

11 September 2017

Dr John McVeigh
Chair, Select Committee on Regional Development and Decentralisation
House of Representatives
PO Box 6021
Parliament House
CANBERRA ACT 2600



Dear Dr McVeigh

INQUIRY INTO REGIONAL DEVELOPMENT AND DECENTRALISATION

Thank you for the opportunity to provide a submission to the Inquiry into Regional Development and Decentralisation. While the Terms of Reference contain matters of importance in the consideration of regional development and decentralisation, I will address **Section 1.a: best practice approaches to regional development, considering Australian and international examples.**

For the first time in history, most Australians can expect to live for twenty or more years after their 65th birthday; a startling shift from 1955 when we expected to live only another two years. This extraordinary change means there are more adults in our lives than children; more adults over 65 than children under 15 on our streets, in parks, shops, gyms, libraries, work spaces and community events. This transformation of our population has far-reaching consequences for the way individuals, families, organisations and communities come together. It is essential, therefore, that regional development includes the impacts and benefits of long lived lives in all its actions.

I draw the Committee's attention to the WHO Age Friendly Cities and Communities (AFCC) framework. AFCC is a place-based, collective approach to promote healthy ageing, foster community capabilities and resilience, and contribute economic sustainability and growth.

Population ageing in regional and rural Australia

Population ageing is particularly significant in regional and rural Australia. As the Australian Bureau of Statistics makes clear:

A distinctive feature in the age distribution of Australia at June 2016 was the higher representation of people aged 20 to 44 years residing in capital cities. ... This reflects the attraction of younger adults to education, employment and other opportunities in capital cities. In contrast, older adults aged 45 years and over made up a smaller proportion of the population in capital cities (37%) than in the rest of Australia (45%).¹

In northeast Victoria, almost one in three people is over 65 years of age, with half living outside the more urban areas of Wangaratta, Benalla and Wodonga. This number of older people is projected to double in the next decade.² Rural Victoria also has a significant indigenous older population. The rate of increase of the Aboriginal population over 55 years of age is three times the rate of the non-Aboriginal population. These figures will be replicated across Australia. Adapting now to population ageing is crucial for regional and rural development.

¹ <http://www.abs.gov.au/ausstats/abs@.nsf/0/151AA7593B394934CA2573210018DA4A?Opendocument> Accessed 10 Sept. 2017

² Hume Population profile

Policy and ageing for regional development

The United Nation's 2030 Agenda for Sustainable Development calls for 'concerted efforts towards building an inclusive, sustainable and resilient future for people and planet'.³ As a significant proportion of the population is, or will be, older people, sustainable development must include the contribution and strengths of older people, and meet their needs. Embedded in the SDGs is the commitment to 'leave no one behind.' As the UN notes: 'Despite their demographic significance older persons have typically been unsupported by, and invisible in, international development policy programmes and discourse.'⁴

In 2015, the World Health Organization (WHO) released the *World report on ageing and health*.⁵ The Report emphasised the urgent need for all governments and organisations to include older people in policy, services and programs. This change is essential to address the deeply entrenched negative attitudes to ageing, to ensure the health and wellbeing of older people, and to realise the capabilities of all.

Australia has not had a policy on ageing since 2002. In 2016, Australia adopted the WHO Global Strategy and Plan of Action on Ageing and Health,⁶ making a commitment to take action on ageing, including the development of age-friendly environments. Australia's then Secretary of Health, Martin Bowles, chaired the committee that ratified the Strategy.

The Strategy (2016 – 2020) has five strategic objectives:

1. Commitment to action on Healthy Ageing in every country;
2. Developing age-friendly environments;
3. Aligning health systems to the needs of older populations;
4. Developing sustainable and equitable systems for providing long-term care (home, communities, institutions); and
5. Improving measurement, monitoring and research on Healthy Ageing.

While both documents explain clearly why age-friendly environments are one of the most important responses to population ageing, the Strategy provides a framework and actions for member states to ensure the whole community profits.

Australia's decisions about regional and rural development in all areas—housing, transport, parks, employment, business, social services and health—along with the attitudes and behaviours of employers, business operators, media and neighbours towards older people, profoundly affect the participation and wellbeing of older people in their local communities.

Why create age-friendly regional and rural Australia?

