



Seniors Policy

1. INTRODUCTION

The Council acknowledges that the majority of services and facilities provided by Council are directed at the community at large rather than specifically for Seniors.

2. PURPOSE

In formulating a Seniors Policy the Council recognises that older people within the community have a right to quality facilities, services and programs that enable them to remain living in their own homes and continue to be active in the community. Council also recognises the significant contribution many Seniors make to the community through volunteer activity, enriching family life, and lending wisdom and experience through their participation in a wide range of community activities.

3. POLICY

A. THE IMPORTANCE OF SENIORS

Policy

The Council recognises the importance of Seniors in the community and identifies Seniors as a significant group to be considered and consulted with on appropriate planning and strategic decisions undertaken by Council.

Objective 1

To identify, provide and coordinate services, facilities and opportunities to meet the needs of older residents and maximise their quality of life.

Strategies

- Identify all services, facilities and opportunities that are available for Seniors in the Shire of Denmark.
- To liaise with Federal and State Government with regards to initiatives and programs for Seniors to ensure maximum use of available resources.
- To consider future key items from this Seniors Policy in Planning priorities by Council.
- Council to regularly monitor Seniors' demographic data as part of its Planning process.
- Prioritise the need for additional seating within the Denmark CBD, parks and gardens and on footpaths and walk trails.
- When conducting events Council assess the duration and timing of the event together with the demographic of the likely attendees and ensure appropriate seating is provided and/or encourage attendees to provide their own.
- When liaising with external organisers of events in the Shire, Council request that they assess the duration and timing of the event together with the demographic of the likely attendees and ensure appropriate seating is provided and/or encourage attendees to provide their own.

Objective 2

To have Seniors participate in identifying and meeting specific needs of older persons in the community and in being active in the community.

Strategies

- To support a Seniors Advisory Committee to provide Council with information and advice regarding ongoing needs of Seniors.
- To encourage Seniors to participate actively in the community especially in new ventures and community projects.
- To review, at reasonable intervals, Council's Seniors Policy to ensure its ongoing accuracy and relevance.

B. HOUSING AND ACCOMMODATION

Policy

The Shire of Denmark recognises that many Seniors have special accommodation needs and will establish appropriate planning to assist enabling Senior residents to remain in the Shire in their later years.

Objective 1

Lend support for independent living villages for the elderly with emphasis on the need for affordable accommodation for all.

Strategies

- Shire to identify land suitable for independent living villages for Seniors.
- Identify and liaise with private parties to develop such villages in Denmark.

Objective 2

Consider strategies to encourage appropriate low-rental accommodation for Seniors in need within the Shire of Denmark.

Strategies

- Develop strategies to encourage the development of such housing for Denmark Seniors.
- Survey the need for such housing and work with State agencies to encourage their participation in its development.

Objective 3

Develop plans for dependent facilities and services for the elderly.

Strategies

- Advocate that the Denmark Health Service include sufficient beds for both aged residential and acute elderly patients.
- Support retaining and expanding home and community care services.
- Seek funding from State and Commonwealth agencies to assist with planning stages, as appropriate.
- Monitor, on at least an annual basis, the number of occupied beds, compared to funded or available beds, being provided at the Denmark Health Service Blue Wren Lodge to ensure that a sufficient number have been planned for the ageing population and to enable forward

staging of the second wing of the facility as proposed in the Denmark Health Service Master Plan.

Objective 4

Ensure Seniors are consulted and included within the decision-making process in relation to the design and location of Seniors housing developments.

Strategies

- Council utilise the Seniors Advisory Committee in relation to senior housing development opportunities and the identification of land suitable for such housing.
- In keeping with Council's commitment to the local environment, encourage the use of solar and passive energy in all housing developments sponsored or supported by Council, for Seniors.

C. HEALTH AND WELFARE

Policy

The Council recognises that Seniors have more specific health and welfare needs than other sectors in the community and these needs may necessitate changes in the services required. While much of the health and welfare provision is a Federal or State responsibility, Council acknowledges its role to ensure that proper services are being met and, where possible, to support the provision of these services.

Objective 1

Improve the general health and wellbeing of the Seniors within the community through the reasonable provision or access to medical, health and welfare services.

Strategies

- Provide support and assistance for programs specific to Seniors health and welfare issues.
- Evaluate services to ensure they remain appropriate, affordable and inclusive for Seniors.
- Develop and maintain liaison between Seniors and health agencies.

Objective 2

Support the provision of specialist services for the region.

Strategies

- Develop formal mechanism for ongoing communication between relevant profession groups, Seniors and Council.
- Advocate and support the provision of mental health services.

Objective 3

Identify the numbers of Seniors in the community with specific medical, health and welfare issues.

Strategies

- Council to build or access data base(s) including quantitative and qualitative data on Seniors needs.
- Use data to identify services required to meet needs.

Objective 4

To improve quality of life of Seniors by addressing the issues of loneliness, isolation and depression.

Strategies

- Facilitate the provision of social and recreational programs for Seniors and promote intergenerational social and sporting events.
- Identify community programs that could include and involve Seniors and encourage their participation.
- Collaborate with schools, youth and senior organisations to create processes which encourage all ages to be actively engaged in the community.

Objective 5

Ensure Seniors are consulted on their health and welfare needs.

Strategies

- Council to consult with relevant Seniors for information and guidance about health and welfare issues and appropriate actions steps to be taken.

Objective 6

To encourage the Denmark Health Service to address key issues relating to the needs of Seniors.

Strategies

- The Seniors Advisory Committee to meet with the Health Service Manager of the Denmark Health Service to give support to the principle and assist in identifying areas of need and develop appropriate strategies to meet these needs.
- The Denmark Over 50s Association be encouraged to offer a Senior to represent Seniors' interests on the Denmark Health Hub.

Objective 7

Link the World Health Organisation accreditation to relevant areas pertaining to Seniors.

Strategies

- Seniors Advisory Committee to be consulted for advice on this matter and to lend assistance as appropriate.

D. RECREATION AND LEISURE

Policy

The Council recognises the importance of having a physically active and healthy community. It acknowledges the importance of exercise and sporting activities for Seniors for the health and social opportunities these provide and identifies a role for Council in assisting in the provision of such activities.

Objective 1

To consider building a Centre for Senior activities and involvement.

Strategies

- Liaise with Seniors on the development of a Community Centre.
- Determine the projected use by Seniors of such a Centre.
- Determine the annual running cost of such a Centre.
- Explore cooperative opportunities with developers and others for building a Community Centre available to all Seniors.
- Identify suitable land for the Community Centre.
- Explore ways of funding the running of the Centre including grants and sponsorship.

Objective 2

To encourage Seniors to participate in sporting, recreational and leisure activities to enhance their health and wellbeing.

Strategies

- Seek funding to promote and hold a series of sporting and leisure activities for Seniors.
- Liaise with Seniors to develop and promote activities they identify as priorities for leisure and recreation.
- Encourage appropriate fees be used to make participation in local leisure activities affordable for Seniors.
- Council shall convene/host a function or activity which the senior citizens of the Denmark community can attend free of charge once annually preferably during the State's Seniors Week.

The purpose of the annual function or activity to;

- *Recognise & thank Seniors' contribution to our settlement;*
- *Recognise Seniors' valuable, ongoing contributions to our community;*
- *Acknowledge that Seniors make up a large sector of the Denmark population;*
- *Acknowledge the hardships that some Seniors face either financially and/or socially;*
- *Encourage and promote intergenerational activities linking seniors with the community.*
- *Encourage social interaction and well-being; and*
- *Align with the State Government strategies and actions such as Seniors Week and Living Longer, Living Stronger.*

Eligibility to Attend

Denmark Residents & Ratepayers who are:

- *Seniors Card holders; or*
- *Receivers of the Aged Pension; or*
- *Be of at least the age of 60; and*

and Carers of the elderly may attend.”

Objective 3

To ensure that parks, recreational areas, beaches, paths and trails are easily accessible and user-friendly for Seniors.

Strategies

- Council to review access of its recreational sites and parks for Seniors.
- Involve Seniors in discussions on improving access and upgrading sites for Seniors.

Objective 4

To recognise the growing demand among Seniors for a local therapy pool and explore opportunities to site a therapy pool in the Shire of Denmark.

Strategies

- Quantify the demand for a therapy pool in the community.
- Explore the possibility of having a therapy pool as part of any community swimming pool proposed for Denmark.

E. EDUCATION AND TRAINING

Policy

The Council is committed to the concept of Denmark being a Learning Community. This concept extends to supporting educational and learning opportunities for Seniors across a wide variety of activities. The Council recognises that within the ranks of Seniors lie a wide and broad range of practical and professional expertise that can provide significant richness and opportunity to the whole community. The Council wishes to assist in providing access to the experience and knowledge which Seniors can provide.

Objective 1

To provide opportunities for older people to participate in a range of educational and training activities.

Strategies

- Council to assist in identifying appropriate educational and training activities for Seniors.
- Council to assist in seeking funding to help provide such activities.

- Council to encourage partnerships with learning and training organisations to provide educational and training opportunities for older people.

Objective 2

To assist the participation by Seniors in a range of educational and training activities.

Strategies

- Council to assist in providing affordable and accessible meeting places for Seniors.
- Council to consult with Seniors in supporting key educational and training programs.

Objective 3

To encourage Seniors to participate in education and training programs in which their own practical and professional skills can be used.

Strategies

- Council encourage a Seniors Mentors list of older people willing to assist educational and training programs at all levels of the Denmark community.
- Council identify opportunities for seniors to volunteer use of their skills.

F. SAFETY AND SECURITY

Policy

The Council recognises each person in our community has a right to feel safe and secure within the home, out on walkways, streets and roads, in parks, on beaches and trails or anywhere else in the Shire of Denmark. Whilst not all safety and security issues are the responsibilities of Council, the Council is committed to providing a safe and secure environment for all citizens. In this regard Seniors may highlight certain safety and security concerns and Council accepts these concerns must be addressed.

Objective 1

To create and maintain a Shire that is safe, welcoming and friendly for Seniors.

Strategies

- Make upgrading of key walkways close to town facilities a major priority with secure road-crossings at key intersections, with special regard for the transport of disabled, infirm and older persons.
- Improve streets, footpaths and trails to address concerns such as slipping, trips and falls.
- Inspect signage, lighting, seating and parking with Seniors in mind.
- Include Seniors in Council discussions on relevant planning issues relating to safety and security.
- Support programs and activities targeting Seniors' safety and security.

Objective 2

To endeavour to protect Seniors from crime.

Strategies

- Monitor, with police support, incidence of crime against seniors and support efforts to keep this as low as possible.
- Actively support the local Police wherever possible, especially with reference to Seniors and safety.

Objective 3

To consult with and include Seniors in the decision-making process on matters of safety and security.

Strategies

- Council to ensure that the Seniors Advisory Committee is contacted by Council Staff to discuss matters of safety and security in relation to Seniors.
- Regular contact to be maintained with the Police on these matters.
- Support Police in educational programs targeting the safety and security of Seniors.\

G. TRANSPORT, ROADS AND INFRASTRUCTURE

Policy

The Council recognises the importance of transportation to Seniors in order to access services and facilities in the community, to enjoy an active lifestyle and to socialise with family and friends. The Council is aware that Seniors, who are unable to drive, have to rely on other means of transportation. Council also recognises the importance of safe, well-built walkways, especially around the Denmark CBD for access to shopping and services.

Objective 1

To develop a safe, user-friendly pathway system especially close to main shopping and service facilities.

Strategies

- Upgrade key walkways close to the Denmark CBD & Denmark townsite facilities as a major priority.
- Educate public, but especially Seniors, as to the availability of such walkways.
- Ensure new residential & commercial developments include safe walkways designed on Disability Access and Inclusiveness principals.
- Include shelter and rest facilities on long stretches of walkways.

Objective 2

To improve public transport availability within the Shire of Denmark.

Strategies

- Consult with Seniors and others on key concerns regarding access to transport.
- Explore ways of improving access to transport, including use of the Community Bus.

Objective 3

To consider ways in which Council services can assist Seniors in maintaining their homes and properties.

Strategies

- Examine how Seniors, disabled or infirm persons, who are unable to use trailers, can get waste materials to the Refuse Site.
- Monitor the need for green waste and general roadside collection services.

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Denmark Age Friendly Community Study Final Report June 2011

Prepared by:



1 < 2 > 1 (One -To - One) Community Technology and Education

PO Box 170, Denmark WA 6333
Phone: (08) 98482865 Mobile: 0417 953 489
Email: gill@omninet.net.au

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"Two 70 year old blokes moving mountains"

1. Introduction

In view of the ageing world population, in 2006 the World Health Organisation (WHO) convened a conference, attended by delegates from 33 cities in 22 countries around the world, to assess and determine the key elements of a community which supports healthy and active ageing. These elements were identified as:

- Outdoor spaces and buildings
- Transport
- Housing
- Social participation
- Respect and social inclusion
- Civic participation
- Communication and information
- Community support and Health Services

This resulted in the publication of the 'Global Age-friendly Cities: A Guide' which was adopted by the Department for Communities of the Government of Western Australia.

In May 2010 the Shire of Denmark Council voted to participate in the Age Friendly Community programme and obtained a grant from the State Government to appoint a consultant to conduct a study to assess Denmark as an Age Friendly Community. Dr Gillian Sellar was appointed to carry out this study.

Dr Sellar consulted with a number of community organisations and convened study groups with service providers and seniors in the community. These groups were well attended. In addition a survey was distributed to community members to obtain views on the issues listed above.

The report which follows identifies the areas, both positive and negative, which the Denmark community regards as important, and makes broad recommendations to improve those identified as needing change or improvement. The report will be presented to the Shire Council for further action. This action will take the form of direct change where the areas fall under the discretion of Council, and by facilitating change where other bodies and organisations carry responsibility.

All members of the Denmark community can look forward to positive change as a result of this study.

Councillor Philip R Barnes
Chairman, Shire of Denmark Seniors Advisory Committee
27 June 2011.

2. Acknowledgements

The following organisations provided valuable input and information to this Study:

Albany Seniors Advisory Committee
City of Albany - Community Development
Officer - Seniors
Alzheimer's Association
Amaroo Retirement Village
CarersWA
Denmark Institute of Technology (TAFE)
Denmark Seniors Advisory Committee
Denmark Over 50s Association
Denmark Lions – Lionsville
Denmark RSL
Denmark Health Service – Community
Services (HACC)
Denmark Shire Council

Department for Communities*

Department for Housing

Department of Transport
Department of Planning – Great Southern
Department for Sport and Recreation – Great Southern
Melville City Council
Department for Seniors Interests
Disability Services Commission – Lower Great Southern
Neurological Council of Australia
Great Southern Aged Care (ACAT) – WACHS Great
Southern
Great Southern GP Network
Population Health – WACHS Great Southern
Seniors Mental Health Service – WACHS Great Southern
Silver Chain – Albany

(Funding for this Age Friendly Community Study was provided by the Department for Communities – Seniors and Volunteering Government Grants Program 2010)*

In addition to the Denmark Age Friendly consultation process the key statistics referred to in this profile have been sourced from the following sources:

- Australian Bureau of Statistics Census data
- Socio-Economic Indexes for Areas: Introduction, Use and Future Directions, Pramod Adhikari, Analytical Services, Australian Bureau of Statistics
- Population Health Indicators: Western Australia 2008. Perth: Department of Health WA.
- Shire of Denmark 2008 and 2011 Community Needs and Customer Satisfaction Surveys.

Specific community information regarding infrastructure and services has been gathered from the Shire of Denmark's Rates and Pensioner Records, and analysis of the 2008 Community Needs and Customer Satisfaction Surveys. The 2008 survey was conducted from November 2008 to January 2009 by the Shire of Denmark. The return rate of 36.8% for the 2008 Community Needs and Customer Satisfaction survey is considered to be an excellent response from a statistical perspective. Given that 72.36% of respondents to the 2008 Community Needs and Customer Satisfaction Survey were identified as 50 years plus, the information proved invaluable.

Additional references to age/senior specific responses were also taken from the Shire of Denmark's recent 2011 Community Needs and Customer Satisfaction Survey. There were a total of 203 responses from seniors aged over 50, which comprised 42.37% of the total number (479) of respondents to the recent Survey.

The contributions and assistance of the Forum facilitators and Age Friendly Community Steering Committee members are also acknowledged.

3. Definitions

Definition: Age-Friendly Community (AFC)

Active ageing is defined as "the process of optimising opportunities for health, participation and security in order to enhance quality of life of people as they age" [*Active Ageing: A Policy Framework, World Health Organisation (WHO), 2002*].

An Age-Friendly Community promotes active ageing. An Age-Friendly Community is one which:

- Recognises the great **diversity** among older people
- Promotes their **inclusion and contribution** in all areas of community life
- Respects their decisions and **lifestyle choices**, and
- Anticipates and responds to **ageing-related needs** and preferences.

Definition: Seniors, Older, Elderly, Aged

'Most developed world countries have accepted the chronological age of 65 years as a definition of 'elderly' or older person.' *World Health Organisation (WHO), Health Statistics and Health Information Systems. June 2010.*

'Aged' and 'elderly' are terms usually used to denote those 65+yrs, who are fully retired and who may require assistance with one or more living issues, such as accommodation, health/well being, social/recreational activities, transportation and/or mobility.

However, there are different understandings of the words 'senior' and 'aged' with 60 year olds eligible for seniors cards in Western Australia, 50 – 59 years, 60 – 69 years and 70 - 79 years used as specific statistical cohorts in ABS and other population profiles and eligibility for the Age Pension set at 65 years in Australia. From 1 July 2017, the qualifying age for Age Pension will increase from 65 to 65.5 years. The qualifying age for the Age Pension will then rise by 6 months every 2 years, reaching 67 by 1 July 2023.

In Denmark WA the Over 50s Association is the official seniors', or senior citizens' organisation, which constitutionally recognises people of 50 years of age and over as 'seniors'. Considering this anomaly, people over the age of 50 yrs will be considered as 'seniors' in our community and as a demographic for this study.

Definition: Disabled, living with a disability

A disability is any continuing condition that restricts everyday activities. The Disability Services Act (1993) defines disability as meaning a disability:

- which is attributable to an intellectual, psychiatric, cognitive, neurological, sensory or physical impairment or a combination of those impairments;
- which is permanent or likely to be permanent;
- which may or may not be of a chronic or episodic nature; and
- which results in substantially reduced capacity of the person for communication, social interaction, learning or mobility and a need for continuing support services.

Disabilities can result in a person having a substantially reduced capacity for communication, social interaction, learning or mobility and a need for continuing support services in daily life.

Being a senior (50+ yrs) does not imply having any disability, though older people can suffer long term physical and intellectual impairment, which results in reduced capacity, as a result of the ageing process.

Definition: Ageing in Place

Ageing in place is defined as not having to move from one's present residence in order to secure necessary support services in response to changing need. We are using the term "ageing in place" in reference to living where [one has] lived for many years, or to living in a non-healthcare environment, and using products, services and conveniences to allow or enable [older adults] to not have to move as circumstances change. More recently "ageing in place" is a term used in marketing by those in the rapidly evolving senior housing industry."¹

¹ Senior Resource for Ageing in Place. (2005). *Ageing in place*. <http://www.seniorresource.com/ageinpl.htm>.

4. Executive Summary

Denmark Western Australia is located on the south coast of Western Australia approximately 50 kms west of Albany, the closest regional service centre, and 430 kms south of Perth. The Shire has an area of 1843 sq kms extending 70 kms in an east-west direction and 30 kms north-south. The town centre is located approximately 10 kms west of the eastern boundary of the Shire.

As part of an integrated community the Shire of Denmark plays a leadership role in helping the community to achieve its community aspirations. In doing this, it provides services and facilities which are the primary responsibility of the Council and identifies and partners with many other organisations, agencies and community groups who have the common goal.

Many descendants of older, established settlers and their families still reside in the locality and their contributions to the timber industry and agricultural development of the town must be acknowledged. Denmark is also considered to be an ideal retirement location for many West Australians, with residents, originating from many other countries, also making it their home. Denmark is also noted for its high percentage of well educated and skilled retirees who add an immeasurable amount to the cultural, social and creative aspects of the community.

The town has experienced a high level of population growth in recent years in contrast to many country local authorities that are suffering a steady decline in population. In the period from the 1996 census to the 2001 census, the ABS estimated the actual population grew by 18.2%, (compared to the regional centre of the City of Albany which grew by 9.65%). In addition between 2000 and 2009 the Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) for the Shire has grown from 4,615 to 5,311 (estimate), which represents a total increase of 15.1% over this 9 year period.

The renowned author and demographer Bernard Salt² has listed Denmark as one the growth areas needing to bear the burden of baby boomers and internal 'migrants' moving to the their 'sea-tree change' over the next decade.

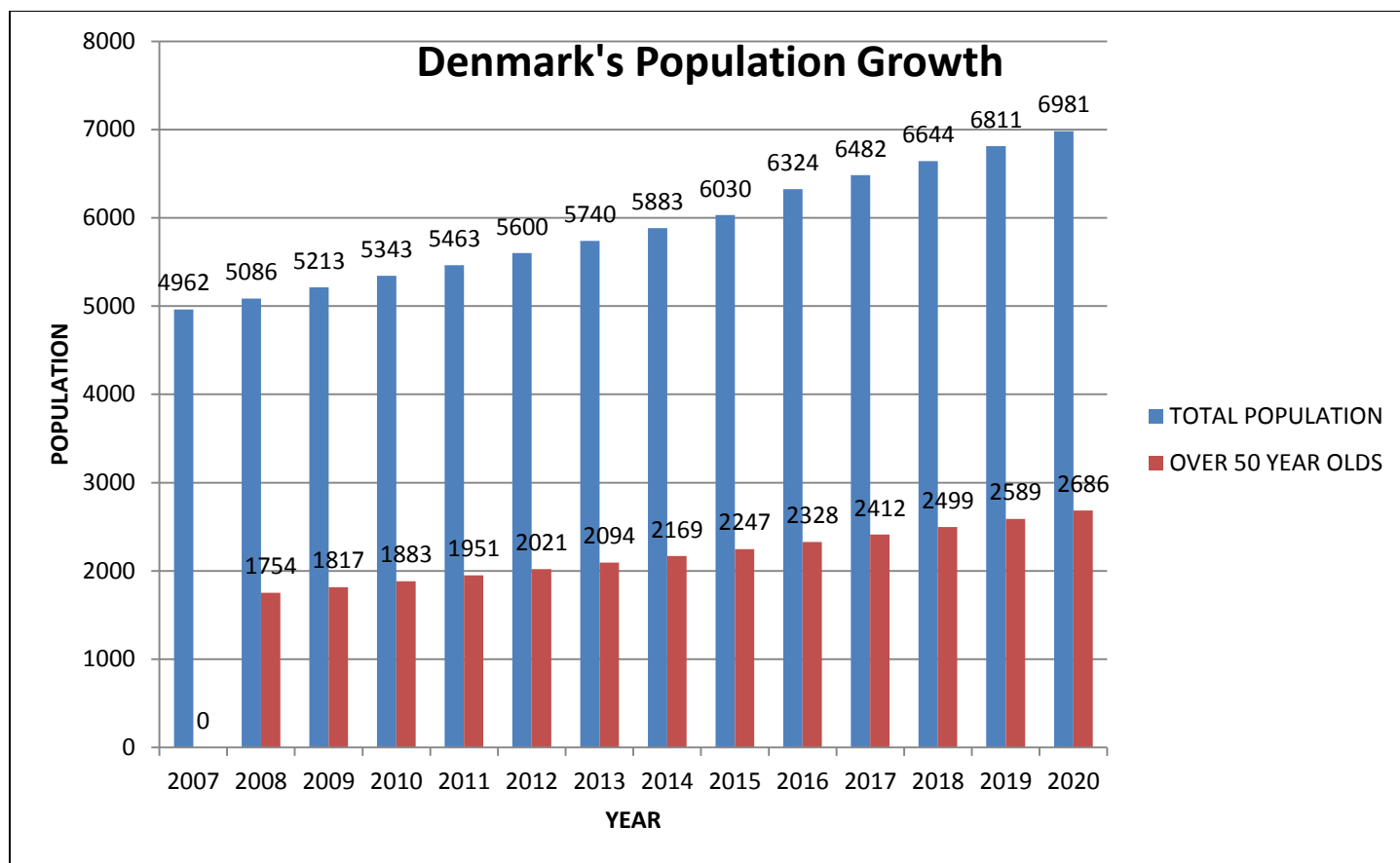
*'The Shire of Denmark's population is ageing faster than most municipalities due to the sea-tree change baby boomer phenomenon. The percentage of Population of the Shire of Pension age is 16% with a median age of resident of 44 (the second highest in the State at the 2006 census).'*³

Denmark's senior population (50+years) rated at 33.4% of the total population in 2006 and ABS population statistics for 2009 show that Denmark now has the highest aged demographic in Western Australia.⁴

² B. Salt Big Shift (2001) The Big Shift: Welcome to the third Australian Culture; Hardy Grant Books

³ Shire of Denmark (2009) Local Government Structural & Electoral Reform in Western Australia: Reform Submission:

⁴ ABS Population Data 2009: Regional Profile Denmark LGA.



Graph 1: Denmark's Population Growth Estimates

This Denmark Age Friendly Community Study has highlighted the three main issues of **Housing, Health and Transportation**, as those of greatest concern, for a town with a growing aged and ageing population. Following is the evidence collected through an intense community consultation process resulting in a set of recommendations to progress Denmark becoming a true 'Age Friendly Community' in future.

