

Aged Care Needs Analysis for the City of Rockhampton



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An
AGED CARE NEEDS ANALYSIS
of the
CITY OF ROCKHAMPTON
prepared for
ROCKHAMPTON CITY COUNCIL
by the
**RURAL SOCIAL AND
ECONOMIC RESEARCH CENTRE**
CENTRAL QUEENSLAND UNIVERSITY

Dani Stehlik
Principal Investigator

Helen Bulis
Senior Research Officer

July 1996

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Dani Stehlik

Helen Bulis

July 1996

ABOUT THE AUTHORS

Dani Stehlik is Lecturer in Sociology at Central Queensland University and Coordinator of the Community Development Program in the Rural Social and Economic Research Centre. Dani has been extensively involved in research and teaching in community development and human services delivery, building on twelve years experience with the Commonwealth Government in management and policy positions with both the Department of Social Security and the Department of Human Services and Health. In 1990-91 she undertook a policy analysis of the Home and Community Care program and current research interests include an investigation of the social circumstances and attitudes of older parents who have chosen to provide home care to their children with intellectual disability. Recent publications include: *History of welfare and services to people with disabilities in Australia* in Annison, J. et al. (1995) *Disability: A Guide for Health Professionals*; *Feminist excavations: a collection of essays on women, the family and ideology* (ed. 1994); *Untying the knot: a socialist-feminist analysis of the social construction of care* (1993). Dani is currently co-editing a collection of essays entitled: *Futures for Central Queensland*, which will be published in 1996 in the RSERC Monograph Series.

Helen Bulis is Senior Research Officer in the Rural Social and Economic Research Centre and a doctoral student in Sociology in the Faculty of Arts at Central Queensland University. Her research focuses on an analysis of decision making among older farm families in regional Australia. Prior to joining CQU, Helen had many years experience in the Commonwealth public service in South Australia, the Northern Territory and Western Australia as both a social worker and a policy analyst. Her most recent position in the Commonwealth Government was as a/g Program Manager, Aged Care in Western Australia. Recent publications include: 'Baby boomer ageing: what kind of future do we want?' in *Futures for Central Queensland* (1996 forthcoming) and 'Safety and Security or a Sense of Belonging?' In *Proceedings of the National Rural Conference on Ageing - Rewriting the Future*. (1995).

For further information about this paper or the Rural Social and Economic Research Centre, please contact: The Secretary, Ms. Natalie Wyrer, on 079 30 6401 or by fax: on 079 30 9501.

EXECUTIVE SUMMARY

The social demography of the ageing of Australia's population has been the subject of much research in the last decade. Currently the proportion of Australians over the age of 60 years is around 16 per cent, by the year 2021 it is expected to peak at 22 per cent with the ageing of the 'baby boomer' cohort. Particular growth is in the 'old-old' - that group over 75 years, and it is this group that will require most social supports. There is in addition, an increased demand by Federal and State governments that local government take a more active role in the future provision of such supports.

What is less well understood are the differences of experience between those Australians who are ageing in metropolitan centres, with high supports in place, and those Australians who are located in **regional** and remote communities, such as those found in Central Queensland. There is a gender dimension here as women live longer and are more highly represented in the over 80 years age group.

The proportion of older people in such regional/rural centres is higher than in the urban/metropolises. From the little regional/rural research which has been done, it is clear that, compared with their city counterparts, **many older Australians who live in regional/rural communities face considerable, and in some cases, extreme disadvantage**. In addition, the needs of those Australians who are from Non-English speaking background or indigenous Australians, Torres Strait or South Sea Islanders also require consideration.

As the major provincial city for the region, Rockhampton has, both practically and historically, been the centre for provision of health care services. It has also become a place for people to come to 'retire' and is likely to remain a favoured location, because of the accessibility of health and social services. The Rural Social and Economic Research Centre at the Central Queensland University was commissioned by the Planning and Policy Committee of the Rockhampton City Council in January 1996 to undertake a study of aged care needs within the City. This involved discussing the question of the City's future roles and responsibilities with many Federal, State and non-government agencies within the City and Region. The Study undertook a detailed examination of current and future demographic trends as well as a review of current aged care policies, both federal and state government and a detailed search of other important reports on the issues. This Report, the outcome of the Study, seeks to begin to analyse the way in which the City can respond to the increasing demands an ageing population places on it. The Report takes note particularly of the socio-demographics of the ageing population of the City, and ensures that all recommendations are within both the budget constraints and the purview of the Council.

The question this Report begins to answer is:

What role and responsibility can the Rockhampton City Council have towards its aged citizens, both now and in the future?

This Report documents the current and future demographic trends for the City, trends which suggest that, unlike the south-eastern corner of Queensland or the Wide Bay-Burnett area of the State, **Rockhampton's growth in older citizens will be steady rather than dramatic. However there will be an increase in the 'old-old' - that is, those individuals over the age of 80 years. The Report demonstrates that many of these people will be women, who because of their increased longevity, will more than likely be living alone.** The Report also suggests that both currently and in the future, many of those people who are ageing in Rockhampton are ones who have lived here all their lives - therefore, importantly to the City - they will be long term home owners and **ratepayers.**

The Report makes a number of recommendations on issues which we believe are within the purview of the Council's responsibility. Broadly, these include: management, coordination and networking; information dissemination; Senior Citizens Centres and volunteers; housing; transport and access and Home and Community Care. The Report deliberately does not make recommendations in areas in which the City clearly has no responsibility. We have made the recommendations in full cognisance of the current climate in the need for fiscal restraint and overall, the recommendations **imply minimal costs to Council** and in some cases no costs at all. However we are confident that the recommendations reflect not only the wishes of the key stakeholders consulted, but also the changing nature of service delivery in Australia - that is, as mentioned above, that local government will have an increasingly important role to play. We are also aware of the importance of this Study in the light of the interest expressed in the issues by the stakeholders, and their keen interest in the outcome of the Report.

RECOMMENDATIONS

These recommendations are drawn together under three areas of responsibility - the full Council, the Policy and Planning Committee and the Community Development Officer. Where applicable, we have also identified specific administrative personnel responsible.

The recommendations are in order of suggested immediacy and then in order of priority. We have also identified suggested time frames, responsibilities and funding sources. Discussion as to the background to these Recommendations are in Section 7 of the Report.

ACTION

ROCKHAMPTON CITY COUNCIL

Issue: Council Planning for the Future

Recommendation 4: That RCC immediately adopt a policy instructing all its administrative Departments to ensure that the needs of aged citizens within the City are always clearly identified in the development of tenders, strategic plans and other Council documentation. To further this recommendation, this Report should be made available to all staff.

Time Frame:	Immediate
Responsibility:	Full Council/CEO
Funding Implications:	nil cost

Recommendation 5: Within the above recommendation, that the needs of special interest groups be clarified and highlighted and possible implications of equal opportunity guidelines be identified.

Time Frame:	Immediate
Responsibility:	Full Council/CEO
Funding Implications:	nil cost

Recommendation 7: That the RCC undertake the feasibility of the development of future collaborative aged care strategic planning with neighbouring Shires - in the first instance, with Fitzroy and Livingstone Shires.

Time Frame:	Immediate
Responsibility:	CEO
Funding Implications:	minimal

Issue: Appointment of a Community Development Officer.

Recommendation 1: That RCC immediately develop a submission to the DFYCC for funding to appoint a CDO for the City.

Time Frame: Immediate
Responsibility: CEO/Director, A&CS
Funding Implications/sources: DFYCC

Recommendation 2: That a Duty Statement for the position of CDO be developed utilising those drawn from Shires where such positions are already active.

Time Frame: Immediate
Responsibility: Director, A&CS
Funding Implications: minimal

Recommendation 3: That aged care service coordination be the priority, but not the only responsibility, of this position of CDO.

Time Frame: Immediate
Responsibility: Director, A&CS
Funding Implications: minimal

Issue: Line Management responsibilities for Aged Care services.

Recommendation 13: With the development of a CDO position, the relationship between the Director, Community Services, the CDO and the Coordinators of the Senior Citizens Centres be identified and lines of control clearly established.

Time Frame: Immediate upon appointment of CDO.
Responsibility: Director, A&CS
Funding Implications: minimal

Issue: Recognition of Volunteers

Recommendation 16: That RCC develop a plan of recognition of volunteers following that undertaken by other councils around Australia. Such recognition should be undertaken in discussion with key groups and through the establishment of a volunteer recognition committee.

Time Frame: Before Seniors Week 1996 (if possible)
Responsibility: RCC/CDO
Funding Implications: small cost of certificates, morning tea.

Recommendation 17: That this recommendation (no 16) be put in place as a matter of urgency, and the first such recognition occurs during Seniors Week (1996) and in following years, in Volunteers Week.

Time Frame: Prior to August 1996

Responsibility: Director, A&CS

Funding Implications: minimal

Recommendation 18: That the Mayor

(1) announce the first group of recognised volunteers at a morning tea during Seniors Week 1996 - morning tea morning on Wednesday August 21. 1996.

(2) launch this Report at the same function

(3) Ensure media publicity be utilised fully

Time Frame: August 1996

Responsibility: Mayor/CEO/Director, A&CS

Funding Implications/sources: Morning Tea/cost of Certificates of Appreciation

Recommendation 20: That all of the recommendations regarding Senior Citizens Centres be developed with the assistance of the coordinators of Schotia Place and Bauhinia House and in cooperation with other key stakeholders, include the various SCC volunteer committees.

Time Frame: asap on appointment of CDO

Responsibility: Director, A&CS/CDO/Coordinators Senior Citizens Centres.

Funding Implications: minimal

ACTION

PLANNING AND POLICY COMMITTEE

Issue: Planning Strategically.

Recommendation 8: That the Planning and Policy Committee of the RCC undertake to ensure that all recommendations within this Report are acted upon, and ask for six monthly reviews of the recommendations.

Time Frame: Immediate. Then six-monthly.

Responsibility: PPC/CEO/Director, A&CS

Funding Implications: Total cost of all recommendations as accepted.

Recommendation 6: That the PPC recognise the need for 'good planning' for its senior citizens moves beyond the traditional areas and into the full range of Council responsibilities and that all policy documents in all Departments reflect this.

Time Frame: Immediate
Responsibility: PPC/CEO/Director, A&CS
Funding Implications: minimal

Recommendation 22: That the PPC action the current budget allocation by the installation of air conditioning within Schotia Place as a priority.

Time Frame: Immediate
Responsibility: PPC/Director, A&CS
Funding Implications: Funding available.

Item: Future housing needs.

Recommendation 23: That the Planning and Policy Committee action

- (1) the development of policy guidelines for a Retirement Village feasibility study
- (2) this study is to identify land and possible developers for a retirement village in the City.

Time Frame: In fiscal year 1997
Responsibility: PPC/Property Manager/City Planner
Funding Implications/sources: Cost of feasibility study.
From State Government Regional Development/ CREDO.

Recommendation 24: Given the income demographics detailed in this Report, that the Committee take into account the costs associated with such a village and ensure that they are not outside the possible access of Rockhampton citizens.

Time Frame: In fiscal year 1997
Responsibility: Property Manager/City Planner
Funding Implications: as above

Recommendation 25: That the PPC review its current heavy involvement with Talbot Estate management and consider perhaps a more community representative structure.

Time Frame: In fiscal year 1997
Responsibility: PPC
Funding Implications: minimal

Recommendation 26: That the PPC ask the Talbot Estate Management Committee to review the priorities placed on new building v. refit of existing Talbot Estate buildings.

Time Frame: In fiscal year 1997
Responsibility: PPC
Funding Implications/sources: possible priority re-ordering may have financial implications.

Recommendation 27: That RCC engineers, through the Talbot Estate Management Committee, take advice about refit for access within the Talbot Estate buildings by aged people.

Time Frame: In fiscal year 1997
Responsibility: PPC/City Planner/City Engineer
Funding Implications/sources: Consider utilisation of existing budget of \$40,000.

Item: Transport.

Recommendation 32: That as a matter of urgency, the PPC take the recommendations within this section of the Report to the key stakeholders as represented in the intermodal committee on transport, and determine a possible plan of action to ensure that the current transport system is more accessible, as well as identifying gaps for future service delivery.

Time Frame: Immediate
Responsibility: PPC/CEO/Transport intermodal committee
Funding Implications: none foreseeable

Issue: Access

Recommendation 28: That the PPC and the Engineering Department become more cognisant of the needs of aged citizens' access to Council facilities and the CBD, by familiarising themselves with this Report and relevant guidelines.

Time Frame: Immediate and ongoing
Responsibility: PPC/CEO/Engineering Department
Funding Implications: minimal initially - ongoing costs possible.

Recommendation 29: That the PPC, working through the CDO immediately order a review of all Council administrative policies identified as having an 'aged focus' to them, and ensure that access provisions are incorporated within these.

Time Frame: Immediate and ongoing
Responsibility: PPC/Director, A&CS/ CDO
Funding Implications: minimal

Recommendation 30: That the PPC participate in the Disability Access survey presently underway within the City and ensure that its recommendations are brought to the urgent attention of the Engineering Department for any action.

Time Frame:	Immediate and ongoing
Responsibility:	PPC/CEO/City Engineer/Director, A&CS
Funding Implications:	minimal

Recommendation 31: That the PPC ensures that Federal and State governments access guidelines to public places under its responsibility are adhered to in the design and refit of public places and spaces.

Time Frame:	Immediate and ongoing
Responsibility:	PPC/CEO/City Engineer/Director, A&CS
Funding Implications:	minimal initially - some ongoing costs possible.

ACTION

COMMUNITY DEVELOPMENT OFFICER

Item: **Role and Responsibilities of the C.D.O.**

Recommendation 14: All major reports, consultancies and issues associated with aged care service coordination within the City be directed, in the first instance, to the CDO.

Time Frame:	As soon as CDO appointed
Responsibility:	Director, A&CS
Funding Implications:	nil

Recommendation 15: That the CDO begin to draw together all the current information available within the RCC regarding human services in general and aged care issues in particular with a view to developing a resource information point for the City.

Time Frame:	As soon as CDO appointed
Responsibility:	CDO/Library Services
Funding Implications:	minimal initially - some small costs associated with storage possible.

Recommendation 36: That the duties of the CDO include the assessment of requests from particular ratepayers (over the age of 65) for specific assistance on their properties. Such requests would be actioned in discussion with the Parks and Recreation Department.

Time Frame: Immediate on appointment of CDO
Responsibility: Director, A&CS/CDO
Funding Implications/sources: minimal initially. Some small costs possible associated with future requests.

Issue: Review of 'frail aged care day' at Senior Citizens Centres.

Recommendation 39: That the CDO in conjunction with ACAT and other key stakeholders, undertake an urgent review of the day care activities in Schotia Place and Bauhinia House, particularly the frail aged care days, to ensure they are meeting the Federal and State Government guidelines for respite care.

Time Frame: Within twelve months of appointment of CDO
Responsibility: CDO
Funding Implications: minimal

Issue: Transport.

Recommendation 21: That, as a matter of urgency and as soon as possible after appointment, the CDO call together a meeting of interested parties, and report to the Policy & Planning Committee of the Rockhampton City Council on the current and possible future use of the vehicle currently coordinated through the Senior Citizens Centres.

Time Frame: Immediate
Responsibility: Director, A&CS/CDO
Funding Implications: none foreseeable

Issue: Equity and Training for Administrative and Council personnel.

Recommendation 12: That the CDO, when develop a series of 'consciousness raising' activities for staff of RCC on issues of ageing and special needs.

Time Frame: Within six months of appointment of CDO
Responsibility: CDO
Funding Implications: Costs for Training.

Issue: The development of an Aged Care Expo within the City.

Recommendation 9: That the CDO, on behalf of the RCC and in consultation with key public and non-government stakeholders, develop an Aged Care Expo for 1997. The event is to be held at a time different to that of Seniors Week.

Time Frame:	Prior to end 1997
Responsibility:	CDO
Funding sources:	Funding in collaboration with other agencies and State Government.

Recommendation 10: That the CDO investigate possible areas of joint funding for such an event.

Time Frame: With CDO and prior to end 1997
Responsibility: CDO

Recommendation 11: That the RCC and the newly appointed CDO plan to make this an annual event, with perhaps different themes for each year of presentation.

Time Frame: Annual

Responsibility: Full Council/Director, A&CS/CDO

Recommendation 33: That the CDO undertake to introduce transport within the City as an issue for discussion in a future Aged Care Expo.

Time Frame: as soon as possible
Responsibility: CDO

Issue: Review of home secure/home assist program.

Recommendation 34: That the Management Committee of the Home Secure and Home Assist Program and the CDO, in conjunction with all relevant stakeholders (including representatives from all Shires involved), review current practice within the home secure/home assist program and develop a future plan for action based on the demographics of this Report and the outcomes of that Review.

Time Frame:	Within twelve months of appointment of CDO
Responsibility:	Management Committee, HS /HA /CDO
Funding Implications:	minimal

TABLES.

