government Area as NSW’s 103rd ‘oldest Local Government Area’ in 2004 (of 153), in terms of the proportion of population aged over 65 years. By 2022 it is projected to be NSW’s 129th oldest Local Government Area. The study also developed an index termed the ‘Force of Ageing’, essentially the average rate of annual growth in age projected for an Local Government Area between 2004 and 2022. The Lane Cove Local Government Area’s score for the period of 2004 - 2022 is projected to be 0.22 percentage points per year, resulting in the Lane Cove Local Government Area having a somewhat slower rate than that projected for the Sydney Statistical Division (0.28) and Total NSW (0.33) and significantly lower than the fastest ageing Local Government Area in the Sydney Statistical Division, the Blue Mountains, with a force of ageing of 0.48.

Figure 2-8 shows the 2004 and 2022 projected age-sex structures for Lane Cove Local Government Area. The study found that “these ‘tree-like’ structures provide a clear indication of structural and numerical ageing, which is to some extent offset (reduced) by the impact of net migration gain across the younger working ages”⁵.

⁵ LGSA, 2004, Demographic Profile of NSW Balance Councils – Lane Cove Council, accessed 15 March 2009 at http://www.lgsa.org.au/resources/documents/lane_cove_municipal_council_241105.pdf

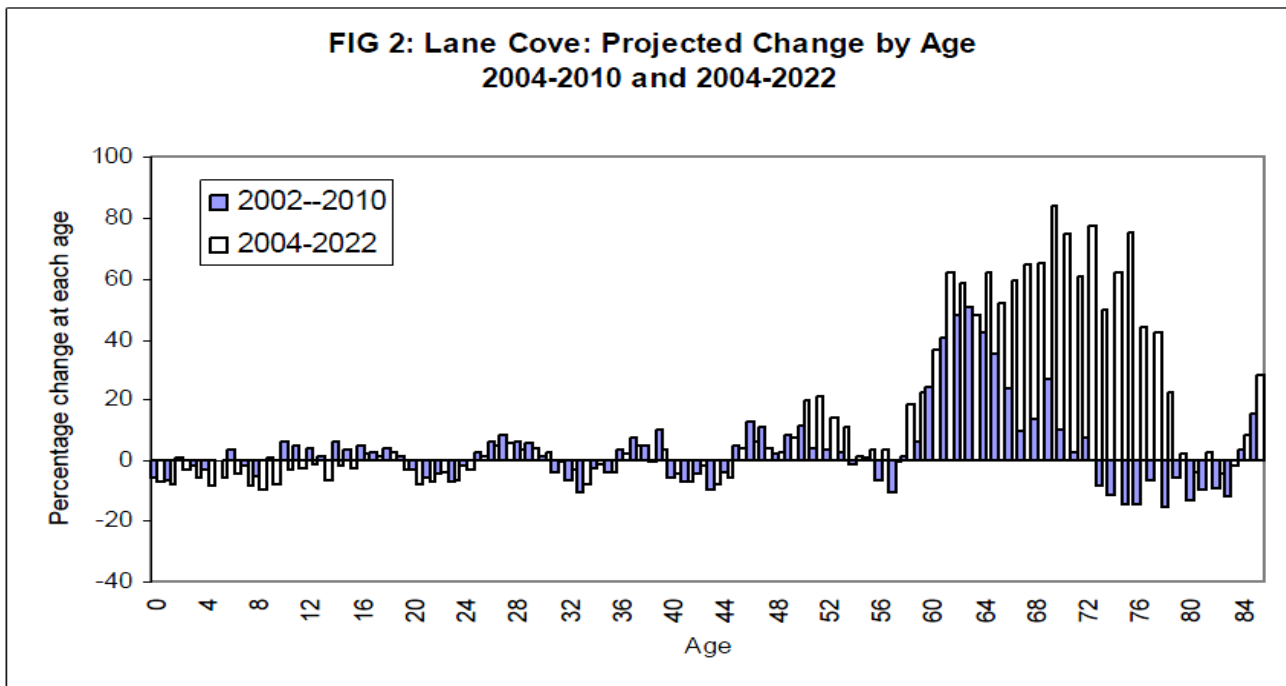
Figure 2-8: Projected Age-Sex Population Structure, Lane Cove Local Government Area, 2004-2022



Source: University of Tasmania, Demographic Analytical Services Unit, prepared for The Local Government Association of NSW, 2004

The age information conveyed in Figure 2-8 can alternatively be represented by Figure 2-9, which indicates change over time by age group. **Within the Lane Cove Local Government Area “its youth population is projected to decline in size, its working population to grow slightly, and its elderly population to grow substantially”** (Local Government and Shires Associations of New South Wales, 2004).

Figure 2-9: Projected Change by Age, Lane Cove Local Government Area, 2004-2022



Source: University of Tasmania, Demographic Analytical Services Unit, prepared for The Local Government Association of NSW, 2004

The study also analysed an “Elderly/Child Ratio”, that is, the number of elderly (aged 65+ years) compared to the number of children (aged 0-14 years). The Lane Cove Local Government Area

currently has a ratio of 0.8 (or 8 elderly for every 10 children), which will increase to 1.1 by 2022 (or 11 elderly for every 10 children). The cross-over point at which the number of elderly equals or outnumbers the number of children is expected to occur around 2016, similar to the NSW average (2015), but earlier than the Sydney Statistical Division (2019).

Finally, the study considers implications of the ageing population for the Lane Cove Local Government Area's labour market, via an "Entry/Exit Ratio". This compares the number of people at labour market entry age (taken to be 15-24 years) to the number approaching conventional retirement age (55-64 years). The Lane Cove Local Government Area currently has a ratio of 1.3 (13 entrants to every 10 exits), which is projected to decline to 1.0 (i.e. ten entrants per ten exits) by 2022. In comparison NSW will decline from 1.3 to 0.9 over the same period, reaching the balance point in 2018. The study notes that:

"Lane Cove's total working age population (15-64 years) is projected to fall from its current 70.2 per cent of the population, to around 68.3 per cent by 2022. However, it is projected to actually increase in size, from its current 22,781 to around 23,862 (4.7 percent)"⁶.

2.3 Cultural and Linguistic Characteristics

Whilst Lane Cove is becoming increasingly culturally diverse, it is generally less diverse than Sydney as a whole. This is also the case amongst Lane Cove's seniors. In 2006, 21.0% of Lane Cove residents aged 65 years and over were born in non-English speaking countries, compared to 30.2% in the Sydney Statistical Division.

Seniors residents are however more culturally diverse than the population of Lane Cove as a whole (18.6%).

The most common non-English speaking countries of birth amongst seniors in the Lane Cove Local Government Area are China (115 people, 2.9%), Italy (79, 2.0%), Egypt (46, 1.1%), Germany and Greece (both 41, 1.0%).

A further 12% of Lane Cove's seniors were born in English speaking countries. Overall, one third (33.0%) of people aged 65 years and over (1,323) in the Lane Cove Local Government Area were born overseas, compared to 39.7% in the Sydney Statistical Division⁷. The most common English-speaking countries of birth of people aged 65 years and over in the Lane Cove Local Government Area (other than Australia) are England (290 people, 7.2%), New Zealand (72, 1.8%) and Scotland (41, 1.0%).

As people age, they tend to lose language skills that were learnt later in life and begin to rely increasingly on their original language. Therefore they become at risk of social isolation, particularly if the size of a cultural group is relatively small within a particular area, and where there may be little, if any interaction between each group. People with English as a second language entering the 65 years and over age group over the next ten years (i.e. 55-64 years) are likely to be from China, Hong Kong, Malaysia and Germany.

It was found that in 2006, approximately one third (30.0%) of people from non-English speaking backgrounds who had low English proficiency levels were aged 65 years and over⁸, down from

⁶ LGSA, 2004, Demographic Profile of NSW Balance Councils – Lane Cove Council, accessed 15 March 2009

⁷ Australian Bureau of Statistics 2006, Census of Population and Housing, Cdata Online 2006.

⁸ NSW Community Relations Commission and Commonwealth Department of Immigration and Citizenship, 2008, *The People of NSW: Statistics from the 2006 Census*, pp. 261-264
<http://www.crc.nsw.gov.au/publications/documents/ponsw>

35.8% in 2001⁹. Poor English levels amongst seniors tended to be within Chinese language speakers. For example, 83.0% of Mandarin speakers (37 seniors) and 54% of Cantonese speakers (60 seniors) aged 65 years and over did not speak English well or at all.

2.4 Family and Household Structure

The living arrangements of male and female seniors differ, as shown in Figure 2-10 -

- almost twice the proportion of men aged 65 years and over in the Lane Cove Local Government Area (71.8%) are living in a relationship as a couple, than women aged 65 years and over (38.7%)¹⁰, a trend which has continued since the 2001 Census. Approximately a quarter of men aged over 65 years have a partner aged under 65 years.
- For people aged 85 years and over, this figure drops to 55.4% for males and 14.9% for females. These figures reflect longer life expectancies for women, including women outliving their male partners.
- More than four in ten women (44.9%) aged 65 years and over live alone, compared to two in ten men (19.9%). For those aged 85 years and over, this figure rises to more than six in ten women (64.0%) compared to three in ten men (32.1%).
- Of all women who live alone in the Lane Cove Local Government Area, close to half (890 or 44.5%) are aged 65 years and over. This compares to men living alone where approximately one in five (285 or 22.0%) are aged 65 years and over.
- There are 210 women aged 85 years and over who live alone in the Lane Cove Local Government Area, who represent 10.5% of all women living alone. There are 51 men aged 85 years and over living alone, who represent 3.9% of all men living alone.

A notable proportion of seniors residents in Lane Cove Local Government Area live with their children. This may be (particularly for those aged over 85) as they are being cared for by their children, but for some it is possible that they are still fulfilling a parenting role, providing financial support (in the form of housing) to their children. 6.2% of women aged 65 year and over live with their children without their partner, compared to 2.6% of men in the same age group.

Figure 2-10: Relationship of Seniors (65+ yrs and 85+ yrs) within Lane Cove Local Government Area Households

Relationship Within Household	65 years & over				85 years & over			
	Males		Females		Males		Females	
	No.	%	No.	%	No.	%	No.	%
Live with Wife/husband/partner*	1,029	71.8%	767	38.7%	88	55.4%	49	14.9%
Lone Parent	31	2.2%	123	6.2%	10	6.3%	35	10.7%
Live with other relatives	37	2.6%	127	6.4%	6	3.8%	19	5.8%
Live alone	185	19.9%	890	44.9%	51	32.1%	210	64.0%

Source: Australian Bureau of Statistics (ABS), Census of Population and Housing 2006, Table B22a.

* Include both registered marriages and de facto marriages.

N.B. Percentages do not equal 100%, as not all categories (e.g. Child under 15) have been included.

⁹NSW Community Relations Commission, 2004, *The People of NSW: Statistics from the 2006 Census*, pp. 118-121.
http://www.crc.nsw.gov.au/data/assets/pdf_file/0015/1428/lanecovelga4pp.pdf

¹⁰ Includes registered marriages and de facto marriages.

2.5 Income

In 2006, the median weekly household income in the Lane Cove Local Government Area was \$1,729 per week, significantly higher than the Sydney Statistical Division (\$1,154). It was also somewhat higher than the median weekly income for the Lower Northern Sydney Statistical Sub-Division (\$1,551). The median weekly individual income for all residents (aged 15 years and over) was also significantly higher in the Lane Cove Local Government Area (\$811), compared to the Sydney Statistical Division (\$518), and the Lower Northern Sydney Statistical Sub-Division (\$738).

This trend is also evident for Lane Cove residents aged over 65 years. In 2006 for example, the Lane Cove Local Government Area had a significantly lower proportion of residents aged 65 years and over with an average individual income of less than \$400 per week (41.9%), compared to the Sydney Statistical Division (62.6%), and the Lower Northern Sydney Statistical Sub-Division (49.0%). Conversely, the Lane Cove Local Government Area had more than two and half times more seniors (aged 65 years and over) with an individual weekly income of \$1,300 or more per week compared to the Sydney Statistical Division (10.9% versus 4.0%). This proportion was also slightly higher than the Lower Northern Sydney Statistical Sub-Division (9.3%). In NSW, people aged 65 and over had an average weekly income of \$437, compared to \$660 across all NSW households. Despite having a lower income, older people had more wealth with an average household net worth of \$897,000¹¹.

Possible reasons for a lower proportion of residents aged 65 years and over on relatively low incomes and a higher proportion in the upper income brackets in the Lane Cove Local Government Area compared to both the Sydney Statistical Division and the Lower North Sydney Statistical Sub-Division include higher workforce participation levels (see Section 2.6 below); and high income available from superannuation and investments.

In 2005-06, superannuation was the main source of income for 13.0% of NSW households in which the reference person¹² was aged 65 years and over, up from 7.0% in 1996. However, the proportion of seniors on pensions has remained steady over the last decade at approximately 71%¹³. Superannuation is expected to become an increasingly important source of retirement income over the coming years.

However, given the relatively higher incomes amongst seniors in the Lane Cove, it is expected that this pension figure would be considerably lower in the Local Government Area. Figure 2-11 provides an indication of the number of residents in the Lane Cove Local Government Area who are in receipt of some of benefit payment from Centrelink. Only 44% of seniors living in postcode 2066 receive the aged pension.

Whilst it is difficult to draw accurate conclusions from the postcode data at the Local Government Area level, it is clear that the proportion of residents reliant on an aged pension in the Local Government Area has increased since 2001 (given the number of people aged over 65 years has declined by 1.9% since 2001). In 2004, it is estimated 40.2% of seniors in Postcode 2066 received the age pension.

¹¹ Australian Bureau of Statistics (2008), *Ageing Population in NSW, Catalogue No. 4106.1*. Available at: [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/\\$File/41061_dec%202008.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/$File/41061_dec%202008.pdf)

¹² The Family/Household Reference Person is the person who is used as the basis for determining the familial and non-familial relationships within a household. It is usually the person who has identified himself/herself as person one on the Census Household form. (Australian Bureau of Statistics Census Dictionary 2006, p. 149).

¹³ Australian Bureau of Statistics (2008), *Ageing Population in NSW, Catalogue No. 4106.1*, page 14. Available at: [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/\\$File/41061_dec%202008.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/$File/41061_dec%202008.pdf)

Figure 2-11: Number of Benefit Payments in Postcode 2065 and 2066, 2009

Centrelink Payment	Postcode 2065*		Postcode 2066**	
	2004	2009	2004	2009
Age Pension	-	991	1,440	1,590
Carer Allowance [^]	-	32	<20	22
Widow Allowance	-	<20	<20	<20
Disability Support [^]	-	267	-	298

Source: Centrelink, Strategic Performance and Information Management Branch, Strategy and Capability Division, 2009

* Postcode 2065 covers suburbs which are wholly or partially within the Lane Cove Local Government Area (Greenwich and St Leonards), as well as suburbs outside the Lane Cove Local Government Area (Crows Nest, Naremburn, and Wollstonecraft)

** Postcode 2066 covers suburbs which are wholly or partially located within the Lane Cove Local Government Area (Lane Cove, Lane Cove North, Lane Cove West, Linley Point, Longueville, Northwood and Riverview). There are 3,586 residents over 65 years.

[^] May include some recipients who are not aged 55 years and over

Figure 2-12: Labour-force Participation, Persons Aged 65+ years, Lane Cove Local Government Area

Labour Force Status	Persons 65 years & over					
	Males		Females		Total	
	No.	%*	No.	%*	No.	%*
Lane Cove Local Government Area						
In the Labour-force~	356	21.8%	215	9.0%	571	14.2%
Employed full-time	158	9.7%	67	2.8%	225	5.6%
Employed Part-time	176	10.8%	128	5.4%	304	7.6%
Employed – Other*	22	1.3%	17	0.7%	39	1.0%
Unemployed [^]	0	0.0%	3	1.7%	3	0.5%
Sydney Statistical Division						
In the Labour-force~	29,667	13.4%	15,191	5.3%	44,858	8.9%
Employed full-time	13,836	6.2%	4,184	1.5%	18,020	3.6%
Employed Part-time	12,660	5.7%	8,941	3.1%	21,601	4.3%
Employed – Other*	2,440	1.1%	1,749	0.6%	4,189	0.8%
Unemployed [^]	731	2.5%	317	2.1%	1,048	2.3%

Source: Australian Bureau of Statistics (ABS), Census of Population and Housing, 2006, using CData Online 2006.

* Calculated as a percentage of the total population, with the exception of the unemployment rate.

[^] Calculated as a percentage of the labour force, not the population.

#Includes persons who were in the labour-force but did not work any hours in the week prior to the Census.

Hours worked not stated

~Percentage in the labour-force does not equal the sum of all remaining categories, as the unemployment rate is calculated from a different base

2.6 Labour Force Participation

As indicated by the income data, many older people in the Local Government Area still work, having yet to retire. Many of these earn higher levels of income. Seniors aged 65 years and over in the Lane Cove Local Government Area have a higher rate of labour-force participation (14.2%) than the same age group in the Sydney Statistical Division (8.9%) (Figure 2-12). Since the 2001 Census, older people's participation in the labour force has increased by approximately three percentage points (up from 11.4%) in the Lane Cove Local Government Area.

In the Lane Cove Local Government Area, more than twice as many men aged 65 years and over remain in the labour-force compared to women aged 65 years and over (21.8% versus 9.0%). Both these proportions were higher than the Sydney Statistical Division (13.4% and 5.3% respectively).

Further, rates of participation have *increased* since the previous Social Plan (17.7% of men and 7.4% of women).

The unemployment rate for both males and females aged 65 years and over (0.0% and 1.7% respectively) was lower than the Sydney Statistical Division (2.5% for males and 2.1% for females). All men and all but 3 women over 65 who wish to work have been able to find employment. This suggests that an issue identified in the last Social Plan, employer age discrimination, may have lessened.

2.7 Disability

One measure of the prevalence of disability is that provided by the Australian Bureau of Statistics in the 2006 Census. In 2006, the Lane Cove Local Government Area had a lower proportion of seniors aged 65 years and over (667 or 16.6%) with a severe or profound disability¹⁴, compared to the same age group in the Sydney Statistical Division (17.9%) and the Lower Northern Sydney Statistical Sub-Division (19.3%) (Figure 2-13).

Age-related disability is examined in Section 2.3.2 of the People with Disability Social Plan. As would be expected with the onset of issues associated with old age, the incidence of severe and profound disability increases with age, with 44.9% of Lane Cove Local Government Area residents aged 85 years and over requiring assistance with one or more core activities. However, this rate remains lower than the Sydney Statistical Division (46.5%), but slightly higher than the Lower Northern Sydney Statistical Sub-Division (43.7%). The lower rate of disability amongst seniors in the Lane Cove Local Government Area compared to the Sydney Statistical Division and the Lower Northern Sydney Statistical Sub-Division is also reflected in the 70 years and over group, the age used for planning the supply of Commonwealth Government Aged Care Packages (see Section 3.10).

There is a higher incidence of disability amongst older females than males in the Local Government Area. Age is a key factor in disability in the Lane Cove Local Government Area -

- Of all persons with a severe or profound disability living in the Lane Cove Local Government Area, 75.0% are aged 65 years and over. This is substantially higher than for the Sydney Statistical Division (58.5%) and higher than the Lower Northern Sydney Statistical Sub-Division (69.9%).
- Almost four in ten people (38.0%) in the Lane Cove Local Government Area who have a severe or profound disability are aged 85 years and over. This is significantly higher than the Sydney Statistical Division proportion of 19.8%. This could however be partly explained by the higher proportion of people in this age group (that, is 2.5% of the Lane Cove Local Government Area's population versus 1.5% of the Sydney Statistical Division's population).

Figure 2-13: Seniors with a Profound or Severe Disability, 2006.

Group	Lane Cove Local Government Area			Lower Northern Statistical Sub-Division			Sydney Statistical Division		
	65+ yrs	70+ yrs	85+ yrs	65+ yrs	70+ yrs	85+ yrs	65+ yrs	70+ yrs	85+ yrs
Total Population	4,010	3,015	753	32,892	22,889	6,490	505,978	365,918	66,070
Number with a Disability	667	637	338	6,339	5,939	2,834	90,601	81,168	30,754
% of Age Group	16.6%	21.1%	44.9%	19.3%	25.9%	43.7%	17.9%	22.2%	46.5%
% of All Persons with a Disability	75.0%	71.7%	38.0%	69.9%	65.2%	31.1%	58.5%	52.4%	19.8%

Source: Australian Bureau of Statistics, Census of Population and Housing 2006, compiled using CData Online 2006.

¹⁴ The Australian Bureau of Statistics defines severe or profound disability as being present when a person requires help or assistance with one or more of the following core activities – self-care, mobility and communication.

2.8 Unpaid Care

Lane Cove Local Government Area's older residents play a critical role as unpaid carers -

- One in ten (10.5%) people aged 65 years and over in the Local Government Area provided unpaid care to a person with a disability, long term illness or problem related to old age¹⁵. This proportion is slightly higher than both the Sydney Statistical Division (9.4%) and the Lower Northern Sydney Statistical Sub-Division (9.9%).
- Of all the people in Lane Cove Local Government Area who provided unpaid care to people with a disability, long term illness or problems with old age, approximately one in six people (16.9%) were aged 65 years and over. This is a slightly higher proportion than the Sydney Statistical Division (14.6%), but lower than the Lower Northern Sydney Statistical Sub-Division (17.2%).
- The majority of people in the Lane Cove Local Government Area who provided unpaid care for a person with either a disability, long term illness or a problem related to old age were women (60.9% of all ages).

Lane Cove's seniors also have an increasingly important role in the lives of their grandchildren -

- In 2006, 13.0% of seniors aged 65 years and over in the Lane Cove Local Government Area provided unpaid child care to either related (likely to be grandchildren) or unrelated children aged 15 years and under¹⁶. This proportion was higher than both the Sydney Statistical Division (11.2%) and the Lower Northern Sydney Statistical Sub-Division (12.2%).
- Of all those persons in the Lane Cove Local Government Area who cared for children, 7.9% were aged 65 years and over. This proportion of seniors is higher than for the same group in the Sydney Statistical Division (6.5%) but slightly lower than the Lower Northern Sydney Statistical Sub-Division (8.4%).
- It is likely that these figures notably understate the level of care provided by grandparents, with a 2008 Australian Bureau of Statistics report finding that nearly half (46%) of NSW grandparents were providing child care to their grandchildren¹⁷.

2.9 Voluntary Work

Lane Cove Local Government Area's older residents play a critical role as in the support of social needs as volunteers -

- Voluntary work for an organisation or group is undertaken by approximately one fifth (21.0%) of people aged 65 years and over in the Lane Cove Local Government Area, substantially more than in Sydney Statistical Division (13.4%) and the Lower Northern Sydney Statistical Sub-Division (18.2%). This is a similar rate to 2001.
- Of all the people who undertook some form of voluntary work for an organisation or group in the twelve months prior to the 2006 Census, 14.8% (841 people) were aged 65 years and over.
- Senior males are somewhat more likely to volunteer than women (22.0% versus 20.2%). This is a reversal from the situation in 2001, for reasons unknown. The 2006 Census did not measure the number of hours of voluntary work undertaken by individuals, and therefore it is possible that volunteers aged 65 years and over may have increased available time if they are not participating in the labour force.

¹⁵ In the two weeks prior to the 2006 Census.

