WEST TAMAR COMMUNITY HEALTH AND WELLBEING MAPPING PROJECT

Part B- Southern Section: Riverside, Trevallyn, Legana, Grindelwald, Exeter

December 2011

Written and developed by the University Department of Rural Health in collaboration with the West Tamar Council
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Foreword
It is with great pleasure in my new term as Mayor, that I present an important new resource for Council- the West Tamar Community Health and Wellbeing Mapping Project.

This project builds on the Beaconsfield Health and Wellbeing Mapping Project completed in early 2010, and has involved extensive community consultation with over 1500 community members and stakeholders. Both projects have generated many important findings which will assist Council to plan for and respond to community health and wellbeing issues and priorities across the whole municipality in the years to come.

Already, this resource has informed the development of a number of key community strategies, including West Tamar Council’s first Positive Ageing Strategy and its second Community Safety and Crime Prevention Plan. In 2012, it will strongly inform Councils’ new Community Plan and Youth Strategy.

I would like to thank those community members and service providers who have contributed to the success of this project through their valuable involvement in the surveys, focus groups, community forums and interviews that informed this project’s findings.

I would also like to express Council’s appreciation to the project team- led by staff from our Community Services Department and representatives from the University of Tasmania’s Department of Rural Health. This partnership with the Department of Rural Health is greatly valued by Council.

Council looks forward to working closely with its local communities and stakeholders in using this valuable resource.

Barry M Easther OAM

MAYOR
Acknowledgements

This document is first and foremost a community resource. It contains a range of collated information and data that can be used by the West Tamar Council, stakeholders and the community to plan, develop, implement and advocate for a range of community health and wellbeing services, activities and resources in the future.

The partnership between West Tamar Council and the University Department of Rural Health has also been a successful model for collaborative research and community engagement.

The project team would like to thank all those community members, service providers and organisations for their contribution and input into this project. The commitment and contribution of community members alongside the project team has made this both a valid and successful project.

Special acknowledgements are made to the following individuals for their contributions to this project and report.

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*Artwork Contributors*

Exeter Primary School students* (with special thanks to Georgina Montauben and Sally Milbourne).

*Students were asked to think about what health and wellbeing and living in the West Tamar community meant to them, and the artwork in this report is the result of their efforts.*
# List of Abbreviations/Acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>ACAP</td>
<td>Aged Care Assessment Placement</td>
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<tr>
<td>BDHS</td>
<td>Beaconsfield District Health Service</td>
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<tr>
<td>CDO</td>
<td>Community Development Officer</td>
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<tr>
<td>CHAPS</td>
<td>Child Health and Parenting Service</td>
</tr>
<tr>
<td>CHNA</td>
<td>Community Health Needs Assessment</td>
</tr>
<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>DIER</td>
<td>Department of Infrastructure, Energy and Resources</td>
</tr>
<tr>
<td>DoHA</td>
<td>Department of Health and Ageing</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HACC</td>
<td>Home and Community Care</td>
</tr>
<tr>
<td>LGA</td>
<td>Local Government Area</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
</tr>
<tr>
<td>SEIFA</td>
<td>Socio-Economic Index for Areas</td>
</tr>
<tr>
<td>UDRH</td>
<td>University Department of Rural Health</td>
</tr>
<tr>
<td>UTAS</td>
<td>University of Tasmania</td>
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<tr>
<td>WCP</td>
<td>Windsor Community Precinct</td>
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<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>WTMA</td>
<td>West Tamar Municipal Area</td>
</tr>
<tr>
<td>WTC</td>
<td>West Tamar Council</td>
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<tr>
<td>WTCRSP</td>
<td>West Tamar Community Road Safety Partnership</td>
</tr>
<tr>
<td>WTPAS</td>
<td>West Tamar Positive Ageing Strategy</td>
</tr>
<tr>
<td>WTSAG</td>
<td>West Tamar Senior Advisory Group</td>
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<tr>
<td>WTYAC</td>
<td>West Tamar Youth Advisory Council</td>
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<td>YDO</td>
<td>Youth Development Officer</td>
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Terminology Used in this Report

Health and Wellbeing

The World Health Organisation defines health as a ‘state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.’ Wellbeing can thus broadly be thought of as relating to a state of being well, healthy and contented. High levels of wellbeing are also regarded as characteristic of a strong, supportive and vibrant community (see Page 65).

Community

The meaning of community within this project is broken down into two areas: community as a distinct geographical area and community as a subjective and invisible entity defined by people’s sense of belonging and identity (see Page 65).

Health Mapping/ Community Health Needs Assessment

A dynamic ongoing process, undertaken to identify the strengths and needs of the community, to enable the community-wide establishment of health priorities, and to facilitate collaborative action planning directed at improving community health status and quality of life.

Hospital Separation

Separation from a hospital/ healthcare facility occurs anytime a patient leaves because of death, discharge, sign-out against medical advice or transfer. The number of separations is the most commonly used measure of the utilization of hospital services. Separations, rather than admissions, are used because hospital abstracts for inpatient care are based on information gathered at the time of discharge.

West Tamar Council

The West Tamar Council referred to in this document includes elected members and staff.

Service Provider(s) and Stakeholder(s)

This project defines a service provider/stakeholder as an individual, organisation or entity directly involved in or managing the provision of services, resources, programs and activities in the West Tamar Municipal Area.

SEIFA

The Socio-Economic Index for Areas (SEIFA) indicates aspects of social and economic disadvantage against low income, low educational attainment and unemployment. SEIFA indexes use a ranking system with the lower numbers indicating a relative high socio-economic disadvantage.

Study area

The focus of this project is the ‘southern section’ of the West Tamar Municipal Area. This includes the townships and localities of Trevallyn, Riverside, Legana, Rosevears and Lanena, Blackwall and Gravelly Beach, Exeter, Deviot, and Grindelwald. For the purpose of this report these are further grouped into 3 distinct areas: Riverside and Trevallyn, Legana and Grindelwald districts, and Exeter and districts.
Riverside and Trevallyn Districts (Postcode 7250)

Riverside and Trevallyn Districts are residential, rural and parkland areas. Riverside and Trevallyn Districts are bounded by the localities of Bridgenorth and Legana in the north, the Tamar River in the east, Launceston City in the south, and the Meander Valley Municipal area in the west. Part of the suburb of Riverside is located in the Meander Valley Municipal area. Part of the suburb of Trevallyn is located in Launceston City. Major features of the area include the Tasmania Zoo, Tamar Islands Wetlands Centre, Riverside Golf Club, Trevallyn State Recreation Area, Trevallyn Dam, Lake Trevallyn, Freelands Lookout Reserve, Windsor Community Precinct, Riverside Swimming Pool and several schools.

Legana and Grindelwald Districts (Postcode 7277)

The Legana and Grindelwald Districts are a rural area with growing residential areas in the townships of Grindelwald and Legana, and some industrial land use. This small area also includes the locality of Bridgenorth. Part of the locality of Bridgenorth is located in the Meander Valley Council area. The Legana and Grindelwald Districts is bounded by the localities of Notley Hills, Exeter and Rosevears in the north, the Tamar River in the east, the locality of Riverside in the south, and the Meander Valley Municipal area in the west.

Rapid growth in the WTMA took place during the early 1990s. Growth continued at a slower rate from the mid-1990s, as a result of new dwellings being added to the area, particularly in Legana and Grindelwald. Rural land is used largely for grazing and agriculture, particularly fruit growing. Major features of the area include Tamar Island Wetlands, Grindelwald Swiss Village, Tamar Valley Resort, Legana War Memorial Hall, Bridgenorth Recreation Ground, Legana Recreation Ground and several wineries.

Exeter and Districts (Postcodes 7275 and 7276)

Exeter and Districts encompasses rural areas and urban areas in the townships of Exeter, Gravelly Beach, Lanena and Swan Point. This small area also includes the localities of Birralee (in part), Blackwall, Deviot, Frankford (in part), Glengarry, Loira, Notley Hills, Robigana, Rosevale (in part), Rosevears, Selbourne (in part), Sidmouth and Winkleigh. Exeter and District is bounded by the localities of Holwell, Flowery Gully, Beaconsfield and Kayena in the north, the Tamar River in the east, the localities of Legana, Grindelwald and Bridgenorth and the Meander Valley Council area in the south, and the Latrobe Council area in the west. Rural land is used mainly for farming, grazing and orcharding. Major features of the area include Notley Fern Gorge, Brady's Lookout, Exeter Golf Club, the Tamar River, Artisan Gallery and Wine Centre, Glengarry Bush Maze and Tearooms, Deviot Hall, Edinburgh Park Hall, Frankford Memorial Hall, Sidmouth Community Centre, Winkleigh Public Hall, Supply River Mill Reserve, various wineries, several state forests and two schools.
Executive Summary
Executive Summary

Introduction

The West Tamar Community Health and Wellbeing Mapping Project is a collaborative partnership between the West Tamar Council (WTC), the University Department of Rural Health (UDRH) and the West Tamar community. The collaboration stems from the successful completion of the Beaconsfield Health and Wellbeing Mapping Project completed in early 2010. Both projects have provided an opportunity for West Tamar Council to consult with over 1500 community members and stakeholders.

The focus of this project is the ‘southern section’ of the West Tamar Municipal Area. This included the areas of Trevallyn, Riverside, Legana, Rosevears and Lanena, Blackwall and Gravelly Beach, Exeter, Deviot, and Grindelwald.

This report along with the Beaconsfield Community Health and Wellbeing Mapping Project ‘sets the scene’ for better understanding the health and wellbeing needs and priorities of residents in the West Tamar community. The comprehensive findings, issues and themes generated from this project lend themselves to an integrated and ‘whole of community’ approach to health and wellbeing in the West Tamar which considers and acknowledges the many factors that influence health in its broadest sense.

The project and its findings will provide a platform for West Tamar Council and its communities to formulate and create strategies, policies, actions, programs and resources for the benefit of the municipality. It is strongly aligned with the objectives of West Tamar Council’s Strategic Plan (2009-2014) and with Council’s vision which is to provide “an active and effective community enhancing West Tamar as the desired place to live, work, and visit”.

Aims and Objectives

The key objective of this project is to take an integrated and holistic approach to community health and wellbeing, which includes a better understanding of the needs and priorities of the community including existing barriers and enhancers of health and wellbeing across the West Tamar Municipal Area.

The aims of this project are:

a) To ‘map’ and gather information about the community health and wellbeing needs, concerns and priorities of the Southern section of the West Tamar Municipal Area through consultation with community members, stakeholders and service providers, via valid research practice and community engagement techniques;

b) To build on current strategic plans and objectives of West Tamar Council in the design and implementation of the health and wellbeing mapping process, and in the development of actions and recommendations to inform a number of community
strategies (e.g. community plans, youth strategy, positive ageing strategy and sport and recreation strategy, community safety and crime prevention plan);

c) To integrate a component of capacity building into the project through linking West Tamar Council staff and representatives with the UDRH through the transfer of specific knowledge and skills.

**Report Structure**

This report is broken into seven (7) sections. This includes an (1) Introduction to the project, including aims and objectives and an introduction to the West Tamar Municipal Area; (2) A literature review of relevant national and local health and wellbeing policies, and a health and service profile of the West Tamar study area; (3) A demographic profile of the project study area, which provides a comprehensive overview and breakdown of key demographic statistics such as age, gender, ethnicity, occupation and workforce participation, socio-economic status, housing and education; (4) A review of West Tamar Council partnerships and policies; (5) Project design and approach which details the key concepts, methods used to gather information and consult with the community. Section (6) reports the results from the community survey, youth survey, community forums and stakeholder interviews and consultations. Section (7) summarises all the results and provides an integrated approach to health and wellbeing in the West Tamar.

**Methodology**

The project is based on a population health perspective, which is concerned with factors and resources that enhance health and wellbeing, and positively influence conditions that enable people to make healthy choices to promote and maintain optimal health. The project was based on a community health needs assessment model, which was used to collect, analyse and provide information about the West Tamar population in order to better understand their needs and priorities and to ultimately improve future health service planning.

The project used four methods to gather information and consult with community members and stakeholders from the West Tamar Municipal Area. These methods included a community survey, a youth survey, community forums and stakeholder and service provider interviews.

In undertaking this project there was commitment and engagement of community members and key stakeholders who worked alongside the project team in the design, decision making and implementation of the research activities. This collaborative involvement is considered critical to the development and community ownership of the health map and has greater long term benefits for health initiatives and improvements within the community.
Overview of Key Issues and Findings

The comprehensive findings, issues and themes generated from this project lend themselves to an integrated and ‘whole of community’ approach to health and wellbeing in the West Tamar.

(a) Key Demographic Characteristics of the West Tamar

Key demographic characteristics of the West Tamar Municipal Area and its southern districts include:

a) Population of 20,814 from 2006 Census data (study area population 17,105);
b) One of oldest populations in Tasmania, 35.4% of population older than 50 years (compared with 34.4% for Tasmania and 30.9% for Australia);
c) Total population is expected to increase by 16.6% from 2012 to 2032 with the proportion of the population aged 70 years and older projected to increase significantly;
d) Large percentage of professionals 19.5% (compared with 17.5% of Tasmanians) and a smaller percentage employed as labourers (10.4% compared with 12.5% of Tasmanians);
e) The median individual income for the West Tamar above the regional and State medians;
f) The third least socio-economic disadvantaged Municipal Area in Tasmania after Kingborough and Hobart, as well as a high index of economic resources, education and occupational status;
g) The majority of separations from the Launceston General Hospital (the major public hospital in the region) by West Tamar residents were for day-only or single night stays;
h) Hospital separation rates for children in the West Tamar aged 0 to 14 years and people aged 65 years and over were below the regional and State rates;
i) Across a range of child health indicators, the West Tamar rates compared positively with state averages;
j) The number of GPs and estimated full time equivalent GPs (per 100,000 population) were well below state rates;
k) Slightly below the state average of people on income support payments (New Start Allowance, Age Pension, Disability Support Pension, Parenting payment).
(b) Key Results from the Community Consultations

Over 2000 people were invited to participate in the project, with the direct input of nearly 1000 people being received. The community and youth surveys proved to be particularly successful strategies. In total 1100 community surveys and 600 youth surveys were distributed with a response rate of 37.7% (410) and 63% (379) respectively. 12 community forums were conducted throughout the study area with a 160 people participating. 18 interviews were conducted with service providers and stakeholders from a range of sectors.

From all community consultations six key themes emerged including mental health issues, service provision, partnerships and workforce issues, access and availability of information and resources, social connectivity and participation, natural and built environment and infrastructure as well as the importance of community and personal safety. These findings and themes lend themselves to an integrated and whole of community approach that considers the many factors that influence health. The figure below diagrammatically represents an integrated and sustainable approach health and wellbeing within the West Tamar. The findings related to these components/themes are presented thematically below.

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Infrastructure, Environment and Safety

a) 30% of all community survey respondents specifically identified the physical and natural environment, as the most positive aspect about living in the West Tamar;

b) The key environmental concerns of respondents cited by respondents in the community survey were the (a) pulp mill, (b) increased subdivision and urbanisation without supporting infrastructure and (c) the poor and unsafe condition of the West Tamar Highway;

c) 30% of all community survey respondents perceived the need for infrastructure to support increasing subdivision, housing growth and expansion would be the key issues for the municipality in the next 3-5 years;

d) The safety and condition of the West Tamar Highway was a significant concern for community members across all forms of consultation;

e) On average respondents ticked between 2-4 recreational facilities that they used, indicating a high level of recreational facility use in the West Tamar;

f) The key recreational facilities being used by survey respondents across all age groups included (a) walking trails (b) parks and playgrounds and (c) public swimming pools and meeting places;

g) The provision of infrastructure such as footpaths in areas such as Legana was a predominant concern across all the community consultations, including parents with prams, older residents and those with disabilities.

Inclusion, Engagement and Participation

a) 17.8% of survey respondents identified living alone;

b) The social isolation of many older residents as a result of living alone, particularly in rural areas, was a concern for service providers;

c) Older residents stated that a lack of mobility and concern about driving on roads such as the West Tamar highway contributed to their decreased participation in the community;

d) The key issues identified by community survey respondents as limiting their ability to participate in the West Tamar community were (a) need for timely awareness and knowledge of information, resources and events, (b) work and family commitments, and (c) lack of time;

e) Older residents in the community survey and across the community forums consistently identified wanting more organised social activities and programs;

f) The Windsor Community Precinct was identified as a potential hub for inclusion and engagement of community groups and members from all demographic groups;
g) West Tamar Council youth programs and activities were positively acknowledged across all levels of community consultation;

h) The importance and possible expansion of after school programs and activities for young people were frequently raised as a priority for families, youth and service providers;

i) Volunteering (formal and informal) and places to meet was seen to be a key enabler of positive ageing in the West Tamar;

j) Continued dialogue and research of community needs and priorities by Council and other stakeholders was seen as important in the community survey and particularly in the community forums;

k) West Tamar Council’s Community Services team currently facilitates and supports a number of strategies, activities, events, and programs throughout the West Tamar Municipal Area in the community.

Information, Facilitation and Support

a) The key issues for all respondents from all age groups within the community survey concerning factors limiting ability to access health and community services was a perceived lack of awareness of available services and access to transport;

b) 80% of older residents who responded to the community survey wanted to be supported to remain in their own homes as they age;

c) Service providers, older residents and carers reported requiring more information about facilities, services and resources available for older residents (e.g. HACC services, community car);

d) The key issues reported by respondents in the community survey impacting on their ability to participate in the West Tamar area was a need for timely awareness or knowledge regarding events and resources in the West Tamar;

e) Young people strongly identified a number of issues associated with facilitation, support and information provision. These included the perceived need for organised activities and programs, increased support for young people and education in areas such as mental health and drug/alcohol use along with access to transport;

f) The community forums and stakeholder interviews identified continuing youth programs and activities as well as education and support for young people in the areas of mental health, sexual health, healthy relationships, drugs and alcohol and bullying as key supports for youth health and wellbeing;

g) The stakeholder interviews showed that for families, the two key issues identified for health and wellbeing included mental health and support and programs and education;

h) Older residents expressed a desire for a ‘Guide to Positive Ageing in the West Tamar’, including all relevant information about facilities, resources support and services relevant to older people.
Partnerships and Collaboration

a) The West Tamar Community Health and Wellbeing Mapping Project is, in itself, a collaborative partnership between WTC and UDRH;

b) WTC has a number of existing and diverse partnerships within the community including ongoing community forums and consultations;

c) Partnership and collaboration has fostered the development of the following strategies;
   • 1st Positive Ageing Strategy (completed)
   • 3rd Youth Strategy (in progress)
   • Recreational Plan (in progress)
   • 2nd WTC Community Plan (2012-ongoing)

d) A key issue identified as concerning the health and wellbeing of youth and families included forming more intersectoral partnerships and collaborations;

e) Engaging local schools and council in arts and public space programs was seen as an important and exciting direction for the community;

f) Service providers located at Windsor Community Precinct expressed much optimism at the opportunities their co-location could present for intersectoral collaboration and partnership in many areas of health and wellbeing;

g) Mental health issues and the need for greater education programs, particularly for young people, was seen as an area requiring greater partnerships across sectors and organisations;

h) A key issue affecting the general community included the desire for more public spaces and community meeting places – this will rely on the development of collaborative partnerships with other stakeholders;

i) A key issue identified by the general community and older residents included transport and road safety which will rely on the continuation of existing partnerships such as the West Tamar Community Road Safety Partnership and West Tamar Road Safety Action Plan.

Services and Resources

a) West Tamar residents generally use the Launceston General Hospital for outpatient services and single-night stays;

b) Hospital separation rates for the West Tamar for children aged 0 to 14 years and people aged 65 years and over were below the regional and State rates;

c) Across a range of child health indicators, the West Tamar rates compares positively with state averages;
70% of survey respondents identified a lack of dental services in the West Tamar, this need has been responded to by the location of a dental clinic at WCP;

In West Tamar, the number of GPs and estimated full time equivalent GPs (per 100,000 population) were well below State rates;

The key health and community services used most frequently across all age groups within the West Tamar by respondents were (1) Pharmacist, (2) General Practitioner, (3) Physiotherapy, (4) Public Transport, and (5) Library;

The key health and community services used most frequently across all age groups outside the West Tamar by respondents were (1) Dentist, (2) Optometrist, (3) Public and Private Hospital, (4) Library, (5) and General Practitioner;

The most commonly used recreational facilities used by respondents were (1) walking trails, (2) parks, (3) public swimming pool, (4) playgrounds, (5) and community centres and golf courses;

93.9% of respondents aged 50+ were concerned most about ageing and access to GP services;

Older residents and service providers were concerned about the availability of home and community care packages for those in need within the community (ageing in place supports);

All community members and stakeholders consulted identified the Windsor Community Precinct as a valuable community resource.

Summary

This project report and its findings will provide a positive platform for West Tamar Council and its communities to formulate and create strategies, policies, recommendations actions, programs and resources for the benefit of the municipality.

The major themes and issues identified by residents and stakeholders, highlights areas for consideration by West Tamar Council. The existing partnerships between the WTC and schools, health services and community groups (as discussed in Section 4) provide a platform for strengthening and improving the health and wellbeing of the community. A number of projects are underway (including Windsor Park) which provide opportunities for increasing health and wellbeing of community members.

It is important however to acknowledge that this report alone is not an all-encompassing resource concerning all issues associated with health and wellbeing in the West Tamar. It should be used in conjunction with a variety of resources and policies, most of which have been noted or summarised in this report.
1. Introduction
1. Introduction

This project is a partnership between West Tamar Council (WTC), the University Department of Rural Health (UDRH) and the West Tamar community. The collaboration stems from the successful completion of the Beaconsfield Health and Wellbeing Mapping Project completed in early 2010, which has provided an opportunity for West Tamar Council to consult with over 1000 community members and stakeholders. The key objective of this project is to take an integrated and holistic approach to community health and wellbeing, which includes a better understanding of the needs and priorities of the community including existing barriers and enhancers of health and wellbeing across the West Tamar Municipal Area.

This project, along with the results of the Beaconsfield project will strongly assist West Tamar Council to develop a range of community strategies in the next 5 years.

The key aims of this project are:

a) To ‘map’ and gather information about the community health and wellbeing needs, concerns and priorities of Part B (Southern section) of the West Tamar Municipal Area (7250, 7275, 7276, 7277 postcodes), through consultation with community members, stakeholders and service providers, via valid research practice and community engagement techniques;

b) To build on current strategic plans and objectives of West Tamar Council in the design and implementation of the health and wellbeing mapping process, and in the development of a range of community strategies, actions and recommendations;

c) To integrate a component of capacity building into the project through linking West Tamar Council staff and representatives with the UDRH through the transfer of specific knowledge and skills.
1.1: About the West Tamar Municipal Area

The West Tamar Municipal Area (WTMA) is located in northern Tasmania is bounded by Bass Strait in the north, the Tamar River in the east, Launceston City in the south-east, the Meander Valley Council area in the south, and the Latrobe Council area in the west. The WTMA is the seventh largest of the 29 local government areas in Tasmania. It includes the townships and localities of Badger Head, Bakers Beach, Beaconsfield, Beauty Point, Birralee, Blackwall, Bridgenorth, Clarence Point, Deviot, Exeter, Flowery Gully, Frankford, Glengarry, Gravelly Beach, Greens Beach, Grindelwald, Holwell, Kayena, Kelso, Lanena, Legana, Loira, Notley Hills, Riverside Robigana, Rosevale, Rosevears, Rowella, Selbourne, Sidmouth, Swan Point, Trevallyn, Winkleigh and York Town.