Denmark Age Friendly Community Study

In response to the demographic changes and forecasts the Shire of Denmark, in partnership with the Department for Communities (DFC), has chosen to use the World Health Organisation (WHO) Framework for "Age-Friendly Cities."⁵ The consultation process aimed at deepening understanding of the needs and aspirations of people aged 50 years plus living in the Shire. This report outlines the main findings of the study and provides recommendations for the Shire and other relevant stakeholders and agencies to consider.

The methodology for the Study was provided in the *Age-Friendly Communities – A Western Australian Approach*⁶ document. The consultation/study involved a range of focus-group style discussions in forum settings, an online survey and personal communications with the project consultant.

⁵ World Health Organisation (WHO) 2007 Global Age-Friendly Cities Guide & Checklist

⁶ Department for Communities AFC Grants Program and Guidelines (2010)

The consultation included:

- residents aged 55-74 years;
- residents aged 75 years and older;
- carers of older people, or older people who are carers for others;
- public service providers;
- not for profit service providers; and
- private sector service providers.

Raising awareness about the consultation process to engage stakeholders and participants was achieved through a variety of local media, regional networks and presentations.

The Denmark Age Friendly Community project received editorial in the local Denmark Bulletin upon confirmation of funding. Information about the project was distributed to the Library, Recreation Centre, Health Service, and Shire Reception. An interview discussion and community events promotion on the ABC radio furthered the reach of the project.

Presentations by the Project Consultant to both the Denmark Over 50's Association and Denmark Probus Club, provided a snapshot of the community, a background to the Age Friendly Community concept and deepened interest in the project. Both of these awareness raising presentations resulted in increased registration for the focus group forum and the completion of surveys. Communication with the Peaceful Bay Progress Association and the Nornalup Residents & Ratepayers Association ensured the distribution of information to the western reaches of the Shire.

A letter of invitation from the Shire of Denmark to identified service providers and extensive personalised telephone calls by the project consultant ensured a genuinely representative group of service providers participated in the consultation process.

The report provides an analysis of the feedback from the participants in relation to the eight specific aspects in the WHO framework covering:

- Outdoor Spaces and Buildings
- Transportation
- Housing
- Respect And Social Inclusion
- Social Participation
- Communication and Information
- Civic Participation and Employment
- Community Support and Health Services

Overall the findings show that the residents considered in this study are generally very happy with the clean and fresh environment in which they live and while there is a desire for more well designed and laid footpaths there is an appreciation of the paths, trails and parks.

Residents feel respected by local business and service providers. Friendly and respectful staff of organisations and businesses is appreciated. Generally residents feel there is plenty of opportunity for social and civic participation, with many local events being accessible to all age groups in the community.

Parking, walking or driving across the main South Coast Highway intersections in Denmark and access to the local shopping precinct are considered as features that require improvement to be age-friendly. Disability and frail/aged access to certain public areas in town were identified for greater attention, as were some of the public facilities such as public toilets.

For participants that drive, most are happy with the driving experience in Denmark. Though repeatedly noted were the efforts to avoid the South Coast Highway intersections at Horsley drive and Strickland Street at specific times of the day or year.

A lack of regular public transport within the Shire of Denmark and between Denmark and Albany is an area of concern. This concern has repeatedly been expressed in relation to health and well-being, sense of independence and ability to participate socially.

Housing and living arrangements are of increasing concern to the 75 years plus group. The increasing difficulty in maintaining properties and loss of driving licenses, with the inherent affects on seniors' independence and mobility, lead to the need to locate suitable housing with close proximity to the CBD and health services. The study seems to have identified a gap in the planning for provision of suitable housing options for different stages of ageing.

A dependence on the Denmark Bulletin, a fortnightly produced newspaper, was identified as the main source of local information. It was also noted that this may not be the most efficient means of communication, as many who do not live in town, do not get the Bulletin delivered and the information dates very quickly. Many senior residents listen to the ABC Albany regional radio. There was a clear indication that a senior's services booklet or pamphlet should be produced and regularly updated to maintain awareness and access to contact details for key services and age associated activities or agencies.

There is a very sincere appreciation of the HACC (Home and Community Care) services in Denmark. Barriers to community and health services were discussed frequently, often in relation to lack of transport, no access to a swimming or hydrotherapy pool for fitness and convalescence, and limited Alzheimer and Dementia services. The need for a pool and hydrotherapy services was emphasized by most focus groups at the Seniors Forum and in survey responses, as a key service that would benefit many.

Although not allocated to a specific area of study there was an underlying message that suggests an Age Friendly community is also one that emphasizes the need for a focus on good health and health awareness at a younger age, so people are less dependent on health services as they age, with a healthy and active attitude toward physical, mental and emotional well being.



Mark Oliver at Australia Day Celebrations 2010

5. Summary of Recommendations

Following are the main recommendations to Council in order of topic.

Recommendation

*That Council adopts the Age Friendly Community Study and the following recommendations and reviews its current **Seniors Policy** in light of the recommendations.*

1. OUTDOOR SPACES AND BUILDINGS

Recommendation 1:

That Council plan for and maintain a network of shared paths and footpaths that provide access to the main community hubs of Denmark.

Recommendation 2:

That Council reviews the Denmark CBD, and in particular Strickland Street, crossing points to assist shared zone access.

Recommendation 3:

That Council negotiates with Australia Post to improve access, by supplying and locating additional post boxes within close proximity to major Denmark CBD hubs.

Recommendation 4:

That Council review the current location and number of car parking facilities including ACROD bays within the Denmark CBD and ensure monitoring and policing.

Recommendation 5:

That Council reviews the Council's Disability Implementation Plan for the suitability and accessibility, in accordance with Disability Services standards, of public toilet facilities.

Recommendation 6:

That provision for earth/natural burials be investigated and land at the Denmark Cemetery or elsewhere made available as a burial option for the community.

2. TRANSPORTATION

Recommendation 7:

That Council investigates local transport options within the Shire of Denmark that supports our senior community.

Recommendation 8:

That Council, in consultation with key transport agencies, explores a regular inter-town transport service between Albany and the Shire of Denmark.

Recommendation 9:

That Council, in conjunction with the Denmark Health Service/Safe Community and RoadWise Committee, investigate and coordinate motorised wheelchair (gopher) driver education and training.

Recommendation 10:

That Council appoints a Seniors' representative to the Shire's RoadWise Committee.

Recommendation 11:

That Council in conjunction with the Denmark Over 50s Association, widely communicates the availability of the Denmark Shire's Transport Options Brochure and the Senior's Volunteer Transport Service.

3. HOUSING

Recommendation 12:

That Council identifies and quantifies the progressive aged housing needs not provided by existing independent living units (e.g. Amaroo and Lionsville) and residential care at the Denmark Hospital.

Recommendation 13:

That Council, in consultation with aged housing experts and service providers, explore and facilitate the development of a range of sustainable, affordable accommodation options to meet the needs of seniors, which will enable them to 'age in place' in the Shire of Denmark.

Recommendation 14:

That Council lobbies the WA Department of Housing to provide more age specific and appropriately designed and built public housing.

Recommendation 15:

That Council recognise the increasing need for aged accommodation within the central town precinct and provides for this in current and future planning by Reviewing the current zonings and allowing for higher density, smaller lot developments.

Recommendation 16:

That Council support a collaborative inter-agency aged housing 'demonstration project', using small lot development, Universal design principles and shared waste disposal, water collection and solar energy power generation systems.

Recommendation 17:

That Council develops age friendly housing guidelines, incorporating Universal Aged Housing Design Principles⁷ for private developers.

⁷ Towards Barrier Free Housing for an Ageing Australia: Accessible, Adaptable and Universal Design An Issues Paper and Resource Guide 2008; Age and Community Services Australia

4. RESPECT AND SOCIAL INCLUSION

Recommendation 18:

That Council, in collaboration with the local Youth Centre, schools and seniors organisations, creates a process which encourages all ages to be actively engaged in the community by regularly promoting intergenerational social and sporting events.

Recommendation 19:

That Council in collaboration with Disability Services Commission reviews the accessibility to main community events.

Recommendation 20:

That Council in collaboration with the Disability Services Commission reviews the provision of suitable audio equipment, to meet the needs of hearing impaired attendees at Council sponsored events.

5. SOCIAL PARTICIPATION

Recommendation 21:

That the establishment of a Denmark Branch of the University of the Third Age (U3A) be explored in conjunction with the Great Southern Institute of Technology; Denmark Campus.

Recommendation 22:

That Council acknowledge and plan for the inclusion of additional seating at Council facilities and events (e.g. parks, footpaths and town square) and Facilitates and encourages other community event organisers to ensure adequate seating is provided.

Recommendation 23:

That Council recognises the need of seniors for a heated public swimming pool complex, including a hydrotherapy facility.

6. COMMUNICATION AND INFORMATION

Recommendation 24:

That Council communicates the results and findings of the Age Friendly Community Study to all stakeholders.

Recommendation 25:

That Council delegates responsibility to the Seniors Advisory Committee to oversee the implementation of the actions and outcomes of the Age Friendly Community Study and to inform the community of progress on an annual basis.

Recommendation 26:

That Council schedules a review of the Age Friendly Community Study in five years.

Recommendation 27:

That Council assists the Denmark Over 50s Association through the Seniors Advisory Committee, in developing a Seniors Information Booklet, which provides information and contacts of service providers, groups, clubs and activities in easily readable, up-to-date and accessible formats.

Recommendation 28:

That Council reviews existing safety awareness programs to clearly inform and educate seniors about what to do in a local emergency situation, affecting the community.

Recommendation 29:

That Council explores partnerships to develop a centralised seniors' information point for seniors' interests.

7. CIVIC PARTICIPATION AND EMPLOYMENT**Recommendation 30:**

That Council develops partnerships with the Albany Regional and Volunteer Centre and others with a view to connecting senior volunteers and community activities, such as the Schools Volunteer Program.

Recommendation 31:

That Council explores the possibility of partnering with local organisations in developing a register of Seniors who are available and willing to promote their skills for donation, hire or reward.

8. HEALTH AND COMMUNITY SERVICES**Recommendation 32:**

That the Denmark Health Service and WACHS are informed about these study findings and use it to review their relevant services.

Recommendation 33:

That Council provides seniors and pension card holders with a discount rate to use facilities and services at the Recreation Centre and encourage participation in any of the programs on offer.

Recommendation 34:

That Council explores and supports opportunities for expanding the range of seniors recreational programs which encourage health and well-being.

Recommendation 35:

That Council lobby for the expansion of Alzheimer's and palliative care services for the Denmark community.

6. Brief Summary of Findings

This brief summary of findings highlights key aspects of the consultation data. It has been summarised into features, barriers and suggestions to provide a succinct snapshot. This consists of suggestions and perceptions of Forum participants, recorded verbatim in the focus group sessions and providing the study with an effective instrument for sorting the information into consistent themes.

It is highly recommended that reference is made to the 'Whole of Study Findings' (page 57), for a full appreciation of the context and sub-text of this summary.

Outdoor Spaces and Buildings

Generally very happy and understand that Denmark CBD is a difficult site. Post Office and IGA pose the main concerns regarding access to buildings.

What is it like to step outside of your home to go for a walk in the fresh air; do errands or visit family or friends?

Features:

- Generally very happy with safe and clean environment.
- Footpaths – more needed and improvements to existing paths is noticeable
- Some good walkways and trails

Barriers:

- Walkways and trails submerged or boggy for lengths of time – deter walking
- Skateboarders on town footpaths scare some older people
- Lack of connectivity with some pathways restricts access to CBD

Suggestions:

- Look at ways to link pathways
- Wider, shared use pathways for gophers needed
- Need for continuous footpaths and parking in CBD
- Footpaths needed in suburban areas – Ocean Beach, Minsterly Road, Horsley Drive
- Public toilets to comply with disability access regulations (e.g. height of toilet bowls)

What is it like to go into buildings, such as government buildings or shops?

Features:

- Shire Administration building is very accessible
- Health Service Campus easy access (need to complete footpath access)
- Public Trails and walkways are good

Barriers:

- IGA Supermarket: difficult access for parking and walking with full shopping trolleys
- Post Office: difficult for parking, heavy door and small shop space presents problems

- Crossing South Coast highway at Strickland Street and Horsley Drive intersections (*on foot or in car*)

Suggestions:

- Another one or two post boxes at easy access sites to reduce traffic congestion and difficulty e.g. Ocean Beach Rd, Visitors' Centre, nearer IGA and central shops
- Stamps and postage assistance at an alternative businesses
- Increase number and monitoring of disabled parking bays
- South Coast Highway – traffic management: crossing points, round-about, reduced speed limit, by-pass road
- Install right of way signage on paved areas so pedestrians do not just stroll across



Bushwalkers at Conspicuous Cliff

Transportation

HOT TOPIC: No public transport, other options have barriers, very challenging to the sense of independence for older people. South Coast Highway intersection/s is often referred to as frightening and challenging.

Describe your experience using public transportation – bus or train in your community.

Features:

- Appreciate there are some options (TransWA, Community Bus, HACC bus, Taxi, volunteer driver program)

Barriers:

- Very confronting and challenging for older residents requiring access to specialist services (health and lifestyle) in Albany
- All of options are limited by factors such as cost, availability, timetabling
- No public transport: local or to Albany
- Losing driving licenses impact on independence
- Some individuals with driver's licenses still find Albany a long and expensive drive

Suggestions:

- Community bus service – a loop through suburbs and town. Expand service in peak season to service tourists and young people.
- Feasibility study of a regular Albany to Denmark service
- Invest funds/coordinator in the sustainable development of volunteer drivers program

What is it like to drive in your community?

Features:

- Many roads OK.
- Familiar with the area
- Appreciate the improvements on roads in the area

Barriers:

- South Coast Highway intersections at Horsley Drive and Strickland Street.

(Many drive around the backstreets to avoid these intersections.)

Suggestions:

- Traffic management review for South Coast Highway at Denmark CBD area (roundabout, by pass road, reduced speed limit)

Housing

HOT TOPIC: Limited choice, affordability, desire for 'Ageing in place'.

***What type of housing do you live in – house, villa, retirement village etc?
If your needs change, what are your choices for housing in your local area?***

Features:

- Many own their own home – full home on land.
- Amaroo and Lionsville (retirement villages) options
- HACC Service highly appreciated

Barriers:

- Availability
- Affordability
- Fear of creating 'Aged Enclaves'
- Changing care needs – leading to changing residence
- Access and proximity to services (Health and CBD)
- Is there enough land in town?
- HACC Services stretched – concerns for the future provision
- Distance and access to services – linked to lack of public transport discussion

Suggestions:

- A community commitment to 'ageing in place'
- Investigate and develop residential areas/facilities that have staged accommodation types. (Consider options to accommodate changing needs over time.)
- Plan for areas close to town
- Encourage development and design of homes that may later be easily changed in to 2 or 3 units
- Encourage development and design of homes that include age friendly features: ambulance access, wider hallways etc.
- Investigate models where older home owners have room to share with others in exchange for services (gardening, cleaning etc)
- Refer to European models where homes can be modified at different stages of need

Social Participation

Generally very good.

How easily can you socialise in your community?

Features:

- Lots of opportunities through clubs and organisations
- Churches
- Denmark Bulletin informative and crucial

Barriers:

- No real barriers discussed.
- Some suggested that this age group prefer personal invitation. This is emphasised if people are new to the area.
- Carers identified the difficulties associated with participating in some events that require close parking and wheelchair operation. Denmark Markets and Christmas Pageant were two key events noted.

Suggestions:

- University of the Third Age (U3A)
- Local transport could assist attendance and participation

Tell me about your participation in other activities, like education, culture, recreation, or spiritual activities?

No specific information provided here. In summary the response was there is ample opportunity to participate in any of these activities and that seniors are very welcome. There may be some barriers wherein some people prefer to be individually invited.



Taoist Tai Chi Group at Denmark Recreation Centre

Respect and Inclusion

Generally feel very respected and included.

In what ways does your community show, or not show, respect for you as an older person?

Features:

- Denmark Over 50's Association
- Many groups and organisations to join in
- Respected by service and business community
- Most young people very helpful and respectful
- Shire workers and planners respectful and helpful

Barriers:

- Some young skateboarders very disrespectful
- Limited and abused disabled parking
- Some staff not able to deal with mild age related disabilities (visual and auditory)

Suggestions:

- More provision and monitoring of disabled parking
- Develop an opportunity for creating an understanding between seniors' with concerns about skateboarding and young skateboarders
- Source training for staff of businesses and agencies to assist customer service for people with mild disabilities

In what ways does your community include, or not include you as an older person in activities and events?

Features:

- Generally feel very included
- Invitations to attend all community events (ANZAC Day, Christmas Parade, Denmark Arts, Art Exhibitions and Openings, Sport Events etc.)



ANZAC Day – 2006

Communication and Information

Generally satisfied although can see areas for specific improvement including Seniors Booklet and a centralised/coordinated community information centre/role.

What is your experience getting the information you need in your community, for example, about services or events? This can be information you get by telephone, radio, TV, print, or in person.

Features:

- Denmark Bulletin (only fortnightly)
- ABC Community Radio
- Word of mouth (very strong with Seniors)
- In home Carers and HACC staff help keep individuals in touch with activities
- Evacuation Green bag/ Red bag program (more community education needed)

Barriers:

- Not all are computer literate (nor interested, or able to access)
- Bulletin is only fortnightly and not delivered beyond town boundary
- Electrical supply interruptions during emergencies means no radio or phone
- Risk of social isolation

Suggestions:

- Seniors Services and Community Directory/Booklet (annual – large text print)
- Denmark Shire's Council Conversations – make community section larger and include transport options and other regular services.
- Denmark Radio (Community Resource Centre initiative?)
- Denmark community information centre (potentially the CRC)
- Phone Buddy system
- Seniors evacuation program – (build upon red/green bag and develop emergency buddy system).
- Services and providers list updated and distributed through the year by mail and/or newspaper (quarterly?)

Civic participation and Employment

Generally high rate of participation and plenty of opportunity.

Tell me about your participation in voluntary work, if applicable.

Features:

- Many volunteer work opportunities
- Many seniors involved to some degree. (This declines after 75 years of age.)
- Lots of opportunities for community, environmental and political involvement
- Good to socialize and feel to be offering something to the community
- Volunteer database kept by Shire
- Volunteers Afternoon Tea celebration at the Shire is good

Barriers:

- Transport
- Need to be invited – not comfortable just showing up.

Suggestions:

- Focus on the maintenance of volunteer database as a point of reference
- A volunteers resource centre housed somewhere (information etc)

Tell me about your experience with paid employment, if you are employed now or if you are looking for paid work.

Features:

- Many of the people are no longer in paid employment
- Not much paid employment available

Barriers:

- Availability
- Different skill sets required
- Transport to Albany (costs)

Suggestions:

- A seniors 'skills for hire' board e.g. creation of a database of seniors with skills to offer

Tell me about your participation in public community affairs, like community associations or local government councils.

Features:

- Very active in general
- A core group of particularly active people
- Very familiar with local government process and lobbying for change etc.



Beth Franz – 'volunteer extraordinaire'

Community Support and Health Services

HOT TOPIC: Access to services, transport, ageing in place.

What is your experience with the services in the community to help people?

Features:

- HACC services are fantastic
- Denmark Health Service very new, but potential for better/more age related services
- 8 GP's (even though all are part time)
- Good Ambulance Service

Barriers:

- Access to specialists and pool/hydrotherapy
- HACC overworked and under resourced
- No over 65's Dental Scheme service in Denmark (there used to be)
- No pensioner discount at the Recreation Centre
- No Pool or hydrotherapy service available
- Transport to Albany (none or limited)
- Alzheimer and Dementia services very limited

Suggestions:

- Swimming pool and hydrotherapy pool
- More specialist services come to Denmark
- Transport to Albany (even just a couple of days a week)
- Consider respite models for carers of people with dementia (respite beds or in-house respite)



Carelink and Respite Information Workshop at the old Hospital 2007

7. Recommendations and Ratings

These recommendations have been extrapolated from the findings and tabled for ease and accuracy of use. The recommendations are graded H = high, M= medium and L=Low.

1. Outdoor Spaces and Buildings					
Recommendation	Initiative	Principle Responsibility	Possible Partners	Priority	Reference Related
Plan for and maintain a network of shared paths that provide access to the main community hubs of Denmark.	Undertake a 'Walk ability' audit of the CBD area to identify possible barriers and improvements to access	Shire	John Grant Assoc. Main Roads, Denmark RoadWise	H	
	Review Strickland Street crossing points to assist shared zone access	Shire	Police RoadWise	H	
	Review the pathway plan & prioritise improvements in connectivity in major walk/cycle/gopher routes	Shire Main Roads Dept Transport	Paths and Trails Committee	H	
	Undertake or review a road safety audit for the CBD (has this already been done as part of refurbishment?)	Main Roads, Shire	RoadWise	H	
	Explore options for additional Post Office Boxes at key community hubs or points	Shire in conjunction with Australia Post (Denmark)		H	
	Review the current parking facilities within the CBD and identify any changes, improvements required	Shire Main Roads	RoadWise	H	

Table 1: Outdoors Spaces and Buildings Recommendations and Ratings

2. Transportation					
Recommendation	Initiative	Principle Responsibility	Possible Partners	Priority	Reference Related
Develop a local transport system that supports our community to maintain a level of independence.	Undertake an audit of all current public and community transport options	Shire and RoadWise committee	Climate Action Denmark	H	DCAC research into alternative transportation and fuel solutions
	Explore the opportunities to introduce alternative transport options (e.g. ride share, daily community bus shuttle)		Climate Action Committee	H	Denmark Seniors' Transport Options Brochure
	Promote and maintain a local transport information directory	Shire and Seniors Advisory Committee		M	Denmark Seniors' Transport Options Brochure
Develop an inter regional transport service between Denmark-Albany.	Investigate options for developing a regular community bus service between Albany and Denmark	Department of Transport Denmark, Albany and LGA's		M	
Ensure older drivers are aware of the various transport options available to them.	Hold education/information sessions for older drivers, gopher users, public transport users	Denmark Over 50's Denmark RoadWise	Dept Transport Police GSRSCC Health Service	H	
	Appoint a Seniors' representative to the Shire's RoadWise committee		Denmark RoadWise Committee	M	
Organise motorised wheelchair/gopher education workshops.	Gopher user education workshops	Denmark Over 50's Denmark RoadWise	Health Service/Safe Community & Shire	M	Safe Community and Injury Prevention research

Table 2: Transportation Recommendations and Ratings

3. Housing

Recommendation	Initiative	Principle Responsibility	Possible Partners	Priority	Reference Related
Release new lots for specific aged housing development within the Denmark town site.	Age Friendly Housing Project	Shire – Planning Dept. WAPC	Aged care housing developers	H	The Shire of Denmark Local Planning Strategy and WAPC Lower Great Southern Strategy
Develop a range of sustainable accommodation options, encompassing a wide range of settings, while at the same time fostering supportive environments and independence, to meet the needs of seniors to enable them to age in place.	Investigate realistic, affordable and commercially viable options for seniors housing to meet the gap between the 'family home' and residential care facilities	Shire	Dept.of Housing	H	Research of successful age specific accommodation projects elsewhere e.g. Victoria, Canada, Holland.
A community that develops and implements community design plans, strategies and policies that are supportive of age friendly built environments.	Encourage Universal Design principles are used in any new building (private and commercial)		Dr. Linley Lutton (Urbanix) & COTA Denmark Green Skills & CSL	H	Denmark Climate Action Committee documents/research. Energy efficient homes information (Denmark CSL and Greenskills)
	Develop an age friendly assessment procedure for housing development applications			M	
	Review current zonings to allow suitable smaller detached homes or units to be built			M	
	Integrate the needs of seniors in urban and community planning			H	

A community that is aware and supportive of age friendly health, and well being community principles.	Champion a range of housing and community designs that supports functional age friendly environments	Shire Dept. of Housing		H	
	Establish a mechanism that gives seniors the opportunity to provide input on community design issues	Seniors Committee	Seniors community groups	H	
	Inform the planning, design and building sectors about the benefits of an age friendly built environment			H	
	Disseminate information outlining age-friendly principles and requirements to builders and developers			H	

Table 3: Housing Recommendations and Ratings

4. Respect and Social Inclusion					
Recommendation	Initiative	Principle Responsibility	Possible Partners	Priority	Reference Related
Create a process which encourages all ages to be actively engaged in the community by regularly promoting intergenerational social and sporting events.	Work with local Youth Committee to establish a dialogue between youth and seniors on issues such as skateboarding in CBD	YAC Shire Youth worker	Denmark High and Primary Schools	M	School Volunteer Program
	Investigate improving audio equipment within main civic spaces to meet the needs of hearing impaired	Shire		H	
	Review access for different ability levels at main events and activities in town (e.g. market days)	Shire		M	

Table 4: Respect and Social Inclusion Recommendations and Ratings

5. Social Participation					
Recommendation	Initiative	Principle Responsibility	Possible Partners	Priority	Reference Related
To create opportunities to enhance social participation, in a community that encourages all ages to be actively engaged.	Explore establishment of University of the Third Age ⁸ (U3A), linked through TAFE or UWA in Albany.	TAFE	Denmark Over 50s and Probus Club	M	http://www.u3auwa.org/
	Encourage a 'buddy-system' within existing clubs and groups, to encourage active participation of seniors.	Seniors organisations e.g. SAC, O/50s/Probus	Community groups e.g. Woodturners, Lions, Quilters	M	
	Investigate a phone buddy system for isolated seniors, living independently.	As above	Health Service Day Centre	M	
	Ensure adequate seating is available at community hubs	Shire		H	
To support construction of an aquatic facility (heated swimming and hydrotherapy pool) for the enhancement of health and well being.		Shire	DACCI Health Service Dept. Sport and Recreation	H	Aquatic feasibility studies (2009/2010) DACCI surveys

