Ready for Living

A concept for active ageing

August 2018

GORE DISTRICT COUNCIL

"Ready for Living" is a support programme for older people being developed by Gore District Council (GDC) in association with the Office for Seniors and the Southland Regional Development Strategy (SoRDS).

This paper outlines the concept for "Ready for Living" which has arisen and been tested through extensive community consultation. It is a proposal as to how GDC and its stakeholders should approach this initiative.

The paper is divided into four parts:

Part I: Background, purpose, outcomes

Part II: Situation, research and data

Part III: Strategy, approach and analysis

Part IV: Establishment plan

Part I

Origin

Where did the idea of the programme arise from?

The idea for "Ready for Living" arose from the SoRDS programme and was contained in the Action Plan. It has two broad and inter-related intents:

- **Active ageing** – encouraging older people to contribute to the community, economically and socially, for the benefit of the Gore community and each other;

- **Age-friendly** – shaping the Gore physical and social environment in such a way that it supports older people and enables them to be active.

This work is being done mindful of the WHO age-friendly programme and initiatives led by the Office for Seniors at the Ministry of Social Development.

Why Gore?

The SoRDS programme saw the potential application of this programme across Southland but that Gore was a contained district with a positive interest in active ageing and an ideal location for developing and trialling the concept. The programme also aligns with other initiatives in the Gore district, particularly those relating to its economic growth.

Brief

The brief is to develop an operational model for "Ready for Living" and to make an initial assessment of its suitability to Gore and whether Gore has the resources and capacity to mount it.

The brief for the feasibility study included several components:

- To undertake local research to understand perceptions of retirement, and the Gore District's capacity for supporting people in their 65+ years, now and into the future
- Undertake research nationally and internationally to understand what work is underway in this space, and explore whether models in existence elsewhere may have application in the Gore District
- Through a co-design process, develop a series of recommendations for the Gore District to consider which would allow the opportunity presented by the ageing population to be recognised, and the common thinking of ageing population as a "challenge" or "problem" to be broken down.

What is the product?

The 'product' outlined in this paper comprises:

- an operational model or concept
- a high-level viability assessment; and
- a go-forward Action Plan.

This would take the form of a report to be submitted to the Gore District Council, SoRDS and the Office for Seniors.

Project Governance

i.   **Sponsor:**
     Gore District Council, with funding from MBIE through SORDS.

ii. **Oversight:**

     The project was overseen by a Steering Group – comprising a mix of local stakeholders with associations in the field of services to older people. The steering group's responsibilities have included oversight of the development of the operational concept through:

     - Review of the demographics of Gore
     - Review of national and international age-friendly programmes
     - Review of public opinion and preferences
     - Application of professional opinion

iii. **Day-to-day project management**
     Gore District Council Social Capacity and Health Coordinator – Bernadette Hunt.

iv. **Delivery of the concept**
     Consultants HenleyHutchings.

Inter-dependencies

The Gore District Council has a strong agenda to lead the long-term sustainability of the District.

Central to both SORDS and the Gore District's growth agendas is population growth in part through retention of the existing population. In addition, economic development opportunities will be reliant on the skills, knowledge and expertise of those in the District, so it is vital that those skills are not lost.

If those in the 65+ age continue to make a contribution locally, it will assist the local economy and support the emergence and advancement of the skills and contribution of following generations. This is contrary to commonly held view that older people who remain in jobs are restricting the opportunities for young people. In fact, the older generation creates opportunities through the ability of businesses to utilise their expertise and grow. Further, many older people see their older years as a time of "giving back", whether through paid or unpaid work.

Balanced with this "contribution" is the reality that older people have needs and those needs increase with advancing age. Neutralisation of those needs through aids, urban design and all sorts of similar provisions enable older people to sustain their contribution longer into advanced age.

The Gore District Council's Spatial Plan project is also interested in the outcomes of this work. The Spatial Plan will provide a plan for the District for the next 30 years and will to consider the impact of changing demographics.

The ageing demographic is not unique to Gore District or Southland. Government is commencing a Positive Ageing Review which will explore similar concepts on a national scale.

Part II: Situation, Research and Data

New Zealand Exemplars

There are a number of projects in New Zealand that fit under the "age-friendly" banner. They are at all different stages of development. These are located in the following areas: Horowhenua, Kāpiti Coast, Hamilton, New Plymouth, Tauranga, Napier and West Coast. Hamilton has been the first to establish an official programme and is working to become recognised as an age-friendly city by the World Health Organisation (WHO).