¹⁶ During the two weeks prior to the 2006 Census (August)

¹⁷ Australian Bureau of Statistics (2008), *Ageing Population in NSW, Catalogue No. 4106.1*, p. 66. Available at: [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/\\$File/41061_dec%202008.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/$File/41061_dec%202008.pdf)

Volunteering also appears to be especially good for seniors as it is for people generally. Voluntary work which matches seniors' individual talents and experience can encourage increased self esteem because the volunteer is playing a useful and satisfying role.¹⁸

2.10 Dwelling Information

Kendig and Duckett (2001)¹⁹ note that the majority of elderly people do not live in aged-care specific accommodation, even those over 90 years. This is supported by an Australian Bureau of Statistics report²⁰ which identified that in 2006, 61% of males aged 85 years and over lived in owner occupied dwellings, 9% lived in rental accommodation and 20% lived in non-private dwellings which include non-self contained accommodation for the aged/retired where meals are served²¹. By contrast, 49% of females aged 85 years and over lived in owner occupied dwellings, 8% were renters and 33% lived in non-private dwellings.

The likelihood of an older person being accommodated in residential aged care increases sharply with advanced age. In Australia, for every 1,000 people aged 65-69 years, less than seven reside in residential aged care facilities. This increases significantly with age, when at 90 or more years of age 343 of every 1,000 women and 252 of every 1,000 men live in aged care facilities.

For those who do enter a nursing home the average length of stay is between one and two years. Further, the duration of stay has fallen considerably over recent years as people have tended to enter care with higher levels of dependency closer to the end of their life²².

Just over half (51.2%) the dwellings located in the Lane Cove Local Government Area are separate houses, compared to almost two thirds (63.6%) of dwellings in the Sydney Statistical Division and 43.7% for the Lower Northern Sydney Statistical Sub-Division. Flats and apartments also comprise a notable proportion of dwellings stock within the Lane Cove Local Government Area (42.6%), similar to the proportion in 2001 (43.6%). Whilst the 2006 figure is comparable to the Lower Northern Sydney Statistical Sub-Division (43.5%), it is significantly higher than the Sydney Statistical Division (23.9%).

2.11 Migration

Approximately four out of five residents of the Lane Cove Local Government Area in 2006 have lived in the area for at least the last five years. The seniors population of Lane Cove is even more stable - just 10.6% of the Lane Cove Local Government Area's seniors population moved into the area in the last five years (423 people aged 65 years and over).

However, as the total seniors population for the Lane Cove Local Government Area has declined by 1.9% (76 people) in the last five years, a greater number of seniors either moved out of the area or passed away over the same period.

Of all people who moved into the Lane Cove Local Government Area in the five years prior to 2006, 4.5% were aged 65 years and over.

¹⁸ Sol Encel and Penny Nelson, *Volunteering and Older People*, NSW Committee on Ageing, 1995 page 13.

¹⁹ H. Kendig, and S. Duckett, *Australian Directions in Aged Care: the Generation of Policies for Generations of Older People*, Australian Health Policy Institute at the University of Sydney, Commissioned Paper Series 2001/5, p. 30.

²⁰ Australian Bureau of Statistics (2008), *Ageing Population in NSW, Catalogue No. 4106.1*. Available at: [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/\\$File/41061_dec%202008.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/$File/41061_dec%202008.pdf)

²¹ The Australian Bureau of Statistics defines non-private dwellings as 'Accommodation for the retired or aged (not self-contained)' which is accommodation where meals are provided, as well as hotels, motels, boarding houses and public hospitals (excluding psychiatric). It is noted that 'Retirement village (self-contained)' are excluded, as they are considered to be private dwellings.

²² Ibid., p. 67

As shown in Figure 2-14, between 2001 and 2006, 147 people (3.7%) aged 65 years and over moved into the Lane Cove from other parts of the Lower Northern Sydney Statistical Sub-Division²³, and a further 147 (3.7%) moved to the area from other parts of the Sydney Statistical Division. A further 60 seniors (1.5%) in the Lane Cove Local Government Area were living overseas five years ago. More females than males in the seniors age group became new residents of the Lane Cove Local Government Area in the last five years (257 versus 166).

Figure 2-14: Place of Residents of Lane Cove Local Government Area Residents Aged 65 years and over

Usual Place of Residence in 2001	Lane Cove Residents Aged 65 years and over (2006)			
	Males	Females	Total	
Lane Cove (Local Government Area)	1,343	1,902	3,245	80.9%
Elsewhere in Lower Northern Sydney Statistical Sub-Division	61	86	147	3.7%
Elsewhere in Sydney Statistical Division (excluding Lower Northern Sydney Statistical Sub-Division)	51	96	147	3.7%
Elsewhere in NSW (excluding Sydney Statistical Division)	18	23	41	1.0%
Elsewhere in Australia (excluding NSW)	7	21	28	0.7%
Overseas	29	31	60	1.5%
Not Stated	124	219	343	8.6%
Total	1,633	2,378	4,011	100.0%
<i>Total Moved to the Lane Cove Local Government Area since 2001</i>	<i>166</i>	<i>257</i>	<i>423</i>	<i>10.5%</i>

Source: Australian Bureau of Statistics, Census of Population and Housing, compiled using CData Online 2006.

2.12 Aged Mobility Risk

Of the 265 people killed or injured on Lane Cove's roads in the period 2005 to 2007 inclusive, 19 (7.2%) were aged 60-69 and 17 (6.4%) were aged 70 years and over. The number of people in this age group who were killed or injured is lower than for the 2000-03 period (21 people aged 60-69 years and 24 aged 70 years and over). Only three of the people involved in a fatal accident on Lane Cove's roads was aged over 70 years, one of which was the sole pedestrian fatality for this period.

However, the percentage of seniors involved, as a proportion of all age groups increased in the 2005-07 period (up from 4.5% for the 60-69 year age group and 5.0% for those aged 70 years and over), suggesting that prevention has had more success with younger age groups.

The most recent figures also show that seniors in the Lane Cove Local Government Area represent a higher proportion of injuries and fatalities compared to the Sydney Metro Region (5.3% for those aged 60-69 year and 5.0% for those aged 70 years and over).

There were few serious pedestrian injuries amongst seniors in Lane Cove between 2005-07. Persons aged 70 years and over represented just 4 of the 26 pedestrian injuries (15.4%), a decline from the 2000-03 period (11 people or 20% of pedestrian injuries). However, seniors aged 70 years and over are still slightly over represented in pedestrian injuries compared to the Sydney Metro Region (11.1%) for the same period.

²³ In addition to the Lane Cove Local Government Area, the Lower Northern Sydney SSD is comprised of the Hunters Hill, Mosman, North Sydney, Ryde and Willoughby Local Government Areas

2.13 General Health Statistics

The average life expectancy of people living in New South Wales has increased by nearly ten years from 1974 to 2006. Since 1974, the life expectancy for males has increased by 10.5 years to 78.6 years, whilst the life expectancy for females has increased by 8.5 years to 83.4 years of age²⁴. In 2006, the most common causes of death amongst people aged 75-84 years in NSW were all types of cancer (1,361 deaths per 100,000 persons), heart disease (805 per 100,000 persons) and respiratory disease (453 per 100,000 persons).²⁵

²⁴ Australian Bureau of Statistics (2008), *Ageing Population in NSW, Catalogue No. 4106.1*. Available at: [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/\\$File/41061_dec%202008.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/$File/41061_dec%202008.pdf)

²⁵ Ibid., p. 50-51.

3. AVAILABILITY OF SERVICES AND FACILITIES

Services provided for seniors in the Lane Cove Local Government Area are operated from both within and outside the Lane Cove local government area. Due to its small population base and geographical area, many services are provided on a sub-regional basis, generally covering the Lower North Shore Local Government Areas of Lane Cove, Willoughby, Mosman, Hunters Hill, North Sydney and in some cases, Ryde.

Where possible, the different services discussed in this report distinguish between Home and Community Care (HACC) and non-Home and Community Care funded programs, as the key source of government funding to this sector. In some cases, some assistance may only be available through a Home and Community Care-funded community organisation or program. However, it is important to note that there are several related services which are not covered by the Home and Community Care program, and where the user covers the full cost of the service received or the fees are covered by Lane Cove Council, insurers, charities or other health services.

3.1 Home and Community Care (HACC) Program

3.1.1 Background

Home and Community Care (HACC) is a jointly funded Commonwealth and State government program which is administered by the respective States. The Home and Community Care program in NSW is administered by the NSW Department of Ageing, Disability and Home Care (DADHC). It manages the distribution of program funding through block grants to community organisations²⁶ and in some cases, under the auspices of local councils who provide the services to eligible clients.

Home and Community Care (HACC) is designed to assist frail aged people and younger people with a disability and their carers to remain living safely, comfortably and independently in the community (the 'Home and Community Care (HACC) target population'),²⁷ and avoid being prematurely or inappropriately admitted to residential care. Common services provided through the Home and Community Care program include meals on wheels and community transport.

For people who do not have high and/or complex needs, a general assessment by a Home and Community Care service provider is usually appropriate²⁸, however people with more complex needs must be assessed by an Aged Care Assessment Team (ACAT).

Home and Community Care, whilst subsidised, often requires recipients to pay a contribution towards the service received. Principle 2 of the of Home and Community Care Fees Policy requires that all clients assessed as having capacity to pay are to be charged fees, in accordance with a scale of fees appropriate to their level of income. It is estimated that approximately five per cent of the costs associated with the provision of Home and Community Care services are covered by client fees²⁹.

²⁶ Australian Government Department of Health and Ageing, *Ageing and Aged Care in Australia*, July 2008, p. 21.

²⁷ The Australian Department of Health and Ageing's Home and Community Care target population can also include people who might not have access to long-term residential care for cultural, geographical reasons or other special needs (e.g. people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people and people with dementia).

²⁸ Australian Government Department of Health and Ageing, *Ageing and Aged Care in Australia*, July 2008, p. 18.

²⁹ Ibid., p. 21.

3.1.2 Who receives Home and Community Care (HACC) Services

Generally, the proportion of people within an Local Government Area who are in receipt of Home and Community Care (HACC) services correlates with the level of financial disadvantage in an area. That is, as the level of financial disadvantage within an Local Government Area increases, so too does the proportion of the Local Government Area who receive Home and Community Care (HACC) services.³⁰ The Local Government Areas within the Lower North Shore Department of Ageing, Disability and Home Care sub-region of the Northern Sydney Region (i.e. Lane Cove, Mosman, North Sydney and Willoughby Local Government Areas) have relatively high levels of economic resources (as determined by the Australian Bureau of Statistics Socio-Economic Index for Areas). Correspondingly, the proportion of their respective populations receiving Home and Community Care (HACC) services is low, between 2.4% and 2.8% for the period 2005-06³¹.

A report³² on the delivery of the Home and Community Care (HACC) Program across NSW found that in 2006-07 (Figure 3-1):

- Demand is generally low amongst those aged under 65, and increases to more substantive levels at the age of 70 and above;
- People aged 65 years and over, represented approximately 80% of all Home and Community Care (HACC) clients in NSW, including 25% who were aged 85 years and over;
- It can be estimated that of all those people aged over 55 years, 8.9% use Home and Community Care (HACC) services;
- The average age of Home and Community Care (HACC) recipients in Australia is 72, and the median age is 78. These ages have remained fairly constant for some years;
- The proportion of Home and Community Care (HACC) recipients living alone increases with age, from 34% of clients aged 65–74 years old to 48% of clients aged 85 years and over; and
- On average, the amount of Home and Community Care (HACC) services supplied per month varied from between 44 hours for persons 65–74 years, to 48 hours for those aged 85 years and over.

³⁰ Department of Ageing, Disability and Home Care (DADHC), Metro North Region Lower North Shore Local Government Areas Planning Framework, Version 1.0, July 2008, page 1.2.4.1.

³¹ Ibid., page 1.2.4.1.

³² Australian Bureau of Statistics (2008), *Ageing Population in NSW*, Catalogue No. 4106.1. Available at: [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/\\$File/41061_dec%202008.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/$File/41061_dec%202008.pdf)

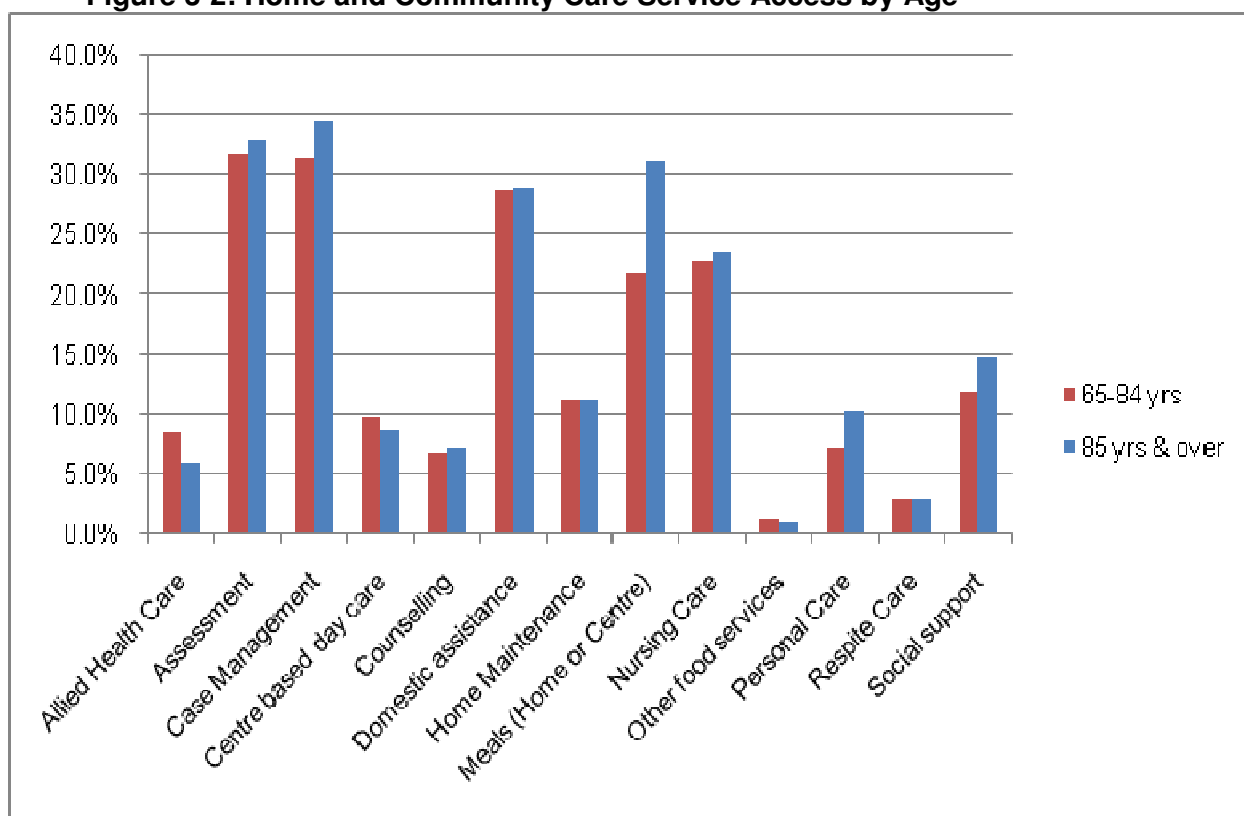
Figure 3-1: Home and Community Care (HACC) Clients in NSW as a Percentage of the Total Population

Age	% of Total Population	% of Home and Community Care Clients
0-49	0.4	9.3
50-54	1.1	2.5
55-59	1.6	3.5
60-64	2.7	4.6
65-69	5.2	7.1
70-74	9.8	10.8
75-79	17.9	17.6
80-84	27.9	20.3
85+	40.5	24.2
Total	2.9	100.0

Source: Department of Health and Ageing (2006) Home and Community Care Program Minimum Data Set: 2005-2006 Annual Bulletin

Figure 3-2 provides an indication of the use of different types of Home and Community Care services by people aged 65 years and over and 85 years and over in NSW in 2006. The most common services used by Home and Community Care clients aged 65-84 years and 85 years and over in NSW during 2006-07 were Assessment (31.9% and 32.9% respectively) and Case Management (31.5% and 34.6% respectively). Clients in the older age group (85 years and over) made significantly higher use of Meals services (31.2%) compared to people aged 65-84 years (21.9%).

Figure 3-2: Home and Community Care Service Access by Age



Source: Department of Ageing, Disability and Home Care Metro North Region Lower North Shore Local Government Areas Planning Framework, Version 1.0, July 2008, based on Minimum Data Set 2005-06.

In 2007-08, residents of the Lane Cove Local Government Area comprised 17.2% of the Lower North Shore sub-region's Home and Community Care target population³³ (Figure 3-3), and approximately 3.9% of the Department of Ageing, Disability and Home Care Northern Sydney Local Planning Area's³⁴ target population. In comparison, Willoughby and North Sydney Local Government Areas each comprise about 30% of the Lower North Shore Home and Community Care Target population.

The Home and Community Care target population within the Lane Cove Local Government Area is expected to increase only marginally over the coming years, from 2,636 in 2007-08 to 2,705 in 2010-11. This increase of 69 people represents just 11% of the estimated increase for the Lower North Shore over that period (Figure 3-3 and Figure 3-4).

Figure 3-3: Estimated Current and Future Home and Community Care Target Populations

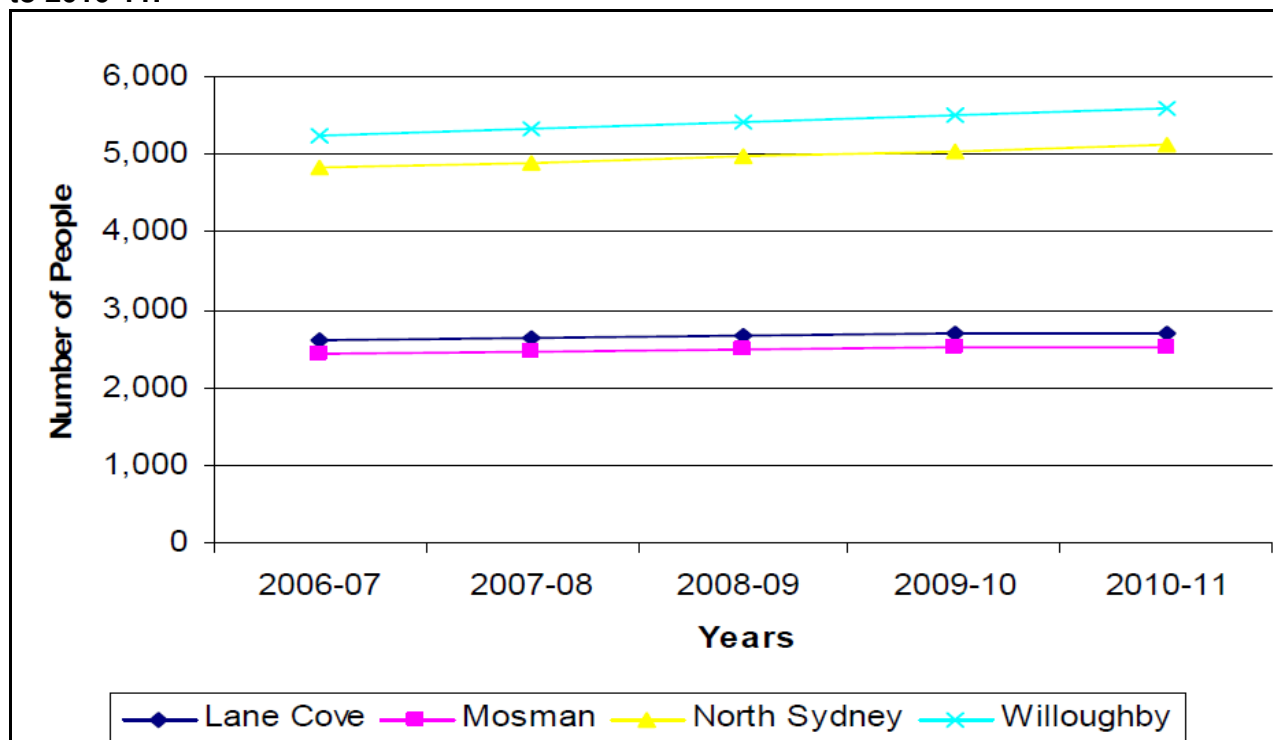
Area	Home and Community Care Target Population					
	2007-08		2010-11		2008-11 Increase	
	No.	%	No.	%	No.	% of Lower North Shore Increase
Lane Cove Local Government Area	2,636	17.2%	2,705	17.0%	69	10.8%
Mosman Local Government Area	2,454	16.0%	2,531	15.9%	77	12.1%
North Sydney Local Government Area	4,894	31.9%	5,118	32.1%	224	35.1%
Willoughby Local Government Area	5,334	34.8%	5,603	35.1%	269	42.1%
Lower North Shore (LNS)	15,318	100.0%	15,957	100.0%	639	100.0%

Source: Australian Government Department of Health and Ageing, Home and Community Care Target Populations, cited in Department of Ageing, Disability and Home Care Metro Northern Region Lower North Shore Local Government Areas Planning Framework, Version 1.0, July 2008, page 6.A5.1.

³³ The Australian Department of Health and Ageing's Home and Community Care target population comprises frail aged people and younger people with a disability and their carers to remain living safely, comfortably and independently in the community. It can also include people who might not have access to long-term residential care for cultural, geographical reasons or other special needs (e.g. people from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander people and people with dementia).

³⁴ Department of Ageing, Disability and Home Care's Northern Sydney Local Planning Area (LPA) comprises eleven Local Government Areas – Hornsby, Ku-ring-gai, Lane Cove, Mosman, North Sydney, Willoughby, Hunters Hill, Ryde, Manly, Pittwater and Warringah.

Figure 3-4: Estimated Home and Community Care Populations, Lower North Shore, 2007-08 to 2010-11.



Source: Australian Government Department of Health and Ageing, Home and Community Care Target Populations, cited in Department of Ageing, Disability and Home Care Metro Northern Region Lower North Shore Local Government Areas Planning Framework, Version 1.0, July 2008, page 1.2.4.2.

3.1.3 Provision of Home and Community Care (HACC) Services in the Lane Cove Local Government Area

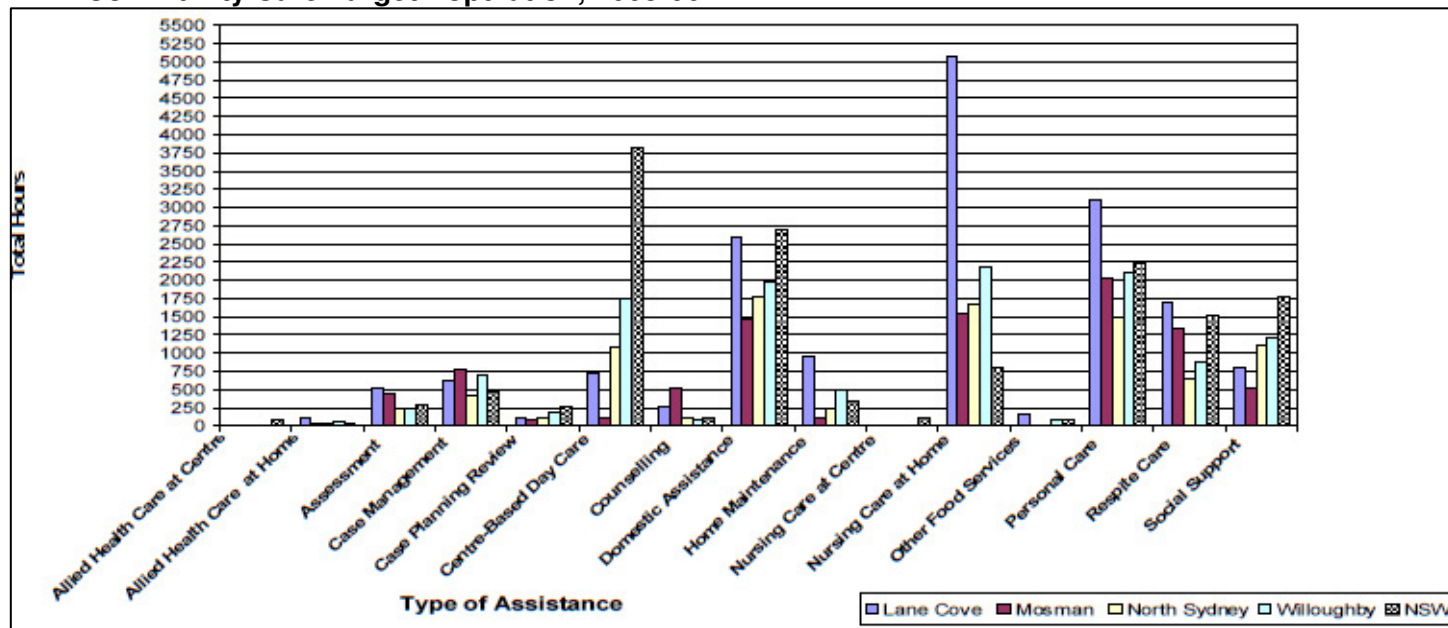
A key provider of Home and Community Care-funded services in the local area is the Lane Cove Community Aid Service (LCCAS), whose aim is to provide services (both Home and Community Care and non-Home and Community Care funded), support and information to older people, younger people with a disability and carers of both groups living within Lane Cove so that they can remain living in their own homes. The various services provided by Lane Cove Community Aid Service are discussed throughout the remainder of this Section.

