

Marlborough District Council's Positive Ageing Survey

19 May 2020

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Submitter details

1. Nelson Marlborough Health (Nelson Marlborough District Health Board) (NMH) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu o Te Waka a Maui. NMH appreciates the opportunity to comment from a public health perspective on Marlborough District Council's Positive Ageing Survey.
2. NMH makes this submission in recognition of its responsibilities to improve, promote and protect the health of people and communities under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.
3. This submission sets out particular matters of interest and concern to NMH:

General Comments

4. NMH commends the Council on wishing to revise the Age Friendly Strategy which addresses the needs of an ageing population and improve the health, wellbeing and participation of older residents. NMH strongly supports having a strategy that addresses the needs of an ageing population. The health sector has an interest in this strategy because the Strategy's objectives overlay with the New Zealand Health Strategy's objective that "All New Zealanders live well, stay well and get well" and the objectives of the Disability Strategy that "New Zealand is a society that highly values the lives of people with disabilities and continually enhances full participation".

Specific Comments

Opportunities (Employment or Volunteering)

5. Work provides many physical and mental health benefits including providing people with social contact, a sense of self-worth and achievement. Additional income may alleviate some of the financial burden that older people face. It is important that people who wish to remain in the workforce are able to do so. Offering flexible work environments that allow more variable hours, unpaid leave, and job sharing means that workplaces can cater to the needs of a changing demographic, including a cohort of people who may have disabilities or dementia. In addition, workplaces may wish to provide employees with the ability to change to positions of less intensity or responsibility. The ageing workforce offer a wealth of knowledge and experience that should be utilised as much as possible including

the potential for a number of mentoring programmes where younger people can benefit from that wisdom.

6. In addition, further assistance may be needed to help people transition into more flexible working environments including information regarding employee's rights and entitlements
7. One of the consequences of an ageing society is an increased generational diversity in the workplace. People from different generations often have different sets of experiences and perspectives, which can pose challenges and opportunities.¹ The creation of a reciprocal mentoring schemes is one way where older workers can pass their skills to younger generations and younger workers can share skills regarding newer technologies and methods of adapting to rapid change. Greater understanding and more effective communication between generations will lead to more positive working environments.

Community Engagement

8. NMH recommends that there is a focus within the revised Strategy to provide and support age-friendly and intergenerational community events and recreational services. It is important that people of all ages are supported, empowered and engaged in community life. Creating opportunities for people to interact can foster this, and this can be done through events or public spaces. Consideration of the adoption of the Nelson's Age Concern "AgeConnect" initiative² could support this. AgeConnect is a cross sector group that promotes positive ageing and encourages community connection for older people in Nelson and Tasman.
9. Consideration could be given to the introduction of more intergenerational community spaces and places such as community vegetable gardens that would promote healthy eating and sharing of gardening skills; chess tables in Seymour Square or events i.e. holding an intergenerational games where people across the ages compete together in a variety of events.³

Health & Community Support Services

¹ [https://generationsworkingtogether.org/downloads/504decd7a096f-Guide to Mentoring Across Generations updated 15 Aug 2011.pdf](https://generationsworkingtogether.org/downloads/504decd7a096f-Guide%20to%20Mentoring%20Across%20Generations%20updated%2015%20Aug%202011.pdf)

² [AgeConnect Nelson Tasman:](#)

³ <https://www.gu.org/app/uploads/2018/05/Intergenerational-Report-MMMI-Creating-Livable-Communities-Toolkit.pdf>

10. NMH would be interested in reviewing the survey results as these results could help inform our current services.

Transport and Amenities

11. NMH recommends that there is a range of safe, accessible, affordable transport options for older people.
12. *Public Transport:* It is regrettable to see that bus service timetabling changes in 2019 have resulted in reduced services from six (6) one hourly services to four (4) one and a half hour services and there has been a loss of connectivity between the Blenheim route and the Picton service. Frequency is important to enable people to connect to their community easily. Therefore it is important that frequency of bus timetabling is reconsidered.
13. In addition, the level of seating and weather proof shelters at bus stops could be audited to ensure that people have a place to comfortably wait. Larger fonts should be used on bus timetables at bus stops.
14. Consideration could also be given to using young adults to help older people with using the bus network and feeling confident walking and cycling in their neighbours. This type of programme would also help establish bonds and build empathy between different age groups.⁴
15. *Parking:* In order to enable access for those with mobility impairments, consideration should be given to increasing the number of mobility car parks in town centres, near health services and key places of interest. In addition, 'age-friendly' parking spaces (similar to parent and baby spaces) could also be installed. These parks are wider than standard parks and are could be located near desired destinations. These age friendly parks should also have good access to public seating and toilets, and be well-lit and easily accessible. Normal parking rules would apply but the public are encouraged to leave 'age friendly' spaces free as a courtesy to older people in the community. The installation of 'age-friendly' parking spaces has worked successfully in Ireland with the number of spaces allocated increasing yearly.⁵