There are many other examples of related programmes such as marae-based housing, inter-generational activities education so that activities such as elders teaching young people how to cook nutritious meals are emblematic of this activity. Such programmes concentrate on transport, particularly in rural towns where older people can no longer drive to the regional city for shopping and services. These examples tend to be one-offs rather than systematic programmes of action.

Services are also available in association with retirement villages and rest homes and are supplied by management for residents. These include entertainment, trips and tours and support to access services.

A number of key success factors have been identified from the exemplars above and are relevant to the Gore situation:

- **Community-driven** – the key resource to these programme is older people themselves, so any programme needs to be designed and driven by them.

- **Clear leadership** – a highly motivated and well-networked steering Group or Working Group needs to be formed to carry the programme forward. The members need to be active participants willing to contribute, not representatives acting for other parties.

- **Age-friendly mindset** – age-friendly is not just a programme but a mindset that needs to be gradually adopted into the culture.

- **Strategy** – there needs to be a clear plan of action that is worked on systematically.

- **Goal-focus** – there needs to be clear and practical goals so that those involved know what they are striving for at any one time and where the priorities lie.

- **Open-meetings** – Visibility and transparency are vital, which means that the programme and the leadership needs to be as visible as possible.

- **Community support and endorsement** – the programme needs the overt back-up of local organisations and the Council. Active communication therefore vital.

- **Hard and soft factors** – age-friendly is about hard and soft factors: infrastructure, transport, health, community attitudes, social cohesion.

- **Rome wasn't built in a day** – programmes like this require patience and dedication. They also require a long-term view because some initiatives such as in the infrastructure area could take years.

- **Community-wide funding** – funding needs to be widely sourced as part of developing acceptance and awareness of the ideas of age-friendly.

International Exemplars

The World Health Organisation (WHO) is looking to establish a global network for age-friendly cities and communities. The core idea of the WHO is "active ageing" and this "active" sentiment is totally in line with the direction of travel in the Gore project.

The WHO programme has a series of principles on which their programme rests. They regard these principles as starters and are not rigid about them. In the left-hand box is the set of principles, in raw form, we are proposing for "Ready for Living" in Gore. The left-hand box contains the eight principles of the WHO:

WHO Principles	"Ready for Living" Principles
• Outdoor spaces and buildings • Transport • Housing • Social participation • Respect and social Inclusion • Civic participation and employment • Communication and information • Community support and health services	• Accessibility • Mobility • Housing • Social participation • Employment and volunteerism • Health

Economic and demographic data for Gore

Population

The total population of Gore is 12,450. The population is static with the effect that the proportion of older people in the Gore population is growing. In 2016 Gore District 41% of the population was 50+ and this percentage is increasing.

Employment

Rates of unemployment were on a par with the national average in 2017 but with the fall of the national rate in the last year, are probably a little higher. Rates of participation in employment are high indicating that many people are working beyond the age of 65, the growth of paid employment is static.

Of particular note is the rate of self-employment. This is higher than the national average suggesting there is a large number of small owner-operator businesses which may be easier for people to transition from into retirement. The self-employment rate has fallen over the last 15 years or more and faster than the national average, but it remains higher than the national average.

Affordability

One of the major attractions of Gore is affordability. While living costs are on a par with the general economy in such areas as food, energy and transport, housing and rental affordability is significantly higher, making Gore a very attractive place to live. Also, the close proximity of services in a small community means that transport costs are also minimised. Winter heating costs are significant and run counter to the affordability trend.

Cultural dimensions

Gore is an attractive town. It is rural but centrally located between Dunedin, Invercargill and Central Otago. It has developed a strong culture based around the "rural city living" idea. Other cultural dimensions include a strong iwi presence and active community involvement and focus on music and entertainment give Gore a certain uniqueness.

Attitudes to ageing and retirement

Interviews and focus groups were undertaken with a wide range of older people (and some younger). Here is a selection of attitudes identified:

- **Retirement is no longer a hard line**

  Respondents were almost unanimous that the line between work and retirement is becoming blurred. Many already retired people said that for them the line was harder because of the generation they were from, but they saw it softening with subsequent generations. It was described as circumstantial. For example, selling the farm was given as a major hard transition, but many farmers continue with involvement if their son has taken it over or they undertake other rural-related work off the farm.
  The definition provided by one respondent was "retirement is the point where one ceases to be active" and that seemed to sum up the attitude of many. There was broad negative sentiment about that view of retirement, with many believing that this was an outdated term, and some suggesting it was the "beginning of the end of life". "Retire and die" was a term used by one, and that concept was echoed by several respondents.
  The most commonly identified point of difference between work and "retirement years" was choice. Respondents talked about work after "retirement" as being: "on your own terms". This implies a sense of self-determination. It was also described as involving "less stress".
  Finally, some respondents simply said that entering more advanced years was not a reason, of itself, to stop being active. The vast majority of respondents over the age of 65 had remained in some form of paid employment post 65, and those who hadn't were almost all very active volunteers.