Table 5: Social Participation Recommendations and Ratings

⁸ U3A provides learning opportunities for people in their retirement years and is open to anyone over the age of 50 and aims to give members the opportunity to develop new interests and learn new subjects. <http://www.u3auwa.org>

6. Communication and Information					
Recommendation	Initiative	Principle Responsibility	Possible Partners	Priority	Reference Related
Improve communication between the Shire, community groups, individuals and businesses.	Develop an aged-friendly Community Services Directory, which provides information and contacts of service providers, groups, clubs and activities.	Denmark Over 50's	Shire Local businesses	H	Albany Seniors Information Directory 2011
	Investigate the placement and installation of community notice boards at key community hubs.	Denmark Over 50's	CRC Library	M	
	Establish a centralised information resource or point of reference, using a variety of communication mediums (e.g. website, database, newsletter, notice board).	Shire CRC	CRC Library	M	
	Continue to support the Seniors Advisory Committee, as a conduit for communication and feedback on local seniors issues.	Shire	Seniors Advisory Committee	H	
Review existing safety awareness programs to clearly inform and educate seniors about what to do in a local emergency situation, affecting the community.	Clarify existing Disaster Management Plans are clearly communicated to all key agencies and Denmark residents.	Shire	Seniors community groups, Health Service, FESA	H	

Table 6: Communication and Information Recommendations and Ratings

7. Civic Participation and Employment					
Recommendation	Initiative	Principle Responsibility	Possible Partners	Priority	Reference Related
Continue to promote the importance of volunteer activity in the community.	Acknowledge volunteers for their contribution, through the annual Volunteers Afternoon Tea.	Shire DSR	Albany Regional and Volunteer Centre	M	Regional Schools Volunteer Program
Explore the possibility of partnering with local organisations in developing a register of skills for donation, hire or reward.	Development of a skills register.	Seniors Advisory Committee	Over 50s Association and Lions Club	M	

Table 7: Civic Participation and Employment Recommendations and Ratings

8. Health and Community Services					
Recommendation	Initiative	Principle Responsibility	Possible Partners	Priority	Reference Related
Support an integrated and supportive collaborative approach to health service in the community.	Review the current boundaries and define the areas of operation for HACC service providers, particularly in the shared boundaries (e.g. Walpole, Youngs Siding).	MPS Denmark	HACC SW Health Silver Chain Shire	H	
	Investigate additional specialist health services, clinics and consultations that could be hosted by MPS Denmark, rather than travel to Albany/Perth.	MPS Denmark	GP Network Shire	M	
	Improve information to seniors and their families on what health services and support are provided (includes palliative care).	MPS Denmark	Local GPs GP Network	H	Denmark Seniors Community Information Directory/.Booklet
Lobby for the expansion of Alzheimer's and	Investigate current and future needs for Alzheimer's and	Palliative Care Coordinator at Denmark Health	MPS Denmark Shire Regional	M	Alzheimer's Association WA

palliative care services for the Denmark community.	Palliative Care & Link with existing Alzheimer's and Palliative care services from Albany to expand regional services.	Service	Palliative Care Coordinator		Local palliative care specialists e.g. Dr Ruth McConigley
Increase physical Activity opportunities for seniors.	Explore and support opportunities for expanding the range of senior's recreational programs which encourage health and well-being.	Shire	DSR Shire – Swimming Pool Committee Community DACCI	H	Living Longer – Living Stronger Program
	Investigate funding opportunities to subsidise physical activity programs e.g. <i>Living Longer Living Stronger</i> for Denmark pensioners.	Shire SAC Over 50s Assoc.	DSR	H	

Table 8: Health and Community Services Recommendations and Ratings

8. Methodology

The methodology for this project has been based on the *Age-Friendly Communities – a Western Australian Approach* publication as adapted by the Department for Communities from the original *WHO Age-Friendly Cities Framework and set of guidelines*.⁹ The process has involved stakeholder identification of residents of the Shire of Denmark age 50 years plus, service providers for health and community services and Carers of persons aged 50 years plus within the Shire.

Promotion and Invitation

Raising awareness about the consultation process to engage stakeholders and participants was achieved through a variety of local media, regional networks and presentations. The Denmark Aged Friendly Community project received editorial in the local Denmark Bulletin upon confirmation of funding.

Information about the project was distributed to the Library, Denmark Recreation Centre, Denmark Health Service, and Shire reception. An interview on the ABC radio furthered the promotion of the project.

⁹ WHO Age-Friendly Cities Framework; World Health Organization 2007 Geneva 27, Switzerland

Presentations by the Project Consultant to both the Denmark Over 50's Association and Denmark Probus Club, provided a snapshot of the community, a background to the Age Friendly Community concept and deepened interest in the project. Both of these awareness raising presentations resulted in increased registrations for focus group forum and/or the completion of surveys.

Communication with the Peaceful Bay Progress Association and the Nornalup Residents & Ratepayers Association ensured the distribution of information to the western reaches of the Shire.

A letter of invitation from the Shire of Denmark to identified service providers and extensive personalised telephone calls by the project consultant ensured a robust group of service providers participated in the consultation process.

The Age Friendly Community Questionnaire/Survey was also available online at www.denmark.wa.gov.au/community for absentee landholders and local senior residents to access and all online and hard copy responses were electronically collected prior to data analysis.

Limitations of the Methodology

No research is without limitations and this study is no exception. There were several limitations to this study that need to be discussed along with their impacts on the final results.

Promotion to 'transient' seniors

There were some limitations to the methodology in so far as the participant catchment did not include the numbers, or other statistical information, about transient or short term residents at the time of the study. Denmark is a recognised holiday destination, with many seniors visiting for short (but regular) periods of time. For example there are numerous seniors living in the two major caravan parks in Denmark, some in mobile accommodation and others in park homes (transportable, chalet/cabin type housing). It was difficult to ensure the reach and scope of the study included all seniors residing in the Shire's boundaries at the time the project was undertaken, however every attempt was made to promote and invite participation in the study.

Gender

It should also be noted that the percentage of women (63%) respondents and participants in this study outweighed that of men (37%). This apparent bias towards females could be for a number of reasons. Females have a higher life expectancy than males and Denmark Census Data shows that 56.4% of residents aged 65 years and over were female, and 43.6% were males. Females are also more likely to take part in social interaction and/or community engagement than men¹⁰.

Data Collection

Not all respondents completed personal information forms and care needs to be taken in interpreting results of individual responses, as they don't necessarily reflect the sentiments of the senior community.

All data collection was based around the 8 World Health Organisation (WHO) question areas: outdoor spaces and buildings, transportation, housing, respect and social inclusion, social participation,

¹⁰ Ridgeway C. and Smith-Lovin L., Gender and Social Interaction :Social Psychology Quarterly 1996 Vol. 59 No.3

communication and information, civic participation and employment, community support and health services. There was some discussion which did not seem to fit within these parameters, or crossed a number of areas.

Carers Survey

Carers of senior people in our community are a diverse group about whom it is difficult to gain relevant current information due to the nature of their roles and confidentiality issues when seeking information from government and non-government departments or agencies.

Many carers don't necessarily identify themselves as a 'carer' as the person(s) they are caring for are a family member or friend. Sometimes an elderly parent cares for a younger family member, so it cannot be assumed that all carers are younger than the people for whom they are caring. Often the person in the caring role doesn't receive physical or emotional assistance or payment for their work/effort and many don't know, or don't know how to find out, about available services which could help them in their caring role.

Accessing Carers was treated with appropriate sensitivity. Often this group do not self identify or feel able to participate in these processes. Special attention was paid to this group of stakeholders that honoured the sensitivity and special needs surrounding their involvement. Due to the awareness and professional relationships of the Project Consultant the project was able to successfully recruit significant input from carers in the Denmark community.

There are an estimated 31 'known' carers in Denmark and many more who are not registered with any agency and/or don't want to be classified as a 'carer,' for personal or privacy reasons. It is important to note that organisations, whose clientele include carers and the seniors they care for, were invited to participate at the Service Providers Forum on Wednesday 9 March 2011 and to provide detailed information for the AFC study e.g. *Disability Services, Alzheimer's Association, CarersWA and the regional Health Department's Aged Care Assessment Team (ACAT)*.

Thirteen written and oral responses were received (42% response rate), all from female carers who were either retired or worked part-time, a couple as support workers. These women are either caring for spouses, parents or other family members and some for disabled or sufferers of chronic conditions such as Alzheimer's, Dementia, or cancer.

Seniors Survey

A survey instrument was developed based on the 8 WHO questions. This survey was made available as a hard copy or as an online option. The hard copy could be completed and submitted to the Shire of Denmark or Consultant and the online version was accessible through the Shire of Denmark website. ISP (*Internet Service Provision*) security controls ensured the validity of the survey. Total number of survey responses n (193).

Response Rates

There is little available research to assess the merit of response rates; however the University of Texas has published material on survey collection methods and acceptable response rates.

Acceptable response rates for mail and face-to-face surveys are 50-60% and 80 to 85% respectively. Though the mail survey response rate was lower than acceptable, this was supported by the additional methods of focus groups and seminar presentation. There were consistent themes identified through all methods.

Overall the number of people involved and the variety of survey methods used were sufficient to gain some insights into the key issues for older adults in the Denmark community.

Every care has been taken to present and discuss the results with these limitations in mind so that no unreasonable claims are made.

Seniors Focus Group Forum

The Denmark Age Friendly Community Forum for seniors took place at the Shire of Denmark Administration Buildings on 23rd March 2011.

Present at the Forum were:

- 85 participants between 50 and 85 years of age, comprising 44 females and 27 males of mixed socio-economic background with 71 of the 85 participants completing participant information forms.
- 7 professional experienced focus group facilitators,
- Denmark AFC Project Consultant

The profile of the forum group based on the participant information forms:

Employment Status	Retired	full time	part time	Unemployed	Level of Education	Primary	Secondary	College or University
	63	2	3	2		5	35	31

General Health	Excellent	Good	Fair	Poor	Health limits daily activity	yes	No
	26	28	17	0		22	49

Living in your home	Alone	Spouse/partner	Other relatives	Non relatives	Children	Rent or own home	Rent	Own	Other
	20	3	44	2	4		11	56	4

Table 9: Seniors Forum Participant Information Profile

The traditional approach to focus groups with 6 to 10 participants was incorporated into a forum style event. There were 70 registrations for the forum with an additional 15 people arriving on the day in response to additional promotions by the project consultant. The participants were organised into tables based on age under 75, 75 years plus or mixed age. There were a total of six tables; two for each segment. Each table was facilitated as a focus group and provided response to the 8 key identified areas of the WHO Age Friendly Community project. Groups were asked to identify the top 4 questions they felt most passionate about and to summarise key points at the end of the session.

The forum format was selected to overcome the negative impact of 'focus group fatigue' while still allowing focus group methodology to take place.

Additional opportunities for comment were available by use of the notice board or, for sensitive or confidential issues, written submission to a closed box provided.

The forum functioned primarily as a consultation/research exercise. Its secondary function as a socially inclusive, information sharing and networking event were invaluable in this community setting.

In addition to strengthening the process it has contributed immeasurably to the discussion, sense of ownership, participation and responsibility of the cohort for further engagement in the Age Friendly Community project.

Service Providers Forum

The Denmark Age Friendly Community Forum for Service Providers took place at the Shire of Denmark Administration Buildings on Wednesday 9th March 2011.

Invitations were sent to 25 organisations, with 23 representatives attending (92% response rate). Present at the forum were 23 people of which 19 completed Participant Attendance forms (Response rate of 82%).

There were 6 male and 13 female attendants. Of these attendants there were:
13 from the public sector,
6 from the private sector and
5 from the voluntary (non-profit) sector.

The period of employment in identified sector was:
6 less than two years
4 two to four years
9 over five years

Experience in working with older people was noted as:

- 10 a lot
- 6 a moderate amount
- 2 a little
- 1 none

To cover all topic areas the Service providers Forum was facilitated with a series of 4 concurrent sessions across two tables with facilitators and scribes remaining at the same table for the duration of the forum.

Session	Table A	Table B
1	Qtn 1: Outdoor Spaces and Buildings	Qtn 2: Transportation
2	Qtn 3 : Housing	Qtn 4: Respect and Inclusion
3	Qtn 5: Social Participation	Qtn 6: Communication and Information
4	Qtn 7: Civic Participation and Employment	Qtn 8: Community Support and Health Services

Table 10: Service Provider Forum Participant Sessions

During each session participants were invited to attend the session table that was most relevant to their expertise and interest. Participants were also encouraged to move to another session running at the same time to contribute or share information, cross pollinate ideas and develop their own networks and opportunities within the Age Friendly Community context.

Additional opportunities for comment were available by use of the notice board or, for sensitive or confidential issues, written submission to a closed box provided. A summary of key points was discussed at the end of the Service Providers Forum. (APPENDIX 9: List of Service Provider Organisations represented at forum)

There were a total of 314 occasions of contact or response from Denmark seniors, calculated from the following events, communications and data collection:

- ▣ 85 seniors attended AFC Seniors Forum
- ▣ 23 Service Provider representatives
- ▣ 193 survey responses
- ▣ 13 Carers' interviews/responses
- ▣ TOTAL = **314** occasions of contact/response



Over 50s Association meeting 2010

9. Denmark Community Profile

Location, Local Economy, Environment and Climate

Location

Denmark is located on the south coast of Western Australia approximately 50 kms west of Albany, the closest regional service centre, and 430 kms south of Perth. The Shire has an area of 1843 sq kms extending 70 kms in an east-west direction and 30 kms north-south. The town centre is located approximately 10 kms west of the eastern boundary of the Shire.

Local Economy

The Shire of Denmark relies heavily on its agricultural and tourism industries for its employment and economic base. Whilst traditionally the timber industry provided the impetus for Denmark to be settled (as a Millars privately owned town) ironically after the 'millers' have long since left, it is the very same 'tall timber' of Marri, Karri and Tingle forests that continue to survive and flourish that is essentially now the 'tourism -economic life' of the Shire

With over 100,000 visitors through the new (opened in 2007) Denmark Visitor Centre in its first year and 120,000 annually through the Valley of the Giants Tree Top Walk, Denmark's population relies heavily on tourism all year around, but certainly in peak periods such as school holidays and the summer months.

Many businesses have a predominately tourism bias; from restaurants and cafes, to approximately 28 wineries and cellar door vineyards. Most businesses within the Shire are small to medium enterprises with the Shire Council, Denmark Health Service, Denmark High School, Denmark Agricultural College and Denmark Primary School being amongst the biggest employers with between 30-60 employees each.

However the strength of the local economy isn't exclusively with these large employers but the small businesses. Apart from its early years as a timber town, the community has always relied on these small enterprises as the mainstay of its economy.

Council is currently planning the development of a new Industrial Park of 40 ha to cater for expected demand for service commercial / light industrial uses in the next 20 years.

The Shire typically has low unemployment numbers, with a lower than average participation rate, due to the mean age of our residents being the second highest in the State at 44¹¹. This also means that the health, ageing and well being services feature heavily in business activity with aged housing and health services being growth industries likely to continue to be required to meet the needs of the baby boomers and retirees seeking 'a tree and sea change' in Denmark.

In summary, dominant industries which contribute significantly to the local economy and employment include:

¹¹ 2006 Census Basic Community Profile (Denmark), Catalogue 2001.0, 2007, Australian Bureau of Statistics

- Agriculture including cattle and intensive horticultural pursuits'
- Tourism
- Viticulture including cellar door
- Caravan parks (6)
- Accommodation providers
- Environmental Activities
- Commercial Fishing
- Building and associated Trades
- Earthmoving and Construction
- Conferences
- Artisans and Crafts
- Eco-tourism
- Education
- Health services
- Healing and well being services
- Restaurants and food premises
- Mechanical services
- Retail.

Whilst generally most services are available in the town of Denmark, Albany being approx 60km away, serves as the regional centre for other products and services not so readily available.

Environment and Climate

Denmark is home to a vast panorama of natural wonders including the rugged coastline, beautiful beaches, inlets, rivers, towering karri forests, and ancient tingle trees. A great deal is done today to conserve and protect the great forest trees and wilderness areas. The people of Denmark are very much aware of the need to care for the magnificent coastline and all its natural attractions.

The temperate climate of four seasons has an average annual rainfall of 1089.6mm (rainfall statistic taken from the Bureau of Meteorology website). The average daytime temperature in summer is 25C and winter 16C (approx).

Demographics and Population Characteristics

Denmark has experienced a high level of population growth in recent years, in contrast to many country local authorities that are suffering a steady decline in population. In the period from the 1996 census to the 2001 census, the ABS estimated the actual population grew by 18.2%, (compared to the regional centre of the City of Albany which grew by 9.65%). In addition between 2000 and 2009 the Australian Bureau of Statistics (ABS) Estimated Resident Population (ERP) for the Shire has increased from 4,615 to 5,311 (estimate) which represents a total increase of 15.1% over this 9 year period.

Renowned author and demographer Bernard Salt has listed Denmark as one the growth areas needing to bear the burden of baby boomers and internal 'migrants' moving to the their sea-tree change over the next decade.

The Shire of Denmark's population is ageing faster than most municipalities due to the sea-tree change baby boomer phenomenon. The percentage of Population of the Shire of Pension age is 16% with a median age of resident of 44 (the second highest in the State at the 2006 census).

The WAPC document 'WA Tomorrow'¹², forecast conservatively that the Shire of Denmark population will reach approximately 7300 by about 2021. Council's draft Local Planning Strategy is slightly more bearish with a population range of between 7500 and 8500 by that same time.

¹² Western Australia Tomorrow, Report No. 6, Nov 2005, Western Australian Planning Commission

(APPENDIX 1: ABS and WAPC Population profile)

WA Tomorrow - Population projections for planning regions 2004 to 2031 and local government areas 2004 to 2021. The report contains projections of the Western Australian population, by age group and sex, to 2031. Population projections are made for each local government area to 2021. These forecasts are based on anticipated changes to natural increase, immigration and interstate and intrastate migration. Local economic intelligence and multiplier effects from known development projects are then used to adjust the underlying assumptions.¹³

	Total POP	55 to 64 yrs	65 to 74 yrs	75 yrs plus	55 plus
2004	5180	649	499	311	
% of tot Pop	100%	12%	9.60%	6%	27.60%
2021	7301	1081	961	772	
% of tot Pop	100%	14%	13.6%	10.60%	38.20%

Table 11: Percentage of total population 55 years plus 2004 and 2021

According to the WAPC estimations in 2004, 27.6% of the Denmark population were aged 55 and over.

In 2011 there are between 1,780 and 1,951 seniors aged 50 + currently residing in Denmark, which equals approximately 33.40% of the Shire Population. It should be noted that Denmark has a small transient, seasonal population and some residents who live in caravan parks or alternative accommodation in the locality.

In the next ten years the population aged 55 and over will rise to 38.2% of the total population.

Social Relationship: Married and De facto Arrangements

In the 2004 ABS Census a total response of 1276 persons 55 years or over indicated they were in a shared relationship. 844 indicated this relationship was a registered marriage while 61 indicated this was a de facto relationship. An additional 371 responses indicated they were not in a registered or de facto relationship. It is difficult to surmise from these findings if this relates to single person household.

Approximately 20% of persons in the 55 – 64 years old bracket indicated they were not married. This was 27% for the 65 – 74 Years bracket and 50% for the 75 years plus bracket. (APPENDIX 2: Table: Social Marital Status by Age by Sex (B06))

Qualifications and Education

High School attendance and level of achievement is fairly even across male and female in all age brackets. 1098 persons attended year 10 or above. This is 80% of the 1358 persons who responded to this question. (APPENDIX 3: Qualifications and Education)

¹³ Source - Western Australia Tomorrow, Report No. 6, Nov 2005, Western Australian Planning Commission

Of the 607 persons who adequately described or stated non school qualifications 33% achieved a Certificate level qualification, 29% achieved Advanced Diploma and 38% achieved a Bachelor Degree or higher.

It is interesting to note that in all age groups that males were more likely to have pursued a Postgraduate Degree. The Advanced Diploma, Bachelor Degree, Graduate Diploma and Graduate Certificate level of education was evenly spread across male and female groups in respective age brackets. The achievement of Certificate Qualification is heavily dominated by males and is likely to be the trades apprenticeship certification.

While it is not possible to relate the field of study to the level of study there are some significant differences based on sex. For example Engineering and Related Technologies has 127 total respondents across age groups. This is dominated by males (n120) to females (n7). Similarly for Architecture and Building the total of 47 responses are all males. Education however shows a strong female ratio with 107 responses breaking down to 37 males and 70 females. This is similar to health where a total response of 92 breaks down to 18 males and 74 females. There is a more even distribution in Management and Commerce where 93 responses are 44 male and 49 female. Society and Culture also demonstrates an even distribution where 67 responses breakdown to 31 male and 36 female.

Income, Labour Force Status and Occupation

Of the 1398 responses to the ABS Survey 2004 10% indicated their gross weekly income to be less than \$150. Further 29% (n417) responses stated their gross weekly income to be \$150 - \$249, 22% (n315) stated \$250 - \$399 and 15% (n215) stated \$400 - \$599. The remaining 17% (n248) receive a gross individual income of \$600 plus per week. With 1.7% (n24) reporting gross income of \$2000 or more per week. (APPENDIX: Income, labour force status and occupation.)

In the 55- 64 years age bracket 127 males worked full time and 72 males worked part time. For the same age bracket for females the reverse is evident. 69 females worked full time and 110 worked part time.

Unemployed and looking for work figures are very low. Given the high number of male and female people in the 55 – 64 years age bracket that state not in the labour force we may surmise a high number of early retirees in the area.

High concentrations of the respondents are engaged in Managerial or Professional occupations. Males appear to be represented well in Technicians and Trades while females are more active in clerical and administrative occupations. There is an even distribution of male/female working as Labourers.

Caring and Assistance Requirement and Activity

The 'Core Activity Need for Assistance' variable has been developed to measure the number of people with a profound or severe disability. People with a profound or severe disability are defined as needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication because of a disability, long term health condition or old age.

In this area only 5.85% (n88) of the total population have identified as having a need for core activity assistance. This is also very even with 37 males and 43 males indicating this status. However this similarity in number is not reflected in the age brackets. For example in the 75 years plus age group 12 males indicated this status while more than double this number was indicated by females (n29). (APPENDIX 5: Caring and Assistance requirement and activity)

The provision of unpaid assistance to persons with a disability is evident across the age groups and sexes. The assistance is more likely provided by females. In the 55-64 years age group 13.85% (n106) indicated they provide assistance to a person with a disability. This figure was 46 males and 60 females. In the 65-74 years age group 9.3% (n41) indicated they provide assistance to a person with a disability. This figure was 16 males and 25 females. In the 75 plus age group 7.2% (n22) indicated they provide assistance to a person with a disability. This figure was 9 males and 13 females.

It is evident that some persons in the 55 – 64 years age group are still caring for their own children. Interestingly there is evidence that many are providing unpaid childcare for other children. This may be evidence of caring for grandchildren while parents work or are away. 7% (n106) of persons responded they were caring for children other than their own in both the 55 – 64 years and 65 -74 years age groups.



“Intergenerational Interaction”

Voluntary Work

A total of 32% respondents stated they did voluntary work. In both the 55 – 64 years and 65 – 74 years age groups this was approximately one third of all respondents. This trend reduced in the 75 years plus age group to approximately 15% participation in voluntary work. (APPENDIX 6: Voluntary Work)

Government Pensions and Allowances

	2005	2006	2007	2008	2009
Age Pension - Centrelink	512	526	537	556	589
Age Pension - DVA	0	0	Np	Np	Np
Carers Payment	16	18	22	21	28

Table12: Selected Government Pensions & Allowances - for Denmark at 30 June 2009

Source: National Regional Profile: Denmark (S) (Local Government Area)

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Housing Type and Tenure

It appears that more property owners are moving to live permanently in Denmark. Over time the number of residents with Denmark postal address versus non-Denmark addresses has changed from approximately 50/50% to 58% to 42%, as identified in the 2010 Rates notice mail out.¹⁴. Approximately 671 resident property owners are seniors, with 543 absentee property owners.

There is not a large range of housing and accommodation options available for seniors in Denmark, with many owning and still living in their own homes/properties, renting or living with family or in retirement accommodation.

Retirement Accommodation

The two retirement accommodation options available for seniors in Denmark are Amaroo Village and Lionsville.

Amaroo has developed 36 independent living units of which 26 are currently occupied. Nine (9) of the 10 nearly completed Independent Living Units (ILUs) have prospective residents waiting to occupy and of these 4 are rentals. The other 32 ILUs are Life Leases as prescribed under the retirement Villages Act WA. Amaroo plans to build another 6 units and a village clubhouse in the near future, on the current land available.

Lionsville has 26 established units; Lionsville Terrace (4 units), Lionsville Court (15 units) and Lionsville Gardens (7 units) and have permission to construct another group of 6 units in the near future.

¹⁴ Shire of Denmark Rates Book 2010 -2011

Rentals

The Department of Housing currently has seventy two (72) public housing properties in Denmark, with approximately 50% (n 36) occupied by over 50 year olds. This equates to 12.5% of the available housing in Denmark. A number of seniors have commented on how difficult it is to get off the waiting list for government accommodation, particularly seeing as the retirement village options are no better for those on a pension, without any other assets. Perhaps the Department of Housing could be approached to provide more age specific and appropriately designed and built public housing in future.