The Northern Sydney Home and Community Care Development Project, auspiced by Northside Community Forum in St Leonards since 1986, provides a range of support, resources and information services to Home and Community Care-funded agencies and other organisations assisting the Home and Community Care target group in eleven Local Government Areas across northern Sydney.

Figure 3-5 breaks down the types of Home and Community Care services delivered (by total hours) within the Lane Cove Local Government Area in 2005-06 (as a rate per 1,000 Home and Community Care target population). The figure also compares use within Lane Cove Local Government Area to the other Lower North Shore sub-region's Local Government Areas and NSW as a whole. The most common Home and Community Care services within the Lane Cove Local Government Area, in terms of total hours received during 2005-06, were -

- Nursing Care at Home;
- Personal Care; and
- Domestic Assistance.

Figure 3-5: Home and Community Care Service Received (Hrs) Per 1,000 Home and Community Care Target Population, 2005-06.



Source: Department of Ageing, Disability and Home Care Metro North Region Lower North Shore Local Government Areas Planning Framework, Version 1.0, July 2008, based on Minimum Data Set 2005-06.

If the level of unmet need in Lane Cove Local Government Area is measured in terms of its relative rate of service delivery per Home and Community Care target group (ie. Figure 3-5), it can generally be considered that, overall, Lane Cove Local Government Area is generally well provisioned in comparison to the Lower North Shore sub-region as well as NSW as a whole.

However, when Home and Community Care services whose level of provision is measured on a total units or total cost basis (such as meals at home or a centre, and transport services) are included (Figure 3-6), service provision in the Lane Cove Local Government Area appears less favourable.

Figure 3-6 identifies those Home and Community Care services which appear to be relatively underprovided for in the Lane Cove Local Government Area.

Figure 3-6: Home and Community Care Services Received (Total Hours / *Total Units or Cost*) Per 1,000 Home and Community Care Target Population, 2005-06.

In the Lane Cove Local Government Area, the level of service is ...			
Higher than NSW Provision, and the Highest within Lower North Shore		Lower than NSW Provision, and the Highest within Lower North Shore	
Higher than NSW Provision, and the Highest within Lower North Shore	but Not highest within Lower North Shore	Lower than NSW Provision, and the Highest within Lower North Shore	but Not highest within Lower North Shore
<ul style="list-style-type: none"> • Nursing Care at Home • Personal Care • Respite Care • Home Maintenance • Assessment • Other Food Services • Allied Health Care at Home 	<ul style="list-style-type: none"> • Case Management • Counselling 	<ul style="list-style-type: none"> • Domestic Assistance • <i>Home Modification</i>[~] 	<ul style="list-style-type: none"> • Centre-Based Day Care • Social Support; and • Case Planning Review • <i>Transport Services</i>[~] • <i>Meals at Home</i>[~] • <i>Meals at Centre</i>[~] • <i>Goods and Equipment</i>[~] • Allied Health Care at Centre* • Nursing Care at Centre*

Source: Department of Ageing, Disability and Home Care Metro North Region Lower North Shore Local Government Areas Planning Framework, Version 1, July 2008, based on MDS data 2005-06.

[~] Note: *Provision of items in italics is measured by total units or total cost per 1,000 Home and Community Care Target Population, rather than Total Hours.*

* Less than 100 hours provided in any of the 4 Local Government Areas which comprise the Lower North Shore sub-region.

Australia wide, there is currently a level of unmet demand for Home and Community Care services, due to funding constraints. Home and Community Care services are popular, and will become increasingly so, as the elderly want to remain in their homes in familiar surroundings close to family and established social networks.

Further, methods of funding and service provision are likely to have altered from current methods over the life of the Social Plan. The Commonwealth predicts³⁵ growth in community care spending will rise from 0.14 per cent of GDP in 2001-02, to 0.17% in 2011-12, 0.21% in 2021-22, 0.27% in 2031-32 and 0.32% in 2041-42. So while there may be some capacity constraints for Home and Community Care services now, the situation into the future is difficult to predict.

3.2 Health Services

Health services available to residents in the Lane Cove Local Government Area are provided by NSW Health's Northern Sydney and Central Coast Area Health Service (NSCCAHS). The service is responsible for the organisation and delivery of public health services in Sydney's Northern Beaches, North Shore, Hornsby, Ku-Ring-Gai and Ryde, as well as the Central Coast (including much of the Hawkesbury River).³⁶

³⁵ (2002, page 39)

³⁶ Northern Sydney and Central Coast Area Health Service website, <http://www.nscchealth.nsw.gov.au/about/default.shtml>

3.2.1 Hospitals

Royal North Shore Hospital, located in St Leonards, services the needs of the Lane Cove, Willoughby, Mosman and North Sydney Local Government Areas, providing comprehensive medical services, including intensive care and diagnostic clinical support services. It is one of the state's major trauma centres, and also has state-wide responsibility for some key clinical services.

The nearby Royal North Shore Private Hospital also provides acute medical and surgical services, as well as intensive care and diagnostic facilities.

Psychiatric services, both in-patient and out-patient are available at Northside Clinic in Greenwich, whilst short, medium and long-term rehabilitation and acute psychiatric care is also provided at Macquarie Hospital in Ryde.

Psycho-geriatric and palliative care, including 24-hour inpatient services, are provided at Greenwich Hospital, whilst the 39-bed Longueville Private Hospital includes gerontology and palliative care to private patients in addition to its acute medical services.

3.2.2 General Practitioners

The Lane Cove Local Government Area is located within the Northern Sydney General Practice Network (NSGPN), which incorporates the Mosman, North Sydney and Willoughby Local Government Areas, as well as part of the Hornsby and Ku-ring-gai Local Government Areas.

According to the latest data available (as at April 2009) from the Primary Health Care Research and Information Service, there are 334 GPs known to be operating in the Northern Sydney General Practice Network, an increase from 322 in 2004, working in 100 practices (29 of which have only one GP)³⁷. As some GPs work less than is considered a fulltime workload, it is estimated that there are approximately 215 full-time workload equivalents (FWE)³⁸ GPs in the Northern Sydney Region (most recent June 2007 estimates).

In 2007, the Northern Sydney General Practice Network had a rate of 'population per GP' (Full-time Workload Equivalent) of 1,035³⁹, a slight improvement from 1,084 population per GP in 2004. In comparison, on a national level in 2007 the rate of 'population per GP' (Full-time Workload Equivalent) ranged from 748 in a capital city to 2,251 in remote areas (on average, 1,129 across Australia).

Within the Lane Cove Local Government Area, there are ten GP practices within the suburb of Lane Cove, three in Greenwich and five in Longueville⁴⁰.

A Commonwealth government rebate (through Medicare) provides for an annual 'enhanced primary care' health assessment by a general practitioner for people aged 55 years and over⁴¹.

³⁷ Primary Health Care Research and Information Service, Division and SBO Key Statistics, 2007-08. Available at: <http://www.phcris.org.au/products/asd/keycharacteristic/index.php>

³⁸ Full-time Workload Equivalent (FWE) is a measure of medical workforce supply that takes into account the differing working patterns of doctors. Full-time Workload Equivalent is calculated by dividing each doctor's Medicare billing by the average billing of full-time doctors for the year. There is no cap on a doctor's Full-time Workload Equivalent. That is, a doctor with 50% of the average billing for full-time doctors is counted as 0.5, a doctor billing at the average is counted as 1.0, and a doctor billing at 150% is counted as 1.5.
Source: <http://www.phcris.org.au/fastfacts/fact.php?id=4833>

³⁹ Primary Health Care Research and Information Service, Division and SBO Key Statistics, 2007-08. Available at: <http://www.phcris.org.au/products/asd/keycharacteristic/index.php>

⁴⁰ Sydney Pink Pages www.sydneypinkpages.com.au

This is an improvement from the previous Social Plan, which noted that this service was only available to those aged over 75 years.

People who have a chronic medical condition (such as diabetes, heart disease and arthritis) which is present for at least six months may be eligible for care planning services provided by their GP, in order to better manage the condition(s) and co-ordinate care⁴². People with a chronic or terminal condition and complex needs that require care from a multidisciplinary team may also access Team Care Arrangements (sometimes referred to as Enhanced Primary Care Plans). This service enables GPs to coordinate and document the treatment and services provided by the team of health or care providers involved in a patient's care.

3.2.3 Community Health

Key community health services, such as mental health and drug and alcohol services, are located within the campus of Royal North Shore Hospital in St Leonards.

The Aged Care and Rehabilitation Unit, also located at Royal North Shore Hospital, provides physiotherapy, speech pathology, occupational therapy and continence advice.

The Home and Community Care-funded Lower North Shore In-Home Podiatry Service, auspiced by Lane Cove Community Aid Service (LCCAS) assists frail-aged people, people with a disability and their carers who are unable to visit a podiatry clinic and do not have a Department of Veterans' Affairs card. After the Lane Cove Community Aid Service assesses a person as being eligible to receive this service, appointments for professional foot care are provided by a registered podiatrist in the clients' own home.

Lane Cove Community Aid Service's Podiatry Service is funded to provide assistance to approximately 30-35 clients at a time and clients pay a subsidised fee of \$15 per visit to Lane Cove Community Aid Service⁴³. A total of 45 clients were assisted across the Lower North Shore over the 2007/08 financial year, by 233 home visits (an average of 5 visits each). 51% of these clients (23) lived within Lane Cove Local Government Area. There is normally a waiting list for this service (15 people in late 2008), however it has reduced slightly over the last twelve months (to March 2009). Clients often wait more than twelve months for an initial appointment.

3.3 Centre-Based Day Care and Respite Services

Centre-based day care is one form of respite which is available to carers. Respite refers to short-term temporary care that is provided to older people or those with a disability, so that their families or other carers can take a break from the provision of ongoing care, and allows them to attend appointments or other matters in their own lives.

Centre-based aged day care reduces social isolation, provides friendship, care, support, activity programs, and in some cases outings for people who are frail, aged, or have a disability. In many cases, meals and transport are included in the service, although the latter may incur an additional cost to the client.

Other forms of respite (e.g flexible and in-home respite) are discussed in Section 3.5.4.

⁴¹ Australian Government Directory of Services for Older People 2007-08, p. 22. Available at: [http://www.health.gov.au/internet/main/publishing.nsf/Content/425F3C0E45A0C360CA25736F00838737/\\$File/AGDOS%202008.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/425F3C0E45A0C360CA25736F00838737/$File/AGDOS%202008.pdf)

⁴² Ibid., p. 14-15.

⁴³ Lane Cove Community Aid Service website. Available at http://www.lanecovecommunityaid.org/services_podiatry.html

A person must be assessed by Aged Care Assessment Team to access respite in residential aged care facilities, but this is not required for centre-based and flexible/ in-home respite. Eligibility for these is determined by the agency/organisation providing the service.

Within Lane Cove Local Government Area, Home and Community Care-Funded Centre-Based Day Care and Respite is provided by Greenwich Day Centre, located within Greenwich Hospital, provides aged day care five days per week, at the cost to the client of \$7 per day. The Day Centre's bus provides a daily pick-up and drop-off service to clients' home. They offer day respite centre, psychogeriatric services, palliative care and rehabilitation. A Chinese Aged Day Care program operates from St Columba's Retirement Centre in Lane Cove one day per week, targeted towards frail-aged people of Chinese origin living on the Lower North Shore. The Home and Community Care-funded program is administered by the Australian Chinese Community Association of NSW and provides activities such as social activities, physical exercise, outings, educational talks and handicrafts. A small fee is charged for the provision of a meal, transport (community bus service) and special programs.

Other day care services which are available to elderly residents of the Lane Cove Local Government Area which are provided outside the Local Government Area include -

- Keenagers Seniors Day Activity and Respite Centre in Willoughby (provided by UnitingCare);
- Catholic Healthcare Community Services Day and Respite Services;
- The Lower North Shore Multicultural Aged Day Care Program, auspiced by Willoughby City Council, operates from the MOSAIC Multicultural Centre in Chatswood. It provides weekly centre-based activities for frail, aged people from a culturally and linguistically diverse background; and
- Culturally-specific aged day care is also available for seniors who are from Chinese, Italian, Greek, and Armenian backgrounds. These services are offered by their respective cultural/welfare organisations, who have services operating in the Chatswood and Crows Nest areas.
- The Aged Care and Rehabilitation Unit, based at Royal North Shore Hospital, operates a (social) day care centre (at Chatswood), and provides rehabilitation to help people "get better" or at a bare minimum, maintain their current level of health.

A Home and Community Care-funded Respite Care Welfare Officer within the Lower North Shore Aged Care Assessment Team provides information, assessment and referrals relating to respite needs in the area.

Detailed information on service access rates has not been available, however stakeholders indicate that the number of respite places and options is not an issue, but the types / configuration may be (i.e. centre-based, overnight in aged care facilities, flexible/-in-home). Respite care is generally available, but may not always be available nearby or on the specific day requested for.

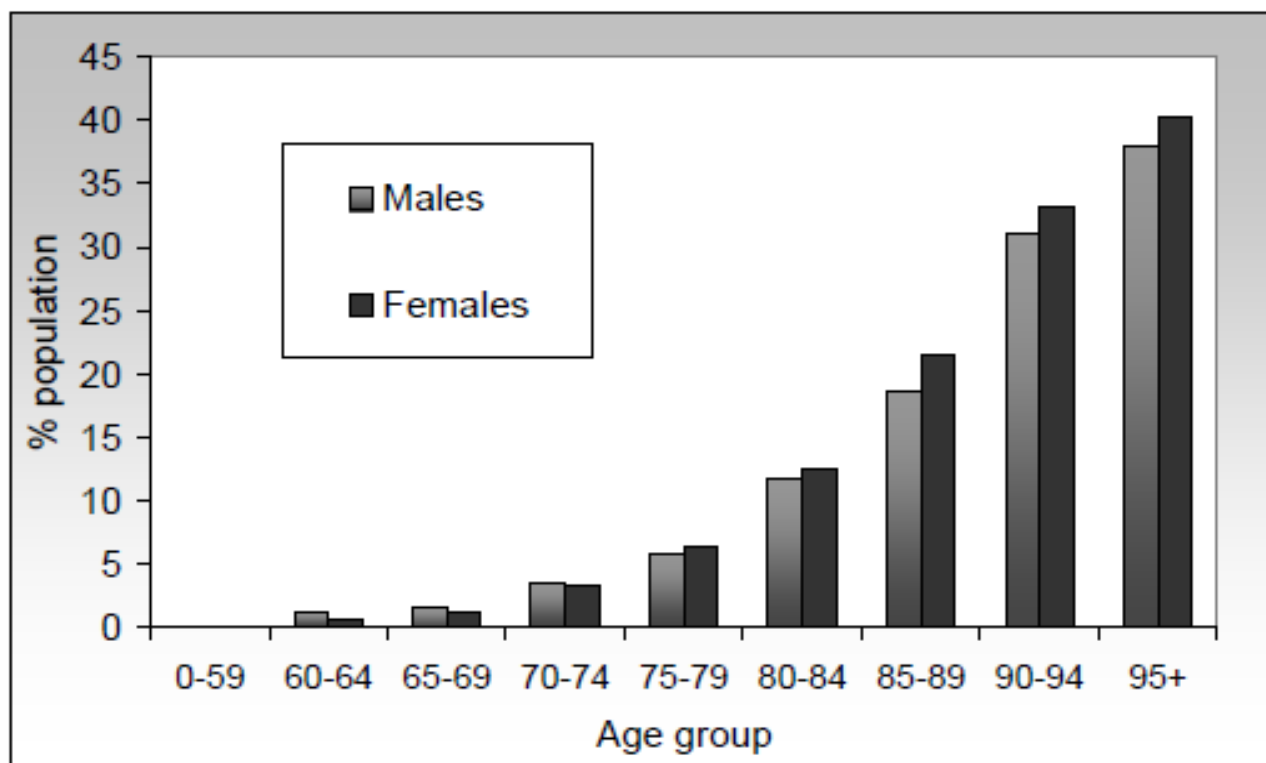
3.4 Dementia Services

Dementia is a general term to describe problems with memory and thinking. Early signs can be very subtle and not immediately obvious. Common symptoms are memory loss, particularly recent memory, confusion, personality change, withdrawal and loss of ability to do everyday tasks. Alzheimer's disease is the most common cause of dementia.

Services required for dementia sufferers and their carers include information, respite, specialised Community Options Packages and early intervention programs.

The incidence of dementia increases with age, as portrayed in Figure 3-7. Australians over the age of 65 years have a one in 15 chance of developing the disease, among people aged 80 to 84 the rate is one in nine, and among people aged over 85 years it is one in four.⁴⁴

Figure 3-7: Prevalence of Dementia in NSW, by Age and Gender, 2005.



Source: Access Economics (2005), *Dementia Estimates and Projections, NSW and Its Regions*.

Both the number and proportion of people in NSW affected by dementia are projected to increase over time. *Dementia Estimates and Projections, NSW and its Regions*⁴⁵, identifies that the Northern Sydney and Central Coast Area Health Service⁴⁶ has, and will continue to have, the largest absolute number of people with dementia in NSW. As shown in Figure 3-8, **the number and proportion of the population affected by dementia is projected to increase over time.** Over the Social Plan period, the number of people within the Northern Sydney and Central Coast Area Health Service is projected to increase by approximately 1,600, or just over 10%.

However, growth in the aged population (and thus those with dementia) will occur at a greater rate elsewhere in NSW, and as a result the proportion of the State's population with dementia living within the Northern Sydney and Central Coast Area Health Service is projected to decline slightly by 2020, from 20.3% in 2002, to 18.1%.

⁴⁴ From Alzheimer's Australia website www.alzheimers.org.au.

⁴⁵ Access Economics (2005), *Dementia Estimates and Projections, NSW and Its Regions*, prepared for Alzheimer's Australia NSW and NSW Health, June 2005, p. 12.

⁴⁶ The Northern Sydney and Central Coast Area Health Service comprises the following Local Government Areas: Hornsby, Hunters Hill, Ku-Ring-Gai, Lane Cove, Manly, Mosman, North Sydney, Pittwater, Ryde, Warringah, Willoughby, Gosford and Wyong.

Figure 3-8: Current and Projected Prevalence of Dementia, Northern Sydney and Central Coast Area Health Service, 2002-2020.

Northern Sydney and Central Coast Area Health Service	2002	2005	2010	2020
Number with Dementia	13,195	14,162	15,941	19,981
% of Area Health Service Population	1.2%	1.3%	1.4%	1.6%
% share of people with dementia	20.3%	19.8%	19.2%	18.1%
Increase over previous period	-	7.3%	12.6%	25.3%

Source: Dementia Estimates and Projections, NSW and Its Regions.

These figures suggest that there may be 500 residents of Lane Cove with dementia.

3.4.1 Home and Community Care-Funded Dementia Services

Mercy Community Care (a Catholic Healthcare service) runs the Lower North Shore Dementia Advisory Service, funded by the NSW Department of Ageing, Disability and Home Care (DADHC). The service promotes local awareness of dementia, provides information, education, and support, and links people to assessment and support services.

Catholic Healthcare Community Service's also provide a Dementia Monitoring Program which is understood to provide a limited number of hours to monitor people in their own home who are unable to care for themselves due to memory loss or confusion associated with dementia. The Lane Cove Local Government Area is one of the areas covered by this program.

Hope Healthcare, based in Greenwich, provides two separate programs of respite for carers of people with dementia living in the Lane Cove Local Government Area -

- *Flexible Carer Respite Solutions* offers in and out-of-home planned respite to carers of people with dementia and associated challenging behaviour in the Lower North Shore region. Home and Community Care funding is provided for a total of four hours of respite per week (Mon-Fri) for each carer; and
- *In-Home Respite* offers in-home respite to support carers of people with dementia and who are frail-aged. The service occurs for three hours in the morning or afternoon on weekdays. The fee to clients for both services are \$10 per session.

Hope Healthcare also operates the day respite program at the Tom O'Neill Centre in North Sydney (the Graythwaite site), providing assessment, outings and small group activities for carers and people suffering dementia. It provides a service five days per week for up to 12 people per day. Referrals to the centre are made through the Aged Care and Rehabilitation Unit at Royal North Shore Hospital. The Area Health Service intends to sell the Graythwaite site however, and it is understood that the Tom O'Neil Centre is likely to be relocated to a site within the grounds of Ryde Hospital.

The Tom O'Neill Centre also offers community education about living with dementia, including carer support groups (which meet monthly).

Culturally-specific dementia day care programs are available in Chatswood and North Sydney to Lane Cove Local Government Area residents who are of Armenian or Chinese origin.

3.4.2 Non-Home and Community Care Funded Dementia Services

In partnership with Council, the Alzheimer's Association runs regular one-day courses to assist carers to develop appropriate strategies and coping skills, such as managing potential triggers of dementia specific behaviours, in caring for a person with dementia.

The Alzheimer's Association also organises social outings for people with dementia and their carers to places and venues of interest in the local area.

Residential aged care facilities in the Lane Cove Local Government Area are discussed in Section 3.11. However, it is noted that some aged care facilities have a section of their facility dedicated to people with dementia, and in a few cases, the entire facility is designed for this purpose. A secure dementia unit has specialised staff, services and environment for people with dementia who require special care in relation to behavioural issues. Within the Lane Cove Local Government Area, the Caroline Chisholm and Lyndale Nursing Homes both have secure dementia care beds within their respective facilities.

3.5 In-Home Support and Home Care Services

3.5.1 Home Nursing

Community home nursing includes administering medicine and injections, wound management, post acute care, monitoring of outstanding health conditions, general assessment, co-ordination of services and other nursing tasks which can be performed safely in the home by suitably qualified staff. Community nurses can also liaise with and refer clients to other community services and doctors.

Home and Community Care Funded Community Nursing Services

Residents of the Lane Cove Local Government Area have access to two community nursing services -

- The North Sydney Branch of the Northern Sydney Home Nursing Service, part of the Northern Sydney and Central Coast Area Health Service. The service operates across the Northern Sydney Health area from six locally based centres, the closest of which are at North Sydney and Ryde. In addition to general nursing, the Service has five Oncology / Palliative Care Clinical Nurse Consultants.
- The Lane Cove Community Aid Service provides a community nursing service to eligible residents, including both pensioners and non-pensioners. The service is staffed by 5 Registered Nurses and 1 Enrolled Nurse (2008). Minimal fees are charged, but vary depending on the type of service provided and the eligibility of the patient⁴⁷.

Both services operate Monday to Friday with limited services on weekends and public holidays.

