The Economic, Social and Environmental Impact of Demographic Change in Central West New South Wales

Pilot Project: Mapping the Aged Care Industry and Ageing Issues in the Bathurst-Blayney-Wattle Flat Regional Community

Report to Research Partners and Community Stakeholders
Bathurst Regional Council
Blayney Shire Council
The Department of Disability, Ageing and Home Care

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Executive Summary

This report provides the findings of the pilot project (2007/08) to map the aged care industry in the Bathurst regional area of Central West New South Wales. The purpose of the project is to inform the future efforts of government, and community-based and commercial providers in the sustainable development of the aged care industry in the region.

The findings suggest that the Bathurst/Elayney/Wattle Flat region is very attractive to seniors consequent on its climate, physical beauty, relative ease of access to services when compared to metropolitan areas, and strong social capital which provides a sense of community and safety. While the first two factors remain static, there is difference between the communities with regard to access to services and social capital, consequent on population size. The growth of Bathurst and the decline of population in Wattle Flat are posing specific problems for seniors and service providers in those communities, while Blayney residents consider the size of their community to be "just right". Population size and spatial equity will require policy makers to develop a range of strategies to ensure a balanced generational spread across our regional communities, something which lies at the heart of economic and social sustainability and in particular, quality of life for seniors.

The issue (as identified by both service providers and seniors) which has the greatest impact on both service delivery in the three communities, and on the quality of life of seniors in our community, is the need for co-ordinated regional transport to facilitate access to services (medical and recreational) both within the region and with Sydney.

Other issues for both service providers and seniors include the efficiency and effectiveness of service delivery. For service providers this means greater certainty in funding and consistency in government policies, while for seniors this means confidence in gaining timely access to quality services. It is clear, given the fragmented industry structure and short-term and unstable funding structures for some sectors within it, that there is not a co-ordinated strategic outlook for the development and oversight of aged care services in the region. This is at odds with seniors' needs to make life-long decisions for their own care and that of family members.

Other issues of concern across the region included the need to provide low-cost independent living accommodation for seniors, especially for current low-income residents who are unable to afford market-priced accommodation, and for those who need to “come in” from the outlying villages to access aged care services. There is a need to recognize the diversity of economic and social circumstances of elders in our communities and to ensure that a safety net is provided.

A significant issue for all service providers was the need to ensure the ready supply of labour (both paid and unpaid) in what is becoming a very tight labour market in the aged care sector. There are currently market tensions between community-based providers and commercial providers as they engage in competitive tendering for state and federal funding, and directly compete for labour. A regional labour pool needs to be developed in support of the Federal Government's policy of in-home support, and in response to the current growth in commercial retirement residential developments which will stimulate the inward migration of seniors.
The aged care industry in the region has a fragmented structure which relies heavily on community-based providers and commercial providers, funded through asynchronous, disjointed state and federal funding programs. We assess that the current structure will be unable to adequately respond to the increased demand for aged care services in our region over the next decade. While seniors praise the efforts of local providers and regional officers of the Department of Ageing, Disability and Home Care, the ad hoc way in which the industry has developed and is currently funded is seen to be a major barrier to efficient and effective service delivery in our region. In that there is now clearly a regional market in aged care, community-based providers in particular will need to develop strategic business skills to effectively compete in a competitive market place. Aged care is now a "business".
1 Aims and methodology of the project

This report provides the community with feedback on the pilot project, which is the first step in gaining a foundational understanding of the larger economic, social and environmental problems associated with an ageing population and the problems of maintaining sustainable communities in our region. The pilot study has undertaken to begin, for the first time, to provide evidence of the relationship between population, infrastructure and socio-economic issues in the Bathurst-Blayney-Wattle Flat regional community. It maps the ways in which federal, state and local government in partnership with community-based service providers and private enterprise are responding, through a range of policies, programmes and private capital ventures, to provide age-friendly infrastructure and services for older age groups in our region. It also identifies the significant issues and concerns about the delivery of aged care services and the quality of life for seniors, which have been raised by service providers and community elders.

Partners in the research are: the Economic and Regional Development Group of the Institute for Land, Water and Society (ILWS), Charles Sturt University; the Department of Disability, Ageing and Home Care; Bathurst Regional Council; and Blayney Shire Council.

There are marked variations in composition and migration between this region's cities, towns and rural villages. Accordingly, the project selected Bathurst (a regional city with a population of 37,000 (ABS 2006)), Blayney (a regional town with a population of 4,000 (ABS 2006)) and Wattle Flat (a rural village with a population of 214 (ABS 2006)) as the focus of the pilot. The fieldwork locations were selected to target issues of spatial inequity which are foundational to an understanding of rural and regional life. The pilot project involved secondary analysis of ABS census data; 35 interviews with community based service providers and commercial providers in Bathurst, Blayney and Wattle Flat, government agencies and seniors; three focus groups with seniors (60+ years) from each of the three localities; and two half-day workshops in Bathurst and Blayney to report back to the community and seek additional input into the project's findings. Given that the notion of 'working age' is now redundant consequent on anti-discrimination legislation, the age cut-off of 60 years was chosen because it reflected the lower retirement age of 60 for most superannuation schemes (Brown et al 2004:6). The 60+ cut-off also captures the changing employment patterns and lifestyles of older citizens in the region.