- Table 1. Over 65 years in urban Rockhampton. Derived from: ABS Census Data 1991.
- Table 2. Over 65 Income in Rockhampton. Derived from ABS Census 1991.
- Table 3. Comparison of Income of those over 65 years: Rockhampton compared with other Queensland cities. Derived from: ABS Census Data 1991.
- Table 4. Details of Aged Care Services in Rockhampton. From: Naylor Report (1993:23).

ATTACHMENTS.

1. Ideas for Integrated Local Area Planning.
Australian Local Government Association.
July 1993. (pp. 6-8).
2. Duty Statements
Community Development Officers (part time)
Gladstone City Council. 1996.

GLOSSARY OF TERMS

ABS	Australian Bureau of Statistics
AGPS	Australian Government Publishing Service
ACAT	Aged Care Advisory Team
ACOSS	Australian Council of Social Service
ATSIC	Aboriginal and Torres Strait Islander Commission
CACP	Community Aged Care Package (Commonwealth)
CBD	Central Business District
CCDA	Capricorn Community Development Association
CDO	Community Development Officer
CREDO	Central Queensland Regional Development Organisation
CRHA	Queensland Central Regional Health Authority
CRS	Commonwealth Rehabilitation Services
DFCS	Queensland Department of Family and Community Services
DFYCC	Queensland Department of Family, Youth and Community Care
DHSH	Commonwealth Department of Human Services and Health
DPLG	Queensland Department of Planning and Local Government
DSS	Commonwealth Department of Social Security
HACC	Home and Community Care (Commonwealth & State)
LGAs	Local Government Authorities
LGCHP	Commonwealth Local Government Community Housing Program
NESB	non-English Speaking Background
NCOSS	National Council of Social Service
PPC	Policy Planning Committee (Rockhampton City Council)
QCOSS	Queensland Council on Social Service
RCC*	Rockhampton City Council
RSERC	Rural Social and Economic Research Centre (Central Queensland University)
SAAP	Supported Accommodation Assistance Program (Commonwealth)
SCC	Senior Citizens Centre
TAFE	Technical and Further Education

1. LEADERSHIP IN AN AGEING FUTURE - CONTEXTUAL BACKGROUND

In the last decade, the relationship between local government in Australian and human services, particularly, in the context of this Report, in aged care services, has been an evolutionary one. As Australia's population ages, and as responsibility for communities is further devolved from federal to state to local governments, this Report provides an opportunity for timely reflection. At the time of writing this Report, there are major changes planned for the way in which human services generally, and aged care services in particular are delivered by Federal and State governments (see Section 5 below). The question this Report seeks to provide answers to is: *What role and responsibility can the Rockhampton City Council have towards its aged citizens, both now and in the future?*

1.1 AGEING IN ROCKHAMPTON - A BRIEF INTRODUCTION:

As this Report details, the demographic analysis of Rockhampton's current ageing population reveals a pattern similar to that of the rest of Australia, but without the growth imperatives of migration which other sectors of the Queensland community are facing.

In the City, we have a current aged population a little less than that in Australia overall, and we expect the future to be much the same. Rockhampton's population tends to be relatively (comparatively) homogenous - nevertheless, there is a small group of indigenous and non-English speaking older citizens which need to be considered. The majority of our older citizens have 'aged in place' - that is, they have lived most of their lives here and continue to do so in their old age. Many of them own their own homes, some live in rented accommodation - many live alone. Most of them are receiving an aged pension and three quarters of them over the age of 80 years are women.

For the future, this pattern will continue at a steady pace. There may be some in-migration, but not to the extent experienced in the south-east corner of Queensland or in the Wide Bay-Burnett area. There is not expected to be much growth in average weekly earnings of the population and we anticipate that most of the older citizens of the next century will also be relying on income from pensions and benefits. According to current patterns, most will not be living with their families and there are likely to be many older Rockhampton citizens who are frail, female and living alone in the next decade and beyond (see also Stanaway, 1988). They choose to remain in the City, a place in which they have worked and in which they have participated in its community activities for many, many years. This Study shows, and this Report urgently recommends, that the City of Rockhampton needs to accept responsibility to ensure that both current and future aged residents are accorded the concern and respect they deserve. The City can undertake activities now which will position it to better offer a securer future to its aged community in the next century.

In our presentation to the Rockhampton City Council Policy and Planning Committee on Monday May 15, we outlined the following Portrait of an Older Person in Rockhampton. We provide it here to place this Report in context, and to enable the reader to quickly conceptualise the key issues discussed in the Report.

Portrait of an Older Person in Rockhampton

"I am an 80 year old woman. I am widowed and live alone. My husband died about eight years ago. I am on the age pension and receive no other income. I have lived in Rocky all my life. I have some family here, my daughter who helps me out now and then with the weekly shopping. My sons have moved on due to work commitments. I live in a highset (oh those stairs!) house on a 1000 sq.m. block and I love my garden but it's getting a little much for me now. I have lived in my home for 45 years and have paid rates for over 50 years! I think of moving often, but where do I go? I don't want to move to the Church units or to Talbot Estate. I'd still like a bit of a garden, and a spare room so my family and friends can stay. I don't want to leave Rocky. This is my home town, and it is where most of my family, and more importantly, my friends are. Perhaps I finish up in the nursing home as that's where all old people finish up. Where do I go for information on moving and nursing homes? Perhaps the Council could help and mow my lawns then I wouldn't have to move. After all, I help out in the kitchen at the senior citizens for nothing, as I do like to help old people. I attend exercise classes at the Over 60s and Better program and enjoy the concerts at Schotia Place - when I am not in the kitchen. I go to Church every Sunday. I find it difficult to get around Rocky these days. I no longer drive. I don't like relying on other people's goodwill all the time. I'd use public transport but the times don't suit me, as I'd like to visit in the evening as well as during the day. I'm scared something getting off and on the buses, I might fall or people are always waiting for me."

1.2 : HUMAN SERVICE AND LOCAL GOVERNMENT - AN EVOLUTIONARY PROJECT:

The 1993 Victorian Project Report for the Local Government Ministers' Conference *Growing Older in Local Communities*, identified a number of ways local governments could become active participants in human services within their areas of responsibility (p.12). Relevant to this Study and the recommendations made, these include:

- as a **leader** in ensuring adequate planning and coordination of support for older people in the local community
- as a **facilitator** to encourage others to provide local services and facilities
- as a **reference** point for information about services and facilities
- as an **advocate** to ensure equity and social justice for older people
- as a **regulator** of the location of land uses and facilities that are important for older people

This Study confirms these as key roles for the Rockhampton City Council. Our consultation with the broad cross-section of aged care services in the City (see Section 9) identified a desire in the community to accept leadership and acknowledge the positive role the RCC could play in this regard. This does not mean that we are suggesting that RCC become a service provider - however we believe that it can and should become an active player in human services within its purview of responsibility.

There are economic, political, social and moral reasons to support this concept. **Economically**, human services are one of the major 'industries' within Australia, and support much employment. Because of the evolutionary nature of local government and human services, much expansion is still underway in this regard and consequently there is money in the future development of human services and RCC could be involved in this as a *facilitator*, *regulator* and *advocate*. **Politically**, regional Australia is at a cross roads. There has been recognition of the need to move policies beyond the urban eastern seaboard. Rockhampton, as one of Australia's largest regional cities is well placed to offer leadership in this issue. Why not take some active leadership within Queensland also - why wait until other cities have absorbed all the funding, or have made all the political mileage out of the issue? **Socially**, in a community the size of our city, our aged citizens play a key role in stability and historical perspective. We should not consider them to be 'past it' or 'discarded' but rather value their past contributions and recognise them to be a vital component of the wellbeing of our City. **Morally**, a community which cares for its aged citizens is a healthy community, which takes time to consider those less fortunate and offers opportunities for personal development for all its citizens as a consequence. Again, leadership is required, and who better to undertake the role of facilitator and leader, than the RCC? As the metaphor of 'evolution' implies, we can move to develop better policies and articulate better programs in the future.

We believe that Council has an ideal opportunity presented to it as this Report has generated a great deal of interest among the community of stakeholders and the imminent Senior Citizens Week (August) provides an ideal forum in which the RCC could begin to formulate its leadership in this regard.

This Report begins by detailing the conception of the Study, the method undertaken and the way in which local government and aged care in Australia is presently articulated. Section 3

details the pertinent demographics within Australia, Queensland, the Region and the City. We have done this to show the relationship between the current and possible future situation in the City compared with other places, and particularly, compared with other comparable communities in Queensland. Section 4, drawing on other more detailed reports, describes the current services available to aged citizens within the City and Section 5 details pertinent aged care policies. In Section 6 we begin to draw together the issues gathered in a wide ranging consultation with the local community and key stakeholders. We have identified the major purview responsibilities of the RCC and drawn comments together within these in order to enable Section 7 to develop recommendations for future action. We have provided a detailed reference list for those interested in the Report (Section 8) as an information resource, and also detailed the consultations we undertook (Section 9) as a way of highlighting all those agencies and individuals currently involved in providing services to elderly citizens within the City of Rockhampton.

2. INTRODUCTION

2.1 LOCAL GOVERNMENT AND AGED CARE:

The shift from a predominant institutional model of aged care service delivery in Australia to one based on community care, commenced in the early 1980s with the establishment of a House of Representatives Standing Committee on Expenditure committee review into aged care services, and with the subsequent release of its landmark report - the McLeay Report¹. The Report argued strongly for a major re-think of the way in which aged care services were being delivered in Australia, primarily because of the changing demographic and economic realities confronting the country. At the time, there was increasing public debate about the 'greying' of Australia and the way in which costs of the aged population increases were to be met. The transition from institutional to community based care was seen as good economic and as well as political, sense.

The role of local government in this transition emerged as a key issue for the Federal Government. Local government has developed in Australia outside of the constitutional government model. In 1987, when the Federal Government went to a referendum to change the Constitution to include local government and thus ensure a less complex relationship between the three tiers of government, the vote was a resounding 'no'. Nevertheless, local government across Australia has become involved in human service delivery - some shires and councils more so than others. (see OLG, 1994) Local government's role in the future of aged care delivery has now been established, and all policies, both federal and state, include local government as a possible key player.

2.2 PURPOSE OF PROJECT:

This report details a project commissioned by the Rockhampton City Council for the Rural Social and Economic Research Centre to undertake a community needs analysis of the aged population of the City for the next decade (ie to the year 2006) and beyond.

The research project had three major purposes:

- to begin to describe the characteristics of the current and future ageing population of the city, and begin to explore what the needs of these cohorts will be.
- to identify the impact of such pressures on local government infrastructure and services which would then enable Council to more strategically plan for the future of the City.
- to enable the establishment of a comprehensive demographic data base of the target group for the Rockhampton/Fitzroy region for the first time. The comparison between this region and others in Queensland would begin to identify where there may be historical, economic and environmental pressures that would enable the region to better demonstrate a needs analysis for funding in the future.

Two research outcomes were identified:

- (1) A report detailing the current and future needs of the full diverse range of the aged population of Rockhampton City, based on demographic, social and economic trends.
- (2) An opportunity through the needs assessment process to develop a framework for discussing these issues, and identifying a group of interested citizens to assist Council as part of its longer term planning process.

2.3 PROJECT METHOD.

The project was designed to be conducted in four key stages over a period of six months. Identified tasks within each stage were drawn from discussions with the Council prior to commencement of the project.

Stage 1. Demographic and Literature Review Comparative Analysis:

Existing material that would enable the development of a community profile of aged and those citizens aged between 40-60 years was collated and analysed.

Our sources included Federal and State Government departments, non-governments and private organisations with a responsibility for the aged community and those services presently coordinated and managed by the Council. A list of all those consulted is located in Section 9 of this Report.

Tasks included:

- Preparing a brief demographic study (projection) of Rockhampton City to the year 2020. (Identification of variables including: age, race, ethnicity and gender).
- Undertaking a brief assessment of the income earning capacity of residents to 2020. This would be linked to historical increases and estimated increases in the aged pension compared to Council rate increases.
- The presentation of any examples throughout Australia of local government/private sector joint venture, private partnership or strategic alliances for the provision of services for the aged.

Stage 2. Proposed Federal and State Government Strategic Planning and Analysis of future trends:

Using the material collated above, we then examined the strategies in place at present and those planned for future aged care services which would impact, both federally and from the State Government, on the City. The broad question that directed this stage was how does planning undertaken in the private sector impact on current and future Local Government planning?

Tasks included:

- Preparing a brief outline of any proposed facilities to be provided for the aged in Rockhampton by State and Federal Governments and the private sector in the next ten years.
- Preparing a brief assessment of the existing facilities of the City and surrounds for aged persons, including State, Federal, Local Governments and private facilities.
- Establishing what current funding programmes were available from the State and Federal Governments for capital facilities/services for the aged.
- Considering the disadvantages aged persons in Rockhampton suffer compared with the services and facilities provided in Brisbane and other large provincial centres in Queensland.
- Considering any additional disadvantages suffered by special needs groups.

Stage 3. Consultation with Key Stakeholders. Analysis of Needs Assessed.

Consultation was undertaken primarily by face-to-face interviews but also with telephone consultations, through informal group discussion and as required, through formal meetings and presentations.

Tasks included:

- Preparing a brief analysis of the utilisation of existing aged persons' facilities provided by the Council.

- Undertaking detailed consultation with major stakeholders to determine proposed needs, facilities and services for the aged.
- Preparing an examination of the nexus between Rockhampton facilities and those in the Central Queensland area. Identifying the extent to which aged persons in Central Queensland use Rockhampton City's facilities.

Stage 4. Development of Draft Report. Presentation of Recommendations.

The final stage involved discussion as to analysis of information gathered with key stakeholders to verify such information. Two presentations of the report findings to the Planning and Policy Committee (May) and to full Council (June) were also undertaken.

Tasks included:

- Identifying priorities and making recommendations for the provision of such capital facilities and community services by Local Government to the aged considered necessary for at least the next ten (10) years including the location of such facilities/services.
- Making additional recommendations as to the needs of minority groups which can be serviced by the Council.
- Recommending what future income generation strategies for Council's facilities for the aged are possible.

3. DEMOGRAPHY - A BRIEF SYNOPSIS

This section will explore current and future demographic trends of an ageing population within Australia and Queensland concluding with specific regional features that form the demographic basis of this project. The characteristics of the ageing population of Australia and Queensland are highlighted in order to more clearly begin to identify the issues that may arise from this study. Tables are incorporated in the Report and Figures are included in the Appendices for those further interested in the demographic data.

3.1 SOME DEFINITIONS:

The definition of aged and ageing varies from statistical benchmarks such as chronological age to more subjective notions by individuals². In this section of the report, chronological benchmarks are used as they are the main tool for demographers and policy makers in defining the aged. The³ most common definition of an aged person is someone over 65 years of age. The report by the House of Representatives Standing Committee for Long Term Strategies, *Expectations of life: increasing the options for the 21st Century* noted that biological age is a better indicator as it takes into account a person's functional capacity (1992: 10) and consequently three distinct groups emerge from this biological perspective of ageing:

“Young old” - these people can maintain a normal, active pattern of life. Usual age range: **65-74 years**.

“Middle old” - these people have certain functional impairments and as a result require limited assistance with certain activities but are still capable of living on their own so long as they get this help. Usual age range: **75-80 years**.

“Old old” - these people are frail and generally so disabled as to require institutional or constant nursing care. Usual age range: **over 80 years**.

For the City of Rockhampton, the actual numbers of aged people in these categories from the 1991 Australian Bureau of Statistics (ABS) Census are as follows:

Age	Males	%	Females	%	Total	% of Proportion
65-69 years	989	46	1177	54	2166	3.9
70-74 years	770	43	1034	57	1804	3.2
75-79 years	595	41	843	59	1438	2.6
80 - 84 years	309	34	587	66	896	1.6
85 - 89 years	128	29	321	71	449	0.8
over 90 years	50	26	141	74	191	0.3
Total:	2841	41%	4103	59%	6944	

Table 1. Over 65 years in urban Rockhampton.

Derived from: ABS Census Data 1991.

It can be seen from this table that **the growth in the middle old to the old-old range will be one of the primary characteristic of the aged population of the City for the next decade and beyond**. Another important characteristic will be the steady gender imbalance, with **women making up nearly 3/4 of the population over the age of 80 years**.

3.2 AUSTRALIA:

There is a consensus amongst demographers and social policy makers that Australia's population is ageing gradually but with a significant peak in the next century. Internationally, Australia does not have the same growth in the number of the aged such as Japan, the United States, France and Italy (Sax 1993: 13). However, the number and proportion of older people in Australia continues to increase. In 1991, there were 1.9 million people over the age of 65 years representing 11 percent of the population. In 2051, the projected number over 65 is over 5 million which will be 22 percent of that population (Clare & Tupule 1994: 18). For the year 2021, this proportion will be 17.6 percent and there will be more people over 65 than those in the age group 25-44 years of age (Jones 1992: 12-13). (For further details, see *Figure 1* attached.)

One significant indicator of Australia's ageing population is life expectancy. In 1970, men could expect to live until 71 and women until 78 years of age but in 1991 this has increased to 74 and 80 years respectively. The projections for next century suggest "some improvement" on this figure and a slight narrowing of the age gap between men and women (Clare & Tupule 1994: 11). The prediction of life expectancy for the year 2021 is 75.4 years for men and 84.5 years for women (Jones 1992: 19). The longer life expectancy for women now and in the future, has **gender implications** for policy and studies such as this one. We return to this important point later in the Report.