- **Health is the major determinant of the level of activity of older people**

  "As long as you have got your health you can be active". Although people talked as if it were an absolute, health isn't. There was almost unanimous belief that health would be the single factor that would cause them to make a major change in the way they spent their time. Many expressed no desire or need to cease employment until their health required it.
  Access and proximity to health services, particularly a hospital, was seen as critical during older years and a key determinant of "retirement location". There is potential for Gore to provide a central location for more services to be deployed from the hospital, including through the use of technology.
  Core to active ageing is confidence in one's health and access to services was seen as a major contributor to that confidence.

- **Wellness services are available but not necessarily affordable**

Wellness services are the non-core health services that help older people keep active both physically and psychologically. Feedback from the interviews was that these services are available but where income levels are low, affordability is an issue. It is apparent that uptake would increase if costs were not a barrier. This is a matter that requires attention as part of the "Ready for Living " programme.

Particular concern was expressed around essential wellness services such as dental and GP services from an affordability point of view. Nurse-based health services were seen as a great asset.

- **Mobility is critical**

The continuing ability to drive is vital to social participation and when that becomes limited so does participation. Older people often shift into the Gore township from outlying districts and Mataura for this reason. There were particular pressure points identified such as the cost of the taxi service, but for many, the fact that they lived close to the town centre meant that they could walk to many of their social participation locations.
This matter of ambulatory access is important and means that ideally residential availability for older people near the centre of town requires consideration.
Respondents had strong views either one way or the other regarding retirement villages. The majority saw retirement villages as a place to go when one could no longer live independently. They believed that living in a retirement village would lead to a loss of independence and personal space. However, those who had retirement village experience had a much more positive perception.

It was noted that there are good transport services associated with health services both within the District and to neighbouring cities.

- **Entitlement**

There was a very low sense of entitlement amongst respondents. Perhaps they felt entitled to their superannuation and core health services, but their attitudes were much more strongly driven by what they had to give rather than to get.

There are opportunities to explore in this space regarding the transfer of skills from older to younger generations, and the potential in "human services" in the education and sport and recreation spaces.

Many respondents saw generation coming after them as having a stronger sense of entitlement and that was expressed as a point of concern.

- **Affordability**

As people age, their requirement for some paid services increases, for example: property maintenance. Those without a rural background, which enables access to discounted goods through a Farmlands Card or similar, and those without supportive families in the area, face this issue to a larger extent. For those with a finite weekly income, this financial challenge can be particularly acute.

In Southland, home heating is an issue for those with lower incomes, and can lead to health and wellbeing issues.

- **Meaning and purpose**

Respondents highlighted the importance of meaning and purpose – "a reason to get up in the morning". Older people will remain active and contributing in the community if they have a sense that their contribution is valued. This is an important aspect of "Ready for Living'.
Respondents talked about activity in the community after "retirement' as "taking them out of themselves", helping to give them a diversion from the ageing process.
Respondents saw part of an active retirement as "giving back", but they also saw themselves as having a vital role in the family setting, especially in the education and support of grandchildren. The inter-generational theme is very strong.

Respondents also talked about "retirement' as being the opportunity to do new things. The idea that older people are all patterned and habitual in their behaviour and pursuits was strongly rejected as an inaccurate stereotype.

- **Social participation**

Social participation was seen by most as an end in itself and as highly valued for that reason. Gore was seen as a town with high levels of social participation and that is a key attraction. Most cited interaction with young people, not just older people, as vital to their happiness and sense of purpose.

- **Retirement activities**

Most respondents didn't have a formed retirement plan or "bucket list". Where planning had been done it was more around financial arrangements and less about lifestyle. Common goals were remaining healthy, time with grandchildren and volunteer time to give back to the community.
Some indicated enthusiasm for travel, but this was often to visit family than for personal experiences. They indicated the experiences they wanted were there for them in Gore.
Exercise was raised by many as essential and they are involved in all sorts of activity groups such as swimming and walking. May were involved in service organisations such as the Lions or the marae.

- **Technology**

Respondents generally reported themselves to be active technology users, though this was skewed towards the "young old" (or those still in paid employment) rather than the "old-old" (or those who had exited paid employment some time ago). Most were open to the idea of accessing services including health services through technology.
There has been good uptake of technology courses offered locally such as "how to use your tablet", and the library provides useful support to those who need it for accessing services online such as IRD and WINZ.