The WTMA is comprised of rural areas and growing urban areas, particularly in the south closest to Launceston, such as Legana. It encompasses a total land area of about 690 square kilometres. Rural land is used mainly for agriculture (particularly fruit growing), aquaculture and viticulture, with some gold mining. Tourism is also an important industry.

Major features include the Tamar River, Narawntapu National Park, Tamar Island Wetlands, Holwell Gorge, Notley Fern Gorge, Trevallyn State Recreation Area, Trevallyn Dam, Lake Trevallyn, Beaconsfield Mine and Heritage Centre, Platypus House, Seahorse World, Tasmania Zoo, York Town Historic Settlement Site, Australian Maritime College (Beauty Point Campus) and numerous wineries and vineyards. The West Tamar is linked to the East Tamar by the Batman Bridge, while the West Tamar Highway is the connector to Launceston in the south.

With respect to health service utilisation and access, the West Tamar is predominantly serviced by the Beaconsfield District Health Service in the north and by the Launceston General Hospital in the south.

1.2: About the West Tamar Study Area

To complement the Beaconsfield Community Health and Wellbeing Mapping Project (2009-2010), the focus of this project is the ‘southern section’ of the West Tamar Municipal Area. This included the areas of Trevallyn, Riverside, Legana, Rosevears and Lanena, Blackwall and Gravelly Beach, Exeter, Deviot, and Grindelwald.

For the purpose of this project, the WTMA has been divided into Part A and Part B. Part B (Figure 1) or the ‘southern section’ of the West Tamar Municipal Area includes three distinct areas. These are the (1) Launceston suburbs of Riverside and Trevallyn (7250); (2) Legana and Grindelwald districts (7277) and (3) Exeter and districts (7275, 7276). Traditionally, Riverside and Trevallyn access services and resources in Launceston, due largely to close geographical proximity to the city, and the absence of such infrastructure and services within this part of the municipality (Figure 1).
Part A, in the north of the municipal area, consists of more rural geographic centres that include the Beaconsfield and Beauty Point catchment areas and is not part of this report. Figure 1 below shows the West Tamar Municipal Area, indicating the Beaconsfield Health and Wellbeing Community Mapping Project study area (Part A), and the current study areas (Part B). Figure 2 shows the WTMA boundaries compared with other local government municipal areas in Tasmania.

Figure 1: Map of the West Tamar Municipal Area indicating study areas
Figure 2: Tasmanian Local Government Municipal Area Boundaries
1.3 West Tamar Health Services

The West Tamar can be considered to have a good range and quality of community and health services. There are three key community and health service delivery ‘hubs’ in the municipality; the Windsor Community Precinct, Beaconsfield District Health Service and Tresca Community Centre. While many rural areas have had a significant decline in their level of community and health services throughout recent years there has been considerable expansion in both government and non-government services within the West Tamar Municipal Area. Table 1 below shows the key health and community services in the project study area.

<table>
<thead>
<tr>
<th>Service</th>
<th>Location</th>
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<tbody>
<tr>
<td>West Tamar Health Medical Centre</td>
<td>Windsor Community Precinct</td>
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<tr>
<td>Optomeyes</td>
<td>Windsor Community Precinct</td>
</tr>
<tr>
<td>Australian Hearing Services</td>
<td>Windsor Community Precinct</td>
</tr>
<tr>
<td>Riverside Denture Clinic</td>
<td>Windsor Community Precinct</td>
</tr>
<tr>
<td>Riverside Family Dental</td>
<td>Windsor Community Precinct</td>
</tr>
<tr>
<td>Windsor Pharmacy</td>
<td>Windsor Community Precinct</td>
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<tr>
<td>Windsor Physiotherapy</td>
<td>Windsor Community Precinct</td>
</tr>
<tr>
<td>Child and Family Health</td>
<td>Windsor Community Precinct</td>
</tr>
<tr>
<td>Launceston Pathology</td>
<td>Windsor Community Precinct</td>
</tr>
<tr>
<td>Exeter Child Health Centre</td>
<td>Main Road, Exeter</td>
</tr>
<tr>
<td>Children’s Oral Dental Service</td>
<td>Exeter</td>
</tr>
<tr>
<td>Exeter Medical Centre</td>
<td>Main Road, Exeter</td>
</tr>
<tr>
<td>West Tamar Physiotherapy</td>
<td>Glen Ard Mohr Road, Exeter</td>
</tr>
<tr>
<td>Eyelines Optometry</td>
<td>Legana</td>
</tr>
<tr>
<td>Legana Pharmacy</td>
<td>Legana</td>
</tr>
</tbody>
</table>

1.4 Windsor Community Precinct

The Windsor Community Precinct was officially opened in 2011. The multi-purpose community leisure and well-being centre is owned and managed by West Tamar Council. It has been developed for the purpose of meeting community health and wellbeing, social needs and activities. It incorporates a number of facilities including health and fitness, indoor training and other potential tenancies. The community and health services currently provided from the facility include medical, dental, child care, child health and parenting, pharmacy, audiology, optometry, pathology, physiotherapy, a gymnasium and a café. Opportunities exist for other related services.

The Windsor Community Precinct is a fully functioning integrated venue. It is designed to take a ‘whole of life’ approach and is dedicated to healthy living, community wellbeing, sport and recreation. The co-location of many services and the subsequent integration of service provision is being achieved by a range of other agencies and professions working to deliver
whole of community or linked services and outcomes. WCP has much potential for becoming a ‘hub’ for health and wellbeing, not only through the physical location of services and resources, but through its opportunities for positive ageing meeting places, activities and exercise environments.

Aerial picture of Windsor Community Precinct by Paul Scambler (reproduced with permission)

1.5 West Tamar’s Community Health Profile: What we know

In conjunction with the above policies and documents, specific data and trends regarding the health profile of the West Tamar which is outlined below. This information is based on the Department of Health and Human Services’ Service and Community Profile37 for the West Tamar (2009) which provides a list of services, demographic data and selected health and human services data for the entire municipality. As the Service and Community Profile (p6) states ‘service utilisation data, service usage rates and prevalence rates are proxy indicators for the health and wellbeing of a given population and its comparative health and wellbeing within a larger population group’. This data provides an indication of the demand for health and human services, however, it is important to acknowledge that notes from this profile explaining the breakdown, source, analysis and limitations of the data should be read in conjunction with this profile and data.

The following dot points summarized from the DHHS Service and Community Profile for the West Tamar provide a snapshot of public hospital separations and specialised service related groups, GP populations for the municipality, ambulance cases, HACC and ACAP placements and populations as well as active mental health clients. It should be noted that this is the most current information available and may not reflect new or emerging health and wellbeing issues or service usage in the West Tamar at present. A further detailed demographic breakdown of the West Tamar study area and population is found in the section 3 of this
A summary of the key points from the DHHS Service and Community Profile for the West Tamar include the following:

- Hospital separation rates (as a measure of service utilisation) for the West Tamar were below the regional and state rates for children aged 0-14 years and people aged 65 years and over;
- Hospital separation rates for those aged 15-64 years were slightly above the state rates;
- West Tamar residents generally use the Launceston General Hospital for day only and overnight stays;
- In the West Tamar, the number of GPs per 10,000 population (72.1) was well below the Tasmanian rates (112.5);
- 0.82% of the West Tamar population were active mental health clients compared with 1.2% for the greater Tasmanian population;
- There were 99 aged care assessment (ACAT) placement assessments out of a target population of 2350 (that is all people aged over 70 years and indigenous people 50-69 years);
- 78.2% of mothers and babies attended a 6 week child health nurse assessment, compared with the state average of 77.7%;
- 1.5% of residential housing dwellings in West Tamar were public housing, compared with 6.2% for Tasmania.

1.6 Section Summary

a) The WTMA is the seventh largest of the 29 local government areas in Tasmania;
b) For the purpose of this project, the WTMA has been divided into Part A and Part B. Part B (Figure 1) or the ‘southern section’ of the West Tamar Municipal Area includes three distinct areas. These are the (1) Launceston suburbs of Riverside and Trevallyn (7250); (2) Legana and Grindelwald districts (7277) and (3) Exeter and districts (7275, 7276);
c) The Windsor Community Precinct was officially opened in 2011. The multi-purpose community leisure and well-being centre is owned and managed by West Tamar Council. It has been developed for the purpose of meeting community health and wellbeing and social needs and activities;
d) The West Tamar can be considered to have a good range and quality of community and health services;
e) With respect to health service utilisation and access, the West Tamar is predominantly serviced by the Beaconsfield District Health Service in the north and by the Launceston General Hospital in the south;
f) The majority of separations from the Launceston General Hospital (the major public hospital in the region) by West Tamar residents were for day-only or single night stays;
g) Hospital separation rates for children in the West Tamar aged 0 to 14 years and people aged 65 years and over were below the regional and State rates.

h) Across a range of child health indicators, the West Tamar rates compared positively with state averages;

i) In the West Tamar, the number of GPs and estimated full time equivalent GPs (per 100,000 population) were well below state rates;

j) West Tamar has slightly below the state average of people on income support payments (New Start Allowance, Age Pension, Disability Support Pension, Parenting payment).
2. Literature Review
2. Literature Review

In the development and implementation of this project there was recognition of the political, economic and social contexts which impact on health and wellbeing and the provision of services, resources and infrastructure in Tasmania.

This section provides a short review of the issues related to health and wellbeing and specific issues for the West Tamar study area (Part B) in the context of Australia’s and Tasmania’s health. In addition, it provides a synopsis of key reports and policies relevant to the West Tamar.

2.1 Australia’s health

On a global level and across a number of indicators, Australia’s population ranks highly when compared with other nations. This is related to a number of factors including population growth and the increase in the life expectancy of Australians, which is among one of the highest in the world\(^1\).

Australia’s ranking among OECD countries has improved markedly in past decades for mortality rates from coronary heart disease, stroke, lung cancer, and transport accidents. The nation’s smoking rates have continued to fall and our alcohol consumption has decreased slightly. The ranking of dental health for our twelve year olds is among the best in the world and mortality rates from accidental falls is one of the lowest\(^1\,2\). Other positive trends in Australia’s health include the decline in the use of most illicit drugs, the large rise in the number of surgeries undertaken, the vast numbers of successful hospital treatments with patients recovering well from their illnesses, and the increasing value that people place on their health\(^1\,2\).

However, Australia’s ranking in comparison to the rest of the developed world has fallen in relation to mortality from suicide, diabetes and respiratory diseases, and for infant mortality\(^2\). There has also been a change in the nature of illness and disability over the last century, with a dramatic shift away from infectious diseases to chronic conditions, especially those influenced by lifestyle and behaviour. Some of these lifestyle factors are of significant concern, for instance, overweight and obesity are endemic in Australia and the rates of these are among the worst in the OECD. Further participation rates in regular physical activity are far lower than desirable.\(^1\,2\)

While there have been advances in many areas of health, there continues to be an increased demand on health services and associated costs to the health system. Figure 3 summarises key statistics and information relating to Australia’s health status, population groups and workforce issues.
Table 2: Key Australian Health Status Statistics and Issues: A snapshot

- The life expectancy of Australians is among the highest in the world;
- Death rates are decreasing for major health problems such as cancer, cardiovascular disease, asthma and injuries;
- Coronary heart disease is the largest causes of mortality for males under 75 years, while breast cancer is the largest cause of mortality in females;
- The leading causes of disease burden in Australia are cancer (19%), cardiovascular disease (16%) and mental disorders (13%);
- Around one in five Australians will suffer from a mental health disorder;
- The burden of Type 2 diabetes is increasing and is expected to be the leading cause of disease burden by 2023;
- Risk factors such as tobacco smoking, obesity and poor nutrition contribute to 30% of Australia’s total burden of death, disease and disability;
- Tobacco smoking is the single most preventable cause of ill health and death in Australia;
- Three in five adults and one in four children were overweight or obese in 2007-8;
- Rates of sexually transmitted infections continue to increase, particularly among young people;
- People with a disability are more likely than others to have poor physical and mental health and record higher rates of risk factors such as smoking and being overweight;
- Indigenous Australians continue to die at a younger age, have more disability and a lower quality of life than non-indigenous Australians;
- In 2007-08, just over 2% of health expenditure was for preventative or health promotion services;
- The mix of the medical workforce is continuing to change. From 1997-2007 the number of primary care doctors) has decreased;
- Health expenditure in Australia has exceeded $100 billion for the first time in the past decade.

(Source: Australian Institute of Health and Welfare 2010)

2.2 Demographic Change and Ageing

The demographic trend of declining fertility and declining mortality has led to an increase of older age groups in the population and a decline in the younger age groups. Australia’s population is ageing more than any other time in history, with the number of people aged 65 years and over projected to increase from the current 2.5 million to approximately 7.2 million by 2050.3-5

While population ageing varies considerably across Australian States and Territories, Tasmania’s population is expected to age the most rapidly3. At present, 34.4% of the total population in Tasmania is aged over 50, with 15.0% aged over 65 years5. It is projected that by the year 2040, 30% of the population will be aged over 65 years3.
Like most Tasmanian municipalities, the West Tamar Municipal Area has an ageing population\(^3\,^5\). 35.4% of West Tamar Council’s population are aged older than 50 years (compared with the Tasmanian average of 34.4% and 30.9% for Australia)\(^7\). The West Tamar population is also expected to increase by 8% from 2006-2011 (particularly in areas such as Legana). An increase in ‘Sea Change’ retirees moving into rural parts of the West Tamar over the past 10 years is also expected to continue\(^3\,^5\).

These trends present both challenges and opportunities for all levels of government and community, as the implications of population ageing are diverse and require cross-sectoral collaboration as well as community-wide awareness.\(^6\,^8\). Population ageing will pose significant challenges and demands on the Tasmanian health system and requires careful and considerate planning and partnerships across many sectors of the Tasmanian community, including government.\(^6\,^7\) Specifically, with the increase in the aged population there has been an associated increase in chronic diseases \(^9\,^10\). As a result, the Australian Government has identified national health priorities in the following areas; arthritis and musculoskeletal conditions, asthma, cancer control, cardiovascular health, diabetes mellitus, injury prevention/ control, mental health, dementia and obesity. The Australian Health Minister’s Conference (2005)\(^11\) endorsed a national approach towards the management and prevention of chronic diseases. This led to the development of the National Chronic Disease Strategy, Nations Service Improvement Frameworks, the blue print for nation-wide surveillance of chronic diseases and associated determinants. The Tasmanian Government responded to the need for health reform and developed the Tasmanian Health Plan in 2007\(^12\) and the recently released Connecting Care: Chronic Disease Action Framework for Tasmania 2009-2013\(^9\). These Commonwealth and State initiatives along with many others, provide a platform for preventing illness, maintaining health, and support for self-management of chronic diseases.

2.3 Health in the rural context

Remote and rural areas and the people who live in them are important to Australia’s economic base, food security and our national identity. But our natural assets and wide open spaces and geographically dispersed populations are also our greatest challenges in equitable health services provision...\(^13\)

Compared with urban areas, people living in rural and remote areas of Australia are more likely to experience poorer health and higher incidences of mortality.\(^13\,14\,16\,17\). Approximately one third (32%) of Australians live in rural or remote areas\(^14\,15\). Under Australian standard geographic classifications (RAMA), virtually all of Tasmania is considered rural and remote. Limited access to medical care in rural areas contributes to poorer health outcomes and higher levels of mortality and morbidity are recorded for a number of diseases and injuries compared to individuals living in urban areas\(^16\,17\). Of the 32% of Australians who live in rural Australia, 20% of these receive Medicare rebates. In respect to health services rural Australians are served by 15% of the total medical workforce in Australia\(^16\,17\). The tangible differences in the
health and wellbeing status of rural Australians compared to their urban counterparts can be summarised in the following points\textsuperscript{16}.

- Up to four years lower life expectancy,
- Up to 20\% higher mortality rates from all causes,
- Lower survival rates for cardiovascular disease and cancer,
- 50\% higher mortality rates for men from occupational injury and more than double the deaths from road vehicle accidents and suicide,
- Higher rates of morbidity and hospitalisation,
- A higher incidence of domestic violence, sexual abuse and other social risk factors,
- Significant financial and social costs when they have to travel to larger centres for diagnosis and treatment, and;
- Greater difficulty in accessing appropriate sexual and reproductive health services.

Compared with people in major cities, those living in regional or rural areas are more likely to be smokers; to drink alcohol in hazardous quantities, to be overweight or obese, to be physically inactive, to have lower levels of education, and to have poorer access to work, particularly skilled work. In addition, numerous rural occupations for example farming, forestry, fishing and mining, have a higher risk of physical injury\textsuperscript{1,2}.

There is conflicting information regarding the difference between the mental health status of metropolitan and country Australians. However, rural areas are arguably more affected by factors such as drought, isolation, and lack of access to services, all of which can impact negatively on mental health status\textsuperscript{16-19}. A national survey (1999) of Australian adults revealed that the proportion of the population with an unmet need for mental health care increased with remoteness\textsuperscript{18}. 30.4\% of Australians in large and small rural centres were not having their mental health care needs met compared with 25.8\% in capital cities and metropolitan areas\textsuperscript{18}. This indicates that the problem may not necessarily be a higher incidence of mental illness in rural areas but rather issues with access to care and assistance.

In relation to rates of suicide and mental illness in rural areas, young males are especially prone to self-harm behaviours. Risk factors such as unemployment, depression, sexual identity, and substance abuse may be exacerbated in rural areas because of isolation, and difficulty accessing appropriate support services\textsuperscript{16-18}. Boredom and lack of recreational opportunities have also been found to contribute to the incidence of depression, alcohol and drug abuse among rural youth\textsuperscript{19}.

Access to services is a major factor explaining poorer outcomes in rural and remote Australia.\textsuperscript{13,14,16} People who live in rural and remote communities can be disadvantaged in terms of educational and employment opportunities, income, and access to goods and services and in many cases health and wellbeing resources\textsuperscript{1,14,16}. A recent report by the Australian Institute of Health and Welfare (2011) found that young people living in rural and remote areas of Australia have higher death rates, are less likely to access general
practitioners, have more dental decay, and are less likely to meet minimum standards for reading, writing and numeracy or to be studying for a qualification than those living in metropolitan areas.\textsuperscript{19}

In Tasmania, the population is dispersed across the state and approximately 36% of the population resides outside urban centres.\textsuperscript{20-21} West Tamar Council’s municipal area includes a number of small communities and areas distanced from larger population centres that are considered rural.

2.4 Tasmania’s Health Profile

When compared with national trends, Tasmania has a significantly worse health profile across a range of health and wellbeing measures\textsuperscript{12}. Tasmanians exhibit high levels of behavioural risk factors including smoking and sedentary lifestyles which contributes to obesity and subsequent poor health status. These behaviours can contribute to increased use of health services in both the short and long term. Figure 4 provides an overview of the key health issues facing Tasmania, informed by a comprehensive review of the literature and key policy documents such as \textit{Tasmania’s Health Indicators Report} (2008),\textsuperscript{27} \textit{State of Public Health Report} (2008)\textsuperscript{12}, \textit{Tasmania’s Health Plan Summary}\textsuperscript{23}, \textit{Tasmania’s Health Plan: Clinical Service Planning}\textsuperscript{12, 23}, \textit{Connecting Care: Chronic Disease Action Framework for Tasmania} 2009-2013\textsuperscript{9}, and other related documents such as the \textit{National Health Survey} (2001, 2006).\textsuperscript{1-2}

<table>
<thead>
<tr>
<th>Table 3: Health Profile of Tasmania using key lifestyle and chronic disease indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>A \textit{lower life expectancy} (between 2002 and 2004, the average life expectancy at birth for Tasmanian males was 76.7 years and for Tasmanian females was 81.8 years; the Australian average is 78.1 years for males and 83 years for females);</td>
</tr>
<tr>
<td>A \textit{higher age standardised mortality rate} (in 2005 Tasmania’s age standardised mortality rate was 6.9 per 1000 population, whereas the national average was only 6.0 per 1000 population);</td>
</tr>
<tr>
<td>The \textit{five main causes of death} are cancer of all types (28.8%), ischemic heart disease (18.5%), cerebrovascular diseases (7.8%), injury and poisoning (6.4%) and chronic lower respiratory disease (5.5%);\textsuperscript{11}</td>
</tr>
<tr>
<td>the \textit{leading cause of preventable diseases and death} in Tasmania is \textit{tobacco use};</td>
</tr>
<tr>
<td>The \textit{second highest age-standardised death rate} from accidents and intentional self-harm of all states and territories (In 2005 there were 15.6 deaths per 100,000 due to intentional self-harm, compared with the Australian average of 10.3 deaths per 100,000 persons)\textsuperscript{21} ‘continued...’</td>
</tr>
<tr>
<td>a \textit{higher proportion of the population} who report \textit{long-term health conditions} (79% compared to 77% nationally);</td>
</tr>
<tr>
<td>a \textit{disproportionately high rate/burden} of many \textit{chronic diseases} (In 2006 in Tasmania, the</td>
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</table>
The main reported chronic diseases were: cancer, cardiovascular diseases, mental disorders, neurological disorders, chronic respiratory disorders, diabetes mellitus, unintentional injury and genitourinary conditions;\textsuperscript{16}

- The \textbf{highest rate of current smokers aged 18 years and over} (occasional or daily smokers) compared to all states and territories (25% of the Tasmanian adult population smoke compared with 23% nationally);

- The \textbf{highest rate of smokers aged between 12-17 years} (12% of young people between 12-17 years of age in Tasmania were current smokers compared to 9% in Australia as a whole;\textsuperscript{11}

- A \textbf{high rate} of people affected by \textit{arthritis or a musculoskeletal} conditions (36% of the population);

- a \textbf{higher proportion of the population who are overweight} compared with national averages (45% of Tasmanians over 18);

- a \textbf{higher proportion of the population who are obese} (17% in Tasmania compared with 16.6% nationally);

- a \textbf{lower proportion} of the population consuming the national recommended fruit and vegetable intake;

- \textit{poor or inadequate levels of physical inactivity}; 69% of the adult population in Tasmania did not achieve sufficient levels of physical activity for health benefits in 2004/5;

- a \textbf{higher proportion of people with asthma} (13.2%) than Australia as a whole (10.2%);\textsuperscript{11}

- A \textbf{higher level of socio-economic disadvantage} in many parts of Tasmanian than the Australian average;

- \textbf{1 in 9 Tasmanian adults reporting} that they have a \textit{long-term mental or behavioural problems} (Anxiety and mood related disorders are the most common mental health conditions, affecting 12.4% of those aged between 18-64 years;\textsuperscript{11}

- A \textbf{higher proportion of young people aged 12-17 drinking alcohol} (33% of young Tasmanians were current drinkers of alcohol compared to 29% in Australia as a whole;

- A \textbf{higher proportion of young people aged 12-17 using illicit drugs} (21% compared to 20% in Australia as a whole.