2 Demographic change

Amongst the foreseeable social, environmental and economic challenges faced by Australia, the ageing of our population is the only phenomenon which can be predicted with any degree of accuracy (McIntosh 1998; Productivity Commission 2005). The ageing of the population has emerged as a result of a sustained lower fertility rate since 1965, longer life expectancies and the large cohort of 'baby boomers' who are beginning to reach retirement age. It is forecast that by 2021 the number of Australians aged 65 years and over will increase to 18% (4.2 million) (AES 2006b; AIHW 2002). Based on these projections, in forty years time, one quarter of the population (or 6.6 million people) could be aged 65 years and over. It is also projected that the number of people aged 80 years and over - the ageing of the aged - will almost double in size over the next twenty years and triple in size over the next fifty years (AIHW 2002). The use of formal aged care increases rapidly after 80 years of age, therefore, population ageing will exert substantial pressure on
aged care expenditure and aged care service delivery over the next twenty years (DoHA 2005; Productivity Commission 2005:34). In spite of access to residential care facilities, the majority of older Australians will remain in their own homes, with meals programs, home support, respite and allied health services, and social support services substituting for institutionalised care (ALGA 2005; Brown, Lymer, Yap, Singh & Harding 2005; DoHA 2005, 2007a, 2007b, 2007c, 2007d). vii.

A lesser known feature of population ageing is occurring at the regional level where non-metropolitan areas have, on average, older age profiles and more rapid rates of growth in numbers of over 65 year olds than metropolitan areas (ABS 2006b; Productivity Commission 2005:15). It is predicted that, with the exception of Western Australia, the populations based outside metropolitan areas will age more rapidly than the city populations (ABS 2006a, 2006b; Intergenerational Report 2002).

The Bathurst regional area is no exception. As an example, the following graphs indicate demographic projections for just two areas within the region, the former Evans (A) SLA and Bathurst (C) Statistical Local Government Areas.

Noticeably for Evans (A) the trend appears to be a continuing move away from the area by young people aged between 20 and 30 with an increasing number of males and females of retirement age.

**SOURCE:** Department of Infrastructure, Planning and Natural Resources, NSW SLA Population Projections (2004)
While Bathurst will always have a strong demographic in the 12 to 25 age range, consequent on the attraction of education institutions, the number of males and females of retirement age is growing disproportionately. Although not able to quantify the phenomenon in this pilot project, we have, nevertheless, identified through focus groups a strong presence of retirement ‘tree-changers’ moving into the area due to what they say is the physical beauty of the region, the high quality of life for seniors in regional towns and the comparatively low housing prices (cf Sydney). We expect this trend to continue.

In Central West NSW as a whole, the region has seen a 23% increase in its population aged 60 and over in the decade between the 1996 and the 2006 Australian Census, while the overall population for the region has remained relatively unchanged. Currently over 20% of the population of the Central West or 35,520 people out of a population of 170,900 are aged 60 and over. As is predicted to happen in the general population, the increase in the population aged 80 and above is even faster. The Central West has experienced a 42% increase in numbers of people aged 80 and above over the same decade. To date, there is little detailed empirical understanding about the impact of this demographic change and its implications for the provision of aged care services in the regional community.
The outward migration of young people aged between 20 - 30 will continue, however, there is a disproportionate growth in the ‘ageing of the aged’, 75 years and over.

3 The expectations of ‘baby boomers’

The ageing of the population profile will put significant pressure on regional communities for the provision of services such as in-home medical and nursing, home care including personal care, cleaning and shopping, meal production and delivery, respite care and temporary accommodation, and community transport.

However pressure will not just come for the provision of aged care services (ALGA 2004, 2005). With higher superannuation savings in the near term and with increasing expectations and needs, the consumption potential of older residents will drive an increased demand for goods and services to accommodate their income and lifestyle preferences (DoHA 2005; Gittins 2004; Kelly, Harding & Percival 2002). We are witnessing this already in the Central West region with the ‘tree-change’ migration of older Australians to the inland cities of Bathurst, Orange and Mudgee. Changing expectations are also evident in the data collected in this study from community-based service providers which identify an increasing
expectation of quality, speed and range of their services. For example, managers of hostels identified residents' demands for internet access in their rooms and customised air conditioning. Managers of nursing homes have also identified the expectations of their residents' families, for single room/private facility accommodation for their over 80s family member. These expectations cannot be met in older style residential facilities designed around 4-bed wards, irrespective of the resident's capacity to pay. Consistent with a consumer society and the concomitant consumption patterns and expectations of service, aged care services are changing in rural and regional Australia. It is not just a matter of finding a statistical match between the demographics of ageing and service availability, but understanding the changing clientele and their different expectations of consumption and lifestyle in the context of the capacity of current service providers to meet those expectations.

4 The structure of the aged care industry in our region

A market has developed in aged care services, one which is attractive to private sector investment and one which offers economic opportunities. We estimate that the aged care industry in the regional city of Bathurst alone is worth in excess of $20 million p.a. to the local economy, employing approximately 450 people and calling upon over 400 volunteers. viii We estimate that 98% of the labour force is female, predominantly casualized or permanent part-time. The aged care industry is therefore a significant contributor to the regional economy and community development; although its 'welfare' and 'pink collar' tags, reinforced by a large volunteer workforce, distort perceptions of its actual economic significance.