It is important to consider two other indicators of population projections as they will have social and economical effects on the future of the aged. First, fertility rates³ have decreased since World War II but have recently stabilised to 1.87 with a predicted fall to between 1.78 and 1.66 by the end of the century (Clare & Tupule 1994: 11). This means (disregarding any immigration effect) there are likely to be less workers in the future compared to those not in the labour force, the year 2021. This is known as the **dependency ratio** which is often cited as a measurement of the financial contribution that a population can make to meet the needs of a welfare state. It not only perpetuates the assumption that older people do not contribute economically but as Clare and Tupule (1994: 14) point out the dependency ratio is also based on assumptions of a labour force that is subject to many changes. These include the influx of married women into the workforce, early retirement and delayed retirement due to longer life expectancy (Clare & Tupule 1994: 14). Sidney Sax (1992: 8) does not believe that older people are the financial burden of society. He suggests that as most older people over 65 years of age have a livelihood that is not dependent on society as many still work, have considerable savings and investments in superannuation, such a concept tends towards stereotyping.

The second important indicator involved the frequently used term in studies relating to the future of an ageing population is that of the "**baby boomers**". These people are defined as those born between 1946 and 1961 with the majority turning 65 years of age in 2011 (Sax 1993: 14). This generation will be the "young old" (see above) in the first ten years of the next century and the fastest growing group of Australia's population (Jones 1992: 15). As a result, they are the future aged to the year 2021. Demography and social policy on future ageing is considerably driven by this 'baby boomer cohort' (see Bulis and Stehlik, 1996). They were the product of couples either delaying having children until the end of World War II or due to the impact of the Depression in the 1930s (Clare & Tupule 1994: 8).

A further significant contribution to the increase of population post-World War II was the influx of migrants who made up more than half the population growth (Clare & Tupule 1994: 8). Those arrivals are now part of the current older Australians; their children and the more recent arrivals from Asia will be estimated to be prominent in the over 65 year age group in the coming decades (Jones 1992: 18).

A less significant statistical, nevertheless important for service delivery, category of an aged population is the Aboriginal and Torres Strait Islander group who are chronologically defined as old at 50 years of age. This is due to their high mortality rate with a life expectancy “12-20 years less than other Australians” (Sax 1993: 2). For example, there are only 6 percent of indigenous aged Australians who are aged over 55 years of age compared to 20 percent of the non-indigenous population (ABS 1993: 5). This disparity is a very significant concern for policy makers and human service agencies in planning and providing services for indigenous Australians.

The final demographic feature of Australia’s ageing population is the in-migration and out-migration of older people in the country of their birth, as distinct from older people who have migrated into Australia from another country. It is generally accepted that most older people will grow old where they live now (Jones 1992: 145) which is conceptually referred to as “ageing in place”. Hal Kendig further suggests that the older person’s purchase of their home and choice of their occupation “30-50 years earlier” determines location as only 3 percent of older people actually move in any one year (in Sax 1993: 20). Migration as a result of retirement will increase as a result “of the projected doubling of the population aged 65-74 between 1981 and 2021” (Rowland 1991: 69). Retirement migration tends to be out of capital cities for lifestyle choices although some older people move to capital cities to ensure better access to services (Sax 1993: 21). This is a similar situation for people in rural areas who choose to migrate from their familiar small community to coastal towns or provincial cities (Jones 1992: 145). Besides access to services and lifestyle, widowhood and the onset of a disability may precipitate a move to somewhere else (Sax 1993: 21). There is some acknowledgment of migration of older people from the south to the north of Australia (Rowland 1991: 65).

3.3 QUEENSLAND:

This state has had an increase in general population for some years and is expected to maintain a growth profile into the next century. Cooper and Skinner (1992) clearly illustrate this increase from a conservative (low) to a more broader (high) estimate. The age details and comparisons for the years 1991 and 2021 are represented in *Figure 2*.

Most of this population will settle in south east Queensland which is estimated as accounting for 71.5% of the State’s population growth between the years 1986 and 2021 (Cooper & Skinner 1992: 38). The Far North, Northern, Mackay and Wide-Bay Burnett statistical divisions are likely to have a significant increase in population particularly the shires on the coastal regions such as Hervey Bay and those around Bundaberg and in Townsville and Thuringowa (Cooper & Skinner 1992: 38). *Figure 3* identifies that the Statistical Division of Fitzroy is projected to increase by 79,800 persons by the year 2021 which indicates an average annual

growth rate of 1.2% (Cooper & Skinner 1992: 27). Intrastate migration for Queensland has been summarised in *Figure 4* showing the Moreton Statistical Division attracting more people than most and the Fitzroy region “losing” 350 people for the 1991/92 period. A more detailed breakdown of the City of Rockhampton’s population and age group appears below.

The projection of a substantive population growth in Queensland also means an increase in the number of aged people. The group of people over 65 years has “increased twice as fast as the rest of the Queensland population” in the last five years and will continue to increase substantially in the next ten years with other aged categories such as the over 75 and over 85 years (Office of Ageing 1992: 1) as illustrated by *Figure 5*.

In Queensland, 18 percent of older people over 60 years live in rural and remote areas compared to 21 percent of the general population (Office of Ageing 1992b: 19). Aboriginal and Torres Strait Islander people over 60 years only make up 4.3 percent of their population (ABS 1993: 5) which is similar to the national picture. People over 60 years from a non-English speaking background will make up one fifth of this age category in ten years time (Office of Ageing 1992: 3).

As in the rest of Australia, most older Queenslanders live in their own home with only 3 percent of people over 60 years living in nursing homes but increasing to 19 percent if they are over 85 years (Office of Ageing 1992b: 23). The current financial income of most Queensland seniors is dependent on the aged pension as 85 percent of people over 70 years receive a benefit or pension and the majority of this group receive the full pension (Office of Ageing 1992: 4).

Older women who are 85 years and over in Queensland outnumber older men by two to one (Office of Ageing 1994: 1). Their life expectancy currently is 80.4 years compared to 74.5 years for men, which reflects the national average. Significantly, older women make up 75 percent of the population over 70 years who live alone (Office of Ageing 1992b: 23).

3.4 CENTRAL QUEENSLAND AND THE FITZROY REGION:

Central Queensland includes all the local government authorities (LGAs) listed in *Figure 6* with their respective populations in 1986 and 1991 (Stratplan 1992: 3). In *Figure 7* there is some comparison between the LGAs using the indicator of people over 70 with the biggest projected increase in aged population at Emerald. These figures also suggest a “significant growth rate with migration of the retired elderly” into the coastal areas of the Fitzroy and Livingstone LGAs (Central Regional Health Authority 1993: 4). The City of Rockhampton shows a moderate 7 percent increase in the over 70s category.

At *Figures 8* and *9* are the age breakup of the region’s population in 1991 and 1993 respectively, which indicates a smaller percentage of the aged compared to the rest of

Queensland (Commonwealth Department of Human Services and Health (DHS) 1994: 16-17). The number of aged (that is over 50 years old) Aboriginal and Torres Strait Islander people in the Fitzroy region (which includes Woorabinda) is 400 out of a total indigenous population of 5,245 which equates to 7.6 percent of their population compared to the Queensland equivalent of 8.7 percent (in DHS 1994: 19). However, the Naylor Report points to the possible discrepancies in these figures - as the "current (1993) local forecast at Woorabinda of 1,800 - 2,000 people is significantly above the 1991 Census of 1,916" (1993: 31). In their regional analysis, the Commonwealth Department of Human Services and Health reports that the number of people receiving benefits in the Fitzroy region from the Commonwealth Department of Social Security reflects the State average including the 12,383 aged pensioners (DHS 1994: 24).

In the 1991 census, people from a non-English speaking background made up 3.3 percent of the total population in Central Queensland and in the Fitzroy Statistical Division, it was 3 percent. The age breakup of these groups was not available.

3.5 ROCKHAMPTON:

3.5.1 Age Demographics.

In the census of 1991, Rockhampton recorded a first count population of 59,418 people (Dayton & Orr 1993: 20) which was just below the medium projection of 60,675 predicted by the demographers Cooper and Skinner (1992: 78). The age-gender profile of Rockhampton based on the 1991 census is illustrated in *Figure 10* and this population structure (compared to Australia, Queensland and the Central Queensland region) shows a "bulge" in the 15-24 years group and a higher percentage of the 75 years plus persons (Dayton & Orr 1993: 17).

The growth rate for the city from the 1986 census was 7.6 percent compared to the Fitzroy and Livingstone Shires who recorded an increase of 25.7 percent and 21.8 percent respectively (Ryan 1993: 143). Estimates of population growth using various calculations show the projected growth rate for the City of Rockhampton to the year 2006 by, from a low of 66,000 to a high of 73,000 (Dayton & Orr 1993:20). A medium prediction of 67,307 for the year 2011 for the City is the most recent and forward projection at the local government area level (DHLGP 1994: 73). Such estimates predict a younger community than an older one (Dayton & Orr 1993: 20-21). In this Report we provide a more detailed analysis of the current older population which highlights some future issues for the City of Rockhampton.

There has been little change in the number and percentage of older people in Rockhampton since the 1981 census. For example, the 65-69 year age group by gender has slightly decreased over the decade. Older men (65-69) made up 4.01 percent of the population in 1981, 3.62 percent in 1986 and 3.61 percent in 1991. Older women (65-69 years) have a similar pattern as in 1981 they made up 4.6 percent of the population, 4.33 percent in 1986 and 4.14 percent in

1991 (ABS, 1991 Census Data). These percentages are indicative of the prediction that Rockhampton's ageing population to the year 2006 will be "at a modest rate" (Dayton & Orr 1993: 18). **Figure 11** summarises the aged population projection using a trendline graph which plots the known figures from 1971 to 1991 and extends the line of best fit to 2021. The incline of the trendline reinforces the earlier assumption of a moderate growth of older people, however as the trendline indicates, the proportion of those over 65 years will increase from 10.5 percent in 1971 to over 15 percent in 2021.

The age and sex breakup of people over 65 in the 1991 census for the City of Rockhampton is detailed above in Table 1 (on page 8). This reflects the national and state "feminisation" of ageing. Another significance in the data of the present aged is at the older end of the scale in the group aged over 75 years. Dayton and Orr note a higher percentage of the 75 plus group in the City of Rockhampton and suggest one reason maybe the "presence of health and aged persons facilities" (1993: 17). From 1986 to 1991, the Central Regional Health Authority's Strategic Plan identified a **15 percent increase in the number of people aged 80 years and over** (1993: 37). The Plan also suggested that the over 70 years population in 1996 would increase at a steady 7 percent which was the rate of growth between 1986 and 1991 (1993: 37). These trends in the "old old" group of aged persons have implications for the planning of aged care services which are noted in the Central Regional Health Authority's strategic plan and which will be considered in this study.

Special needs groups are harder to define by specific age and gender breakup within the City of Rockhampton. Aboriginal and Torres Strait Islander numbers are for the Rockhampton region as opposed to the City due to the possibility of the identification of individuals. The 1991 Census indicates that 7.8 percent of the indigenous population are aged that is, over 50 years. It is problematic to make comparisons with the non-indigenous aged population of the City of Rockhampton as there are two different regions and criteria for aged, as we discuss above.

People from a non-English speaking background (NESB) made up 2.69 percent of the city's population in 1991. The actual number of NESB persons increased from 3,846 in 1986 to 3,989 in 1991 within urban Rockhampton. The 1981 Census does provide some insight into an aged overseas born cohort (however, it does not differentiate between NESB and English speaking). There were 655 overseas born persons over 65 in 1981 which is 19.4 percent of all the overseas born population indicating a much higher proportion of older people than the rest of society. These older persons were also 10.16 percent of the total population over 65 which is a significant number. The age breakup of overseas born in the 1991 census shows there are 115 people over 65 from a non-English speaking background and 452 from an English speaking background. This total of 567 is less than the 655 overseas born aged people over 65 in 1981. The proportion of over 65 overseas born of the total overseas born population is 13 per cent in 1991 which is also less than the 1981 figure of 19.4 per cent (ABS Census Data).

3.5.2 Income demographics - Rockhampton and other Cities:

The annual income of persons within the City of Rockhampton is worth scrutinising as it may indicate a level of affluence and purchasing power which is within this Study's terms of reference. In the 1986 census, 74.2 percent of residents earned less than \$20,000 (Ryan 1992: 53). In 1991, the figures improve to 63 percent of Rockhampton City people earning less than \$20,000 however this does not take into account the difference in value of that amount. The aged cohort present a poorer picture as 77.4 percent of people over 65 had an income less than \$12,000 in 1991 as detailed below:

Income	65 years or more	% of Total over 65 years.
\$0-\$12,000	5,387	77.4%
\$12,0001-\$20,000	709	10.1%
\$20,001-\$30,000	172	2.5%
\$30,0001-\$40,000	61	0.9%
\$40,0001-\$50,000	33	0.5%
\$50,0001 - \$60,0000	6	0.08%
Over \$60,000	22	0.3%
Not stated	570	8.2%
TOTAL:	6,960	100%

Table 2. Over 65 Income in Rockhampton

Derived from ABS Census 1991.

Shire	Total population < \$20,000 as a prop.	Baby Boomers ⁴ < \$20,000 as a prop.	Over 65 years < \$12,000 as a prop.
Bundaberg	<u>20,289</u> 29,419 = 68%	<u>5,220</u> 9,329 = 56%	<u>4,690</u> 5,970 = 78%
Gladstone	<u>9,586</u> 17,218 = 56%	<u>2,748</u> 6,173 = 44.5%	<u>1,129</u> 1,465 = 77%
Mackay	<u>19,070</u> 30,599 = 62%	<u>4,947</u> 9,918 = 50%	<u>3,399</u> 4,602 = 74%
Townsville/ Thuringowa	<u>45,413</u> 78,744 = 58%	<u>10,998</u> 24,194 = 45.5%	<u>6,573</u> 9,003 = 73%
Rockhampton	<u>27,341</u> 45,438 = 63%	<u>6,028</u> 13,018 = 47%	<u>5,387</u> 6,960 = 77%

Table 3. Comparison of Income of those over 65 years: Rockhampton compared with other Queensland cities. Derived from: ABS Census Data 1991.

Table 3 shows clearly that Rockhampton has a high proportion of citizens over the age of 65 years (77%) who have an income of \$12,000 or less. This is higher than the average in Queensland at around 70% (DFCS 1994:4). It also has a population of current baby boomers, many of whom will age in place, who are earning less than \$20,000 per year currently, and are therefore unlikely to earn any more prior to retirement. In this comparison with other comparable Shires, Rockhampton does not stand out as very different, however, the implications for the future for the earning capacity of the City is obvious when this data is framed against Queensland as a whole. The Department of Family and Community Services 1994 Report identified only 3.5% of Queenslanders over the age of 65 years (1991 Census) whose income exceeded that of \$30,000 per year and, more importantly, given the gender imbalance in the Rockhampton data it stated the following:

“Women are more likely to have lower incomes due to their interrupted careers and work patterns. This affects their capacity to accumulate physical and financial assets. In addition, few women to date have had access to significant amounts of superannuation and, therefore, have little choice but to rely on the aged pension for support” (1994: 4).

A recent report on Poverty and Disadvantage in Queensland identified the key role of Local Government in influencing and initiating public housing stocks - this could be undertaken by identification of local housing needs as part of any strategic planning as well as ensuring that all existing affordable housing stock remains (Thorntwaite et al, 1995: 83).

3.5.3 Housing demographics:

Data from the rest of Queensland shows that there is a high rate of home ownership among the older 65 age group. There was a total of 11% of the whole population who relied on rental - some 3% from public housing (1994: 4). Living arrangements for persons over 65 in Rockhampton City at *Figure 12*. A feature of these figures is the number of people who live alone 42.7% of the total. Future plans for senior housing and implications are discussed later in the report but again the point should be made that “as women live longer, they are also more likely to live alone in later years. Three quarters of people over 70 years of age living alone are women (1994: 4). There are a 1000 more persons without a partner than those with a partner and women living alone are more than double the number of men over 65 years ⁵. We have been unable to undertake a correlation between households in the City (18,403) and the age of those living in those households, however, the majority of older citizens in Rockhampton either live with their spouse or live alone as *Figure 12* shows. Public Housing stocks are currently 90 senior units in North Rockhampton and 59 in South Rockhampton.. The wait time for senior units as at December 1995 is 18 months and 12 months for North and South Rockhampton respectively - a gender breakdown of the waiting lists is not available, however

we would anticipated, given the above data, that more women are waiting for public housing than men.

4. CURRENT AGED CARE SERVICES IN THE CITY

The recent changes in aged care policy resultant from the Federal election (March 1996) and the change of government in Queensland (February 1996) will impact on human service in Rockhampton in general, and on aged care services in particular. In recognition of this, in a recent press release the Mayor of Rockhampton, Cr. Lea Taylor said:

"Rockhampton had always served as a service centre, and should remain so, due to its strategic position between Brisbane and Townsville." He also identified that "a good working relationship between the three tiers of government is more than important, it's essential" (Capricorn Local News, May 1, 1996, p.3).