- Are \textbf{more likely to assess their health as fair to poor} compared to other Australians

\textbf{2.5 Overview of Relevant Health Policies and Documents}

This project has identified a number of key themes relating to the health and wellbeing of residents in the West Tamar Municipal Area. There are a number of driving strategic policy documents across the three tiers of government that relate to some of the key issues identified by residents. While it is beyond the scope of this report to list and provide a detailed analysis
of all the relevant reports, it is valuable to provide a snapshot of the main or overarching policies relating to the main themes identified in the survey activities. The table below identifies some of the main policy documents that relate to this project.

All relevant actions or priorities stemming from this report and project should be made in consideration of these documents and policies.

<table>
<thead>
<tr>
<th>Governing body</th>
<th>Policy/Document</th>
<th>Key Issues of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Government</td>
<td>Council of Australian Governments (COAG) 25</td>
<td>Commitment to:</td>
</tr>
<tr>
<td></td>
<td>National Health Reform</td>
<td>• Improving public hospital system, hospital management devolved to Local Hospital Network and the establishment of Medicare Locals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Hospital to be funded according to activities/services they undertake</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• A greater focus on primary health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Australian Government take responsibility for national aged care system</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Increased funding for mental health and dental care</td>
</tr>
<tr>
<td>Australian Government</td>
<td>National Mental Health Policy 26</td>
<td>The National Mental Health Policy aims to ensure that Australia has a mental health system that detects and intervenes early in illness, promotes recovery, and ensures that all Australians with a mental illness have access to effective and appropriate treatment and community supports to enable them to participate in the community fully.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The policy endorses a system that supports efforts to prevent mental illness, promotes resilience and lessens the stigma often attached to mental illness.</td>
</tr>
<tr>
<td>Australian Government</td>
<td>National Drug Strategy 2010-2015</td>
<td>The aim of the National Drug Strategy is to build safe and healthy communities by minimising alcohol, tobacco and other drug related health, social and economic harms among individuals, families and communities. The Plan encompasses the three pillars of;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Demand reduction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Supply reduction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Harm reduction</td>
</tr>
<tr>
<td>Australian Government</td>
<td>Aged Care Act 1997 (revised 2011)28</td>
<td>The objectives of the Act are to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• provide funding to aged care services that take account of quality, type and level of care provided;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• promote a high quality of care and accommodation for recipients of aged care services that meets the needs of individuals;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• protect the health and wellbeing of recipients of aged care services;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• ensure that services are targeted towards those people in greatest need of the services;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• provide respite for family, carers and others who care for older people;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• encourage diverse, flexible and responsive aged care services;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• help those recipients enjoy the same rights as other people in Australia;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• promote ageing in place through linking of care and</td>
</tr>
<tr>
<td>Government</td>
<td>Policy/Plan</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Tasmanian State Government</td>
<td>Tasmanian Health Plan 2007</td>
<td>Tasmania’s Health plan provides a framework for policy change in the delivery of health services in Tasmania and is supported by detailed plans for primary health services and a clinical services plan.</td>
</tr>
<tr>
<td>Tasmanian State Government</td>
<td>Social Inclusion Strategy for Tasmania 2009</td>
<td>The Social Inclusion Strategy for Tasmania aims to support the creation of a fairer Tasmania where all Tasmanians have access to the personal, social, economic and civic resources and relationships that make life healthy, productive and happy. It proposes 10 key strategies and actions based around:</td>
</tr>
<tr>
<td>Tasmanian State Government</td>
<td>Tasmanian Food and Nutrition Policy 2004</td>
<td>A policy document aimed at promoting Tasmania as a State that produces quality, healthy, safe and affordable food, while sustaining the natural environment and strengthening the local economy; a community empowered to make food choices that enhance health and wellbeing.</td>
</tr>
<tr>
<td>Tasmanian State Government</td>
<td>Aboriginal Health and Wellbeing Strategic Plan 2006-2010</td>
<td>The strategies in this plan are based on nine principles supporting the National Strategic Framework for Aboriginal and Torres Strait Islander Health:</td>
</tr>
<tr>
<td>Tasmanian State Government</td>
<td>Tasmanian Plan for Positive Ageing</td>
<td>The Tasmanian Plan for Positive Ageing - Second Five Year Plan provides a broad policy framework for actions by the Tasmanian Government, Local Government and individuals to support positive ageing. The second five-year plan also complements the Tasmania Together vision of participation and equal access for all Tasmanians. This plan has formed the basis of West Tamar Councils first Positive Ageing Strategy (2011).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A report on the Tasmanian Early Years Foundation’s Outcomes Framework monitors the health and wellbeing of young children in Tasmania from 0-6 years and reports on key issues and trends facing Tasmanian children and their parents.</td>
</tr>
</tbody>
</table>
### Outcomes in the Early Years: The State of Tasmania’s Young Children 2009

Some key issues and trends in Tasmania include:
- High number of full term births
- High immunisation rates
- High percentage of children enrolled in Kindergarten
- Children with special needs assess early children intervention services
- Low rates of breastfeeding
- High rates of mothers smoking during pregnancy.
- One in five young children in out-of-home care having multiple placements
- Small proportion of teenage parents being able to access supportive cu@home programs
- Considerable drop in attendance at child health nurse assessment after 6 months

Evidence suggests that unemployment, childhood obesity, physical activity, nutrition, mental health and family functioning are emerging concerns.

### Specific trends in the West Tamar include:
- Exclusive breastfeeding at 6 weeks significantly above the state average (53%) (65.6% of mothers attending CHAPS were breastfeeding in WT)
- Breastfeeding/partial breastfeeding at 6 weeks (78%) of mothers attending CHAPS (65.6 for state average)
- Rates significantly lower/ second lowest in state for hospitalisation due to injury and poisoning (1%)
- Rates significantly below state average for smoking during pregnancy (19.7%), compared with Tasmanian average of 27%.
- Child protection notification rates were significantly below state average with 54 per 1000 children while state average was 123/1000 for children under 6.

### Local Government Act 1993

The Local Government Act 1993 is the principal legislation establishing the powers and functions of councils. Section 20 of the Act describes the role of councils;
- To provide for the health, safety and welfare of the community
- To represent the interests of the community
- To provide for the peace, order and good government of the municipal area.

As well as the Local Government Act 1993, other pieces of Tasmanian legislation have a significant impact on operation and activities of councils. Examples of Acts that have direct relevance to this project include;
- Land Use and Planning Approvals Act 1993
- Environmental Management and Pollution Control Act 1994
- Building Act 2000
- Public Health Act 1997

The Tasmanian Youth Policy Framework for Local Government is a guide for Councils in developing a role in youth affairs. The Framework identifies key elements for councils to consider when developing their roles in youth affairs.
---|---
To help build the capacity of local government to meet the specific opportunities and challenges of an ageing population, Australian Local Government Association (ALGA) has developed the Australian Local Government Population Ageing Action Plan 2004–2008. The action plan provides a flexible and dynamic framework that builds awareness, encourages action, fosters partnerships and improves access to information.

Australian Institute of Health and Wellbeing (AIHW) | Young Australians: Their Health and Wellbeing (2011) Report
---|---
For more than a decade, the Australian Institute of Health and Welfare (AIHW) has played a leading role in national indicator development, monitoring and reporting in the area of health and wellbeing of Australia’s young people. The key issues to emerge from the report include:
- Large declines in death rates (mostly due to declines in injury deaths)
- Declines in asthma hospitalisations, notifications for hepatitis (A, B and C) and improved survival for cancer, with survival from melanoma very high.
- Favourable trends in some risk and protective factors, such as declines in smoking and illicit substance use, and most Year 10 and Year 12 students using contraception.
- The majority of young people rate their health as ‘good’, ‘very good’ or ‘excellent’.
- Most young people are achieving national minimum standards for reading, writing and numeracy, are fully engaged in study or work, and have strong support networks
- Most young people are able to get support from outside the household in times of crisis.

Issues identified as needing further work:
- Rising rates of diabetes and sexually transmissible infections (largely chlamydia), and high rates of mental disorders and, among males, road transport accident deaths.
- Too many young people are overweight or obese, are not meeting physical activity or fruit and vegetable intake guidelines, are drinking at risky or high-risk levels for short-term or long-term harm, are victims of alcohol- or drug-related violence, or are homeless.

---|---
The State of Australia’s Young People describes how young people aged 12–24 years in Australia are faring and identifies those who may need additional support to do well. The report aims to inform the Office for Youth as it develops a National Strategy for Young Australians (Australian Government Office for Youth, 2009).

State Government DHHS | DHHS Service and Community Profile West Tamar
---|---
DHHS Service and Community profile provides a list of services, demographic data and selected health and human services data.
An overview of key results from this report are found below in section 1.5
2.6 Section Summary

This section has provided a brief overview of issues related to health and wellbeing at a national and state level as well as covering specific issues for the West Tamar study area. In addition, it provides a synopsis of key reports and policies relevant to the West Tamar that should be considered in the context of this project. The following points provide a summary of the key points from this section:

a) Australia’s population is ageing presenting many challenges for all levels of government, particularly in the area of health and healthcare provision;

b) The most significant physical health issues facing Australia today are chronic disease, and obesity;

c) The most significant illnesses affecting Australians are cardiovascular diseases (although the incidence of these has been decreasing), cancers, diabetes, arthritis, and musculoskeletal disorders;

d) A significant number of Australians are affected by a disability;

e) Tobacco smoking results in the greatest disease burden in Australia;

f) Indigenous health is significantly worse across all areas than that of the general population;

g) People living in rural and remote areas are more likely to experience poorer health and higher incidences of mortality than those in more urban areas of Australia;

h) Compared with national trends, Tasmania has a significantly worse health profile over a range of health and wellbeing measures;

i) Cancers, heart disease, stroke, respiratory disease, and endocrine diseases (including diabetes) are the major causes of death in Tasmania;

j) 45% of Tasmanians are overweight and Tasmania has the second lowest level of physical activity in Australia.
3. Demographic and Community Profile
3. Demographic Profile of the West Tamar study area

3.1: Key Population Characteristics of West Tamar Municipal Area

The following section provides an overview of the key population characteristics of the West Tamar Municipal Area (WTMA), compared with Tasmanian and national trends. This information is based on 2006 Census Data\textsuperscript{39,40}. This section also provides a demographic profile of Part B, or the southern section of the WTMA under study, including an overview of the population in the 7250 (Riverside and Trevallyn), 7275 and 7276 (Exeter and districts) and 7277 (Legana and Grindelwald district) postcode areas. Age structure, ancestry and ethnicity, household structure and income, education and employment levels, as well as socio-economic disadvantage and status are discussed.

3.1.1: Population and Age Structure

The age structure of a population provides key insights into the level of demand for services and facilities, particularly because most services and facilities are age-specific. Table 5 shows the population in age groups by count and percentages in the WTMA compared with Tasmania and Australia from the 2006 ABS Census.\textsuperscript{39}

Table 5: Comparison of the WTMA, Tasmania and Australia population by age group and percentages from the 2006 Census data

<table>
<thead>
<tr>
<th>Population</th>
<th>West Tamar Municipal Area 2006</th>
<th>Tasmania 2006</th>
<th>Australia 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Population</td>
<td>20,814</td>
<td>476,480</td>
<td>19,855,288</td>
</tr>
<tr>
<td>Males</td>
<td>10,243 (49.2)</td>
<td>233,475 (49)</td>
<td>9,799,252 (49.4)</td>
</tr>
<tr>
<td>Females</td>
<td>10,571 (50.8)</td>
<td>51</td>
<td>10,056,036 (50.6)</td>
</tr>
<tr>
<td>Age Structure</td>
<td>Number</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>0 to 4</td>
<td>1,203</td>
<td>5.8</td>
<td>6.0</td>
</tr>
<tr>
<td>5 to 11</td>
<td>2,042</td>
<td>9.8</td>
<td>9.5</td>
</tr>
<tr>
<td>12 to 17</td>
<td>2,049</td>
<td>9.8</td>
<td>8.5</td>
</tr>
<tr>
<td>18 to 24</td>
<td>1,507</td>
<td>7.2</td>
<td>8.7</td>
</tr>
<tr>
<td>25 to 34</td>
<td>1,932</td>
<td>9.3</td>
<td>11.3</td>
</tr>
<tr>
<td>35 to 49</td>
<td>4,721</td>
<td>22.7</td>
<td>21.6</td>
</tr>
<tr>
<td>50 to 59</td>
<td>2,991</td>
<td>14.4</td>
<td>14.0</td>
</tr>
<tr>
<td>60 to 69</td>
<td>2,213</td>
<td>10.6</td>
<td>9.8</td>
</tr>
<tr>
<td>70 to 84</td>
<td>1,850</td>
<td>8.9</td>
<td>8.8</td>
</tr>
<tr>
<td>85 and over</td>
<td>307</td>
<td>1.5</td>
<td>1.8</td>
</tr>
<tr>
<td>Total</td>
<td>20,815</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>
The total population of the WTMA, based on usual residence during the 2006 Census was 20,814 persons. 49.2% (n=10,243) of the population were males and 50.8% (n=10,571) were females. The most recent estimated resident population for the WTMA by the ABS in 2008 was 21,967, which indicates an increase of 1153 persons (5.5%) since 2006. In 2006, the average age of people living in the West Tamar Municipal Area was 40, which was slightly higher than the Tasmanian (39 years) and Australian (37 years) average ages.

The major differences between the age structure of the WTMA population and the Australian population in 2006 were in the 18-34 and over 50 age groups. Specifically, the WTMA had lower than average percentages of those aged 18-34 compared with national averages, and higher than average percentages of people aged over 50 years of age compared with national averages, for example:

- 7.2% of the WTMA were aged 18 to 24 years (compared to 9.4% nationally and 8.7% for Tasmania);
- 9.3% of the WTMA were aged 25 to 34 year olds (compared to 13.5% in Australia and 11.3% for Tasmania);
- A larger percentage of people over 50 years old (35.4% WTMA compared to 34.4.% in Tasmania and 30.9% in Australia).

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</thead>
<tbody>
<tr>
<td>Number</td>
<td>%</td>
<td>Number</td>
<td>%</td>
<td>Totals</td>
<td>Number</td>
</tr>
<tr>
<td>Population</td>
<td>8,495</td>
<td>4,193</td>
<td>4,417</td>
<td>17,105</td>
<td>20,814</td>
</tr>
<tr>
<td>Males</td>
<td>4,120</td>
<td>2,056</td>
<td>2,282</td>
<td>8,404</td>
<td>10,243</td>
</tr>
<tr>
<td>Females</td>
<td>4,375</td>
<td>2,137</td>
<td>2,185</td>
<td>8,701</td>
<td>10,571</td>
</tr>
<tr>
<td>Age Structure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 4</td>
<td>483</td>
<td>292</td>
<td>248</td>
<td>1,023</td>
<td>1,203</td>
</tr>
<tr>
<td>5 to 11</td>
<td>775</td>
<td>477</td>
<td>485</td>
<td>11,071</td>
<td>13,302</td>
</tr>
<tr>
<td>12 to 17</td>
<td>865</td>
<td>404</td>
<td>373</td>
<td>162</td>
<td>2,049</td>
</tr>
<tr>
<td>18 to 24</td>
<td>785</td>
<td>245</td>
<td>273</td>
<td>1,303</td>
<td>1,507</td>
</tr>
<tr>
<td>25 to 34</td>
<td>885</td>
<td>385</td>
<td>395</td>
<td>1,665</td>
<td>1,932</td>
</tr>
<tr>
<td>35 to 49</td>
<td>1884</td>
<td>953</td>
<td>1,047</td>
<td>3,884</td>
<td>4,721</td>
</tr>
<tr>
<td>50 to 59</td>
<td>1178</td>
<td>555</td>
<td>702</td>
<td>2,435</td>
<td>2,991</td>
</tr>
<tr>
<td>60 to 69</td>
<td>764</td>
<td>449</td>
<td>505</td>
<td>1,718</td>
<td>2,213</td>
</tr>
<tr>
<td>70 to 84</td>
<td>756</td>
<td>349</td>
<td>347</td>
<td>1,452</td>
<td>1,850</td>
</tr>
<tr>
<td>85 and over</td>
<td>121</td>
<td>85</td>
<td>90</td>
<td>245</td>
<td>307</td>
</tr>
<tr>
<td>Total</td>
<td>8,495</td>
<td>4,193</td>
<td>4,415</td>
<td>17,105</td>
<td>20,815</td>
</tr>
</tbody>
</table>

Table 6 above represents the total usual resident population of the three catchment areas; Riverside/Trevallyn District, Legana–Grindelwald District, and Exeter and Districts compared with the totals of the West Tamar Municipal Area from the 2006 Census by count, age groups.
and percentages. A total of the West Tamar Part B (the study area) is also provided for comparison, however, it should be noted that these percentages are very similar to those of the entire WTMA.

Population and age structure data relevant to the specific areas of (a) Riverside and Trevallyn, (b) Legana and Grindelwald and districts and (c) Exeter and districts, is summarized below.

a) The Riverside/Trevallyn District constitutes the largest population of the three areas under study (8,495 in 2006). However, the population increase in this district from 2001 to 2006 was only 3.3% (270 persons) compared with 3.7% increase for Tasmania and 5.3% increase for WTMA overall in the same time period. A comparison of 2006 Census data for the Riverside/Trevallyn district, West Tamar Municipal Area and Tasmania as a whole showed that:

- 33.2% of people were greater than 50 years old (compared with 35.4% in WTMA and 34.4% in Tasmania respectively);
- 41.8% of people were aged between 18-49 year (compared with 39.2% in WTMA and 41.6% for Tasmania);
- 25% were aged less than 17 years old (compared with 25.4% in WTMA and 24% in Tasmania).

Further analysis shows the major difference between the age structure of the Riverside/Trevallyn district when compared with Tasmania, is a larger percentage of 12 to 17 year olds (10.2% compared to 8.5%). The major differences between the age structure of Riverside/Trevallyn and the West Tamar Municipal Area in the 2006 Census were a larger percentage of 18 to 24 year olds (9.2% compared to 7.2% for WTMA), and a smaller percentage of 60 to 69 year olds (9.0% compared to 10.6% for WTMA).

b) The Legana/Grindelwald District have the second largest population of Part B of the WTMA, with a population of 4193 at the time of the 2006 Census. It should be noted that the population increase in the Legana/Grindelwald area from 2001 to 2006 was 541 persons (14.8%). This is a significant increase compared with the 3.7% increase for Tasmania and 5.3% increase for WTMA in the same time period, and can mainly be attributed to new subdivisions and new housing in the area. Based on the 2006 Census data, the following key points can be made about the population structure of the Legana/Grindelwald district:

- 34.3% of people were aged greater than 50 years old (compared with 35.4% in WTMA and 34.4% in Tasmania);
- 37.7% of people were aged between 18-49 years old (compared with 39.2% for WTMA and 41.6% for Tasmania) and;
- 28% of people were aged less than 17 years old (compared with 25.4% for WTMA and 24% for Tasmania).

Further analysis of the age structure of Legana - Grindelwald and District compared to Tasmania shows that there was a larger proportion of people in the younger age groups (0 to
17), a smaller percentage of 18-24 year olds (5.8% compared to 8.7%) and 25 to 34 year olds (9.2% compared to 11.3%) but a similar proportion of people in the older age groups.

c) **Exeter and Districts** constitute the smallest area of Part B of the WTMA under study. The 2006 Census data showed a total usual resident population of 4,417. The population change for Exeter and districts from 2001 to 2006 was 237 persons, an increase of 5.7%. This is greater than the 3.7% increase for Tasmania and the 5.3% increase for the WTMA as a whole. Based on the 2006 Census data, the following points can be made about the Exeter and districts area when compared with the West Tamar Municipal Area and Tasmania as a whole:

- 36.1% of people were greater than 50 years old (compared with 34.4% for WTMA and 34.4% for Tasmania);
- 38.8% were 18-49 years old (compared with 39.2% for WTMA and 41.6% for Tasmania) and;
- 25.1% were less than 17 years old (compared with 25.4% for WTMA and 24% for Tasmania).

Other major differences between the age structure of Exeter and Districts compared with Tasmania were a larger percentage of 35 to 49 year olds (23.7% compared to 21.6%) and 50 to 59 year olds (15.9% compared to 14.0%), and a smaller percentage of 18 to 24 year olds (6.2% compared to 8.7%), and 25 to 34 year olds (8.9% compared to 11.3%).

### 3.1.2: Ancestry and Ethnicity

Data from the 2006 Census gives insight into the ancestral and ethnic characteristics of the West Tamar population. The following key points provide a summary of these characteristics:

- 81.0% of the people (n=16,853) in WTMA were born in Australia, (compared with 83.2% for Tasmania and 70.9% for Australia);
- 13.5% (n=2,813) were born overseas (compared with 10.6% for Tasmania and 22.2% for Australia;
- 1.5% (n=309) identify as Indigenous persons compared with 3.5% for Tasmania and 2.3% for Australia).
- 4.0% did not state their ancestry or ethnicity

The following points summarise the population characteristics of the three catchment areas under study (a) Riverside and Trevallyn District (b) Legana and Grindelwald Districts and (c) Exeter and Districts, in relation to ancestry and ethnicity characteristics, based on the 2006 Census:

- **In Riverside/Trevallyn and districts**, 82.2% of the total area population (n=6,986) were born in Australia, 13.9% (n=1180) were born overseas with 1.4% (n=119) of the area population identified as Indigenous persons; (2.5% not stated)
In Legana/Grindelwald and districts, 80.3% of the total area population (n=3,369) were born in Australia, 15.2% (n=639) were born overseas with 1.4% (n=58) of the population identified as Indigenous persons. (3.1 not stated)

In Exeter and districts, 79.9% of the area population (n=3,529) were born in Australia, 14.0% (n=616) were born overseas and 1.3% (n=58) of the population identified as Indigenous persons. (4.8% not stated)

3.1.3: Household size and structure

In conjunction with the age structure, household size provides a more complete picture of the demographic characteristics of an area. The size of households in general follows the life-cycle of families. Households are usually small at the stage of relationship formation (early marriage), and then increase in size with the advent of children. They later reduce in size again as these children reach adulthood and leave home. However, household size can also be influenced by a lack, (or abundance) of affordable housing 40.

Table 7 below shows the household size for the WTMA in number and percentage. The table also includes household size percentages as well as average household size for Tasmania, Australia and the three districts under study, to allow for comparison and further discussion.