An estimated 275 (53.7%) of other rentals are privately owned and managed, with real estate agents managing the remaining 170+ rentals representing approximately 33.2% of the rental market.¹⁵ (APPENDIX 7: Housing and Accommodation)

It appears that more property owners are moving to live in Denmark over time as the percentages used to be approximately 50/50 and now they are 71% to 29%.¹⁶ The Shire mail-outs for the rates notices in August 2010 totalled 2,009 envelopes for Denmark Postal Addresses with 1421 envelopes for external postal addresses totalling 3,430 notices. Approximately 671 resident property owners are seniors, with 543 senior absentee property owners also registered, equating to 1,214 in total.

When asked if a Lifestyle Village for Over 55's (in conjunction with the Denmark Country Club) would be a future option for retirees, 83.7% of respondents over 50 year old replied in the affirmative. Sixty two percent (n 170) of senior respondents were in favour of a 'Golf Course Residential Development (in conjunction with the Denmark Country Club', and fifty two percent (n107) were positive about a potential 'Residential Subdivision of Councils existing freehold residential zoned land on Beveridge Road, near the Shire offices'.¹⁷



Amaroo Denmark Western Australia

¹⁵ ABS Census 2006 – Dwellings and Housing Statistics

¹⁶ Shire of Denmark Rates Book 2010 -2011

¹⁷ Shire of Denmark, 2011 Community Needs & Customer Satisfaction Survey – Over 50s responses



Denmark Bowling Club members take to the greens – 2011

Social Infrastructure and Services

Following is a list of the social/cultural/recreational groups currently active in the town and surrounds. While all groups are social by nature and encourage participation and interaction we have divided the groups in to three general types: social, environmental and religious organisations.

Social Groups

- Country Womens Association
- Denmark Aquatic Centre Committee
- Denmark Angling and Boating Club
- Denmark Animal Carers
- Denmark Arts Council
- Denmark Badminton Club
- Denmark Basketball Association
- Denmark Bridge Club
- Denmark Climate Action Committee
- Denmark Community Foundation
- Denmark Crafty Quilters
- Denmark Cottage Crafts Inc.
- Denmark Country Club (Golf and Tennis)
- Denmark Cricket Club
- Denmark Dragon Boat Club
- Denmark Embroiderers
- Denmark Football Club
- Denmark Garden Lovers' Circle
- Denmark Historical Society
- Denmark Men's Group
- Denmark Over 50's Association
- Denmark Red Cross Unit and Shop
- Denmark RSL
- Denmark Rugby Club
- Denmark Soccer Club
- Denmark Spinners Group
- Denmark Stamp Collectors' Club
- Denmark Village Theatre
- Denmark Weight Watchers
- Denmark Yacht Club
- Ladies Darts Club
- Lions Club of Denmark Inc.
- Loomshop Weavers
- Masonic Lodge
- Nornalup Residents & Ratepayers
- Parry Beach Voluntary Management Group Inc.
- Parryville Hall Committee
- Peaceful Bay Progress Assoc
- Probus Club of Denmark
- Scotsdale Progress Association
- Scotsdale Tennis Club
- St Vincent De Paul
- Tingleddale Hall Committee
- Wood Turners Inc



Denmark Crafty Quilters Exhibition 2009

Environmental Groups

Denmark is renowned for being a 'Green Town' and the following groups attest to the proactive energies aimed at environmental awareness and political action. Many of these very active groups are heavily populated with males and females aged 50 years plus.

- Climate Action Denmark
- South Coast Environment Group
- William Bay National Parks Assoc
- People for Parkland
- Tidy Towns Committee
- Green Skills Inc
- Centre for Sustainable Living
- Denmark Weed Action Group Inc.
- Denmark Environment Centre
- Denmark Conservation Society
- Denmark Community Windfarm Inc.
- Denmark Transition Town

Religious

- Anglican Church (St Leonards)
- Denmark Baptist Church
- Christian Family Centre
- Congregation of Jehovah's Witnesses
- Quakers
- Seventh Day Adventist
- St Mary's Catholic
- Uniting Church

Public Services

Health Services

Denmark Multipurpose Health Service (MPS) – WACHS/Great Southern.

Denmark Hospital with its recently built new facility on Scotsdale Rd. provides the local community with high level medical care for injury presentation (ED), X-ray, acute nursing wards, visiting specialists and a range of services including residential aged care, physiotherapy, podiatry, occupational therapy, community services (HACC – Home and Community Care), Meals on Wheels, Health Promotion and Child Health.

There are 22 Aged Care Beds in the Residential Care Facility and 10 Acute Ward beds.

Home and Community Care (HACC)

HACC offers domestic, personal care, social support and respite services, including home and garden maintenance and community nursing.

The nursing boundary for service provision by Denmark Health Service is Lake Sadie Road – Young Siding to Peaceful Bay. Statistics show the numbers of clients each year is increasing by approximately 7% per year.

AGE	Number of Clients	Total Services provided in units (A unit = 1hr or part thereof)*	
Under 50	5	2006/2007	20,659
50 – 60	6	2007/2008	21,082
61 – 70	14	2008/2009	22,12
71 – 80	35	2009/2010	22,773
81 – 90	70		
91 – 100	16		
TOTAL CLIENTS	146		

**Total occasions of service provided to all HACC clients*

Table13: HACC Client Occasions of Service

The total number of HACC clients over 50 years of age accessing HACC services is 141(5 other clients are under 50 yrs).



Denmark Health Service – Injury Prevention Best Foot Forward presentation for ‘Stay on Your Feet’ Week at Denmark recreation Centre September 2010

Primary Health Care Services

The Great Southern GP Network recently undertook a needs analysis of primary health care services in the SW WA Medicare Local Region¹⁸ as part of the Federal Government’s Medicare Local reform. The aim of the survey was to identify gaps and key areas of need to better inform and target primary health care services under the new system. Some of the key findings (relating to seniors health) are:

- The population is ageing, especially in the southern parts, which will place significant pressure on the health system over the next 25-30 years,
- The rate of GP use by South West WA ML residents was 10% lower than that of WA and 25% lower than that of Australia. These rates were 433, 157 per 100,000 population for South West WA ML resident, and 482,751 per 100,000 for WA residents and 574, 292 per 100,000 populations for Australian residents.
- The rate of GP use by Denmark residents was 410,152 per 100,000 populations, which is significantly higher than the state and national rates.

According to the report the rate of GP use by South West WA ML residents was 25% less than that of rest of Australia and 10% less than that of WA. The difference in rates can be explained by a number of factors, including difficulty in accessing GP services, lack of GP’s, waiting times and lack of after hour services.

- The region’s population is becoming more reliant on local Emergency Departments using these services increasingly, and at a higher rate than the state, for semi and non-urgent conditions that could be treated by a GP.
- The region has a significant ageing population, particularly in the lower parts, and the potential burden of this needs to be taken into consideration when planning future health services.

¹⁸ Lillicrap, L (2011) *Primary Health Care Needs Analysis for the South West WA Medicare Local Region* (Draft), Great Southern GP Network, Western Australia

- The rate of Annual Assessment of 75+ age group was **significantly higher for the Denmark community** with 43, 609 per 100,000 compared to 16, 853 per 100,000 for WA residents and 19, 841 per 100,000 for Australian residents.

Other Services

Visiting specialists are accommodated in the Health Service facility with special consulting rooms for psychiatric, orthopedic and gerontology consultations and video conferencing. Utilising Telehealth and Aged Care Channel connections, demonstrates the increasing use of technology providing more easily accessible, better health care services.

Carers and Carer Support

A number of seniors in the Denmark community have a 'carer'. Carers are usually family members or friends who provide support to a person who has a disability, a mental illness, a chronic condition or is too frail to provide care for them self. Not everyone who gives care thinks of them self as a carer.

In 2010 there were 32 people actively registered as care receivers, consisting of 24 clients with registered carers of whom 17 were women and 7 men. 8 people don't qualify in the 'seniors' sample due to unknown definite age of person or client being under the age of 50 yrs.

Carers WA provides carers with referrals to services and practical written information to support them in their caring role.

The Disability Services Commission – Lower Great Southern (DSC) provides local area coordinators and resources to Denmark residents registered as disabled, with sight impairment and intellectual disabilities.

There are currently five people over the age of 50 yrs, registered with DSC as full time clients. There are about five more people that are not registered but are provided with advocacy and information by Albany DSC, and others as they arise throughout the year. There are two disabled people with ageing carers who will need future support/care/funding and it is anticipated there will be an increasing trend in the need for disability services.

Being a senior (50+ yrs) does not imply having any disability, though older people can suffer physical and intellectual impairment as a result of the ageing process.

Alzheimer's Australia, Seniors Mental Health Service - WACHS Great Southern, Great Southern GP Network and the Aged Care Assessment Team – WACHS Great Southern all provide services for over 50 year olds in the Denmark community.

Social Services

Department of Veterans Affairs (DVA and CentreLink (age and disability pensions) and the Community Living Association (CLA) provide social and other assessment and support services to qualifying seniors in Denmark.

Commonwealth Respite and Carelink

There are a wide range of services to support independent living in the community, but finding out about them or accessing them can be time consuming, difficult and confusing.

Commonwealth Respite and Carelink Centres provide a single point of contact for the general public, service providers, general practitioners and other health professionals for information on community, aged and disability services and carer support. The Centre (based in Albany), but reachable by seniors through an 1800 number, can also assist with information about costs for services, assessment processes and eligibility criteria.

Private Health Services

- Denmark Surgery Inc – 4 resident GPs and 1 nurse practitioner
- Jane James's Surgery – 4 resident GPs and 1 nurse practitioner
- Denmark Physiotherapy Clinic – 2 physiotherapists
- Denmark Podiatry – 2 podiatrists
- Denmark Pharmacy
- Denmark Natural Therapy Centre –homeopathy, acupuncture, massage, counselling
- PathWest – Haematological services (blood testing etc)
- Denmark Dental Surgery – 2 full-time dentists
- Ophthalmic/optician – 1 visiting on regular basis

Voluntary Services

- St. John Ambulance – 2 ambulances and 6 volunteers.
- Denmark Red Cross Unit and Denmark Red Cross Shop
- Meals on Wheels
- Community Collective – food boxes every week to 30 + families in Denmark
- Various church groups provide some voluntary assistance to those in need
- Anglican Church (St Leonards) – The Mustard Seed second-hand shop
- Denmark Baptist Church
- Christian Family Centre
- Congregation of Jehovah's Witnesses
- Quakers
- Seventh Day Adventist
- St Mary's Catholic – collect for St Vincent De Paul
- Uniting Church – rents a couple of church owned properties out to families in crisis and provide Good Samaritan collection bins at church location

Physical Infrastructure

The Shire of Denmark Local Planning Strategy and WAPC Lower Great Southern Strategy, refer to Denmark's population continuing to grow to meet the identified demand for development on the south coast, projected to 2029. Within the Shire there are existing settlements proposed to expand over a period 2011 to 2020 to 2029 as follows:

- Denmark District Service Centre from 3,500 to 5,000 to 7,000 persons
- Bow Bridge Settlement remaining at approximately 20 persons, could increase
- Nornalup from 200 to 1,000 to 2,500 persons
- Peaceful Bay from 200 to 1,000 – 2,500 persons

The Denmark town centre is built across a relatively steep site that slopes down to the Denmark River basin. The South Coast Highway runs through the centre of the Denmark Township. Strickland Street is the main street that intersects with the Highway. Strickland Street runs north –south perpendicular to the east- west South Coast Highway. This is a very busy intersection, particularly between the hours of 8am and 4pm and during the tourist season. This is a very busy intersection especially between the hours of 8am and 4pm. There is a small standing area in the island in the middle of the road.

Of the senior respondents to the 2011 Community Survey 89% overwhelmingly agreed that Council should investigate the installation of traffic lights at the intersection of Ocean Beach Rd and South Coast Highway, overwhelmingly agreed. It should also be noted that there was also a number of suggestions that roundabouts might be a better proposition.¹⁹

The main supermarket is situated on the north west of this intersection while other services such as banks, post office, chemist and doctor surgeries are located on the south side of the South Coast Highway.

Recent streetscape works in the main street of the CBD, Strickland Street, has incorporated wide angle parking, new pedestrian paths, nibs at intersections and a series of steps and ramps at significant service points along the street. These points include easy access to the Post Office at one end and the chemist at the north end.

General supermarket shopping is mainly carried out at the Denmark IGA. This store is built on a relatively steep sloping site. The undercover car park facility provides 24 parking bays. These bays are difficult to access when the car park is busy. The walk from the car park to the store front is steep. Shoppers with trolleys are required to walk down a steep curved path to the car park. There is a side parking area on North Street which allows cars to short term park to load shopping and for taxi drops.

There is no public transport available in the Shire of Denmark. The TransWA bus arrives in Albany from Denmark on Monday to Friday at 8.47am and departs at 5.23pm from Denmark to Albany. The local Taxi service has in the past offered a daily return trip to Albany, leaving Denmark at approximately 9.00 am and returning by lunchtime. The Shire of Denmark has a community bus that is available for hire for members of the community.

According to the Shire of Denmark Community Needs Survey the results for the standard or rural and urban roads indicated a higher level of satisfaction of urban roads (83.90 satisfactory or better) than rural roads (67.52% satisfactory or better). Such a result was not unexpected given that urban roads are constructed to a much higher standard than rural ones due to the larger volumes of traffic, residential density in urban areas and greater access to road funds for improvements.

These responses for rural and urban roads are an improvement on the 2004 Survey results where 72.67% rated rural roads to be in a satisfactory or better and 55.42% of respondents rated rural roads at urban roads to be in a satisfactory condition.

Transportation

There is no regular public transport service available in the Shire of Denmark. Local mobility is by private transport and a taxi service. A small community bus is available for specialist groups and occasions.

¹⁹ Shire of Denmark, 2011 Community Needs & Customer Satisfaction Survey – Over 50s responses

TransWA service provides a link between Denmark and Albany and Denmark and Perth. The Trans WA timetable is not suited to daily personal and business activity between Denmark and Albany. The Denmark Seniors are in the early stages of developing a volunteer drivers system. The booklet 'Transport Options for the Shire of Denmark' was prepared by the Seniors Advisory Committee and the Great Southern Manager Department of Transport. (APPENDIX 8: Shire of Denmark Transport Options booklet)

Over 54% of senior respondents in the Shire's Community Customer Satisfaction Survey (n86) identified a definite need for regular transport, both to Albany and in and around the town. They also favoured Council providing or have a role in generally supporting public transport.²⁰

Foot path, shared use paths and walk trails

According to the Shire of Denmark Community Needs Survey there was clear support that property owners are generally satisfied with standard of footpaths and walk trails within the Shire (71.02% satisfactory or better for footpaths and 78.51% for walk trails).

The 2004 Survey provided a similar response for footpaths (70.51%) but a reduction in satisfaction in walk trails (down from 90%). That said, it is still reasonable to assume most are reasonably satisfied with the standard of paths and trails. There was a strong level of support for the expansion of the footpath and trail networks.

The 2011 Community Survey recorded nearly 70% support (n109) for 'more and better quality dual or shared use paths around the Shire of Denmark' and that Council should provide more cycling paths.

Street Lighting

From the Community Needs Survey there was a reasonably high level of satisfaction to the standard of street lighting, with 62.03% rating the standard as satisfactory or better.

Street Furniture, Benches, Bins etc

77.65% of respondents rated the standard of street furniture as being satisfactory or better.

In general, the survey responses indicated a high level of satisfaction for the standard of roads, paths, trails and associated infrastructure within the Shire.

Parks Gardens and Reserves

Significant expenditure is allocated to the maintenance of these important facilities and a high level of satisfaction with 88.85% rating their standard as satisfactory or better.

It should be noted that this figure is down from the 91.62% level recorded in the 2004 survey. However without further comparative data it can not necessarily be inferred that this reflects a general downward trend.

Natural or earth burials were discussed in a few of the Seniors' Forum focus groups, as an alternative to traditional burial methods or cremation. A number of respondents to the AFC Survey mentioned an interest in having a choice about how their remains were to be disposed of, with natural burials becoming a potential option. The Council's Cemetery Advisory Committee has already investigated

²⁰ Shire of Denmark, 2011 Community Needs & Customer Satisfaction Survey – Over 50s responses

natural burials in July 2009 noting “as there has only been one request for this type of burial received in the last 30 years, at this point in time it does not consider that there is a need for the provision of a natural earth burial site neither within the current Cemetery nor at an alternative site within the Shire of Denmark”²¹

As the topic of natural burials²² becomes more widely discussed and people become more aware of this burial method there could be reason to open the discussion again with Council, whereby the development of a natural earth burial site at a suitable location either in the existing town cemetery or designated park or reserve in the locality.

Urban Bush lands and Reserves

77.93% of respondents rated the standard of urban reserves and bush land as being satisfactory or better and as such a high level of satisfaction can be assumed.

CBD Streetscape

From the 2011 Community Needs Survey the CBD Streetscape received a high level of satisfaction with 82.51% of respondents scoring satisfactory or better to this question. The Council allocated \$499,400 in the 2009/2010 financial year for the upgrade of the CBD area, including car parking. These works are expected to be completed by December 2010.

Parking in CBD

Strength of Agreement 1=Disagree 5 = Agree (%)	1	2	3	4	5
Council should provide more parking in the CBD	4.05	4.62	24.57	24.57	42.20

Table 14: Parking Ratings for Parking in CBD

From the 2011 Community Needs Survey there was strong opinion that Council should provide more parking in the CBD (%?). The strong support for this question was anticipated and has been an ongoing issue for the Shire for some time. Council recently resolved to use a significant portion of the Royalties for Regions funds for the development of the CBD area to address overcrowding, particularly during peak periods.

The Survey Analysis recommended that provision of car parking be a major priority for the redevelopment of the CBD area, using a combination of Royalties for Region funds, property developers' contributions and municipal funds.

Level of Facilities and Services

The 2011 Community need Survey recorded high level (40.99%) of respondents who were unsure as to the standard of public facilities. Of the remaining 59.01% who did respond, 48.44% of these recorded a satisfactory or better rating. This is considered to be a positive result and is consistent with the 2004 Survey, which had 55% of respondents as unsure and 39.43% recording a satisfactory or better rating.

The Shire of Denmark works closely with the Seniors Advisory Committee, Denmark Over 50's Association and other community group to provide these facilities and this positive result is most encouraging. Council has also been active in supporting the Lionsville and Amaroo Retirement Villages to develop accommodation for seniors in the District.

²¹ Report extract from Denmark Council Minutes 10 August 2009 – A3212

²² Natural Earth Burial is the burying of a body in a shroud or biodegradable coffin in a shallow grave (approximately one metre deep) without the use of any chemicals which enables a more natural decomposition.

Seniors account for a significant percentage of property owners, as evidenced by the respondents to this survey and traditionally Denmark has been seen as a popular town for retirees.

This survey result recommended that the Shire of Denmark continue to work closely with the Seniors Advisory Committee and other relevant stakeholders to maintain a high level of service provision and standard of facilities for seniors to enjoy.

Swimming Pool

The need for an indoor aquatic facility has been an ongoing cause for over 19 years, with 3 feasibility studies conducted over that period. A bequest to assist in the construction of a local pool was 'kick-started' the project in 1992. Addressing ratification of a public swimming facility has become the prime objective of the Denmark Aquatic Centre Association (DACA) which currently has over 450 financial family memberships. DACA's interests are represented by the Denmark Aquatic Centre Committee Inc. (DACCI).

In late 2009 a Feasibility Study for a Sustainable Indoor Heated Aquatic Facility for the Shire of Denmark was conducted to determine the feasibility for a sustainable indoor heated aquatic facility in the Shire of Denmark in accordance with Department of Sport and Recreation's (DSR) Feasibility Study guidelines.

The following table details the responses from the 2008 Community Needs Survey, as to whether the Council should construct a swimming pool and if this could be supported with a raise in rates.

Strength of Agreement 1= Disagree 5 = Agree	1	2	3	4	5
Council should construct a swimming pool within Denmark	20.45	7.39	19.32	16.76	36.08
Council should raise rates to construct and maintain a swimming pool	37.22	11.93	19.32	18.18	13.35

Table 15: Construction and Maintenance of Swimming Pool Response Rates 2008

From the 2008 Community Needs Survey strong level of support for the construction of a swimming pool was evident with 52.78% of respondents agreeing or strongly agreeing. However, it should also be noted that one in five respondents is strongly opposed to such a facility. Fewer than 50% of the respondents strongly disagreed with the statement that Council should raise rates to construct and maintain such a facility.

Council has recently appointed an Advisory Committee to undertake a needs analysis of a swimming pool facility. If it is determined that such a need exists a feasibility study will be undertaken to examine issues such as preferred design, construction costs and entry fees for this facility.

Interestingly, the 2011 Community Needs Survey confirms a continuing need/demand for a swimming facility with numerous references to this in the responses of the 50+ year old respondents²³ and from the participants in the Seniors Age Friendly Community Forum, in March 2011. The health and well

²³ Shire of Denmark, 2011 Community Needs & Customer Satisfaction Survey – Over 50s responses

being benefits to the seniors' community are immeasurable and an aquatic facility, catering for the needs of all ages, appears overdue.

People with disabilities

While the Community Needs Survey received a high number of respondents who answered unsure to this aspect of community services, 37.03% of the remaining answers rated the standard of facilities and services for people with disabilities as satisfactory or better.

Expenditure has been allocated on an ongoing basis for various projects associated with improving access for people with disabilities to Council owned facilities and it is envisaged that these funding commitments will be maintained in the Ten Year Financial Plan.

This survey result recommended that Shire of Denmark continue to work closely with the Disability Services Committee and other relevant stakeholders to maintain a high level of service provision and standard of facilities for people with disabilities to enjoy.

10. Findings

Whole of Study Findings

This section presents the compiled and detailed findings of the information collected by surveys and forums. It provides responses in full and a summary based on age group, carer or service provider.

The data has been presented using the WHO Age-Friendly Framework templates for outdoor spaces and buildings, transportation, housing, respect and social inclusion, social participation, communication and information, civic participation and employment and community support and health services.

An effort to assess this qualitative data and provide an overall assessment of the criteria has been in a table format and based on the passion and emphasis evident in the responses. Qualitative weight has been given to frequency of points raised, positive and negative, in response to the questions in both surveys and focus groups discussion.

Also noted in the forum discussions was that some issues were discussed briefly while others stirred more discussion and sentiment.

Please note that the comments recorded acknowledge the range of both negative and positive feedback from both the surveys and forums.

Where applicable criterion has been given a rating as follows:

- Highly Satisfactory (HS)
(Mostly appreciated, minor concerns, expressed by only a few people)
- Satisfactory (S)
(Appreciated, some concerns – not major, expressed by more than a few people)
- Unsatisfactory (US)
(not satisfactory, major concerns expressed by a majority of people)
- Not Applicable (NA)

Outdoor Spaces and Buildings

Quote: “IGA slope is a hazard. Other buildings are OK but Post Office is cramped inside, cluttered with unnecessary stuff and hard to negotiate for sight impaired and/or elderly. PO needs a bigger shop area.” (Denmark AFC Survey respondent)

Quote: “Some of the dual purpose pathways have an irritating and irrational habit of containing a difficult to negotiate (for foot or wheelchair type access) section. The Scotsdale Road end of the path from around the hospital is an example. Also the lack of connection between the Horsley Road path and the termination of the dual purpose path going west from the hospital are examples. Pushing a wheelchair along this latter path one is forced to use the road edge between the two which can be ‘exciting’.” (Denmark AFC Survey respondent)

Quote: “It would be nice to have a seat or two in shops or public buildings. Only shop which has seating in Denmark is the Pharmacy.” (Denmark AFC Survey respondent)

Denmark - 55 -74 years	Denmark 75 + years
Generally very happy. Feel safe. Clean fresh air. Beautiful walks. Keep up the good work improving pathways. Access to buildings and services is good. Parking becoming a little more difficult	Feel safe and happy. Access to disable parking limited. Angle parking challenging. Would like more seats and rest points available. IGA and Post Office difficult sites for individual reasons. More post boxes to reduce need to visit Strickland Street.

Carers
Not enough disabled/elderly parking bays and some shops have too many steps” Uneven footpaths cause anxiety when shopping even with carer, could not navigate if unaided. Difficult to post letters as not enough ACROD parking near PO and only one post box in town. Crossing Strickland St to the Library is challenging for carers pushing wheelchairs or seniors on Zimmer frames/ walking sticks etc. Not many outdoor places carers can take frail/disabled; uneven pathways and few public toilets away from CBD. Raised toilet bowls i.e. seats and height of toilets in public disabled toilets need to be able to accommodate seniors with mobility and strength issues; an occupational therapist or Disability Services should be consulted for specifications to ensure easy access and function for elderly in public locations.

Service providers
Denmark has the most amazing and popular spots but there are some areas where there is no ‘no’ access to Seniors. Greens Pool very difficult. Gymnasium very important to the community and seniors. Acknowledge and recognise the Shire of Denmark for their commitment. Leisure buddy program (as per participation) Department of Sport and Recreation could be stakeholder and potential funding avenue (\$).