The level of lighting in the Blenheim Carpark should be assessed to see if people can easily navigate the carpark both as drivers and pedestrians. Consideration for 'age friendly' spaces within the carpark should be considered.

⁴ <https://www.gu.org/app/uploads/2018/05/Intergenerational-Report-MMMI-Creating-Livable-Communities-Toolkit.pdf>

⁵ https://www.dublincity.ie/sites/default/files/media/file-uploads/2018-07/AF_PublicRealm_online-1.pdf

16. *Footpaths*: Walking and cycling are low-impact forms of exercise in which almost everyone can participate⁶, physical activity among older people has been linked to better cognitive performance, reductions in morbidity and mortality and increased mental wellbeing.⁷ Consideration should be given to reviewing footpaths and walkways in the region, in particular review the surface conditions, improve kerb and driveway transitions, limit the number of free standing signs and consider the possibility of widening footpaths in high pedestrian areas to accommodate two mobility scooters to pass each other.
17. *Pedestrian Crossings*: Consideration also needs to be given to the provision of pedestrian crossings. Older people generally walk at a slower rate than younger people so it is important that they are able to cross intersections safely and comfortably. Leaning posts also could be installed so that people can also have a slight rest before continuing on their journey.
18. *Cycleways*: MDC is starting to create a safe cycle network. Encouraging higher rates of cycling in our older population can lead to significant health benefits; a study by King's College London on a group of cyclists aged 55 to 79 found these cyclists had levels of physiological function that are comparable to people much younger.⁸ Further consideration should be given to extending the separated cycle network.
19. *Seating in Public Places*: Seating allows people to take a rest while they move around town centres and hilly areas. Seating also can give people areas to socialise especially if seating is clustered in places of interest. Seats in public spaces need to have a plain design and be easily recognised as chairs to help those people with sight impairments and dementia.⁹ Public benches need to include a centre handrail so that people are easily get in and out of seats. Consideration also could be given to adapting the likes of utility boxes as a rest stop or the installation of pull down seating on walls.¹⁰ The level of public seating in the Marlborough region should be reviewed to see if it will meet the changing demands of an ageing demographic.

⁶ Bauman, A., Rissel, C., Garrard, J., Ker, I., Speidel, R., Fishman, E. 2008. Cycling: getting Australia moving. Barriers, facilitators and interventions to get more Australians physically active through cycling. Melbourne, Cycling Promotion Fund.
<http://www.cyclingpromotion.com.au/images/stories/downloads/CPFHlthRpr08V3prf1.pdf>

⁷ Holley-Moore, G. and Creighton, H. (2015) The Future of Transport in an Ageing Society, International Longevity Centre and Age UK

⁸ Pollock, R.D. et al. (2015). An investigation into the relationship between age and physiological function in highly active older adults. The Journal of Physiology. 593 (1).

⁹ Alzheimer's Australia Vic (2016) *Creating Dementia-friendly communities: A toolkit for local government* Commonwealth and Victoria Government's Home and Community Care program

<https://www.fightdementia.org.au/files/NATIONAL/documents/Dementia-friendly-communities-toolkit-for-local-government.pdf>

¹⁰ [AF PublicRealm online-1.pdf \(dublincity.ie\)](#)