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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>1 person</td>
<td>1,617</td>
<td>21.5</td>
<td>24.6</td>
<td>14.0</td>
<td>18.1</td>
<td>26.9</td>
</tr>
<tr>
<td>2 persons</td>
<td>2,843</td>
<td>37.8</td>
<td>34.4</td>
<td>35.5</td>
<td>42.9</td>
<td>36.1</td>
</tr>
<tr>
<td>3 persons</td>
<td>1,131</td>
<td>15.0</td>
<td>15.2</td>
<td>17.5</td>
<td>15.0</td>
<td>15.0</td>
</tr>
<tr>
<td>4 persons</td>
<td>1,207</td>
<td>16.0</td>
<td>16.0</td>
<td>20.8</td>
<td>15.3</td>
<td>14.0</td>
</tr>
<tr>
<td>5 persons</td>
<td>507</td>
<td>6.7</td>
<td>7.1</td>
<td>7.7</td>
<td>6.8</td>
<td>5.7</td>
</tr>
<tr>
<td>6 or more</td>
<td>217</td>
<td>2.9</td>
<td>2.7</td>
<td>4.5</td>
<td>1.9</td>
<td>2.4</td>
</tr>
<tr>
<td>Total</td>
<td>7,522</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Total with 4</td>
<td>1,931</td>
<td>25.8</td>
<td>25.8</td>
<td>33.0</td>
<td>24.0</td>
<td>22.1</td>
</tr>
<tr>
<td>persons or more</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>2.56</td>
<td>2.53</td>
<td>2.84</td>
<td>2.61</td>
<td>2.61</td>
<td>2.56</td>
</tr>
</tbody>
</table>

Source: Australian Bureau of Statistics, Census of Population and Housing, 2006

The 2006 Census showed that there were approximately 7500 individual households in the WTMA. In analysing household size and structure for the WTMA compared with Tasmanian averages the 2006 Census shows that:
• The WTMA had a smaller proportion (21.5%) of lone person households compared with Tasmania (26.9%);
• A greater proportion (25.6%) of larger households (those with 4 persons or more) compared with Tasmania (22.1%);
• WTMA has an average household size of 2.56 residents, which is lower than the average household size for Tasmania and Australia which are both 2.61.

In comparison with national rates, the major differences in the household size for WTMA were:
• A smaller percentage of 1 person households (21.5% compared to 24.4% for Australia) and;
• A larger percentage of 2 person households (37.8% compared to 34.1% for Australia).

In relation to household size and structure in the specific areas of (a) Riverside and Trevallyn, (b) Legana and Grindelwald and districts and (c) Exeter and districts, the following data is available:

(a) In Riverside/Trevallyn and districts the average household size is 2.53, which is slightly less than the WTMA average of 2.56 and Tasmanian average of 2.61. Further analysis of the number of persons usually resident in a household in the Riverside/Trevallyn area compared with Tasmania (see table 9) shows that the major differences in the household size in the 2006 Census were:
• A larger percentage of larger households with 4 persons or more (25.8% compared to 22.1% for Tasmania) and;
• A smaller percentage of 1 Person households (24.6% compared to 26.9% for Tasmania).

(b) In Legana/ Grindelwald and districts the average household size is 2.84, which is greater than the WTMA average of 2.56 and the Tasmanian average of 2.61. Legana- Grindelwald and district has the highest percentage of larger households in comparison with WTMA, Tasmania and Australia. Further analysis of the number of persons usually resident in a household in the Legana/Grindelwald and Districts compared with Tasmania (see Table 9) shows that there was:
• A smaller proportion of lone person households (14.0%) compared with Tasmania (26.9%) and;
• A larger proportion (33%) of larger households (those with 4 persons or more) compared with Tasmania (22.1%).

(c) In Exeter and districts the average household size is 2.56, which is the same as the WTMA average of 2.56 and a little less than the Tasmanian average of 2.61. Exeter and district has the highest percentage of 2 person households in comparison with WTMA, Tasmania and Australia. Further analysis of the number of persons usually resident in a household in the Exeter and District compared with Tasmania (see Table 5) shows that the major differences included:
• A smaller proportion of lone person households (18.1%) compared to Tasmania (26.9%);
• A larger percentage of 2 person households (42.9%) compared to Tasmania (36.1%)

3.1.4 Educational qualifications

Educational qualifications are one of the most important indicators of socio-economic status. Along with other information such as the income and occupation of particular populations, educational qualifications help to evaluate the economic opportunities and socio-economic status of an area. Tertiary qualifications include Bachelor or Higher Degree, Advanced Diploma or Diploma or Vocational Qualifications.

Table 8 below shows the highest educational qualifications by number and percentage for WTMA and by percentage for Tasmania, Australia and the three districts of Part B of the WTMA.

Table 8: Highest educational qualification of usual resident population of WTMA by number and percentage compared with percentage of Tasmania, Australia, and the three districts.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Bachelor or Higher degree</td>
<td>2,080</td>
<td>13.0</td>
<td>12.0</td>
<td>15.6</td>
<td>16.8</td>
<td>13.5</td>
</tr>
<tr>
<td>Advanced Diploma or Diploma</td>
<td>1,101</td>
<td>6.9</td>
<td>5.9</td>
<td>7.1</td>
<td>8.3</td>
<td>7.4</td>
</tr>
<tr>
<td>Vocational</td>
<td>3,205</td>
<td>20.0</td>
<td>17.8</td>
<td>16.7</td>
<td>19.7</td>
<td>21.2</td>
</tr>
<tr>
<td>No qualifications</td>
<td>7,805</td>
<td>48.8</td>
<td>52.2</td>
<td>47.5</td>
<td>46.8</td>
<td>46.6</td>
</tr>
<tr>
<td>Not stated</td>
<td>1,800</td>
<td>11.3</td>
<td>12.2</td>
<td>13.1</td>
<td>8.4</td>
<td>11.2</td>
</tr>
<tr>
<td>Total</td>
<td>15,991</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Australian Bureau of Statistics, Census of Population and Housing, 2006

Analysis of the qualifications of the population in West Tamar Municipal Area in the 2006 Census compared to Tasmania and Australia shows that there were:

• A larger proportion of the WTMA population held tertiary qualifications (39.9%), compared with Tasmania (35.7%).

Socio-economic status (SES) is an economic and sociological combined total measure of a person's work experience and of an individual's or family's economic and social position relative to others, based on income, education, and occupation.
A lower proportion of the population held no tertiary qualifications (48.8%) compared with Tasmania (52.2%);

Compared with national averages, there was a slight difference in the tertiary qualifications of residents of WTMA (39.9%) compared with 39.4% for Australia. Similarly, 48.4% of WTMA residents were without tertiary qualifications compared with 47.5% for Australia.

In relation to educational qualifications in the three catchment areas, the following data is available from the 2006 Census:

(a) Riverside/Trevallyn and districts had the highest percentage of its population holding tertiary qualifications of the three districts of the area under study, and a smaller proportion of people with no tertiary qualifications. When compared with Tasmania:

- Overall, a large proportion (44.8%) of the district population held tertiary educational qualifications, compared with Tasmania (35.7%) and;
- 46.8% of the district population had no tertiary educational qualifications, compared with 52.2% for Tasmania;

(b) In Legana-Grindelwald and Districts the key education qualification levels when compared to Tasmania were:
- Overall, 42.1% of the population held tertiary educational qualifications, compared with 35.7% for Tasmania;
- 46.6% had no tertiary qualifications, compared with 52.2% for Tasmania

(c) In Exeter and Districts, analysis of the qualifications of the population in comparison to Tasmania shows that there were:
- Overall, 38.7% of the population held tertiary educational qualifications, compared with 35.7% for Tasmania;
- 49.7% had no tertiary educational qualifications, compared 52.2% for Tasmania.

### 3.1.5 Labour force and occupation

The occupational structure of the work force is an important indicator of the characteristics of the labour force. Occupations are classified using a combination of skill level and skill specialisation to form meaningful groups. Along with other indicators, such as educational qualifications and income, occupation is a key component of evaluating the socio-economic status and skill base of an area. The occupations held by a workforce are linked to a range of factors including:

- the economic base and employment opportunities available in the area;
- the educational qualification levels of the population; and
- the working and social aspirations of the population.
Figure 3 shows a comparison of the employment by occupation of the populations of West Tamar Municipal Area and Tasmania.

![Employment by occupation, West Tamar Council area and Tasmania, 2006 (Usual Residence data)](image)

**Figure 3: Employment by occupation for WTMA and Tasmania**

In terms of the total labour force participation, the percentage of WTMA employed resident population was 94.8% (n=9,098) compared with 93.4% for Tasmania. In 2007, the unemployment rate for the West Tamar was 4.7%, which was below the Tasmanian rate of 5.7, with the trend occurring for some time.37

An analysis of occupations held by the resident population in West Tamar Municipal Area, accounting for 50.2% (n=4,564 people) of the employed resident population showed that the three largest categories of occupation were:

- Professionals (19.5% of the population, n=1,773 persons);
- Technicians and Trades Workers (15.9% of the population, n=1,442 persons);
- Clerical and Administrative Workers (14.8% of the population, n=1,349 persons).

Analysis of the major differences between the occupations of the population of West Tamar Municipal Area and Tasmania in 2006, showed that:

- A larger percentage of persons were employed as Professionals (19.5%) in the WTMA compared with Tasmania (17.5%) and;
- A smaller percentage persons were employed as Labourers (10.4%) compared with Tasmania (12.5%).

The major difference between the occupations of the population of West Tamar Municipal Area and Australia was a larger percentage of persons were employed as Technicians and Trades Workers in the WTMA (15.9% compared to 14.4%).
Table 9 below demonstrates the numbers and percentages of occupations of the usual resident population of the WTMA compared with percentages from Tasmania, Australia, Riverside-Trevallyn, Legana-Grindelwald and Exeter and districts from the 2006 Census data.

Table 9: Occupation of usual residents of WTMA by number and percentage compared with percentages of Tasmania, Australia, and the three districts under study.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Managers</td>
<td>1,086</td>
<td>11.9</td>
<td>12.8</td>
<td>13.2</td>
<td>10.6</td>
<td>12.2</td>
</tr>
<tr>
<td>Professionals</td>
<td>1,773</td>
<td>19.5</td>
<td>17.5</td>
<td>19.8</td>
<td>23.6</td>
<td>18.5</td>
</tr>
<tr>
<td>Technicians and trade workers</td>
<td>1,442</td>
<td>15.9</td>
<td>14.6</td>
<td>14.4</td>
<td>15.7</td>
<td>15.6</td>
</tr>
<tr>
<td>Community and Personal service workers</td>
<td>855</td>
<td>9.4</td>
<td>10.0</td>
<td>8.8</td>
<td>9.1</td>
<td>10.1</td>
</tr>
<tr>
<td>Clerical and Administrative workers</td>
<td>1,349</td>
<td>14.8</td>
<td>14.0</td>
<td>15.0</td>
<td>15.5</td>
<td>17.4</td>
</tr>
<tr>
<td>Sales workers</td>
<td>883</td>
<td>9.7</td>
<td>9.9</td>
<td>9.8</td>
<td>10.5</td>
<td>11.3</td>
</tr>
<tr>
<td>Machinery operators and drivers</td>
<td>651</td>
<td>7.2</td>
<td>7.1</td>
<td>6.6</td>
<td>5.1</td>
<td>6.6</td>
</tr>
<tr>
<td>Labourers</td>
<td>948</td>
<td>10.4</td>
<td>12.5</td>
<td>10.5</td>
<td>8.5</td>
<td>8.1</td>
</tr>
<tr>
<td>Not stated</td>
<td>109</td>
<td>1.2</td>
<td>1.5</td>
<td>1.8</td>
<td>1.4</td>
<td>0.3</td>
</tr>
<tr>
<td>Total</td>
<td>9,096</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Australian Bureau of Statistics, Census of Population and Housing, 2006

2006 Census data was used to examine the three largest categories of employment by occupation in the specific areas of (a) Riverside and Trevallyn, (b) Legana and Grindelwald and Districts and (c) Exeter and districts. Results for each area were as follows:

(a) Trevallyn/Riverside districts: The three largest categories of employment accounted for 54.8% of the employed resident population and were:
- Professionals (23.6%, n=970 persons);
- Technicians and Trades Workers (15.7%, n=643 persons);
- Clerical and Administrative Workers (15.5%, n=638 persons).

The major differences between the occupations of the population of Riverside - Trevallyn and Tasmania were:
- A larger percentage of persons in the district were employed as Professionals (23.6%) compared to Tasmania (17.5%) and;
• A smaller percentage of persons in the district were employed as Labourers (8.5%) compared to Tasmania (12.5%) and;
• A smaller percentage of persons in the district were employed as Managers (10.6%) compared to Tasmania (12.8%) and;
• A smaller percentage of persons in the district were employed as Machinery Operators and Drivers (5.1%) compared to Tasmania (7.1%).

(b) Legana/ Grindelwald and Districts: The three largest categories of occupation in the Legana/ Grindelwald districts accounted for 51.5% of the employed resident population and were:
• Professionals (18.5%, n=333 persons);
• Clerical and Administrative Workers (17.4%, n=312 persons);
• Technicians and Trades Workers (15.6%, n=281 persons).

The major differences between the occupations of the population of Legana - Grindelwald and District and Tasmania were:
• A larger percentage of persons were employed as Clerical and Administrative Workers (17.4%) compared to Tasmania (14.0%) and;
• A smaller percentage of persons were employed as Labourers (8.1%) compared to 12.5%).

(c) Exeter and Districts: The three largest categories of occupation in Exeter and districts accounted for 48.2% of the employed resident population and were:
• Professionals (16.7%, n=306 persons);
• Technicians and Trades Workers (16.3%, n=299 persons);
• Clerical and Administrative Workers (15.2%, n=280 persons).

The major differences between the occupations of the population of Exeter and District and Tasmania were:
• A larger percentage of persons employed in the district as Machinery Operators and Drivers (9.3%) compared to Tasmania (7.1%) and;
• A larger percentage of persons employed in the district as Technicians and Trades Workers (16.3%) compared to Tasmania (14.6%) and;
• A smaller percentage of persons employed in the district as Sales Workers (7.6%) compared to Tasmania (9.9%), and;
• A smaller percentage of persons employed in the district as Community and Personal Service Workers (8.2%) compared to Tasmania (10.0%).
3.1.6 Household Income

Household income is one of the most important indicators of socio-economic status. Along with other population indicators such as educational qualifications and occupation, household income information helps to evaluate the economic opportunities and socio-economic status of an area. The amount of income a household generates is linked to a number of factors including:

- the number of workers in the household;
- the percentage of people unemployed or on other income support benefits and;
- the type of employment undertaken by the household members.

The median individual income for the West Tamar Municipal Area was above the regional and State medians (DHHS Community Profile: p5). Analysis of household income levels in West Tamar Municipal Area in the 2006 Census compared to Tasmanian and Australian levels shows that there were:

- A larger proportion (16.3%) of high income households (those earning $1,700 per week or more) compared with Tasmania (13.7%) but a smaller proportion compared to Australia (22.2%);
- A smaller proportion (21.1%) of low income households (those earning less than $500 per week) compared with Tasmania (24.4%), but a larger proportion compared to Australia (19.5%).

In relation to household income levels in the specific areas of (a) Riverside and Trevallyn, (b) Legana and Grindelwald and Districts and (c) Exeter and districts, the following data is available from the 2006 Census:

(a) Trevallyn/Riverside districts: analysis of household income levels in Riverside - Trevallyn in 2006 compared to Tasmania shows that there were:
- A larger proportion (20.5%) of high income households (those earning $1,700 per week or more) compared with Tasmania (13.7%) and;
- A smaller proportion (17.9%) of low income households (those earning less than $500 per week) compared respectively for Tasmania (24.4%).

(b) Legana/Grindelwald and Districts: analysis of household income levels in this district compared to Tasmania shows that there were:
- A larger proportion (20.1%) of high income households (those earning $1,700 per week or more) compared with Tasmania (13.7%) and;
- A smaller proportion (15.4%) of low income households (those earning less than $500 per week) compared with Tasmania (24.4%).

(c) Exeter and Districts: analysis of household income levels in this district compared to Tasmania shows that there was:
• The same proportion (13.7%) of high income households (those earning $1,700 per week or more) as Tasmania (13.7%) and;
• A smaller proportion (22.1%) of low income households (those earning less than $500 per week) compared with Tasmania (24.4%).

3.1.7 Socio-economic Profile

The Socio-Economic Index for Areas (SEIFA) indicates aspects of disadvantage against low income, low educational attainment and unemployment. SEIFA indexes use a ranking system with the lower numbers indicating a relative high socio-economic disadvantage. Tasmania’s index of 948 ranks the lowest and most disadvantaged of all states compared to the national average of 1000. As shown in Table 10 below, West Tamar Municipal Area and its districts from the southern sector under study rank higher on the SEIFA index than the national average with Legana/Grindelwald districts having the highest SEIFA index ranking of 1055, which is well above the national average. Trevallyn/ Riverside district also ranks highly. The Beaconsfield and Beauty Point area index ranks the lowest and most disadvantaged within the catchment area and compared to its ranking within Australia, followed by Exeter and districts.

<table>
<thead>
<tr>
<th>Table 10: 2006 SEIFA INDEX OF DISADVANTAGE - West Tamar’s small areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ranked from greatest to least disadvantaged</td>
</tr>
<tr>
<td>Beaconsfield and Beauty Point district</td>
</tr>
<tr>
<td>Exeter and district</td>
</tr>
<tr>
<td>West Tamar Municipal Area</td>
</tr>
<tr>
<td>Riverside</td>
</tr>
<tr>
<td>Riverside – Trevallyn</td>
</tr>
<tr>
<td>Trevallyn</td>
</tr>
<tr>
<td>Legana - Grindelwald and District</td>
</tr>
</tbody>
</table>

Source: Australian Bureau of Statistics, Socio-Economic Indexes for Areas (SEIFA).

With reference to the SEIFA index, and compared with all other local government municipal areas in Tasmania, the West Tamar Municipal Area as a whole ranks highly with respect to overall socio-economic advantage. Only Kingborough and Hobart have higher levels of socio-economic advantage (a high index of economic resources, education and occupational status) than the West Tamar Municipal Area.

The Department of Health and Human Services (2009: 5) also reports that within the West Tamar Municipal Area, 27.4% of the population holds either a Health Care Card or Pension Concession Card. This is slightly below the State level of 28.9%.
The Bankwest Quality of Life Index\textsuperscript{42} tracks where living standards are highest in Australia by ranking local performance across key indicators of the labour market, the housing market, the environment, education and health, drawn from sources including the ABS, Australian Tax Office and the Australian Public Health Information Development Unit. According to the Bankwest Index, the West Tamar ranked as the second highest municipality for quality of life in Tasmania, behind Kingborough in the south of the state. The best quality of life in a regional area of Tasmania was the West Tamar. From a national perspective, Kingsborough ranked 117th in Australia, the West Tamar 120th, followed by the Meander Valley 140th \textsuperscript{42}. 

\textbf{3.2 Section Summary}

This section has provided a brief overview of key demographic characteristics of the West Tamar Municipal Area and its southern districts (Part B). The following provides a summary of the key points from this section:

a) The West Tamar Municipal Area is the seventh largest of the 29 Local Government areas in Tasmania in terms of population;

b) WTMA has a population of 20,814 as reported by 2006 Census data;

c) The total population of the West Tamar Municipal Area is expected to increase by 16.6 % from 2012 to 2032, with the proportion of the population aged 70 years and older projected to increase significantly;

d) 35.4% of the population is less than 50 years old (compared with 34.4% for Tasmania and 30.9% for Australia)

e) WTMA has a smaller percentage of 25-34 year olds (9.3% vs. 11.3% for Tasmania, and 13.5% for Australia)

f) The unemployment rate for the West Tamar was 4.7%, which was below the Tasmanian rate of 5.7, a trend that has occurred for some time;

g) A large percentage of professionals 19.5% (compared with 17.5% of Tasmanians) and a smaller percentage employed as labourers (10.4% compared with 12.5% of Tasmanians);

h) The SIEFA index for all areas in Part B of WTMA is greater than 1000. Legana has the highest SIEFA score of 1055 and Exeter has the lowest 1003 of the three catchment areas;

i) The Beaconsfield and Beauty Point area index ranks the lowest and most disadvantaged within the catchment area and compared to its ranking within Australia, followed by Exeter and districts;

j) The West Tamar Municipal Area has the third lowest level of socio-economic disadvantage after Kingborough and Hobart. It has the second highest index of economic resources and the fourth highest index of education and occupation of all LGAs in the state;
k) There is a lower percentage of Australian born residents in WTMA compared with Tasmania (81% vs. 83.2%) but a higher percentage than in Australia (81% vs. 70.9%);
l) WTMA has a higher percentage of overseas born residents (13.5%) compared to Tasmania (10.6) but a lower percentage than Australia (22.2%);
m) 1.5% of residential housing dwellings in West Tamar were public housing, compared with 6.2% for Tasmania;
n) The median individual income for the West Tamar was above the regional and State medians;
o) The Department of Health and Human Services (2009: 5) also reports that within the West Tamar, 27.4% of the population holds either a Health care Card or Pension Concession Card. This is slightly below the State level of 28.9%

p) In 2007, the unemployment rate for the West Tamar was 4.7%, which was below the Tasmanian rate of 5.7%, a trend that has occurred for some time.

**Riverside and Trevallyn Districts**

a) Has the highest percentage of the population of the three catchment areas with formal educational qualifications (44.8% compared with 35.7% for Tasmania);
b) Average household size is lowest at 2.53 compared with 2.61 for Tasmania and Australia, and 2.56 for WTMA;
c) Has the lowest increase in population since 2001 at 3.3% compared with 3.7% for Tasmania and 5.3% for WTMA;
d) Has a larger proportion of high income (>1700 per week) households with 20.5% earning a high income compared with 13.7% for Tasmania.

**Legana –Grindelwald and Districts**

a) Has the largest increase in population since 2001 at 14.8% compared with 3.7% for Tasmania and 5.3% for WTMA;
b) 28% of population is less than 17 years old (compared with 24% for Tasmania)
c) Has the highest SEIFA index of 1055.3;
d) Average household size is largest at 2.84 compared with 2.61 for Tasmania and Australia and 2.56 for the WTMA;
e) 20.1% of population live in high income households (>1700 per week) compared with 13.7% for Tasmania and 15.4% live in low income households (<500 per week) compared with 24.4% for Tasmania.