Outdoor Spaces & Buildings		55-74	75+	Carers	Service Providers
What's it like to step outside? Take a walk, fresh air errands?	Green Spaces	HS	HS	HS	HS
		Generally very happy with nice, well kept clean green spaces and fresh air.			
	Outdoor Seating	S	S	S	S
		Appreciate the seating available. Would appreciate more regularly spaced seating in public spaces with a view and occasionally undercover.			
	Footpaths, Pedestrian Crossings, Cycle Paths	S	US	US	US
		<p>Appreciate the footpath work so far undertaken.</p> <p>Uneven or sloped footpaths are very difficult for people using gophers, walking frames and walking sticks. Would like to see development of footpaths, cycle ways and boardwalks to encourage walking, cycling and use by prams and gophers continued beyond the CBD. Specific areas identified: Ocean Beach, Minsterly Road, Scotsdale Road, completing pathway to Health Service.</p> <p>A focus on the development of safe pathways will impact on health & well-being, mobility, social interaction and levels of independence. These are key factors for a healthy senior experience.</p> <p>There is repeated concern over right of way across the northern end of Strickland Street 'Zodiac Square'. Pavers blend with road not delineating right of way. It is suggested that shared zone signs are installed to instruct pedestrians and motorists.</p> <p>Crossing the South Coast Highway is the cause of much concern and angst. Many feel very unsafe especially during busy times of the day and in busy tourist season. Many avoid it by foot or by car choosing longer routes around the back streets or by not coming to town at all.</p> <p>While some realize it is not possible to place zebra crossings on this stretch they and others are very keen for some form of traffic management to reduce the danger and concern associated with this issue. Suggested solutions:</p> <ul style="list-style-type: none"> • Roundabout/s • Bypass road • Reduced speed limit 			
	Traffic	S	S/US	S/US	S/US
		<p>There is a general feeling that driving in Denmark is good. However the South Coast Highway intersections at Strickland Street and Horsley Drive have been emphasized in focus groups and survey responses.</p> <p>Issues raised relate to these intersections, and problems with parking availability and proximity to some services, impact on Seniors mobility and sense of independence around town. For example:</p> <ul style="list-style-type: none"> • not enough parking • limited and unmonitored disabled parking. • Dangers of reversing out of car parks (especially opposite IGA). 			

	Feeling Safe	HS	HS	HS	HS
		<p>Participants feel safe in the Denmark community.</p> <p>There is some concern about skate-boarders and bike riders using the footpaths. The speed of motion and apparent disrespect of these young people does make some feel unsafe in the CBD and near IGA.</p>			

Outdoor Spaces & Buildings		55-74	75+	Carers	Service Providers
What's it like t going into buildings: government offices and shops?	Services located together, accessible	S	S/US	S/US	S/US
		<p>There is general agreement that the services are located close together.</p> <p>Recent ramps and improvements to footpaths have assisted the accessibility to parts of the CBD.</p> <p>Accessibility is assisted when parking is available. According to the cohort there seems to be less parking than was previously available (i.e. before the CBD streetscape project).</p> <p>The Shire of Denmark Administration building is considered easily accessible; however one does require a vehicle to get there.</p> <p>There is considerable comment and emphasis about the Super IGA site. This supermarket is placed on a sloped site that presents difficulties for Seniors with inhibited walking capacity. It is also a difficult site to maneuver shopping trolleys and find parking that is easy to reach after shopping.</p> <p>The Post Office is considered difficult to access due to limited parking, heavy single width door and narrow walk space inside the shop.</p> <p>It is the only place in Denmark where one can get postage stamps and post articles. Suggested solutions are: relocate the service, find additional options to purchase stamps, additional post boxes (Ocean Beach and another easy accessible town site). This would ease traffic congestion, parking and the difficulties of accessing a necessary service for the Seniors cohort.</p>			
	Specialised customer services	S	S	S	S
		<p>It was noted that some shops offer Seniors discounts on some products and services. Many staff and workers are very welcoming and warm to Seniors in the community. Some seniors feel that people serving them do not understand how to deal with a person with some disabilities that comes with age for example physical, visual or hearing impairment.</p> <p>Suggested solution: organize training to enhance recognition, understanding and response when dealing with persons with mild to medium disabilities.</p>			
	Buildings: signage, seating AF features	HS	HS	HS	HS
		<p>Most buildings are adequately signed. More seating in the CBD area and within the shops would make the area and buildings more age friendly.</p>			
	Public toilets.	S	S	US	S
		<p>Many public toilets are easily accessible, however requests for raised toilet bowls for seniors with posture and mobility problems have been noted and the width of cubicles considered, so carers can assist inside the facility if needed.</p>			

Transportation

Quote: “It is lovely going for walks along the bush track, but getting into town for shopping etc is difficult as I don’t drive and there is no bus or other public transport to town. I see my family when they visit but find it hard going to their home near William Bay because there’s no transport.” (Denmark AFC Survey respondent)

Quote: “I don’t participate in any activities. TAFE is 6 km round trip walking from where I live, impossible for me; too far to walk to Recreation Centre or church, I pray at home, God help me.” (Denmark AFC Survey respondent)

Quote: “There is no bus system to Albany and if you have to go there for medical or other reasons which are not life threatening then one is dependent on the goodwill of others.” (Denmark AFC Survey respondent)

Denmark - 55 -74 years	Denmark 75 + years
Many still independent with own transport. Find driving in Denmark a pleasure the except South Coast highway intersections at Strickland Street and Hollings Road. A committed group, the Denmark Climate Action Group has already developed initiatives around possible sustainable transport options.	Loss of license means loss of independence. Useful public transport non-existent and deepens the fear and reality of reduced independence. Access to vital services and specialists is compromised. Simple trips become complex occasions.

Carers
No public transportation available in Denmark or to Albany for anyone let alone carers with their charges Can use HACC bus, but times available don’t always suit. Taxi doesn’t cater for needs of some frail/disabled people and it’s expensive to hire. If HACC or Community buses could share regular runs to Albany for appointments and hydrotherapy it would make things better.



Coralie and Monty Wiltshire ‘gopher it!’

Service providers					
Service providers generally recognise the connection between transport access and proximity to services and physical, mental and emotional well being and social and civic participation.					
Transportation		55-74	75+	Carers	Service Providers
What's your experience using public transport?	Affordable, reliable, frequent, routes	US	US	US	US
		<p>There is no regular public transport within the Shire of Denmark that serves the local community.</p> <p>The only connection with Albany is via The TransWA daily bus that leaves for Albany approximately 5.30 pm and arrives from Albany approximately 8.30 pm every week day.</p> <p>The local taxi service is very good and reliable but is expensive for Seniors to use especially for long distance trips to and from town and between Denmark and Albany.</p> <p>There are two distinct issues under the heading of transport: Local transport service Albany-Denmark service. There is significant discussion that highlights this is an issue that is not only related to the Seniors community but one that impacts across age groups.</p> <p>There is also acknowledgement that a service provision could change between winter and summer months. And that a local service may also be useful to tourists in the popular warmer months – reducing traffic especially between Ocean Beach and the CBD.</p> <p>It has been suggested that an effort to liaise with the Health Service could develop opportunities for more specialists to visit the Denmark community reducing the need for trips to Albany.</p> <p>While many realise that efforts have been made in the past to address this there is a general attitude that it may be timely to look at options again in light of Denmark's changing demographic profile and growing tourist popularity.</p> <p>Denmark Climate Action Group has begun to formulate ideas and options round the topic of transport options for the Denmark Community as a whole.(see Transportation section: Recommendations)</p>			
	Specialised services	NA	NA	NA	NA
		The Health and Community Care (HACC) bus provides a much appreciated local service but is limited.			

		<p>There is a lack of knowledge on what services are available: who can use or access what?</p> <p>The possibility of using school buses has been raised several times. Apparently this has been discussed in previous years and raises issues.</p> <p>There is a Taxi voucher system.</p> <p>PATS (Patient Assisted Travel Scheme) – very difficult process for older people. Concerns have been raised previously with Shire on lack of PATS services to regional service in Albany. PATS will only give you some costs to Perth</p> <p>TransWA service is not a suitable or convenient timetable for travel between Denmark and Albany.</p> <p>There are no other specialised services although the Seniors are trying to develop a volunteer driver program to assist people in accessing services locally and further afield in Albany.</p> <p>This latter program is in its early stages and will take some time and resources to develop.</p> <p>Many Seniors do not like to ask for assistance. This may inhibit them contacting different drivers and therefore the potential development of this service. Another approach could be appointing a coordinator who receives requests and sources a driver. The driver then contacts the individual requiring a lift.</p>			
	Transport stops: conveniently located	NA	NA	NA	NA
	Taxis: availability & costs	HS	HS	HS	HS
		<p>TransWA good location</p> <p>Otherwise not applicable to the Denmark experience</p> <p>There are two taxis that run in Denmark. The participants find the taxi service highly satisfactory. The drivers are understanding and supportive. However the taxi is expensive (approximately \$80 one way; \$160 return) especially for long trips to and from Albany.</p>			

Transportation		55-74	75+	Carers	Service Providers
What's it like to drive in your community?	Roads; well maintained?	S	S	S	S
		Other than a couple of specific complaints the general feedback about roads is positive and there is an understanding and appreciation that the Shire does its best to maintain the roads to the best of its ability (sealed and unsealed).			
	Traffic signals & intersections	US	US	US	US
		<p>There are no traffic lights which are appreciated by the cohort.</p> <p>Southcoast highway and Strickland Street and Horsley Drive intersections are constantly identified as dangerous and of concern.</p> <p>There is emphasis across the groups that busy South coast highway</p>			

		intersections need to be managed to reduce the traffic and pedestrian hazard.			
	Driver education and refreshers. Loss of Licence	NA	NA	NA	NA
		<p>There was no mention of driver education or refresher courses in the focus groups or survey data.</p> <p>The approaching reality of loosing ones license due to diminished driving ability related to age is of great concern in the Seniors community.</p> <p>Individuals that have experienced this loss have a reduced sense of independence and report less ability to interact with the community in social and civic capacity. Their ability to attend specialist appointments within Denmark or Albany is diminished.</p> <p>Others who have yet to experience this aspect of Ageing are compassionate about the situation and clearly state that given the current absence of local transport options this is one of their bigger fears about ageing in the Denmark community.</p> <p>In much of the discussion in focus groups and survey responses transport and mobility is directly related to social, physical, mental and emotional well-being.</p> <p>It appears to be one of the most sensitive areas of discussion. The discussion and responses relate deeply to an individual's sense of independence and ability to contribute to community life and to take care of one's self for as long as possible.</p>			
	Parking	US	US	US	US
		<p>Parking is limited and difficult to locate.</p> <p>Deep angle parking is difficult as when reversing out it is difficult to twist body around and can't see oncoming traffic (especially if parked next to big 4WD).</p> <p>Reversing out from parking opposite IGA is difficult and dangerous especially at certain times of the day.</p> <p>Disabled Parking is limited and not monitored. This is worse in tourist season.</p> <p>There is additional difficulty parking during busy peak tourist seasons.</p>			
	Drop off spots	NA	NA	NA	NA
		<p>There is a drop off and pick up spot next to IGA on North Road. This is appreciated. The cohort are not aware of any other similar opportunities in the CBD Area</p>			

Housing

Quote: “Not great, we need more improved retirement homes of reasonable prices, with amenities such as heated pool for exercising. It needs especially to be on flat ground plus having on-call emergency personnel 24 hours per day.” (Denmark AFC Survey Respondent)

Quote: “I haven't seriously looked for retirement housing, but if I am thinking of downsizing in the next four or so years. Hence I am interested in something ground floor with a small garden, energy efficient and would like to have a rainwater tank, probably between town and Ocean Beach. I don't want to have to worry about bushfire.” (Denmark AFC Survey Respondent)

Quote: “Seniors homes – not retirement village rules – No Thanks!” (AFC Seniors Forum – participant response)

Denmark - 55 -74 years	Denmark 75 + years
<p>HACC services are much appreciated.</p> <p>Would like to see development for seniors' homes – not with retirement village rules.</p> <p>Encourage young people to build granny flats.</p> <p>Older couples become separated due to illness and health needs– consider a facility that has 3 stages so they can remain close.</p> <p>Start to consider the next step 1.Amaroo, 2.Lions 3.Health facility within the village with nurse on property, dining room, meals and social centre.</p> <p>Keen for discussion and planning to start: Public forum re aged planning.</p> <p>Increased home support so people can stay at home – gardening, gutters restricted because of insurance.</p> <p>Ageing in Place – older homes need extra maintenance. More information on HACC services available and how to access, what included – garden and maintenance services.</p> <p>“Neighbourhood streets” – look at assistance/social, use existing resources.</p>	<p>HACC services very appreciated. Over 75's – HACC come in once a year to explain services</p> <p>New houses have to be thermally efficient. We need to add to that to make them age friendly (no steps, main bedroom on ground floor)</p> <p>Availability of small building lots in village style – for example Kemsley estate.</p> <p>Need something between independent living and nursing home. HACC services deal with this problem but purpose built small houses would be good.</p> <p>Greater contact with builders/house designers might come up with good proposals.</p> <p>There appears to be a distinct and large gap between retirement village and full care at the RFC.</p>

Carers
<p>Still battling on in own home, but will need 24 hrs care in the near future and probably will have to go to Albany due to shortage of beds at hospital.</p> <p>Caring for an aged person in an old home not designed for home care is challenging. Help from HACC and good occupational therapy services from local health service are essential, but bathing is an issue.</p> <p>Need for higher level care and only option to leave old family home is causing concern which leads to further health problems.</p>

Service providers
<p>Many different types of houses; huge variety. Purpose built to very basic and still chopping wood for water. Most of them want to stay. More support at home required.</p> <p>Changes in health and income impact on housing. Changes in income with no history of ownership they would go to Department of Housing (DoH). Most Department of Health work is demand driven. If there is land and demand we would work. Currently in Denmark 20 on the list and one priority. Quite high for a small town.</p> <p>Need to move some universal structure designs that suit a range of clients. Generally DoH makes houses that can be changed to suit.</p> <p>Consider a development bonus for seniors and singles.</p> <p>Also developers and investors s/be encouraged to consider this may not just be a family home but may have other uses (e.g. age friendly).</p> <p>A modern phenomenon of single women over 50. Houses that are being built in Sweden which are changeable from single to share dwelling. Shared houses. Solar passive designs.</p>

Housing		55-74	75+	Carers	Service providers
Where do you live: house, villa, retirement village?	Affordability & construction	S/US	S/US	S/US	S/US
		<p>Many of the participants in the cohort are home owners.</p> <p>Department of Housing is aware of the ageing population in Denmark.</p> <p>There is a diverse range of housing ranging from contemporary, modern and well –fitted through to corrugated iron cottages with wood-chip hot water systems.</p> <p>The Amaroo Village caters for a specific set that can afford to purchase.</p>			
	Home & support Services	HS/S	HS/S	HS/S	HS/S
		<p>HACC Services are much appreciated. Cleaning and garden maintenance services are made good use of.</p> <p>Many noted that not only did these people provide services but they also were good social contacts and provided information about community events etc.</p> <p>There is some concern about the high level of work required of HACC staff and the continuation or growth of these services into the future.</p> <p>There was also a lack of understanding and some concerns raised regarding the availability/non-availability of HACC services in different style ageing housing or accommodation models.</p> <p>The discussion in this area largely revolved around a desire to stay at home and independent for as long as possible. With the onset of frailty and other diseases related to ageing there is still a hope that one can age in place with adequate support services.</p>			
	Modifying your home	NA	NA	NA	NA
		There was general discussion around this.			

		<p>In general it feels like a new idea that has yet to be unpacked in terms of engineering requirements, permission, costs and modification options. It was noted that there are some European models that are building homes that can later be modified to suit different needs or accommodate different numbers of people.</p> <p>Within this discussion was reference to European approaches to new buildings that can be modified.</p>			
	Close to services and feeling safe	S/US	S/US	S/US	S/US
		<p>Home owners who live a distance from the CBD obviously do not feel close to services. Some discussion around this question related directly to the topic of community transport and the delivery and type of services that could out reach. Clearly associating housing and proximity to service to issues related to mobility, independence and public transport.</p> <p>In terms of feeling safe there is a general feeling of safety in this community.</p>			

Housing		55-74	75+	Carers	Service providers
If things change what are you choices for suitable housing?	Housing Options	S/US/NA	S/US/NA	S/US/NA	S/US/NA
		<p>Homeswest housing is much appreciated.</p> <p>Due to the age and ability range of the cohort there were diverse responses in this section. What this highlighted is the series of transitional stages and needs that seniors may experience between the ages of 55 and 90.</p> <p>Some of the younger and more able respondents could not see leaving their current home. Others that lived in a more rural setting realized they may have to move closer to town and perhaps eventually into a village or housing that required less maintenance.</p> <p>There was general agreement that apart from Lionsville and Amaroo, there are few places for semi-independent older people to live.</p> <p>While some suggested that small units or flats would help it was quickly raised that senior's needs are not automatically reduced to one bedroom apartments. Special requirements may mean each partner requires their own bedroom. Seniors may also like the option to have people come and stay and to provide space for family and friend visitors.</p> <p>There appears to be a distinct and large gap between retirement village and full care at the RCF (Residential Care Facility at Denmark Hospital). Previously at the frail aged lodge the residents had cooking facilities and bathroom. Now they have no cooking facility and they have to share a bathroom. Their sense of independence being further reduced and sense of privacy lost.</p> <p>We don't have single bed units or hostel environments. Hollywood and Swan Home and Care are good models.</p> <p>At the Service providers forum there was some discussion around different models and strategies in other parts of Australia. For example</p>			

		<p>people in the community opening homes and having people living with them rent-free and assist with some household upkeep. Some older people living in big homes already may also be able to share. Apparently this is quite an active movement in Victoria and starting to occur in Perth.</p> <p>“Wesley Homeshare” a Victorian model to refer to.</p> <p>There is a general sentiment that it is time to start sharing this information and having these discussions.</p> <p>This area was discussed with considerable intensity across the sample group.</p> <p>The general feeling is that it is timely to start to consider innovative and progressive strategies to manage this aspect of ageing in the community.</p> <p>This would require research into other models suggested by participants and the progress being made in other towns or interstate.</p> <p>Discussion would/could involve leading researchers in this area, architects/ urban planners/ health services/ and seniors association.</p> <p>Recommendations for future developments and constructions include:</p> <ul style="list-style-type: none"> • Proximity to services with walk trails. • Energy efficient construction • Seniors homes – not retirement village rules – No Thanks ! • Private/privacy • Accommodation for visitors (2 bedroom and/or design to change) • Small garden – easy to maintain • Courtyard Homes – (South Australian model) • Pet friendly • Flat land • Easy access to town <p>Generally seeking an alternative to retirement villages. A private cluster of small semidetached units close to town that are energy efficient.</p> <p>It was agreed that although seniors required some peace and quiet it was important not to create aged enclaves.</p>
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Respect and Social Inclusion

Quote: *“I do not think this is a problem for us. However the word “respect” can have a variety of meanings. It is something that one has to earn and not demand and as such I would prefer to use the word “consideration”. As far as consideration is concerned I think there is plenty of it in Denmark”* (Denmark AFC Survey respondent)

Quote: *“The shire is supportive of the aged community. They have adopted a Seniors Policy which is quite broad ranging and they have also involved several seniors in shire advisory committees. The Shire make an annual contribution to the Denmark Over 50's Association.”* (Denmark AFC Survey respondent)

Quote: “I think that the people show great respect and tolerance but it is the little things that let the community and Shire down - such as not enough seating, no chairs in shops, inadequate signage on ACROD bays, uneven footpaths etc” (Denmark AFC Survey respondent)

Quote: “The only gripe I can say I have about behaviour that perhaps is age specific is the kids who tend to race along footpaths in Strickland St on skate boards, bikes, scooters etc. I love to see kids having fun, but as you get older your bones and skin get more brittle and should a kid misjudge and crash into an oldie --- I think the oldie would probably come out the worse off.” (Denmark AFC Survey respondent)



‘Let’s talk!’ Young skateboarder with senior residents at an afternoon tea 2006

Denmark - 55 -74 years	Denmark 75 + years
<p>Mostly feel respected and included in Denmark community and very lucky. Businesses Very supportive – discounts etc Responsibility of elders too! Skateboards – respect? More respect taught in schools: cultivate eldership not despising elderly.</p>	<p>Activities are there if you want them Youngsters friendly and helpful – community very supportive Community centre to include everybody – to encourage across perceived divisions. Some opportunities are there for positive interaction between seniors and the children of neighbours. Children skateboarding along footpaths and racing around create dangerous situations. Aged and disabled access needs to be improved, especially beaches Parking in Strickland St. Aged and disabled access needs to be improved.</p>

Carers

Most people show respect for elderly however people who park in ACROD parking bays that are obviously not ACROD registered (particularly some young drivers) don't show respect.
Inadequate facilities for elderly and disabled, under staffing and lack of resources for carers, don't show respect or assist inclusion for either carer or the person being cared for.
Not great – most people look through/passed old/disabled and carers don't rate a mention!
Carers are not given much consideration by local community. Hard getting help for simple things like gardening or gutters; neighbours and some family members too busy with own lives to even visit sometimes.

Service providers

Generally agree that services are respectful.
Arts community very inclusive to seniors and the local TAFE encourages older people to take part.
Plenty of opportunity to participate in voluntary and social groups: if they have the will.
Some difficulty in how to identify who is isolated. Doctors are often the key gate-keeper.
Often difficult for older people to seek engagement if they have few friends, no transport and a cultural preference to be invited rather than just show up.
Difficulties in how to engage carers and supporters. These people often don't see their role as anything beyond looking after family.
Older people like/enjoy the intergenerational opportunities (TAFE classes).

Respect and Social Inclusion		55-74	75+	Carers	Service Providers
In what ways does your community show respect for you?	Consultation	There are mixed responses to this question. While some believe they are not consulted others believe that in Denmark there is plenty of opportunity to have a say. However it was noted that during the Seniors Forum many were not aware of having been consulted as a Senior Group and wished to express their appreciation of the opportunity.			
	Products & Services and Service staff	S	S	S	S
		The general consensus is that there is a good range of products and services in Denmark. There are some shop owners that arrange for a Seniors discount in certain items. There is a distinction between local business services and health care services. Although both are appreciated. Staff are generally very helpful although some respondents believe that not all staff are able to identify and deal with some disabilities that afflict the ageing community; for example hearing and visual impairments that come with age and may not be so obvious. Hearing impairments can result in considerable social exclusion. With regard to hearing impairments reference has been made to the difficulty hearing what is being spoken about at the Council Chambers and at the Civic Centre.			