- **Segmentation**

Is it possible to segment the older population generally, and of Gore particularly, in terms of their values, attitudes and expectations? There have been segmentation studies undertaken in New Zealand and those are being researched at present.
"Off the cuff" segmentations suggested by respondents showed that the presence of grandchildren can significantly impact on the approach to the "older years" but the segmentation seemed to boil down to five areas:
  o **Eternal travellers** – those who have a bucket list of things they want to do and set about working through it.
  o **Social-set** – those who are highly socially connected and transition that activity into retirement. They are actively involved in social organisations and recreational pursuits and are more often women than men, though both sexes are well represented.
  o **Do-ers** – those who either continue working, work part-time or throw themselves into volunteer activity. These are people with tangible transferable skills and an outgoing personality. They are both men and women.
  o **Sitters** – those who retire and stop. These are more often men who find the transition too hard to make.
  o **Strugglers** – those who enter their older years with limited means and therefore have limited choices and low ability to access services which may make those years more enjoyable. This group is difficult to identify and not particularly visible in the community.

Segmentation is not a judgement. It was generally agreed that "doers" were very strongly represented in the Gore community. It is difficult to give each category proportions of the total, but eternal travellers are a very small group and travel more often than not involved family. Similarly the sitters appear to be a small

group and their passive situation probably reflects personality and lack of preparation for retirement. There were many who had limited funds for retirement but did not see themselves as strugglers and shaped their activity to their income.

It was noted that "strugglers" are difficult to identify and probably have needs. There is some stigma around this group perhaps arising from embarrassment around financial. There is a need to find safe territory for these people.

- **Returning to their roots**

  It was reported that a growing number of older people are returning to the area in later life. Often there are family connections, but not always. It is the phenomenon of people returning to where they have come from and the completeness that this provides to their life.
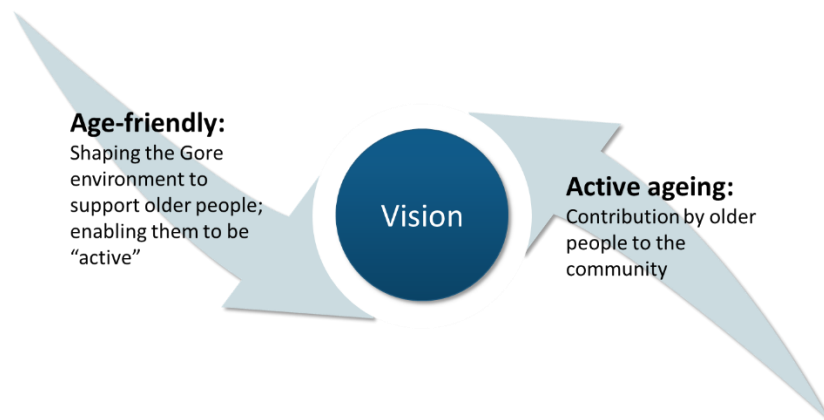
- **Immigrants**

  There is a growing immigrant population in Gore and this population is now ageing. It is common that when they approach retirement immigrants return to their home country, not unlike people who originate from Gore are now returning to the area in later life. However, there is the prospect that more and more long-term immigrants will opt to remain in Gore, and this is more likely if younger generations of their family are resident in Gore. This will need to be considered in the provision of care, to ensure sensitivity regarding food preferences, religion and other matters. Immigrant communities tend to stay within themselves and whether this will continue into retirement or whether they will become more integrated into the mainstream community remains to be seen. There is much to be gained from integration.

- **Overall assessment and conclusions**

  - Gore was seen by the vast majority of people interviewed as a great place to retire.
  - Family located outside of Gore and the climate were cited as the two main downsides, but on virtually all other criteria it was rated highly such as access to health services, places to go, things to do, social contact, etc.
  - Cost of living was regularly cited as a positive.
  - Most respondents regarded Gore as already being age-friendly.
  - We are not going to have to shift mind-sets: this sector want to be net-contributors for as long as they can be.
  - Need to consider the impact on the township if the majority would prefer to stay in their own homes – housing availability may become an issue.
  - The retirement experience will be significantly different depending on financial means.