Demand for home nursing services appears to be generally constant, increasing somewhat over time. The number of Lane Cove Community Aid Service home nursing clients in Lane Cove increased slightly from 63 in 2008 to 69 as at March 2009. Overall, the service helped 135 clients in the 2007/08 financial year, a 15% increase on the past year. These clients received 7,573 visits (an average of 56 each). This is significant increase of service levels from the last Social Plan, when there were 1,137 occasions of service (2003/04).

Most visits are for wound care (31%), medication (23%), injection (15%) and personal hygiene (14%). Most users (58%) are referred by their GP, and a further 20% by themselves or their family.

⁴⁷ Lane Cove Community Aid Service website. http://www.lanecovecommunityaid.org/services_nursing.html

Non-Home and Community Care Funded Nursing Services

A variety of private operators in the sub-region also provide nursing and personal care on a fee-for-service basis.

In addition to its fee-for-service nursing, Northside Nursing in Gordon has a contract with the Department of Veterans Affairs (DVA) to provide Department clients with nursing care at no cost to the client.

3.5.2 Short Term Post-Hospital Care

Two different programs of short-term support are available to older people following a stay in hospital.

The Transition Aged Care (TRANSPAC) Program, a joint State and Commonwealth funded initiative, provides up to 12 weeks of care and support, low intensity therapy and case management for frail-aged people following a stay in either a public or private hospital. Services provided could include personal care, domestic assistance, transport to appointments and assistance with meals, as well therapies such as physiotherapy, occupational therapy and social work.

The Transition Aged Care (TRANSPAC) program is designed to assist people leaving hospital to return home, rather than being prematurely placement in to residential aged-care. Recipients must be aged 70 years and over (or Aboriginal and Torres Strait Islanders aged 50 years and over) must be assessed by an Aged Care Assessment Team (ACAT) while they are still an in-patient of the hospital. People already in receipt of some other form of Aged Care Package (e.g. Community Aged Care Package or Community Aged Care Packages are not eligible to receive a Transitional Aged Care Package. The average duration of care is 9 weeks, with a maximum of 12 weeks that may in some circumstances be extended by a further 6 weeks.

In 2009, 60 Transition Aged Care (TRANSPAC) packages were allocated to Transition Aged Care (TRANSPAC) Northern Sydney, part of the Northern Sydney and Central Coast Area Health Service, for use by clients living in Northern Sydney⁴⁸. This is approximately 18% of all places available within the Sydney metropolitan region. This is less than its share of residents aged over 70 years in Sydney (22.4%). It is understood that there is generally some spare capacity in the availability of packages for this region, with slightly less demand for packages in Northern Sydney compared to the Central Coast. An additional 8 packages have been allocated for the 2009-10 year, bringing the number of recurrent packages to 68 for Northern Sydney.

The allocated Transition Aged Care (TRANSPAC) packages for Northern Sydney are currently administered by four Non-Government Organisations (NGOs) – Hope Healthcare, Baptist Community Services, Community Care Northern Beaches and Stanhope Healthcare Services. Recipients of the packages are referred to the most appropriate NGO, which then case manages a range of service to support the complex needs of the individual. Clients are required to pay a contribution towards the care provided, to a maximum of 17.5% of the basic daily rate of a single pension if the care is delivered in the person's own home⁴⁹.

The Community Package (ComPacks) program is a NSW Health initiative which is also aimed at providing short-term support in a person's own home following a stay in hospital. In summary, Community Package (ComPacks) are available for adults of any age being discharged from a public hospital who require two or more services to allow them to live independently following a

⁴⁸ Includes Hornsby, Ku-Ring-Gai, Lane Cove, Mosman, North Sydney, Willoughby, Hunters Hill, Ryde, Manly, Pittwater and Warringah Local Government Areas (LGAs)

⁴⁹ Guide to Aged Care, NSW & ACT 2008, DPS Publishing, p. 3.

stay in hospital. Referrals are made by the discharging hospital, an Aged Care Assessment Team assessment is not required. Care is available for a period of up to six weeks, and can include support with personal care, meals, etc, though is generally less intensive in nature than a transitional Aged Care package. Case management is provided by Community Options Providers (COPs) on behalf of the Area Health Service for the duration of the Community Package (ComPacks) package. Before the package finishes, the case manager will link the client with any necessary ongoing services required. This may involve a wait for available services. Lane Cove residents may access a Community Package (ComPacks) package from Hope Healthcare Lower North Shore Community Options and Mercy Community Care.

As at August 2009, there were 1,647 Community Package (ComPacks) packages allocated to Northern Sydney including 571 for six Local Government Areas within the Lower North Shore-Ryde area⁵⁰. The Community Package (ComPacks) program has grown significantly since it began in 2003 and is anticipated to undergo further expansion as NSW Health moves towards supporting more out of hospital care.⁵¹

A summary of the key differences between Transitional Aged Care Packages and Community Package (ComPacks) is outlined below.

Figure 3-9: Transitional Aged Care Packages and Community Package (ComPacks)

	Transition Aged Care (TRANSPAC) Packages	Community Package (ComPacks)
Full Name	Transitional Aged Care Package	Community Package
Provider	Commonwealth / State Initiative	NSW Health (through Transition Aged Care (TRANSPAC) North Sydney)
Age Provisions	70 years and over (50 years and over for Aboriginal and Torres Strait Islander)	18 years and over
Participating Hospitals	Public and private hospitals	Public hospitals only
Additional Assessment	Aged Care Assessment Team Assessment required	No Aged Care Assessment Team Assessment required
Duration (Maximum)	12 weeks	6 weeks
Care Provided	Higher level care (including some therapy services), for complex needs, equivalent to low level aged care	Two or more services, tend to be lower level care.
No. Available In Northern Sydney	60	1,647

3.5.3 Domestic Assistance and Personal Care

Home and Community Care Funded Services

Home Care Services (Northern Sydney Branch), administered by the Department of Ageing Disability and Home Care and primarily Home and Community Care-funded⁵², provides domestic assistance, personal care and respite care to frail older people, people with disabilities and their carers in their own homes. Clients must be assessed to determine eligibility for Home Care Services' Home and Community Care-funded assistance and initial contact is usually via the state-

⁵⁰ Lane Cove, Mosman, North Sydney, Willoughby, Hunters Hill and Ryde Local Government Areas.

⁵¹ NSW Health, Community Package (ComPacks) program Newsletter, May 2009.

⁵² In addition to funding from NSW disability service programs and the Australian Government Departments of Health and Ageing; and Veterans' Affairs.

wide Referral and Assessment Centre (RAC) line. Home Care focuses on providing limited hours of service (less than ten hours per four-week period) to maximise the number of people that can be assisted⁵³. Higher levels of service are provided on a more limited basis. There is usually a high level of demand for the services provided and waiting lists for services are common.

Community organisations which provide domestic assistance and personal care at subsidised rates for eligible clients under the Home and Community Care program to people in the Lane Cove Local Government Area include Catholic Healthcare Community Services Community Support Services, Baptist Community Services Domestic Assistance and the Benevolent Society (Northern Sydney Home Assistance).

Demand for personal care services appears high, with 14% of all specialist community nursing visits to Local Government Area residents being used for this task (or about 20 visits each week).

The Lane Cove Community Aid Service also has a linen service which provides volunteers (15) to assist in changing and re-making commercially laundered bed linen and towels provided by Lane Cove Community Aid Service for a small fee to eligible clients. Referrals to the Lane Cove Community Aid Service for eligible clients can be made by anyone.

This service is funded for 35 places and is at capacity. Increasingly popular, there is currently a waiting list. Whilst consisting of just 3 people in late 2008, this is because the service has adopted a policy of providing a minimal service rather than keeping clients waiting. Accordingly, the service assisted 45 clients in 2007/08. The waiting list was as high as 14 prior to this policy.

Non-Home and Community Care Funded Services

A variety of private operators on the Lower North Shore provide domestic assistance and personal care to seniors and the general population on a fee-for-service basis.

3.5.4 In-Home Respite Services

In addition to centre-based respite services discussed in Section 3.3, there are a variety of in-home and other flexible respite options available to eligible residents in the Lane Cove Local Government Area.

Home and Community Care-Funded Flexible and In-Home Respite Services

Home and Community Care-funded community organisations which provide in-home and flexible respite care for frail-aged people and their carers in the Lane Cove Local Government Area include Home Care Services (Northern Sydney Branch), UnitingCare Ageing Northern Sydney, Centacare, Catholic Health Care, Baptist Community Services and Hope Healthcare. Hope Healthcare also operates an overnight respite service at Woonona Cottage, located in Wahroonga on the Upper North Shore.

Non-Home and Community Care-Funded Flexible and In-Home Respite Services

The core business of the federally-funded Northern Sydney Commonwealth Respite and Carelink Centre, auspiced by the Northside Community Forum in St Leonards, is to arrange in-home respite on a short-term and emergency basis through a brokerage system. The Centre also operates a 24-hour emergency respite service, by providing an on-call Co-ordinator to assist in times of crisis or emergency. There are limitations, however, as to how quickly respite can be arranged depending on the circumstances. It also provides information and assistance for planned respite; assistance with meeting the cost of respite if required; and information on residential respite, including current

⁵³ Guide to Aged Care, NSW & ACT 2008, DPS Publishing.

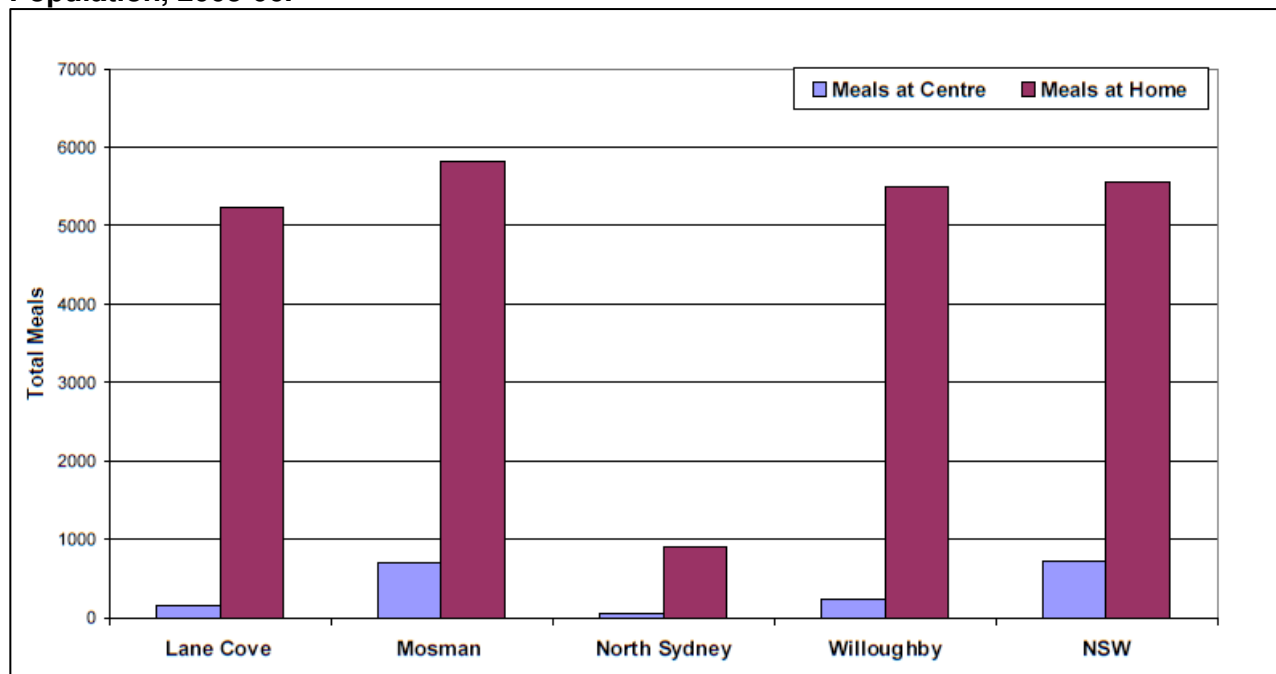
vacancies in aged care facilities (both low and high care). It also provides a referral service to carer support groups and other services which assist people in a care-giving role.

There are also a number of private operators on the Lower North Shore who offer in-home respite services on a user-pays basis.

3.5.5 Food and Shopping Services

Figure 3-10 identifies that (based on total cost), the Lane Cove Local Government Area has a slightly lower provision of meals services per 1,000 Home and Community Care target population in comparison to NSW, as well as two of the three other Local Government Area which comprise the Department of Ageing, Disability and Home Care Lower North Shore sub-region (Mosman and Willoughby).

Figure 3-10: Meals Services Received per 1,000 Home and Community Care Target Population, 2005-06.



Source: Department of Ageing, Disability and Home Care Metro North Region Lower North Shore Local Government Areas Planning Framework, Version 1.0, July 2008, based on MDS data 2005-06.

Home and Community Care-funded Food Services

In the Lane Cove Local Government Area, the Lane Cove Community Aid Service provides a Meals on Wheels service to older people who are temporarily or permanently unable to shop or cook for themselves. Most older people living at home or any person living with a disability, and their carers are eligible to receive the service and a doctor's certificate is not required⁵⁴, although referrals are sometimes made by GPs. Meals can be delivered hot, chilled or frozen and deliveries are made Monday to Friday by volunteers. Cultural preferences and specific dietary needs can be met and a regular meal package consists of a soup, hot or cold main, juice and dessert (38% of meals are frozen). Meals are paid for by clients, but charges are subsidised as it is a Home and Community Care-funded program. The service has a full complement of 140 permanent and 30 emergency volunteers (about 40 are used each week). This is an increase from 129 volunteers in 2004.

⁵⁴ Lane Cove Community Aid Service website. http://www.lanecovecommunityaid.org/services_food.html

The number of Meals on Wheels clients in Lane Cove has notably declined in the last 12 months, from 60 clients in April 2008 to 50 in March 2009. In general there is a steady “turnover” of short term clients using the service (such as immediately after a stay in hospital). Consequently the total number of clients is higher, with 151 clients overall in 2007/08. The short term nature is reflected in the average number of meals received (94, of a total of 14,166 meals).

The service believes that the decreased dependence on delivered meals is attributable to the availability of frozen meals in supermarkets and the wider availability of cooking classes for men . The positive outcomes of cooking classes are supported by anecdotal evidence from other sources, including follow-up with cooking class participants. Additional benefits include increased opportunities for social interaction with other participants (including over meals) and support in a group setting.

Community Transport services provide shopping runs, as discussed in Section 3.7.

Non-Home and Community Care Funded Food Services

A number of restaurants in the Local Government Area have a home delivery service.

The Lane Cove Community Aid Service provides a weekly home delivery service in conjunction with Coles Supermarket at Lane Cove. The service is available to frail, older people, people with a disability, and their carers in the Lane Cove Local Government Area who are certified by their doctor as being either temporarily or permanently unable to access the supermarket due to frailty or disability. Clients telephone their shopping orders to a volunteer at the Lane Cove Community Aid Service on Friday mornings, who then provides the collated information to Coles. The following Tuesday, Coles Supermarket packs the order and it is delivered to the clients home that afternoon. Any item of grocery, whether cold or fresh, can be delivered, however no alcohol or cigarettes will be included. Clients must pay the full cost of their shopping order, plus the standard delivery fee directly to Coles Supermarket on receipt of their order. The service is operated by five volunteers.

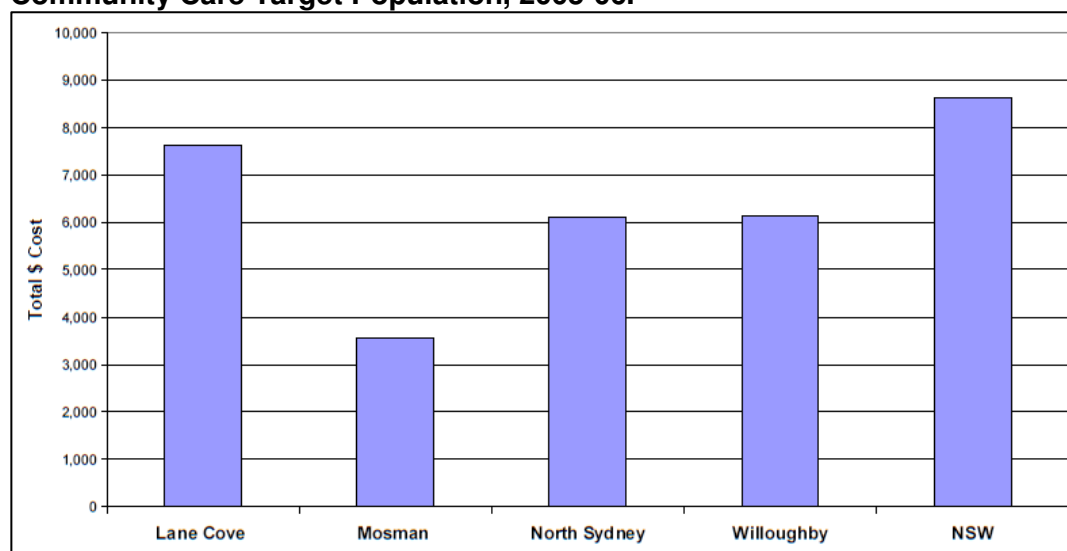
A number of other supermarkets in the local area also provide a home delivery service, for a fee, which can be arranged directly with staff at the supermarket.

A number of home help agencies which operate in the Lower North Shore also offer assistance with shopping and meal preparation in the client's home as part of their fee-for-service options available to people who are able to cover the cost themselves.

3.5.6 Home Modification and Maintenance

Figure 3-11 shows that the Lane Cove Local Government Area is relatively well serviced in terms of Home and Community Care-funded home modification in comparison to the other three Local Government Areas which comprise the Department of Ageing, Disability and Home Care Lower North Shore sub-region, however it remains less-well provisioned than NSW as a whole.

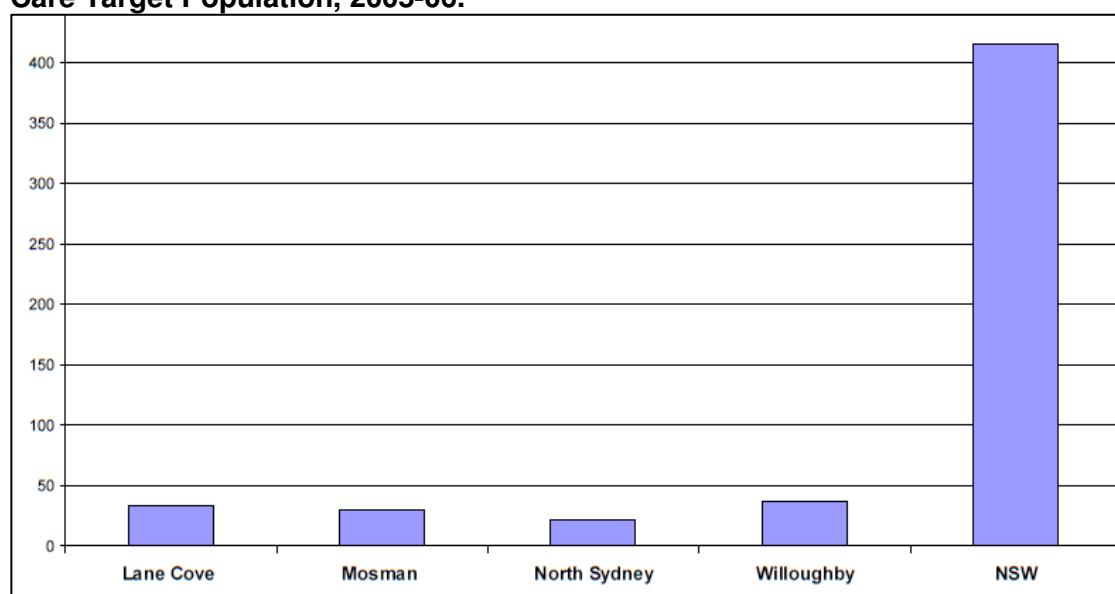
Figure 3-11: Home Modification Services Received per 1,000 Home and Community Care Target Population, 2005-06.



Source: Department of Ageing, Disability and Home Care Metro North Region Lower North Shore Local Government Areas Planning Framework, Version 1.0, July 2008, based on MDS data 2005-06.

Figure 3-12 indicates that the Lane Cove Local Government Area, as with the Lower North Shore sub-region as a whole, has a relatively low provision of Home and Community Care-funded Goods and Equipment⁵⁵ (per 1,000 Home and Community Care Target Population).

Figure 3-12: Goods and Equipment Received per 1,000 Home and Community Care Target Population, 2005-06.



Source: Department of Ageing, Disability and Home Care Metro North Region Lower North Shore Local Government Areas Planning Framework, Version 1.0, July 2008, based on MDS data 2005-06.

⁵⁵ The Department of Health and Ageing defines Goods and Equipment within its Home and Community Care program as the loan or purchase of goods and equipment to assist a person to cope with a disabling condition and/or maintain their independence. It comprises items that can assist the client's mobility, communication, reading, personal care or health care and encompasses a wide range of items such as incontinence pads, dressing aids, and wheelchairs.

Home and Community Care-funded Home Modification and Maintenance Services

The Lower North Shore Home Maintenance and Modification Service, auspiced by the Lane Cove Community Aid Service, undertakes installation, modification and essential minor repairs to allow older people, people with disabilities and their carers to continue to live in their own homes as long as possible. Modifications typically include supplying and fitting hand and grab rails, ramps, chairs and bed raisers, and minor repairs to doorways, door locks and minor plumbing works. The work is undertaken by professional tradespeople, however, as it is a Home and Community Care-funded service, the cost to the client for materials and labour are subsidised. Referrals for modifications must come from an occupational therapist or other community-based health services⁵⁶. Access statistics were unavailable, however demand for home modification fluctuates, with modifications often required after a stay in hospital.

Community Assist Lawn Mowing provides subsidised lawn mowing for pensioners.

The Lower North Shore Easy Care Gardening, auspiced by the Lane Cove Community Aid Service, has volunteers who assist in adapting the gardens of frail-aged people and those people with disabilities, to safe, low maintenance gardens. The service has 200 clients throughout the Lower North Shore, with clients' gardens tended at least once every six months. Within Lane Cove the service supply is stable, for the last few years 60 - 70 gardens a year tended, although this is close to double the number at the time of the last Social Plan (49 in 2003). In the last few years growth in the service has occurred in Willoughby. There is a waiting list for this service, and more volunteers are required.

Non-Home and Community Care-Funded Home Modification and Maintenance Services

The federally-funded Northern Sydney Commonwealth Respite and Carelink Centre, based at St Leonards can arrange some forms of equipment hire and minor home modifications for carers under certain circumstances.

The Lower North Shore is well serviced with qualified tradespeople who are able to undertake installations, modifications and repairs to allow elderly people to remain living safely in their own home. These services are charged at market rates.

3.5.7 Companionship

Home and Community Care-Funded Companionship Programs

The Lane Cove Community Aid Service operates a Social Support Program, which can arrange for volunteers to make regular companionship-based telephone calls, and assistance with other activities such as writing a letter. It is provided for people living in their own home and is similar in function to the Community Visitor Scheme (see below). The service faces a number of challenges which have limited its take-up. The service believes that the low take-up rate is not a reflection of demand, rather a need to educate potential clients about the benefits of the service. When offered many residents do not wish to participate. It has also been difficult to match clients with suitable volunteers who are able to attend at a mutually agreed time.

Non-Home and Community Care-Funded Companionship Programs

The Lane Cove Community Aid Service also operates a Community Visitor Scheme, which recruits, trains and co-ordinates volunteers who provide companionship to elderly people in residential aged care who may have limited or no contact with friends or family outside that facility. The scheme is funded through the Commonwealth Government's Department of Health and

⁵⁶ Lane Cove Community Aid Service website. http://www.lanecovecommunityaid.org/services_home_maintenance.html

Ageing, and is designed to improve the quality of life for older people living in aged care facilities, but also provides benefits to the volunteers, such as a sense of fulfilment.