**Exeter and Districts**

a) 36.1% of the population is older than 50 year old (compared with 34.4% for Tasmania);
b) Has had a 5.7% increase in population since 2001 compared with 3.7% for Tasmania and 5.3% for WTMA;
c) Has the highest percentage of 2 person households in the West Tamar (42.9% compared to 36.1% for Tasmania);
d) Has the same proportion of high income households (>\$1700 per week) as Tasmania (13.7%); 22.1% are low income households (<\$500 per week) compared with 24.4% for Tasmania;

e) Has the lowest SEIFA index in the study area (Part B).
4. West Tamar Council Partnerships, Collaborations & Policies
4. Review of West Tamar Council Partnerships and Collaborations and Policies

This section provides a brief overview of the existing partnerships, collaborations and policies of and between the West Tamar Council and the community. It is important to recognise that all these activities have implications for a sustainable and holistic approach to health and wellbeing in the West Tamar. As such, all these areas have contributed to this study and its designs, and will with the results of the study, inform the policy and strategic directions of the West Tamar Council in the future.

| **ANZAC Day Committee (Special Committee of Council)** | Co-ordinates and supervises the ANZAC Day activities at Beaconsfield Cenotaph. West Tamar is represented by the Mayor and Community Development Officer. |
| **Beaconsfield Child and Family Centre (BCFC)** | Provides an integrated service for families and children in the Beaconsfield catchment area. It is located at the Beaconsfield Primary School campus and provides a number of services such as parenting programs, early learning support, long day care, child and family health services, early identification of children with special needs and access to adult education and training. West Tamar Council is represented by the Community Development Officer. |
| **Beaconsfield District Health Service (BDHS) – Interagency Group** | Involves services and agencies in the West Tamar. The purpose of this group is to share information regarding common community issues. This group meets bi-monthly. Members from the Department of Social Security, Beaconsfield House, Family and Child Health, the local Social Worker, Family Based care, Catholic Church, Anglican Church, Women’s Health Service, CONNECT (Cancer Care), Disability Services North, Community Options, Alcohol and Drug Services, Tasmanian Acquired Brain Injury Services and West Tamar Council are some of the representative organisations in the group. |
| **Beaconsfield Improvement Committee (BIC)** | Is a strategic planning group representing the Beaconsfield community for the purpose of planning a ‘Beaconsfield Main Street Makeover’. Membership is drawn from community members who reside in the municipal area. West Tamar Council is represented by three Councillors and CDO as council-liaison officer. |
| **Beauty Point Recreation Ground Committee** | Membership of this committee comprises representatives of the Tamar Cats Football Club, Beauty Point Cricket Club, Beauty Point Netball Club, Beauty Point Mini-League and Tama Cats Junior Football Club as main user groups of the ground. Its purpose is to fairly represent users of the ground in relation to future developments and provide a voice to Council. |
| **Community Development and Human Issues Unit (CDU)** | Is a Council committee, that meets monthly to discuss issues relating to community development in the West Tamar, and reports to the community plan and youth strategy. Membership of the CDU includes three West Tamar Councillors, the Community Services Manager, the Youth Development Officer and the Community Development Officer. The CDO and YDO report issues from community groups to the Council and this report is included in Council meeting papers. |
| Exeter Recreation Centre Management Committee | This is a special committee of Council whose purpose is to oversee the management of the Exeter RSL building for community use. |
| **Inter-Agency Support Team (IAST)** | Is an example of a whole-of-government, collaborative model that provides timely, practical and multi-agency responses to support children, young people and their families who have multiple and complex needs. The West Tamar IAST is comprised of members from West Tamar Council, Department of Education, Housing, Youth Justice, Tasmania Police, and the Drug and Alcohol Service. |
| **National Youth Week Steering Committee** | This state-wide committee consists of members of local government, state government and young people and is responsible for the coordination of activities and the grant assessment process for National Youth Week in Tasmania. West Tamar Council is represented by the Youth Development Officer. |
| **Northern Youth Coordinating Committee (NYCC)** | The NYCC was established by Launceston City Council to provide an opportunity for federal, state and local government and non-government youth service providers to come together to achieve a more coordinated approach to youth issues across Northern Tasmania. There are currently around 80 members from a wide range of agencies and departments who represent a range of youth issues. NYCC’s aim is to provide a way for services to work cooperatively on youth issues. By working together, agencies can share resources to provide the best range of appropriate services to young people. West Tamar Council is represented by the Youth Development Officer. |
| **Positive Ageing Strategy** | West Tamar Council’s first Positive Ageing Strategy is designed to create a platform that will support and value the residents of the West Tamar community as they grow older, and aims to build opportunities for partnerships, planning and participation in positive ageing. It is a strategy designed for use Council as well as the community and relevant stakeholders. This strategy was developed collaboratively by West Tamar Council and the University Department of Rural Health (UDRH), after widespread community consultation and a comprehensive review of research and policy relating to ageing. |
| **Positive Ageing Strategy Working Group** | The West Tamar CDO brought a funding proposal to the West Tamar Senior Advisory Group to develop a Positive Ageing Strategy for the West Tamar. Since completing the Positive Ageing Strategy, the West Tamar Positive Ageing Strategy Working Group has the purpose of developing actions and recommendations from the strategy. |
Recreation Development Unit (RDU)  This committee was established to provide for the future recreational needs of the community by facilitating and/or developing both active and passive recreation. Its function is to oversee the maintenance and utilisation of halls, recreation grounds, parks and reserves. The unit is comprised of three West Tamar Councillors and three council officers nominated by the general manager, with meetings occurring the last Thursday in every month.

West Tamar Community Car Executive Group  A community partnership between BDHS and West Tamar Council. Members of the Executive Group are the BDHS Manager, BDHS Community Co-ordinator and WTC Community Services Manager and WTC Community Development Officer. This service covers residents living within the northern part of the West Tamar.

West Tamar Community Recovery Committee  The purpose of this committee is to maintain and review WTC’s Community Recovery Plan and maintain a link with the Northern Region Community Recovery Committee. When activated in times of emergency, the committee coordinates community recovery responses and services in accordance with the plan. The committee is comprised of representatives from Council and DHHS as lead agency for Community Recovery Services in Tasmania.

West Tamar Community Plan  This document is a strategic plan in a community context. It sets goals, priorities for action, specific roles and responsibilities and is measured by KPI’s. Its development was based on significant research and community consultation.

West Tamar Community Road Safety Partnership  A group developed to address community road safety issues and concerns in the West Tamar. Members consist of representatives from WTC including the Youth Development Officer, Asset Management Co-ordinator and Community Development Officer, Councillors, Tasmanian Police Tamar Bicycle Users Group, Legislative Council, West Tamar Senior Advisory Group and West Tamar Youth Advisory Committee as well as DIER – Road Safety Operations Branch. The purpose of the plan is to ensure community safety and crime prevention for social/community harmony.

West Tamar Road Safety Action Plan  Contributes to reducing the incidence and severity of road crashes in the West Tamar Municipal Area through encouraging a community that is conscious of road safety and responsible as road users. The Action Plan is a working document and reviewed each meeting. WTCRSP meet bi-monthly.

West Tamar Community Safety Group (WTCSG)  A partnership initiative of State and Local Government. West Tamar Community Safety Group includes representation from various Community Groups and Partnerships including: Tasmanian Police, DHHS, Department of Education, and West Tamar Council. Members report back to the group on issues regarding personal safety in the West Tamar. A Community Safety and Crime Prevention Plan has been developed and adopted by West Tamar Council. The Group addresses actions and priorities from this plan. Community Safety and Crime Prevention Forums are held annually and community residents are invited to attend and put their issues and views forward to the committee.
<table>
<thead>
<tr>
<th><strong>West Tamar Crime Prevention and Community Safety Plan: (2011)</strong></th>
<th>This document focuses on working in close partnership with key stakeholders, to minimise crime and create environments where the community feel safe.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>West Tamar Emergency Management Plan</strong></td>
<td>The West Tamar Emergency Management Plan is established under the provisions of the Emergency Services Act 2006. It details the emergency management arrangements for the West Tamar Municipal Area. It provides guidance to the West Tamar Emergency Planning Committee and gives authority to designated people or roles to make decisions in response to an emergency. The plan also provides guidance in relation to community recovery needs during and following an emergency.</td>
</tr>
<tr>
<td><strong>West Tamar 3 Peaks Festival Committee</strong></td>
<td>WTC with the Lions Club of West Tamar and the 3 Peaks Race Committee work together to organise and supervise the West Tamar 3 Peaks Festival which celebrates the start of the Australian Three Peaks Race on Good Friday. West Tamar Council is represented by the Community Services Manager and the Community Development Officer.</td>
</tr>
<tr>
<td><strong>West Tamar Sport and Recreation Plan</strong></td>
<td>This plan aims to collate all existing information on sport and recreation into an easily understandable format. The document provides for forward planning and allows council to create opportunities that maximise benefits for the residents of the West Tamar. Through a strategic, planned, and coordinated approach it allows council to evaluate the changes affecting sport and recreation, while addressing the specific needs of the municipality.</td>
</tr>
<tr>
<td><strong>West Tamar Youth Strategy</strong></td>
<td>In 2002 council identified a need to develop a broad framework for the development and implementation of future strategies for addressing issues relating to young people in the West Tamar Municipal Area. The West Tamar Council Youth Strategy was developed in response to this need and outlined council’s role and commitment to young people over a three year period (2005 – 2008). Young people are an integral part of the West Tamar community. Council recognises the invaluable contribution they make to the community and the importance of engaging with young people in positive ways that facilitate meaningful discussion, fosters an appreciation and understanding of young people, informs decision making and enhances the relationship between council and the youth sector.</td>
</tr>
<tr>
<td><strong>West Tamar Youth Advisory Council</strong></td>
<td>Is a group of 17 young people who meet regularly to discuss youth issues and services in the West Tamar. This group of community minded young people represent the views, concerns and aspirations of young people in the area. The group act as an advisory mechanism to council, yet also lead youth events and fundraising activities.</td>
</tr>
</tbody>
</table>
4.1 A review of key sport and recreational resources and facilities in the West Tamar study area

Access to recreational and sporting resources is an important element of community health and wellbeing. It has important benefits to the community, economy and environment, as well as individuals. Local Government councils are the largest providers of Sport and Recreation facilities across Australia. The Local Government Act places accountability with Councils for maximising these types of resources for community benefit and, in response, West Tamar Council is leading this process with community consultations and planning projects. It is anticipated that this project will inform the development of a second Sport and Recreation Strategy for the West Tamar. Table 11 below provides an overview of the key sport and recreational facilities in the West Tamar study area.
<table>
<thead>
<tr>
<th>WTC Reserves and Facilities</th>
<th>Partnerships</th>
<th>Committees</th>
<th>Activities</th>
<th>Infrastructure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trevallyn</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WTC Reserves</td>
<td>Lions Park</td>
<td>Recreation &amp; Development Unit (RDU)</td>
<td>BMX Cycling Recreation, Dog Recreation, Basketball</td>
<td>Cycle Jumps, Playground Equipment, Park Reserve, Dog Walking Enclosure, BBQ</td>
</tr>
<tr>
<td>Partnerships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Riverside</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tailrace Park</td>
<td>Riverside Scout Group, Rivallyn Adventurers, Trevallyn Sea Scouts, Launceston Life Saving Club</td>
<td>Tailrace Development Committee (TDC)</td>
<td>Recreation, Scout Groups, Boating, Fishing, Maze Walkway, Basketball, Orienteering, Walking</td>
<td>Park Reserve, Pontoon, Walking Maze, Playground Equipment, Hall x 3 BBQs</td>
</tr>
<tr>
<td>Riverside Swim Centre</td>
<td></td>
<td>RDU</td>
<td>Swimming</td>
<td>Swimming Pool x 3, Water Slide</td>
</tr>
<tr>
<td>Riverside Tennis Club</td>
<td>Riverside Tennis Club</td>
<td>RDU</td>
<td>Tennis</td>
<td>Tennis Courts x 4</td>
</tr>
<tr>
<td>Legana Recreation Ground</td>
<td>Legana Cricket Club</td>
<td>RDU</td>
<td>Cricket</td>
<td>Sports Ground Playground Equipment</td>
</tr>
<tr>
<td>Legana Tennis Club</td>
<td>Legana Tennis Club</td>
<td>RDU</td>
<td>Tennis</td>
<td>Tennis Courts x 2</td>
</tr>
<tr>
<td>Legana Hall and Community Centre</td>
<td></td>
<td>RDU</td>
<td>Badminton, Girl Guides, Tae Kwon Do, Zumba, Youth Club</td>
<td>Hall</td>
</tr>
<tr>
<td>Grindelwald Reserve</td>
<td></td>
<td>RDU</td>
<td>Recreation Walking</td>
<td>Parks Reserve</td>
</tr>
<tr>
<td>Rosevears Recreation Ground</td>
<td></td>
<td>RDU</td>
<td>Cricket Recreation</td>
<td>Parks Reserve, Playground Equipment</td>
</tr>
<tr>
<td>Rosevears Pontoon</td>
<td></td>
<td></td>
<td></td>
<td>Pontoon, BBQ</td>
</tr>
<tr>
<td>Exeter Recreation Centre</td>
<td>Exeter Bowls and Community Club, Exeter RSL Sub-branch, Exeter Social Club</td>
<td>Exeter Recreation Centre Management Committee</td>
<td>Bowls, Squash, Billiards/Snooker, Dancing</td>
<td>Bowling Green’s x 2, Full Size Pool Tables x 2, Squash Courts x 2</td>
</tr>
<tr>
<td>TRESCA Community Centre</td>
<td>TRESCA Community Centre</td>
<td>RDU</td>
<td>Arts and Crafts, Fitness Classes, Men’s Shed</td>
<td>Playground Equipment</td>
</tr>
<tr>
<td>Facility</td>
<td>Management</td>
<td>Program Offerings</td>
<td>Reserve Offerings</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>------------</td>
<td>------------------------------------</td>
<td>------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Rose Bay Park</td>
<td>RDU</td>
<td>Camping Recreation</td>
<td>Parks Reserve Playground Equipment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recreation Skate/Scooter</td>
<td>Skate Park</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Pontoon BBQ</td>
<td></td>
</tr>
<tr>
<td>Edinburgh Park</td>
<td>Edinburgh</td>
<td>Horse Riding Show Jumping</td>
<td>Sports Ground Parks Reserve</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Committee</td>
<td>Dressage</td>
<td>Dressage Arenas x 2</td>
<td></td>
</tr>
<tr>
<td>Brady’s Lookout</td>
<td></td>
<td>Recreation Walking</td>
<td>Trails BBQ</td>
<td></td>
</tr>
</tbody>
</table>

In addition to facilities provided by West Tamar Council, there are a number of state government and privately owned sport and recreational opportunities throughout the West Tamar study area, including Golf Courses (Exeter, Riverside, & Grindelwald), Horse Riding (Exeter, Trevallyn & Riverside), Trevallyn Recreation Reserve (Water Sports & Archery), Walking Trails (Trevallyn & Tamar Island), Exeter Show Grounds (Football & Cricket), Gravelly Beach indoor pool, the Fitness centre at Legana, and Martial arts (Legana).

### 4.2 Section summary

Sport and recreation play a vital role in communities and make an important contribution to health and wellbeing. West Tamar Council’s vision is to provide “an active and effective community, enhancing West Tamar as the desired place to live, work, and visit.” Therefore, activity through sport and recreation is a primary focuses for West Tamar Council and its community, as is the provision of opportunities for participation in sport and recreation. The table above provides a strong indication that the West Tamar Council has been proactive and involved in a number of endeavours and community services to ensure a holistic, sustainable approach to health and wellbeing in the municipality.
5. Project Design and Approach
5. Project Design and Approach

This section outlines how the project was conducted. It includes an overview and definitions of the key concepts employed, how the project was developed and implemented, how information was gathered and collected, ethical consideration, project governance and stages.

5.1 Overview of Key Concepts

5.1.1 What do we mean by community?

There are many definitions and characteristics of the term community, with little consensus over its exact meaning. The meaning of community within this project is broken down into two areas: (a) community as a distinct geographical area and, (b) community as a subjective and invisible entity defined by people’s sense of belonging and identity.

Using the first definition of community as a geographical construct; the physical municipality of the West Tamar Municipal Area and the people that reside in or regularly visit this region are perceived to be a community. The second definition of community is more ambiguous in the sense that community is not defined strictly by territorial limits or by people who live in some spatial relationships to one another. Rather, community in a subjective sense refers to groups of people who share common interests, values and a collective sense of identity, for example seniors, young people or young mothers. It is however important to acknowledge that in areas such as community development, individuals and groups themselves define what is meant by community.

5.1.2 What is health and wellbeing? How is it determined

There are numerous definitions of health and wellbeing, many of which have common elements. One of the most commonly accepted is that of the World Health Organisation, which defines health as a ‘state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity’. Wellbeing can thus broadly be thought of as relating to a state of being well, healthy and contented. High levels of wellbeing are also regarded as characteristic of a strong, supportive vibrant community.

The Ottawa Charter for Health Promotion (1986) argues that ‘health and wellbeing’ is the ability to have and reach goals, meet personal needs and cope with everyday life, and thus neither health nor wellbeing can be separated from the environment in which people live. It is therefore important to recognise that individual and community health and wellbeing is influenced and determined by a diversity of social, economic, cultural and environmental influences including the following:
Figure 4 below demonstrates an integrated model of health and wellbeing including the general socioeconomic, cultural and environmental conditions that contribute to collective and individual health.

Given the many factors that influence the health and wellbeing of persons, families and communities, this project employs a population health perspective. This perspective focuses on the improvement of health and wellbeing among communities and population groups. It is concerned with factors that enhance health and wellbeing, positively influence conditions that enable people to make healthy choices, and services that promote and maintain health.

A more detailed integrated model that takes into account the numerous factors and determinants of health and wellbeing including protective or health promoting factors and risk or health inhibiting factors, is found in Figure 5 below.
Figure 5: A comprehensive model demonstrating the complexity of factors and influences on health and wellbeing.

### Protective factors

#### Healthy conditions and environments
- Safe physical environments
- Supportive economic and social conditions
- Regular supply of nutritious food and water
- Restricted access to tobacco and drugs
- Healthy public policy and organizational practice
- Provision of meaningful, paid employment
- Provision of affordable housing

#### Psychosocial factors
- Participation in civic activities and social engagements
- Strong social networks
- Feeling of trust
- Feeling of power and control over life decisions
- Supportive family structure
- Positive self-esteem

#### Effective health services
- Provision of preventative services
- Access to culturally appropriate health services
- Community participation in the planning and delivery of health services

#### Healthy lifestyle
- Decreased use of tobacco and drugs
- Regular physical activity
- Balanced nutritional intake
- Positive mental health
- Safe sexual activity

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#### Quality of life, functional independence, wellbeing mortality, morbidity, disability

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### Risk factors

#### Risk conditions
- Poverty
- Low social status
- Dangerous work
- Polluted environment
- Natural resource depletion
- Discrimination (age, sex, race, disability)
- Steep power hierarchy (wealth, status, authority) within a community or workplace

#### Psychosocial factors
- Isolation
- Lack of social support
- Poor social networks
- Low self-esteem
- High self-blame
- Low perceived power
- Loss of meaning and purpose
- Abuse

#### Behavioural risk factors
- Smoking
- Poor nutritional intake
- Physical inactivity
- Substance abuse
- Poor hygiene
- Being overweight
- Unsafe sexual activity

#### Physiological risk factors
- High blood pressure
- High cholesterol
- Release of stress hormone
- Altered levels of biochemical markers
- Genetic factors
5.2 The process of mapping community health and wellbeing

5.2.1 What is a community health and wellbeing map? Why it is important?

The Ottawa Charter on Health Promotion\(^{47}\) recognises the importance of not only creating an environment that supports physical, social, economic, cultural and spiritual health and wellbeing but also ascribing significant value to strengthening community action so that communities have the capacity to set priorities and make decisions that affect their health and wellbeing. A key process through which this goal is being facilitated is via the use of community based research or community health mapping and assessment.

While the idea of examining the quality of life in communities is not new, over the past 20 years there has been growing importance, both nationally and internationally, placed on need to assessing the health and wellbeing of communities\(^{51-52}\) by focusing on the overall health of communities rather than factors affecting any one individual.\(^{53}\)

A Community Health Needs Assessment (CHNA) or community health map is an effective tool for all levels of government, health systems and community groups. The purpose of this form of research is to ‘collect, analyse and present information so that the health of the population can be understood and improved’\(^{49}\) as well as to inform health service planning. A CHNA typically provides a snapshot of the types of issues affecting how health services and resources are provided and consumed, as well as identifying the health and wellbeing needs of community members. Conducting an assessment of community health and wellbeing may obtain information on a broad range of issues associated with health or may, in some cases, be specifically focused on a specific health issue or condition within a community; for example, diabetic services. In the context of this project, a community health and wellbeing map is defined as:

\[\text{...a dynamic ongoing process, undertaken to identify the strengths and needs of the community, it enables the community-wide establishment of health priorities and facilitates collaborative action planning directed at improving community health status and quality of life.}\]\(^{49}\)

The diverse benefits of community health and wellbeing assessment are widely documented both nationally and internationally.\(^{48-49, 54-57}\) Table 12 below provides an overview of the key benefits of engaging stakeholders and communities in the process of health and wellbeing mapping and assessment.
Table 12: Benefits of Conducting a Community Health and Wellbeing Needs Assessment

- To map and analyse specific and general areas of community health and wellbeing
- To encourage collaboration with community members, stakeholders and a variety of partners involved in decision-making processes within community and population health
- To assess/provide a ‘snapshot’ of community/specific population health needs
- To advocate for change
- To identify opportunities for disease prevention and health promotion
- To empower individuals and groups within the community
- To assess gaps in service provision and access to services/resources
- To evaluate how effectively services are responding to community needs
- To determine barriers to effective service provision
- To assist in mapping out links and opportunities to collaborate with others

5.2.2 Ethical Considerations

This project and the research stages detailed above have received full ethical clearance from the Tasmanian Human Research Ethics Committee. The project team gathered consent from all participants in the collection of information and every endeavour has been made to protect the identity and ensure the anonymity of all participants in this study∗.

5.2.3 Who will use the information? How will it be used?

The information collected in this project is first and foremost a resource for the West Tamar community. West Tamar Council will be using the information collected in this project and also the Beaconsfield Community Health and Wellbeing Mapping Project3 (2009-2010) to develop and implement a number of important Council strategies, documents and actions such as the new West Tamar Community Plan, Youth Strategy, Positive Ageing Strategy and Sport and Recreation Strategy. The WTC will also be using the information from these projects to enhance and develop intersectoral partnerships with service providers and agencies for the benefit of the community. Additionally, it is anticipated that the information gathered in this project will be used by a variety of sources including cross disciplinary stakeholders, service providers, community groups and individuals. Figure 6 below shows a representation of the ways in which this project will inform West Tamar Council policy and strategy.

∗ Where applicable, pseudonyms have been used to protect the identity of community respondents
5.2.4: How was the project managed and governed?

Governance of the West Tamar Health and Wellbeing Mapping Project involved a collaborative partnership between the West Tamar Council and the University Department of Rural Health. The project was driven by a Project Advisory Committee consisting of UDRH staff and members of the WTC Community Services Team including the community services manager, recreational officer, youth development officer and the community development officer. West Tamar Council representative groups such as the West Tamar Senior Advisory Group and West Tamar Youth Advisory Council also guided stages of the project. The University Department of Rural Health (UDRH) is part of the University of Tasmania’s Faculty of Health Science Rural Health Portfolio. Funded primarily by the Australian Government Department of Health and Ageing, the UDRH’s key focus is improving access to health care resources and contributing to improved health outcomes for rural and remote Tasmania. A key part of this focus is promoting and supporting a population health approach to preventative health strategies and rural health research, including assisting communities in planning, developing and conducting
Community Health Needs Assessments. Table 13 below shows the key roles of UDRH in this project.

Table 13: The key roles of the UDRH in the project

- Build on the work of Beaconsfield Community Health and Wellbeing Mapping Project (2009) in planning for and responding to the health and wellbeing issues of the West Tamar community
- Develop achievable goals and objectives for the project
- Act as mentors to relevant West Tamar Council Community Service staff in the health and wellbeing mapping process
- Access statistical information from a variety of sources that will provide demographic and health status information about the West Tamar
- Develop an appropriate methodological approach, including elements of capacity building for the project and full ethical clearance from the Tasmanian Human Research Ethics Committee (Social Sciences)
- Meet with relevant community groups and stakeholders
- Design and pilot research tools in collaboration with the West Tamar Council and relevant community groups (i.e. Senior Advisory Group, West Tamar Youth Advisory Council)
- Take the lead in the collection of information (focus groups, community forums, stakeholder interviews)
- Collate, organise, interpret and analyse project data
- Collaborate with the WTC and its staff to develop actions and recommendations for health and wellbeing planning in the West Tamar
- Collaborate and provide assistance in the development of the WTC Positive Ageing Strategy, Youth Strategy and Community Plan

5.2.5 How was the West Tamar Community involved in the project?

A key principle of conducting a Community Health and Wellbeing Map is to facilitate the ability of the community itself to identify, address and prioritise its own ‘path of health and wellness’. This form of community-based participatory research recognises that health research and strategies solely initiated and developed by researchers or similar ‘outside’ a community have been shown to be least effective and sustainable in their impact and scope. The engagement and involvement of the communities themselves to work alongside external researchers or agencies in the design, implementation, decision making and evaluation of health research and programs has been shown to produce greater long-term health initiatives and improvements within communities.