Part III: Strategy, approach and analysis

In thinking about the vision for Gore for this project we have sought to combine two ideas – age-friendly and active-ageing. We can see a future where an age-friendly Gore supports people to age-actively and contribute to their community:

Age-friendly:
Shaping the Gore environment to support older people; enabling them to be "active"

Vision

Active ageing:
Contribution by older people to the community

Success statements to describe this vision could include:

- Age carries no stigma.
- Age of itself does not create boundaries - attitudes do.
- Older people are seen as givers not takers.
- Older people are integrated not segregated.
- Transferring knowledge, experience and ideas to younger people.
- Aging is seen as having many pathways – there are choices.
- The 65+ years are acknowledged as another life-stage, not the end of working life.

It is expected that the vision and the success statements will be subject to active co-design work.

To generate this vision, we have used the approach of "co-design". It is envisaged that the programme will almost always be in a state of evolution as our view of the future matures. This "bottom-up" approach is fundamental to its success. It takes its lead in part from the learnings of the Social Sector Trials by ensuring the leadership of the programme rests within the community and that service agencies are encouraged to work within that paradigm. Not vice versa.

This section of the report begins to lay ground for the co-design process that we are proposing.

Mission

The mission – the tangible outcome or success to be achieved – is that older people will gain greater meaning and purpose in their lives from giving to their community. We are of the view that such a sense of mission will resonate with older people as long as they do not feel compelled to accept it. It also needs to have community-wide acceptance.

The proposed mission is about enhancing the quality of life of older people:

Ready for Living

"living by giving"
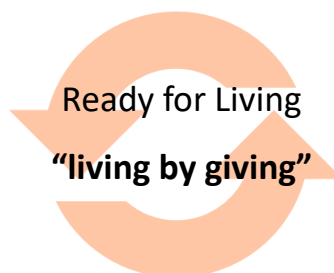
Approach

Ready for Living is very much a journey rather than a destination. It will evolve over time and in line with the culture of ageing. The strongest context of this programme is the view of Gore as a high performing community – not just for the aged – but for young people as well.

Goals

The vision of Ready for Living needs to be converted into a set of goals that will guide the programme. Once again, the co-design of these goals will be important. The goals are primarily about attitudes:

i.   The idea that contributions from older people are vital to the future of Gore is known, understood and supported across the District.
ii. The idea that what is good for older people is good for the community is known, understood and supported across the District.
iii. The idea that investment in services, supports and activities that result in an enhanced contribution of older people to the community is known, understood and supported across the District.
iv. The idea that the "old" definition of retirement no longer exists and that there is an additional life-stage through which people may choose to contribute to the community in a different way is known, understood and supported across the District.

Focus Areas

From the research six focus areas to drive the programme were identified:

- **Accessibility** – to outdoor spaces and public buildings
- **Mobility** – ability to get around
- **Housing** – easy adaptability of housing stock to reflect the age and stage of the occupants
- **Social participation** – events, activities, organisations, consumerism
- **Employment and volunteerism** – flexible arrangements to enable access, "value" attached to unpaid employment
- **Health** – access and oversight

There is a range of other principles contained in the WHO programme, but these are already in play in Gore and did not come across as priorities in the interviews or focus groups. They are:

- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services

Priorities

We have laid these focus areas out into a diagram which presents them as priorities. These priorities reflect the way in which they were presented in the interviews and focus groups.

Primary priorities:

- **Health** came out as far and away the key priority. This is not to suggest there is unhappiness with the current arrangements, but health is a key concern of older people.
- **Mobility** relates to the ability to access to living experiences.
- **Housing** is a fundamental requirement to enabling active ageing.

Secondary priorities:

- **Social participation** is vital, but can be severely constrained if matters such as health and housing cause pressure.
- **Employment and volunteerism** are part of the broader sense of meaning that older people seek.

- **Accessibility** enables older people to keep a broad view of the world at a time of life when the view can narrow sharply.

The framework envisages that all the priority areas will be worked on in parallel. We have placed them into a triangle diagram which illustrates that some areas are of higher priority, but all rest on each other.

Detail on Priorities

Each of the focus areas in the diagram is considered. These have emerged from the background research and will provide direction for the next stage of the process, but it is acknowledged that priorities could change as a result of further work.