This study would support these comments. The changes in aged care policy are likely to have major impact on regional centres. In addition, there is likely, we believe, to be increasing pressure brought to bear on local government and the non-government sector to deliver additional services. This Report will now identify what is currently available in the City, and begin to identify key areas of responsibility of which local government needs to be cognisant.

This section is drawn largely from a number of key reports in particular, the Naylor Report (1993), and information monographs as listed in the References at the end of this Report. This brief outline concentrates on the key areas of service delivery which influence the Rockhampton City Council or in which the Council plays an active part. Where relevant, we have identified such direct care services for which the Council is responsible.

As discussed above (Section 2.2), aged care services within regional Australia developed relatively slowly by comparison with urban centres. The influence of the 'community care' ⁶ model has taken some time to permeate that part of Australia outside of major urban centres. While in general, as a regional city, Rockhampton broadly offers the range of age care services which are to be found in other comparable locations around Australia, this Study found, that these services are not well coordinated within the City itself, and there are some important gaps in services. The arbitrary division between 'north' and 'south' of the City also crucially influences the fact that while services are available for some, they are not available for all.

The Naylor Report identifies a range of aged care services - moving from highly restrictive (that is, institutionally based) to least restrictive (that is, community based) (1993 : 23).

On a continuum of Highly Restrictive to Least Restrictive this includes:

Highly Restrictive Health Care	Housing	Community	Least Restrictive In Home
Hospitals	Group Home	Hospice	District Nursing
Nursing Homes	Special Accommodations	Palliative Care	Home Help
	Hostel	Day Rehabilitation	Home Care
Rehabilitation		Day Centres	Allied Health
Psychiatric Services		Community Health	Visits
		Medical Practitioner	Doctor Visits
		Transport	Meals on Wheels
			Home Modification
			Home Respite

Table 4. Details of Aged care Services in Rockhampton.

From: Naylor Report (1993:23).

This section will now briefly outline the current services available within the City of Rockhampton using the above model of service delivery.

4.1 HEALTH CARE:

The Rockhampton Base Hospital is a crucial point for health care delivery to the region as well as to the City. While there are 11 public hospitals in the Central Region, Rockhampton Base Hospital is the largest at 269 beds (1993: 19). There are also some private hospitals in the region, with the Mater Misericordiae, also in Rockhampton, at 140 beds the largest. The Naylor Report identifies the Base Hospital as offering some nursing home beds (for patients whose length of stay exceeds 35 days). The Base Hospital also operates as an outpatients centre for specialists and diagnostic testing. The Naylor Report points out that "appointment times are sometimes difficult to coordinate and can be inconvenient to people travelling long distances" (1993: 20). Major aged care rehabilitation services are offered at the Base Hospital. These are primarily available for "patients who have had a cardiovascular illness or ... undergone orthopaedic surgery" (1993: 21). Psychogeriatric services are also provided by the Base Hospital with 16 beds and at the North Rockhampton Nursing Home with 40 specialist beds (1993: 22). The Naylor Report identifies psychogeriatric services as being in a difficult situation with lack of specialist staff. There are currently three public nursing homes in the Region, two of which are located in Rockhampton. These are: Eventide Home for the Aged, with 129 beds and the North Rockhampton Nursing Home with 120 beds (1993 :21). Dementia services are under strain. The Naylor Report identified a "strong need for localised dementia care provision" across the Region, particularly secure care for patients who are active.

There is a lack of specialised support staff and “physical limitations [and] lack of expertise amongst staff” (1993: 30) precludes planning and expansion of services. Day respite in established service centres (for example, the North Rockhampton Nursing Home) have been attempted, but discontinued (1993:30). The RCC is involved in centre based respite through its frail aged days at Schotia Place and Bauhinia House. Individuals are brought to the centres from various nursing homes and hostels in the city to undertake a day’s activities. See further discussion at Section 6.6.

4.2 HOUSING:

There are no small group home accommodation in the Region (such as the Abbeyfield⁷ approach) and only one public sector hostel (Eventide) which has 28 beds available. There are a number of non-government hostels in the Region, and no further beds are planned for the Region. The retirement village in Yeppoon is the nearest to Rockhampton (another is located in Moura).

The most important gap in housing services is in the area of public housing (1993: 24). The Naylor Report identifies a waiting time of over 12 months in the Region and in the City of Rockhampton although it makes the point that “there is normally no readily accessible indication of such housing stock vacancy levels or waiting lists” (1993: 24).

4.3 COMMUNITY:

There are no purpose built hospice or palliative care services in the region. The Commonwealth Rehabilitation Services provides day rehabilitation, but only for those people under the age of 60 years (1993: 24). At the time of writing, there is some concern that the CRS will be reviewed and possibly cut back. There are some “limited” services for aged people available through the Base Hospital, the Blue Nursing Services, St. Vincent de Paul Nursing Service, Bethany and the North Rockhampton Nursing Centre.

There is one community health service centre. There are approx. 11 professional staff located here, and the Naylor Report identifies that some 42% of the services offered from this Centre are related to aged care issues (1993: 25). There are 95 general practitioners and 51 specialists throughout the Region. There is also a Women’s Health Centre located in Rockhampton.

Transport services include a subsidised taxi scheme and some HACC funded buses for transport of older people to and from day centres. Public transport was identified as a key issue in the Naylor Report (1993: 25) and also in this study. It will be discussed further in Section 6.5 below.

Home and Community Care (HACC) Services are identified by the Naylor Report as having major opportunities for growth. Queensland generally, and the Fitzroy and Central

Queensland region in particular reflect the lowest per capita funding in Australia for HACC services⁸. By way of comparison, per capita funding in W.A. in 1991/2 was \$530 compared with Queensland at \$350. This has slowly increased to \$460 in 1993/4 but Central Queensland is still at \$452. As a result the Naylor Report suggests that “if increases to ‘Queensland are to occur then there is still some scope to increase funding to the Central Region in future years” (1993:27). As HACC is one Commonwealth/State funded program in which the Rockhampton City Council is involved, through its Senior Citizens Centres and through the home secure/home assist program, this Report will return to this gap in services in more detail below.

The home secure/home assist program currently coordinated and managed by the Rockhampton City Council is one HACC funded service within the purview of the City. Currently co-funded with the Department of Planning and Local Government, the City receives annual funding of \$250,000 which maintains the program and covers costs associated with salaries of 2 field staff and 2 office personnel. The program is aimed to cover not only the Rockhampton City area but also Fitzroy, Livingstone and Mt. Morgan shires.

The Senior Citizens Centres (Schotia Place and Bauhinia House) are both managed by the Rockhampton City Council. The centres are oversighted by a S.C.C. Committee within the Council and managed on a day-to-day basis by Co-ordinators. The volunteer program within the Centres are essential to provide the activities offered.

Meals on Wheels is available in the City, however, as the Naylor Report points out, and as this study also confirms, it has problems in “lack of volunteers [which then reduces] the availability and flexibility of services. For example, meals are not normally available on weekends” (1993: 28). In addition, this Study concludes that the lack of volunteers proscribes the availability of the services to only certain parts of the City, and many senior citizens cannot therefore avail themselves of the service. The Community Aged Care Packages and Home Respite programs are two areas of potential expansion within the Region and within the City. While these are outside of the purview of the Council, nevertheless through the appointment of the CDO, Council would be able to proactively work, with other stakeholders, to develop future funded programs in the City.

Special Needs Groups. The Rockhampton Aboriginal Health Service and the services provided at Woorahinda are the two primary focus service delivery points in the Region. In Rockhampton, the Aboriginal Health Service’s primary role in aged care is undertaking assessments and advising of availability of services. The Service also acts as advocate and support on behalf of its clients. There is an identified need to develop services both geographically and culturally closer to the expectations of the Aboriginal Community (1993: 32) and there is some interest in a supported hostel accommodation for aged Aboriginal people. There is a Community Aged Care Package program auspiced by the Aboriginal

Community which provides services to its older members. The Central Queensland Multicultural Association has recently received funding for a grant-in aid worker, however here is no specific health service targeted to aged people from Non-English speaking backgrounds.

5. INFLUENTIAL AGED CARE POLICIES

At the time of writing this report, the way in which human services in Australia in general and Queensland in particular, are delivered in future is under extensive review. Present indications are that the Commonwealth Government will withdraw responsibility for all aspects of service delivery maintaining only a policy and strategic planning function. Aged care services will become predominantly within the purview of State Governments, and this shift in responsibility is expected to occur over the next 12 to 18 months. We believe that this is a vital 'window of opportunity' for local government generally and for the Rockhampton City Council. The following information was current as at the time of writing this Report, but should be read in conjunction with the changes that are presently underway.

5.1 COMMONWEALTH GOVERNMENT:

The Federal department with responsibility for aged care services is the Department of Health and Family Services (previously Department of Human Services and Health). In Section 2.2 we briefly discussed the way in which the focus changed from institutional based care to community care in the early 1980s. Currently, the Commonwealth maintains this as a matter of policy principle and according to the Naylor Report the decade of change has assisted "in the development of a range of aged care services and types of accommodation" as well as the development of "specific outcome standards that relate to such matters as optimum health care provision, social independence, freedom of choice, the provision of a home like environment, the maintenance of privacy and dignity, the availability of a variety of activities and the provision of a safe environment in which to live" (1993: 43). In the demands made of organisations as regards standards, the Naylor Report points to the fact that Eventide "currently receives the lowest level of Commonwealth funding available to nursing homes" primarily because it needs to comply to these standards in order to receive more subsidy (1993: 43).

There will be no further nursing home beds in Rockhampton City in the near future. There may be a slim possibility of extra nursing home beds for Rockhampton if the recently elected Liberal-Coalition government changes the benchmark from over 70 years of age to over 80 years of age. This is something which some aged social policy analysts such as Diane Gibson (Gibson & Liu, 1995) have been advocating for some time. Hostel places in the City are also adequate with a new hostel in North Rockhampton due to open in June 1997. Community aged care packages⁹ (CACPs) are a likely source of future Commonwealth funding (see Stehlik, 1995). These would allow the 'purchase' of services for individuals which would then preclude them from having to enter nursing homes.

HACC funds are tied with State Government policies but are likely to increase slightly over the coming years. This is important for in considering future options for housing of its aged population. *If more people are at home in whatever living situation, community home based care will be in demand well into the next century.* In Section 4.3 above, we discussed the fact that Queensland still has the lowest per capita spending in Home and Community Care, and it appears that if the population growth continues this area of aged care funding will need to be actively reviewed.

Briefly, the other Commonwealth Government department with responsibilities for aged care services is the Department of Social Security which anticipates an increase in the number of aged pensions recognised as a major demographic trend in their Strategic plan 1995-2005 (DSS:1995). The Department of Housing and Regional Development is presently being disbanded. The Department of Veterans Affairs is located in Brisbane and does not have a local regional office.

5.2 STATE GOVERNMENT DEPARTMENTS:

The previous Queensland Labor Government (1987-1996) identified aged people as a priority group and in principle, its policies consequently complemented those of the Commonwealth Government. The community housing guidelines as determined by the Department of Housing, Local Government and Planning have been published as a Report. There appears to be some confusion about local aged housing policy specifically which has been exacerbated by this Department recently splitting into two - now Department of Public Works and Housing and Department of Local Government and Planning.

The Central Regional Health Authority (CRHA) has established a policy on aged care health in the region in conjunction with broad consultation with stakeholders. This is outlined by the Naylor Report (1993). Specific issues relevant to the City of Rockhampton specific were identified in the CRHA Stratplan 1993-1997, however, at the time of writing the CRHA is also undergoing major review, which may well affect their strategic planning and resources for the future. There is some discussion proceeding as to the immanent closure of all regional health authorities.

The Department of Family, Youth and Community Care (formerly Department of Family Services and Aboriginal and Islander Affairs) have a portfolio representative for the Office of Ageing. This individual is not located locally, but based in Brisbane. This Department's policy and future plan is detailed in *Everyone's Future* (June 1994). It should be noted that this policy was developed in the time of the previous government, and may also be currently under review. However it is useful to consider the place of local government within this policy environment. Accordingly to the Plan, local government was identified as providing the following:

- recreation schemes (1994: 16)
- Home Assist and Home Secure program (1994: 21)
- promoting a “wider range of housing choices” (1994: 22)

Our consultation identified that representatives of the local Department are eager to work co-operatively with City of Rockhampton representatives in the future, especially in the development and promulgation of the proposed Aged Expo. (see Section 7.2 below).

4.3 LOCAL GOVERNMENT:

Unlike Local Government in Victoria, who have a specific document called *Growing Older in Local Communities. Project Report for the Local Government Ministers' Conference.* (1993) the Local Government Association of Queensland has, to our knowledge, no specific ageing policy. There is, however, a strategy being determined for human services and integrated planning which will be useful to the Rockhampton City Council, particularly in the light of the changes planned federally.

6. CONSULTATION WITH STAKEHOLDERS: CONTEXT AND ISSUES

This section of the Report details the major issues raised through the consultations conducted between early January and March 1996. Stakeholders were asked reflect (among other things) on their organisation's relationship with the Rockhampton City Council and specifically, on the way in which the future aged care service delivery needs of the City could be enhanced through involvement of the Council. In addition, comments as to barriers to effective service delivery were also discussed. The issues are summarised by theme and in a very few situations, the agency or individual involved is identified, however, we have generally collapsed all comments as a way of ensuring confidentiality is maintained.

The themes move from management and networking, to information dissemination and then to practical issues including: housing, senior citizens centres and volunteers, transport and access, home and community care and library services.

6.1. MANAGEMENT, COORDINATION AND NETWORKING:

At present, there is no identified individual who has primary responsibility for community services on a day to day basis within the Council administrative structure. A number of organisations and individuals suggested that such a model would be a useful and strategically effective way of Council improving its service to its aged citizens. One of the identified consequences of this is that the agencies feel that the RCC 'are leaving their aged people behind' and there needs to be change to their focus to include their aged citizens. Instead of

making seniors feel marginalised and unwanted, the Council should proactively support an 'ageing in place' concept, which means active responsibility in management and support of human services becoming part of the City's purview.

The perspective of state government agencies focussed on their relationship with the City and future potential for increase networking and coordination. While the *Central Regional Health Authority* identified no clear relationship at present, nevertheless it suggested that future prospect could be more coordinated as the Council begins to appreciate the business potential of its aged citizens. The *Department of Family, Youth and Community Care* (DFYCC) had previously attended some common meetings, particularly in liaising regarding the safe and confident living program for aged citizens. However it was suggested that in future, the Council would benefit from focussing on the aged component of the City's population, rather than, as is currently the practice, tending to homogenise and universalise the population. It was a general view of the State government authorities that Council should recognise the value of the potential contribution of aged citizens and become more proactive in that regard. A number of stakeholders suggested that a **Community Development Officer** (CDO) could take responsibility for such coordination, education and information dissemination. For example, it was stressed that at present there was no real interagency support group with the region, something that the Council could proactively become involved in and while Council does attend Hospital Community Advocacy Service every 2nd month, more could be achieved. The City Planner of the Rockhampton City Council identified the major advantages of a CDO position as follows:

- the amount of community funding to Council would increase
- the person could coordinate planning and human services on a day-to-day basis and in this way offer back a measure of responsibility to the community
- this person would have responsibility to plan future aged care forums (see below) as currently such a capacity does not exist within the present structure

On the issue of funding, the *City Planner* felt that implication for RCC to fund such a position long term should not be a deterrent, that in fact the long-term and community benefits outweighed any potential cost disadvantages.

This point was echoed in all discussions with non-government service providers in the City. There was a recognition that the Council, while involved in aged care service delivery, did not appear to be wholehearted about it, and there was much room for improvement. Agencies consulted suggested that the Council should actively listen to what older people in the City were saying, not pre-empt their views, as was often seen to be the case. For example, ACAT (Aged Care Advisory Team) suggested that it would be willing to provide education programs and support for the volunteers in the town and it would support the idea of information

sharing forums. The *Women's Health Centre*, while it preferred to initiate contact with the RCC felt that a CDO position would be a plus, and would enable the Council to be more aware of community needs. It was felt that the RCC should make sure that the needs of the socially isolated within the City are targeted.

The *Aboriginal and Islander Community Resource Agency - Aged Care* commented that it had had little to do with employees of the Council, there was no coordination between the two organisations, although Councillors Belz, Schwarten, and Swadling have taken an interest in the past. *Ozanam House* identified some early involvement with Charles Street housing project as land donated by the Council with the original grant was being made available through LGCHP (Commonwealth Government). Generally, there was a view that within the Council as a whole, both councillors and the administration are perceived as needing to develop a higher social consciousness about homelessness in particular and the Aboriginal and Islander community in general.