The Community Visitors Scheme currently operates in four aged care facilities within the Lane Cove Local Government Area. The service is funded for 22 “places” by the Department of Health and Ageing, a level viewed by the service as generally sufficient. They report that their challenge lies more with maintaining the required number of volunteer visitors, particularly for clients with Alzheimer’s. However, in late 2008 there were 6 volunteers awaiting a matched resident, due to some participants passing away.

Positively, the service reports that many residents in the Local Government Area have regular support from family members and do not fit the criteria for the service.

A number of private operators on the North Shore and the Northern Beaches include companionship services available to fee-paying clients.

3.5.8 Case Management

Home and Community Care-funded case management services assist people with high-level complex and multiple care and support needs to remain living in their own homes. They act as a brokerage service to plan and develop a package of services. Fees to clients for the case management services are a negotiable contribution. In Northern Sydney they are provided by Catholic Healthcare Community Services Community Options and Hope Healthcare Lower North Shore Community Options.

3.6 Carer Support

Home and Community Care-Funded Carer Support

In addition to respite services (outlined in Section 3.3 and Section 3.5.4), there are a number of other services available to residents in the Lane Cove Local Government Area who care for someone who is frail-aged and/or has dementia.

In addition to respite services, Hope Healthcare, based in Greenwich, also operates a Carer Counselling and Advocacy service to carers who support someone who is frail-aged or has dementia. The carer can receive free individual counselling, information on services and care options, referral to and liaison with health and community services (including support groups), and advocacy to access or manage services required.

The Multicultural Carers Support Service also provides information and support to carers from culturally and linguistically diverse backgrounds.

The Royal North Shore Hospital runs a course for carers twice yearly.

Non-Home and Community Care Funded Carer Support

The Northern Sydney Carer Support Service, operated by the Northern Sydney and Central Coast Area Health Service, is funded through the NSW Department of Health’s Carers Program. The service is based at Macquarie Hospital in North Ryde and provides information, education and links to services to carers to assist them to provide care at home for a partner, family member or friend who is frail-aged, has a longer term disability or illness. It conducts regular information sessions to assist carers, organises periodic day trips within Sydney for carers and promotes a calendar of carers events within North Sydney⁵⁷.

⁵⁷ Northern Sydney and Central Coast Area Health Service (NSCCAHS), Northern Sydney Carers Support Service website (April 2008). Available at: <http://www.nscchealth.nsw.gov.au/carersupport/aboutus/003743067.shtml>

3.7 Transport

Affordable, reliable, safe, accessible transport is vital for seniors in Lane Cove, for health-related, social and general destinations.

3.7.1 Public Transport

Buses serving the Lane Cove Local Government Area are operated by both Sydney Buses and Hillsbus. Lane Cove Transport Interchange located on Longueville Road is a hub for both city-bounded services via the Freeway and the Pacific Highway (Chatswood, Milsons Point and North Sydney), as well as west-bound services to Epping and the Hills District.

There are no train stations located within the Lane Cove Local Government Area, however, train services can be accessed at St Leonards Railway Station and the recently expanded and upgraded Chatswood Station. They can be reached by a 15 and 20-25 minute bus journey respectively. Both stations are located on the North Shore Line of the CityRail network and continue north to Berowra and south to Town Hall/Central and continue west to Penrith/Richmond.

Figure 3-13: Bus Services (Number of Routes)

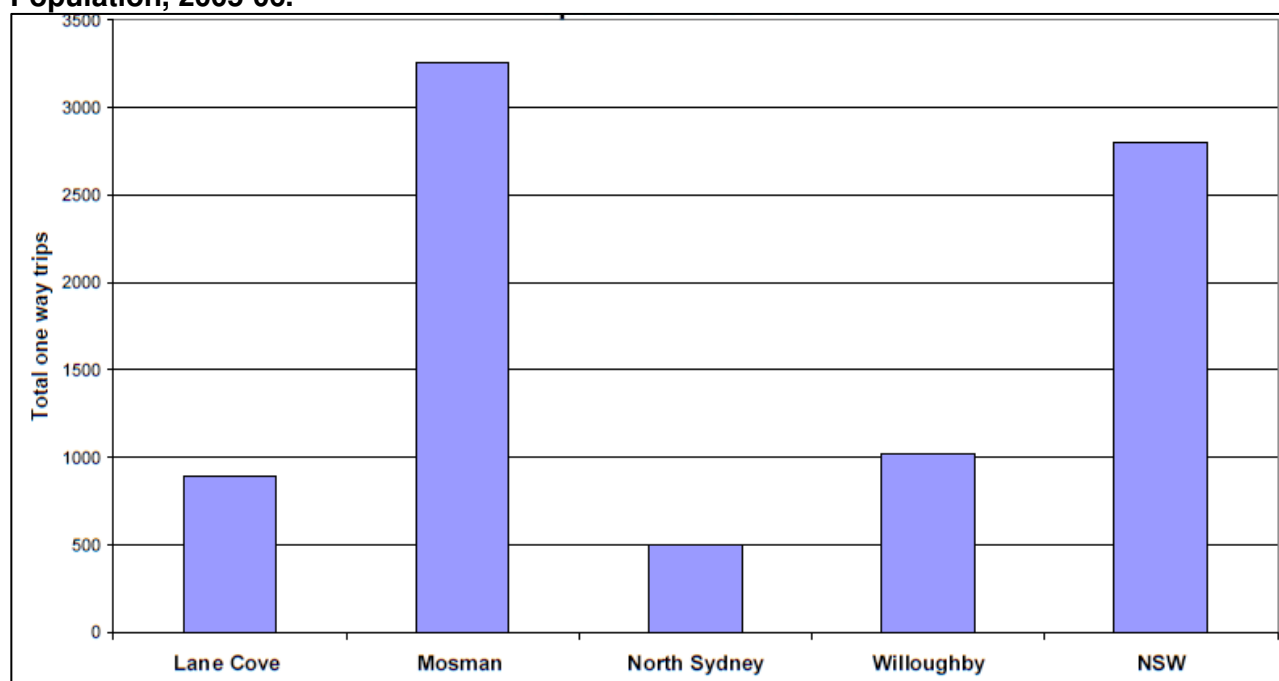
Day of Week	Total Number of Routes	
	Standard Time	Late Night
Mon to Fri	58	4
Sat	16	6
Sun	12	5

Source: Transport Data Centre, Ministry of Transport 2007; Department of Gaming and Racing 2009

3.7.2 Community Transport

Figure 3-14 identifies that the Lane Cove Local Government Area has a lower level of Community Transport service demand (per 1,000 Home and Community Care target population) compared to both NSW, and two of the three other Lower North Shore Local Government Areas (Mosman and Willoughby). Lane Cove's disparity with Mosman is discussed in Section 4.2.3.

Figure 3-14: Transport Services Received per 1,000 Home and Community Care Target Population, 2005-06.



Source: Department of Ageing, Disability and Home Care Metro North Region Lower North Shore Local Government Areas Planning Framework, Version 1.0, July 2008, based on MDS data 2005-06.

Seniors who are unable to use a private vehicle or public transport have access to a range of agencies and services which provide community transport.

Home and Community Care Funded Community Transport

Lower North Shore Community Transport Inc. (LNSCT) assists frail, older people, people with disabilities and their carers. They provide transport to and from shopping, respite/centre-based care, medical appointments and social outings. The service is available to eligible clients from the Lane Cove, Willoughby, North Sydney and Mosman Local Government Areas. The service operates a modified bus as well as their own car fleet, driven by paid drivers. Lower North Shore Community Transport now accepts referrals directly from the public, as well as local community organisations (mainly Lane Cove Community Aid Service and Lower North Shore Community Options).

The Lane Cove Meeting House Community Bus is available for accessing centre-based services and activities, including shopping trips and social outings for frail-aged people. Their bus services the Lane Cove, North Sydney and Willoughby Local Government Areas.

The Disabled Alternative Road Travel Service (DARTS) provides community transport for people with moderate to severe physical disabilities who are in a wheelchair to attend social activities (generally group outings) and sometimes shopping (as opposed to medical appointments etc). Disabled Alternative Road Travel Service members are entitled to access the service a maximum of 5 times per month. The service is generally able to meet demand. They have 80 clients from the 11 Northern Sydney Local Government Areas it services. The number of clients on their books at any given time has remained stable, due to a turnover of clients requiring assistance (e.g. spaces becoming available when people go into residential care, pass away, etc are filled by new clients joining the service). The service believes that client numbers may not be a true reflection of demand, rather just those who are aware of the service. The service does not undertake a great deal of promotion. Currently they only have 1 client from Lane Cove Local Government Area (although there have been up to 3 in the past). However the service also provides one day trip per month to twelve residents of Glenwood Aged Care Facility in Greenwich. Not all are in wheelchairs, but may require a wheelchair hoist to get into and out of the vehicle. There may be additional demand at the facility, however the bus is limited to 12 seats and the facility nominates participants. This tends to suggest that the service requires greater publicity in Lane Cove.

Non-Home and Community Care Funded Community Transport

The Lane Cove Community Aid Service provides a Community Support Transport service specifically for Lane Cove Local Government Area residents who are aged or have disabilities, are unable to access other forms of transport and do not have relatives or friends to help with transport. Services can be used to attend medical, health-related and other necessary appointments. The most common trip recorded is for specialist appointments at the Royal North Shore Hospital / Campus. The service includes 3 of the Local Government Areas aged care facilities.

Individual transport is provided either by 30 volunteer drivers (who use their own vehicle), or paid drivers when referred to Lower North Shore Community Transport (LNSCT). Lane Cove Community Aid Service operates on weekdays (excluding public holidays) between 8am and 3:30pm, picking up passengers at their home. Clients contribute to the cost of each trip, being \$6 one-way and \$10 return for trips within the Lower North Shore. It is \$10/\$15 for one-way/return trips outside these areas (plus tolls if required).

In 2007/08 the service transported 472 people for 1,715 passenger trips (3.6 trips per person). On average this equates to 40 clients or 142 trips per month. This is however a notable decline from

the previous Social Plan, when 170 trips each month were facilitated by Lane Cove Community Aid Service (2,041 trips in 2003/04). In the month of March 2009, the number of trips had however increased to 165 (for 45 clients).

In 2007/08 nearly one-third of trips (560, 32.6%) were referred to Lower North Shore Community Transport, in cases where the service could not meet the request (ie. a lack of volunteers). This is a complete reversal of the situation at the last Social Plan, when two-thirds (69.1%) were referred to Lower North Shore Community Transport (2003/04). During March 2009, the number of trips referred to Lower North Shore Community Transport had further improved to 21.8%.

In 2007/08, on average, 1.4 trip requests could not be met each month either by Lane Cove Community Aid Service or Lower North Shore Community Transport. This is a significant improvement from the previous Social Plan, when 7 requests a month were refused (2003/04).

The importance of volunteers to the success of this service is clearly apparent in these statistics.

Lane Cove Village Xpress is a local bus service provided for the community, sponsored by Council and Lane Cove ALIVE which commenced in 2002. The aim of the service was to link the east and the west of the Council area together, in particular to the Lane Cove Village Shops. The Village Xpress service was reviewed in 2009 and as a consequence, Council is examining ways of providing a more targeted service for the elderly who use the bus as a way of accessing the Lane Cove town centre.

Accessible Bridge Services Inc is a consortium of community transport providers in the Northern Sydney region which service the Lane Cove, North Sydney, Willoughby, Hunters Hill, Manly, Warringah, Ryde, Pittwater, Hornsby and Ku-Ring-Gai Local Government Areas. .

The Ambulance Service of New South Wales operates the Patient Transport Service (PTS) for non-emergency transport. The Patient Transport Service is available to patients whose condition is of a non-life threatening nature but are not well enough to travel by private or public transport. The Patient Transport Service includes transporting patients to medical appointments, day surgery or discharge from hospital. All requests for non-emergency transport must be authorised by a doctor. This service is available from 6am to 10pm Monday to Friday.

3.7.3 Taxi

The NSW Ministry of Transport operates a concessional taxi subsidy scheme, the Taxi Transport Subsidy Scheme (TTSS) for the frail-aged and people with disabilities. It enables people to catch either a wheelchair-accessible taxi (WAT) or a standard taxi at a 50% reduction for the first \$30 of the fare. Participation in the scheme is not means-tested, however other strict eligibility criteria exist.

The availability of Wheelchair Accessible Taxis in Sydney has improved in recent years, both in number and response times. However, the population relying on Wheelchair Accessible Taxis continues to increase. In 2004 there were 322 Wheelchair Accessible Taxis in Sydney, about 7% of the taxi fleet. This has improved to (as at June 2008) 470 Wheelchair Accessible Taxis or 9.1% of the fleet (a 13.5% increase from December 2007). In Sydney, 75% of Wheelchair Accessible Taxi passengers are picked up within 15 minutes (less than the 85% benchmark). The average response time (2007/08) for a Wheelchair Accessible Taxi is 10 minutes⁵⁸, compared to 8.3 for a standard taxi. This is however an improvement from 11.4 minutes in 2006/07.

⁵⁸ <http://www.transport.nsw.gov.au/abouttrans/access-trans-action-plan.html>

The TTS financial cap has not changed since the previous plan, increasing the cost of living of users. However, since December 2007 an additional fee of \$8.47 has been paid by the NSW Government to drivers for each passenger conveyed, to improve reliability and response times⁵⁹.

3.8 Information, Advocacy and Referral

Northside Community Forum, based in St Leonards, aims to enhance the quality of life and independence of people with identified support needs living in Northern Sydney. As a regional community-based organisation, it oversees four local services operating in the Northern Sydney region:

- Northern Sydney Commonwealth Carelink Centre;
- Northern Sydney Commonwealth Carer Respite Centre;
- Regional Home and Community Care Development Project; and
- Regional Home and Community Care Volunteer Support Project.

Federally-funded, the Commonwealth Carelink Centre (Northern Sydney) is designed to provide a free, single point of contact to connect older people, people with disabilities, and their carers with services available to help them remain living independently in their own home. Information provided includes contact details for range of health care and community services available in the local area, eligibility and referral requirements and what costs are associated with those services.

Northern Sydney Commonwealth Carer Respite Centre, provides information to assist carers with accessing respite services (see Section 3.3 and Section 3.5.4).

Hope Healthcare also supports carers with information and advocacy to access or manage required services.

The Nursing Home and Hostel Information and Referral Service is operated from within the Aged Care and Rehabilitation Unit at Royal North Shore Hospital. It maintains a register of vacancies in aged care facilities (including low and high care) on the Lower North Shore, including information about locations and availability, as well as a list of independent living units in the area. The service also provides counselling and advice relating to accommodation options for the elderly.

Through the Lane Cove Community Aid Service's Community Information and Support Program, Community Workers provide information on a broad range of services and assist older people, people with disabilities and their carers to access the most appropriate service to maintain their independence in their own home. There is no charge. The Community Workers can also advocate on the behalf of clients to assist with the resolution of any current difficulties that a client may be experiencing.

The Seniors Information Service, a State-wide service funded through Department of Ageing, Disability and Home Care, provides information on services, issues and activities for older people in New South Wales, including recreational activities, volunteering opportunities, concessions, 'planning ahead' provisions (wills, enduring power of attorney, advanced health care directives), carer support, access to home-based care, retirement villages, nursing homes and planning a funeral. The Seniors Information Service only provides information and referral to appropriate services, it does not provide advice.

3.9 Aged Care Place Planning

For the purposes of the distribution and management of Commonwealth-funded residential and community-based aged care places, Australia is divided into various Aged Care Planning Regions. Lane Cove Local Government Area is located within the Northern Sydney Aged Care Planning

⁵⁹ NSW Ministry of Transport website. Available at <http://www.transport.nsw.gov.au/ttss/>

Region (NSACPR)⁶⁰ It is important to note that aged care places are allocated on a regional rather than an Local Government Area basis.

The Australian Government uses a comprehensive planning framework to achieve an equitable distribution of aged care places to all Aged Care Planning Regions across Australia. New places are made available for allocation based on population projections and the current level of aged care provided⁶¹, compared to the target planning ratio of 113 places per 1,000 people aged over 70 years. This includes, for every 1,000 people aged 70 or over, 40 High Care places, 48 Low Care places and 25 Community Aged Care Packages/Extended Aged Care At Home packages⁶².

This is a significant increase from the previous Social Plan, which compiled data for 2003/04 when the Commonwealth benchmark was 100 per 1000. In the 2004-2005 Commonwealth budget, the planning framework for aged care was altered to reflect community demand.

Figure 3-15 shows that, according to the Commonwealth Government's planning guidelines, the Northern Sydney Aged Care Planning Region is "oversupplied" with aged care places overall, however it is notably undersupplied with community-based packages (Community Aged Care Packages and Extended Aged Care At Home), requiring approximately 14.5% more places. It is also somewhat undersupplied with low care places. Each service is further discussed in the relevant sections below.

In 2004 in Australia there were, on average, 15.6 Community Aged Care Packages provided for every 1,000 persons aged over 70 years.

Figure 3-15: Comparison of Existing Aged Care Places Funded in the Northern Sydney Aged Care Planning Region, 2008*.

Aged Care Places	Existing Funded Places		Target Funded Places		Difference
	No.	Ratio	No.	Ratio	
<i>Residential Places</i>					
High Care	4,523	55: 1,000	3,276	40: 1,000	+1,247
Low Care	3,859	47: 1,000	3,931	48: 1,000	-72
<i>Community Care</i>					
Community Aged Care Packages / Extended Aged Care At Home	1,791 (1,544/247)	22: 1,000	2,048	25: 1,000	-257
TOTAL	10,173	124: 1,000	9,255	113: 1,000	918

Source: Department of Health and Ageing, Ageing and Aged Care Place Statistics, June 2008.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-servlist-download.htm>

*Based on 2006 Population (Australian Bureau of Statistics Census of Population and Housing) and 113 places per 1,000 people aged 70 years and over (broken down as 40 High Care, 48 Low Care and 25 Community-based places).

⁶⁰ The Northern Sydney Aged Care Planning Region (NSACPR) is comprised of the Hornsby, Hunters Hill, Ku-Ring-Gai, Lane Cove, Manly, Mosman, North Sydney, Pittwater, Ryde, Warringah and Willoughby Local Government Areas.

⁶¹ In addition to population projections and the current level of aged care places provided, the Australian government supplements these benchmarks with perceived demand and service gaps (from Aged Care Assessment Team and other service providers; socio-economic statistics (e.g. Indigenous, ethnic, pensioner and Socio-Economic Indexes for Areas [SEIFA] statistics) as lower advantage areas tend to have higher residential care demand; and an assumption that beds will be completed in approximately two to three years after the granting of funding approval.

⁶² It is noted that at the time of the last social plan, the age at which these services were provided was 65 and over, rather than the current age requirement of 70 years and over.

Figure 3-16 shows the distribution of aged care places within the Northern Sydney Region and the Lower North Shore.

Figure 3-16: Distribution of Aged Care Places Funded in the Northern Sydney Region, 2008

Local Government Area	High Care	Low Care	Community Aged Care Packages	Extended Aged Care At Home	Extended Aged Care At Home - Dementia	Total
Lane Cove (A)	216	117	0	0	0	333
Willoughby (C)	335	224	0	0	0	559
North Sydney (A)	162	124	120	5	6	417
Mosman (A)	183	119	0	0	0	302
Lower North Shore (Ratio)	896 54	584 35	120 7	5 0.30	6 0.36	1,611 96
Ryde (C)	554	429	137	48	10	1,178
Hunter's Hill (A)	214	261	85	0	0	560
<i>Surrounding Local Government Area's Subtotal</i>	<i>1,869</i>	<i>1,679</i>	<i>510</i>	<i>53</i>	<i>16</i>	<i>4,127</i>
Ku-ring-gai (A)	604	641	99	0	0	1344
Manly (A)	92	101	142	0	0	335
Pittwater (A)	396	28	116	10	8	558
Warringah (A)	753	832	495	33	13	2,126
Hornsby (A)	1,014	983	317	72	42	2,428
<i>Northern Sydney Region Total</i>	<i>4,523</i>	<i>3,859</i>	<i>1,511</i>	<i>168</i>	<i>79</i>	<i>10,173</i>

Source: Department of Health and Ageing, Ageing and Aged Care Place Statistics, June 2008.

As part of the allocation process, if specific needs warrant, geographic locations within a particular aged care planning region can be identified as in need. The Lane Cove Local Government Area is not currently identified as an area of high need by the Government⁶³ for any type of aged care place (as shown in Figure 3-17 below), nor has this been known to be the case in the past⁶⁴. Figure 3-17 also identifies the allocation of places to the Northern Sydney Aged Care Planning Region and the indicative number of places projected until 2010-11.

⁶³ Australian Government, Department of Health and Ageing, *NSW 2008-09 Regional Distribution of Aged Care Place*. Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-acar2008-index.htm#places>

⁶⁴ Personal communication with a number of providers whose coverage includes the Lane Cove Local Government Area (April 2009).

Figure 3-17: Allocation of Additional Aged Care Places to the Northern Sydney Aged Care Planning Region.

Aged Care Place Type	Explanatory Notes	Number of Additional Places for the Northern Sydney Region			
		Identified Geographic Locations (08-09)	2008-09	2009-10	2010-11
Residential Places	-	-	-	-	-
Community Aged Care Packages (CACP)	Provides the equivalent of low level care delivered in a person's own home.	Hornsby - North Hornsby – South Ku-Ring-Gai Mosman Warringah	100	45	80
Extended Aged Care at Home Packages (EACH)	Provides the equivalent of high level care delivered in a person's own home.	Mosman North Sydney Willoughby	18	29	12
Extended Aged Care at Home Dementia Packages (EACH-D)	Provides the equivalent of high level care at home for people living with a diagnosis of dementia which has contributed significantly to their high needs.	Manly Pittwater Warringah	10	18	15

Source: Australian Government, Department of Health and Ageing, NSW 2008-09 Regional Distribution of Aged Care places. Available at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-acar2008-index.htm#places>

3.10 Commonwealth-Funded Aged Care Services

3.10.1 Aged Care Assessment Teams (ACAT)

The Aged Care Assessment Team (ACAT) provides a point of entry for assessment and referral to the range of services, including Home and Community Care services, available for older people and people with disabilities in need of care. Aged Care Assessment Teams comprise doctors, nurses, social workers and other health professional who provide assessment of an individual's care needs, which are valid for one year. Following assessment, the teams may refer clients to one of the following options:

- Local community services (generally Home and Community Care-funded services, such as Meals on Wheels);
- Community Aged Care Packages (CACP);
- Extended Aged Care At Home (EACH) Packages;
- Low care aged facilities; or
- High care aged facilities.

The Lane Cove Local Government Area is the responsibility of the Lower North Shore Aged Care Assessment Team, which is based within the Aged Care and Rehabilitation Unit at Royal North Shore Hospital at St Leonards. Aged Care Assessment Teams are jointly funded by the NSW and Commonwealth governments.

The Lower North Shore Aged Care Assessment Team undertakes approximately 2,500 assessments per year, including some clients who require assessment on more than one occasion. Waiting list information for the service is not available.

3.10.2 Community Aged Care Packages (CACP)

A Community Aged Care Package (CACP) is an Australian-Government subsidised package of planned and managed care services provided in a person's own home. They are designed to meet the daily care needs of frail older people to enable them to remain in their own home as an alternative to low-level residential care, and are generally equivalent to approximately 6 hours of care per week⁶⁵. Services that eligible clients may receive include personal care (assistance with showering and dressing), meal preparation, housework, transport and social support.

A person must be assessed by their local Aged Care Assessment Team in order to be eligible for a Community Aged Care Packages. The packages provided are generally administered by community organisations (in some cases, under the auspices of local government). These organisations have a number of funded places allocated to them by the Commonwealth Department of Health and Ageing.