20. *Toilets*: Public toilets need to be sufficient in number, well-maintained, accessible and clearly signposted. An audit of toilets could be undertaken to ensure that the number of toilets, in particular accessible toilets, will meet future demand. Consideration should be given to using contrasting coloured toilet seats, and high quality lighting to limit dark shadows to enable people with dementia to be able to easily interpret their environment.
21. *Signage in Public Places*: As more people will have dementia, it is important that signage that allows for line of sight orientation, and uses words and pictures. Bright primary contrasting colours with easily recognisable pictures should be used in signs.
22. *Rubbish Bins*: The location of bins can have a detrimental effect on the usability of an area. Bins should be located at a reasonable distance from public seating and in general should not be located immediately adjacent to public seating. The main reasons for this are associated with poor smell, flies, wasps and bees.
23. *Water fountains*: The number of water fountains is increased to encourage more rehydration opportunities for older people. Signage on water fountains is also recommended.
24. *Barriers*: The urban environment can be difficult for people with disabilities or dementia to navigate, therefore consideration needs to be given to creating urban spaces that are more accessible. A more accessible built environment will benefit everyone, not just people with disabilities, but older people, those with young children, and people with temporary mobility issues. NMH recommends that there is a focus on ensuring that Council buildings, facilities, transportation networks and services are accessible and inclusive for all members of the community. NMH recommends that the MDC's Access and Mobility group considers adopting Nelson Tasman Accessibility for All (A4A)'s "Accessibility checklist for businesses"¹¹ could be used to check inclusiveness. NMH also recommends that the Council considers adding a new requirement for accessibility audits¹² for new commercial enterprises.
25. The national Dementia organisation in Australia¹³ have created a toolkit on creating dementia friendly communities for local government which could be incorporated. In addition, acknowledgement could be given within the Strategy to

¹¹ https://www.tasman.govt.nz/document/serve/1-1419016-GOOD_ACCESS_GOOD_BUSINESS_Checklist.pdf?path=/EDMS/Public/Other/Transport/000000241139

¹² <https://www.barrierfree.org.nz/>

¹³ <https://www.dementia.org.au/files/NATIONAL/documents/Dementia-friendly-communities-toolkit-for-local-government.pdf>

emerging technology could also be used to help people navigate environments e.g. mapping apps or Bluetooth audio cues.

26. NMH recommends that MDC use the definitions¹⁴ that the University of Bristol created for an "All-Age-Friendly City project" in relation to the built environment:

- a. Representation and voice of children, young people and senior citizens in democratic processes and citizenship while recognising the heterogeneity of these groups;
- b. The experience and perception of safety in the city, including physical, economic and psychological safety, for children, young people and senior citizens;
- c. A sense of ownership of the city, in particular its public spaces, and feelings of belonging, being considered and being welcome in these spaces;
- d. A walkable city, supported by high quality, accessible and low cost transport systems, that encourages mobility and participation in public life;
- e. Integrated planning processes and service design that consider and encourage beneficial opportunities for interactions between children, young people and older adults in all areas of education, health, family and civic life.

27. NMH would like to see MDC take Melbourne's approach of adopting the "20-minute neighbourhood"¹⁵ – giving people the ability to meet most of their daily needs within a 20-minute walk from home, with access to safe cycling and local transport options. Liveable communities should have access to the features shown on the diagram on the following page.

¹⁴ <https://www.smartcitiesdive.com/ex/sustainablecitiescollective/what-age-friendly-city/908736/>

¹⁵ <https://www.planning.vic.gov.au/policy-and-strategy/planning-for-melbourne/plan-melbourne/20-minute-neighbourhoods>



Technology and Information

28. NMH recommends that access to IT opportunities and training is continued to give people the ability to connect with services and families e.g. training on internet banking or accessing audio books.

Housing

29. NMH recommends that there is a goal to provide a range of affordable and appropriate housing options for older people and also for young families. In addition consideration could be given to ensuring that universal design principles are used in new developments to provide accessible housing.

30. New Zealand research has shown that the current housing stock struggles to function adequately for people with disabilities and tends to be costly to adapt. The poor functionality and accessibility of New Zealand's housing stock contributes to the process by which individuals' limitations are transformed into a disability. This has resulted in

- a) People being displaced from private homes into residential facilities
- b) Costly dwelling modifications which frequently under-deliver functionality, are unaffordable for individuals, and need to be rationed because of constraints on public funding with a consequent gap between need and supply
- c) Requirements for significant in-home support provided and/or funded by families or contacted with public funding

31. Incorporating the simple principles of life-time design into housing designs now allows for housing to cater for people at all stages of life in the future. BRANZ research has shown that it is considerably cheaper and less disruptive to build universal design features into an individual new home than retrofit the same house later. As an example, the average extra cost of equipping a new house with universal design features is \$1,720, while retrofitting these new houses at a later date would cost an extra \$16,990 on average (using 2011 figures)¹⁶.

32. NMH recommends that the Strategy includes detail about the quality of housing. Poor housing exacerbates existing health conditions leading to increased GP and hospital visits. Older people living in colder dwellings have an increased risk of respiratory problems. Offering a service for households that gives independent advice about how to improve the health of homes would be beneficial and enable older residents to stay in their homes longer, as well as helping families keep their homes healthier. NMH supports the MDC's current work in regards to Warmer Kiwi Homes.