Centacare felt that the Council was to be commended that it was asking people about this important issue. A number of agencies were of the opinion that Council should not become more involved in human service direct care provision. Instead, it was suggested that Council should concentrate on those areas it presently has responsibility for, such as access, information dissemination and coordination, as well as the *Senior Citizens Centres* and the home secure/home assist program, and improve its service delivery there. While it was understood that Council no longer had responsibility for transport, nevertheless from the point of leadership, there was also much support for the concept that Council should have more involvement and cooperation with neighbouring councils (eg. transport issues) across local government boundaries - for example, with Fitzroy and Livingstone Shires.

The *Meals on Wheels* organisation was supportive of Council and appreciative of the support they had received in the past, however there is little regular contact, either administratively or from Councillors and the organisation would benefit from more coordination. *Bethany* commented that RCC has been very supportive in planning and building processes and has been patronised by the Lady Mayoress fund. Bethany would always be interested in any future planned RCC cooperative ventures similar to the plans underway at present. It was suggested by many agencies that future plans for land use should involve more community services so as to plan for aged care services - the recent Draft Strategic Plan was cited as an example. Currently, there is Council representation on a variety of *Blue Nurses* committees, which is appreciated. It was also suggested that while the current rate concessions are good, local government structure generally needs streamlining to be better involved in human services in the future.

The Community Development Officers from the *Livingstone Shire* have had little contact with RCC but are becoming more involved with the *Capricorn Community Development Association* (CCDA). There is currently a joint survey on Community Services Planning which includes part of the RCC boundary and the results of this survey are due in 2 - 3 months time and may well have implications and issues for RCC.

6.2 INFORMATION DISSEMINATION:

The general comments from all the consultations was that the RCC's involvement in *Senior Citizen's Week* was a crucial opportunity for information dissemination and public relations, but that the breadth of the opportunity was not recognised and could be further expanded beyond that one week. For example, Meals on Wheels tend to concentrate their public relations activities outside of Senior Citizen's Week around Meals on Wheels Day in September. It was recommended by the DFYCC that access census could build on the current *Disability Alliance Access* project and could provide a focus for better information dissemination and better planning for those programs within the City's purview.

The role of councillors as 'ambassadors' between the RCC and its aged care community was commented on. There appeared to be a perceived lack of understanding by councillors as the types of issues confronted by the aged community in the City and there seemed much opportunity to improve on this. While *Baubinia House* has an annual dinner which is attended by councillors, (possibly because it is a RCC funded service) other agencies have yet to meet any. For example, the *Over Sixty and Better Program* had visits recently from staff of the Council recently (John Joyce and Les Massey) as guest speakers, but have had not contact with councillors. The *Aged Care Assessment Team* has never met with councillors.

There was much support for the concept of an annual **Aged Care Expo** - held outside of the activities of Senior Citizens Week, and more specifically aimed at both consumers and service delivery organisations. Centacare supported the concept of a local forum which it suggested could incorporate a 10 minute spot for each service then perhaps identify issues. *Baubinia House* also supported this idea, as the sharing of information between agencies was vital. This could then develop into a forum which would then develop short term and long term strategies to address them. This could eventually develop into funding submission for resources to address these issues which the RCC could support administratively. *Blue Nurses* viewed this Forum/Expo as an opportunity to encourage sharing of information within the Council's purview, such as rezoning. DFYCC felt that such a forum would need to have a consumer focus and it offered to be jointly involved by perhaps coordinating a session on discrimination. While the Forum/Expo would be open to all citizens as well as service providers, it was felt to be crucial that there must be an made allowance for carers to attend as most carers could not get together on a regular basis.

6.3 SENIOR CITIZENS CENTRES AND THEIR VOLUNTEERS:

There was an overall recognition of the importance of *Schotia Place* and *Baubinia House* within the aged care service delivery environment in Rockhampton. The point was made that such services are not as freely available in other regional centres and should be valued and supported further.

The Study identified the crucial roles the current coordinators of both Centres were undertaking, and the vital roles of the volunteers of these Centres. The salaries of the Senior Citizens Centre coordinators are half funded by the *Home and Community Care Program* and half funded by Council. While the Study was not asked to evaluate the Senior Citizens Services, nevertheless some issues emerged which we have incorporated into this Report and also identified as possible recommendations. In addition, Council should be aware that HACC funded Senior Citizens coordinators have responsibilities to their joint funding bodies and a need to develop and maintain programs which meet the needs of clients.

The coordinators of both Centres appear to be acting as de facto community development officers, and are often sought on to comment on large reports and community consultations on behalf of the Council. Their own day-to-day coordination of activities within the Centres, their management of the volunteers and their need to be available to their clients, as well as their lack of experience in community development and human service policy planning, does not permit them to perhaps offer the best advice as they are not trained in this area of human services. Passing on information within the Council hierarchy to them may be useful, but expecting them to respond and assist Council in making strategic decisions for human service policy is clearly beyond the scope of their positions. We understand that plans are presently in place to provide the Centres with part-time administrative support. We support this plan, however we believe that the issues confronting the Centres are wider than just day-to-day administration.

Within the City, the Centres are not seen as part of a larger network of aged care services, and both Centres identified the need to make this a priority, but felt they lacked both the ability and the support necessary to undertake such an expansion. For example, while ACAT are aware of Schotia and Bauhinia and tap into their services and vice versa, there was a suggestion that the frail aged day (presently once a week) could be expanded in the future. This 'frail aged day' is in fact, a centre based respite program by another name. Both sites have **no security** for people with dementia who may wander, and consequently cannot offer this important group a community service. As such, the way in which the 'frail aged day' is conducted, the people who are 'chosen' to attend, those who are left behind, staff (and volunteers) who are supporting the clients, and the activities conducted in that day, require some urgent re-consideration. This should not be considered a 'baby sitting service' but rather a crucial and

vital community link for those individuals (see for example, House of Representatives Standing Committee Report, 1994).

In addition, Schotia Place has no airconditioning and subsequently is very hot in the middle of summer. We understand that monies have been allocated to rectify this problem, and would suggest that RCC act urgently in this regard. The *Aboriginal and Islander Community Resource Agency - Aged Care* have approached Schotia Place to join their activities which were agreed to, but subsequently the Murri aged decided to run their own activities. They participate in ceramics days and have picnics, social outings.

The management of the Centres and their relationship with other agencies within the City need to be reviewed. The work they are presently undertaking is very labour intensive and relies heavily on volunteers. RCC needs to be aware of the importance of volunteers to the effectiveness of both its Senior Citizens Centres (and, by extension, with other organisations such as Meals on Wheels) and there needs to be a strategy development of recognition of the work of volunteers. ACAT suggested that they could provide education programs and support for the volunteers and assist in setting up a network of volunteer drivers for transport to relieve carers and provide petrol subsidy. They could also, importantly, identify sources of funding for these strategies. (We discuss the issue of volunteers and recognition by RCC further in Section 7.3.)

Further activities which the Centres could become involved in include longer bus trips - perhaps with over night stays, and to be able to motivate their clients into more activities. This could involve getting them connected with services that are already available, for example, the *Over Sixty and Better* service. With due respect to both Centre coordinators, we would suggest that some more direct supervision/managerial support be provided which would enable them to have a sense of connection with each other and other agencies in the City which would then move to improve both their service delivery and their personal motivation (see Section 6.1 above).

6.4 HOUSING:

The Study identified that the RCC planning for housing for the aged in the City appears to be focussed on the *Talbot Estate* complex at this stage. This is a project with RCC involving the erection of 6 units on site of brick construction using *TAFE* labour. It was established by Mayor Rex Pilbeam and a Dr Talbot who owned the land. They established a board of trustees which currently includes three councillors from RCC and a community representative who also happens to be employed by the Council. The Estate concept originally aimed to house itinerant homeless people from the district around the River. This appeared to be supported by many comments, for example, *Blue Nurses* identified that housing was a key issue and there were

“too many haves and have nots in this city” and DFYCC agreed that there was a gap in communal living and independent living units within the City.

The various agencies we consulted made some comment as to the Talbot Estate strategy. There was some discussion as to the need for such ‘heavy’ representation from the Council on the management committee. It appeared that this representation could be seen to have influenced the choice of residents. In addition, some agencies expressed concern with Talbot Estate, suggesting that the building construction is not conducive for long term aged care or user friendly - there was some debate about brick v. timber construction. Specifically, showers are very small, ramps are needed, and the site or buildings are not wheelchair accessible. There was a suggestion that the *Library* could consider providing a service to those residents on Talbot Estate. Agencies consulted also expressed the hope that perhaps the six new units presently under construction may be better targeted. It was also suggested that Council consider the benefits of the Talbot Estate having a more community-oriented management base with ongoing support from Council. There was a strong suggestion that there was a great need for upgrading the current duplexes and cottages which should be a priority before new units are built.

The *RCC City Planner* made many constructive comments regarding long term town planning for housing and suggested units for older people may need a relaxation of current density controls as this will provide more opportunity for units. He also supported the concept of granny cottages/relative apartments as sensible planning. He identified that retirement villages such as those in Mackay and in Bundaberg are there for people that can afford them, whereas he felt that people in Rockhampton who could afford this type of accommodation tended to leave town to seek it out. At present, in consultation with the Council planners, *Bethany Homes* are looking to develop 21 independent living units similar to a retirement village. The issue of cost of retirement village opportunities is discussed further below (Section 7.4).

6.5 TRANSPORT AND ACCESS:

There was general consensus from all interviewed that transport for older citizens within the City is still a major issue. The DFYCC felt that it was one of the key issues for aged care in the City. The strategic plan that the Council adopted to transfer transport services to private enterprise (now Capricorn Sun Bus Company) did not discuss services to the aged community at all. Consequently their needs have been ignored. Most agencies identified transport as an issue for clients of the day centre, and felt that the RCC has a ‘duty of care’ in this regard. This was also an issue for carers - as very often they were aged spouses and there was little money available for taxis. One agency identified bus timetables as an issue and commented that most of their clients were not happy with new bus company. The *Aboriginal and Islander Community Resource Agency - Aged Care* has identified transport as a particular issue and has

applied to ATSIC for a community bus. The current available bus is located within the Senior Citizens Centre at Schotia Place and is often not fully utilised. It was felt that the RCC could take some responsibility on the issue of transport and this could form a major focus of the Aged Expo suggested above.

In regard to general access to the City, its parks, gardens, buildings and streets there was also consensus that the RCC had a 'long way to go' in this regard, and could look to other Councils and Shires (particularly in Victoria) as models of services offered. It was suggested that access to City Hall and pathways through Mall were extremely hazardous for people walking with sticks and frames. One idea was that a council representative should be put in a wheelchair and go round the city on a wet or very hot day! Access issues were not confined only to Council buildings, but also to buildings that the Council accepted responsibility for which need to be more readily negotiable by aged citizens. There are guidelines - both Federal and State for access and in this regard the *Disability Access* census which is currently being planned for the City should be able to provide a focus for future activities.

6.6 HOME AND COMMUNITY CARE PROGRAMS:

The Council currently has responsibility for a joint funded *HACC* service - the home secure/home assist program. This received very good feedback and all agencies consulted recognised its value and importance to senior citizens. It was suggested was that it could be increased in its scope. *ACAT* strongly supported the program and identified the need for community based occupational therapy advice for home modifications. One suggestion for the future was that RCC could set up a Home Monitoring service (such as the *Red Cross* teleservice) by volunteers. The rationale here being that as people are maintained at home they continue to pay Council rates, however once they are in residential care there is no further financial contribution.

The *Aboriginal and Islander Community Resource Agency - Aged Care* supported the home secure/assist program however it felt that there was some concern with government housing as these have their own home maintenance service. Ramps and other modifications are expensive, which precludes the needy. There is more funding needed for this service. One criticism of the program was that it was slow to respond to *Fitzroy Shire* side. For example, one woman waited two and a half months for repairs to her water pump. It was felt that perhaps Rockhampton City clients were seen as having some priority, despite the program being a cross-Shire-boundary one.

Agencies felt that the Council could make better use its gardeners and grounds persons to help with verges and long grass that neighbour older persons homes. A further suggestion was "why can't they mow the older person's verge?" This could be an opportunity for the Council to become involved in an expanded Home and Community Care Program which involved home

maintenance and home gardening. However, this would need to be considered along with other Council responsibilities and a better strategy may be for Council (through the new CDO) to actively become involved in the development and funding of such a program from within the community. *Meals on Wheels* suggested that the RCC could perhaps provide a vehicle and driver for the “outer” limits of Rockhampton such as Nerimbera and outer North Rockhampton, where the current service cannot be maintained.

7. ANALYSIS AND RECOMMENDATIONS

The demographics analysed above (in Section 3) show that it is a ‘steady as she goes’ scenario which confronts the City in terms of aged care needs into the next century. Given the slow growth of the City, and the continuing essentially homogeneous nature of its population, the City has an ideal opportunity now to develop its strategy for human service delivery without the kind of pressures being experienced by those Councils in the south-east corner of the State or in the Hervey Bay region. We have the opportunity to do it thoughtfully and do it well.

The lack of pressure does not let the City ‘off the hook’ as our Study shows that Council has really not taken up the challenge of human service delivery in the way in which many other, smaller Shires in our region have. Our senior citizens, many of whom have aged in place and thus been long standing ratepayers of the City, are anticipating greater support in this regard. Those individuals who are presently in the 40s and 50s and who will age in this City also have higher expectations. These following recommendations are suggested as a way of the City entering into the next century prepared to take an active part in the future development of the social infrastructure of the City, to ensure that Rockhampton remains a place which is worth living in when we are old.

The analysis and recommendations is divided into the same sections as discussed in (6) above and should be read in conjunction with the comments made from various stakeholders in the discussions held during the three months consultation process. **The recommendations therefore emerge from the major sections of this report - that is, from the demographics, from the policies in place both now and planned for the future, from the consultation process and from the research literature and reports gathered as part of this Study.** Generally, we are not recommending that RCC be in the business of ‘hands on’ aged care in any more programs than it is currently active. However, we are strongly recommending that RCC should firstly, become aware of its **leadership potential** within the industry, should be more aware of what service provision is in the City and how that can more effectively be managed and in some cases, coordinated through the Council.

7.1 MANAGEMENT, COORDINATION AND NETWORKING:

As discussed variously above, Local Government in Australia has increasingly become involved in human service activities. This report provides a 'snapshot' of services and issues within the City, however the RCC should have a working knowledge of aged care policy in all government departments on an on-going basis and should be in a position to identify its role within those policies and programs at any time. At *Appendix I* we attach a copy of details of social planning being undertaken in the Rural City of Bellarine in Victoria as a case in point. This offers a good model of the kind of integrated social planning approach which local government needs.

In the Central Queensland region, we have two close examples of such approaches being undertaken - one in Gladstone, where a Community Development Officer has been appointed (see *Appendix II* for Duty Statement) and one in Duaringa Shire where a CDO has been in place for over nine years. Both these shires are small in population than Rockhampton City Council. Our research has identified that the Department of Family Services and Community Care would be supportive of an application and it would offer an opportunity for Council and the State Government to achieve a positive outcome for the City. Funding would, we believe, could well be made available following a full submission and details of a duty statement and selection criteria. We have a copy of the funding guidelines and submission documents which we will give to the Council. The immediate appointment of a **Community Development Officer** for the RCC would have the following benefits:

- Would begin to draw together the key stakeholders in the City
- Would identify RCC proactive and strategic stance for human services in the City
- Would enable a more strategic networking to development with stakeholders
- Would show the community that 'something is being done'
- Would begin to develop a long term strategy to identify human services as important to the RCC
- Would be able to develop a strategic social plan for the City
- Would begin to identify areas where submissions for funding could be made

As part of this Study, we have identified four Shires where CDO's presently are in place¹⁰ full time. We have attached copies of the Duty Statements from three of these Shires for information. All Shires identified have less total population than Rockhampton City.

Recommendation 1: That RCC immediately develop a submission to the DFYCC for funding to appoint a CDO for the City.

Recommendation 2: That a Duty Statement for this position be developed utilising those drawn from Shires where such positions are already active.

Recommendation 3: That aged care service coordination be the priority, but not the only responsibility, of this position.

In the general area of long term planning for future City activities and projects, there is concern that aged citizens are not considered as a matter of course - nor are the specific issues of concern to special needs groups within the aged community considered.

Recommendation 4: That RCC immediately adopt a policy instructing all its administrative Departments to ensure that equity and access issues are clarified and that the needs of aged citizens within the City are always clearly identified in the development of tenders, strategic plans and other Council documentation. This Report should be made available to all staff.

Recommendation 5: Within the above recommendation, that the needs of special interest groups be clarified and highlighted and possible implications of equal opportunity guidelines be identified.

While RCC has been supportive in its planning for the construction of aged care facilities by other organisations both private and public, this has been tended to be limited to traditional planning guidelines such as land use, density and environmental issues.

Recommendation 6: That the PPC recognise the need for 'good planning' for its senior citizens moves beyond the traditional areas and into the full range of Council responsibilities and that all policy documents in all Departments reflect this.

While we are not suggesting that RCC has been reluctant to move towards human service possibility, nevertheless the public perception is of one of confusion and lack of clarity as to the role of the RCC. The City needs a better regional profile which is not so inward looking and which instead, is more supportive of neighbouring Shires with more possible joint ventures in human service delivery.