While this section identifies potential actions and outcomes across the six priority areas, there are some cross-cutting considerations. For example, older people don't like shocks and unpredictability. Careful planning of change and gradual introduction makes it more acceptable and easier to adopt. It's not only the older people that have to adapt, but also their families and carers.
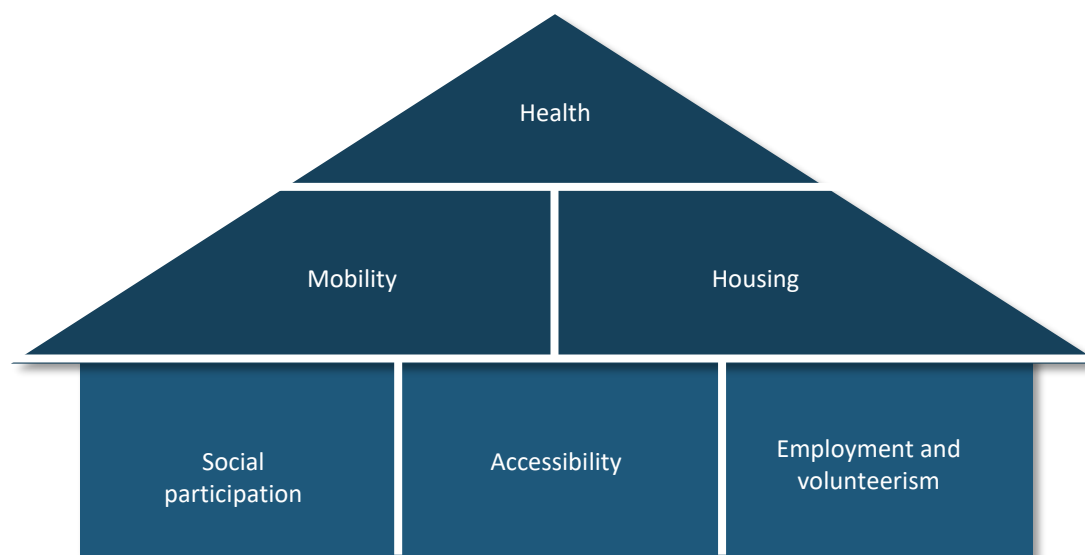
Health

The importance older people place on access to health cannot be over-emphasised. Access to health services is vital. The ideal is a high level of access with a minimum of fuss and difficulty – seamless engagement.

Beneficial characteristics identified were:

- Minimising cost barriers:
  - Particularly in primary care
  - Including transport and access services
- The runanga model for health care was highlighted as a breakthrough:
  - Nurse-led clinics
  - Subsidised medical visits were supported to make sure older people get to the GP
  - Use of GP home visits where appropriate
- Minimising cultural barriers:
  - Culturally appropriate delivery for migrants and iwi
- Health advocates:
  - Follow up with clients after checkups etc
  - Easy access to specialist appointments, even using tele-medicine and other technologies techniques
  - Help with understanding the information provided particularly where there is no family involved

- Retention of the local hospital and associated local services:
  - Improved integration and connectedness between them, particularly for people with high levels of need
  - Greater use of telemedicine and remote servicing
- In home medical support:
  - Electronic monitoring and connection with primary providers
- Affordability of wellness services and access to them
- Information:
  - Knowing where to go
  - Knowing how best to access services
- Health workforce:
  - Attracting qualified people to the area
- Adequate special services:
  - Eg dementia

Mobility

- Access to mobility aids:
  - Aids of all types
  - Affordability around equipment like scooters (loan schemes)
  - Access to mobility aids
- Public transport:
  - Social bus service
  - Tailored services for people with mobility issues – health provider, supermarkets
  - Affordable taxi services
- Driver licence management:
  - Local licenses
  - Conditional licenses
- Town centre design:
  - For age-friendly access
  - Footpath condition
  - Shop and building access
- Identification:
  - Who needs help
  - What help is available
  - Early intervention to prevent problems becoming worse

Housing

- Home care support:
  - Ability of mobile services to support people at home
  - Added supports - supermarket delivery, community nurse, home maintenance services, energy effectiveness, annual home maintenance and energy checks
  - Assessment of current town-centre housing stock
  - Ageing housing stock and ability to upgrade
- Community-based "retirement village":
  - Community-based model
  - Trust-driven
  - Down-size options; ease of downsizing; inner-town locations; multi-unit dwellings
  - Co-location with other community facilities – schools, etc
  - There are examples in parts of the country run by the Salvation Army
  - Home handyman programmes exist in other parts of the country
- Vertical retirement village:
  - In or around town centre
  - Vertical community

- Other housing options:
  - Kaumatua housing
- Respective roles of retirement villages and private housing
  - Recognition that in the future fewer older people will own their own homes
- Access to technology enhancement within houses:
  - Health services
  - Retail delivery - supermarkets
  - In-house safety management

Social participation

- Problem-solve around impediments to participation:
  - Antisocial attitudes
  - Mental health issues
  - Substance abuse
  - Transport; financial; location
- Enablers of social participation:
  - Education
  - Communication – Tinder equivalent to find social connection
  - Transport – community operated/funded
  - Networking; "evangelists", know your neighbour
- Connection with volunteerism such as service clubs:
  - "Jobs" board
  - Information at "bumping spots"
- Partnerships with community services:
  - ECEs visiting aged care locations