Clients are generally required to make a financial contribution towards their care, but fees must not exceed 17.5% of the basic rate of pension (equivalent to a daily contribution of \$6.87 as at March 2009) or 50% of income above the maximum pension rate⁶⁶.

In 2007, 83% of individuals in NSW who received Community Aged Care Packages were aged 75 years and over, and 75% of recipients aged 75 years and over were women⁶⁷.

As Community Aged Care Packages (and Extended Aged Care At Home) are generally distributed to service providers on a regional level, or at least across multiple Local Government Areas within a region, there is not a specific number of packages dedicated to the Lane Cove Local Government Area. Nor is a Community Aged Care Packages provider located within the Local Government Area. Service providers indicated that the number of packages used by eligible residents in the Lane Cove Local Government Area varies over time, based on the identification and prioritisation of individual need. Co-As-It, which provides 33 Community Aged Care Packages to seniors of Italian background in Northern Sydney, has one resident from the Lane Cove Local Government Area as at April 2009 and indicated that there were not currently any residents of the Lane Cove Local Government Area awaiting a Community Aged Care Packages from their organisation⁶⁸.

Figure 3-15 shows that there is a shortfall of approximately 257 Community Aged Care Packages/Extended Aged Care At Home packages available in the Northern Sydney Aged Care Planning Region, with a ratio of 22 packages per 1,000 residents aged 70 years and over, compared to a target ratio of 25⁶⁹. It is not expected that this notional shortfall will be present for long. In the 2007 Aged Care approvals round, an additional 250 Community Aged Care Packages were funded for Northern Sydney, all with providers located outside the Lower North Shore. In 2006, an additional 168 Community Aged Care Packages places were funded. If such funding increases were evident in the 2008 round, the notional shortfall would become negligible. As

⁶⁵ Australian Government Department of Health and Ageing, *Ageing and Aged Care in Australia*, July 2008, p. 20.

⁶⁶ Australian Government, Department of Health and Ageing, *Community Aged Care Packages*. Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-commcare-cacp.htm>

⁶⁷ Australian Bureau of Statistics, 2008, *Ageing Population in NSW*, Catalogue No. 4106.0., p. 83.

⁶⁸ Co-As-It Community Aged Care Packages Co-ordinator, personal communication, 28 April 2009.

⁶⁹ Based on 2006 population and does not take into consideration the estimated population for 2009 or projected populations for subsequent years.

indicated previously, the Lane Cove Local Government Area has not been identified by the government or local service providers as an area of relatively high need.

Further, the level of Community Aged Care Packages supply has improved since the previous Social Plan. In 2004 there were just 100 Community Aged Care Packages funded for the Northern Sydney Region, or a ratio of 11.16 per thousand people 70 years and over, when the planning ratio was just 10 Community Aged Care Packages for every 1000 people 70 years or over.

However, despite these improvements, demand for assistance continues to exceed supply. The Northern Sydney Aged Care Assessment Team advised that the available Community Aged Care Packages and Extended Aged Care At Home packages are used to capacity in the region, with continuing high demand for these packages. Within the Lower North Shore alone, there are approximately 260 people waiting to receive a Community Aged Care Packages or Extended Aged Care At Home package. This equates to a lengthy waiting time of between 9 and 13 months to reach Community Aged Care Packages/Extended Aged Care At Home. This is a deterioration from 2004, when there was a six to eight month wait. A further issue relates to the waiting time required to receive an Aged Care Assessment Team assessment of eligibility. However, blockages are not due to Aged Care Assessment Team assessment delays, rather the number of packages available.

Actual levels of demand for these packages in the community exceed the notional planning supply benchmarks.

3.10.3 Extended Aged Care in the Home (EACH)

An Extended Aged Care at Home (EACH) package is an Australian-Government subsidised package of planned and managed care services provided in a person's own home. They are the next level above Community Aged Care Packages and are designed to meet the daily care needs of frail older people to enable them to remain in their own home as an alternative to high-level residential care, and are generally equivalent to approximately 18-22 hours of care per week. Services that eligible clients may receive include clinical care (including nursing care), personal care (assistance with showering and dressing), continence management, therapy services, home safety and modification⁷⁰.

Extended Aged Care at Home-Dementia (EACH-D) packages assist frail older people with high-level needs and dementia, and/or behaviours of concern, to remain in their own home. They provide similar types of assistance as Extended Aged Care At Home packages with additional targeted services to meet the specific needs of people with dementia. They are also equivalent to approximately 18-22 hours of care per week.

A person must be assessed by their local Aged Care Assessment Team in order to be eligible for Extended Aged Care At Home and Extended Aged Care At Home-Dementia packages. The administration of the packages through external agencies and the cost structure are similar in nature to those for Community Aged Care Packages.

In 2007, 74% of individuals in NSW who received Extended Aged Care At Home packages were aged 75 years and over, and 65% of recipients aged 75 years and over were women⁷¹.

As indicated in Section 3.9, there is currently a shortfall of Extended Aged Care At Home packages allocated to the Northern Sydney Aged Care Regions, based on target ratios set by the Commonwealth Government. There are currently 247 places (168 Extended Aged Care At Home and 79 Extended Aged Care At Home-Dementia) allocated to Northern Sydney. There are only 11

⁷⁰ Australian Government Department of Health and Ageing, Ageing and Aged Care in Australia, July 2008, p. 20.

⁷¹ Australian Bureau of Statistics, 2008, *Ageing Population in NSW*, Catalogue No. 4106.0., p. 83.

packages offered by providers based within the Lower North Shore. There has been however a substantial increase since the previous Social Plan, when in 2003-4 there were just 28 Extended Aged Care At Home packages allocated⁷².

3.11 Aged Care Facilities (Housing)

Suitable housing can become a critical issue for older people as they age. In 2006, approximately 9.4% of all people aged 65 years and over lived in residential care facilities⁷³. Figure 3-18 shows the different types of accommodation available to seniors living in the Lane Cove Local Government Area.

Figure 3-18: Aged Care Accommodation in the Lane Cove Local Government Area

Facility Name	Suburb	Places	Eligibility Criteria
Self Care / Independent Living			
Northcott Gardens	Lane Cove	57	55 yrs +
Pottery Gardens	Lane Cove	62	Financial disadvantage
Waterbrook Greenwich	Greenwich	79	Capacity to pay entry costs and ongoing fees
Chatswood Garden Village**	Lane Cove (Willoughby Local Government Area)	83	Capacity to pay entry costs and ongoing fees
St Peter's Green (to be built)	Lane Cove North (Willoughby Local Government Area)	27	Capacity to pay entry costs and ongoing fees
Low Care			
Kamilaroi Retirement Centre	Lane Cove	75	Aged Care Assessment Team Assessment
St Columba's Retirement Centre	Lane Cove	42	Aged Care Assessment Team Assessment
Caroline Chisholm Retirement Village	Lane Cove	50	N.B. These are <u>not</u> subsidised places and do <u>not</u> require an Aged Care Assessment Team Assessment. Medical certificate. Capacity to purchase and pay full fees
High Care			
Caroline Chisholm Nursing Home	Lane Cove	79	Aged Care Assessment Team Assessment
Glenwood Nursing Home	Greenwich	56	Aged Care Assessment Team Assessment
Lynvale Nursing Home	Lane Cove	81	Aged Care Assessment Team Assessment
Total Places*	-	-	-

Source: Staff at the respective facilities (April 2009), and Australian Government Department of Health and Ageing, Ageing and Aged Care Place Statistics, June 2008.

*Self-care and independent living units are counted as one place each, even though they may be two or more bedroom units.

**Is located within the section of Lane Cove which is part of the Willoughby City Council.

⁷² Through Baptist Community Services and the Uniting Church in Australia Property Trust.

⁷³ 3.7% in nursing homes, 2.0% in accommodation for the retired / aged (not self contained) and 3.6% in self-contained retirement villages

Lane Cove Local Government Area has five residential care facilities, including 216 high care (nursing home) places and 117 Commonwealth funded low care (hostel-style) places.

3.11.1 Self-Care and Independent Living Units

Self-care or independent seniors living units are usually for people aged 55 years and over who are able to care for themselves, or need minimal care. As such, an Aged Care Assessment Team assessment is not required to enter one of these types of units, but instead some facilities may require a medical certificate to indicate general good health before being accepted into the facility.

People are living longer, and leading healthier lives for longer. There are more 'young-old' retirees seeking housing suited to their active lifestyles. There is an increase in the number of frail, very old people (especially older women living on their own), creating a greater demand for housing that incorporates some forms of support. For people over the age of 55 this means housing which is adaptable, low maintenance, secure and enhances their independence. There is a lag in housing adjustment to these social trends⁷⁴. New housing construction continues to be dominated by family housing and fails to offer the range of choices that are attractive and affordable to many older homeowners⁷⁵.

It is difficult to accurately estimate the extent of supply of seniors self care housing which is currently available. Figure 3-19 below shows the range of self-care accommodation available at specialised facilities in the Lane Cove Local Government Area. It also includes two additional facilities (one of which is to be completed in late 2009) that are located in Lane Cove and Lane Cove North, but are situated within the Willoughby Local Government Area.

Figure 3-19: Self Care Seniors Accommodation in the Lane Cove Local Government Area and surrounds

Self Care Facility	Units	Eligibility	Tenure	Entry Costs	Exit Costs	Ongoing Fees	Other Info
Northcott Gardens (Lane Cove)	57	55+ yrs	Life-long Lease	Bond: \$118,000 - \$125,000	10% per year of residency. No refund after nine years.	Rent: \$64.19/wk Maintenance: \$834/qtr	All one bedroom units
Pottery Gardens	62	55+ yrs Financial disadvantage / In receipt of pension Doctor's certificate	Ongoing Rental Agreement	Bond: \$10,000 - \$12,000	Non-refundable bond	Rent: 25% of pension (approx. \$65/wk)	All studio units

⁷⁴ Australian Housing and Urban Research Institute (AHURI) Research and Policy Bulletin 43 (2004) "Housing futures in an ageing Australia"

⁷⁵ Australian Housing and Urban Research Institute (AHURI) Research and Policy Bulletin 43 (2004) "Housing futures in an ageing Australia"

Self Care Facility	Units	Eligibility	Tenure	Entry Costs	Exit Costs	Ongoing Fees	Other Info
Waterbrook (Greenwich)	79	55 +yrs	99-yr lease	\$900,000-\$2.6 million	A percentage of re-sale price, capped at 22% after 5 years of residency	\$209-\$600 /wk	Includes two and three bedroom apartments and penthouses.
Chatswood Garden Village (Lane Cove, but in Willoughby Local Government Area)	83	55+ yrs	99-Year Lease	Units from \$335,000	\$2.5% of purchase price per annum, up to maximum of 50%	Maintenance: \$103-\$192/wk User pays services include meals, cleaning, laundry etc.	Includes 26 one-bedroom and 57 two-bedroom apartments. Includes some serviced apartments
St Peter's Green (North Lane Cove, but in Willoughby Local Government Area)	27	55 + yrs	-	Units \$575,000 - \$750,000	3% per annum of initial purchase price, capped at 30%	\$450/mth	Includes one, two and three bedroom apartments. To be completed in approx. October 2009. Will contain an adjoining 93-bed aged care facility.

Source: Staff and websites for the respective facilities (April 2009).

This data will not encompass all housing approved under the provisions of State Environmental Planning Policy (SEPP) which deal with seniors housing⁷⁶. The (former) Department of Infrastructure, Planning and Natural Resources (DIPNR), in its 2004 *'Review of Housing Strategy for Older People and people with a disability, including changes to SEPP 5'*⁷⁷ estimated that approximately 1% of NSW seniors live in State Environmental Planning Policy 5 independent living 'in fill' housing (e.g. villas in low density residential areas). The (former) Department of Infrastructure, Planning and Natural Resources also estimated that 4% of NSW seniors live in retirement villages or 'in fill' housing.

⁷⁶ State Environmental Planning Policy (Housing for Seniors or People with a Disability) 2004

⁷⁷ State Environmental Planning Policy (SEPP) 5 has been superseded by State Environmental Planning Policy (Housing for Seniors or People with a Disability) 2004

It is noted that these estimates are now out of date and require updating in light of the 2006 Census. As noted above there is a lag in housing adjustment to social trends and the (former) Department of Infrastructure, Planning and Natural Resources figure underestimates the current state of seniors housing trends. It is also noted that the (former) Department of Infrastructure, Planning and Natural Resources figures are a NSW wide average, and are expected to be notably higher in some parts of NSW.

An approach which can be utilised to inform an assessment of potential demand is that established by the NSW Department of Planning in “*Guidelines for the preparation of SEPPSL⁷⁸ Exemption Reports*”. This document established as a goal for meeting the housing demands of seniors that manageable forms of housing should be available for 20% of people aged 55-74 years.

This has been undertaken in the following Figure 3-20, identifying a shortfall of seniors specific housing in Lane Cove.

Figure 3-20: Assessment of Demand for Seniors Housing, 2006

Population 55+ ¹	7,377
Households 55+ ⁵	4,611
Population 55 - 74 ^{1, 7}	5,152
Current <i>Estimated</i> Supply of Age Restricted Self Care Dwellings in Lane Cove ⁶	244
Dept. of Planning Goal Seniors Dwellings (20% of 55-74 years in 'Manageable forms of housing') ³	644
Dept. of Planning Goal - Difference with Supply (Dwellings)	+400
Seniors Housing Provision - as % of all 55+ housing ⁴	5.3%
Seniors Housing Provision - as % of all 55 - 74 housing ⁴	7.6%

¹ Australian Bureau of Statistics 2006 Census Basic Community Profile, based on Place of Usual Residence

³ Applied to population.

⁴ Applied to households.

⁵ The occupancy rate for over 55 households has been assumed to be 1.6.

⁶ An allowance for potential 'infill' State Environmental Planning Policy 5 housing has been made at 1%. Note that an additional 110 units are in Lane Cove suburb, but in the Willoughby Local Government Area, have not been included.

⁷ Australian Bureau of Statistics 2006 customised data, Based on Place of Enumeration.

3.11.2 Low Care Facilities

Low care facilities for the elderly (formerly known as hostels) generally consist of single or shared rooms in a complex which provides some support services. Most low-care facilities provide meals, cleaning and personal care as required. An Aged Care Assessment Team assessment is required prior to entry into a subsidised place within low-care facility. Figure 3-21 identifies the various low care facilities available in the Lane Cove Local Government Area.

In 2008-09 the Northern Sydney Aged Care Planning Region had a ratio of 47 subsidised low care places⁷⁹ per 1,000 residents aged 70 years and over, which is slightly less than the Commonwealth Government's target ratio of 48 places per 1,000 target population.

The Lane Cove Local Government Area has a less favourable ratio of 39 places per 1,000 population aged 70 years and over, though is a slight improvement from a ratio of 37 places to target population in 2004.

However, unlike most low care aged facilities in NSW, Lane Cove has an additional unsubsidised 50 bed low care facility, the Caroline Chisholm Retirement Village, which does not attract funding from the Commonwealth. Access is not via Aged Care Assessment Team. Rather it is entirely self-

⁷⁸ State Environmental Planning Policy (Seniors Living)

⁷⁹ Excludes the 50 non-subsidised places at the Caroline Chisholm Retirement Village.

funded - individuals wishing to live in the facility purchase shares in a co-operative which entitles them to an accommodation unit. In addition a standard daily fee is paid by individuals for their care while in residence.

If these 50 non-subsidised places are taken into consideration, an over-supply of low-care accommodation would be indicated, with a ratio of 55 places per 1,000. It is noted however that the inclusion of such places can overstate the availability of low-care aged accommodation places which are accessible regardless of the ability to pay. The exclusion of this facility from planning calculations identifies an undersupply of low care places in Lane Cove.

Figure 3-21: Low Care Aged Facilities in the Lane Cove Local Government Area.

Low Care Facility Name	Places	Tenure	Entry Costs	Exit Costs	Ongoing Fees	Other Information
Kamilaroi Retirement Centre (Lane Cove)	75*	Resident Agreement	\$180,000 - \$230,000	Up to \$17,500	\$33.41 per day (approx. \$1,000 / month)	Includes two beds for Booked Respite Program.
St Columba's Retirement Centre (Lane Cove)	42	Loan & licence	n/a	Up to \$17,500	\$33.41 per day (approx. \$1,000 / month)	Includes one to two beds for Booked Respite Program
Caroline Chisholm Retirement Village	50	Company Title	Studios start from \$50,000. Larger one-bedroom apartments are approx. \$200,000	5%-25% of sale price.	\$1,230 - \$1,260 / month	Includes studios and one-bedroom units. Entry requirements: Medical certificate
Total Low Care Places	117 subsidised / 167 total					

Source: Place numbers - Australian Government Department of Health and Ageing, Ageing and Aged Care Place Statistics, June 2008.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-servlist-download.htm>

Source: All other information – Staff at the respective facilities.

* Staff advise 74 places as at April 2009.

Government-accredited (subsidised) aged care homes may charge a number of fees and charges,⁸⁰ although a resident may not be eligible to pay all of them. These fees (summarised in Figure 3-22) may include -

- A basic daily care fee, which contributes to living expenses like meals, laundry, heating/cooling, and nursing and personal care. The maximum basic daily fee is currently 85% of the single aged pension, or \$33.41 per day; plus
- An income-tested fee, depending on their income and level of care. This fee can not exceed the cost of their care. This fee ranges from \$25.88 per day for pensions to \$58.96 for self-funded retirees. An extra service charge applies to residents occupying Extra Service places (both permanent and respite), for the provision of a significantly higher standard of accommodation services and food.

⁸⁰ Australian Government, Department of Health and Ageing, Costs of Residential Care (as at 20 March 2009). Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-costs.htm>

- Either an accommodation bond (if entering low level care or an extra service place) or accommodation charge (for high level care). A resident can only be asked to pay such a bond or charge if their assets exceed \$36,000⁸¹. The aged care provider is able to retain part of the bond on leaving, up to \$292.00 per month for the first five years. The size of individual bonds has increased substantially in recent years. The average bond agreed with a new resident of an aged care facility rose from \$141,690 in 2005-06 to \$167,450 in 2006-07. Of the accommodation charges agreed with new residents in Australia during 2006-07, it is estimated that 83.9% were charged at the maximum allowable amount⁸².

Some aged care facilities may also receive approval to offer residents “Extra Service”, including a significantly higher standard of accommodation, food and services, in exchange for higher fees. The number of approved extra service places in an area is capped by the Government to ensure that residential care remains available to Australians who would not be able to access these higher cost places⁸³.

Figure 3-22: Fees and Charges Paid by Residents of Aged Care Facilities, as at March 2009.

Fee	Maximum Amount Charged	
	Pensioner	Non-Pensioner (i.e. Self-Funded Retiree)
Basic daily fee	\$33.41 per day	\$33.41 per day
Income-tested fee	\$25.88 per day	\$58.96 per day
Accommodation bond, OR Accommodation charge*	As agreed with the facility up to \$23.22 per day	As agreed with the facility up to \$26.22 per day

Source: Australian Government, Department of Health and Ageing, Information Sheet No. 9, Fees and Charges – An overview, as at 20 March 2008.

Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-whatnew.htm>

*If a resident's assets exceed \$36,000.

3.11.3 High Care Facilities (Nursing Homes)

High care facilities (formerly known as nursing homes) are generally for people who require 24-hour nursing care due to their physical support needs. In addition 24-hour nursing, high care facilities also provide meals, nursing, cleaning and personal care. An Aged Care Assessment Team assessment is required prior to entry into a high-care facility.

Figure 3-23 shows the distribution of high care places within the surrounding Local Government Areas on the Lower North Shore. There has been a decline in the availability of high care since the previous Social Plan (907 places in 2004). However, the Lower North Shore is well supplied, relative to other parts of the Northern Sydney planning area, with 20.5% of the high care places available. In comparison, the Lower North Shore houses 20.4% of the total population over 70 years.

Figure 3-24 identifies the three high care facilities operating in the Lane Cove Local Government Area. Glenwood and Lyndale Nursing Homes continue to have a partnership with the NSW Transcultural Health Unit to facilitate culturally appropriate care for Chinese residents, including food, the employment of bilingual workers and other services.

⁸¹ As at 20 March 2009

⁸² Australian Government, Department of Health and Ageing, *Ageing and Aged Care in Australia*, July 2008, p. 29.

⁸³ Ibid., p. 30.

Figure 3-23: Distribution of High Care Places in the Lane Cove Local Government Area and Surrounding Areas

Local Government Area	Number of High Care Beds	Ratio of Supply (Places per Population)
Lane Cove	216	72: 1,000
Willoughby	335	57: 1,000
North Sydney	162	33:1,000
Mosman	183	61: 1,000
Total	896	54: 1,000

Source: Number of High Care Beds - Australian Government Department of Health and Ageing, Ageing and Aged Care Place Statistics, June 2008.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-servlist-download.htm>

N.B: Ratio calculated based on Australian Bureau of Statistics Census of Population and Housing 2006 (i.e. persons aged 70 years and over).

Figure 3-24: High Care Aged Facilities in the Lane Cove Local Government Area

Facility Name	Suburb	Places	Other Information
Caroline Chisholm Nursing Home	Lane Cove	79	Entry is by Aged Care Assessment Team Assessment. Includes secure dementia care.
Glenwood Nursing Home	Greenwich	56	Entry is by Aged Care Assessment Team Assessment. Single, twin and a limited number of multi-share rooms available.
Lynvale Nursing Home	Lane Cove	81*	Includes 16 dementia-specific beds. Entry by Aged Care Assessment Team Assessment.
Total Places	-	216	-

Source: Australian Government Department of Health and Ageing, updated June 2008.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-rescare-servlist-download.htm>

*Staff advise that this facility had 74 beds as at April 2009.

The Northern Sydney Aged Care Planning region has a significantly higher number of people in high care aged facilities than the Commonwealth Department of Health and Ageing's policy benchmark, at the rate of 55 places per 1,000 people aged 70 years and over. **Supply has declined in relative terms since the last Social Plan** (in 2004 it was 60.5 places). However it remains significantly higher than the benchmark ratio of 40 places.

The Lane Cove Local Government Area has an even greater number of high care places to its' population (72 places per 1,000 residents aged 70 years and over). Further, **supply has increased in relative terms since the last Social Plan** (in 2004 it was 67 places per 1,000).

Whilst new places are allocated without regard to location within a region, the ratios in Figure 3-15 suggest that it is unlikely that the Lane Cove Local Government Area or the Lower North Shore will gain additional accredited high care beds over the term of this Social Plan. This is supported by the results of recent funding rounds where, for example, in the 2007 approvals round, only 2 of the 8 applications for additional high and low care places in the entire Northern Sydney planning area were successful. This resulted in just 7 additional high care and 2 additional low care places. These places were at Pennant Hills and Narrabeen, outside the Lower North Shore. In 2006, 6 low care places were approved, in Narrabeen and Beecroft.

These new 2007 places equate under the Commonwealth benchmark to a supply which meets the demands of 175 people aged over 70 years for high care, and 42 people for low care. In comparison the number of people aged over 70 in the planning region increases by over 2,000 people each year.

If this trend continued into the future, the supply of high care beds relative to demand within the region would **continue to decline**, as has occurred since the last Social Plan.

3.12 Recreation and Leisure

3.12.1 Overview of Seniors Recreation and Leisure Participation

As noted by the Australian Bureau of Statistics⁸⁴, involvement in physical activity for older adults, including the frail and very old, has the same benefits as it does for other age groups. Specific health issues for the older population include bone health, osteoporosis, postural stability and the risk of falling. Physical activity plays a role in both the prevention and management of many chronic illnesses, including cardiovascular disease, diabetes, lung disease, obesity, osteoporosis and some forms of arthritis. In addition, weight-bearing activity can increase mobility, independence and reduce the risk of falls. Regular, moderate physical activity may also contribute to psychological benefits including improved mental functioning, self-confidence, and alleviation of depressive symptoms. The Australian Sports Commission states⁸⁵ that *'regular physical activity is associated with a 40% decreased risk of losing mobility for older people'*.