		<p>Improved audio and/or audio equipment in key civic spaces would overcome this issue.</p> <p>Generally speaking the cohort feel that they are shown and feel great respect but it is the little things such as not enough seating, no chairs in shops, inadequate signage on ACROD bays, inadequate parking and items that quietly and respectfully acknowledge the changing needs as we age.</p>			
	Visible in the media	S	S	S	S
		Seniors generally feel seen in the local media: the Denmark Bulletin. There is a regular column provided by the Seniors Association in the newspaper and other achievements or age specific activities are regularly reported by the Bulletin staff.			
	Recognised for contributions	S	S	S	S
		Many of the Senior population are involved in volunteering activity in the town. Appreciation is shown by respective organisations and by the Shire once a year in a Volunteers Afternoon tea.			
	Respected by young people	S/US	S/US	S/US	S/US
		<p>While some respondents have noted they find the young people of Denmark very thoughtful, respectful and community minded there is repeated mention of the 'skateboarders' who frighten aged people using footpaths. This is especially in the CBD area of the town.</p> <p>Both the survey responses and the forum participants would like to see this issue addressed. While some have suggested more enforcement others feel that an intergenerational approach may be more effective. Allowing some face to face discussion and improved understanding.</p>			
	Opportunities to learn about the aged	N/A	N/A	N/A	N/A
		<p>This area of inquiry was not considered in the consultation.</p> <p>However there has been mention of seniors working as mentors in the local high school. And during the focus groups there was discussion about the possible development of a University of the 3rd age chapter being developed in Denmark.</p> <p>There was also some discussion about the possibility of sharing more with the community once the Seniors had established themselves in their new space at the old hospital building.</p>			
	Good access for financially disadvantaged	S	S	S	S
		<p>There is generally a lot of volunteering opportunities and cultural activity in the Denmark community.</p> <p>The arts community is vibrant and hosts a range of events across the years that are age-open and accessible for the financially disadvantaged.</p> <p>The Community Collective collects and boxes up food parcels for needy families with food donated in the Healthy Community produced donation cage at IGA and from other local businesses.</p> <p>Health and Community services are accessible. There is a range of exercise opportunities available ranging from 'Living Longer Living Stronger' programs to Tai Chi, Walking groups.</p>			



Holly Ferrara accepts her 2011 Citizen of the Year Award from Eileen Lunan (Freeman) at the Australia Day Breakfast in Berridge Park

Social Participation

Quote: “I do find socialising a bit of a challenge sometimes, but then I think that is normal. I live on my own, but I do have friendly neighbours, and I do have friends. Also I belong to a few different groups, so I am not really lonely, but I know it is something that I worry about a bit as I get older. You tend to form friends by going through challenges and adventures together. When you are retired you don't have as many challenges and adventures of the sort that forge friendships, so making new friends tends to be more difficult. You tend to make new acquaintances which isn't the same thing. And your lifelong friends and family start dying on you - it's a bummer. I think the trick is to enjoy the more simple interactions you used to take for granted.” (Denmark AFC Survey respondent)



Denmark Embroiderers members help Betty Mumford celebrate her 90th birthday - 7 June 2011

Denmark - 55 -74 years	Denmark 75 + years
<p>There is plenty of opportunity for social participation.</p> <p>Denmark Seniors Association arranges some suitable activities.</p> <p>Keen interest in this age group for University of the 3rd Age.</p> <p>Denmark Bulletin is very useful for finding out about events.</p>	<p>There is plenty of opportunity to participate however increasingly limited by lack of transport and diminishing hearing and sight.</p> <p>Some other illnesses associated with ageing can be embarrassing in a social situation and therefore create a reluctance to go out.</p> <p>Decreasing independence also impacts on social confidence.</p> <p>Friends passing away reduces social circle and increase difficulty to make new acquaintances.</p> <p>Prefer to be invited.</p> <p>The Day Centre is appreciated.</p> <p>A pool would assist health and social interaction.</p>

Carers
<p>Mother (93yrs) won't socialise though options have been given; feels it is too demanding and totally dependent on her daughter, who finds it difficult getting respite care as they live on a farm out of town. This in turn impacts on the carer's life and ability to socialise.</p> <p>Difficult for older deaf person to actively participate after lifetime of hearing impairment and living on a rural property.</p> <p>Market days are impossible to get elderly or disabled around stalls etc. Christmas Street Pageant is not old people friendly as there are no seats and parking is only available too far away. Carers have to work hard to make most outdoor events with clients in wheelchairs.</p>

Service providers
<p>Paid professional activities coordinator to be employed to develop appropriate activities program in the RCF at DHA. Do not feel voluntary input or care staff should be doing this to ensure ongoing, consistent therapeutic approach. Could be supervised by current therapy staff (OT & PT).</p> <p>It is necessary to 'invite' aged people. They like to be invited. They like face to face interaction</p> <p>Look at Age friendliness in clubs in the area.</p> <p>Maximise potential for social activity and exchange with other service providers in town: grocery delivery, hairdresser and trades people.</p> <p>Possibility of a 'phone buddy' system to reduce potential social isolation for individuals less able or inclined to participate physically.</p>

Social Participation		55-74	75+	Carers	Service Providers
How easily can older people participate in the community?	Affordable & varied and convenient locations & times.	S/US	S/US	S/US	S/US
		<p>Some agree that there is plenty of opportunity to participate that is affordable. Most of the locations are conveniently located although there is comment about the audio clarity of some key building that hinders participation: civic centre and the Shire Administration function area.</p> <p>For some ageing people social events and interaction can be very challenging due to illnesses. In addition to visual and hearing impairment or difficulty there are other illnesses such as Parkinson's where eating in a social situation may cause spillage and embarrassment. This reduces individuals' inclination to participate in social events. Varying events to suit these sensitivities could be considered.</p> <p>Highlighted in this section are requests for a pool that will enable healthy activity and social interaction.</p> <p>The Day centre is appreciated for the social and inclusive opportunities it provides.</p> <p>University of the Third Age could stimulate further social participation providing interesting talks and lectures etc</p> <p>Mentoring – getting older people to contribute to younger peoples learning.</p> <p>Seek and develop opportunities for interaction with interest groups from beyond the Shire of Denmark Boundary (inviting in and travelling to).</p> <p>Lack of public transport is seen as a key barrier. This is especially so for individuals who no longer drive, and express some reserve in having to ask for and arrange lifts from friends or family all the time.</p>			
	Well publicized	S/US	S/US	S/US	S/US
		<p>Word of mouth is considered by far the most effective and trusted publicity option.</p> <p>In the ageing community people rely on the fortnightly Denmark Bulletin and the ABC radio as their main sources of information it is necessary to promote early and repeatedly to ensure the information has reached the community. Invite x 3 times (so everybody knows). Promote x 3 times (so everybody sees).</p> <p>When people age their confidence and social networks dwindle. Starting and doing new things may become difficult. It is necessary to 'invite' aged people. They like to be invited. They like face to face interaction.</p> <p>Not everybody wants to be part of a group they like to do their own things. Sometimes not social people who move into hostels etc are confronted with the relatively close social atmosphere change.</p> <p>A local radio station would be good for sharing information, and also about local emergencies.</p>			

	<p>Although many older Seniors use the internet this is not so useful for local events.</p> <p>Some older people may not have been here for very long, they do not know many other people. Having no established identity on a new group can be very challenging.</p> <p>A promotional program that encourages community members to invite people in to their homes or to social events.</p> <p>A leisure buddy idea as an initiative. For example the Bowling Club tried this – and ended up with 5 additional members.</p> <p>Communicate with local clubs and ask “Is your club age friendly?” or “How do you make your club age friendly?”</p> <p>Many older people use the telephones – but as friends die there is no one to talk to. Many older people want to talk about their background and common interest (farming, weather, etc).</p> <p>A social connecting project/initiative could be a ‘Phone Buddies’ system. Consider the development of welcome packs for new comers (young and old). Welcome days- groups (sporting, cultural, social) showcase whatever they do. Possibly Shire initiated.</p> <p>Seniors Week – this year try a Seniors forum with a bunch of relevant exhibitors – e.g Tai Chi, HACC etc.</p> <p>Active social engagement is stimulating psychologically, intellectually and emotionally. Many seniors interact with hairdressers, gardeners, electricians and so on. Sometimes this is the only person they speak for days. This is a possible resource for the community to mobilise. Offer free training.</p> <p>Social participation & Community Support Health Services: Paid professional activities coordinator to be employed to develop appropriate activities program in the RCF at DHA. Do not feel voluntary input or care staff should be doing this to ensure ongoing, consistent therapeutic approach. Could be supervised by current therapy staff (OT & PT). This would enable residents to feel they are in a home rather than a hospital.</p>
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**Peter and June Prescott
at the Denmark Seniors
luncheon 2010**

Communication and Information

Denmark - 55 -74 years	Denmark 75 + years
Denmark Bulletin, ABC regional radio and internet are main sources of information. Also notice board: library and supermarket. Note the benefits of a local radio station or website.	Denmark Bulletin, Word of mouth and Over 50s Association are the key information providers. Some concerns about current information and emergency information.

Carers
TV news and some programs assist information and keeping in touch. Only from what people pass on or is in the Bulletin as there's no other way of getting information if you don't use the computer. Poor! We could do with updated lists of service providers and other assistance sources for seniors and carers. This could be put in the Bulletin as a flyer once every quarter and carers would have accurate emergency and other information to rely on.

Service providers
Seniors love the Denmark Bulletin. However free mail box delivery has ceased. Can pay for service. May impact on seniors. Community notice board – local businesses and key places are all well used by seniors. There is not a decent central notice board near library/chemist. Community forums often only get same group of people. Could see that information reaches non-attendees through other means. The SES and Shire have trialed emergency procedure in Denmark. Red bag/Green Bag system. Seemed to work well for most. SES offer 'vulnerable person' sign up, in case of emergency. Many seniors listen to the radio. A local radio would assist the provision of information to the community daily. A Seniors booklet – possibly 6 monthly with large print and clear information.

Communication and Information		55-74	75+	Carers	Service Providers
Do you get the information you need about services and events?	Distributed widely, regularly, understandable and appropriate format	S	S	S	S
		<p>There is no local radio or TV channel. The Denmark Bulletin is the main source Notice boards at the library and Supermarket. ABC Regional radio Over 50's meeting findings get announced in Bulletin Drs tell you medical things Seniors statewide are sent a booklet once per year Local visitors centre have lots for locals (pamphlets etc). Internet is used across the age group – although it is not considered the key communication tool for local events and information. There is interest in developing this tool and a central communication/ information hub.</p>			

		<p>Even residents who do not use the internet will benefit from those who do in terms of getting access to the information. (Possible collaborative project Community Resource Centre and Senior Assoc.)</p> <p>Local business/telephone directory has lots of information but very little print. Could negotiate with Chamber of Commerce to insert some Age Friendly pages (text, font and content).</p> <p>Denmark Bulletin no longer has free mail delivery. Some people have to travel to town to collect it. Information could be dated, expired or completely missed.</p> <p>Considering the Denmark Bulletin is the key communication tool for seniors we could investigate the possibility of seeking funding to enable the Bulletin is mailed to residents after a certain age (for example 70 years plus). Friendly project.)</p> <p>Other suggestions include: Continuing the development of a local senior's book with large print and free delivery. This would list relevant services (state and local). Services could also include specials and opportunities from the local CBD. Phone buddy system.</p>			
	Computers and internet accessible	HS	HS	HS	HS
		<p>Computers and the internet are accessible. Many have access in their own home. The Over 50s Association volunteers time and training at their club rooms in the old hospital building, for any seniors wanting computer tuition. Other options are available at the Community Resource Centre (CRC) Monday to Friday. There have been 'First Click' courses. This will be investigated again in the future when the Seniors Association moves into new premises which will be close to the CRC facilities.</p>			
	Centralised information	S	S	S	S
		<p>The main reference point appears to be the Denmark Bulletin.</p> <p>Denmark is a very active community; there are often a lot of cultural, sporting and volunteering events and opportunities occurring. The promotion of these events is through email networks and newsletters, newspaper notice and advertisements and notice boards.</p> <p>A centralised information resource or reference point has been identified by respondents and participants. This would be of benefit the whole community. This would require a coordinator and a variety of mediums. (Website, database, noticeboard, newsletter etc.)</p>			
	Person to person and verbal communication	S	S	S	S
		<p>Word of mouth and person to person communication is highly valued and for many a key source of information. Several suggestions have been made including: Phone buddy system for social interaction and emergency situations Acknowledging the role of tradespersons and others in the community who</p>			

		interact with our ageing residents and offering training so they can understand and use their important community role in the broader information sharing context.			
	Risk of social isolation	H	H	H	H
		For Seniors that no longer get the local paper delivered and are not receiving HACC services there is a great risk of social isolation. There is not a recognised central information point. The risk of isolation is compounded with lack of public transport and a cultural set of behaviours that a) prefer to be invited to events and b) do not like to impose on others requesting travel and/or lifts.			



Denmark elder, Ian Conochie at the soapbox at Speaker's Corner (Fig Tree Plaza) 2007

Civic Participation and Employment

Quote: “I hope that in the near future when I start to wear a hearing aid, there will be audio induction loop facilities in all public buildings in the town.”(Denmark AFC Survey respondent)

Denmark - 55 -74 years	Denmark 75 + years
Keen volunteers. Lots of choice some ongoing and some short term opportunities. A great way to hear about what else is happening in town.	Still some active volunteers but starting to become less involved although still feel welcome.

Carers
Zero responses to this question from carers.

Service providers
Acknowledge that voluntary activity certainly encourage Seniors to participate locally. Seniors are known to be a good source of knowledge and historical information. Tony seeks the knowledge – face to face phone – especially info that can’t be traced back in writing. All agencies as they deliver their services in the homes encourage all the service providers to include this information. Sharing their stories as a voluntary contribution – recording these for the rest of the community in book or tape. Suggest inviting and involving key organisations to talk about this: Denmark Arts & Denmark Historical Society.

Civic Participation and Employment		55-74	75+	Carers	Service Providers
Participation in voluntary work.	Information, training and guidance	HS	HS	HS	HS
	Contributions recognised and compensation	S	S	S	S
		<p>There is ample opportunity to participate in voluntary activity in the Denmark Community. Often this leads to specific skills training and clear guidance as to the role of the volunteer.</p> <p>Lots of opportunities to hear news and get information about events and activities in the Shire.</p> <p>The experience of people who do volunteer is that they are treated with respect and often acknowledged for their role within the respective organisations and groups that they engage with.</p> <p>There is an annual Volunteers Afternoon tea hosted by the Shire. The Shire of Denmark seem to appreciate the level and contribution of volunteers in the Denmark community.</p> <p>Compensation is never really an issue. Much of the voluntary work is perceived as an extension of one’s’ areas of interest and or a sharing of expertise and skills.</p> <p>There are reported cases of volunteer exhaustion. Although this is true it is spoken with good humour as individuals all realise they have the capacity to say no.</p>			

		It is a locally known fact that there are many (perhaps too many) volunteering opportunities in Denmark. There is some concern that the 'spirit of volunteerism' may be reducing in younger age cohorts. At the same time a realization that the seniors have more time available than the middle-aged groups juggling domestic and work responsibilities.
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Civic Participation and Employment		55-74	75+	Carers	Service Providers
Participation in paid work.	Flexible and paid opportunities	<p>Most of the respondents are not seeking paid work. Many have retired; either early retirement or normal retirement age. Some members suggested returning to paid work now felt a bit 'scary'. There is however limited opportunities for paid work in the Denmark community.</p> <p>Part-time and short project based employment opportunities are available to some of the cohort.</p> <p>Post retirement may continue in paid work for example in family businesses, also may have continued in their career part time or remote. Or people have moved into the craft industry.</p> <p>There were no reported issues of experience of ageism.</p>			
	Qualities promoted, any discrimination,	NA	NA	NA	NA
	Self employment & training opportunities	NA	NA	NA	NA
		<p>There was not a lot of discussion about self employment. There is however limited employment opportunities in Denmark.</p> <p>There are limited training opportunities mainly through the Denmark Campus for the Great Southern Institute of Technology. Further training is available at the regional centre of Albany.</p>			



Denmark Probus Club Committee - 2011

Community Support and Health Services

Quote: “NO PUBLIC TRANSPORT AND NO POOL.” (Denmark AFC Survey respondent)

Quote: “The HACC girls are great but you can see they haven’t enough people to go round so goodness knows what happens in the future if there aren’t enough carers and housing is a concern always.” (Denmark AFC Survey respondent)

Quote: “I have been admitted to the new hospital and I was much impressed by the standard of care that I received and also by the standard of food. I found the staff very friendly, very caring and very skilled.” (Denmark AFC Survey respondent)

Denmark - 55 -74 years	Denmark 75 + years
Some have experience with the HAC service. It has been called ‘wonderful’ and much better here as it is not available in Perth.	HAC services and meals on wheel are very appreciated. A pool and/or hydrotherapy pool would be of great assistance to Seniors for general health and recovery.

Carers
Palliative care with nursing support in the home is excellent. Don’t like to ask for support. HACC and other medical staff are very sympathetic. Lions help with garden waste bags. If families don’t help to pay bills caring can be stressful and if people aren’t on a pension and get means tested management of finances can get tricky. I wish we could get Silver Chain services in our community or the equivalent and I wish there was more help for carers and elderly.

Service providers
4 areas of MPS focus: acute care, community care, residential and accreditation. Discussions on impact and support for older generation, will have impact on younger generations (eg sandwich generation). Podiatrist – home visits available for palliative care. Aged care – underpaid and difficult to get staff. Access for out of town services may be limited. HACC should be covering whole region, as covered by Shire boundary however there are shared boundaries issues and some confusion (e.g. Walpole, Youngs). HACC/DVA services may need to be improved on in community. Planning for health service workers/staff as recruitment is issue – shortage of hp workers/GP’s. Lack of incentives (housing, travel, relocation). Lack of rental accommodation – short term or medium term. Expectations have shifted in past 10 years to paid services and expectations from families may be unrealistic. Need for education of carers and family, need to plan in advance.

'5 Steps to Residential Care' book – difficult to use. Health professionals have difficulty reading. It is the responsibility of family to read. Some support may be provided by ACAT. There are gaps in palliative care. (Care in own home?)

Staffing challenges (lack of skills and skill levels). In up-skilling some health professional staff there is a loss of some positions (cleaners, transport). Pay rates are very low.

Residential Aged Care Facility – need for activities coordinator. Under-staffed, and sometime taken up by volunteers. Need for paid, professional person.

Global move towards keeping people in own home, caring in own home. Denmark HS provides in home service to 141 seniors.

What services in Perth/Albany which could complement what being provided/available in Denmark. Model of support/collaboration.

May need to shift responsibility, due to loss of professionals in changing demographic. More community service focus.

Need for briefing/information to health professionals working within hospital and clinical settings to change focus to 'ageing at home'.

Community Support and Health Services		55-74	75+	Carers	Service Providers
Health and Community support services available.	Homecare services: range, respectful staff, well coordinated	HS/S	HS/S	HS/S	HS/S
		<p>Information is power. People need to have an understanding about what is possible/ available prior to them having the capacity to ask/demand/state what service they would like to receive that will meet their needs rather than just settle for what they think they can have.</p> <p>HACC services highly regarded across the community. However see the strain and big workloads of HACC staff.</p> <p>General response is that the services are provided respectfully and the best support possible is offered.</p> <p>Ambulance service is very good. There are lots of General Practitioners.</p> <p>New hospital – looks good, good treatment/intensive care, limited equipment and staffing issue – now and future.</p> <p>However there are many comments that suggest that there is a need to provide more services at the hospital to the public as at the moment many are sent to Albany. There is a perception this is not good enough for a new hospital.</p> <p>Nurses – home visits are very good</p>			

		Charges for use of the Recreation Centre for the Living Longer, Living Stronger sessions are restrictive for some pensioners. Could a subsidy scheme for health card holders and pensioners be instigated?			
	Range, affordable, well located and accessible	S/US	S/US	S/US	S/US
		<p>There are many services accessible and affordable.</p> <p>Key points in reference to this question relate to the absence of regular public transport and the impact this has on meetings, appointments in Denmark and further afield in Albany.</p> <p>Expectations have shifted in past 10 years to paid services and expectations from families may be unrealistic. Need for education of carers and family, need to plan in advance.</p> <p>May need to shift back to more community and volunteer support.</p> <p>There is also a strong request/voice for a pool and /or a hydrotherapy pool to assist recovery, fitness, and general senior health.</p> <p>The pool has also been mentioned in the context of respect and inclusion and social participation.</p>			
	Are retirement villages and aged care near services				
		<p>Yes.</p> <p>The future planning for such accommodation styles should take into account proximity to services: business and health design and location to be health and safety conscious.</p>			
	Emergency planning				
		This area was not discussed by respondents in terms of community health and support. It did however surface in discussions and responses about social participation and communication and information.			

General Additional Information and Observations

Denmark - 55 -74 years and 75+ years
<p>An additional area of interest that seems to be absent from the WHO framework and subsequently the prescribed question structure is the culture and discussion around death and dying. While palliative care is lightly referred to in the responses it is usually associated with service delivery and/ or the type of housing or accommodation available.</p> <p>Several survey respondents responded to the “where to next..?” housing question with simple answers like ‘the undertaker’, ‘a coffin’ or ‘a long yellow box’. While this reference may have been tongue in cheek it does raise the subject of end of life care preferences, options and memorial, plaque and /or burial sites.</p> <p>There has been discussion among some seniors about this issue and a growing interest in the possibility of natural burials.</p>
Carers
<p>Support workers or paid carers need to be valued more, given more opportunities for regular, free training in care giving and aged care and supported with a greater range of resources (e.g. free respite, assistance with domestic duties and transportation) in doing this challenging work.</p> <p>One support worker interviewed reported having to assist financially clients at times as the system did not always cater for proper or timely payments and the amount of correspondence required to ensure ‘all the boxes were ticked’ was arduous and not really the job of a carer.</p>
Service providers
<p>No additional information provided.</p>

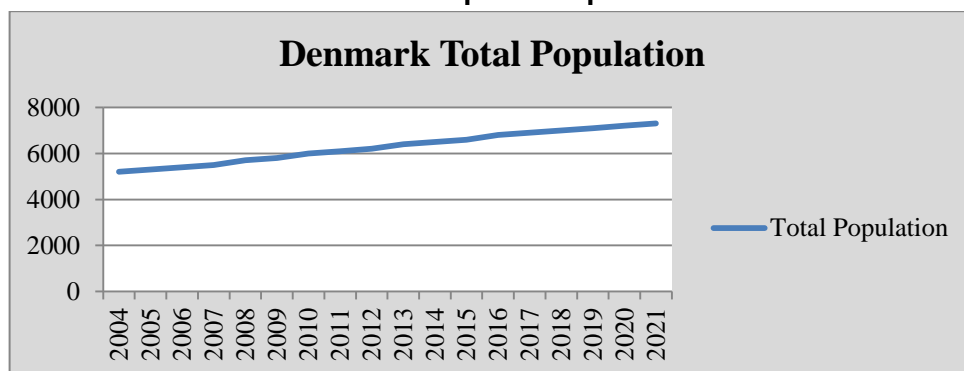
11. Summary

The three main issues of concern for Denmark’s seniors are **Housing, Health and Transportation**. The evidence collected in this study and the robust community consultation process are solid proof for a case to progress the resulting recommendations. These are aimed, not only at the local government authority, but other government service providers, non government and not for profit agencies, who have an opportunity to work together collaboratively with each other and in partnership with the Denmark community.

In addition to strengthening the process, the Forums and meetings with seniors’ groups in the community contributed immeasurably to the discussion, sense of ownership, participation and responsibility of the cohort for the further dissemination, implementation and celebration of the Age Friendly Community project

12. APPENDICES

APPENDIX 1: ABS and WAPC Population profile

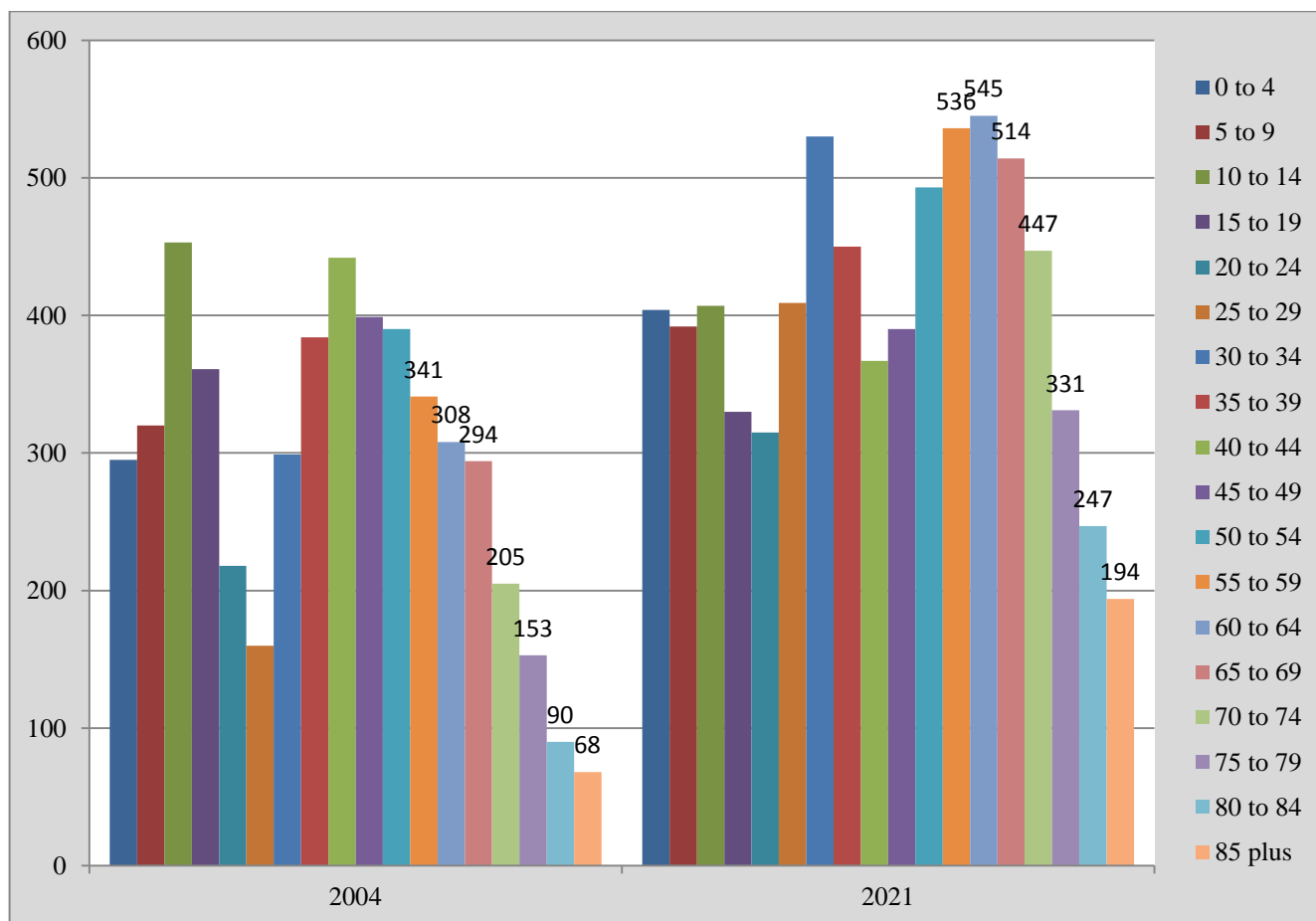


Graph 2: Denmark Total Population ABS and WAPC Profiles

Persons	2004	2006	2011	2016	2021
0 to 4	295	291	316	372	404
5 to 9	320	318	323	346	392
10 to 14	453	413	385	387	407
15 to 19	361	407	381	343	330
20 to 24	218	265	396	363	315
25 to 29	160	177	305	443	409
30 to 34	299	261	255	392	530
35 to 39	384	380	326	319	450
40 to 44	442	442	434	378	367
45 to 49	399	427	470	453	390
50 to 54	390	408	480	516	493
55 to 59	341	383	445	508	536
60 to 64	308	326	430	486	545
65 to 69	294	317	365	465	514
70 to 74	205	234	313	354	447
75 to 79	153	167	224	296	331
80 to 84	90	102	141	189	247
85 plus	68	76	107	146	194
Total	5180	5394	6096	6756	7301 ²⁴

Table 16: Denmark Total Population ABS and WAPC Profiles 2004 – 2021

²⁴ Source - Western Australia Tomorrow, Report No. 6, Nov 2005, Western Australian Planning Commission



Graph 3: Total population colour coded bar graph WAPC Profile 2006

APPENDIX 2: SOCIAL MARITAL STATUS BY AGE BY SEX

	Married registered marriage	Married de facto (b) marriage	Not married	Total	Married registered marriage	Married de facto (b) marriage	Not married	Total	Married registered marriage	Married de facto (b) marriage	Not married	Total
	MALES				FEMALES				PERSONS			
55-64 years	223	26	72	321	233	24	69	326	456	50	141	647
65-74 years	152	4	37	193	112	4	66	182	264	8	103	375
75 plus	82	3	34	119	42	0	93	135	124	3	127	254
Total	457	33	143	633	387	28	228	643	844	61	371	1,276

Table 17: Social Marital Status by Age by Sex (B06)

APPENDIX 3: Qualifications and Education

	55-64	65-74	75 plus	Total	55-64	65-74	75 plus	Total	55-64	65-74	75 plus	Total
	Males				Females				Persons			
Year 12 or equivalent	159	93	53	305	171	77	42	290	330	170	95	595
Year 11 or equivalent	27	15	6	48	36	15	13	64	63	30	19	112
Year 10 or equivalent	111	57	16	184	120	56	31	207	231	113	47	391
Year 9 or equivalent	26	16	15	57	32	25	15	72	58	41	30	129
Year 8 or below	20	30	23	73	17	18	27	62	37	48	40	125
Did not go to school	3	0	0	3	0	3	0	3	3	3	0	6
Highest year of school not stated	28	18	24	70	15	14	39	68	43	32	63	138
Total	374	229	137	740	391	208	167	766	765	437	294	1,496

Table 18: High school qualification

	55-64	65-74	75 plus	Total	55-64	65-74	75 plus	Total	55-64	65-74	75 plus	Total
	males				Females				persons			
Postgraduate Degree	16	14	4	34	6	0	0	6	22	14	4	40
Graduate Diploma and Graduate Certificate	10	4	3	17	9	3	3	15	19	7	6	32
Bachelor Degree	39	28	5	72	57	23	7	87	96	51	12	159
Advanced Diploma and Diploma	49	24	14	87	54	23	12	89	103	47	26	176
Certificate nfd	0	0	3	3	8	5	0	13	8	5	3	16
Certificate III & IV(c)	78	42	19	139	20	11	5	36	98	53	24	175
Certificate I & II(d)	0	0	0	0	9	0	0	9	9	0	0	9
Certificate Total	78	42	22	142	37	16	5	58	115	58	27	200
Level of education inadequately described	10	4	0	14	10	3	0	13	20	7	0	27
Level of education not stated	28	24	29	81	40	22	42	104	68	46	71	185
Total	230	140	77	447	213	90	69	372	443	230	146	819

Table 19: Non-School; Qualification: Level of Education (a) By Age By Sex.....