For communities to remain or become thriving places for families to live, learn, work and play, they must become age-friendly.

Older people are a considerable resource for families and rural communities. They provide a quarter of all child care for children under 12 years and a similar percentage of informal care. They run small businesses, gift financial support to younger generations while making a significant contribution to the growth in tourism as both tourists and tourism operators or volunteer guides.

They are the life blood of community services. Older people volunteer in rural emergency services, community transport and community safety programs, and provide practical home support such as

³ <http://www.un.org/sustainabledevelopment/sustainable-development-goals/> Accessed 10 Sept 2017

⁴ <https://www.ifa-fiv.org/wp-content/uploads/2016/10/Ageing-and-the-SDGs-Issue-Brief.pdf> Accessed 10 Sept 2017

⁵ World report on ageing and health. Geneva: World Health Organization; 2015

⁶ Global strategy and action plan on ageing and health. Geneva: World Health Organization; 2016

meals on wheels and home maintenance. They run community organisations, welcome new residents, fund raise, and mentor younger people in the workplace or as new parents. In areas where such services are less accessible and costly to provide, older people are indeed the 'glue' that holds many rural areas together.

Case Study: Tallangatta, Victoria

A 'Welcome to Tallangatta' pack was designed by older people in Tallangatta for new residents to the area. Information regarding the locality, services and events is checked, collated and delivered by older people. To date, seventy-six packs have been delivered in nearly four years.

Creating age-friendly environments with the right policies and services in local communities fosters the health and wellbeing of older people while ensuring they continue to make their significant contribution to their community. But without the physical, social and service environments supportive of their needs, such resources are wasted and older people live in poorer health. Moreover, if regional development and decentralisation occurs without concomitant action to create age-friendly environments, there is the potential to further exacerbate the considerable negative impacts of social isolation and shame of older people leading to an increase demand on acute and community health services.

What is an age-friendly community?

Age-friendly communities are places where older people live safely, enjoy good health and stay involved. Guiding the development of age-friendly communities is a collective process that actively involves older people in local decision-making, implementation and evaluation of a plan of action to bring about sustainable change.

In 2006, the WHO brought together 33 cities of varying sizes across the world to discover what makes a city a good place in which to grow old. In the same year, using the same approach, the Canadian Government worked with small rural communities to find out what makes small communities age-friendly. The reports from both these projects were released in 2007: A Guide. WHO Global Age-friendly Cities Guide and the Canadian Age Friendly Rural and Remote Guide.⁷

Eight interconnected domains reflecting the essential, interconnect areas of life that impact on older people's health and wellbeing were identified by the WHO.



Three domains (Outdoor Space and Buildings, Transport and Housing) describe key features of the physical environment. These aspects strongly influence personal mobility and access, safety, health and social participation.

Three domains (Social Participation, Respect and Inclusion, Civic Participation and Employment) describe the social environment that affect older people's ability to participate fully in their communities, their security, and sense of wellbeing.

Two areas (Communication and Information and Social and Health Services) describe the ways and means older people develop and share knowledge of the world around them, with a focus on social and health services.

⁷ World Health Organisation, Global age-friendly cities: a guide. Geneva: WHO; 2007; Federal/Provincial/Territorial Ministers Responsible for Seniors. Age-friendly Rural and Remote Communities: A Guide. Ottawa: PHAC; 2007.

These eight domains reinforce the need to improve the built and social environment at the same time as changing the delivery of community and health services to meet the needs of older people.

The WHO Global Network for Age-friendly Cities and Communities (the Network) was established to foster the exchange of experience and mutual learning between cities and communities worldwide. Located in different parts of the world, the Network comprises cities and communities of different sizes with very diverse cultural and socio-economic contexts.

Since its inception in 2010, the Network has grown to include thirteen affiliate programs with state or nation responsibility and over 500 individual cities and communities in 37 countries. The Government of Western Australia became a member in June 2017. Affiliate membership recognises the important role that civil society, community networks and government agencies have in developing age-friendly communities. Affiliates are age-friendly networks or government initiatives working to promote and enable age-friendly environments at a regional level.