An Australian Bureau of Statistics report⁸⁶ found that of those persons aged 65 years and over in NSW:

- 45.6% participated in some form of sport or other physical recreation in 2005-06;
- Males had a higher rate of recreation participation than females (49.3% versus 42.4%);
- 7.8% of people in this age group undertook physical activity once or twice per week and a further 21.7% participated more than twice per week; and
- Participation rates were higher in non-organised sports and physical activities (27.6%), compared to organised sports and activities (10.7%). The remainder (7.3%) participated in both organised and non organised activities.

Participation in physical activity decreases with age. For example, the proportion of people aged 75 years and over participating in sport and physical recreation activities was 33.6%, almost half the proportion of people participating aged 55–64 years (59%). The main motivations for participating in sport and recreation activities for people aged 45 and over were fitness/health/exercise and fun and enjoyment. Further, the main reason for discontinuing activity for people aged 45 and over was due to age, the second most frequent reason was ill health for people aged 55 and over, and lack of time for people aged 45-54.

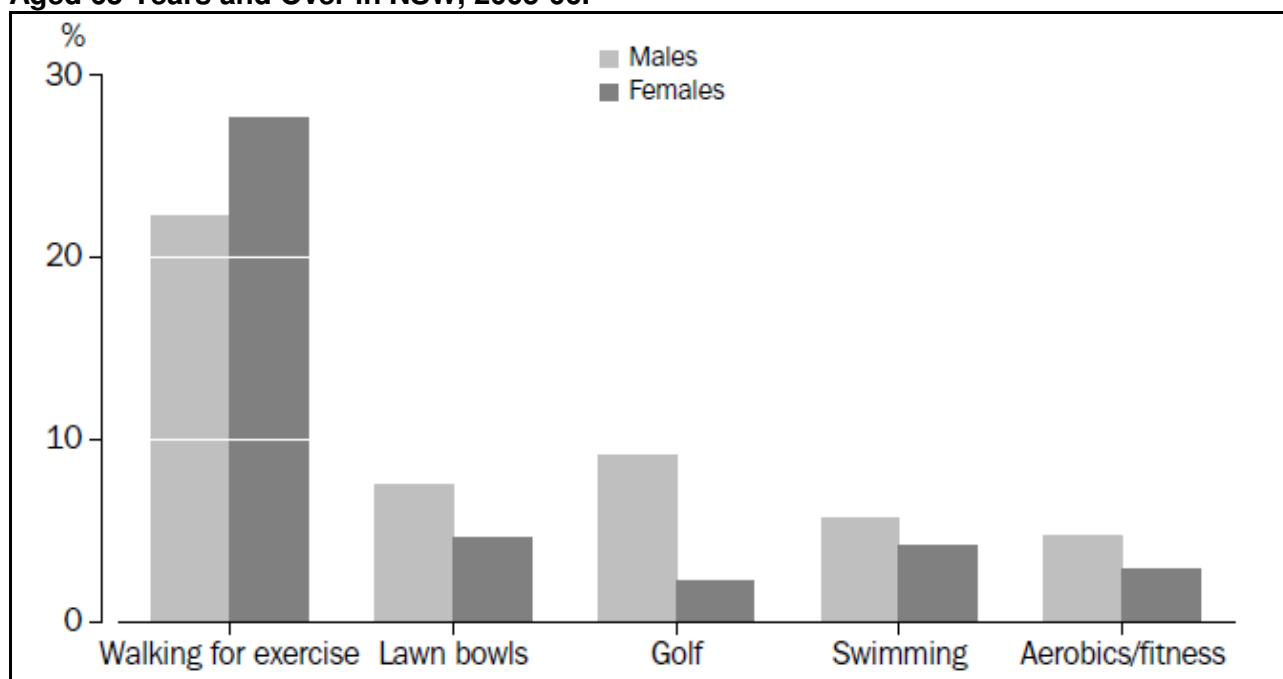
As shown in Figure 3-25, the most popular forms of physical activity amongst people aged 65 years and over in NSW was walking (25% of people aged 65 years and over), followed by lawn bowls (6.0%), golf (5.5%) and swimming (4.9%).

⁸⁴ Australian Bureau of Statistics (ABS), 2002, "Mature aged participation in sports and physical activities in Tasmania <http://www.abs.gov.au/Ausstats/abs@.nsf/0/af84dcd087c7f127ca256c32002415b2?OpenDocument>

⁸⁵ Australian Sports Commission and Department of Veterans' Affairs 2001, *Older, smarter, fitter: a guide for providers of sport and physical activity programs for older Australians*. ASC 2001

⁸⁶ Australian Bureau of Statistics (2008), *Ageing Population in NSW*, Catalogue No. 4106.1, p. 70-72 Available at: [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/\\$File/41061_dec%202008.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/$File/41061_dec%202008.pdf)

Figure 3-25: Participation in Selected Sports and Physical Recreation Activities by Persons Aged 65 Years and Over in NSW, 2005-06.



Source: Australian Bureau of Statistics, Population Ageing in NSW 2008, Catalogue No. 4106.1.

3.12.2 Leisure and Recreational Facilities

According to an Australian Bureau of Statistics study⁸⁷, more than two-thirds (69%) of people aged 65 years and over in NSW attended culture and leisure venues in 2006. Figure 3-26 identifies cinemas (36.6%) and libraries (35.1%) as the most commonly frequented types of cultural and leisure venues.

Figure 3-26: Cultural and Leisure Venues Frequented by Persons Aged 65 Years and Over in NSW, 2006.

Venue	Participation of Persona in NSW Aged 65 years and over		
	Males	Females	Total
Cinemas	32.9%	39.9%	36.6%
Libraries	32.0%	37.7%	35.1%
Botanic gardens, zoos and aquariums	30.5%	35.5%	33.2%
Art galleries and museums	25.5%	30.3%	28.1%
Popular and classical music concerts	24.9%	22.9%	23.8%
Musicals, operas, theatres and dance performances	28.8%	30.4%	29.7%

Source: Australian Bureau of Statistics Population Ageing in NSW, 2008, Catalogue No. 4106.1.

Seniors living in the Lane Cove Local Government Area can access a range of recreational and leisure facilities in the local area. The Lane Cove Aquatic Centre, which is fully accessible to people with mobility issues, contains a 25-metre, 8-lane indoor pool and 50-metre outdoor pool. The Lane Cove Library, in the process of being rebuilt, is expected to be completed in 2009, providing increased accessibility and space available for public use, including multi-purpose meeting rooms for community activities

⁸⁷ Australian Bureau of Statistics (2008), *Ageing Population in NSW, Catalogue No. 4106.1*, p. 70. Available at: [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/\\$File/41061_dec%202008.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/$File/41061_dec%202008.pdf)

The Men's Shed, auspiced by UnitingCare and supported by Lane Cove Council, provides a place for men aged 55 years and over to get together and socialise. Located within St Columba's Aged Care Facility, it provides a workshop equipped with electrical and hand tools and materials, allowing members to make and repair a range of items, including furniture, toys and craft items, as well as working on their own personal projects. Many items are donated to community groups, whilst others are sold to buy materials and new tools for the Shed.

Senior Citizen Centres in both Lane Cove and Greenwich provide a facility where seniors can socialise, play indoor bowls and other games.

Seniors living in the Lane Cove Local Government Area have access to a wide range of cultural and leisure groups which operate in the area, including theatre, musical, historical, photography and bushcare groups.

Cultural activities are also provided specifically for people who are of Chinese and Armenian origin, through activities organised by their respective associations operating in the Lane Cove and surrounding areas, such as Chatswood.

There are a number of educational facilities and services which are available to seniors living in the Lane Cove Local Government Area. Centrehouse Community Art and Leisure Centre runs a number of arts classes four times per year, as well as language classes and yoga lessons, as well as a number of weekend courses. Demand for art classes, particularly pottery, exceeds their classrooms' physical capacity, with new or expanded facilities required. Approximately 40 people are turned away each year. The Centre is currently working on this issue with Council (including through Cultural Advisory Committee) as part of Council's Cultural Plan.

The University of the Third Age (U3A) offers seniors a variety of opportunities to expand their knowledge and skills through informal educational programs conducted in the Lane Cove area.

The Greenwich/Lane Cove Seniors Computer Club (Computer Pals) provides seniors aged 55 years and over access to both computer technology and regular classes, taught by volunteers, to improve their knowledge and use of the technology (eg use of the internet and email, word processing and other beginner-level skills). As at April 2009, the club had 95 students, with approximately 85% of these residing on the Lower North Shore. Students range in age from their late 50s to 97 years of age, with the average age being approximately 70. Classes are generally full and have a small waiting list .

3.12.3 Social and Community Activities

As with involvement in sporting and recreation activities, participation by older people in social activities provide opportunities for social interaction and contributes to individual well-being. However, an older person's participation in social activities can be influenced by a number of factors, including health, disability, living arrangements, level of income, availability of transport and access to information and technology⁸⁸.

In NSW (2006), the most common social activity undertaken by people aged 65 years and over was visiting (or being visited by) friends (87%), followed by attending cultural and leisure venues (69%) and meeting friends for indoor (62%) or outdoor activities (56%). The same activities were also popular among older people with a disability⁸⁹.

⁸⁸ Australian Bureau of Statistics (2008), *Ageing Population in NSW, Catalogue No. 4106.1*, p. 70. Available at: [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/\\$File/41061_dec%202008.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/811CECF368044C8FCA257521000D893F/$File/41061_dec%202008.pdf)

⁸⁹ Ibid.

In 2006, similar proportions of older males aged 65 years and over (60%) and females (62%) in NSW were actively involved in a social group. The most popular types of groups people participated in by those aged 65 years and over were social clubs which provided restaurants or bars (26%), religious or spiritual group organisations (23%), and sport or physical recreation groups (18%).

The Lane Cove Community Aid Service operates a *Social Activities for Seniors Program* which is designed to help older people in the Lane Cove Local Government Area remain active and involved in the community. Activities include both centre-based and day-trip activities, organised by a Social Activities Co-ordinator. Amongst the activities provided are a walking group, community café, book club, tea and tunes, bus trips, Mah-Jong and games (chess/scrabble/bridge) sessions. There has been a dramatic increase in attendance at the Lane Cove Community Aid Service's social activities over the last 12 months. For example, Tea and Tunes (held once per month) has increased from 19 to 40 people per session, and the Community Café (held twice per month) has increased from 19 to 53. This has been attributed to increased awareness - both advertising (in the Village Observer and leaflets) and word of mouth. Despite this increase, there is concern that the most socially isolated and in need of these services are not being reached.

The Meeting House Inc in Lane Cove provides regular activities for seniors, including a monthly friendship group for seniors and outings using the organisation's community bus. Meeting House is a neighbourhood centre designed to be a place where people come together, particularly those who would be otherwise socially isolated. The Meeting House buildings are to be redeveloped, sometime in 2009. Construction is intended to take 9-12 months. Whilst this occurs, Meeting House will move temporarily to the Council-owned building which previously housed the Lane Cove Police Station. This will affect service supply, due to the size and layout of the Police Station (e.g. some activities will be scheduled in the kindergarten at times when it is not being used for that purpose). After redevelopment the site will become fully accessible.

Council also offers activities and seminars periodically throughout the year for seniors, including cooking classes for men. Special events are also organised by Council, held at various times throughout the year, including during Seniors Week in March each year. Council also produces a newsletter for seniors called 'The Lane Cove Connection', which commenced publication in April 2009. The monthly newsletter contains information about services and activities which are available in the local area, including upcoming events, seminars and social activities.

4. ISSUES AND NEEDS

A number of key issues have been identified, based on the above research, augmented by consultations with community members and service providers. Even though the issues are quite varied, and Seniors as a group are varied and diverse, they can be grouped into the following headings -

- Improving awareness;
- Keeping seniors well and active, overcoming social isolation;
- Supporting independent living;
- Ensuring support is available for those who can no longer live independently; and
- Support for carers and volunteers.

4.1 Information and Awareness

One surprising finding of the consultation process was the widespread lack of knowledge amongst Seniors of the services which are available to them. This could even be said of those more community minded residents who actively participate in community life.

It is clear that not everyone who needs services are aware that they exist. There is anecdotal evidence that those most in need are those not taking up opportunities (eg the most socially isolated are not always accessing outings). There is also some confusion amongst clients as to what services do and are differentiated from one another, an understanding which is complex enough for professionals.

There is a pressing need for increased awareness of what social support services are available, particularly -

- of what services can be accessed to help people remain in their homes; and
- of social opportunities available to combat social isolation.

The importance of proactively and effectively communicating these opportunities is clearly established, as the earlier assistance is sought, the better off recipients are in the longer term.

These issues have been recognised by the Area Health Service. In response, the Northern Sydney and Central Coast Area Health Service will be rolling out a new information line which will serve as a “single point of contact” for aged care services offered by the Area Health Service and will include home nursing, Aged Care Assessment Team referrals, Aged Care Rehabilitation Unit (ACRU), and Post Acute care. The aim of the line is to increase the efficiency of getting consumers in contact with the correct service and reduce time and resources for the services who currently have to pass clients on to the correct service provider. Details of how the new information line will be promoted have not yet been released.

However, it does not appear that the issue is related to a lack of dissemination effort. For example, the comprehensive Seniors' guide is produced each year. Rather, it appears from our discussions that messages are going out and being physically received, but are not being looked at, or the connection made at the time of need.

Council should take a lead role in coordinating the promotion of services and key access points to those in need. As well as traditional approaches, such as -

- Installing more notice boards, in more locations;
- Recognising the key and critical role of the library as a community hub and information node. Council should reconfirm that the physical requirements (eg display space) are in place now, whilst constructing;

- The internet should continue to be used (such as the current LINCIS (Local Information Network for Community Services) database prominently linked on Council's website). For Seniors however, this should be as a supplemental and not a core avenue, as a notable number of senior's residents do not have regular access to the internet or the skills base to do so;
- Seminars to inform people of the various options available and how to access these.

Council should examine using alternative ways of getting the message out, such as -

- With rates notices;
- Listing key websites and services on a larger garbage collection day fridge magnet (ie something residents won't throw out);
- Creating a new residents welcome pack, which could be disseminated through Real Estate Agents;
- Supporting the proposed Northern Sydney and Central Coast Area Health Service Help-line – Rolling out in 2010 ;
- Broadening the use of other community facilities and services used by seniors as distribution/ access points (ie schools, churches, GPs). This would entail using their communication tools or placing service directories within their organisations.

The best approach however is for Council to proactively target those residents most in-need with tailored communication tools.

Council should investigate new and innovative ways of communicating with each needs group.

This is not an issue Council faces alone. An established standardised procedure could be accessed by other Non-Government Organisations. Nor is it an issue faced solely by services targeting Seniors, but one which cuts across all target groups. There is a need to draw these measures together in a Communications / Information Strategy, a common policy document which coordinates across services.

4.2 Keeping Seniors Well and Active - Overcoming Social Isolation

Ageing can often lead to social isolation as a result of increased frailty, lack of mobility, and the loss of friends and family⁹⁰. A striking finding of research looking at ageing and survival is that: -

“...survival was not related to the presence of negative symptoms such as anxiety, stress or depression, but rather to the absence of positive well-being such as satisfaction with life or feeling one was playing a useful role⁹¹.”

Studies of social engagement and productive activity have identified beneficial effects even when age, gender, education, social class and physical health have been taken into account.⁹²

⁹⁰ www.seniors.gov.au

⁹¹ Felicia A Huppert, *International review of new approaches to ageing and health*, in Diana Olsberg Ed., *Ageing and Creative: Australia in the 21st Century*, 2000 UNSW Research Centre on Ageing and Retirement, Pages 23 to 24.

⁹² Huppert page 24

Increasing physical and social activity is the key to dealing with social isolation. From Council's perspective, this entails -

1. Providing formal and informal opportunities for social interaction;
2. Helping people get out of their homes and into the community. Some older people cannot access social activities due to:
 - A lack of transport;
 - Mobility challenges;
 - Safety concerns about venturing out (especially at night); or
 - A reluctance to participate (such as psychological).

These are discussed further below.

4.2.1 Opportunities for Active Social Engagement

As a preventative strategy to keep seniors well and active the development and promotion of social, recreational and cultural activities is a good investment by Council, and a strategy which it can directly implement.

In general, Lane Cove is well-serviced by organisations who offer social activities for seniors. In addition to the social activities program operated by the Lane Cove Community Aid Service, other groups organising activities in the Local Government Area include the Men's Shed, Greenwich Senior Citizens Club, Lane Cove Senior Citizens Club, Meeting House, local recreation/ bowling clubs and Council-operated activities, as well as a variety of arts and cultural groups, religious organisations and churches.

The popularity of these activities is always increasing, particularly in the last 12 months. That this has been attributed to increased awareness, suggests that there is an 'untapped market' for more seniors activities.

There is an identifiable need for Council to continue to provide, facilitate and coordinate social activities for seniors.

This will involve -

- Improved and targeted awareness raising (refer to Section 4.1);
- Repeating a core program of popular activities (courses/ seminars), more often (e.g. Men's health, accommodation / strata living), to make the initial social connections;
- Providing activities at different hours (eg more afternoon and weekend programs) to increase opportunities for access. More vulnerable seniors' will not attend night-time events due to safety fears (eg poor lighting increases the risk of falls). Community transport is also not available after hours;
- Providing a variety of activities which caters to a range of interests and skill levels (not just for beginners, also more advanced), recognising that the interests of 'young-old' and 'old-old' differ. 'Young-old' do not view themselves as seniors and hold a negative perception of some organised activities they don't see as being for them. Over the life of this plan Council will need to adapt its offer to respond to the changing needs of baby boomers moving into this age group;
- Assisting space constrained activities (such as Centrehouse) to access larger premises or obtain funding to run more frequent classes;
- Developing a community garden in Lane Cove;
- Ensuring that activities remain affordable; and

- Targeting those most at-risk of social isolation through increased awareness and the development of activities tailored to their interests. This could include opportunities for socialising beyond their carer, such as support to increase the take-up of the Lane Cove Community Aid Service Social Support Program. One way could be to invite both the Lane Cove Community Aid Service volunteer and the client to a joint activity (eg cooking class or gardening);

Council should itself continue to focus upon facilitating those social activities which are connected to skills and confidence building, such as cooking classes for men. Such early intervention derives other social benefits, such as reduction in demand for other more intensive service forms.

Council should continue with its focus on promoting healthy lifestyles.

Despite the ongoing increase in seniors social participation, some Clubs report that they experience difficulty recruiting members, which in turn affects their long term viability. For example, the Lane Cove Seniors Club has only about 6 members remaining. There is also a concern, heightened in this context, amongst some services that there is a duplication of some social activities, leading to inefficient use of limited resources (eg administration and venue costs for the same purpose, which could be shared).

Effective and efficient use of resources is always good practice. To this end, Council should continue to facilitate the Local Area Network to improve co-ordination, discuss potential ways of joint working (eg venues), and expand the variety of activities available.

In some cases however, limited participation may indicate a belief the activity does not match their interest, rather than awareness per se. A key consultation message was the view that there is a limited range/ availability of activities for “younger” seniors. As noted, ‘newer’ seniors are of a different generation with different interests, who may hold a negative perception of the types and age of people who attend. Awareness may need to be mixed with education to promote the social experience with like minded people rather than simply the activity itself.

Linked to this issue is providing the additional support which may be needed by seniors who are most at-risk of social isolation to overcome any lack of confidence and join in social activities, by making them aware of this support through targeted awareness mechanisms. This can, for example, include ‘buddy systems’ for new members.

4.2.2 Maximising the Benefits of Public Space for Community Building

Age-friendly environments are accessible, encouraging mobility, social interaction and inclusion. This is a critical area in which council is the lead actor and can have maximum impact. It can do this in several ways which benefits seniors, including -

1. Removing barriers to social participation by promoting personal mobility in public domain. This also provides a range of health benefits; and
2. Creating public spaces which provide the opportunity to socialise and build community.

One in three people over 65 fall each year and 10% of those sustain serious injury. People with dementia have an even higher risk (up to 80% fall at least once each year)⁹³. Ground surfaces are a significant factor in increasing the risks of falling.

⁹³ Australian Government Department of Health and Ageing, 2008, *Dementia Resource Guide: 9.4 Falls Prevention*

Age-friendly surroundings include -

- Footpaths which are 'well maintained, free of obstructions and reserved for pedestrians' as well as 'non-slip and wide enough for wheel chairs'⁹⁴. Consultation suggests that this is not always the case. The main concerns relate to maintenance and policing. Footpaths are sometimes partially blocked by overgrowing private gardens. Due to limited on-street parking supply, they can also be regularly blocked by motor vehicles parking across driveways or illegally. Further, the walking surface in some key community nodes can be uneven (eg within the village).
- The provision of pedestrian crossings, where appropriate. Problematic intersections identified by Seniors and which should be further investigated include - across Longueville Road at Birdwood Avenue, across Central Avenue opposite the library. Crossing needs identified in the previous Social Plan (eg Tambourine Bay Road) have been actioned. The lifts serving the Epping Road pedestrian overpass are reported to work infrequently. Pedestrian crossing lights do not always afford seniors sufficient time to cross.
- Good pedestrian (street) lighting in key locations. Poor lighting prevents some seniors from going out at night and accessing night time events. Consultation identified that street lighting is perceived as inadequate in some locations, being at low levels or obstructed by trees. Problematic locations identified by seniors include the Lane Cove Plaza and Longueville Road. Street lighting should be maintained and improved where appropriate to increase the perception of personal safety.

Council should continue to maintain and improve the quality of the public domain, particularly accessible public walkways. Council should continue to undertake access audits of its public domain, particularly around Lane Cove Village.

In doing this Council should continue to create spaces to socialise. This can be as elementary as providing regular seating to encourage walking, stopping, and socialising. Seating provides seniors the opportunity to rest, or to simply sit and observe and be part of community life.

A related issue is the identified need for additional and better maintained public toilets across the Council area, in high use areas.

4.2.3 Community Transport

Affordable, reliable, safe, accessible transport is vital for seniors in Lane Cove, for both general and health related and general destinations.

A recent planning study by a community transport provider, Accessible Bridge Services, identified the following as the top transport priorities in the Northern Sydney Region -

- More health related transport;
- More non-medical individual transport;
- More shopping services;
- Services to address social isolation;
- Services to Culturally and Linguistically Diverse communities;
- Transport to Day Care centres and respite; and
- Services for younger people with disabilities/ more Wheelchair Accessible Taxis (WATs), especially for younger people with disability. .

⁹⁴ World Health Organisation, 2007, *Checklist of Essential Features of Age-friendly Cities*

These issues are generally confirmed by this Social Plan's consultations. The availability of community transport remains a core issue for Lane Cove's seniors.

However, as a general comment, it appears that whilst there are specific gaps and shortfalls driving community concern, the level of community transport in Lane Cove is relatively better than other Local Government Area's. On average, just 1.4 trip requests cannot be met each month either by Lane Cove Community Aid Service or Lower North Shore Community Transport, a dramatic improvement since the previous Social Plan.

Further, Lane Cove Local Government Area has a level of demand for Lower North Shore Community Transport services (at a rate per 1,000 Home and Community Care target population) lower than two of the three other Lower North Shore Local Government Areas (Mosman and Willoughby). Its rate of access is one third that of the NSW average. The rate of Home and Community Care access could be for several reasons -

- Differing levels of service. This can be discounted as Lower North Shore Community Transport is the Home and Community Care funded provider to the Lower North Shore and the basis of these figures;
- A less 'in need', more mobile population of seniors. Lane Cove has approximately the same size Home and Community Care Target Population as Mosman, however one third lower rate of access. There is no real evidence to suggest that Lane Cove seniors are more healthy, active, and self reliant than Mosman's; or
- A source of community transport other than Home and Community Care.