In this project, community members had direct involvement in stages of the project such as the methodological approach, survey design, survey distribution, community forums and focus groups, and in the development of recommendations and actions for specific action areas such as the Positive Ageing and Youth Strategies. Council-facilitated groups such as the Senior Advisory Group and West Tamar Youth Advisory Council were particularly important reference groups and contacts for the project.
In enabling the representation of as many community groups and voices as possible, over 90% of relevant services, community groups and organisations listed in the West Tamar Council’s community services guide were contacted about the project and invited to participate in either the provision of secondary data, participation in community forums, stakeholder interview or the distribution of community surveys.

In total, **over 2000 people** were consulted and invited to participate in this project.

### 5.3 Project design and methods

This section provides an overview of how the project was designed and what processes and tools were used to involve community members, service providers and stakeholders in the project. The project design and methods used within this project were partially adopted from other successful health and wellbeing mapping exercises led by the UDRH in other rural and regional areas of Tasmania. Figure 7 below shows the different ways in which relevant information about the health and wellbeing of the West Tamar community was gathered and collected to inform the project and its findings and recommendations.

*Figure 7: Model showing project research methods*
5.3.1 Community profile and literature review

A key stage of the project’s methodology was developing a community health profile of the West Tamar study area. This involved an extensive review of secondary information gathered from service providers, government and non-government agencies as well as other stakeholders and sources. An important resource for the project was the use of the .id Demographic Resource Centre’s West Tamar Council community profile, which provides a comprehensive socio-demographic profile of the West Tamar Municipal Area community at the LGA level, and the smaller communities within it. The .id profile presents data from the 1991, 1996, 2001 and 2006 ABS Censuses.

All secondary information (i.e. household structure, demographic populations profiles, use of services, employment levels) was compiled and collated enabling a comparison of specific areas of health and wellbeing in the West Tamar study area to be compared with other state and national trends. The information collected during this process (including the information from the Beaconsfield Health and Wellbeing Mapping Project) was used in two ways during this project.

Firstly, it assisted in creating a relevant community health profile of the West Tamar study area.

Secondly, it informed the development of research tools such as the community survey, stakeholder interviews and youth and positive ageing surveys.

*It is important to note that the most recent ABS data for the West Tamar was the 2006 Census. Also, due to the close proximity of the southern part of the West Tamar Municipal Area to Launceston City Centre, it was often very difficult to collect and collate West Tamar (southern end) specific health data using sources such as the ABS who do not use these municipal boundaries. This project has also drawn on the Beaconsfield Health and Wellbeing Mapping Project in the north of the West Tamar Municipal Area (2009-2010). This was particularly important in areas such as the community profile and literature review where the review of relevant health policy and information had changed little, if at all, since the completion of the Beaconsfield project

5.3.2 Community survey

The ‘community survey’ was a key research tool used, designed to gather information from all population groups. The survey was designed by the project team and piloted* among members of the community such as the West Tamar Senior Advisory Group. The survey was

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* The piloting of research tools involves getting individuals not immediately involved in a project to pre-test or ‘try out’ a survey. The advantages of conducting a pilot are that it may give advance warning about whether proposed methods or instruments are inappropriate or too complicated.
designed to capture a range of information about health and wellbeing in the West Tamar, including:

- Basic demographic data (age, gender, household structure, location)
- Issues affecting, and assessments of health and wellbeing
- Service usage and access
- Participation and Environment
- Future Issues and Planning

There were also 3 sections within the survey used to gather additional information about the needs and priorities of (1) carers (2) older residents and (3) families. These groups were identified by the project team as specific population groups the WTC desired additional information about.

The survey consisted of a 13 page self-administered questionnaire which contained 27 closed and open questions. Self-administered questionnaires require respondents to fill out the questionnaire themselves. Closed questions require fixed answers via the structured use of tick boxes. Open ended questions allow respondents to write their own comments and suggestions. Both styles of question were subject to piloting.

In administering the community survey, an ‘opportunistic’ approach was taken whereby existing community groups, networks, service providers and stakeholders were used to distribute the survey. This method was used rather than a mass postal mail out, for three reasons. First, posting a survey to every household or ratepayer in the catchment area was financially unachievable within the project’s budget. Second, West Tamar Council post an resident opinion survey to every household in the municipality annually. Third, survey mail-outs have a traditionally low response rate in social research. The local media were also used to raise awareness of this project and encourage maximum participation. The data collected has been used to inform the development of actions, areas of consideration and priority areas.

In total, 1100 community surveys were distributed and 410 were returned, representing a 37.7% response rate. Survey data was analysed using the SPSS© computer program.

The results of the survey are presented and discussed in section 6, entitled ‘Results and Findings: Issues and Priorities for Health and Wellbeing in the West Tamar’.

5.3.3 Youth survey and forums

In addition to the community survey, a youth survey targeting school aged young people aged 10-17 was developed and distributed to ensure that the voices of young people were captured in the project data. Young people are often difficult to engage in social and health research of this kind and the development of separate research tools for youths has been successful in similar health mapping projects.
The project team collaborated closely with the WTC Youth Development Officer (YDO) in designing the survey and ensuring that the data would inform the project and the development of the new West Tamar Council Youth Strategy. The project also drew heavily on the existing contacts that the YDO had with youth groups and service providers such as schools within the West Tamar Municipal Area. The survey was distributed in four schools in the southern section (Part B) of the municipal area and amongst West Tamar Council’s Youth Advisory Committee members and at the youth centre.

The youth survey consisted of a two page questionnaire, with 9 closed and open ended questions. The survey asked young people to rate their own health and wellbeing, identify key health and wellbeing issues and to note what they saw as the key issues and priorities for young people in the West Tamar at present and in the future.

In total 600 surveys were distributed, with 379 returned for analysis. This represents a response rate of 63%. The survey data was analysed using the SPSS© computer program.

In addition, a youth forum was conducted with 20 young people from the West Tamar community. The forum asked a series of 5 questions about youth priorities, youth programs and future directions for young people in the community. The forum went for approximately 1.5 hours. Stakeholder interviews (as described in 5.3.5) also informed the project about youth health and wellbeing in the West Tamar community. Data from the forums was collected via notes and tape recorder and coded thematically to identify for recurring issues and topics.

The results of the youth survey, forums and consultations are presented and discussed in Section 6.

5.3.4 Community forums

The third key data collection method for the project was community forums.

From November 2010 to February 2011, 12 community forums were conducted in Riverside, Legana, Exeter, Deviot, Rosevears/Lanena and Gravelly Beach. Participants in the community forums were drawn from all areas of the West Tamar Municipal Area (Part B). These forums involved over 160 community residents in total.

The community forums typically consisted of 8 to 12 individuals. However, two larger forums of 15 and 18 people were conducted. Individual participants were informed about the project and their consent taken (most having received information sheets before their attendance about the project). Using focus group methodology, the groups were asked a series of questions (see Appendix) about health and wellbeing, services and resources and future issues and planning within the West Tamar community. Each forum lasted between one and two hours. Data from the forums was collected via notes and tape recorder and coded thematically to identify recurring issues and topics.
The key results from the community forums are presented and discussed in following section.

5.3.5 Stakeholder and service provider consultations and interviews

An additional data collection method for the project was stakeholders/service provider consultations. Thirty service providers or stakeholders in the community were contacted and invited to participate in the project. These participants were identified by the project committee as being important stakeholders in the community. They included representatives from the following community and service providers:

- General Practice
- Education and Schools
- Community Transport
- Mental Health
- Youth Services
- Sport and Recreation
- West Tamar Council
- Public Transport
- Child and Family Health
- Industry and Business
- Church & Religious Groups
- Childcare and Child Services
- Community Volunteers
- Arts

In total, 18 stakeholder/service provider interviews were conducted throughout the municipal area. The consultations involved a series of questions about the health and wellbeing needs, priorities and key issues of the West Tamar community. Each consultation/interviews lasted about an hour in duration.

The results of these consultations are presented and discussed in the next section ‘Results and Findings’.

5.4 Project Stages

The West Tamar Community Health and Wellbeing Mapping Project was planned, developed and implemented over a period of approximately 12 months (August 2010-September 2011). The project involved nine key stages which are summarised in the Table 17 below:

Table 14: Overview of key project stages and responsibilities

<table>
<thead>
<tr>
<th>Project Stage</th>
<th>What was involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Establishment</td>
<td>Preliminary discussions with UDRH and West Tamar Council; workshops run by UDRH in West Tamar with stakeholders and community members. Local definitions and understandings of health and wellbeing established. Formal establishment of partnership agreement and project committee.</td>
</tr>
<tr>
<td>2  Aims and Objectives</td>
<td>Project team and responsibility roles established. Aims and objectives developed. Action and planning timelines created.</td>
</tr>
<tr>
<td>3  Literature Review and</td>
<td>Existing data sources identified. Information collected, collated and analysed to provide context to study. Gaps in</td>
</tr>
</tbody>
</table>
Community Profile: information and knowledge identified. Profile of West Tamar community health and wellbeing established. University Ethical Approval Sought and Finalised.

4 Research Design: Approaches to and methods of collecting information about health and wellbeing identified and designed by project team (i.e. community survey, key informant interviews, service provider survey). Involvement of community representative groups planned.

5 Data Collection: Research tools used to collect information (i.e. interviews conducted, survey distributed and collected etc.). Community members used to assist with distribution.

6 Data Analysis: Information and data generated in data collection stage collated, interpreted and analysed by UDRH. Key themes and issues around health and wellbeing identified and organised for community appraisal.

7 Priority Setting: Key priority areas generated from data analysis. Tangible actions and possible solutions to address health and wellbeing needs developed by UDRH, WTC and relevant community groups.

8 Community Validation: Project team and stakeholders presented with findings from the project, including priority areas and proposed actions. Feedback provided to UDRH, including new or revised actions, desire for additional information or detail, and other areas of clarification and/or improvement.

9 Report and Dissemination: Report collated and written and distributed to stakeholders for internal review and editing.

10 Monitoring and Evaluation: Planning developed to monitor and assess the ongoing outputs and/or actions stemming from the project. Structure and process of outcomes recorded and evaluated.

5.5 Project Strengths and Opportunities

This project has many strong points. It builds strongly on the Beaconsfield Community Health and Mapping Project (2010) and previous community health mapping exercises to assist the West Tamar Council in capturing and better understanding the needs and priorities of its residents. As shown in Figure 23, the information collected in this project will assist the development of a number of key strategies and policies for the West Tamar Council in the next five years. The Project committee has, where possible, engaged community members in as many stages of the project as feasible. Community members have worked closely with the project committee in areas such as the positive ageing strategy, youth strategy and in the distribution and collection of community surveys, as well as having involvement in interviews and community forums. An additional strength of the project is the pre-existing strong relationship between the UDRH, health service providers and sectors of the WTMA.
community. This robust relationship facilitated the process of data collection and project monitoring.

In total, approximately 1500 community members were consulted and invited to participate in the project. Seven hundred and eighty nine surveys were received. This represents a response rate of 52.6% and approximately 5.0% of the total eligible population within the West Tamar study area.

5.5.1 Project Limitations

There were some limitations to the project which should be noted. First, specific demographic data on specific areas of the study area was often impossible to access, with 2006 Census data being the most recent information available. Second, when distributing the community survey it was often difficult to access community members between the ages of 19 to 30 years who were living in smaller rural townships. Attempts were made by community distributors through their networks and local businesses to access community members in this age bracket. Also, while sample size is statistically significant for descriptive statistics, caution has been taken in the interpretation of the results as not all members of the community are equally represented in the data (that is, those with intellectual or physical disability, low socio-economic persons).

5.6 Section Summary

This section has outlined how the West Tamar Community Health and Wellbeing project was designed and approached. The following provides a summary of the key points from this section:

a) The project employs a population health perspective, which takes an integrated approach to community health and wellbeing;

b) It recognises the complex social, economic, cultural, environmental and political influences on and determinants of health and wellbeing;

c) The project and its stages were driven and governed by a partnership between West Tamar Council and the UDRH;

d) The project is based on a community health assessment model approach;

e) 4 key data collection methods were used to gather information, including a community survey, a youth survey, community forums and stakeholder and service provider interviews;

f) Over 1500 people were consulted and invited to participate in the project;

g) Approximately 1000 community members and stakeholders directly participated in the project;

h) The findings of the project will inform West Tamar Council policy and strategic directions across a number of areas.
6. Results and Findings: Issues and Priorities for Community Health and Wellbeing in the West Tamar Study Area
This section provides a detailed overview of the results of the community consultations, including the analysis and results of the community survey, community forums, youth survey and stakeholder/service provider interview.

6.1 Results of the Community Survey

The ‘community survey’ was a key research tool used in the project, designed to gather information from all population groups. The survey was designed to capture a range of issues associated with health and wellbeing in the West Tamar, including the needs of specific demographic groups such as carers, older residents and families.

The survey consisted of a 13 page self-administered questionnaire which contained 27 closed and open questions. In total, 1100 community surveys were distributed and 410 were returned, representing a 37.7% response rate. Survey data was analysed using the SPSS© computer program.

6.1.1 Key Demographics of Respondents

The following section provides an overview of the key demographic information from respondents to Part A of the community survey, which asked respondents questions such as their gender, age, ethnic and cultural background, household structure and place of residence etc. This information is important in analysing key themes and issues across the whole project and in enabling priority areas to emerge and be analysed in the context in which community members were positioned (i.e. areas of residence, age groups etc.).

Gender and Age

Of the 410 survey respondents, 39% (n=160) were male and 61% female (n=250). The average age of respondents was 59.5 years.

For the purposes of developing positive ageing strategies and policies, the survey requested some information specifically related to residents over 50 years old. Hence in terms of response rates it is important to note that 30.7% (n=126) of respondents were 18-49 years old and 69.9% (n=284) were aged 50 years and over.

Ancestry, Ethnicity and Language Spoken at Home

All respondents (n=410) answered the question regarding their place of birth. 75.8% (n=311) of community survey respondents were born in Australia. 23.9% (n=98) were born overseas with the majority born in the United Kingdom (n=73). The remaining respondents 6.1% (n=25) identified being born in other nations such as New Zealand, South Africa, Holland, Italy, Indonesia, Austria, Germany, Canada and Singapore.
Ninety-nine per cent (n=406) of all respondents to the community survey identified that the main language spoken in their household was English.

**Place of Residence**

98% (n=405) of all respondents to the community survey identified where they lived in the WTMA by suburb of residence. Table 15 shows the suburb of residence of respondents. As indicated, 57.4% of all respondents (n=235) were from Riverside or Legana. 3.7% of all respondents (n=15) were from the Northern sector of the West Tamar Municipal Area including Beauty Point, Clarence Point and Greens Beach.

<table>
<thead>
<tr>
<th>Suburb</th>
<th>No of responses</th>
<th>% of total responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverside</td>
<td>130</td>
<td>31.7</td>
</tr>
<tr>
<td>Legana</td>
<td>105</td>
<td>25.7</td>
</tr>
<tr>
<td>Exeter</td>
<td>36</td>
<td>8.8</td>
</tr>
<tr>
<td>Trevallyn</td>
<td>33</td>
<td>8.0</td>
</tr>
<tr>
<td>Rosevears</td>
<td>29</td>
<td>7.1</td>
</tr>
<tr>
<td>Deviot</td>
<td>16</td>
<td>3.9</td>
</tr>
<tr>
<td>Northern Sector Areas</td>
<td>15</td>
<td>3.7</td>
</tr>
<tr>
<td>Grindelwald</td>
<td>12</td>
<td>2.9</td>
</tr>
<tr>
<td>Gravelly Beach</td>
<td>8</td>
<td>2.0</td>
</tr>
<tr>
<td>Swan Point</td>
<td>7</td>
<td>1.7</td>
</tr>
<tr>
<td>Blackwall</td>
<td>6</td>
<td>1.5</td>
</tr>
<tr>
<td>Bridgenorth</td>
<td>6</td>
<td>1.5</td>
</tr>
<tr>
<td>Paper Beach</td>
<td>3</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>405</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**Years residing and intention to stay in West Tamar Municipal Area**

A total of 98.5% (n=404) of respondents to the community survey answered the question regarding the number of years they had resided in the West Tamar Municipal area and their intention to stay in the area. With respect to the number of years residing in the WTMA, the results show an average of 20 years.

Respondents were also asked about their intention to stay living in the WTMA in the next 5-10 years. Table 16 below shows that 94.4% (n=387) of all respondents stated that they intended to stay living in the area. Of the 4% (n=17) who said they did not intend to stay, most (n=10) were aged between 18-49 indicating a high level of satisfaction with older residents in residing and planning to reside in the WTMA.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Don’t Intend to Stay</th>
<th>Intend to Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-49</td>
<td>11</td>
<td>113</td>
</tr>
</tbody>
</table>
Household size and structure

Approximately 98% (n=402) of community survey respondents answered the questions regarding the size and structure of their household. In total, the community survey captured 965 people from over 400 unique households. As indicated in Table 17, the main type of households lived in by respondents were 2 person households (52.9%) followed by 1 person households (17.8%) and 3 and 4 person households with a collective total of (20.0%). This may be indicative of the age structure of survey respondents, with a greater percentage of respondents aged over 50 years.

<table>
<thead>
<tr>
<th>Number of People in Household</th>
<th>Number of Responses</th>
<th>% of Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>73</td>
<td>17.8</td>
</tr>
<tr>
<td>2</td>
<td>217</td>
<td>52.9</td>
</tr>
<tr>
<td>3</td>
<td>35</td>
<td>8.5</td>
</tr>
<tr>
<td>4</td>
<td>47</td>
<td>11.5</td>
</tr>
<tr>
<td>5</td>
<td>18</td>
<td>4.4</td>
</tr>
<tr>
<td>6</td>
<td>10</td>
<td>2.4</td>
</tr>
<tr>
<td>7</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Survey respondents also identified who they lived with in their household. The main types of households were respondents who lived with their partner/spouse (76.8%) followed by households living with children (27.1%).

Carers

The community survey also asked respondents to identify if they were a carer,\(^3\) who they cared for, hours of care as well as the key issues that may be impacting on their role as a carer and those being cared for, in the West Tamar Municipal Area.

7.6% (n=31) of community survey respondents identified as carers. The majority of carers cared for their spouse (n=17), their children (n=5) as well as other relatives such as elderly parents, in-laws or siblings. Two respondents also reported providing some care for friends. The average hours of care were 24 per day, meaning that most respondents were full time carers who lived with those they provided care for.

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\(^3\) Carer (UK, NZ, Australian usage) is used to refer to unpaid relatives or friends who support people with disabilities. The word may be prefixed with "family" "spousal", "child" to distinguish between different care situations.
Respondents to the carer were also given space to provide qualitative answers regarding what they perceived to be the key issues impacting on their ability to be carers. Twenty respondents provided information on this question. The key issues reported were access to respite services (n=12) including nursing and community support; access to transport (n=5) and age and physical ability (n=3). Other issues such as the need to increase handicapped parking in shopping areas, and greater wheelchair/disability access to public spaces and services were also identified.

Disability

The community survey also asked respondents to identify if they had a disability. 10.2% (n=42) of all survey respondents reported having a disability. 33 respondents went on to specify the type of disability affecting their health and wellbeing. The most frequent responses were arthritis/rheumatism (n=13); limited mobility (n=10); cardiovascular conditions (n=4), and hearing impairment (n=2). Other general responses included ‘my mental health’, ‘being elderly’ and visual impairment.

6.1.2 The Health and Wellbeing of Respondents

This section provides an overview of Part B of the community survey which asked respondents a number of questions concerning their health and wellbeing. It will focus on the key health and wellbeing issues identified by respondents living within the West Tamar Council study area.

Issues affecting health and wellbeing

75.1% (n=308) of respondents answered the question regarding issues that may be affecting their health and wellbeing. Most respondents (n=202) identified between one and three issues. As shown below in Figure 8, the five most common issues affecting respondents’ health and wellbeing were depression and anxiety (31.7%), rheumatism/arthritis (27.1%), lack of exercise (18.8%), hearing impairment (12.7%) and stress (12%).

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4 A physical or mental condition that limits a person's movements, senses, or activities.
Key health and wellbeing issues were also examined according to age category. The results of the key health and wellbeing issues for respondents aged 18-49 and 50+ years are shown below in Table 18:

Table 18: Issues affecting health and wellbeing by age category

<table>
<thead>
<tr>
<th>Respondents 50+ Years (n=284)</th>
<th>Respondents 18-49 Years (n=126)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Rheumatism/Arthritis</td>
<td>1. Depression/ Anxiety</td>
</tr>
<tr>
<td>2. Depression/Anxiety</td>
<td>2. Lack of Exercise</td>
</tr>
<tr>
<td>3. Hearing Impairment</td>
<td>3. Stress</td>
</tr>
<tr>
<td>5. Limited Physical Mobility</td>
<td>5. Lack of friends</td>
</tr>
</tbody>
</table>
6.1.3 Access to and Use of Community/Health Services and Resources in the study area

This section provides an overview of the key results from the community survey regarding how respondents access and use community and health services and resources in the study area, and what they perceive to be the most positive aspects of living in the region.

Most positive aspects about living in the West Tamar

30.5% (n=125) of respondents answered the question regarding what community members thought were the most positive aspects of living in the West Tamar. Respondents were asked to write open ended answers with over 750 responses listed. The average number of responses from survey respondents was 3. The ten most frequently cited themes relating to the most positive aspect about living in WTMA are shown below in Table 19.

Table 19: Most positive things about the West Tamar as cited by survey respondents

<table>
<thead>
<tr>
<th>Most positive things about living in the West Tamar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical and natural environment (including views and lifestyle) (n=157)</td>
</tr>
<tr>
<td>Access to health and community services in WTMA (especially access to GP services)</td>
</tr>
<tr>
<td>(n=139)</td>
</tr>
<tr>
<td>Access to and availability of shopping facilities (n=86)</td>
</tr>
<tr>
<td>Recreational facilities (n=74)</td>
</tr>
<tr>
<td>Bus service and transport (n=51)</td>
</tr>
<tr>
<td>Sense of community and opportunity for engagement and participation (n=45)</td>
</tr>
<tr>
<td>Closeness to Launceston city and services (n=33) and Proximity to all services in</td>
</tr>
<tr>
<td>WTC (n=33)</td>
</tr>
<tr>
<td>Responsiveness of West Tamar Council to resident concerns/community issues(n=27)</td>
</tr>
<tr>
<td>Windsor Community Precinct (n=25)</td>
</tr>
<tr>
<td>Council Infrastructure and utilities (including rubbish collection) (n=25)</td>
</tr>
<tr>
<td>Community Safety (n=23)</td>
</tr>
</tbody>
</table>

Other issues that were identified by respondents as positive aspects included quality of life, good school, local library resources, church, good footpaths and roads, good neighbours and youth services. A number of comments are provided in Table 20 below:

Table 20: Examples of qualitative comments given by respondents

“A council who responds quickly when needed”

“Close to town but you feel like you are rural: country feel with lots of green and community activities...”