Employment and volunteerism

- Retraining:
  - Especially in 'social' technologies
- Work / Volunteer recruitment:
  - Volunteer centre
  - Job board
  - Placement arrangements
- Age friendly employer:
  - Retaining older employees
  - Recognition
  - Rewards
  - Skills transfer
- Community attitudes:
  - Value attached to unpaid employment
  - Valuing older employees
  - Role modelling / good profiles

Accessibility

- Age-friendly accessibility for public and private buildings:
  - Access in adverse conditions
  - Age-friendly services register – accreditation, agreed standards and commitments (eg reporting someone of concern)
  - Knowing what's available – technology
  - Age-friendly building and services
  - Customer service attitude to older people in retail outlets and businesses
- Older person's expo for information provision
- Age-friendly attitudes encouraged through:

o Informed and trustworthy service providers (accreditation)
o Activities
o Monthly newsletter

The next diagram presents similar information to the triangle diagram earlier but in a circle which we are calling the "circle of (aged) living". The mission is at the centre surrounded by the focus areas and potential actions and activities. This diagram is the proposed format for the Blueprint referenced in the next section.

The circle diagram shows "Ready for Living — 'Living by giving'" at the centre, surrounded by focus areas: Health, Housing, Accessibility, Social participation, Employment, volunteerism, Mobility.

Health: Health advocacy, Remote delivery, Care delivery innovation, Home support, Home-based technology, Wellness availability

Housing: New housing models, New retirement village models, Housing affordability and sizing, Town-based vertical retirement villages, Smart houses

Accessibility: Information, Physical access, Hazards mitigation, Altitude, Accreditation (Ready for Living)

Social participation: Community service partnerships: churches, etc., Extension: needs-participation opportunities, Barriers to participation: mental health, substance abuse, Enabling organisations: service clubs

Employment, volunteerism: Re-training, Recruitment, Employer education, Community education

Mobility: Mobility aids, Public transport, Drivers' license, Town centre design, Needs identification

Linkages

There are linkages across each of these areas. Just a few are:

- Employment and volunteerism are closely linked with social participation
- Housing, knowing neighbours are linked with home improvement and maintenance
- Health is a common denominator across all other categories

The Koha Kai model is a great example of a solution which maximises linkages: the service provides food for disadvantaged youth, its workforce includes the disability community which allows them to learn new skills and contribute to the community utilising and maximising the varying skills of its workforce (paid and unpaid) through a range of tasks including gardening, cooking, distribution, leadership. A smaller example exists in Mataura through the Mataura Community Garden and Meals on Wheels.

Blueprint / Road Map

The basic approach has been described, but how is it progressed?

We envisage the following elements:

- **Large-scale blueprint**
  A large-scale blueprint encompassing the total programme will be developed using an electronic medium to support ongoing consultation to further develop the co-design and action plan. This will be able to be printed on paper or projected onto a wall and will also be accessible online. This will allow regular and immediate updating of the blueprint as the consultation progresses and will allow the consultation to be mobile around the community.

  The value of such a life-sized visual is that it allows participants in the programme to see its scope and the inter-linkages, all in one view. The blueprint is public property. Participants need to feel that they are stepping into a new world that they can influence and design.

  Consultation using the blueprint will move around the community, in venues such as a Gore "pop-up shop", Mataura Community Centre, Hokonui Runanga, community room at local retirement villages, Waikaka Hall, etc. Accessible locations with good foot traffic and suitable for scooters will be ideal.

- **Focus groups**
  A focus group would be formed for each focus area comprising: older people, service providers (professionals), community organisation participants, facility managers (e.g. retirement villages), facilitators and government agencies. These focus groups would develop the detail of services and activities in their allotted focus area.

- **Group facilitators**
  There would be a facilitator for each focus area and they would recruit their focus group.

Each facilitator/focus group would develop a Road Map for their focus area – the key projects that they believe should be pursued and a plan of attack. Some projects would be short-term others long term. Priorities would be set, inter-dependencies identified.

Sitting above the blueprint and the focus groups would be a Steering Group acting on behalf of the Gore District Council and giving leadership to the process.

Why not just identify a programme of action and get on with it?

Experience tells us that to be successful these programmes must be community-driven. They must be part of the contribution of older people to the community. It must model the approach it espouses. It takes time to engage people and gain commitment to priorities, particularly if they are as complex as say, a housing project.