The Australian aged care system depends on, and is characterised by, a mix of types of provision and a high degree of cooperation between service providers and the community (Brown et al 2004:2). The industry in the Bathurst-Blayney region is no exception. ix

Market Segmentation in the Aged Care Industry in Bathurst/Blayney

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<th>ACCOMMODATION</th>
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<td>Independent living for over 50s/market priced residential unit accommodation as part of seniors' precinct - with or without nursing care facilities (currently private sector and not-for-profit charity/church providers)</td>
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<tr>
<td>Serviced independent living units on rental basis (private sector)</td>
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<td>Unserved independent living units on rental basis – low cost accommodation (charity/church organisations, local government)</td>
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<td>Department of housing independent units (public sector)</td>
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<td>Nursing home and hostel accommodation (charity/church organisations, private sector, public sector, community-based providers)</td>
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<td><strong>MEDICAL SERVICES</strong></td>
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<td>Specialist gerontology services, other medical specialist services, general GP and hospital services, rehabilitation services including physiotherapy and occupational therapy (private sector, public sector)</td>
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<td>Home care nursing services (public sector and private sector)</td>
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<th><strong>HOME CARE ANCILLARY SUPPORT SERVICES</strong></th>
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<td>Ancillary support services (meals, cleaning, shopping, etc) – increasingly competitive sector (community-based providers, private enterprise, public sector)</td>
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<tr>
<td>Disability home modification (for seniors wishing to stay at home) (private sector, public sector, charitable organizations)</td>
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<th><strong>GOODS AND SERVICES</strong></th>
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<td>General Retail (food, vehicles, clothing, taxis etc) and Specialist Retail Services (e.g. mobility services, over 50s travel services, financial planning services, and general daytime entertainment/recreation services)</td>
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There is a clear divide in the source and extent of regulation, capital investment, management expertise and strategic outlook across the aged care industry. For example, the between nursing home and hostel accommodation sector are tightly federally funded and regulated, while the home care/ancillary support services sector are state regulated with a mix of state and federal funding. Both private enterprise and charity/church organizations are already aware of the economic potential of the future increase in demand and are responding strategically with capital investment and expansion. For example some hostels are developing new income streams such as tendering for HACC in-home support packages for owner/residents of associated privately owned independent units, which may form part of their retirement complex. The home care sector, at least the not-for-profit community-based providers, are far less strategic in outlook.

We estimate that 75% of aged care services in the region is delivered by a mixture of community-based providers (including church and national charity groups). The residential sector complexes are generally managed from Sydney or another metropolitan city and report to the Federal Government. The majority of community-based providers in home care/ancillary support services are governed by local volunteer management committees who report to the relevant state or federal department. While one might assume that client responsiveness would be guaranteed in the number, range and differentiation in provider types, aged care clients reported that there is a fundamental mismatch between the clients' needs for life-long decisions in a stable, long term service delivery framework and the current piecemeal and fragmented structures. It is described by clients and service providers alike, as a "maze" and a "real mystery package" in which there is no long term certainty of service from the client's perspective and no guarantee of organisational survival for the community-based provider. Government departmental "silos", segmented by jurisdiction, buy the provision of services to a range of client groups on a contract basis in accordance with their preferred policy priorities. Providers, being contracted to the government purchaser are held accountable to the purchaser, not to their clients as they competitively tender against each other and commercial operators for federal and state funding across a bewildering range of complex programmes.
This supply-side service delivery framework (Hughes 2006:7) is identified by all regional community-based providers as the source of their major operational problems. Firstly, many home care providers report that funding is never guaranteed beyond the current financial year, with funding variations tied to new initiatives and programmes which providers report are quite serendipitous from government. The amount of funding from the raft of government departments, the timing of its provision and the conditions under which it is to be spent are considered by not-for-profit providers to be "totally unpredictable". It is understandable that only 10% of community based providers who were interviewed, have formal strategic planning in place. This is consistent with Brown's (2005) identification of the lack of strategic planning, generally, in human services. When asked if they anticipated an increased demand for their services over the next 10 years, there is unanimous agreement from providers. However, only three community based organisations produce comprehensive strategic plans. The common response is that community-based providers feel hamstrung by their short term funding cycle. Given the tsunami of 'baby boomers' and the undoubted increased demand for their services, it is of concern that the current supply-side service delivery framework with short-range funding does not permit providers to strategically manage their resources and develop their organisations. It was notable that commercial providers are far more sensitive to market trends and that strategic planning is a focus for their managements. The managers of two private providers spoke the language of "business and markets" and clearly identify the market niches which they wish to capture.

A second operational problem with the supply-side service delivery framework which all providers report, is an excessive reporting burden. One community-based provider identifies that until recently mandatorily reported annually to five government providers on their respective programme allocations and developed a five strand annual budget. A common theme from not-for-profit providers is that the reporting burden is exacerbated by the increasingly complex tendering process for government funding 'packages'. With increasing competition coming from commercial service providers who draw upon their professional financial and resource management skills, the community-based providers are finding increased amounts of their time involved in bureaucratic tendering processes in order to effectively compete for contracts, a process which it is felt, diverts resources away from service delivery. Private providers identify the strategic planning expertise of their head office (always located outside the region) as a competitive advantage for their business.