“Access to community and social networks, an engaging and supportive community, wonderful quality of life, relaxing lifestyle, access to quality health services and
“Excellent bus service (Manions) youth programmes are fantastic and Windsor Park is going to be fantastic”

“Excellent doctors and community to live in…”

“All you can want is here...It’s a relaxed lifestyle supported by the library, pool access to GP, pharmacy and this is excellent for a small municipality”

**Use of Health and Community Services inside the West Tamar study area**

94.1% (n=386) of respondents answered the question ‘what health or community services do you or your family use in the West Tamar Municipal Area? The most commonly used health and community services in the West Tamar by respondents were Pharmacist (79.3%) and General Practitioner (70.2%). Approximately 60% (n=245) of respondents indicated that they used, on average two-four services in the West Tamar Council, indicating a high use of services in the area. Table 21 below shows the services in the West Tamar most commonly used by survey respondents.

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacist</td>
<td>325</td>
<td>79.3%</td>
</tr>
<tr>
<td>GP</td>
<td>288</td>
<td>70.2%</td>
</tr>
<tr>
<td>Physiotherapist/Chiropractor</td>
<td>95</td>
<td>23.2%</td>
</tr>
<tr>
<td>Public transport</td>
<td>90</td>
<td>22.0%</td>
</tr>
<tr>
<td>Library</td>
<td>76</td>
<td>18.5%</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>69</td>
<td>16.8%</td>
</tr>
<tr>
<td>Optometrist</td>
<td>46</td>
<td>11.2%</td>
</tr>
<tr>
<td>Home help</td>
<td>37</td>
<td>9.0%</td>
</tr>
<tr>
<td>Alternate therapy</td>
<td>36</td>
<td>8.8%</td>
</tr>
<tr>
<td>Home Maintenance</td>
<td>28</td>
<td>6.8%</td>
</tr>
<tr>
<td>Child health/parenting service</td>
<td>28</td>
<td>6.8%</td>
</tr>
<tr>
<td>Dentist</td>
<td>27</td>
<td>6.6%</td>
</tr>
<tr>
<td>Play groups</td>
<td>26</td>
<td>6.3%</td>
</tr>
<tr>
<td>Child care</td>
<td>24</td>
<td>5.9%</td>
</tr>
<tr>
<td>District Health services</td>
<td>15</td>
<td>3.7%</td>
</tr>
<tr>
<td>Neighbourhood house</td>
<td>15</td>
<td>3.7%</td>
</tr>
<tr>
<td>Social worker</td>
<td>14</td>
<td>3.4%</td>
</tr>
<tr>
<td>Community transport</td>
<td>13</td>
<td>3.2%</td>
</tr>
<tr>
<td>Youth Services</td>
<td>11</td>
<td>2.7%</td>
</tr>
<tr>
<td>Day care</td>
<td>5</td>
<td>1.2%</td>
</tr>
<tr>
<td>Meals on wheels</td>
<td>4</td>
<td>1.0%</td>
</tr>
<tr>
<td>Mental health services</td>
<td>3</td>
<td>0.7%</td>
</tr>
<tr>
<td>Respite Care</td>
<td>2</td>
<td>0.5%</td>
</tr>
</tbody>
</table>
Youth health

A further breakdown of the health and community services used inside the West Tamar by age category is provided below in Table 22.

Table 22: Services used inside the West Tamar by age breakdown of respondents

<table>
<thead>
<tr>
<th>Respondents 50+ Years (n=268)</th>
<th>Respondents 18-49 Years (n=122)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pharmacy</td>
<td>1. Pharmacy</td>
</tr>
<tr>
<td>2. GP</td>
<td>2. GP</td>
</tr>
<tr>
<td>3. Physiotherapy/ Chiropractor</td>
<td>3. Playgroup and Childcare</td>
</tr>
<tr>
<td>5. Maintenance</td>
<td>5. Physiotherapy/Chiropractor</td>
</tr>
<tr>
<td>6. Podiatry</td>
<td>6. Library</td>
</tr>
<tr>
<td>7. Library/Public Transport</td>
<td></td>
</tr>
</tbody>
</table>

Other services being used by respondents in the study area aged 50+ included optometry, alternate therapies and community transport. Other services being used by respondents aged 18-49 years in the West Tamar included library services, alternate therapies and optometry and dental.

Use of Health and Community Services outside the West Tamar study area

93.2% (n=382) of respondents answered the question ‘what health or community services do you or your family use outside the West Tamar Municipal Area?’. As shown in Table 23 below, the most commonly used health and community services outside the West Tamar study area by respondents were the dentist (70.0%), and optometrist (61.5%).

Approximately 50% (n=160) identified that they accessed between two and four services outside the West Tamar Municipal Area. It should be noted that the services identified as being used outside the study area were predominantly those not offered in the region, however, since the completion of this study, the Windsor Community Precinct has opened dental, physiotherapist, audiology, pharmacy and optometry services.

Table 23 : Health and Community Services used outside the West Tamar study area (all respondents)

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>287</td>
<td>70.0%</td>
</tr>
<tr>
<td>Optometrist</td>
<td>253</td>
<td>61.5%</td>
</tr>
<tr>
<td>Public Hospital</td>
<td>222</td>
<td>54.1%</td>
</tr>
<tr>
<td>Private hospital</td>
<td>186</td>
<td>45.4%</td>
</tr>
<tr>
<td>Library</td>
<td>144</td>
<td>35.1%</td>
</tr>
<tr>
<td>GP</td>
<td>136</td>
<td>32.9%</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>92</td>
<td>23.9%</td>
</tr>
<tr>
<td>Podiatrist</td>
<td>74</td>
<td>18.0%</td>
</tr>
<tr>
<td>Service</td>
<td>Respondents</td>
<td>Percentage</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>Physiotherapist or chiropractor</td>
<td>72</td>
<td>17.2%</td>
</tr>
<tr>
<td>Home help/Maintenance</td>
<td>55</td>
<td>13.5%</td>
</tr>
<tr>
<td>Public transport</td>
<td>39</td>
<td>9.5%</td>
</tr>
<tr>
<td>Alternate therapy</td>
<td>37</td>
<td>9.0%</td>
</tr>
<tr>
<td>Home help</td>
<td>31</td>
<td>7.6%</td>
</tr>
<tr>
<td>Mental health services</td>
<td>14</td>
<td>3.4%</td>
</tr>
<tr>
<td>Social worker or counsellor</td>
<td>13</td>
<td>3.2%</td>
</tr>
<tr>
<td>Antenatal and postnatal services</td>
<td>11</td>
<td>2.7%</td>
</tr>
<tr>
<td>Child health or parenting</td>
<td>11</td>
<td>2.7%</td>
</tr>
<tr>
<td>District health services</td>
<td>10</td>
<td>2.4%</td>
</tr>
<tr>
<td>Childcare</td>
<td>9</td>
<td>2.2%</td>
</tr>
<tr>
<td>Parenting support</td>
<td>8</td>
<td>2.0%</td>
</tr>
<tr>
<td>Community transport</td>
<td>5</td>
<td>1.2%</td>
</tr>
<tr>
<td>Play groups</td>
<td>5</td>
<td>1.2%</td>
</tr>
<tr>
<td>Meals on wheels</td>
<td>4</td>
<td>1.0%</td>
</tr>
<tr>
<td>Family planning</td>
<td>4</td>
<td>1.0%</td>
</tr>
<tr>
<td>Day centre</td>
<td>3</td>
<td>0.7%</td>
</tr>
<tr>
<td>Youth Services</td>
<td>3</td>
<td>0.7%</td>
</tr>
<tr>
<td>Youth health services</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Respite Care</td>
<td>1</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

A further breakdown of the health and community services used outside the West Tamar by age category is provided below in Table 24 and shows that there are only slight differences in the services used outside the region for different age groups.

**Table 24: Services accessed outside West Tamar study area by age category**

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Respondents aged 18-49 (n=122)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50+ years</td>
<td></td>
</tr>
<tr>
<td>1. Dental</td>
<td>1. Dental</td>
</tr>
<tr>
<td>2. Optometry</td>
<td>2. Public Hospital</td>
</tr>
<tr>
<td>3. Public Hospital</td>
<td>3. Optometry</td>
</tr>
<tr>
<td>4. Private Hospital</td>
<td>4. Library</td>
</tr>
<tr>
<td>5. Library</td>
<td>5. GP</td>
</tr>
<tr>
<td>6. GP</td>
<td>6. Private Hospital</td>
</tr>
</tbody>
</table>

Other services accessed outside the West Tamar for respondents aged over 50+ included Pharmacist, Podiatrist, Physiotherapist, Home help and maintenance. Other services accessed most for respondents aged 18-49 outside the West Tamar study area included private hospital, pharmacist, physiotherapist/chiropractor, alternative therapy and podiatrist.

Figure 9 below illustrates the use of services inside and outside the West Tamar study area by respondents of the community survey.
Use of Recreational Facilities in the West Tamar study area

85.9% of respondents (n=352) answered the question ‘what recreational facilities do you and your family use in the West Tamar’. On average respondents ticked between two to four recreational facilities, indicating a high level of recreational facility use in the West Tamar. Table 25 shows the key recreational facilities used by respondents. As shown below, walking trails, parks and public swimming pool were the most cited recreational facilities being used.

Table 25: Most used recreational facilities in West Tamar study area

<table>
<thead>
<tr>
<th>Facility</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking Trails</td>
<td>217</td>
<td>52.9%</td>
</tr>
<tr>
<td>Park</td>
<td>154</td>
<td>37.6%</td>
</tr>
<tr>
<td>Public swimming pool</td>
<td>120</td>
<td>29.3%</td>
</tr>
<tr>
<td>Playground</td>
<td>79</td>
<td>19.3%</td>
</tr>
<tr>
<td>Community centre</td>
<td>76</td>
<td>18.5%</td>
</tr>
<tr>
<td>Golf course</td>
<td>76</td>
<td>18.5%</td>
</tr>
<tr>
<td>Cycling paths</td>
<td>63</td>
<td>15.4%</td>
</tr>
<tr>
<td>Tennis courts</td>
<td>52</td>
<td>12.7%</td>
</tr>
<tr>
<td>Football or soccer field</td>
<td>52</td>
<td>12.7%</td>
</tr>
<tr>
<td>Gymnasium</td>
<td>50</td>
<td>12.2%</td>
</tr>
<tr>
<td>Club rooms</td>
<td>38</td>
<td>9.3%</td>
</tr>
<tr>
<td>Cricket grounds</td>
<td>35</td>
<td>8.5%</td>
</tr>
</tbody>
</table>
Table 26 shows the recreational facilities used most by those aged 18-49 and those aged over 50.

**Table 26: Recreational Facilities used by age categorisation**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Respondents aged 50+ (n=268)</th>
<th>Respondents aged 18-49 (n=122)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking Trails</td>
<td>1.</td>
<td>1. Parks/Playgrounds</td>
</tr>
<tr>
<td>Park/Playground</td>
<td>2.</td>
<td>2. Walking Trails</td>
</tr>
<tr>
<td>Swimming Pool</td>
<td>3.</td>
<td>3. Swimming Pool</td>
</tr>
<tr>
<td>Community Centre</td>
<td>4.</td>
<td>4. Cycling Paths</td>
</tr>
<tr>
<td>Golf Course/ Gymnasium</td>
<td>5.</td>
<td>5. Football/Soccer Field</td>
</tr>
<tr>
<td>Bowling green</td>
<td>22</td>
<td>5.4%</td>
</tr>
<tr>
<td>Skate park</td>
<td>19</td>
<td>4.6%</td>
</tr>
<tr>
<td>Training or Athletics grounds</td>
<td>20</td>
<td>4.9%</td>
</tr>
<tr>
<td>Dance Hall</td>
<td>7</td>
<td>1.7%</td>
</tr>
<tr>
<td>Equestrian Ground</td>
<td>6</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

Other recreational facilities used by respondents aged over 50+ included tennis, cycling and bowls. For respondents aged 18-49, other recreational facilities included tennis, golf, cricket and athletics.

**Factors limiting ability to access health and community services inside the West Tamar study area**

Only 18.3% (n=75) of all respondents to the community survey answered the question ‘what factors if any, limit your or your families ability to access health and community services in the West Tamar’. Table 27 provide an overview of the key factors cited by respondents.

**Table 27: Factors limiting ability to access health and community services inside West Tamar**

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number of responses</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of awareness of available services</td>
<td>74</td>
<td>18.0%</td>
</tr>
<tr>
<td>Access to transport</td>
<td>38</td>
<td>9.3%</td>
</tr>
<tr>
<td>Financial costs</td>
<td>32</td>
<td>7.8%</td>
</tr>
<tr>
<td>Distance to services</td>
<td>27</td>
<td>6.6%</td>
</tr>
<tr>
<td>Public transport costs</td>
<td>25</td>
<td>6.1%</td>
</tr>
<tr>
<td>Opening hours of services</td>
<td>23</td>
<td>5.6%</td>
</tr>
<tr>
<td>Poor physical mobility</td>
<td>19</td>
<td>4.6%</td>
</tr>
<tr>
<td>Disability limits</td>
<td>12</td>
<td>2.9%</td>
</tr>
<tr>
<td>Limited social, family support</td>
<td>10</td>
<td>2.4%</td>
</tr>
<tr>
<td>Caring responsibilities</td>
<td>9</td>
<td>2.2%</td>
</tr>
<tr>
<td>GP availability</td>
<td>9</td>
<td>2.2%</td>
</tr>
<tr>
<td>Mental health issues</td>
<td>8</td>
<td>2.0%</td>
</tr>
</tbody>
</table>
Table 28 shows the most commonly cited factors limiting access to health and community services by those aged 18-49 and those aged over 50. It shows that the key issues for all respondents to this question was that a lack of awareness of available services.

<table>
<thead>
<tr>
<th>Table 28: Factors limiting access to services by age category</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respondents aged 50+ years</strong></td>
</tr>
<tr>
<td>1. Lack of awareness of available services</td>
</tr>
<tr>
<td>2. Access to transport</td>
</tr>
<tr>
<td>3. Distance to services</td>
</tr>
<tr>
<td>4. Mobility Problems</td>
</tr>
<tr>
<td>5. Public Transport Costs</td>
</tr>
</tbody>
</table>

**About Windsor Community Precinct (WCP)**

The community survey asked respondents about their awareness of the Windsor Community Precinct (WCP). At the time of data collection for this study, the Precinct was still being built. This question aimed to gauge and also spread awareness of the WCP, and to showcase the services that would be offered.

86.3% (n=354) of all respondents to the community survey were aware of the existence of the WCP. Respondents were also asked to rank how likely they were to use services at the WCP. The services identified by respondents as being most likely to be used are listed below in Table 29.

<table>
<thead>
<tr>
<th>Table 29: Services most likely to be used by respondents at WCP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service</strong></td>
</tr>
<tr>
<td>X-ray</td>
</tr>
<tr>
<td>Pathology</td>
</tr>
<tr>
<td>Walking trails</td>
</tr>
<tr>
<td>GP</td>
</tr>
<tr>
<td>Pharmacy</td>
</tr>
<tr>
<td>Café</td>
</tr>
<tr>
<td>Optometrist</td>
</tr>
<tr>
<td>Dentist</td>
</tr>
<tr>
<td>Physiotherapy</td>
</tr>
<tr>
<td>Osteopathy</td>
</tr>
<tr>
<td>Community Centre</td>
</tr>
<tr>
<td>Massage therapy</td>
</tr>
</tbody>
</table>
6.1.4 The Needs of Older Residents in the West Tamar study area

This section provides an overview of the key results from the community survey section regarding the needs and priorities of respondent’s aged 50+ (n=284) in relation to health and wellbeing, service usage and access, and the ability to ‘age in place’. This information will be used to plan for the needs of older residents in the West Tamar and has informed the development of West Tamar Councils’ Positive Ageing Strategy (WTPAS).

Key health Issues and Priorities of Older Residents in the West Tamar study area

Of the total respondents aged over 50 years (n=284), 93.3% (n=265) responded to the question asking them to identify what were their key health issues or priorities. Most respondents (n=201) listed between three and five issues. Table 30 below shows the issues and priorities most frequently cited by respondents.

<table>
<thead>
<tr>
<th>Health Issue/ Priority</th>
<th>Number of responses</th>
<th>% of total responses n= 265</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ageing</td>
<td>232</td>
<td>87.5%</td>
</tr>
<tr>
<td>Access to GP</td>
<td>209</td>
<td>78.8%</td>
</tr>
<tr>
<td>Access to GP who bulk bills</td>
<td>180</td>
<td>67.9%</td>
</tr>
<tr>
<td>Access to Dentist</td>
<td>151</td>
<td>57.0%</td>
</tr>
<tr>
<td>Access to optometry</td>
<td>150</td>
<td>56.6%</td>
</tr>
<tr>
<td>Access to Podiatry</td>
<td>124</td>
<td>46.8%</td>
</tr>
<tr>
<td>Cost of living</td>
<td>102</td>
<td>38.5%</td>
</tr>
<tr>
<td>Cost of medication</td>
<td>90</td>
<td>34.0%</td>
</tr>
<tr>
<td>Access to public transport</td>
<td>88</td>
<td>33.2%</td>
</tr>
<tr>
<td>Access to Physiotherapy</td>
<td>79</td>
<td>29.8%</td>
</tr>
<tr>
<td>Access to Audiometry</td>
<td>73</td>
<td>27.5%</td>
</tr>
<tr>
<td>Home maintenance service</td>
<td>67</td>
<td>25.3%</td>
</tr>
<tr>
<td>Community nursing</td>
<td>65</td>
<td>24.5%</td>
</tr>
<tr>
<td>Personal safety</td>
<td>60</td>
<td>22.6%</td>
</tr>
<tr>
<td>Access to community transport</td>
<td>49</td>
<td>18.5%</td>
</tr>
<tr>
<td>Cost of public transport</td>
<td>41</td>
<td>15.5%</td>
</tr>
<tr>
<td>Chronic disease</td>
<td>34</td>
<td>12.8%</td>
</tr>
<tr>
<td>Access to carers</td>
<td>26</td>
<td>9.8%</td>
</tr>
<tr>
<td>Mental health services</td>
<td>24</td>
<td>9.1%</td>
</tr>
<tr>
<td>Access to meals service</td>
<td>24</td>
<td>9.1%</td>
</tr>
<tr>
<td>Family support</td>
<td>24</td>
<td>9.1%</td>
</tr>
<tr>
<td>Loneliness</td>
<td>23</td>
<td>8.7%</td>
</tr>
<tr>
<td>Personal health behaviours</td>
<td>14</td>
<td>5.3%</td>
</tr>
</tbody>
</table>
Factors preventing older residents from staying in the West Tamar

Only 17.6% (n=50) of total respondents aged 50+ answered this question, with most identifying multiple issues. 100% of respondents to the question identified that access to a GP was the key issue they perceived would prevent them from staying in the West Tamar. Table 31 shows the most frequently cited factors that older residents perceived may influence their ability to stay in the West Tamar in the future.

Table 31: Factors influencing intention to stay in West Tamar

<table>
<thead>
<tr>
<th>Factor</th>
<th>Number of responses</th>
<th>% of total respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to GP</td>
<td>50</td>
<td>100</td>
</tr>
<tr>
<td>Distance to specialists</td>
<td>42</td>
<td>84</td>
</tr>
<tr>
<td>Distance to hospital</td>
<td>37</td>
<td>74</td>
</tr>
<tr>
<td>Lack of public transport</td>
<td>36</td>
<td>72</td>
</tr>
<tr>
<td>Access to GP who bulk bills</td>
<td>36</td>
<td>72</td>
</tr>
<tr>
<td>Lack of community transport</td>
<td>33</td>
<td>66</td>
</tr>
<tr>
<td>Quality of health care services</td>
<td>32</td>
<td>64</td>
</tr>
<tr>
<td>Distance from family</td>
<td>31</td>
<td>62</td>
</tr>
<tr>
<td>Disability</td>
<td>26</td>
<td>52</td>
</tr>
<tr>
<td>Cost of public transport</td>
<td>18</td>
<td>36</td>
</tr>
</tbody>
</table>

Preferred Future Accommodation

Respondents aged 50+ were asked to identify what types of accommodation they would prefer in the future as they got older. 100% of all respondents aged 50+ (n=284) answered this question. As shown below in Table 32, over 80% of respondents identified wanting to ‘age in place’ or remain in their own home or in a smaller home within the West Tamar in the future.

Table 32: Preferred Accommodation Type of respondents Aged 50+

<table>
<thead>
<tr>
<th>Preferred Accommodation Type</th>
<th>Number responses</th>
<th>% of total responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remaining in own home</td>
<td>171</td>
<td>60.2 %</td>
</tr>
<tr>
<td>Unit/Smaller Home</td>
<td>67</td>
<td>23.2 %</td>
</tr>
<tr>
<td>Retirement Village</td>
<td>38</td>
<td>13.1 %</td>
</tr>
<tr>
<td>Residential Aged Care</td>
<td>12</td>
<td>4.2 %</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>0.3 %</td>
</tr>
</tbody>
</table>

Other supports and facilities

Respondents aged 50+ were also asked to identify any additional supports and facilities they considered necessary for older residents in the West Tamar study area. 37% of all respondents aged 50+ (n=107) answered this question and provided open, qualitative comments. The key issues identified by residents regarding supports and facilities have been listed in order of the most frequently cited as shown below in Table 33. Comments are provided in Table 34.
Table 33: Supports and Facilities most frequently cited by older residents

<table>
<thead>
<tr>
<th>Suggested Supports/Facilities and Resources of older West Tamar Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better footpaths, walking trails, roads, cycling paths and safer pedestrian crossings at Exeter, Legana, Rosevears Drive</td>
</tr>
<tr>
<td>Transport including access to regular, frequent bus services, shuttle services (i.e. to Windsor Park, bus into nursing home off Tamar highway, Cormiston Road and Dion Crescent)</td>
</tr>
<tr>
<td>Organised social activities, gatherings and exercise</td>
</tr>
<tr>
<td>Access and information about community car and transport</td>
</tr>
<tr>
<td>Information for older residents including what’s happening and available at Windsor Park</td>
</tr>
<tr>
<td>Support for ageing in place (including home maintenance and home help)</td>
</tr>
<tr>
<td>Library and community centre in Legana or Exeter</td>
</tr>
<tr>
<td>Windsor Community centre as ‘Ageing hub’ (community centre, activities, allied health, exercise, bowls, meeting areas etc.)</td>
</tr>
<tr>
<td>More retirement villages or similar facilities e.g. smaller units</td>
</tr>
<tr>
<td>Access to Indoor heated swimming pool</td>
</tr>
<tr>
<td>Access to Banking facilities</td>
</tr>
</tbody>
</table>

Table 34: Examples of comments from older residents regarding support and facilities

“A good footpath from Paringa Avenue to where the road joins the river. We and many others walk this stretch daily and find the sideways slope of the roadside is a problem as we are ageing. My doctor has told me to walk on a level surface. Council has already formed a good path to Exeter but it needs extending as far as is feasible… Most of us walk south of Paringa Avenue” (Female Resident; aged 62).