	55-64	65-74	75 plus	Total	55-64	65-74	75 plus	Total	55-64	65-74	75 plus	Total
	males				Females				persons			
Natural & Physical Sciences	16	8	0	24	3	3	0	6	19	11	0	30
Information Technology	0	0	0	0	8	0	0	8	8	0	0	8
Engineering & Related Technologies	73	31	16	120	0	7	0	7	73	38	16	127
Architecture & Building	18	18	11	47	0	0	0	0	18	18	11	47
Agriculture, Environmental & Related Studies	13	11	3	27	3	3	0	6	16	14	3	33
Health	8	5	5	18	42	19	13	74	50	24	18	92
Education	18	16	3	37	50	14	6	70	68	30	9	107
Management & Commerce	21	18	5	44	31	11	7	49	52	29	12	93
Society & Culture	13	11	7	31	22	11	3	36	35	22	10	67
Creative Arts	13	0	3	16	12	3	0	15	25	3	3	31
Food, Hospitality & Personal Services	5	4	3	12	8	0	0	8	13	4	3	20
Mixed Field Programmes	0	0	0	0	0	3	0	3	0	3	0	3
Field of study inadequately described	6	0	0	6	5	3	0	8	11	3	0	14
Field of study not stated	25	18	23	66	29	15	39	83	54	33	62	149
Total	229	140	79	448	213	92	68	373	442	232	147	821

Table 20: Table 19: Non-School; Qualification: Field of Study By Age By Sex (B40)

APPENDIX 4: Income, labour force status and occupation

	55-64	65-74	75 plus	Total	55-64	65-74	75 plus	Total	55-64	65-74	75 plus	Total
	males				Females				persons			
Negative/Nil income	18	5	5	28	23	3	0	26	41	8	5	54
\$1-\$149	19	9	0	28	38	13	10	61	57	22	10	89
\$150-\$249	61	66	46	173	102	89	53	244	163	155	99	417
\$250-\$399	68	62	20	150	68	45	52	165	136	107	72	315
\$400-\$599	57	27	22	106	61	27	21	109	118	54	43	215
\$600-\$799	47	18	15	80	31	10	3	44	78	28	18	124
\$800-\$999	24	10	5	39	17	3	3	23	41	13	8	62
\$1,000-\$1,299	35	6	3	44	17	3	0	20	52	9	3	64
\$1,300-\$1,599	5	6	0	11	9	0	0	9	14	6	0	20
\$1,600-\$1,999	5	3	0	8	3	3	0	6	8	6	0	14
\$2,000 or more	10	8	0	18	3	3	0	6	13	11	0	24
Individual income not stated	26	9	9	44	18	9	25	52	44	18	44	106
Total	375	229	135	510	390	208	167	765	765	437	302	1,504

Table 21: Gross Individual Income (Weekly) By Age By Sex (B16)

	55-64	65-74	75 plus	Total	55-64	65-74	75+	Total	55-64	65-74	75 +	Total
	male				Female				persons			
Employed, worked:												
Full-time(a)	127	22	4	153	69	10	3	82	196	32	7	235
Part-time	72	30	9	111	110	15	3	128	182	45	12	239
Employed, away from work(b)	10	5	3	18	9	0	0	9	19	5	3	27
Hours worked not stated	8	0	0	8	3	3	3	9	11	3	3	17
Total	217	57	16	290	191	28	9	228	408	85	25	518
Unemployed, looking for:												
Full-time work	3	0	0	3	3	0	0	3	6	0	0	6
Part-time work	8	0	0	8	5	0	0	5	13	0	0	13
Total	11	0	0	11	8	0	0	8	19	0	0	19
Total labour force	228	57	16	301	199	28	9	236	427	85	25	537
Not in the labour force	127	164	107	398	176	174	127	477	303	338	234	875
Labour force status not stated	20	8	12	40	14	9	32	55	34	17	44	95
Total	375	229	135	739	389	211	168	768	764	440	3	1,207

Table 22: Labour Force Status By Age By Sex (B41)

	Manager	Professionals	Technician & Trades	Community & personal services	Clerical & admin'	Sales	Machinery operators & drivers	Labourers	Inadequately described/ Not stated	Total
MALES										
55-64	82	39	29	0	4	19	8	23	11	215
65-74	24	12	5	0	8	0	4	5	0	58
75 plus	10	5	0	0	0	0	0	3	0	18
Total	116	56	34	0	12	19	12	31	11	291
FEMALES										
55-64	48	44	6	13	37	14	4	25	0	191
65-74	18	3	0	3	0	0	0	6	0	30
75 plus	0	0	0	0	0	0	0	0	0	0
Total	66	47	6	16	37	14	4	31	0	221
PERSONS										
55-64	130	83	35	13	41	33	12	48	11	406
65-74	48	15	5	3	8	0	4	14	0	97
75 plus	10	5	0	0	0	0	0	3	0	18
Total	188	103	40	16	49	33	16	65	11	521

Table 23: Occupation By Age By Sex (B44)

APPENDIX 5: Caring and Assistance requirement and activity

	Assistance											
	Need for	No need	not stated	Total	Need for	No need	not stated	Total	Need for	No need	not stated	Total
	MALES				FEMALES				PERSONS			
55-64	19	339	16	374	11	363	16	390	30	702	32	764
65-74	6	212	11	229	11	189	7	207	17	401	18	436
75 plus	12	110	14	134	29	118	20	167	41	228	34	303
Total	37	661	41	737	51	670	43	764	88	1,331	84	1,503

Table 24: Core Activity Need for Assistance (a) By Age By Sex (B17)

	Assistance											
	Provided unpaid	No unpaid provided	Unpaid not stated	Total	Provided	No unpaid provided	Unpaid not stated	Total	Provided	No unpaid provided	Unpaid not stated	Total
	MALES				FEMALES				PERSONS			
55-64	46	304	24	374	60	310	21	391	106	614	45	765
65-74	16	187	26	229	25	166	17	208	41	353	43	437
75 plus	9	101	27	137	13	110	43	166	22	211	70	303
Total	71	592	77	740	98	586	81	765	169	1,178	158	1,505

Table 25: Unpaid Assistance To a Person with a Disability (a) By Age By Sex (B20)

	Cared for						
	Own child/ children only	Other child/ children only	Own child/children and other child/children	Total	Did not provide child care	Unpaid child care not stated	Total
MALES							
55-64	16	20	3	39	314	21	374
65-74	6	13	0	19	189	23	231
75 plus	0	0	0	0	109	29	138
Total	22	33	3	58	612	73	743
FEMALES							
55-64	4	48	0	52	317	21	390
65-74	0	20	0	20	171	14	205
75 plus	0	5	0	5	119	43	167
Total	4	73	0	77	607	78	762
PERSONS							
55-64	20	68	3	91	631	42	764
65-74	6	33	0	39	360	37	436
75 plus	0	5	0	5	228	72	305
Total	26	106	3	135	1,219	151	1,505

Table 26: Unpaid Child Care (a) By Age By Sex (B21)

APPENDIX 6: Voluntary Work

	Volunteer	Not a volunteer	Vol' work not stated	Total	Volunteer	Not a volunteer	Vol' work not stated	Total	Volunteer	Not a volunteer	Vol' work not stated	Total
	MALES				FEMALES				PERSONS			
55-64	143	211	21	375	153	217	20	390	296	428	41	765
65-74	74	131	24	229	72	114	22	208	146	245	46	437
75 plus	22	28	27	136	23	100	43	166	45	187	70	302
Total	239	370	72	740	248	431	85	764	487	860	157	1,504

Table 27: Voluntary Work for an Organisation or Group a) By Age By Sex (B18)

APPENDIX 7: Housing and Accommodation

DWELLING CHARACTERISTICS²⁵

DWELLING CHARACTERISTICS - PRIVATE DWELLINGS (Includes Visitor only and other not classifiable households)	Selected Region Denmark	% of total occupied private dwellings in Region	Australia	% of total occupied private dwellings in Australia
Total private dwellings (includes unoccupied private dwellings)	2,756	-	8,426,559	-
Occupied private dwellings:	1,868	-	7,596,183	-
Separate house	1,766	94.5%	5,685,387	74.8%
Semi-detached, row or terrace house, townhouse etc	22	1.2%	702,550	9.2%
Flat, unit or apartment	18	1.0%	1,076,315	14.2%
Other dwellings	62	3.3%	127,337	1.7%
Not stated	0	0.0%	4,594	0.1%

In the 2006 Census there were 1,868 occupied private dwellings counted in **Denmark** (S) (Statistical Local Area): 94.5% were separate houses, 1.2% were semi-detached, row or terrace houses, townhouses etc, 1.0% were flats, units or apartments and 3.3% were other dwellings.

In **Denmark** (S) (Statistical Local Area), the median weekly rent was \$145, compared to \$190 in Australia. The median monthly housing loan repayment was \$1,000, compared to \$1,300 in Australia. The average household size was 2.3 and the average number of persons per bedroom was 1.1.

TENURE TYPE - OCCUPIED PRIVATE DWELLINGS	Selected Region Denmark	% of total occupied private dwellings in Region	Australia	% of total occupied private dwellings in Australia
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²⁵ ABS Census 2006 – Dwellings and Housing Statistics

Fully owned	781	41.8%	2,478,264	32.6%
Being purchased (includes being purchased under rent/buy scheme)	453	24.3%	2,448,205	32.2%
Rented (includes rent-free)	512	27.4%	2,063,947	27.2%
Other tenure type	18	1.0%	65,715	0.9%
Not stated	103	5.5%	540,050	7.1%
In Denmark (S) (Statistical Local Area), 41.8% of occupied private dwellings were fully owned, 24.3% were being purchased and 27.4% were rented.				
HOUSEHOLD COMPOSITION - OCCUPIED PRIVATE DWELLINGS	Selected Region Denmark	% of total occupied private dwellings in Region	Australia	% of total occupied private dwellings in Australia
Family household	1,240	66.4%	5,122,760	67.4%
Lone person household	472	25.3%	1,740,481	22.9%
Group household	43	2.3%	280,856	3.7%
In the 2006 Census in Denmark (S) (Statistical Local Area), 66.4% of occupied private dwellings were family households, 25.3% were lone person households and 2.3% were group households.				
LANDLORD TYPE - OCCUPIED PRIVATE DWELLINGS BEING RENTED (including rent free accommodation)	Selected Region Denmark	% of total rented dwellings in Region	Australia	% of total rented dwellings in Australia
Real estate agent	170	33.2%	1,043,198	50.5%
State or Territory housing authority	64	12.5%	306,697	14.9%
Other landlord type	248	48.4%	652,012	31.6%
Landlord type not stated	27	5.3%	62,037	3.0%
<i>Table 28: ABS 2006 Dwelling Characteristics</i>				

APPENDIX 8: Transport Options

TRANSPORT OPTIONS

It is intended that this information will be useful for all sectors of our community but it has been specifically written with the following principles:

ACCESSIBILITY

Specifically this pamphlet is intended to provide information about transport options for the aged, infirmed, isolated and disadvantaged.

It is acknowledged that there are many within our community that, for a number of reasons, require support in accessing transport either travelling within the Shire of accessing services and facilities further afield in places such as Albany and Perth.

GREEN HOUSE GAS EMISSIONS ABATEMENT

In keeping with Council's desire to minimise the impact of our community's emissions contributing towards climate change, it is hoped that the transport options within this document will enable reduction of green house gas emissions by encouraging more viable transport options such as public transport and maximising the number of passengers in vehicles.

LISTED BELOW ARE SOME FREE TRANSPORT OPTIONS

FIND A LIFT.COM.AU

Find a Lift.com.au is a free service which helps connect people who want to travel and carpool within Western Australia.

To Find A Lift visit www.findalift.com.au and follow the instructions.

COUNCIL CAR POOLING CARPARK

Council's carpark, conveniently located at 953 South Coast Highway, is available for temporary parking for travellers who choose to car pool to Albany.

DO YOU KNOW ABOUT TUSS?

Taxi Users' Subsidy Scheme (TUSS) provides taxi travel at a reduced rate for people who have a severe permanent disability that will always prevent them using a conventional public transport bus service.

To be eligible for TUSS you must:

- ✓ Be a permanent resident of Western Australia.
- ✓ Have a severe permanent disability that will always prevent you using a conventional public transport bus service.
- ✓ The disability is required to be continual and fall within the specified categories of:
 - Severe permanent mobility disability
 - Severe vision disability (legal blindness)
 - Severe cognitive/intellectual disability

How do I apply?

If you consider you may be eligible for TUSS, you will need to complete an Application Form which is available from the Department of Transport by telephoning 1300 660 147, emailing to passenger.services@transport.wa.gov.au or alternatively you can download and application form from their website www.transport.wa.gov.au.

COUNTRY AGE PENSION FUEL CARD

The Country Age Pension Fuel Card provides support for the transport needs of eligible pensioners living in country areas.

To be eligible you must be receiving a Centrelink Age Pension, Carer Payment, Disability Support Pension, Wife Pension or Widow B Pension or a Department of Veterans' Affairs Service Pension, Social Security Age Pension or Income Support Supplement.

To find out more call 1300 666 609 or go to www.royaltiesforregions.wa.gov.au/MajorProjects.



Proudly produced by the
Shire of Denmark Seniors Advisory Committee
953 South Coast Highway (PO Box 183) Denmark WA 6333
Telephone: (08) 9848 0300, Facsimile: (08) 9848 1985
Email: enquiries@denmark.wa.gov.au
Website: www.denmark.wa.gov.au

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TRANSPORT OPTIONS IN THE SHIRE OF DENMARK

*An initiative of the Seniors
Advisory Committee*



The table below details known transport options for persons requiring transport either within the Shire of Denmark or further afield, to Albany or Perth. Should you require the use of these services, the individual service provider should be contacted on the number provided to discuss your transport requirements.

Service	Route	Maximum No. of Seats Available *	Driver	Days Available	Cost	Wheelchair Accessible	Comment	Contact Details
Peaceful Bay Community Bus	Peaceful Bay to Albany via Denmark & return	12	Volunteer	First Tuesday of every month	Available upon payment of a donation (\$5 suggested)	No	Preference will be given to Peaceful Bay residents. Able to drop off & pick up for appointments (providing they are close to Albany CBD).	☎ (08) 9840 8007 (Ray & Jo Walker) ✉ pheney@reachnet.com.au
Denmark Health Service—Home & Community Care Bus	Denmark to Albany & return	23	WA Health Department	Monthly (on a Monday)	\$26 return or \$13 one way	Yes	Preference will be given to Home & Community Care Clients. Registration at least 24hrs prior is desirable. To determine eligibility please contact Denmark Health Service.	☎ (08) 9848 0600 (Denmark Health Service)
Denmark Community Bus	Available for hire	21	Volunteer	Variable	See Council's current Fees & Charges Schedule	No	Denmark Recreation Centre have a pool of volunteer drivers who usually request a donation for their service.	☎ (08) 9848 2044 (Recreation Centre) ✉ denrec@denmark.wa.gov.au 🌐 www.denmark.wa.gov.au/commbus
Denmark Over 50's Volunteer Driver Programme	Variable—generally from Denmark to Albany & return	Variable	Volunteer	Variable	\$25 donation (to Albany & return)	No	Non HACC eligible clients. For medical appointments only. Download Programme Guidelines at www.denmark.wa.gov.au/community .	☎ (08) 9848 1789 (Phil Barnes, Coordinator) ✉ prbarnes@wn.com.au
Denmark Taxi	Variable	7	Owner	Variable	Department of Transport rates.	No lift but will put wheelchairs in vehicle.		☎ (08) 9848 2295
Transwa Coach & Train Service	Refer to latest Transwa Route Timetable.	Refer to Transwa	Transwa	Refer to latest Transwa Route Timetable	Refer to Transwa	Yes, but need to book no later than a week in advance.	One way only each day (overnight stay may be required).	☎ 1300 662 205 ✉ info@transwa.wa.gov.au 🌐 www.transwa.wa.gov.au
School Buses	Available for Hire	44	Owner / Operator	Variable	Cost per km plus hourly rate for driver.	No	Only available outside of school bus times. Check with individual operator.	☎ (08) 9840 9019 (Barbara Marshall) ☎ (08) 9848 1655 (Paul Taylor)

* Including Driver

APPENDIX 9: List of Service Providers that attended Forum

Name	Organisation	Organisation 2
Aidan Tansey	Regional Manager	Department of Transport
Alison Piper	Aged Care Coordinator	GS GP Network
Chris Thompson	Regional Manager	Dept. Sport and Recreation
David Easton	Aged Care Great Southern	WA Country Health Service
Dr Sharon Jackson	Denmark Medical Centre	Denmark Medical Centre
Dr Jane James	Dr Jane James Surgery	Dr Jane James Surgery
Elizabeth Barnes	Manager	Alzheimer Australia
Gabrielle Rose	Disability Services Commission (Lower Great Southern)	
Gillian Jackson	O/T	Denmark Health Service
Jane Morrissey	Physiotherapy	Denmark Health Service
Jenny Dodson	Aged Care Manager	Silver Chain
Jenny Thompson	Denmark Health Service	
Jill Thomas	WA Country Health Service - Great Southern Patient Safety & Quality Unit	
Julie Glynn	Private Podiatrist	Great Southern Podiatry
Kim Buttfield	Injury Prevention Coordinator - Population Health	WA Country Health Service
Lynne Park	Acting Manager	HACC – Denmark HS
Melinda Lyons	Regional Planning & Strategy Officer	Department of Planning
Nola Todorovich	Aged Care - National Action Plan Coordinator	WA Country Health Service
Philip Barnes	Councillor	Shire of Denmark
Ruth McConigley	Palliative Care Specialist	Curtin University
Ruth York	Manager MPS's	WA Country Health Service
Sally Rose	Great Southern ACAT	WA Country Health Service
Sherylle Baker	Seniors LAC	Disability Service Commission
Simon Lys	EO – RDA Great Southern	Regional Development Australia
Sue Dybing	Denmark Campus	GSIT
Tanya Hughes	Neurological Council	Lotteries House Building
Tony King	Great Southern Institute of Technology	
Will Farquharson	Lionsville Denmark Inc.	
Yvette Worsfold	Great Southern Mental Health Service	

Table 29: Service Provider Attendee List

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Public Health Plan 2022





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We acknowledge and respect their continuing culture and the contribution they make to this region.

The Shire of Denmark would also like to acknowledge all the input and support provided by community members, stakeholders and organisations in the development of this Plan.

Project consultant: **Dr Carl Heslop**, Southside Strategy and Solutions

Electronic copies of the Public Health Plan are available for download online via the Shire of Denmark website at www.denmark.wa.gov.au.

Copies of all Shire documents are available in alternative formats upon request.



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The Shire of Denmark's Role in Public Health

According to the World Health Organization, the factors that determine a person's health are the conditions in which a person is born, grows up, lives, works, and ages. This, in turn, influences a person's opportunity to be healthy, as well as their risk of illness, and life expectancy. Influencing these determinants of health is a shared responsibility and is beyond the scope of any one agency or level of government.

State governments, non-government agencies and local governments each play a role in helping to support and drive improvements to the health and well-being of the population, be it at a state or local level.

What is the role of the Shire of Denmark in public health?

Local governments are often considered to be 'closest to the people' not only because of the range of services they provide to various local community groups, but because of the effect of these services on community health and well-being. Collectively, these services impact the determinants of health of residents.

The work of local governments is varied and touches many areas of day-to-day community life. As such, the Shire of Denmark looks after a variety of programs and services that impact the community's health.

What is the purpose of the Shire of Denmark Public Health Plan?

The WA Government's *Public Health Act 2016* requires each local government to produce a Public Health Plan. The local plan must be consistent with the State Public Health Plan and respond to local public health risks. The plan must:

- identify the public health needs of the Local Government district
- include an examination of data relating to health status and health determinants in the Local Government district
- establish objectives and policy priorities for the promotion and protection of public health in the Local Government district
- describe the development and delivery of public health services in the Local Government district

This Public Health Plan pulls together a range of public health messages into a single direction-setting document for the Shire of Denmark with identified public health needs linked to the existing pillars contained in the Shire of Denmark *Strategic Community Plan Denmark 2027*. While there is a desire for this document to be ambitious and contemporary, there must be a practical balance to reflect what is possible to achieve within the operational, financial and resourcing constraints of a regional tier three local government.

The Public Health Plan will aid decision-making across the core business of the Shire of Denmark and will measure progress against outcomes reviewed annually by Shire of Denmark staff as part of existing planning and review processes.

In accordance with Section 45 (6) of the *Public Health Act 2016*, the Plan "must be replaced at the end of the period of five years after it was prepared" (i.e. 2027) unless replaced sooner.

Minor amendments may be made prior to this, if it is necessary to align the Plan with other strategic documents, incorporate emerging public health risks or advice from the WA Department of Health.

The Shire of Denmark will liaise with the WA Department of Health to obtain up-to-date epidemiological data, which will be used to determine the effectiveness of the Plan and any emerging public health risks.



The Social Determinants of Health

Public health programs and plans across the world are guided by the Social Determinants of Health.

These are the conditions in which a person is born, grows up, lives, works, and ages; which in turn influences their opportunity to be healthy, their risk of illness, and life expectancy.

The Social Determinants of Health are broad and include socioeconomic status, employment, education, housing, social support, access to health care and other services, transport, food security, and community safety.

Influencing these determinants of health is a shared responsibility. Improving health outcomes starts with providing opportunities to lead healthier, more active lives, regardless of a person's income, education, or cultural background.

Through the development of the plan, the Shire of Denmark recognises that working to address these factors using a holistic approach will have the greatest impact on health and well-being.

Consultation Process

The development of this plan required analysing and interpreting data collected from a variety of sources and included consultation with a Shire of Denmark-appointed Public Health Working Group.

Effort was made through the Working Group process to ensure that data and the Public Health Plan was examined against the lived experience of residents from the Shire of Denmark. Input was sought from health industry professionals to provide opinion and consultation on the development of the plan from their specialty areas (public health, youth work and aged care).

The Working Group was:

- established 19 November 2019 (Resolution No. 211119)
- stood down due to resource and financial restrictions due to COVID-19 in May 2020
- re-established 16 March 2021 (Resolution No. 140321)

The objective of the Working Group was to develop a draft Public Health Plan for the Shire of Denmark in accordance with the Department of Health's Public Health Planning Guide for Local Government.