Case Study: Creating Age-Friendly Wheatbelt, WA

The 'Creating Age Friendly Communities (CAFC) in Small Towns Project'⁸ forms part of a holistic solution to address population across the 42 local governments in the Wheatbelt region of Western Australia. It is designed, administered and managed by the Wheatbelt Development Commission (WDC) to address the lack of facilities and infrastructure required to facilitate older people to remain in their community. Part of the CAFC was the development of Audit Toolkit.

In its evaluation of Phase One, the WDC reported that Local Governments were able to assess the age-friendliness of their communities using the Audit Toolkit. An unexpected outcome was the use of the Audit Toolkit for other projects such as health and safety, disability access, and property management. CAFC led to improved age-friendly infrastructure in all participating Local Governments. This infrastructure was reported to have benefited not only older residents, but also families, residents with mobility difficulties and young people.

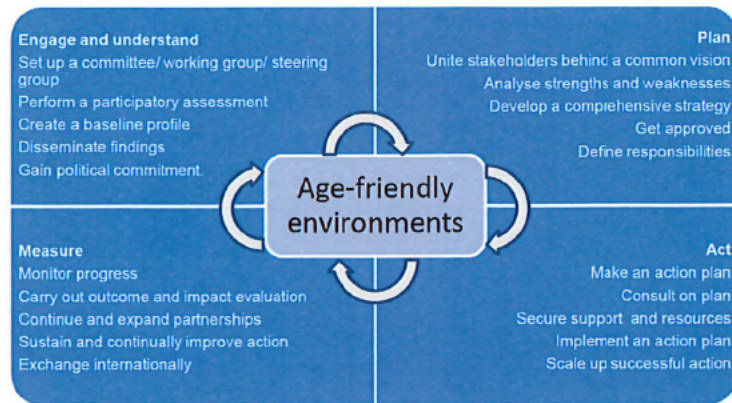
The evaluation found that '97% of Local Governments believe their [AFC] projects led to more awareness for officers and elected members in the need for aged infrastructure in the community' (p2-8).

Four steps to creating Age-Friendly Communities

Creating an age-friendly community is a locally-based process of collaboration, working in partnership with all sectors of the community—older people, businesses, community services, all levels of government—to transform communities into supportive environments where everyone can age well. It is a place-based approach seeking local solutions to local issues. This journey requires a shared vision of what an age-friendly region can be, and the drive to develop the policies, interventions and programs for the make the vision a reality.

A four-step model has been developed by the Network: Engage and understand, Plan, Act and Measure (see below). It is based on sound evidence from the European Union through research into cities and communities in countries as diverse such as Canada, the United States, the United Kingdom, Libya, India and Taiwan.

⁸ Wheatbelt Development Commission (nd.) Creating Age-Friendly Communities in Small Towns Project: Evaluation of Phase One WDC Available at <http://www.wheatbelt.wa.gov.au/publications/aged-care/>



Age Friendly Ovens Murray

In March 2017, the Victorian Department of Health and Human Services East Division provided strategic support and seed funding for the establishment of an Age-Friendly Rural Communities initiative in north-east Victoria. In collaboration with Northeast Health Wangaratta, Age-Friendly Rural Communities seeks to bring together all levels of governments, academic, public and private sectors, community and volunteer groups across the area to form the Age-Friendly Ovens Murray Alliance.

The Age-Friendly Ovens Murray Alliance will build on the considerable work already undertaken across the region. It will be governed by a Steering Committee comprising leaders from local councils—Councillors and CEOs—and the diversity of public and private sectors who can, and do, influence the wellbeing of older people. Older people will be active participants on the Steering Committee and throughout the process. The Alliance will work collaboratively to make the vision of a society for all ages a reality.

Promoting healthy ageing, and building systems to meet the needs of older adults, will be sound investments in a future where older people have the freedom to be and do what they value, and in doing so, contribute to the social, economic and cultural growth and sustainability of regional and rural Australia.

I commend the Committee for its broad approach to improving and developing a strong regional and rural Australia. I would welcome the opportunity to provide further information regarding the WHO Age-Friendly Cities and Communities approach.

Yours sincerely,

Dr Kathleen Brasher

Principal Lead – Age Friendly Rural Communities

Member, Strategic Advisory Group, WHO Global Network for Age-friendly Cities and Communities

cc. Margaret Bennett, CEO, Northeast Health Wangaratta