Recommendation 7: That the RCC undertake the feasibility of the development of future collaborative aged care strategic planning with neighbouring Shires - in the first instance, with Fitzroy and Livingstone Shires.

Recommendation 8: That the Planning and Policy Committee (PPC) of the RCC undertake to ensure that all recommendations within this Report are acted upon, and ask for six monthly reviews of the recommendations.

7.2 INFORMATION DISSEMINATION:

The RCC involvement in Seniors Week (August) needs to be maintained and strengthened (the CDO position could take direct responsibility). Seniors week is already very crowded with activities. However there also needs to be an event which draws together the key stakeholders as well as makes information available to citizens about aged services.

Recommendation 9: That the CDO on behalf of the RCC and in consultation with key public and non-government stakeholders, develop an Aged Care Expo for 1997 to be held at a time different to that of Seniors Week.

Recommendation 10: That the CDO investigate possible areas of joint funding for such an event.

Recommendation 11: That the RCC and the newly appointed CDO plan to make this an annual event, with perhaps different themes for each year of presentation.

The move into human services and particularly into aged care services requires some education and training with the City administration as well as Councillors.

Recommendation 12: That the CDO develop a series of 'consciousness raising' activities for staff of RCC on issues of ageing and special needs.

The delegation of responsibility for 'aged care issues' to the coordinators of Schotia Place and Bauhinia House need to be reviewed. The development of a 'resource centre' for aged information in particular, and human services in general (there are a great many reports already lying around in Schotia Place for example) would be the responsibility of the CDO.

Recommendation 13: With the development of a CDO position, the relationship between the Director, Community Services, the CDO and the coordinators of the Senior Citizens Centres be identified and lines of control clearly established.

Recommendation 14: All major reports, consultancies and issues associated with aged care service coordination and delivery within the City be directed, in the first instances, to the CDO.

Recommendation 15: That the CDO begin to draw together all the current information available within the RCC regarding human services in general and aged care issues in particular, with a view to developing a resource information point for the City.

7.3 SENIOR CITIZENS CENTRES AND THEIR VOLUNTEERS:

Some discussion regarding the Senior Citizens Centres appears in 7.2 - this section concerns itself primarily with volunteers. The importance of both Centres could be highlighted in the community by some recognition of the important role of volunteers in maintaining the Centres. The work presently being undertake could not be achieved without them. In line with most other parts of Australia, volunteerism is dying as the generation whose altruistic ideals supported the voluntary ethic are also passing away. In order for places such as Schotia Place and Bauhinia House to continue, and for the RCC to maintain such well supported services into the future, volunteers need to be nurtured and recognised. Volunteers Week is held nationally in May each year. There is also a United Nations International Volunteer Day held annually on the 5th December.

Recommendation 16: That RCC develop a plan of recognition of volunteers following that undertaken by other councils around Australia. Such recognition should be undertaken in discussion with key groups and through the establishment of a Volunteer Recognition Committee.

Recommendation 17: That this be put in place as a matter of urgency, and the first such recognition occurs during Seniors Week (1996) and in following years, in Volunteers Week.

Recommendation 18: That the Mayor
(1) announce the first group of recognised volunteers at a morning tea during Seniors Week 1996 - morning tea morning on Wednesday August 21, 1996.
(2) launch this Report at the same function
(3) ensure media publicity be utilised fully

The long term benefit of volunteers needs to be incorporated within the RCC strategic planning for human service delivery. Their contribution could be highlighted and publicly identified at appropriate times.

Recommendation 19: That the CDO, in conjunction with the Volunteer Recognition Committee, develop a register of volunteers and an future action plan for their recognition and public appreciation beyond Senior Citizens Week activities.

Recommendation 20: That the above recommendations associated with the Senior Citizens Centres be developed with the assistance of the coordinators of Schotia Place and Bauhinia House and in cooperation with other key stakeholders, including the various volunteer committees.

The issue of accommodation and vehicle support within the two Senior Citizens Centres also requires urgent reviewing.

- Recommendation 21:** That, as a matter of urgency, as soon as possible after employment, the CDO call together a meeting of all interested parties, and report to the Policy & Planning Committee of the Rockhampton City Council on the current and possible future use of the vehicle coordinated through the Senior Citizens Centres.
- Recommendation 22:** That the PPC action the current budget allocation by the installation of air conditioning within Schotia Place as a priority.

7.4 HOUSING:

The study has found that there is clearly a lack of independent living options in the City. Current public housing and Talbot Estate options are limited by the lower socio-economic indicators as is the number of independent living units being built by other organisations. There is no retirement village in the City (as in Mackay and Bundaberg) and the only current planning is being done by Bethany Homes (see above 6.4). Therefore if an older person in Rockhampton wants to age in place here but not live in their present home there is currently not a housing option for them to buy into. RCC could take an active lead in this by identifying land where such a retirement village could be built, and actively calling for interested parties to register their interest.

- Recommendation 23:** The Planning and Policy Committee action
- (1) the development of policy guidelines for a feasibility study
 - (2) this study is to identify land and possible developers for a retirement village in the City.
- Recommendation 24:** Given the income demographics detailed in this Report, that the Committee take into account the costs associated with such a village and ensure that they are not outside the possible access of Rockhampton citizens.

As discussed above, there are some concerns about Talbot Estate. The Estate is NOT sponsored by the Council yet has membership on its committee by councillors as well as representatives of Council administration. There is an urgent need to review the project with an upgrading and a more accepting attitude of home modification for older people with disabilities.

- Recommendation 25:** That RCC review its current heavy involvement with Talbot Estate management and consider perhaps a more community based representation.

Recommendation 26: That RCC ask the Talbot Estate Management Committee to review the priorities placed on new building v. refit of existing Talbot Estate buildings.

Recommendation 27: That RCC engineers, through the Talbot Estate Management Committee, take advice about refit for access within the Talbot Estate buildings by aged people.

7.5 ACCESS AND TRANSPORT:

RCC would be well aware of the limitations within the City in regard to access for able-bodied citizens (lack of footpaths, slippery pavements and Mall tiling etc). It would also be aware of the need to integrate the City's climate needs within environmental planning.

Recommendation 28: That RCC and the City Engineer's office become more cogniscent of the needs of aged citizens access to Council facilities and the CBD by familiarising themselves with the relevant guidelines.

Recommendation 29: That the PPC, working through the CDO immediately order a review of all Council administrative policies identified as having an 'aged focus' to them, and ensure that access provisions are incorporated within these.

Recommendation 30: That the PPC participate in the Disability Access survey presently underway within the City and ensure that its recommendations are brought to the urgent attention of the Engineering Department for any action.

Recommendation 31: That the PPC ensures that Federal and State governments access guidelines to public places under its responsibility are adhered to in the design and refit of public places and spaces.

Transport, while now officially no longer an RCC responsibility, was nevertheless still seen as morally so by many of the people involved in the consultation process, particularly for the City's disadvantaged citizens. The Transport Strategic Plan did not consider the needs of aged and disabled people at all in the design of services or the arrangements of timetables. Therefore transport is still a very contentious issue and many of those consulted thought that Council has 'reneged' its responsibility in this regard. We would suggest that this would be an ideal situation in which to regain some public appreciation as well as positioning the RCC within the human service community more effectively. The established "intermodal committee" on transport which consists of representatives from the Department of Transport,

Capricorn Sun Bus, Council and community members would be an ideal forum for such discussion.

Recommendation 32: That as a matter of urgency, the PPC take the recommendations within this section of the Report to the key stakeholders as represented in the intermodal committee on transport, and determine a possible plan of action to ensure that the current transport system is more accessible, as well as identifying gaps for future service delivery.

Recommendation 33: That the CDO undertake to introduce transport within the City as an issue for a future Aged Care Expo.

7.6 HOME AND COMMUNITY CARE PROGRAMS:

The home secure/home assist program in which RCC is involved is clearly a good example of a coordinated service which is meeting the needs of individuals. It is limited in its scope and there are calls for its expansion. Given our comments above regarding the involvement of the RCC in direct service delivery not expanding, we would caution the City before taking steps to expand the service. It may be more useful for RCC to consider other options - for example, to share the expansion with other Shires. We should also comment that we would suggest that the demographics of the City - ie. that older women outnumber old men, would mean that many calls would come from elderly women needing assistance. The way in which the service is currently run within the Council could be adapted upon the appointment of a CDO, which would then enable a *monitoring* to be effected. Such monitoring would enable the CDO to identify those individuals who may be *at risk*. A review would also identify those areas of greatest need, and whether the program is reaching all the Shires equally.

Recommendation 34: That the Management Committee of the Home Secure and Home Assist Program and the CDO, in conjunction with all relevant stakeholders (including representatives from all Shires involved), review current practice within the home secure/home assist program and develop a future plan for action based on the demographics of this Report and the outcomes of that Review.

Recommendation 35: That the CDO begin to develop a 'monitoring' component within the home secure/home assist program which would enable potential 'at risk' clients to be identified early.

There was much discussion as to the use of Council infrastructure to provide support to aged persons in their own homes. The rationale here being that they are rate payers (albeit with a reduced rate) whereas if they leave the City or move into assisted accommodation, they are no

longer ratepayers. In particular, Council has within the capacity of the Parks and Recreation Department, an opportunity to provide additional support to its senior citizens.

Recommendation 36: That the duties of the CDO include the assessment of requests from particular ratepayers (over the age of 65) for specific assistance on their properties. Such requests would then be actioned in discussion with the Parks and Recreation Department.

Council could also, through the CDO become involved in evaluating the development of a Home Monitoring program along the lines of that established by the Red Cross in other centres. This would be in addition to any 'monitoring' undertaken as part of the home secure-home assist program discussed above.

Recommendation 37: That the CDO, in consultation with the Red Cross and the coordinators of Schotia Place and Bauhinia House, consider the feasibility of a volunteer-based Home Monitoring Program for the City.

A recommendation as to the possible expansion of the Meals on Wheels service with the assistance of the RCC also needs to be approached with some caution. However the fact that some residents of Rockhampton are not receiving Meals on Wheels support simply because they live in outlying areas should be cause for concern.

Recommendation 38: That the CDO undertake to discuss the future needs of Meals on Wheels services within the City with the relevant agency and make a recommendation to Council regarding its possible future support.

We discussed above in Section 6.3 the concerns about the frail aged day at the Senior Citizens Centres. We would strongly suggest that there needs to be a review of these days, their purpose, their activities, their relationship with the nursing homes and hostels, and whether in fact, people's needs are being met through the programs offered to them. Such reviews are already part of the 'contract' that the Council has with the Home and Community Care Program, however, we believe that by bringing such a review forward and approaching it proactively, some of the concerns expressed in the consultation process may be addressed.

Recommendation 39: That the CDO in conjunction with ACAT and other key stakeholders, initiate an urgent review of the day care activities in Schotia Place and Bauhinia House, particularly the frail aged care days, to ensure they are meeting the Federal and State Government guidelines for respite care.

8. REFERENCES

By way of offering this Report as a future resource, we have divided this section into two parts - (1) Government Reports and (2) Relevant Literature. Many of these can be found in the Resource Libraries of the Central Queensland University, the Capricorn Collection at CQU and the Library of the Rural Social and Economic Research Centre.

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9. COMMUNITY CONSULTATIONS

Consultations were held between January and March of 1996. Our particular thanks go to all the people who gave their time and provided the information contained in this Report.

9.1 LOCAL GOVERNMENT.

ROCKHAMPTON CITY COUNCIL

Town Planning

Rockhampton City Council

PO Box 243

Mr. Rick Wiley, City Planner

ph: 311.250

Municipal Library

Rockhampton City Council

PO Box 243

Ms. Cheryl Horton, Chief Librarian

ph: 311.265

Bauhinia House (Senior Citizens Centre)

Cnr High and Beserker St

North Rockhampton.

Mr. Lloyd Dunlop, Manager/Welfare Officer

ph: 282. 320

Schotia Place (Senior Citizens Centre)

201 Bolsover St

Rockhampton.

Mr. Dennis Jackson, Manager/Welfare Officer

ph: 276. 793

LIVINGSTONE SHIRE.

The Meeting Place

PO Box 600

Yeppoon 4703

Ms. Anne Lambley and Ms. Jane Wallace, Community Development Officers

ph: 394.740

9.2 GOVERNMENT DEPARTMENTS:

Commonwealth Department of Health and Family Services (formerly Human Services and Health)

PO Box 912

Ms. Margaret Johnston, Regional Manager

Ms. Raynel Hurley, Aged Care Officer

ph: 226.955

Commonwealth Department of Housing and Regional Development

PO Box 396

Ms. Kate Rose, Regional Manager

ph: 015- 484.892

Commonwealth Department of Social Security

190-194 Musgrave St,

North Rockhampton 4700

Mr. Michael McCabe, Manager

Ms. Kate Klease, Social Worker

Mr. Kevin Flockhardt, Social Worker

Mr. Geoff Seuss, Financial Information Service

Mr. Jo Pegg, Financial Information Service

ph: 13 24 68

Queensland Central Regional Health Authority

PO Box 5945

Mr. Rod Boddice, Manager, Planning Services and A/g Regional Director, Community and Clinical

ph: 227.000

Queensland Department of Family, Youth and Community Care

PO Box 738

Ms. Linda Smith, Acting Area Manager, Portfolio Manager (Aged Care)

ph: 319.699

Aged Care Assessment Team

Rockhampton Base Hospital

Mr. David Abraham, Team Leader

ph: 316.203

State HACC Unit

9 Corbery St

Allenstown 4700

Mr. Ron Leeks, HACC Liaison/Development Officer

ph: 271. 755

Queensland Department of Public Works and Housing and

Queensland Department of Local Government and Planning

(formerly Department of Housing, Local government and Planning)

PO Box 1941

Mr. John Dennis, Regional Manager

ph: 319.074

9.3 NON-GOVERNMENT ORGANISATIONS.

Keppel Home Care

33 Wood St,

Emu Park 4703

Mr. Des Quinn, Manager

Ms. Diana Eria, Coordinator

Ms. Liz Finter, Coordinator

ph: 388.400

Meals on Wheels

PO Box 680 Rockhampton

Mr. Alan Bray, President

ph: 221.236

Uniting Church Aged Care Services

(Blue Nurses)

PO Box 1286, Rockhampton

Mr. Evan Hooper, Administrator

Ms. Helen Hansen, Director of Nursing

Ms. Beth Williams, Coordinator

ph: 274.199

Women's Health Centre

PO Box 6395, Rockhampton

Ms. Bernadette Liston, Coordinator

ph: 226.585

60 and Better Program

PO Box 6480, Rockhampton

Ms. Anna Cowley, Coordinator

ph: 278.256

Centacare

2 Victoria Parade, Rockhampton

Ms. Lyn Maczuga, COPS Coordinator

Mr. Rod Hutcheon, CACP Coordinator, Fitzroy Shire

ph: 225.845

Ozanam House

St Vincent de Paul

PO Box 57 Rockhampton

Mr. Glenn Thompson, Manager

ph: 276.026

Aboriginal and Islander Community Resource Agency - Aged Care

Shop 1, 91 Bolsover St,

Rockhampton (shares office with Winna Burra, Careforce, Anglican Church)

Ms. Carol Willie, Coordinator

ph: 212. 999

Talbot Estate

Lion Creek Road, Rockhampton

Mr. Ron Outram, Caretaker

ph: 211.785

Bethany Home for the Aged

PO Box 1402 Rockhampton

Mr. Dave Bowman, Chief Executive Officer

Mr. Tony Phillips, Director of Nursing

Ms. Ailsa McLaughlin, Day Therapy Centre Director

ph: 313.500

FOOTNOTES

- 1 The report was published as *In a Home or at Home: accommodation and home care for the aged* (1982).
- 2 For example, Bernard Baruch, an American financier, who stated "old age is always fifteen years older than I am" (in Jones 1992: 9).
- 3 The number of children per woman.
- 4 Baby boomers calculated as those between 35 - 54 years of age in 1991 Census.
- 5 (For further discussion about the implications of older women living at home, see Bulis (1995).
- 6 For more detail the reader is encouraged to access these reports and for detailed discussion about aged care policy and implications for human services in regional Australia see (Stehlik and Lawrence, 1995 (a) and 1995 (b)).
- 7 Abbeyfield housing developed in Great Britain in the early 1980s. It provides an ordinary home in an ordinary suburb which a number of older people share. There is usually some form of live-in care arrangement.
- 8 For an analysis of the history and introduction of HACC into human services in Australia see Stehlik, D. (1992). *Making the Invisible, Visible: An Analysis of the Home and Community Care Program: A Socialist-Feminist Perspective*. Master of Social Science thesis. Edith Cowan University, Perth W.A.
- 9 Community Aged Care Packages were introduced by the Federal government as a way of providing support to neighbours and family members providing care for aged and disabled people in their own homes. The packages and their delivery are usually coordinated by an auspicing agency. In Rockhampton, Centcare and the Aboriginal and Island Community Resource Agency currently provide CACP support.
- 10 The Local Government Associations figures as to the whole of Queensland are not reliable as CDO activities often form part of a full time position.

ATTACHMENT 1.

Ideas for Integrated Local Area Planning
Australian Local Government Association
July 1993.
pp. 6-8.