A third operational problem faced by home care and ancillary support services is linked to the 'fit' between their mission of community service and their commitment and strong sense of obligation to ensure the equitable provision of services in the surrounding rural area. The inefficient and ineffective industry structure overlays what are already significant challenges to service delivery in rural and regional areas (AIHW 1998). The distances that separate rural populations, such as the village of Wattle Flat (30 kms from the City of Bathurst), from their service providers who are based in their nearest regional town, is well documented (Gibson, Braun & Lui 2000) and recognised as a significant issue for service providers, given the high costs in the delivery of care to rural areas (AIHW 2002). Three factors are at work here. Firstly the spatial issue means that the provider incurs additional travelling costs (motor vehicle and labour costs) to reach clients in surrounding rural villages and on rural properties. Secondly, the older age demographic in the surrounding rural area means that while there is a strong community need for aged care services to support residents to remain as part of their village communities, services must be delivered on an individual and customised basis which incurs additional costs. Thirdly, providers experience great difficulties in recruiting labour (both medical professionals and
semi-skilled home care support workers) to service their rural clients. It is common practice to recruit and train the client’s neighbours to provide services, where appropriate. All interviewees identified the expectation of government that the aged, in rural areas, would need to relocate themselves to their regional centres, to access medical and support services. This has significant implications for the sustainability of rural communities, particularly villages such as Wattle Flat, if a generational spread cannot be maintained. For the reasons identified above, the provision of services to rural communities is not a commercially attractive proposition for private providers who cherry-pick lucrative contracts in the higher population density areas of the regional city and town. Issues of spatial equity and aged care service delivery are likely to become even more prominent in the next two decades (Brown et al 2004:2).

The ‘glue’ of social capital

Given that the current industry structure is not conducive to the effective and efficient delivery of services, how then do providers manage to meet the aged’s demands and expectations? Social capital (Lui & Besser 2003; Stone 2001) (the network of mutual obligations) is the ‘glue’ that holds the Bathurst/Blayney regional aged care industry together. All interviewees identify the strength of informal, local networks between providers as a means of “making the system work”. For example, it was common for volunteers from a transport or meals service to informally notify the district nursing service or medical professionals if they perceive a significant deterioration in their client’s condition. All interviewees also identify the significance of social capital in their direct relationship with their clients. The socialisation/personal interaction aspect of their service is just as important as the functional service delivery. For example, most community-based providers offer recreational and entertainment opportunities to their clients in addition to their specific service function.

Significantly, this pilot project identifies that any analysis of service provision and age-friendly infrastructure must incorporate an understanding of the integral role that providers play, not only in functional service delivery, but also in the generation of social capital which is at the heart of community development and sustainable rural and regional communities. The fragmented industry structure is re-integrated through the shared sense of community obligation and the strong bonds of social capital generated by workers and their clients. The statistics are unequivocal. There will be a significant increase in demand for services over the next twenty years which will put even greater strains on an already fragmented and inefficient industry structure (ABS 2006a, 2006b; DoHA 2005, 2007a, 2007b, 2007c, 2007d). Under such increased strains it is unlikely that social capital alone will be able to keep the current industry structure functioning.

The market in aged care services

Ultimately the community needs reform to the way in which aged care services are delivered. We are already witnessing the emergence of a market in aged care services in the Central West region and the consequent competitive pressures under which regional community-based providers now operate. The tensions between community-based providers and commercial providers will only increase. Commercial providers report that they are strategically targeting segments of the regional market which are deemed to offer the greatest returns. Community-based providers report that they find it difficult to compete
for labour in an already tight regional labour market, given the higher wages and career opportunities which commercial operators are offering. This is consistent with the Federal Department of Health and Ageing identifying community care workforce development as a priority area in its 2007-2008 budget (DoHA 2007c). This also needs to be addressed at the regional level.

These existing tensions can only be exacerbated by the current trend to accelerate the introduction and spread of market-based, consumer-centred systems and individualized funding arrangements across a range of services and programs. Individualized funding allocations are already in use in several jurisdictions in aged care (Hughes 2008). In Victoria, Tasmania, Queensland and South Australia state governments have been experimenting with overseas models (United Kingdom, United States and Canada) that to varying degrees, assign a direct payment to the client who is then free, often through an intermediary broker, to purchase services directly from providers (Hughes 2006).

Therefore, it is timely to ask what configuration of community-based providers, commercial providers and government is likely to produce the best outcomes for the aged in the Bathurst region.

5 What are our regional community’s major concerns?

5.1 Transport: Universally, seniors and service providers identified inadequate access to timely, and affordable transport as the major barrier to the delivery of, and access to services (medical and recreational). Community-based service providers in particular were concerned that there was inadequate transport infrastructure to deliver services. Seniors wanted an integrated transport system (bus and rail) which was co-ordinated to provide daily return services to regional centres and Sydney from their town or village. There existed debate as to whether this could be achieved through the expansion of the private sector, additional funding to community-based providers to adequately maintain their own vehicle fleets, expansion of the community transport network or in the case of rail, additional services directly from the state government.

5.2 Effective and Efficient Service Delivery: Both service providers and seniors expressed concerns about the effective and efficient delivery of services, albeit from different perspectives.

For the service providers in the home care sector, there was frustration with: short-term funding, increasingly on a competitive basis, which impeded planning beyond a 6 or 12 month period; the lack of co-ordination between the various state and federal funding bodies; constant changes in government funding policies and practices, about which it was difficult to obtain information as a regional provider; the amount of red tape and compliance reporting to the various funding agencies; and an increasingly competitive funding environment which required providers to develop skills in competitive tendering. These structural factors of the industry affected providers’ ability to guarantee services to clients in the long term, particularly
those in the outlying rural areas where service delivery costs were much higher and were unlikely to be serviced by commercial aged care enterprises. For residential facility operators, there was frustration with the increasing levels of federal regulation which impacted at the operational level and day-to-day running of their facility, as well as increased compliance and reporting requirements and costs. The strategic and operational impact of imminent federal funding structures to residential aged care were of particular concern.