The development of this Public Health Plan brings together data from a range of sources including:

- Shire of Denmark Public Health Planning – Community Consultation Plan (Priority and Strategy)
- Shire of Denmark Community Public Health survey
- Shire of Denmark External Stakeholder consultations
- Shire of Denmark Internal Department consultations
- Department of Health
- Shire of Denmark Health and Wellbeing Profile
- Shire of Denmark Public Health Plan Working Group Collaboration



Denmark in Profile

186,007 land area (ha)

4138 rateable properties

6467 population

Community

- 36% Share of population over 60 (Regional WA 24%)
- 9.5% Tertiary study and young workforce 18-34 (Regional WA 19.2%)
- 2434 Local jobs
- 29.4% of our community volunteer (Regional WA 19.3%)
- 716 Emergency Service volunteers

Environment and Land

- 35% Recycling compliance
- 35% Curbside collection diverted from landfill
- 15.3% Land in agriculture
- 70% Land is remnant vegetation

Economy

- \$290M Gross Regional Product (at as 30/6/21)
- \$20M Value of development applications (21/22 Feb FYTD)
- 747 Local businesses
- 320,000 Annual overnight visitors
- Education and Training: Largest industry
- 39% Value of Shire procurement to local business (21/22 FY)

References: .idcommunity, Synergy, ABS ERP 2021, 22/23 Annual Budget

Shire of Denmark Health Profile

Health Impact Snapshots

- 51.8% of preventable hospitalisations in the Denmark LGA 2015–2019 were caused by chronic conditions (compared to State rate of 43.5%)
- The majority of adults (85.5%) ate less than five serves of vegetables per day
- More than one quarter (27%) of adults drink alcohol at high risk levels for long term harm
- 41.8% of adults do less than 150 minutes of physical activity per week, and 31.1% spend more than 21 hours per week in sedentary leisure time
- Almost two thirds (65.8%) of adults are overweight or obese
- 16.4% currently smoke
- 69.2% of children aged 12–15 months were not fully immunised as at 30 September 2020 (lower than the State average)
- 55.6% of children aged 24–27 months were not fully immunised as at 30 September 2020 (lower than the State average)
- 16.3% of children in their first year of school in 2018 were at risk developmentally in terms of physical health and wellbeing
- Denmark was ranked as Very High Priority for unmet demand for public housing (very low income households), and ranked as Very High Priority for unmet demand affordable housing (low/moderate income households)
- 29.8% of residents undertake unpaid voluntary work for an organisation or group (compared to the State rate of 19.0%).
- 22.7% of residents travel outside of the Denmark Local Government area for work
- 28.1% of households are on a low income (\$650 per week or less) (compared to the State rate of 19.2%)
- 7.5% of residents are pensioners who depend on disability support (compared to the State rate of 3.8%), and 25.6% are pensioner concession card holders (compared to the State rate of 16.8%)
- 35.7% of rented private dwellings are low income households with rental stress (compared to the State rate of 27.8%)

Key public health data

In the
Denmark
LGA

85.5%
of adults



eat less than 5
serves of vegies daily

Dental conditions



are the top cause of
potentially preventable
hospitalisations

Over 1 in 3
rented private dwellings



are low income
households with
rental stress

(higher than Regional WA
rate of 1 in 5)

In the
Denmark
LGA

29.5%
of adults



have arthritis

65.8% of adults



are overweight
or obese

1 in 4 people



are aged 65+
years

In the Denmark LGA

44.4%
of children aged
24-27 months



are not fully
immunised

41.8%
of adults



are not active
enough

16.4%
of adults



currently smoke

In the Great Southern
Health Region

89.8%
of children



eat less than
5 serves of
vegies daily

62.6%
of children



are not active
enough

2 in 7
of children



are overweight
or obese

Health and Wellbeing Risk Factors

There is a range of determinants that influence how likely people in our community are to stay healthy or to become ill or injured. These risk factors often co-exist and interact with one another and can generally be categorised into the following groups:

- behavioural
- physiological
- demographic
- environmental

Many of the key drivers of health are everyday living and working conditions: the circumstances in which people grow, live, work and age (environment and demographics). A person's health is also influenced by factors that are part of their individual lifestyle and genetic make-up (behavioural and physiological).

These factors can be positive in their effects (i.e. vaccination against disease), or negative (i.e. risky alcohol consumption). Behavioural risk factors such as tobacco smoking, risky alcohol consumption, not getting enough exercise and poor eating patterns are those that individuals have the most ability to modify.

Vulnerable Groups

People with a Disability

People with a disability accounted for 4.5% of the area's population, which is more than the Regional WA average of 3.8%.

Older People

The Shire of Denmark population is ageing. People aged 65 years and older accounted for 25% of the area's population, which is significantly more than the Regional WA average of 14.6%. Population projections predict that by 2031, the 65 years and older age group will represent almost one third (32.58%) of the Shire's population (an 8.93% increase over 15 years from 2016).

Children

Children aged between 0 and 12 years accounted for 14.9% of the area's population, which is lower than the Regional WA average of 17.7%. However, as the development of health and wellbeing in childhood has a large impact on the health outcomes of adults, children are considered a particularly vulnerable group.

People who are Economically Disadvantaged

The Shire of Denmark has a higher proportion of households with low income (28%) and experiencing rental stress (35.7%) when compared to the Regional WA average (15.5% and 21.2% respectively).

Aboriginal People

Aboriginal people accounted for 1.3% of the area's population, which is lower than the Regional WA average of 8.4%. However, nationally and State-wide, Aboriginal people are more likely to have poorer health than non-Aboriginal people, making them a particularly vulnerable group regardless of their representation within the population.

Public Health Pillars

Five public health pillars have been created in response to consultation, local demographics, health statistics, and policy review.

The pillars detail where the Shire of Denmark can have the greatest influence in community health and wellbeing.

Deliverables have been created under each pillar, which link to long-term health outcomes for the community of Denmark.

There is a recognition that the Shire of Denmark has limited capacity to develop and deliver annual work plans that will identify actions, resources, responsibilities and timeframes – therefore every effort has been made to link to existing plans and programs.

These pillars have been designed to strategically align with the Shire of Denmark Strategic Community Plan Denmark 2027 to support implementation of the Public Health Plan across all levels of the Shire of Denmark.

The five pillars are:

Public Health Leadership **Natural Environment** **Built Environment** **Social Environment** **Health Protection**

Public Health Leadership

The Shire aims to ensure public health outcomes are embedded in core business, for the benefit of our community. Central to this is a commitment to lead, influence, and advocate for optimal public health. Public health leadership encourages shared responsibility, both within the organisation and through stakeholder partnerships. It recognises that public health is closely linked to strategic goals and existing plans, while striving for change.

Strategic Community Plan key alignment: All elements

Natural Environment

The aspiration and objectives within this area reflect our location, stunning forests and coastline and other irreplaceable natural assets. We aim to provide a sustainable natural environment for the health and wellbeing of our community. Our natural environment is highly valued and access to this precious resource offers residents and visitors opportunities to be physically active, while improving mental health and wellbeing. The impact of climate change is a significant concern for our community and we believe that local action is an important part of the solution to deliver a sustainable, natural environment for the local community. We recognise that human health and the health of our planet are inextricably linked, and that our civilisation depends on human health, flourishing natural systems, and the wise stewardship of natural resources. We will reduce the human impact on our environment where we can, promote environmentally sensitive development, formalise a collaborative approach to climate action, implement controls and guidelines to ensure development is sensitive to the natural environment. It's important that we plan for and respond to emerging risks associated with climate change to protect the public and the environment from the harmful health impacts of climate change.

Strategic Community Plan key alignment N2.0 Our Natural Environment

Built Environment

We aim to build, enhance and maintain well designed places and infrastructure to support the health, wellbeing, and growth of our community. We will find ways to collaborate with other agencies and stakeholders to promote action on homelessness and isolation with localised and place-based approaches, while considering what Shire of Denmark policies and plans can be considered to provide for affordable housing. Access to a built environment for people who live, work, and visit the Shire of Denmark includes all the humanmade physical spaces and built form including infrastructure, buildings, roads, footpaths and cycle ways. The built environment can support health and wellbeing by having good walkability, space for bike riding, allowing ease of access to organised and incidental physical activity and all modes of transport, and opportunities for social and community interactions. It is also important to provide accessible community spaces that are well utilised and activated by residents and local businesses.

Strategic Community Plan key alignment B3.0 Our Built Environment

Social Environment

A social environment supports optimal physical, mental, and social health and wellbeing for people who work, live, and visit the Shire of Denmark. The aspiration and deliverables within this area reflect the capacity of our community to provide for the wellbeing of all residents in a fair and equitable way. Social groups, programs, and events provide valuable local networks and form an important part of people's identities. We aim to strengthen community connections and champion physical, mental, and social health and wellbeing of our community. We will explore ways to foster our community connections, promote vibrant community events, and support all members of our community. The main benefit of social connectedness and inclusion is improvement to quality of life, reduce loneliness and improve mental health and wellbeing. Social connections in the community include volunteering, joining a club or social group, and spending time with friends, family, and neighbours.

Strategic Community Plan key alignment C4.0 Our Community

Health Protection

Health protection for people who live, work, and visit the Shire of Denmark is facilitated by a suite of essential services, awareness programs, and legislative measures. These include the delivery of environmental and public health legislation, leading the local response in emergency situations, promoting screening and immunisation programs, and advocacy for smoke and alcohol-free environments. The many and varied monitoring, promotion, and regulatory functions of the Shire contribute to the protection of health and wellbeing in the local community. These functions enable our local businesses to incorporate public health measures into their operations and encourage our residents to look after the health of their household and their neighbours.

Strategic Community Plan key alignment L5.0 Our Local Government

Strategic Community Plan Alignment

Strategic Community Plan Denmark 2027 **vision:** A happy, healthy, and eclectic community that embraces creativity, values the natural environment, and is invested in a strong local economy

Public Health Plan **action statement:** *The Shire of Denmark aspires to promote a safe and healthy community that is equal, socially connected, aware of our connection and responsibility to the environment. This plan provides a clear path of action that the Shire can follow from 2022 -2027 to address public health issues.*

Priority Population Groups

Aboriginal and Torres Strait Islander peoples; Young people, People living in low socioeconomic circumstances; People who are experiencing homelessness; People who are of an older generation (those aged 65 & over), People with mental illness, People living with a disability and/or chronic disease; and Culturally & Linguistically Diverse populations, LGBTQ+ populations, the intersections of these groups.

Role of the Shire of Denmark

Advocate	We support our community and promote local interests to help them flourish.
Lead	We lead projects to deliver strong outcomes and effectively use our networks with government, business and community to deliver for the community.
Partner	We seek out new partnerships in addition to strengthening our current relationships on behalf of our community to support the interests of Denmark.
Fund	We disperse funding to deliver a range of essential and beneficial services within our community.
Deliver	We deliver and run an extensive range of services and programs to meet community needs, with a strong focus on supporting the local economy.
Regulate	We regulate compliance through legislation, regulations and local laws to ensure that community members live safely and respectfully in our community.

Strategic Community Plan Alignment with Public Health Pillars

Public Health Leadership	Natural Environments	Built Environment	Social Environment	Health Protection
<i>All Elements of Denmark 2027</i>	<i>N2.0 Our Natural Environment</i>	<i>B3.0 Our Built Environment</i>	<i>C4.0 Our Community</i>	<i>L5.0 Our Local Government</i>
<ul style="list-style-type: none"> • Reconciliation / Respectful Relationships • Equity of access • Leadership • Advocacy • Public awareness & engagement 	<ul style="list-style-type: none"> • Climate Change & Climate Action • Preserve & protect the natural environment • Reduce human impact 	<ul style="list-style-type: none"> • Diverse & affordable housing, building & accommodation • Responsible development • Accessible Public spaces & infrastructure • Safer communities • Reliable communication systems 	<ul style="list-style-type: none"> • Fostering Connection • Increasing awareness about Family & Domestic Violence • Promote inclusive communities • Healthy eating • Activities & programs • Inclusive communities • Festivals & events • Sporting clubs, community groups & non-government organisations 	<ul style="list-style-type: none"> • Disaster risk reduction, recovery & resilience • Screening & immunisations • Environmental Health • Alcohol, other drugs & smoking

Priority Long-Term Health Outcomes

<ul style="list-style-type: none"> • All priority health outcomes detailed in associated pillars 	<ul style="list-style-type: none"> • Increased physical activity • Reduced exposure to climate health risks • Decreased exposure to mental health and wellbeing risk factors • Decreased exposure to mental health & wellbeing risk factors • Reduced exposure to environmental health risks • Reduced harmful exposure to ultraviolet radiation • Increased supported activities that embrace the natural environment 	<ul style="list-style-type: none"> • Increased physical activity • Reduced injuries & a safer community • Decreased exposure to mental health & wellbeing risk factors • Reduced harmful alcohol use 	<ul style="list-style-type: none"> • Increased healthy eating • Decreased exposure to mental health & wellbeing risk factors • Increased physical activity • Decreased family & domestic violence • Increased social connection & inclusion • Decreased incidence of psychological distress 	<ul style="list-style-type: none"> • Reduced exposure to climate health risks • Reduced exposure to environmental health risks • Increased healthy eating • Reduced prevalence of communicable diseases • Reduced harmful alcohol use • Reduced smoking • Mitigate the impact of public health emergencies • Increased participation in public health screening & immunisation programs
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Public Health Leadership

Aspiration: The Shire of Denmark is a transparent, committed and effective regional public health leader through leadership, advocacy and engagement.

As public health leaders, we are committed to setting targets for 2022 – 2027.

A key target under the Public Health Leadership pillar is an organisational commitment to respectful relationships and reconciliation. Key deliverables include increasing the engagement and activity of reconciliation efforts both internally and externally with relationships, respect and opportunities critical to our success. No specific long term health goals are aligned with this priority as it encompasses a multitude of health impacts (including environmental, community and personal).

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Leadership	1.1 DELIVER public health, wellbeing and health equity principles and priorities as part of strategic planning and service delivery where appropriate.	E1.1	
	1.2 FUND the ongoing delivery of the Bushfire Ready program through an annual contribution and ADVOCATE for opportunities to expand program.	C4.1	<ul style="list-style-type: none"> • Increased physical activity • Decreased exposure to mental health and wellbeing risk factors • Reduced harmful alcohol use • Reduced smoking • Increased social connections • Reduced exposure to environmental health risks • Reduced exposure to climate health risks • Increased healthy eating • Reduced injuries and a safer community
	1.3 ADVOCATE / PARTNER with community groups on grant funding opportunities to increase the health and wellbeing of our community.	L5.4	
	1.4 DELIVER a healthy and happy workplace for Shire of Denmark staff with a focus on wellbeing and work life balance.	L5.1	
Equity of Access	2.1 ADVOCATE to improve equity of access to health services and programs for residents of the Shire of Denmark (including at risk groups) through improvements in key infrastructure networks such as: <ul style="list-style-type: none"> a. Transport b. Telecommunications 	C4.2	

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Advocacy	3.1 ADVOCATE for equitable access to social determinants of health to improve public health and wellbeing outcomes on behalf of our community to State and Federal government, agencies, private organisations and peak bodies for our priority population group.	L5.2	
	3.2 LEAD strong climate change action, through leadership and coordination at all levels of government.	N2.4	Continued... <ul style="list-style-type: none"> • Prevent and control of communicable diseases • Mitigate the impact of public health emergencies
Public awareness & engagement	4.1 ADVOCATE on behalf of external agencies, private enterprise and community groups for projects and activities that empower and enable people to live healthy, happy and connected lives.	L5.2	<ul style="list-style-type: none"> • Promote screening and immunisation • Reduced exposure to ultraviolet radiation • Decreased incidence of psychological distress • Social connection and inclusion
	4.2 PARTNER with the community to acknowledge and promote key days across the calendar internally and externally such as Harmony Day, Pride month, IDAHOBIT day, NAIDOC week, Reconciliation Week. These will encourage community connections, reduce social isolation and cultural barriers.	C4.3	

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Respectful Relationships and Reconciliation	5.1 LEAD engagement with Noongar leaders and population to develop best practice engagement focussed on relationships, respect and opportunities.	C4.4	<i>No specific long term health goals are aligned with this priority as it encompasses a multitude of health impacts (including environmental, community and personal).</i>
	5.2 LEAD communications on the importance of Reconciliation across the Shire.	C4.1	
	5.3 DELIVER a Reconciliation Action Plan in collaboration with the broader community.	C4.4	
	5.4 LEAD reconciliation actions through a roadmap that engages all Shire staff.	C4.4	
	5.5 DELIVER a range of culturally appropriate training and development opportunities for staff and Councillors.	C4.4	



Natural Environment

Aspiration: Our natural environment is highly valued and carefully managed to meet the needs of our community, now and in the future.

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Climate Change and Climate Action	6.1 ADVOCATE and FUND climate change action through strengthened collaboration and engagement with South Coast Alliance Inc.	L5.5	
	6.2 DELIVER a plan to work towards net zero carbon emissions at a Shire operational level.	N2.4	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks • Reduced exposure to climate health risks
	6.3 DELIVER maximum benefits to local business through an ongoing commitment State Buy Local Policy. Commit to supporting local economy through all Shire operations.	E1.1	
	6.4 PARTNER with the Denmark Chamber of Commerce to promote a circular economy and buy local philosophy.	E1.1	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks • Increased healthy eating
	6.5 DELIVER a reduced carbon footprint for Shire owned vehicles.	N2.4	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks • Reduced exposure to climate health risks
	6.6 PARTNER with community groups to encourage, empower and support the community to make choices that consider the health and environmental impacts of climate change.	N2.4	
Preserve and protect the natural environment	7.1 FUND activities to preserve natural environments for human health and wellbeing.	N2.1	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Reduce human impact	7.2 PARTNER with the community to participate in preservation activities such as tree planting days, beach clean ups and friends of reserve programs.	N2.1	Continued... <ul style="list-style-type: none"> • Reduced exposure to climate health risks
	7.3 ADVOCATE for the protection of natural bushland habitats and ecosystems, including protection of waterways for nutrient control, salinity control and riparian vegetation.	N2.1	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Reduced exposure to environmental health risks • Reduced exposure to climate health risks
	7.4 DELIVER local coastal hazard assessments to inform climate change preparedness where appropriate.	N2.4	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks • Reduced exposure to climate health risks
	8.1 DELIVER education and training to Shire of Denmark staff on the health impacts of climate change.	N2.1	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Reduced exposure to environmental health risks • Reduced exposure to climate health risks
Reduce human impact	8.2 PARTNER with community groups to promote programs that will reduce the reliance on fossil fuels in line with actions identified in the Sustainability Action Plan.	N2.4	
	8.3 DELIVER strategies for the Shire of Denmark to meet its commitments in the Sustainability Strategy including reducing carbon emissions by half by 2030, and carbon neutral/net zero emissions by 2050.	N2.4	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
	8.4 DELIVER strategies that aim to achieve zero waste to landfill by 2030.	N2.3	
	8.5 DELIVER ongoing waterwise reaccreditation for the Shire of Denmark.	N2.3	
	8.6 ADVOCATE for incorporation of waterwise usage into land-use planning and for new developments within legislative capacity.	N2.3	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks • Reduced exposure to climate health risks
	8.7 ADVOCATE for sustainable farming practices.	N2.2	
	8.8 ADVOCATE and FUND initiatives that promote waterwise use.	E1.4	
	8.9 ADVOCATE for local sustainable food innovations.	N2.4	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks • Reduced exposure to climate health risks • Increased health eating
	8.10 ADVOCATE for sustainable best practice within the broader community.	E1.4	<ul style="list-style-type: none"> • Reduced exposure to environmental health risks • Reduced exposure to climate health risks

Built Environment

Aspiration: We have a functional built environment that reflects our rural and village character and supports a connected, creative, active and safe community.

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Diverse & affordable housing, building & accommodation	9.1 ADVOCATE for the community sector, business and philanthropic organisations to collaborate and co-fund initiatives to address homelessness and service gaps in the local community.	B3.5	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Increased social connections • Reduced injuries and a safer community
	9.2 ADVOCATE for our local community to co-design the development of place-based initiatives that respond to and prevent homelessness in the Shire of Denmark.	L5.2	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Increased social connections
	9.3 FUND training for relevant front-line staff interacting with people experiencing homelessness.	L5.1	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Increased social connections • Reduced injuries and a safer community
	9.1 DELIVER through the Local Planning Scheme (LPS) the utilisation of land and assets to create places that are inclusive and can support vulnerable people.	B3.2	<ul style="list-style-type: none"> • Reduced injuries and a safer community
	9.2 DELIVER through the LPS a review of zoning and planning to address housing availability.	B3.3	

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Responsible development	10.1 DELIVER human-centred design and healthy-by-design principles in current and future public spaces, streetscapes and neighbourhoods through the LPS.	B3.3	<ul style="list-style-type: none"> • Reduced injuries and a safer community • Increased physical activity • Increased healthy eating • Reduced harmful consumption of alcohol • Increased social connection and inclusion • Decreased exposure to mental health and wellbeing risk factors
	10.2 DELIVER planning developments to include infrastructure and design considerations for alternate modes of transport through the LPS.	B3.1	<ul style="list-style-type: none"> • Reduced injuries and a safer community • Increased physical activity
Accessible Public spaces & infrastructure	11.1 DELIVER, through the LPS, guidance on the development of welcoming and accessible facilities to encourage greater utilisation of public spaces by our community and priority population groups.	B3.2	<ul style="list-style-type: none"> • Reduced injuries and a safer community • Decreased exposure to mental health and wellbeing risk factors
	11.2 DELIVER active and passive parks, playgrounds and additional public open spaces for all ages and abilities to enjoy.	B3.1	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Reduced injuries and a safer community
	11.3 DELIVER inclusivity and ensure availability and access to infrastructure and services for all minority groups including disadvantaged, and people with disabilities through the Disability Access & Inclusion Plan.	B3.1	

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Safer communities	12.1 PARTNER with organisations that deliver support or safety services within the community and identify any areas not currently being serviced for potential collaboration.	L5.2	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Reduced injuries and a safer community • Reduced family and domestic violence • Reduced harmful consumption of alcohol
	12.2 PARTNER with external stakeholders to deliver programs for seniors including reducing injuries associated with falls.	C4.3	<ul style="list-style-type: none"> • Reduced injuries and a safer community • Increased social connections

Social Environment

Aspiration: We live in a happy healthy, diverse and safe community with services that support a vibrant lifestyle and foster community spirit.

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Fostering Connection	13.1 DELIVER varied community services programs to address and respond to loneliness across our communities.	C4.1	<ul style="list-style-type: none"> Increased social connections
Family & Domestic Violence	14.1 ADVOCATE for community groups that are raising awareness of the impacts of family & domestic violence on health and wellbeing.	L5.2	<ul style="list-style-type: none"> Decreased exposure to mental health and wellbeing risk factors Reduced injuries and a safer community
	14.2 FUND domestic and family violence awareness and bystander training for staff.	C4.1	<ul style="list-style-type: none"> Reduced injuries and a safer community
Healthy Eating	15.1 ADVOCATE for healthy options at Shire venues, public open spaces, events, festivals and community activities.	C4.1	<ul style="list-style-type: none"> Increased healthy eating
	15.2 PARTNER with community groups to PROMOTE and support healthy and sustainable food, particularly to our priority population groups.	C4.1	
Activities & programs	16.1 DELIVER and promote activities and programs that contribute to increased physical activity and mental health and wellbeing; including local sports, fitness, community groups and cultural activities.	C4.1	<ul style="list-style-type: none"> Increased physical activity Decreased exposure to mental health and wellbeing risk factors Increased social connection

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Promote Inclusive communities	16.2 PARTNER with community groups on existing programs and initiatives that support mental health and wellbeing.	C4.1	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Increased social connection and inclusion
	17.1 PARTNER with stakeholders who provide health and community support to our priority population groups in order to deliver inclusive health and wellbeing outcomes.	C4.2	
	17.2 LEAD community engagement with our young people to develop a vibrant youth space in our community.	L5.2	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Reduced injuries and a safer community • Increased social connection and inclusion
Sporting clubs, community groups & non-government organisations	17.3 ADVOCATE for organisations working with people experiencing socio-economic hardship including homelessness.	C4.3	<ul style="list-style-type: none"> • Decreased exposure to mental health and wellbeing risk factors • Reduced injuries and a safer community
	18.1 PARTNER with State Government on programs such as Kids Sport, Club Development, Living Longer Living Stronger, to build the capacity of local clubs, groups and organisations to deliver health and wellbeing activities that will encourage participation of priority population groups.	C4.1	<ul style="list-style-type: none"> • Increased physical activity • Reduced injuries and a safer community • Increased social connection and inclusion

Health Protection

Aspiration: Deliver evidence-based health protection and health promotion services and programs for our community to ensure we are an attractive location to live, invest, study, visit and work.

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Risk reduction, disaster recovery & resilience	19.1 LEAD the preparedness of health and emergency services to respond to the impacts of climate change such as increased extreme weather events through the Local Emergency Management Committee.	N2.4	<ul style="list-style-type: none"> Reduced exposure to climate health risks
	19.2 LEAD the development of innovative approaches to care for the health and wellbeing of the community when responding to and recovering from emergencies through the Local Emergency Management Arrangements.	L5.3	<ul style="list-style-type: none"> Mitigate the impact of public health emergencies Reduced injuries and a safer community
Environmental health	20.1 DELIVER environmental health services to improve public health outcomes as per <i>Public Health Act 2016</i> .	C4.1	<ul style="list-style-type: none"> Reduced exposure to environmental health risks
	20.2 REGULATE, where appropriate, through local laws to provide improved outcomes for human health where not covered by State or Federal Legislation.	L5.3	
Alcohol, other drugs & smoking	21.1 ADVOCATE to reduce the risk of antisocial behaviour and alcohol related harm in the community.	C4.1	<ul style="list-style-type: none"> Reduced harmful alcohol use
	21.2 ADVOCATE that sporting clubs and associations utilising Shire of Denmark facilities demonstrate an ongoing commitment to reducing harmful alcohol consumption and promoting responsible services of alcohol through involvement in recognised programs such as the Good Sports Program.	C4.1	<ul style="list-style-type: none"> Reduced harmful alcohol use Reduced injuries and a safer community

Priority Area	Deliverables	SCP Ref	Long Term Health Outcomes
Screening and immunisation	21.3 ADVOCATE, where appropriate, for the implementation of alcohol and or smoke free environments including festivals, events, activities and or clubs.	C4.3	<ul style="list-style-type: none"> • Reduced harmful alcohol use • Reduced smoking • Reduced injuries and a safer community
	21.4 DELIVER reduced exposure to alcohol and tobacco advertising, marketing, promotion and sponsorship through Shire of Denmark policies such as advertising on Shire facilities such as McLean Oval precinct.	L5.3	
	22.1 PROMOTE population based national and state public health screening and immunisation programs to local residents (including childhood immunisations, COVID-19 and influenza vaccination, cancer and STI screening).	L5.3	<ul style="list-style-type: none"> • Prevent and control of communicable diseases • Promote screening and immunisation • Mitigate the impact of public health emergencies