IDEAS FOR

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I N T E G R A T E D
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AUSTRALIAN LOCAL GOVERNMENT ASSOCIATION

J U L Y — 1 9 9 3

PART — TWO

CASE STUDIES



Like most Victorian Councils, the City had long been involved in the delivery of a range of human services. During the late 1980s it became increasingly apparent that service delivery needed to be complemented by social planning, which in turn should be closely linked to planning for the municipality's physical development.

RURAL CITY OF BELLARINE

LINKING PHYSICAL AND SOCIAL PLANNING

CONTEXT

The former Rural City of Bellarine (now part of the Greater Geelong City Council) is a diverse and rapidly growing area to the east of Geelong. It comprises a number of developing coastal centres together with a substantial rural hinterland. The population is approximately 45,000, with a growth rate of about 4% per annum.

PROCESSES

By 1987, when the Council appointed a new Human Services Co-ordinator, there was acknowledgement of the need for a broader approach to social policy. This led to the preparation in 1989 of a Human Services Community Plan, which both detailed needs for the further development of services over the following five years, and also highlighted deficiencies in planning processes.

In particular, the Plan identified a need to increase Council's capacity to plan for human services and community facilities in rapidly growing coastal centres. It saw a general requirement for greater attention to social planning issues in land-use planning for urban development. This included consideration of the impacts of growth on existing communities adjacent to new development: environmental quality, access to services, transport links and so on.

Attention was also drawn to the need for mechanisms for improved co-ordination of activities within Council, as well as enhanced co-operation with and amongst other government agencies.

Within Council, there were some informal linkages between town planning and community

services, but a lack of clear policies and priorities regarding objectives and the processes to be followed. This was related to gaps in resources and expertise necessary for effective strategic and social planning.

Recognising these issues, Council in 1990 sought and obtained funding through the Commonwealth's Local Government Development Program to develop a framework for improving the integration of social and physical planning in new residential areas. Consultants were commissioned to undertake this task, and to apply the proposed framework in a case study of one of the City's rapidly growing coastal towns: Ocean Grove.

The project sought to:

- ◆ establish a detailed understanding of existing processes for linking physical and social planning
- ◆ identify factors inhibiting an integrated approach
- ◆ propose improvements to the current situation.

A number of workshops were held to explore these issues. Different workshops involved discussion from local, regional and State perspectives, respectively bringing together local service providers; regional authorities and regional offices of State departments; and representatives of growth area Councils elsewhere in Victoria.

Consideration was also given to organisational issues **within** Council by means of interviews with staff and a follow-up workshop to consider specific design issues arising from the Ocean Grove case study.

The study highlighted several key points:

- ◆ the importance of considering broad concepts of social well-being and social justice, not just the provision of community facilities
- ◆ insufficient awareness of those concepts amongst physical planners
- ◆ the vital importance of generating a sense of community in new developments, and in

particular of providing adequate 'baseline' services (mailboxes, public telephones, public transport, a medical surgery etc)

- ◆ the importance of good urban design as **part of** social planning: road layout and traffic movements, patterns of open space, providing a range of housing types, proper location of community facilities, creating links to existing development etc
- ◆ the need to make maximum use of existing provisions of land use planning legislation empowering Councils to give greater consideration to social issues in approvals processes.

These points were made not just in relation to Bellarine, but also with regard to current practice throughout Victoria.

Major recommendations of the study included the following:

- ◆ review of Council's current approaches to planning, with the aim of further improving co-ordination between the various parties involved
- ◆ greater use of workshop-based approaches for strategic and structure planning, as well as for assessing some development proposals
- ◆ initiation by Council of regular meetings of regional authorities and regional offices of government departments
- ◆ additional staff resources to facilitate effective **integrated** social and strategic planning in relation to anticipated growth
- ◆ amendments to residential development codes to ensure greater attention to social issues.

To a large extent, the recommendations involved an extension of current or emerging practices within the Council, including initiatives launched during the course of the study.

Bellarine was already making extensive use of inter-departmental task forces for strategic planning issues and for processing major development proposals. Task forces had authority to co-opt members from outside

Council. Community advisory committees were also established from time to time.

Similarly, in recent years Council had been holding quarterly functions with various community, private sector and government representatives to discuss issues of common concern. A significant factor in this regard was the fragmentation of Local Government authorities in the Geelong area and the need for regular exchanges of views.

Insufficient staff resources for strategic planning was an acknowledged problem, and it had also been suggested that placement of social responsibilities within the Administration directorate posed some problems for effective integration. Consideration was given at one stage to establishment of an inter-disciplinary strategic planning unit. Further action on this issue was deferred, however, following the State Government's announcement of its intention to amalgamate Bellarine with a number of adjoining Councils.

The validity of the report's recommendations regarding residential development codes was accepted, but it was considered that changes reflecting increased emphasis on social issues ought to be made State-wide through incorporation in the model Vic Code. This matter is expected to be addressed by the new amalgamated Council.

ISSUES

- ◆ The Bellarine study emphasised the importance of approaching social planning as part of broader strategic planning for urban development. Social planning should include a range of urban design measures and not be confined to provision of community facilities and services.
- ◆ This may have significant implications for organisational arrangements within Councils, including the appropriate placement of human services/social planning functions and the need for extensive use of inter-departmental task forces.

- ◆ There are also implications for the skills base of land use planners, including a need for increased awareness of social issues.
- ◆ Integration of the various elements of local planning needs to occur not only between the various elements of the area and community being planned, but also in terms of relationships with adjoining areas and communities.
- ◆ Regular meetings between Council and other agencies/groups involved in land use and social planning processes are a valuable mechanism to promote integration. Similarly, workshop-based approaches to planning processes are likely to prove efficient and effective in securing better integrated responses to issues.

ATTACHMENT 2.

Duty Statements

Community Development Officers (Part time)

Gladstone City Council.

DUTY STATEMENT

A-025-00066

LOCAL TITLE:- Community Development Officer (Family Support)	POSITION NO:-	DATE CREATED:-
AWARD STREAM:- Community & Environmental LEVEL:-	DEPARTMENT:- Community Services	
BRANCH:- Community Advisory Service	SECTION:-	
POSITION STATUS:- Part Time Project Employment under Clause 32 of Award	DATE LAST REVIEWED:-	SUPERSEDES:-

1. POSITION OBJECTIVES

(1) *Objectives of Position*

- To provide support to families and children in such a way as to promote family self sufficiency as far as possible by the provision of development support for families in the context of their communities.
- Generally meet the objectives of the Government funded Family Support Programme (F.S.P.).

(2) *Within Section*

- Liaise with and assist the Community Advisory Officer.
- Liaise with and assist the general public by responding to their request for information and support in developing services.

(3) *Within Organisation*

- Research and assessment of community needs.
- Assist Gladstone City Council to identify relevant problems.
- Obtain resources for community projects from Federal and State Government.

2. REQUIREMENTS OF JOB

(1) *Skills*

- Ability to communicate and work effectively with a team.
- Ability to assess community needs and resources.
- Skills in preparation of submissions for funding.
- Skills in directing and training volunteers.
- The ability to chair and organise informal public meetings.

(2) *Knowledge*

- General knowledge of Welfare Services in the community.
- Knowledge of research and survey techniques.
- Knowledge of principles of community development.

(3) *Experience and/or Qualifications*

- Experience in welfare related areas.
- Tertiary studies in social science is an advantage.

-2-

COMMUNITY DEVELOPMENT OFFICER (FAMILY SUPPORT)

DUTY STATEMENT

(4) *Training*

- Internal training in basic counselling skills.
- Internal/external training in the availability of community resources.
- External training in Community Development practice.

3. KEY RESPONSIBILITIES

- (1) Research and assessment of community needs.
- (2) Facilitation of support and self-help groups that are concerned with family support.
- (3) Collect data on self-help Community Services on a continuing basis.
- (4) Initiate and assist with programs that will offer family support.
- (5) Liaise with other agencies to raise community awareness of areas of concern.
- (6) Assist Community Advisory Officer.
- (7) Liaise with the Family and Individual Support Program of Queensland network.
- (8) Such other duties as may be delegated from time to time by the Community Advisory Officer.

MOST TIME CONSUMING RESPONSIBILITY:- 3(1) & 3(2)

HIGHEST RESPONSIBILITY:- 3(2)

4. ORGANISATIONAL RELATIONSHIPS

- (1) *Responsible To:-* - Community Advisory Officer.
- (2) *Responsible For:-* - Nil
- (3) *Extent of Authority:-* - Nil

5. ACCOUNTABILITY

Generally accountable to the Community Advisory Officer.

6. PERFORMANCE/SKILL STANDARDS

<To Be Determined>

LOCAL TITLE:- Community Development Officer (Special Group)	POSITION NO:-	DATE CREATED:-
AWARD STREAM:- Community & Environmental LEVEL:-	DEPARTMENT:- Community Services	
BRANCH:- Community Advisory Service	SECTION:-	
POSITION STATUS:- Part Time Project Employment under Clause 32 of Award	DATE LAST REVIEWED:- 05.04.1990	SUPERSEDES:-

1. POSITION OBJECTIVES(1) *Objectives of Position*

- Provide support to families and individuals in such a way as to promote self-sufficiency as far as possible by the provision of development support for families and individuals in the context of their communities.
- Generally meet the objectives of the Government funded Family Support Programme (F.S.P.).

(2) *Within Section*

- Liaise with and assist the community by responding to requests for information and support in service development.
- Liaise with and assist the Community Advisory Officer as required.

(3) *Within Organisation*

- Advise and assist the Manager of Community Services to identify relevant needs.

2. REQUIREMENTS OF JOB(1) *Skills*

- Good oral and written skills.
- Skills in submission and report writing.
- Good organisational and leadership skills.
- Ability to display initiative and resourcefulness.

(2) *Knowledge*

- Knowledge of principles of community development.
- Knowledge of basic research techniques.

(3) *Experience and/or Qualifications*

- Experience in a welfare-related area.
- Tertiary degree in social science field an advantage.

COMMUNITY DEVELOPMENT OFFICER (SPECIAL GROUP)DUTY STATEMENT**(4) Training**

- External training in community development practice.
- Internal/external training in research techniques, needs assessment and submission writing.
- Internal training in available community resources.
- Internal training in basic counselling skills.

3. KEY RESPONSIBILITIES

- (1) Research and assessment of community needs.
- (2) Support work with disadvantaged sections of the community.
- (3) Preparation of submissions and reports.
- (4) Development of information and referral services.
- (5) Support work with the Aboriginal and Islanders community.
- (6) Assist Community Advisory Officer as required.
- (7) Organisation of Volunteer Training Programmes.
- (8) Liaise with Family and Individual Support Program network.
- (9) Such other duties as may be delegated from time to time by the Community Advisory Officer.

MOST TIME CONSUMING RESPONSIBILITY:- 3(1) & 3(2)

HIGHEST RESPONSIBILITY:- 3 (1) & 3(2)

4. ORGANISATIONAL RELATIONSHIPS

- (1) *Responsible To:-* - Community Advisory Officer.
- (2) *Responsible For:-* - Nil
- (3) *Extent of Authority:-* - Nil

5. ACCOUNTABILITY

Generally accountable to Community Advisory Officer.
Accountable to

6. PERFORMANCE/SKILL STANDARDS

<To Be Determined>

LIST OF ATTACHED FIGURES.

Figure 1. Projected population at selected ages (1991-2031) 000s
Proportions of people at selected age groups, (1991-2031) 000s

from: Jones, B.O. (1992) *Expectations of life: increasing the options for the 21st century*. House of Representatives Standing Committee for Long Term Strategies, Canberra: AGPS. (p.14).

Figure 2. Population pyramids for Queensland, 1986 and 2021

from: Cooper, J., & Skinner, J. (1992). *Population Projections for Queensland and Statistical Divisions - 1986-2021 and Local Government Areas and Statistical Districts 1986-2006*. Brisbane: Queensland Department of Housing and Local Government. (p.17).

Figure 3. Population projections of Statistical Divisions, Queensland, 1986 and 2021.
Medium series.

Cooper, J., & Skinner, J. (1992). *Population Projections for Queensland and Statistical Divisions - 1986-2021 and Local Government Areas and Statistical Districts 1986-2006*. Brisbane: Queensland Department of Housing and Local Government. (p. 28).

Figure 4. Intrastate migration assumptions - 1991/2.

Cooper, J., & Skinner, J. (1992). *Population Projections for Queensland and Statistical Divisions - 1986-2021 and Local Government Areas and Statistical Districts 1986-2006*. Brisbane: Queensland Department of Housing and Local Government. (p.23).

Figure 5. Statistical snapshot of Older Queenslanders.

Office of Ageing (1994). *Everyone's Future. Queensland's Forward Planning on Ageing*. Brisbane: Department of Family Services and Aboriginal and Islander Affairs. (p.27).

Figure 6. Demographic Data 1986 and 1991. Total and Target Populations.

Central Regional Health Authority (1995). *Aged Care Strategic Plan 1995-1998*. Rockhampton: Queensland Health. (p.3).

Figure 7. Estimated Projected Growth Rates 1991 to 1996 Target Population
70 years and over.

Central Regional Health Authority (1993). *Services for the Aged. Strategic Plan. 1993 - 1997*. Rockhampton: Queensland Health. (p.4).

Figure 8. Statistical Tables - Age Structure - Fitzroy Region compared with Queensland.
1991

Commonwealth Department of Human Services and Health (1994) *Fitzroy Regional Needs Analysis*.

Figure 9. Statistical Tables - Age Structure 1993. Growth Rates.
Fitzroy Region compared with Queensland.

Commonwealth Department of Human Services and Health (1994) *Fitzroy Regional Needs Analysis*.

Figure 10. Persons Aged 65 or over in Rockhampton 1971 - 2021.

Based on A.B.S. Census for 1971-1991 and trendline extrapolation to 2021.

With thanks to G. Dayton.

Figure 11. Persons Aged 65 or over in Rockhampton 1971 - 2021 as a trendline.

Based on A.B.S. Census for 1971-1991 and trendline extrapolation to 2021.

With thanks to G. Dayton.

Figure 12. Over 65 Living arrangements in Urban Centre Rockhampton 1991

Based on A.B.S. Census 1991.

Figure 1 Projected population at selected ages. 1991 - 2031 (000s)

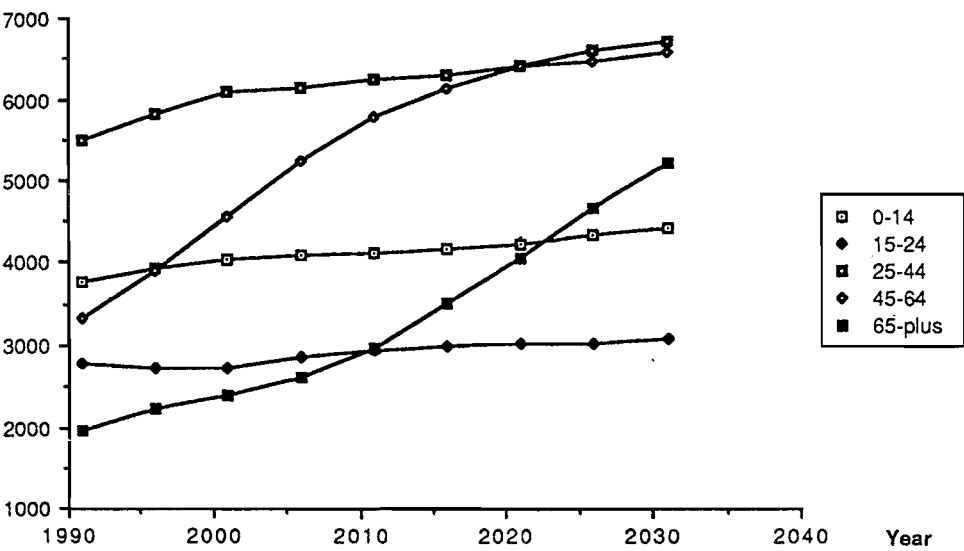


Figure 2 Population Pyramids for Queensland 1986 and 2021

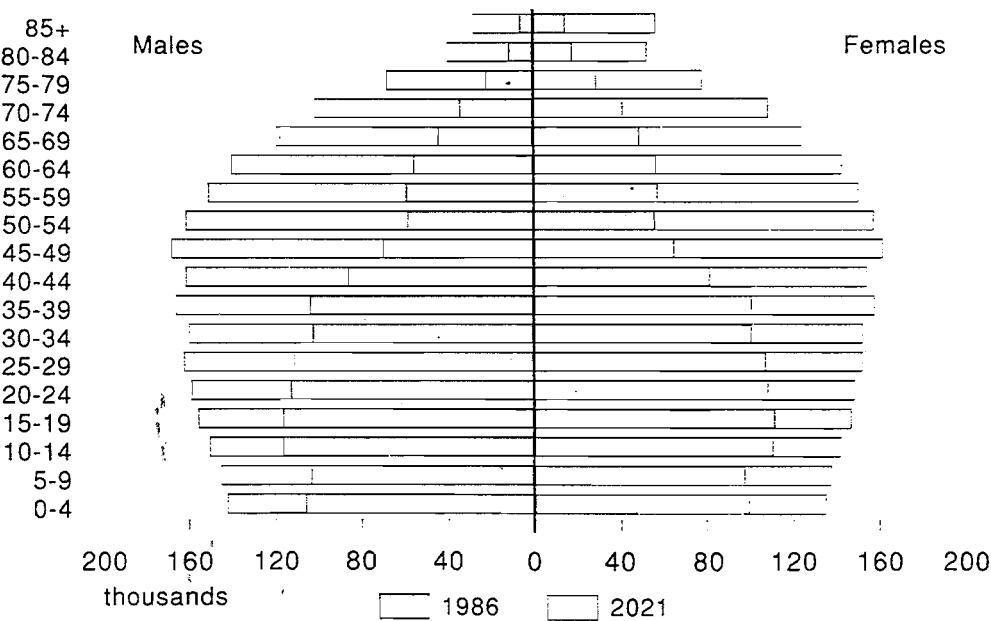


Figure 3 Projected Population of Statistical Divisions, Queensland 1986 and 2021
- Medium Series