From the seniors’ perspective, concerns were expressed about the quality and availability of services (home care and residential). Bathurst seniors’ concerns about residential care in particular, did not match our perceptions of the professionalism and commitment of care from Bathurst and Blayney residential care providers. Wattle Flat seniors were concerned about the lack of services within their own village and the difficulty of accessing services in Bathurst and Orange consequent on transport barriers. Wattle Flat seniors also seemed unaware of the range of services which were available to them. Blayney seniors were generally satisfied with the services, both home care ancillary support, residential accommodation, and nursing care.

The two viewpoints are aligned but come from different perspectives. There is a fundamental mismatch between the needs of seniors to confidently make life-long decisions for themselves and their partners, set against the maze of aged care services funded through asynchronous, disjointed state and federal funding programs. Currently many providers are static, with no funding increases and therefore unable to respond to increasing demand or caught in a short-term funding cycle fuelled by the uncertainty of funding levels and changing government policies and priorities.

5.3 Low cost retirement accommodation

The need for low cost retirement accommodation (such as Chifley Village in Bathurst) was identified by Bathurst seniors and Wattle Flat seniors as an important issue. It is a particular need of seniors living in the rural villages, which under current government policy, must “come in” to regional towns for services as they age and yet, are seriously disadvantaged by the differential in real estate values.

Bathurst seniors had a preference for a seniors’ precinct, clustering together a range of independent/dependent and low cost/self funded accommodation available near the existing Chifley Village. Community providers servicing clients from a low socio-economic background stressed that proposals for retirement villages from commercial developers aimed at the “top end of the market” would not meet the needs of low income Bathurst residents, many of whom are non-homeowners. Service providers and charity/church organisations were concerned that the image of retirees was being fashioned around the image of the “cashed up Sydney sider” and that the poor in the community would be overlooked in future development planning. Interviewees identified that mildly intellectually disabled seniors, who had lived at home with parents throughout their lives and until the death of their aged parents, were “doing it tough” because they slipped through the current community
resources available in Bathurst. One church group identified them as regulars at the church's soup kitchen.

Service providers stressed the diversity of the ageing experience, especially for different ethnic and cultural communities within our region. For example, there was concern that the special needs of Indigenous elders, who it was acknowledged were often in a lower socio-economic group and aged at a faster rate than non-Indigenous residents, needed to be considered in future planning for low accommodation and access to services.

Blayney residents were satisfied with the existing provision of moderately priced seniors' accommodation, noting that there were proposals to expand this by two community based providers.

5.4 Labour force (both paid and volunteer).

There is a tight regional labour market in aged care for professional and semi-skilled labour, with strong competition between community based providers and private agencies. There is a shortage of medical professionals with gerontology specialisations as well as trained and experienced home care workers and personal assistants. This affects Bathurst, Blayney and Wattle Flat. A particular issue for Blayney was the lack of physiotherapy services.

Government funding of the sector is predicated on a large volunteer workforce. In theory, with the ageing of the population, the volunteer pool should actually increase. However, new models of volunteering need to be developed to promote civic engagement by 'baby boomers' who have a different set of expectations about retirement compared to their parents' generation.

6 What are the specific issues for Bathurst? (as prioritised by the community)

6.1 An integrated transport system (Bathurst/Orange/Sydney – preference for rail to Sydney). Related to this is the issue of price equity for transport services, between country and city seniors. There is satisfaction with the bus transport system within Bathurst city limits but there is a need for widening the taxi voucher subsidy scheme to assist seniors with emergency transport.

6.2 Personal safety concerns and fear of victimisation which seniors identified as part of the fears of living in a growing, small city. There is a perception of the loss of social capital as Bathurst city grows. No such concerns were expressed by Blayney or Wattle Flat residents.

6.3 Age-friendly infrastructure integral to Bathurst City town planning. The suggestion was put that a significantly attractive feature of Bathurst which would attract inward migration of seniors and meet the needs of current residents could be a strong focus on an age-friendly built environment, including, but not confined to:
• Clear footpath access
• Easy access parking
• Effective street lighting
• Pedestrian safety at traffic lights

6.4 Access to affordable dental care: this was identified as an unmet need of seniors for the previous ten years.

7 What are the specific issues for Blayney? (as prioritised by the community)

7.1 There were high levels of satisfaction from seniors with regard to their quality of life in Blayney. They considered Blayney to be well positioned between Bathurst and Orange and identified the size of Blayney as “just right”. They expressed strong feelings of “belonging” in the community, of being protected within the community and not being at risk from youth or crime. Social capital was strong throughout the town community and particularly strong in seniors’ social networks. Seniors identify numerous opportunities for social and recreational activities through informal social networks. However, acknowledged that there were some seniors in the community who needed to be encouraged to engage through formal activities and programmes. There was an active Meals on Wheels program and an associated social program/visitor program as a result of active social entrepreneurship from several community leaders.