It is anticipated it would take 6-8 months to assemble the overall blueprint and the individual Road Maps and identify how they will be led and funded. Projects, once fully designed, could be launched one by one.

PART IV: Establishment Plan

It is envisaged that this concept needs to pass through a number of steps in the establishment phase:

1. **Approval**
    This involves "in principle" approval by the Gore District Council. It is also envisaged that support for the programme will be sought from notable agencies and organisations in the community.

2. **Blueprint**
    A draft blueprint is prepared and made available through multiple mediums and locations for broad consultation. A programme of meetings and discussions of organisations associated with older people are held on location where the blueprint is explained, and people are invited to put themselves forward as facilitators of focus areas or participants in focus groups.

3. **Road Maps**
    The focus groups then set about detailing the Road Map for their particular focus area which is likely to result in the specification of a number of projects in each focus area – some large, some small.

4. **Priority Setting**
    The Steering Group examines the Road Maps and sets priorities while considering the manageable scale, costs, resources and so on. Potential funding sources would be identified.

5. **Tracking**
    Facilitators and participants of focus groups would be invited to attend a regular review of the total blueprint as it evolves. These reviews would probably take place on a quarterly basis. The purpose of these reviews is to ensure inter-connections and inter-dependencies are being noted and planned for.

6. **Ongoing governance**
    It is envisaged that the overall programme, once formed, would have a strong relationship with the Gore district Council but would be independent, giving it a strong community-based, bottom-up ethos.

7. **Funding and resourcing**
    During the period that work is being done on the Road Maps the Steering Group would be charged with considering how the work could be resourced. This would stretch from voluntary labour contribution and community donation, through to local and central government funding.

Timetable

It is envisaged that preparatory work would be completed by March 2019 and at that time concrete projects, large and small, would be beginning to emerge.
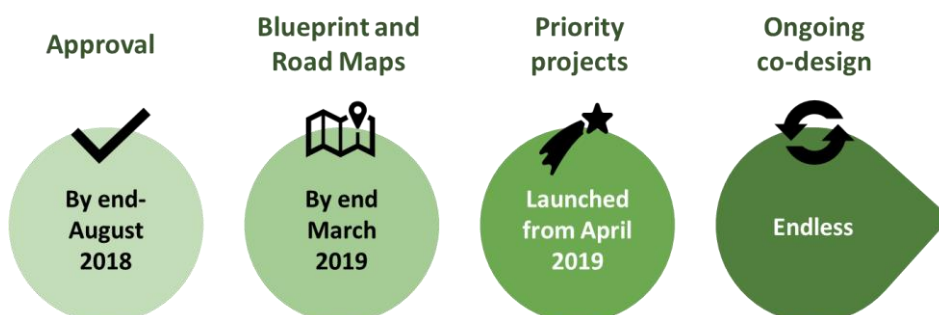
Implementation Guidelines

A number of guidelines for implementation were developed by the Steering Group:

- Community leadership is vital
- A steering group will be needed to play this role
- The programme should not rely on Government agencies
- The Office for Seniors can provide some support
- Look for things that don't require a lot of money as well as those that do
- Some simple things like companion pets can make a significant contribution
- A close relationship with funders such as CTOS and MLT is important

Captain's Log 2039

What would the picture of ageing in the community of Gore be in 2039 – twenty years from now? Can we visualise it? Here, in this final section, is a brief attempt to do so:

Health

- **Local** - majority of health services accessed locally through technology
- **Cost-friendly** - cost is a significantly reducing barrier to access to health
- **Accessible** - Te Kakano model, or similar, active
- **Seamless –** navigation easy; advocacy strong

Mobility

- **Independent** - less reliance on own car/licence
- **Cost-friendly** - transport no barrier to being community-active
- **Physical-friendly** - footpaths, multi-level buildings etc fit for older people

Housing

- **Intergenerational living** – family or others; with or without retirement village model
- **Range of living options** - suiting different needs / desires / financial ability
- **Smart houses** - technology in homes suited to all ages

Social Participation

- **Focus** - enablers of social participation are identified and maximised
- **Work and volunteering** - supported and maximised
- **Barriers identified** - mental health; substance abuse are dealt with

Employment and Volunteerism

- **Employers** – age-friendly
- **Paid and unpaid employment for older people** - equally valued
- **Training / retraining** - accessible and encouraged regardless of age
- **Technology** – high level of enablement

Accessibility

- **Information** – technology-enabled for services, events, organisations
- **Access** - buildings, services, retailers accessible and focussed on the importance of older people eg advertising, physical accessibility
- **Accreditation** - age-friendly services accreditation register is developed