Other: Safety

33. Social isolation and safety could also be identified within the Strategy. One method on making people feel more safe and secure in their homes and online could be to train young people and teenagers in a home safety programme¹⁷ where youth visit homes of older adults living independently to perform a safety assessment for the home and assist with online safety.

34. NMH recommends that the Strategy includes a focus on climate change and the increased risk of extreme weather events to older people. Older people may be physically, financially and emotionally less resilient dealing with the effects of a changing climate than the rest of the population. Consideration should be given to including an additional Council objective around supporting emergency preparedness. Emergency preparedness has been acknowledged as important in the World Health Organization's Checklist of Essential Features of Age-friendly Cities. By adding an additional objective with also align this policy with the National Disaster Resilience Strategy¹⁸.

¹⁶ https://www.branz.co.nz/cms_display.php?sn=215&st=1

¹⁷ <https://www.gu.org/app/uploads/2018/05/Intergenerational-Report-MMMI-Creating-Livable-Communities-Toolkit.pdf>

¹⁸ <https://www.civildefence.govt.nz/cdem-sector/plans-and-strategies/national-disaster-resilience-strategy/>

Other: An Intergenerational approach:

35. Changes in family patterns, living arrangements, greater geographic mobility, and ageing segregated activities has been said to have resulted in older and younger people becoming increasingly disconnected.¹⁹ However both groups have resources of considerable value to each other, they also face similar concerns such as social isolation, housing and employment. Reciprocity between generations is one means of addressing concerns that face all generations. Meaningful relationships based on mutual understanding between intergenerational family members are indispensable for social integration and cohesion.²⁰ The Scottish Government²¹, along with Generations Working Together and the National Forum of Ageing have created Guidelines to adopting Intergenerational Practice within a policy context. These guidelines contain a set of eight core principles when adopting an intergenerational approach:

- a. *Mutual and Reciprocal Benefit*: all participating generations gain benefit
- b. *Participatory*: based on the aspirations of the generations participating
- c. *Asset based*: focuses on discovering strengths and building assets rather than being focused on problem identification.
- d. *Well Planned*: offers structures programmes or projects.
- e. *Culturally Grounded*: acknowledges that the needs and context of each group may differ which the principles of the approach remain the same.
- f. *Strengthens Community Bonds and promotes active citizenship*: promotes engagement of people from across the generations with each other and those around them.
- g. *Challenges ageism*: Young and old can be victims of ageist attitudes. This is a mechanism for generations to meet and work together.
- h. *Cross disciplinary*: provides opportunity to broaden the experience of professionals to working in a more inclusive way.

¹⁹ Generations Working Together (n.d.) *Intergenerational approaches to improving health and wellbeing*, NHS Health Scotland <https://generationsworkingtogether.org/downloads/536a04c11694b-GWT%20web%20FINAL.pdf>

²⁰ United Nations Youth (n.d) *Youth and Intergenerational Partnerships* <http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-intergenerational-partnerships.pdf>

²¹ Generations Working Together (2015) *Guidelines: Bringing Together Local Authorities and Intergenerational Practice in a Scottish Policy Context*, NHS Health Scotland <https://generationsworkingtogether.org/downloads/54dc74c1bd045-NFA%20GENERATIONS%20WORKING%20TOGETHER%2020PP%20GUIDLINE.pdf>

36. Adopting intergenerational practices has been shown to reducing stereotypes and ageism between generations, improving general health and wellbeing, relieve social isolation. It can promote positive behaviours by sharing skills and creating safe environments for activities and exchanging life skills and experiences.²² Intergenerational approaches have a potential to address many social development priorities, such as building of active communities, promoting responsible citizenship, as well as addressing inequality and social exclusion²³ NMH recommends that the core principles are incorporated into the Strategy.

Conclusion

37. NMH thanks the Marlborough District Council for the opportunity to feedback on the Positive Ageing Survey.

Yours sincerely



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²² Generations Working Together (n.d.) *Intergenerational approaches to improving health and wellbeing*, NHS Health Scotland <https://generationsworkingtogether.org/downloads/536a04c11694b-GWT%20web%20FINAL.pdf>

²³ United Nations Youth (n.d) *Youth and Intergenerational Partnerships*
<http://www.un.org/esa/socdev/documents/youth/fact-sheets/youth-intergenerational-partnerships.pdf>