7.2 Transport was the significant issue for seniors and service providers. While the dedication of local volunteer drivers was acknowledged, the lack of a sufficient fleet of community cars and their location in Orange, was seen as a problem by the community. This highlighted a feeling amongst the community that Blayney needed greater autonomy and control over its own resources, independent from Orange or Bathurst and managed by the significant expertise which already existed in the Blayney community.

7.3 Concerns about single males, similar to those of the Wattle Flat community were raised. They were being addressed by the community at the time with the imminent opening of a Men’s Shed.

7.4 Although not yet fully known, there was concern that the Federal Government’s imminent changes to funding frameworks for hostel accommodation which would decrease funding for ‘low needs’ residents and increase funding for ‘high needs’ residents would have considerable impact on the funding and traditional role of Blayney’s community-based Lee Hostel.

7.5 Similar to the concerns of some Wattle Flat residents, seniors expressed a wish for additional cultural and entertainment activities, or at least, improved transport to attend concerts and shows in Bathurst and Orange. Matinee performances were preferred.
8 What are the specific issues for Wattle Flat? (as prioritised by the community)

8.1 Seniors are concerned about the declining population which may lead to a reduction in services. Crucial to the survival of the village shop and café, which are key resources for seniors, is the continuing operation of the village school. Without the school there would be no new families moving into the district to regenerate the social networks. Seniors identified that they need families and youth if the village was to remain a vibrant community. There is recognition that social capital is a significant factor in supporting seniors to remain in the village and in their own homes.

8.2 Transport is the key to Wattle Flat seniors accessing medical services in particular, in Bathurst and Orange. Seniors suggested a regular daily return service from Sofala via Wattle Flat to Bathurst (connecting with a service to Orange to access medical specialists). They are particularly keen to have a return service around 5.00pm which could be used by both seniors and youth alike. It was felt that one of the drawbacks to families moving into the village is the restriction on after school activities for their children who need to catch the school bus service immediately at the finish of the day’s school, which does not give them an opportunity to play sport, go to ballet or take music lessons. Seniors are keen to share a return service Bathurst-Wattle Flat-Sofala with young people as part of their recognition to maintain social capital in their community. The increasing price of petrol for parents doing a shuttle run is seen to be a prohibitive factor to living in Wattle Flat.

8.3 Seniors and medical professionals expressed concern for the welfare of single, elderly males who do not access medical services and therefore become invisible to home assistance services. A Men’s Shed facility was suggested.

8.4 Some seniors seemed unsure about the full range of services available to them in Wattle Flat and Bathurst. It was suggested that DIAS be approached to compile an assistance directory.

8.5 The high cost of Public Liability Insurance for community functions was seen to be prohibitive and inhibiting village social life.

8.6 Some seniors expressed a wish for additional cultural and entertainment activities, particularly matinee performances, or at least, improved transport to attend concerts and shows in Bathurst and Orange. To attend an evening performance may entail an overnight stay in a motel.
9 SUMMARY: What are the advantages and disadvantages for seniors of living in this region?

The size of community and gender were seen to have significant impact on productive ageing.

For the smaller communities of Blayney and Wattle Flat, the most significant factor of productive ageing in their respective communities was the sense of "belonging" and the feelings of friendship and social support that came from their supportive community networks. They had no concerns about personal security and welcomed interaction with teenagers and children. In the case of Wattle Flat, a stronger seniors/youth interface was at the core of the community's strategy for sustainability. The physical beauty and tranquillity of their surroundings were significant to quality of life in all of the three communities. Blayney residents felt that they were particularly well positioned to take advantage of medical and recreational services in both Orange and Bathurst, transport not withstanding and felt that the size of their community was "just right". This was linked to the compact layout of the town and the flat typography that meant that they could "walk everywhere". All three communities identified the climate as an attractive feature of living in the region. Some seniors had moved to coastal communities upon retirement only to move to Blayney or Wattle Flat to "escape the heat". This highlights the fact that these communities comprise of long term residents, in the case of Blayney residents from outlying villages who had "come in" as part of a retirement strategy. However, in both communities there was evidence that inward migration of senior 'tree changers' was influenced by previous contact with the community prior to retirement through holiday travel.

Bathurst residents acknowledged the impact of the growing population on their quality of life, "as Bathurst grows into a small city". Seniors identified the physical beauty of the area, the climate and the "sense of space" as major contributors to productive ageing. They were more focused on their access to services, than were the Blayney and Wattle Flat communities. There was a comparison between the time and degree of difficulty in accessing general practitioner services and entertainment in Sydney, compared to the ease of access (both short waiting lists and physical accessibility) in Bathurst. There was a similar comparison with being able to retain a driver's licence in the Bathurst community, seen as a key to productive ageing. Similarly, comparatively short waiting lists for public hospital treatment were seen to be an advantage of living in the area. In individual interviews with long term residents, the importance of family connections was identified. However, it was not mentioned in the focus group. A strong theme from the focus group was Bathurst seniors' concerns about their personal safety "in some parts of town" and their fears about being the victims of juvenile crime. Seniors identified the 'tree change' phenomenon amongst friends and acquaintances, stating that seniors were coming to Bathurst because of the financial attraction of selling a modest home in Sydney, with cash in the bank after purchasing a very comfortable retirement unit in Bathurst.