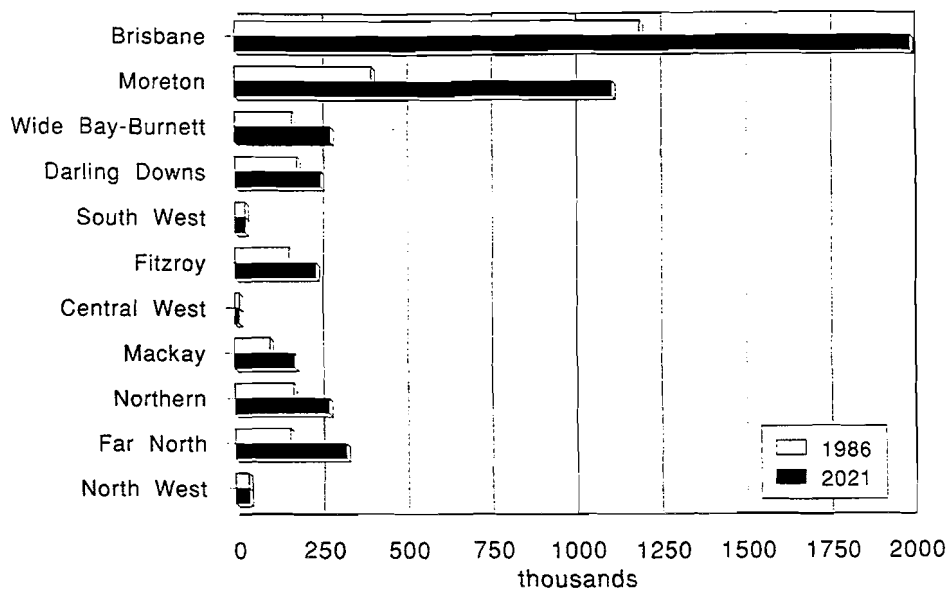


Figure 4 Intrastate migration assumptions - 1991/92 +

Statistical Divison	Assumed arrivals	Assumed departures	Net
Brisbane	28000	29000	-1000
Moreton	22000	19000	3000
Wide Bay-Burnett	8000	7600	400
Darling Downs	7500	7800	-300
South-West	2000	2300	-300
Fitzroy	8500	8850	-350
Central-West	1000	1200	-200
Mackay	5200	5600	-400
Northern	8500	8700	-200
Far North	6800	6750	50
North-West	2000	2700	-700
Queensland	99500	99500	0

Figure 5 Statistical snapshot of Older Queenslanders

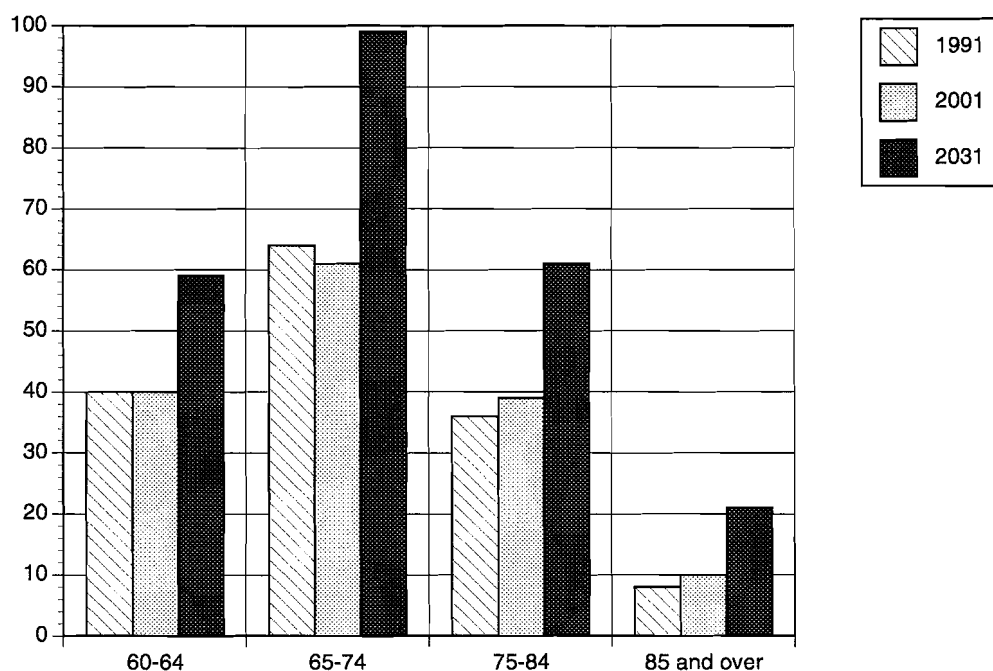


Figure 6 Demographic Data 1986 and 1991. Total and Target Populations

Demographic Data: 1986 and 1991 Total and Target Populations Target Population % Increase					
Local Government Authority	1986 Total Population	1986 Target Population	1991 Total Population	1991 Target Population	% Increase Target Population
Rockhampton	56742	4717	59418	5063	7%
Fitzroy	6406	268	8050	373	39%
Livingstone	15886	1031	19341	1457	41%
Mt Morgan	3108	338	3093	356	5%
Gladstone	22792	705	24205	944	34%
Calliope	9719	384	11100	501	30%
Banana	16888	611	14256	633	4%
Emerald	9462	269	10662	436	62%
Bauhinia	2654	102	2565	152	49%
Peak Downs	3211	50	3957	69	38%
Duaringa	10499	103	10256	134	30%
Woorabinda	n/a	n/a	1700	50	n/a
Total	157367	8578	166903	10168	18%

Figure 7 Estimated Projected Growth Rates 1991 to 1996 Target Population 70 years and over

Estimated Projected Growth Rates 1991 to 1996 Target Population, (70 years and over)			
Local Government	1991 Census	1996 Projected	Percentage Increase
Rockhampton	5063	5418	7%
Fitzroy	373	518	39%
Livingstone	1457	2054	41%
Mt Morgan	356	374	5%
Gladstone	944	1265	34%
Calliope	501	682	36%
Banana	633	659	4%
Emerald	436	706	62%
Bauhinia	152	226	49%
Peak Downs	69	95	38%
Duaringa	134	174	30%
Woorabinda	50	-	-
Total	10168	12140	18%

Figure 8 Statistical Tables Age Structure - Fitzroy Region compared with Queensland

1991	Fitzroy				Qld			
	Males No.	Females No.	Persons No.	Persons %	Males No.	Females No.	Persons No.	Persons %
00 - 04	7,350	6,914	14,264	8.3%	113,001	106,899	219,900	7.4%
05 - 09	7,819	7,231	15,050	8.8%	117,264	110,258	227,522	7.7%
10 - 14	7,198	6,751	13,949	8.1%	115,496	108,632	224,128	7.6%
15 - 19	7,510	7,251	14,761	8.6%	125,819	120,373	246,192	8.3%
20 - 24	6,908	6,653	13,561	7.9%	121,346	118,530	239,876	8.1%
25 - 29	7,252	7,120	14,372	8.4%	117,391	116,907	234,298	7.9%
30 - 34	7,471	7,045	14,516	8.5%	118,839	119,422	238,261	8.0%
35 - 39	6,833	6,326	13,159	7.7%	112,218	111,951	224,169	7.6%
40 - 44	6,507	5,826	12,333	7.2%	113,406	109,978	223,384	7.5%
45 - 49	5,142	4,653	9,795	5.7%	92,242	87,404	179,646	6.1%
50 - 54	4,437	3,816	8,253	4.8%	74,283	69,441	143,724	4.9%
55 - 59	3,512	3,112	6,624	3.9%	60,965	58,494	119,459	4.0%
60 - 64	3,213	2,882	6,095	3.6%	60,291	60,178	120,469	4.1%
65 - 69	2,449	2,452	4,901	2.9%	53,579	56,187	109,766	3.7%
70 +	4,079	5,524	9,603	5.6%	87,611	122,546	210,157	7.1%
Total	87,680	83,556	171,236	100.0%	1,483,751	1,477,200	2,960,951	100.0%

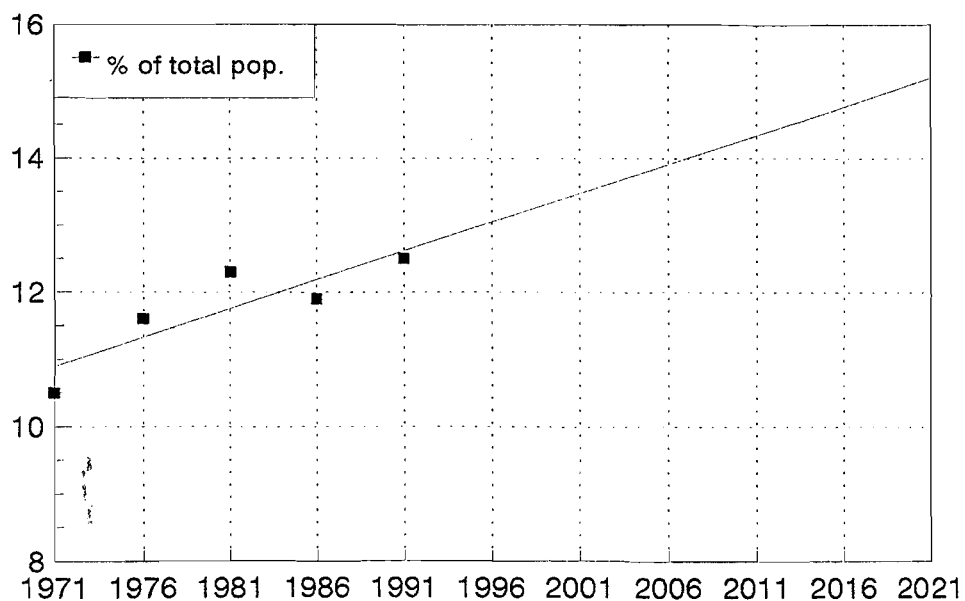
Source: ABS Population Estimates

Figure 9 Statistical Tables - Age Structure 1993. Growth Rates. Fitzroy Region compared with Queensland

1993	Fitzroy				Qld			
	Males No.	Females No.	Persons No.	Persons %	Males No.	Females No.	Persons No.	Persons %
00 - 04	7,575	7,151	14,726	8.2%	118,321	112,019	230,340	7.4%
05 - 09	7,725	7,238	14,963	8.4%	118,772	111,952	230,724	7.4%
10 - 14	7,702	6,984	14,686	8.2%	121,279	113,316	234,595	7.5%
15 - 19	7,141	6,890	14,031	7.8%	123,574	117,716	241,290	7.7%
20 - 24	7,572	7,374	14,946	8.4%	132,597	128,587	261,184	8.4%
25 - 29	7,025	6,913	13,938	7.8%	119,485	117,999	237,484	7.6%
30 - 34	7,931	7,573	15,504	8.7%	125,876	126,965	252,841	8.1%
35 - 39	7,325	6,774	14,099	7.9%	118,158	118,962	237,120	7.6%
40 - 44	6,674	6,156	12,830	7.2%	116,082	114,407	230,489	7.4%
45 - 49	5,956	5,297	11,253	6.3%	107,113	101,792	208,905	6.7%
50 - 54	4,621	4,100	8,721	4.9%	80,977	75,907	156,884	5.0%
55 - 59	3,910	3,373	7,283	4.1%	66,053	62,921	128,974	4.1%
60 - 64	3,245	2,970	6,215	3.5%	60,469	60,086	120,555	3.9%
65 - 69	2,732	2,569	5,301	3.0%	56,090	58,502	114,592	3.7%
70 +	4,399	6,022	10,421	5.8%	96,772	133,401	230,173	7.4%
Total	91,533	87,384	178,917	100.0%	1,561,618	1,554,532	3,116,150	100.0%

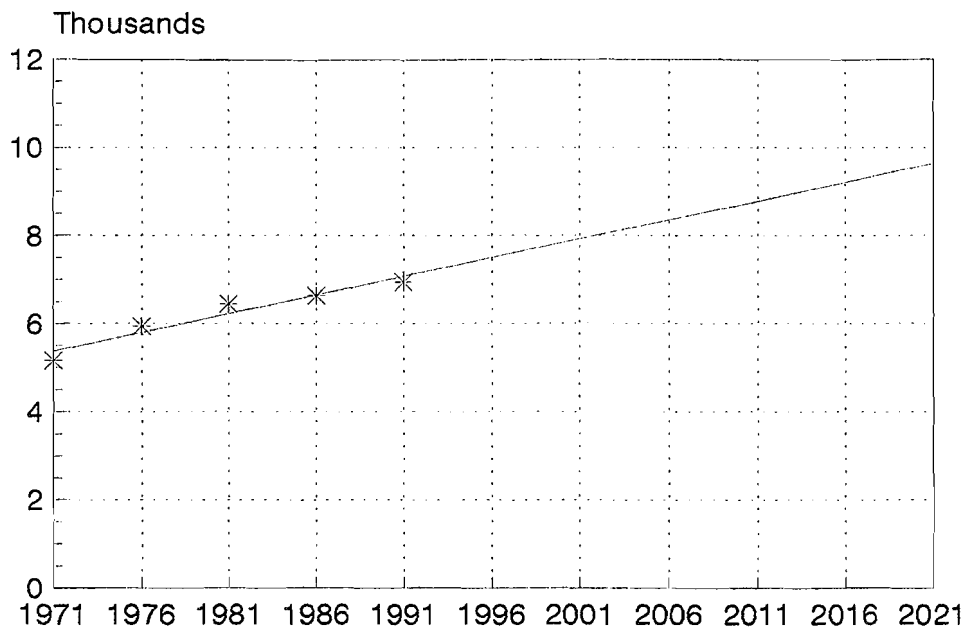
Source: ABS Population Estimates

Figure 10 Persons Aged 65 or over in Rockhampton 1971 - 2021



Based on A.B.S. Census for 1971-1991, and trendline extrapolation to 2021.

Figure 11 Persons Aged 65 or over in Rockhampton 1971 - 2021 as a trendline



Based on A.B.S. Census for 1971-1991, and trendline extrapolation to 2021.

Figure 12 Over 65 Living arrangements in Urban Centre Rockhampton 1991
Based on ABS Census 1991

Over 65 Living arrangements in Urban Centre Rockhampton													
	Living with a partner(a)		Living with a partner(a) De facto		Living with a partner(a) Total		Living with a partner(a) Females		Living with a partner(b) Total		Living with a partner(b) Females		Total Persons
	Husband/wife Males	fe Females	Husband/wife Males	fe Females	Males	Females	Males	Females	Males	Females	Males	Females	
65 years or more	1666	1265	24	18	1690	1283	1690	1283	1169	2823	1169	2823	3992
Total	9922	10165	960	1006	10882	11171	10882	11171	10116	11325	10116	11325	21441
													20998
													4106
													23496
													6865
													43494

Rural Social and Economic Research Centre Central Queensland University

The Rural Social and Economic Research Centre is a designated research centre of CQU. It has over 35 academic members drawn from each of the six faculties - and from each of the five campuses - of the University.

Centre Mission

The Centre's mission is to undertake research into the socio-economic well-being, social development and cultural attitudes of people, communities and organisations in the regions served by Central Queensland University.

The Centre's research and other scholarly activities are guided by principles of social justice, reciprocity and ethics.

Research Focus and Program Areas

Through its social science research activities, CQU is helping rural Australians to identify and implement sustainable social options in an effort to overcome the disadvantages they experience, and to address the challenges they face. In providing advanced training for postgraduate students, the Centre is contributing to the professional development of those who will be employed in rural Australia as planners, policy analysts, community workers, counsellors, group facilitators, extension officers, and as social researchers.

Centre-based researchers and post graduate students are attached to one or more of the following programs

- 1. Community Development**
- 2. Agri-food Restructuring**
- 3. Rural Health and Welfare**
- 4. Heritage, Culture and Environment**

Further Information

The Centre can be contacted by writing to The Director, Rural Social and Economic Research Centre, CQU, Rockhampton, Queensland, 4702, or by phoning 079 30 6401 or faxing 079 30 6402.