The lower rate of Lower North Shore Community Transport access appears to be due to the excellent service provided by Lane Cove Community Aid Service to Lane Cove's seniors. Whilst Mosman also has its own community transport service, it is not as individualised, being mainly for medical or hospital appointments, and is less flexible, relying mainly on 2 buses rather than 30 volunteer cars in Lane Cove.

Overall, whilst it appears that about the same number of trips (Home and Community Care and non-Home and Community Care) are provided each month as 4 years ago, the Lower North Shore Community Transport's share of these trips has dramatically declined (from 70% to 33%, and sometimes as low as 22%).

What is not clear, and no conclusions can be drawn, is why the overall number of community transport trips in Lane Cove has not greatly increased in the last four years, despite the ongoing aging of the population (particularly those over 85). This could suggest an issue with awareness.

Council should continue its support of Lane Cove Community Aid Service. The effectiveness of Lane Cove Community Aid Service volunteer drivers in meeting local need has had a demonstrated impact on this issue since the previous Social Plan.

Those shortfalls which do exist with community transport in Lane Cove appear to be caused by the parameters of community transport as a service. Community transport-

- is not always available when it is required (responsiveness). Community transport is generally only available up until 3.30/4pm. This can be an issue if medical appointments run late and/or cannot be scheduled for time prior to last community transport service for the day.
- is not coordinated with social activities (seminars and events), restricting participation.
- has specialist medical transport as a priority, if the person is not well enough to travel. Whilst there is not a large demand for medical transport, it will be increasing and for those who need it, it is critical.

- cannot always assist those living in hostels and nursing homes, due to Home and Community Care funding restrictions. Whilst some villages do have buses, they do not have the capacity to regularly supply all residents. Services are required to enable excursions for these residents.

The affordability of community transport was not raised as an issue.

Council should lobby for improvements in these areas.

The limitations of community transport are compounded by the inadequate provision of public transport for travelling *across* the Local Government Area. It currently takes 2-3 bus changes, which can be difficult for seniors. Further, bus services are being rationalised by STA. Any loss of service from Lane Cove's hilly back streets would have a significant impact on seniors.

Council should continue to lobby for greater effective public transport liaison and development.

Whilst it was a valuable service for seniors, the Village Xpress bus did not meet community transport needs as it was not flexible enough and did not service the main community transport destinations required by Seniors (ie major health facilities). Access to the hub of Lane Cove is however crucial for seniors well-being, and should be taken into account.

Accessible Bridge Services suggests that the region's transport needs can be addressed by -

- Better co-ordination of services;
- Better co-ordination and use of buses and drivers in the community;
- Better information for clients and service providers;
- Encouraging more volunteers; and
- More accessible mainstream transport.

4.2.4 Parking

Whilst the issue of parking is a cross cutting issue discussed in detail elsewhere, an inadequate supply of seniors/ disability parking was identified by many residents. This is exacerbated by these spaces being occupied by non-permit holders.

It has been suggested that some 'accessible' parking bays within the Local Government Area present difficulties for people with disabilities as they can be on slopes and of narrow width. Council should audit these spaces to ensure they are appropriate.

Council should continue to implement its Seniors parking scheme and, where possible, expand the number of spaces, in-line with ongoing population growth in this age group. Just as effective however will be increased policing of parking infringements by Council rangers.

4.3 Support for Independent Living

People are living longer, and leading healthier lives for longer. There are more 'young-old' retirees with active lifestyles. There is an increase in the number of frail, very old people (especially older women living on their own). This will create a greater demand for housing that incorporates forms of support and greater demand for care and support services for the elderly.

Lane Cove's Seniors keen desire is to remain in their homes for as long as possible, connected to their community and existing social networks. The vast majority of seniors can and do remain in their homes, only entering higher levels of care in the last few years of their lives. Assistance is required by some people to ensure that they can age in place and live independently.

This is also beneficial for government, as it costs less to keep someone in their own home than it does to provide residential care.

Whilst Council is not positioned to meet this need directly, it plays a key role in advocating for increased supply and coordinated the planning and delivery of that supply as it becomes available to maximise its efficiency and effectiveness.

In general, there are small waiting lists for some forms of in-home assistance. Lane Cove has quite a good supply of shopping and meals services. Reviews have found extremely high levels of satisfaction of in-home assistance services in the Local Government Area.

However the key shortfall is for Community Aged Care Packages. Despite ongoing improvements in supply, demand for assistance continues to be high and remains unmet. There is a lengthy waiting time of 9 months, up from 6 months in 2004. In response residents are either falling back on their families, or going without and their situation worsens until they enter higher forms of care. It is stressed that early intervention is important so that residents remain independently living in their own home longer, maintain participation and improve their well being. Seniors' needs tend to quickly escalate when not addressed in time.

Further, people waiting for receipt of Community Aged Care Packages places increased pressure on other Home and Community Care services which are used in the meantime, even they may not be best form of service (i.e higher levels of care are required).

Council should continue to lobby for improved service in this area. NCOSS (Council of Social Service of New South Wales) has called for the NSW Government to lift its funding of the Home and Community Care program by 20%⁹⁵.

Positively, services report that many residents in the Local Government Area have regular support from family members.

Until supply increases, Council should continue to support carers as discussed in Section 4.5.

The practice of earlier discharge for patients who would previously have stayed longer in hospital to recover has also led to increased pressure on community care. A key group affected by these measures are older people, who may have needed to stay in hospital for recovery and rehabilitation when they have no support at home.⁹⁶ Some residents have reported difficulty in obtaining post operative care (such as stays in nursing homes) within the Local Government Area. This requires daily travel by their family/ partners outside the Local Government Area creating hardship. In a study of consumers and their advocates, NCOSS (Council of Social Service of New South Wales)⁹⁷ found a number of problems with earlier discharge. Additional convalescent recovery services are required during this at-risk phase to ensure seniors health does deteriorate necessitating a move into higher levels of care. Two different programs of short-term support are available to older people following a stay in hospital (Section 3.5.8). It is understood that there is generally some spare capacity in the availability of Transition Aged Care (TRANSPAC) packages. The Community Package (ComPacks) program has grown significantly since it began in 2003 and is anticipated to undergo further expansion as NSW Health moves towards supporting more out of hospital care.

⁹⁵ NCOSS, 2008, *Towards Triple A Rated Community Services: Social and economic priorities for a fair and sustainable community: 2009-2010 State Budget*, Submission to the NSW Government by the Council of Social Service of NSW, p. 14

⁹⁶ Please see page 28 for more information on these services.

⁹⁷ NSW Council of Social Service July 2000, *Earlier Discharge: How early is early?*

4.4 Ensuring Support is available when Seniors can no longer live independently

It is important to ensure that support is available when residents can no longer live independently in their home.

Accommodation in aged care facilities generally are available, with most consultation participants reporting no access issues. However Lane Cove residents may not on every occasion be able to obtain a place within the Local Government Area. Whilst this has a number of impacts on the individual and their family, the current high level of local provision in comparison to Commonwealth planning benchmarks suggests that this situation will continue for the life of this Plan.

Dementia support services will be increasingly required in Lane Cove into the long term. Statistics suggest that there may be 500 residents of Lane Cove with dementia, and this will increase by 10% over the Social Plan period. It is considered that this will become an increasingly critical issue over the life of this Plan.

Services required for people with dementia and their carers include information, day care, respite care, both in-home and residential, counselling and advocacy services, case management and dementia monitoring. Demand is already strong, with unmet needs. There will be increasing need for -

- dementia day care in or near Lane Cove, as there is currently none available. It is understood that the Tom O'Neil Centre is likely to be relocated from North Sydney to Ryde.
- more dementia specific secure Hostel and Nursing Home places. It is estimated that around 60% of people receiving high care and 30% of those receiving low care have dementia⁹⁸.
- dementia services for people with challenging behaviours, access to which is currently problematic.
- further support for carers such as support groups, counselling, and training in identifying triggers for problem behaviours and coping strategies. Lane Cove Community Aid Service and Council are planning on setting up a carer support group in Lane Cove via the Area Health Service Carer Support Service.
- dementia specific respite, particularly overnight respite which allows the carer and the care recipient to be accommodated in the one facility, but given a break with other activities. Respite is further discussed below.
- a substantive increase in the number of Extended Aged Care At Home-Dementia support packages. There is currently a shortfall of Extended Aged Care At Home packages allocated to the Northern Sydney Aged Care Region, and there are only 11 packages offered by providers based within the Lower North Shore. The waiting period to receive an Extended Aged Care At Home-Dementia package is at least 13 months.
- more health and community services staff trained in managing dementia.

Raising awareness amongst families of what help is available will also be key.

4.5 Support for Carers

The critical role played by informal carers, caring for people in the home, must continue to be supported through the provision of respite and carer support services. It must also be recognised that this care is not a replacement or a long term alternative to residential care or government assistance packages.

The provision of adequate respite is a growing issue for Lane Cove, with many identifying this as a coming issue with the increase in frail aged residents.

⁹⁸ COTA (Australian Council on the Ageing)

There is a wide range of respite options available on the North Shore, available in different forms and configurations. These include overnight/extended respite available in residential aged care facilities (nursing homes and hostels), centre-based respite and flexible/in-home respite offered by a number of organisations, including Hope Healthcare.

Detailed information on service access rates has not been available, however stakeholders indicate that the number of respite places and options is not an issue, but the types / configuration may be (i.e. centre-based, overnight in aged care facilities, flexible/-in-home). Respite care is generally available, but may not always be available nearby or on the specific day requested for. There is however some unmet need for in-home rather than residential respite.

Stakeholders suggest that there may be a lack of awareness about the full range of respite options available. The Northern Sydney and Central Coast Area Health Service Aged Care and Rehabilitation Unit has offered to run 1 or 2 information sessions a year about respite options, as they have done previously.

An emerging trend is one of seniors caring for frail aged people (ie children for older parents). These residents will require particular tailored support.

4.6 Support for Grandparents

Lane Cove's seniors also have an increasingly important role in the lives of their grandchildren - at rates higher than the Sydney and Lower North Shore. The role of grandparents is also changing and they now provide more than "occasional care". This can be attributed to several factors, with the key one being the high cost of living in Sydney necessitating both parents to work. The cost of child care can also be high.

Council should facilitate the development of support services for grandparents. This would include playgroups, and facilities at playgrounds such as seating and fencing which assist seniors in caring for children in public spaces.

Some grandparents report difficulty in accessing information about what assistance is available to them.

4.7 Support Volunteering

Whilst providers of Home and Community Care services generally have a paid coordinator, the delivery of many seniors services relies heavily on support from volunteers.

Lane Cove has a strong volunteer ethic, with formal volunteer work being undertaken by approximately one fifth of seniors, substantially more than the Sydney and Lower Northern Sydney average.

The main user of volunteer support in Lane Cove is Lane Cove Community Aid Service. In April 2009 Lane Cove Community Aid Service had 325 volunteers, 90% of whom are Lane Cove residents. The distribution of volunteers amongst the various Lane Cove Community Aid Service services is shown Figure 4-1 below. In 2007/08 the number of volunteers increased by 36%.

The following volunteer shortages have been identified:

- There is a need for more help generally during School holidays, when volunteers take down-time , particularly Christmas;
- Community Transport;
- Lower North Shore Easy Care Gardening; and
- Community Visitors Scheme.

Figure 4-1: Volunteers at Lane Cove Community Aid Service, 2009.

Service	No. Volunteers	% of Lane Cove Community Aid Service Volunteers
Meals on Wheels	150	(46%)
Easy Care Gardening	60	(18%)
Linen Service	30	(9%)
Community Support Transport	30	(9%)
Community Visitors Scheme	25	(8%)
Social Activities	15	(5%)
Board of Directors	10	(3%)
Shopping Service	5	(2%)
Total	325	100%

Source: Lane Cove Community Aid Service, May 2009.

N.B. These volunteer numbers do not always reflect a shortage of volunteers, rather the full complement required to deliver the level of service on offer (ie social activities, shopping, linen, meals on wheels). For example, 5 is the maximum number of people needed to operate the shopping service.

Services which are reliant on volunteers report that there are two challenges they face, in which Council can provide support -

- Volunteer recruitment; and
- Retaining and maintaining volunteers.

These are issues for which Council can do more, as it has many benefits. Currently, Council assists with a volunteer week in May, recognition events, an awareness raising newsletter; and establishing connections with users and with organisations who do the connecting.

Keeping volunteers and therefore maintaining volunteer numbers is an ongoing issue, due to:

- Elderly volunteers, the traditional support base, needing to retire due to ill health or reduced mobility. This is an ongoing issue, with 53.5% of Lane Cove Community Aid Service' volunteers aged over 60 years, and just 16.5% are aged under 40;
- Younger volunteers who are unemployed find employment so are no longer available;
- People moving out of the area (people volunteer locally); or
- Work commitments changing.

In a survey conducted by the NSW Centre for Volunteering, two issues particularly impact on volunteering -

- Out of pocket expenses incurred by volunteers (petrol money); and
- The delays from Police Record Checks for volunteers (up to 6 weeks), impacting on the commencement of volunteers. A 2 day turnaround is available, however the cost is restrictive (\$12.50 per volunteer).

Council should continue to support volunteering, and the critical role it plays in meeting local needs.

Council should work with local service providers who rely on volunteers to -

- Coordinate and facilitate volunteering opportunities and recruitment strategies;
- Organise a volunteer expo in the Plaza;
- Promote volunteering opportunities to the unemployed via Centrelink and Job Network agencies. Volunteering can in some circumstances meet an activity test, Mutual Obligation or participation requirement;
- Continue Council's Citizenship Awards to recognise and reward volunteers for their efforts;
- Advocate use of the *free* Volunteering Australia govolunteer.com.au website to promote volunteering opportunities, and promote it through Council's website and newsletters;
- Draw upon the employment base of Lane Cove, promoting employee volunteer days and Corporate Social Responsibility to local employers. Some organisations are reluctant to engage with the business sector in this manner, as opportunities generally need to be one off, during work hours and team based. Similarly, Schools provide a growing body of volunteers in Lane Cove and this should be further promoted. Council should promote successes and benefits to encourage others;
- If possible, coordinate and streamline volunteer training to reduce the administrative burden; and
- Examine whether Councils' Financial Assistance Grants can be feasibly utilised to assist in meeting some volunteer out-of-pocket expenses.

Action should be undertaken in conjunction with the Northern Sydney Home and Community Care Volunteer Resource Project, auspiced by Northside Community Forum. This project aims to improve the promotion, recruitment, training, management, and retention of volunteers for Northern Sydney Home and Community Care services.

5. CONCLUSION AND RECOMMENDATIONS

The Social Plan covers six target groups⁹⁹. Each target group has a number of goals and each goal has a number of actions. The actions directly inform Council's Management Plan. The actions listed in the Social Plan are intentionally prescriptive. However, they are flexible to change as technology and ideas about the means to achieve them change, and as best practice develops. Examples identified with some of the actions reflect options discussed in consultations, or those that arose during the preparation of the plans.

Priority ratings have been allocated to assist Council and the community when implementing the plan. The actions have been allocated a **priority** categorised either as beneficial (standard priority), important (medium priority) or critical (high priority).

Also included is a Council area responsible for implementation (**who**) and a link to other strategic plans and documents within Council (**link**).

Legend

Who

Council = All Sections of Council
ES = Environmental Services
HS = Human Services
OS = Open Space and Urban Services
CS = Corporate Services
LS = Library Services
LNS = Lower North Shore Councils

Links to Management Plan

MP = Management Plan
BE = Built Environment
CF = Community Facilities
CM = Corporate Management
CS = Community Services
L = Library
RP = Road & Pedestrian Networks
NE = Natural Environment

Other Council Plans

LEP = Local Environment Plan
DCPs = Development Control Plans
SLUP = Strategic Land Use Plan
CP = Cultural Plan
RS = Recreation Strategy

⁹⁹ The seventh target group of Aboriginal and Torres Strait Islander people is covered by the Northern Sydney Aboriginal Social Plan. It is available as a separate document. Council will incorporate actions arising from this plan within its "Four Year Delivery Program" and "Annual Operation Plan" and report on them as part of Social Plan commitments.

5.1 Overcoming Social Isolation and Participating in Community Life

ID	Goal S1: Encourage and support greater participation of seniors in community life.	Priority	Who	Link
1	<p>Continue to support social network development, as well as facilitate and coordinate social activities for seniors to reduce social isolation generally, and specifically for seniors who:</p> <ul style="list-style-type: none"> • are from culturally and linguistically diverse backgrounds; • are lone householders; • may be at risk of losing the capacity to live independently if their basic support needs are not met; and • have high support needs. 	Critical	HS	MP – CS.
2	<p>Develop and implement a program of affordable events which caters to as wide a range of interests and skill levels as possible. In its design recognise that the interests of 'young-old' and 'old-old' differ. For example -</p> <ol style="list-style-type: none"> repeat a core program of popular activities, courses and seminars more often. Popular events include information on Men's health issues, and accommodation/ strata living. provide activities at different hours (ie more afternoon and weekend programs) to increase opportunities for access. organise activities which are connected to skill and confidence building and promote healthy lifestyles, such as Cooking Classes. working in conjunction with other groups, coordinate and support 'outings'. establish a community garden(s) in accessible locations. establish outdoor activities (eg chess tables) in appropriate locations such as the plaza. 	Critical	HS.	MP – CS.

ID	Goal S1: Encourage and support greater participation of seniors in community life.	Priority	Who	Link
g)	organise a 'luncheon club' (or dinner) each month, with an entertaining presenter on a social or health issue important to seniors. Utilise these events to raise broader awareness of relevant seniors' issues and disseminate service information.			
h)	continue to organise Seniors' Week to celebrate the valuable contribution seniors make to Lane Cove and encourage older people to live healthy, active lifestyles.			
3	Develop programs to provide additional support for seniors who are most at-risk of social isolation and build their confidence to participate in community life. For example, investigate the development of a 'buddy system' linking new and existing participants.	Critical	HS	MP – CS.
4	Support active ageing in the Lane Cove community by - (a) encouraging and supporting the development of seniors' volunteering opportunities (See Goal X5). (b) supporting increased resourcing and facilities for social development activities, leisure and for physical exercise. This should include affordable, accessible and appropriate exercise classes for seniors (eg aqua-aerobics at the aquatic centre), particularly for Culturally and Linguistically Diverse residents.	Beneficial	HS	MP – CS.
5	Assist space constrained activities (such as Centrehouse) to access larger premises or obtain funding to run more frequent classes.	Important	HS	MP – CS, CF.
6	Support the direct involvement of seniors in local issues. Encourage seniors to be involved in the review and implementation of relevant social, infrastructure and planning issues.	Important	HS, Council	MP – CS.

5.2 Maximising the Benefits of Public Space for Community Building

ID	Goal S2: Support improved access for seniors.	Priority	Who	Link
1	Continue to develop places in parks and public areas where Seniors can meet and gather. For example, providing tables, chairs and shelter as appropriate as well as better maintained public toilets. In particular ensure that the Plaza's crucial socialisation role is maintained during and after any redevelopment.	Critical	OS	MP – BE, NE. RS
2	<p>Create and maintain public walkways that are accessible. This will involve -</p> <ul style="list-style-type: none"> a) Ensuring they are free of obstructions and easy to move along (e.g. even surfaces, incorporate access-friendly dish crossings and tactile ground surface indicators). b) Improving visibility at crossings generally, by the use of vegetation management, signage, etc, as well as specifically making pedestrian crossing safer at the intersection of Longueville Road at Birdwood Avenue and Little Street, Burns Bay Road opposite Coles, and Central Avenue opposite the library. c) Providing lighting levels appropriate for seniors in key locations (ie Lane Cove Plaza and Longueville Road). d) Undertaking access audits, particularly around Lane Cove Village as well as on footpaths that are an important path of travel for seniors, following completion of the Plaza redevelopment. e) Investigate the feasibility of developing a Pedestrian Access and Mobility Plan (PAMP) and the funding opportunities it could unlock. 	Critical	OS, HS.	MP – RP, BE NE. SLUP.
3	Continue to implement the Seniors parking scheme, ensuring by audit that all designated bays comply with accessibility requirements. Optimise access to parking for Seniors through rationalising provision (following the Market Square development) and targeted policing of parking infringements (See Goal X6).	Beneficial	OS.	MP – CS, RP.

5.3 Supporting Independent Living

ID	Goal S3: Support Seniors' to remain in their own homes and in the Lane Cove community.	Priority	Who	Link
1	Encourage the creation of more accessible and affordable housing which is appropriate for Seniors. This includes the specific provision of self-care units in new developments, as well as promoting the concepts of Universal Housing design ¹⁰⁰ in all new housing and renovations. Universal Housing principles should be incorporated within Council's Access Development Control Plan (DCP).	Beneficial	HS.	MP – CS.
2	Continue to lobby for more preventative and community care services, such as home support services, carer support services, respite care, etc. and coordinate the planning and delivery of that supply as it becomes available to maximise its efficiency and effectiveness.	Critical	HS.	MP – CS.
3	Advocate for the increased availability of Community Aged Care Packages (CACPs) and Extended Aged Care in the Home (EACH) packages to better provide the appropriate level of care for seniors in the community. In particular, advocate for increased numbers of culturally appropriate Community Aged Care Packages, such as Chinese places.	Critical	HS.	MP – CS.
4	Advocate for improved availability of, and resources for the care of people with dementia and their carers, by providing: <ul style="list-style-type: none"> (a) a substantive increase in the number of Extended Aged Care at Home-Dementia (EACH-D) support packages. (b) support groups for people with dementia, and for their families and carers (eg Living with Memory Loss Groups) (c) more in-home dementia care services 	Critical	HS.	MP – CS.

¹⁰⁰ Universal housing is designed to be useable by most people over their lifetime without the need for major adaptation or specialised design. (Landcom, 2009, 'Universal Housing Design Guidelines')

ID	Goal S3: Support Seniors' to remain in their own homes and in the Lane Cove community.	Priority	Who	Link
(d)	dementia specific respite, particularly - <ul style="list-style-type: none"> overnight respite which allows the carer and the care recipient to be accommodated in the one facility. dementia day care services. 			
(e)	more dementia specific secure Hostel and Nursing Home places.			
(f)	training in the specialised skills necessary to care for people experiencing cognitive decline, or attendant mental health issues (for both professional staff and carers).			
5	Continue to advocate for increased carer support services, such as respite care (for more detail see Goal X4) and specialist counselling services.	Critical	HS.	MP – CS.

5.4 Transport

ID	Goal S4: Better transport for Lane Cove seniors	Priority	Who	Link
1	<p>Lobby for improvements to Home and Community Care (HACC) and community transport services, including:</p> <ul style="list-style-type: none"> (a) more transport services to non-medical destinations. (b) after hours transport. (c) meeting the growing demand for health-related transport, including transport to medical appointments. (d) extending opportunity to participate (eg outings) to all hostel and nursing home residents (eg such as increasing the availability of volunteer drivers). 	Critical	HS.	MP – CS.
2	<p>Support Lane Cove Community Aid Service (LCCAS) to deliver its volunteer Community Support Transport service, by -</p> <ul style="list-style-type: none"> (a) Encouraging more volunteers. 	Important	HS.	MP – CS.
3	<p>Advocate for more accessible and better co-ordinated transport services (taxis, mainstream public buses and community minibuses which are wheelchair accessible). This includes mainstream services, integrated organisation of community transport and better co-ordination of mainstream and local service provision with popular destinations and the timing of social activities.</p>	Important	HS, OS.	MP – CS, RP.
4	<p>Lobby the State Transit Authority (STA) to maintain bus service standards to local streets within Lane Cove.</p>	Important	HS, OS.	MP – CS, RP.