While impossible to accurately measure the phenomenon in this pilot study, there is nevertheless a clear gender difference in quality of life. Blayney service providers and seniors themselves identified the limited opportunities for males, in particular single males, to engage in recreational and social activities which appealed to them. In Wattle Flat both medical professionals and the community generally identified the phenomenon of single males who had no contact with medical or support services and choosing not to "come in" to Bathurst, dying in their own homes, undetected for several days. Concerns about male
clients also came from church-based organisations that identified the phenomenon of single men being attracted to the clubs as their only source of social interaction.

10 What solutions are the communities proposing?

10.1 **Integrated regional transport service** linking Hill End-Sofala-Wattle Flat to Bathurst connecting with Orange and Sydney; linking Blayney-Millthorpe, connecting to Orange and Bathurst. This was seen as the top priority.

At the Community Workshops held in Bathurst and Blayney, the community reaffirmed transport as the top priority for action and endorsed CSU's proposal to pursue this issue through the development of an application for an Australian Research Council (ARC) Linkage Grant, in partnership with regional councils, and the relevant state and federal government departments.

10.2 **An Aged Care Reference Group** addresses the second priority issue identified in this pilot project, namely that of the need for the efficient and effective delivery of services through increased information sharing and coordination. The Aged Care Reference Group was an outcome of the Community Workshop. It comprises community members and service providers from the area under the Interagency framework. The group has since met in a one-day workshop facilitated by CSU to develop terms of reference. It is thought that the Reference Group would provide insight and strategic direction for the development of the aged care industry in the region.

10.3 **The Aged Care Market**

There is now a market in independent retirement accommodation, nursing home and hostel accommodation and home care services.

Blayney is seen by residents as a location which offers seniors high quality of life at an affordable cost of living with a good range of basic services. Transport is the limiting factor.

Bathurst is well placed to attract private investment as well as capitalise on the wave of inward migration by senior ‘tree-changers’. This attraction would be enhanced by the strengthening of age-friendly infrastructure (social and built environment), such that Bathurst could market itself to the retirement sector. The potential drawback is that an inward migration of retirees brings economic activity in the short term, as they consume general goods and services. However, within perhaps 15 years after taking up residency in the area, they may require the provision of specialist geriatric health services and assisted accommodation. In this sense they are ‘sleepers’ in terms of the future demand for aged care service delivery. Regional councils will need to be proactive in attracting medical specialists to the area and in conjunction
with the Western Institute of TAFE, Charles Sturt University and other training agencies, develop a larger labour pool of nurses and personal care assistants.

It should also be noted that the 'baby boomer' generation of retirees has an expectation of much higher levels of service than their parents and that it is not simply a statistical match between the demographic profile and numerical quantity of services. Lifestyle and consumption patterns will be a key driving factor for financially independent retirees which in turn will drive and shape economic activity. There will clearly be opportunities and costs for the Bathurst community.

It is also worth noting that the community-based accommodation facilities and home care support in Blayney and Bathurst are largely the outcome of social entrepreneurship by community leaders to identify and develop the resources which were needed by the community. Social entrepreneurship is still strong in Blayney, with proposals to develop community-based resources. In Bathurst, while interest from private enterprise to service the lucrative independent retiree market is currently strong, there appears to be a waning of social entrepreneurship in the community, such that there is not the same level of activity to develop not-for-profit resources, as was once seen fifteen to twenty years ago. This needs to be factored into strategic planning. Are the needs of both independent retirees and pensioners being met?

A strategic long-term outlook for the supply and demand of aged care services in the Bathurst area is required. It is an opportune time for Councils to review their policies, preferred facilitation role (as opposed to direct engagement in service delivery) and current supply of accommodation and services to ensure best fit with demographic projections and increased demand.

10.4 Seniors Precincts in Bathurst

The increasing size of Bathurst city is affecting seniors' perceptions of personal safety and well being, with a sense of being particularly at risk from youth crime. While seniors in the focus group advocated a preference for a designated seniors' precinct, there are concerns from other sectors of the community that 'gated communities' might develop. This is perceived by some in the community as running contrary to the best interests of the community at large, being indicative of a break-down in social capital and the social bonds of a country community that lie at the foundation of our quality of life.

10.5 The need to maintain Social Capital as the 'glue' that binds the communities together

In Blayney, social capital is strong. However, it has been suggested that Blayney Shire Council strengthen its role in community development through the creation of a specialist position within Council. Such a role would liaise
with aged care providers and seniors, and facilitate information sharing through an active Interagency Blayney group.

While always difficult to measure impact and outcome, the value of the community programmes (such as Seniors’ Week and the International Friendship Group) sponsored by Councils should not be underestimated and should receive continued support. Seniors were very positive about local government efforts in promoting Seniors’ Week. They see this as a sign of respect and support from their communities.

Given Bathurst seniors’ concerns about personal safety, it is opportune to seek out ways of developing the senior/youth interface in Bathurst city as part of the social infrastructure needed for productive ageing. This is a critical issue as the city grows in size.

Given the misperception amongst some sectors of the seniors community about the range and quality of services offered by residential facilities in particular, it is opportune to consider extending and promoting the ‘open day’ schemes which currently operate in the area, when some aged care facilities open their doors to the general public.

10.6 **Blayney Services:** The Blayney community is pressing for Blayney-managed service delivery in the areas of community transport and home care services (current service provision comes from Bathurst, Cowra and private services from outside the region). The community wishes to take control of its own resources.

10.7 **Transaction Centre at Wattle Flat:** this concept and name were proposed by the Wattle Flat focus group. Given the synergies between this concept and specific suggestions for improved access to health services made by health professionals servicing the area, we have integrated the community’s and professionals’ suggestions in developing the Transaction Centre concept. The community felt that a building centrally located in the CBD (between the shop and the cafe) could be a first step in attracting new residents and halting the population decline, as well as improving the quality of existing residents. The facility would have several rooms, internet access and a teleconference phone. The layout might include:

- a consultation room to attract regular visits from Bathurst health professionals (general practitioner, podiatrist, physiotherapist, disability counsellor etc).

This would increase access to health services by residents not only in Wattle Flat, but from throughout the Hill End and Sofala areas. One of the problems identified by health professionals was the difficulty of seniors in particular, who would require the assistance of an elderly spouse or sibling to transport them to and even assist them with a health consultation in Bathurst or Orange. It was felt that the return journey in particular from Hill End to Orange for specialist services adversely affected the health of both patient and elderly carer. Residents and health professionals were keen to see greater use of technology to link the rural villages and communities to information and
services. To achieve this, a central location and facility would need to be established.

- in the short term, a telephone conference facility whereby a senior who may well be in the company of a spouse or elderly sibling, might conduct the consultation with their health professional located in Bathurst or Orange. It was suggested by health professionals that many regular check-up consultations with specialists could be conducted over a speaker phone (with clinical support from the district nurse for such things as blood pressure checks etc).

- in the long term, the incorporation of on-line technologies which would permit on-line video conferencing between seniors in rural areas and their medical specialists in regional and metropolitan centres.

- a central place for seniors and the rest of the community to access information (both hard copy and on-line) and to use e-mail facilities to keep in touch with younger family members. Seniors at the focus group indicated a desire to develop internet skills in the area of on-line shopping, banking, travel reservations, pension and income information.

- a tourist information function which would encourage 'grey nomads' in particular to stop in the village. Our research indicates that seniors who stop in both Wattle Flat and Blayney as part of general holiday travel are more likely to return as residents in later years.

- A 'pump out' sewage facility for vans as an inducement to stop in the village. A member of the focus group cited the case of another small rural community where their transaction centre, with this sewage facility, eventually attracted investment for a caravan park.

While the proposal from the community for a Transaction Centre involves significant capital outlay and recurrent costs, the suggestion has merit for developing a model for reviving the decline of rural villages while focusing on the needs of seniors to remain in their own communities and homes. If Council were to explore the potential of such a proposal, a pilot project structured in terms of meeting the needs of seniors in rural Australia has the potential to attract funding from both Federal and State governments given that it targets three key priority areas (ageing; rural and regional development; health).

10.7 Men's Shed: Consistent across the three communities, Wattle Flat community was concerned about the care and quality of life of single, male elders. A Men's Shed was proposed by the community, one that could also service communities beyond Wattle Flat. There would be potential to incorporate this into a Transaction Centre. Bathurst and Blayney communities were already moving on this front.
There is a tendency toward relatively high levels of labour force participation and employment in 55+ age groups (55-64 and 65+) in the Central West region overall. In other words, 55+ age people in the bush tend to work longer. However, this is concentrated in the Managers and Administrators group which consists of a high level of farmers and farm managers. Despite staying in employment longer than other occupational groups, farmers and farm managers will probably do so on relatively low and declining incomes. At some point, bringing them into urban centres or delivering aged care services out to them will raise the question of costs and who will bear them (Hicks, Basu & Suppy 2007).

The ageing of Australia’s ‘baby boom’ cohort, with lower mortality rates than previous generations and smaller cohorts following as fertility declined, accentuates the impact of an ageing population. In the past century, the proportion of the population aged over 65 has risen from just 4% to nearly 12.5%. By 2042, around 24.5% of Australia’s population is expected to be aged over 65 (Australian Government Treasury 2002:4).

Australia’s death rate fell from 8.5 per thousand in 1971 to 6.9 per thousand in 1991 and around 6.7 per thousand in 2001. The decline in mortality rates across all age groups is expected to continue for the next four decades. Although women have a higher life expectancy than men, men’s mortality rates have fallen faster than those of women (Australian Government Treasury 2002:4).

‘Baby boomers’ are the large cohort of Australian residents born during 1946-1961 in the aftermath of World War II.

‘The baby boomers’ will begin to reach 65 years of age from 2011 onwards, resulting in a sharp increase in the proportion of the population aged 65 plus during the subsequent 20 years to approximately 4.2 million.

By 2020, 500,000 Australians will be aged 86 years and over (AIWH 2002:2). Based on recent trends, men born in 2042 are projected to live to 82.5 years, an average of 5.3 years longer than those born in 2002. Women born in 2042 are projected to live to 87.5, 4.9 years longer on average (Australian Government Treasury 2002:4).

The 2007-2008 Federal Department of Health and Ageing identifies that most Australians prefer to grow older in their own homes. The Department’s Ageing Budget makes significant provision for community care packages, both low level (for example, help with household activities and personal care) and high level (which may involve complex nursing). The greatest growth is in high-level care at home. In previous decades many of these seniors would have taken up institutional residence.

The figure is based on interviews with 20 providers in Bathurst. The exact worth to the local economy is not possible to determine in that private providers are reluctant to release budget and wages figures. Given the strong trend towards part-time and casual work, many of the employees may well work for more than one employer. Similarly, volunteer numbers have been aggregated, however, volunteers may offer their services to more than one organisation.

REFERENCES

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