“Every day I wake up and feel so lucky to live in this area and municipality because of the beauty of the place and convenience of everything, but in regards to being active and staying healthy by walking every day I have to get in a car and drive into Launceston because there are no safe level places to walk around Rosevears at all…you are scared you will get hit by a car or there is no room to walk with a friend…that limits my health and my engagement” (Male Resident; aged 64).

“…level walking needed urgently; paths on Rosevears Drive (now uneven and rough). I walked this area for health and fitness for 26 years…now in 70’s, find footing at time a danger, but still need to walk…Also for young mothers i.e. - prams, shocking area for safe walking. I pushed grandson for some 12 years ago and UNSAFE Rosevears area” (Female Resident; Aged 55).

“From all reports this new Windsor area is going to be brilliant, why not make it a bit of a central meeting point for all us oldies to do things…exercise classes, meeting areas, services…it’s a real opportunity to have that place we have always wanted, if the Council can sort out the transport to the place we are set…” (Male Resident; aged 70).
6.1.5 The Needs of Families in the West Tamar study area

This section provides an overview of the key results from the community survey in relation regarding the needs and priorities of respondents with families with children (n=98) in relation to health and wellbeing, service usage and access as well as the need for additional services and supports. This information will be used to plan for the needs of families in the West Tamar and in the development of West Tamar Council’s Youth Strategy (2011) and Community Plan (2012).

Key Issues for Parents

80% (n=79) of respondents to the community survey with children/families answered the question ‘which of the following, if any, are of concern or most relevant to you’. On average respondents identified between one and three key issues about the needs of families in the West Tamar study area. Table 35 below shows the top issues/needs for parents as identified by respondents:

<table>
<thead>
<tr>
<th>Parenting need</th>
<th>Number of responses</th>
<th>% of total respondents with children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to play and recreation areas</td>
<td>58</td>
<td>59.2%</td>
</tr>
<tr>
<td>Access to vacation care</td>
<td>43</td>
<td>43.9%</td>
</tr>
<tr>
<td>Access to public transport</td>
<td>39</td>
<td>39.8%</td>
</tr>
<tr>
<td>Cost of public transport</td>
<td>29</td>
<td>29.6%</td>
</tr>
<tr>
<td>Affordability of child care</td>
<td>28</td>
<td>28.6%</td>
</tr>
<tr>
<td>Access to child care</td>
<td>27</td>
<td>27.6%</td>
</tr>
<tr>
<td>Access to parenting education</td>
<td>17</td>
<td>17.3%</td>
</tr>
<tr>
<td>Access to parenting support</td>
<td>15</td>
<td>15.5%</td>
</tr>
<tr>
<td>Access to drug and alcohol education</td>
<td>14</td>
<td>14.3%</td>
</tr>
<tr>
<td>Isolation from services and support</td>
<td>7</td>
<td>7.1%</td>
</tr>
<tr>
<td>Access to sex education</td>
<td>6</td>
<td>6.1%</td>
</tr>
<tr>
<td>Children with special needs</td>
<td>5</td>
<td>5.1%</td>
</tr>
</tbody>
</table>

Suggestions for New Services/Activities for Parents in the West Tamar study area

Respondents to this section on the needs of families were also asked to provide open qualitative comments regarding any new services or activities they felt would make life easier for them as a parent in the West Tamar study area. 51% (n=50) of respondents with children/families provided comments. Table 36 provides an overview of the key issues
identified by residents which have been coded and numbered below in order of most frequently cited:

**Table 36: Suggestions for Services, Activities Resources of Parents and Families**

<table>
<thead>
<tr>
<th>Suggestions for services, activities and resources for parents and families</th>
</tr>
</thead>
<tbody>
<tr>
<td>More public recreation and play areas, cycle trails including signage for these areas</td>
</tr>
<tr>
<td>Information for parents – re available programs, services and resources and community spaces for families</td>
</tr>
<tr>
<td>Improved and safe footpaths, safe crossings</td>
</tr>
<tr>
<td>More activities and youth programs/ available for kids</td>
</tr>
<tr>
<td>More afterschool programs, Holiday programs and vacation care</td>
</tr>
<tr>
<td>More Parenting support and interest groups</td>
</tr>
<tr>
<td>Dietary information and dietician at Windsor Community Precinct</td>
</tr>
</tbody>
</table>

Examples of comments provided by parents regarding supports and facilities for families in the West Tamar are provided below in Table 37.

**Table 37: Examples of comments from parents regarding support and facilities for families**

“The Legana/Riverside area is lacking activities that meet the needs of teenage boys. In particular the need for a skate park in the local vicinity would contribute to the health of the 10-17 year old bracket...The Legana boys of that age group currently ride their bikes to Royal Park-Launceston. Not all children who would like to participate in bike riding or scootering are able to access the Launceston Skate Park” (Legana Mother)

“A skate park well positioned in the community would help boys feel more of a part of the community. Many boys spent time creating bike jumps behind Woolworths at Legana and met there regularly...” (Legana father)

“Teenager’s cause more problems than little kids but little kids get playgrounds and the teenagers get little...how is that fair. If you have graffitti problems around the place, do what was done at the Beaconsfield Skate Park...get sponsorship from community organisation for spaces for young people or skate parks”. (Exeter Father)

### 6.1.6 Participation and Engagement in the West Tamar study area

This section provides an overview of the key results from the community survey regarding the ability of community members to actively participate in the West Tamar study area. 28% (n=115) of all respondents to the community survey answered this section and the question ‘what Issues, if any, limit your ability to participate in the West Tamar community’. Table 38 below provides an overview of the key issues identified by residents which have listed below in order of most frequently cited.
Table 38: Key issues influencing participation in the community

<table>
<thead>
<tr>
<th>Key issues influencing community participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work and family commitments</td>
</tr>
<tr>
<td>Need for timely awareness and knowledge or information re events, resources and facilities</td>
</tr>
<tr>
<td>Old age and limited mobility</td>
</tr>
<tr>
<td>Lack of Time</td>
</tr>
<tr>
<td>Poor or lack of safe footpaths, roads and cycle paths, street lighting</td>
</tr>
<tr>
<td>Accessibility and cost of transport, buses at Legana and Exeter</td>
</tr>
<tr>
<td>Condition of West Tamar Highway</td>
</tr>
<tr>
<td>Distance and isolation</td>
</tr>
<tr>
<td>Cost of living</td>
</tr>
<tr>
<td>Better public spaces, particularly for young people and families</td>
</tr>
</tbody>
</table>

Some of the comments provided by respondents in regards to factors/issues affecting their ability to participate in the West Tamar community are found below in Table 39.

Table 39: Examples of comments from residents regarding participation in the community

"Driving from West Tamar highway especially near Brady’s lookout is an accident in the making and very nerve wracking...Lower McEwen’s road intersection with the highway is a potential death trap and should be blocked off. ...from conversations with other residents these matters cause much stress and anxiety as people actually have to think about driving and safety rather than getting out there in the community....that’s just as important as access to services” (Male 59, Gravelly Beach)

“Me and my family moved here around 6 months ago, we would love to be more involved in what’s going on but we really struggle to find out about what’s out there, it’s really been by default we have found out about some things...I don’t expect special treatment but some resources for new residents would be helpful...” (Male, 39, Legana)

“It’s hard when you are working and so is your partner, it only really leaves weekends and then they get so full, I would like to do more volunteering with the elderly in the future when my kids are older” (Female, 35, Riverside)

6.1.7 The West Tamar Environment

This section gives an overview of the results from the community survey regarding respondents’ opinions towards the West Tamar environment. 49% of respondents (n=201) responded “yes” to the question asking if they had concerns about the environment in the West Tamar Municipal Area. Table 40 below shows the most frequently cited environmental concerns of respondents.
Table 40: Key environmental concerns of survey respondents

<table>
<thead>
<tr>
<th>Environmental Concern</th>
<th>Number of responses</th>
<th>% of total respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulp Mill</td>
<td>86</td>
<td>42.7%</td>
</tr>
<tr>
<td>Increased development, too much subdivision, urbanization</td>
<td>51</td>
<td>25.1%</td>
</tr>
<tr>
<td>Traffic congestion and poor condition of West Tamar Highway</td>
<td>42</td>
<td>20.8%</td>
</tr>
<tr>
<td>River pollution and foreshore protection</td>
<td>37</td>
<td>18.4%</td>
</tr>
<tr>
<td>Replanting, control of weeds and clearing vegetation by council</td>
<td>34</td>
<td>16.9%</td>
</tr>
<tr>
<td>Lack of Footpaths</td>
<td>26</td>
<td>12.9%</td>
</tr>
<tr>
<td>Air quality, e.g. wood smoke, burning off etc.</td>
<td>23</td>
<td>11.4%</td>
</tr>
<tr>
<td>Roadside pollution</td>
<td>20</td>
<td>9.0%</td>
</tr>
<tr>
<td>Car hoons</td>
<td>10</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

Other environmental concerns identified by respondents included; the need for weekly rubbish collection, aerial spraying, barking dogs, need for greater community policing, septic tank monitoring by council, the gravel mine at Beauty Point and the danger of bushfires on vacant land.

6.1.8 Key Future Issues and Priorities for the West Tamar

This section provides an overview of the community survey results which asked respondents to identify what they perceived to be the three main issues that would impact on the quality of life for residents in the West Tamar over the next three years.

In total, 76.1% (n=312) of all respondents answered the question, with 782 individual answers provided, indicating that on average respondents gave at least two issues. These answers have been coded thematically and tallied according to the frequency in which they were cited in the survey results. Table 41 below shows these results.
Table 41: Key Future Issues and Priorities for the West Tamar over the next 3 years

<table>
<thead>
<tr>
<th>Key Issues</th>
<th>Number of Responses</th>
<th>% of total respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need for infrastructure to support increasing development/subdivision and population growth</td>
<td>146</td>
<td>46.7%</td>
</tr>
<tr>
<td>Poor Condition and Safety of West Tamar Highway</td>
<td>112</td>
<td>35.8%</td>
</tr>
<tr>
<td>Negative effects of Proposed Pulp Mill</td>
<td>102</td>
<td>32.6%</td>
</tr>
<tr>
<td>Cost of Living</td>
<td>75</td>
<td>24.0%</td>
</tr>
<tr>
<td>Lack of adequate or safe footpaths, bike tracks</td>
<td>72</td>
<td>23.0%</td>
</tr>
<tr>
<td>Continuing access to public transport and expansion of bus services</td>
<td>66</td>
<td>21.1%</td>
</tr>
<tr>
<td>Support for ageing</td>
<td>49</td>
<td>15.7%</td>
</tr>
<tr>
<td>Access to and availability of health services including doctors</td>
<td>47</td>
<td>15.0%</td>
</tr>
<tr>
<td>Activities and spaces for young people</td>
<td>37</td>
<td>11.8%</td>
</tr>
<tr>
<td>Air and water quality</td>
<td>37</td>
<td>11.8%</td>
</tr>
<tr>
<td>Community safety/crime/policing</td>
<td>36</td>
<td>11.5%</td>
</tr>
<tr>
<td>Access to shopping, community services and banks</td>
<td>33</td>
<td>10.5%</td>
</tr>
<tr>
<td>Employment</td>
<td>28</td>
<td>8.9%</td>
</tr>
<tr>
<td>Preservation, conservation of Tamar River</td>
<td>24</td>
<td>7.6%</td>
</tr>
<tr>
<td>Access to schools</td>
<td>19</td>
<td>6.1%</td>
</tr>
</tbody>
</table>

6.1.9 Section Summary

The following provides a summary of the key points and results from the community survey:

a) The ‘community survey’ was a key research tool designed to gather information from all population groups;
b) The survey consisted of a 13 page self-administered questionnaire which contained 27 closed and open questions (see appendix);
c) In total 1100 community surveys were distributed and 410 were returned representing a 37.7% response rate;
d) 30% of all respondents were aged 18-49, 70% were aged 50 years and over;

e) The survey gathered responses from across all parts of the study area with the majority of respondents from Riverside (31%); Legana (26%); Exeter (9%); Trevallyn (8%);

f) 99% of all respondents planned to stay residing in the West Tamar;

g) 52.9% of respondents lived in a 2 person household;

h) The most common issues reported by respondents across all age groups as affecting their health and wellbeing were mental health issues (such as depression and anxiety), rheumatism/arthritis, lack of exercise hearing impairment and stress;

i) Respondents identified (1) the physical and natural environment, (2) access to health and community services, (3) access and availability of shopping facilities, (4) recreational facilities, and (5) local bus services and transport as the most positive aspects of living in the West Tamar;

j) The key health and community services used most frequently across all age groups within the West Tamar by respondents were (1) Pharmacist, (2) General Practitioner, (3) Physiotherapy, (4) Public Transport and (5) Library;

k) The key health and community services used most frequently across all age groups outside the West Tamar by respondents were (1) Dentist, (2) Optometrist, (3) Public and Private Hospital, (4) Library, and (5) GP;

l) The most commonly used recreational facilities used by respondents were (1) walking trails, (2) parks, (3) public swimming pool, (4) playgrounds, and (5) community centres and golf courses;

m) The most frequently cited factors limiting access to health and community services included (1) lack of awareness of available services and resources, (2) access to transport, (3) financial costs, and (4) distance to services;

n) 93.9% of respondents aged 50+ were concerned most about ageing and access to GP services (78%);

o) 83.3 % of those aged over 50 years want to ‘age in place’ and stay in their home or a smaller home as they grow older;

p) The key issues identified by parents/families were (1) access to play and recreational areas, (2) access to vacation care, and (3) access to transport;

q) Infrastructure issues such as limited footpaths, walkways and bus shelters were identified by respondents of all ages;

r) The three issues identified as being most important for the West Tamar in the future included (1) infrastructure to support urban growth and development, (2) poor condition and safety of the West Tamar Highway, and (3) possible negative effects of the pulp mill.
6.2 Results of the Youth Survey
6.2: Results of the Youth Survey

In addition to the community survey, a youth survey targeting young people aged 10-17 was distributed. The survey was distributed through four schools in the Part B of the West Tamar Municipal Area and among the youth centre and West Tamar Youth Advisory Council (WTYAC) members.

The youth survey consisted of a two page questionnaire, with 9 closed and open ended questions. In total, 600 surveys were distributed, with 379 returned for analysis. This represents a response rate of 63%. The survey data was analysed using the SPSS© computer program.

The following section provides an overview of the results of the youth survey. This includes key demographic information about the youth respondents, their ratings and concerns with health and wellbeing, as well as their perceptions of the key issues, priorities and directions for young people in the West Tamar study area. This information is important in analysing key themes and issues across the whole project associated with young people. Along with the results of the community survey, community forums and stakeholder consultations this data will enable priority areas for youth to emerge and be analysed and will assist in the development of West Tamar Council documents such as the Youth Strategy (2011) and Community Plan (2012).

6.2.1 Key demographics of youth respondents

Gender and Age

Of the total respondents to the youth survey, 42% were male (n=159) and 58% female (n=220). With respect to age, 100% of respondents (n=379) nominated their age with 79% of respondents being 13-15 years old. Table 42 below shows the percentage and number of young people respondents by age.

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Responses</th>
<th>% of total survey responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>2</td>
<td>0.5%</td>
</tr>
<tr>
<td>12</td>
<td>36</td>
<td>9.5%</td>
</tr>
<tr>
<td>13</td>
<td>91</td>
<td>24.0%</td>
</tr>
<tr>
<td>14</td>
<td>100</td>
<td>26.4%</td>
</tr>
<tr>
<td>15</td>
<td>108</td>
<td>28.5%</td>
</tr>
<tr>
<td>16</td>
<td>38</td>
<td>10.0%</td>
</tr>
<tr>
<td>17</td>
<td>4</td>
<td>1.1%</td>
</tr>
</tbody>
</table>
Place of Residence

Young people were asked to identify which areas of the West Tamar they resided in, and 72% of respondents (n=276) answered this question. Table 43 below shows that respondents to the youth survey were drawn from all areas of the West Tamar Municipal area. It should be noted, however that due to the distribution of the youth survey through networks such as schools and youth centres, 13.1% (n=50) of youth respondents nominated residing in Launceston or non WTMA suburbs (n=38) but attended school in Riverside, while others lived in small country towns along the West Tamar but outside the study area (n=12).

Table 43: Area of residence of youth respondents (n=276)

<table>
<thead>
<tr>
<th>Suburb of Residence</th>
<th>Number of Responses</th>
<th>Total % of survey responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Riverside</td>
<td>100</td>
<td>26.4%</td>
</tr>
<tr>
<td>Legana</td>
<td>55</td>
<td>14.5%</td>
</tr>
<tr>
<td>Trevallyn</td>
<td>33</td>
<td>8.7%</td>
</tr>
<tr>
<td>Exeter</td>
<td>21</td>
<td>5.5%</td>
</tr>
<tr>
<td>Grindelwald</td>
<td>17</td>
<td>4.5%</td>
</tr>
<tr>
<td>Other WTMA</td>
<td>12</td>
<td>3.1%</td>
</tr>
<tr>
<td>Non WTC</td>
<td>38</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

6.2.2 Youth self-ratings of health and wellbeing

99% (n=377) of youth respondents answered the question ‘how important is your health and wellbeing?’ Definitions of health and wellbeing were provided in the survey and those distributing the survey (i.e. teachers and youth workers) were encouraged to reiterate with young people the accepted definitions of youth and wellbeing before filling in the survey. The results indicate a high level of agreement among youth as to the importance of health and wellbeing as shown in Table 44 below.

Table 44: Ratings of health and wellbeing by youth respondents

<table>
<thead>
<tr>
<th>Importance of Health and Wellbeing</th>
<th>Number of Responses</th>
<th>Total % of survey respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Really important</td>
<td>307</td>
<td>81%</td>
</tr>
<tr>
<td>Kind of important</td>
<td>66</td>
<td>17.4%</td>
</tr>
<tr>
<td>Not at all important</td>
<td>4</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

6.2.3 Issues and Concerns about Youth Health and Wellbeing

Individual Health and Wellbeing Concerns

Respondents in the youth survey were asked to nominate from a list of 16 issues if there were any particular health and wellbeing issues that concerned or affected them. 95% of all youth respondents (n=360) answered the question, identifying on average two to three issues of
priority. Table 45 below provides an overview of the top health and wellbeing issues identified in the youth survey and the percentage of respondents for each issue.

<table>
<thead>
<tr>
<th>Health and Wellbeing Issue</th>
<th>Number of responses</th>
<th>Percent of total survey respondents n=360</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Image</td>
<td>118</td>
<td>32.8%</td>
</tr>
<tr>
<td>Stress</td>
<td>103</td>
<td>28.6%</td>
</tr>
<tr>
<td>Lack of Exercise</td>
<td>102</td>
<td>28.3%</td>
</tr>
<tr>
<td>School/study pressures</td>
<td>100</td>
<td>27.8%</td>
</tr>
<tr>
<td>Depression and Anxiety</td>
<td>99 (54 +45)</td>
<td>27.5%</td>
</tr>
<tr>
<td>Bullying</td>
<td>65</td>
<td>18.1%</td>
</tr>
<tr>
<td>Lack of motivation</td>
<td>65</td>
<td>18.1%</td>
</tr>
<tr>
<td>Personal safety</td>
<td>56</td>
<td>15.6%</td>
</tr>
<tr>
<td>Lack of transport</td>
<td>51</td>
<td>14.2%</td>
</tr>
<tr>
<td>Lack of friends/support</td>
<td>50</td>
<td>13.9%</td>
</tr>
<tr>
<td>Smoking</td>
<td>43</td>
<td>11.9%</td>
</tr>
<tr>
<td>Drug/Alcohol use</td>
<td>41</td>
<td>11.4%</td>
</tr>
<tr>
<td>On line safety</td>
<td>37</td>
<td>10.3%</td>
</tr>
<tr>
<td>Sexual health</td>
<td>29</td>
<td>8.1%</td>
</tr>
<tr>
<td>Employment</td>
<td>27</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

**General Youth Issues and Concerns**

Youth survey respondents were also asked to identify what they perceived were the two most important issues facing young people living in West Tamar Municipal Area. 81.6% (n=306) of respondents answered this question, with a total of 445 individual answers received. The respondents’ comments have been thematically organised into groups and the number of responses and percentages (from total number of survey responses) are presented below in Table 46:

<table>
<thead>
<tr>
<th>Key Issue for Young People</th>
<th>Number of Responses</th>
<th>% of total survey responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and Drug Use/Issues (including smoking)</td>
<td>111</td>
<td>36.2%</td>
</tr>
<tr>
<td>Boredom/ Lack of Youth Activities/ Spaces etc.</td>
<td>91</td>
<td>29.7%</td>
</tr>
<tr>
<td>Bullying</td>
<td>63</td>
<td>20.5%</td>
</tr>
<tr>
<td>Personal Safety</td>
<td>60</td>
<td>19.6%</td>
</tr>
<tr>
<td>Lack of transport</td>
<td>40</td>
<td>13.1%</td>
</tr>
<tr>
<td>Depression and Anxiety</td>
<td>26</td>
<td>8.5%</td>
</tr>
<tr>
<td>School/study pressures</td>
<td>18</td>
<td>5.8%</td>
</tr>
<tr>
<td>Youth Unemployment</td>
<td>16</td>
<td>5.2%</td>
</tr>
<tr>
<td>Peer Pressure</td>
<td>6</td>
<td>1.9%</td>
</tr>
<tr>
<td>Social Isolation</td>
<td>6</td>
<td>1.9%</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>2.1%</td>
</tr>
</tbody>
</table>
6.2.4 Responding to the needs of young people

62.8% (n=238) of respondents to the youth survey answered the question ‘what can be done to better meet the needs of young people living in West Tamar Municipal Area?’ This included suggestions for youth activities, programs or general improvements. 424 individual written responses were received, indicating that young people filling out the survey gave an average of two answers. The respondents’ comments have been thematically organised into groups and the number of responses are presented below in Table 47:

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>No of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>More organised youth activities and programs (including School holiday program activities, discos, concerts, arts, crafts, beach parties, food competitions, music, paintball)</td>
<td>162</td>
</tr>
<tr>
<td>Planned sports activities including fitness activities and carnivals (including skate park activities, swimming, soccer, yoga, bike activities, fun days, charity walks and events)</td>
<td>72</td>
</tr>
<tr>
<td>Counselling and support for young people (E.g. for depression, mental health, drugs and alcohol)</td>
<td>56</td>
</tr>
<tr>
<td>Access to and affordability of public transport</td>
<td>32</td>
</tr>
<tr>
<td>More police presence and feelings of personal safety</td>
<td>27</td>
</tr>
<tr>
<td>Youth groups</td>
<td>27</td>
</tr>
<tr>
<td>Bullying, awareness, support and prevention</td>
<td>25</td>
</tr>
<tr>
<td>Skate parks at Legana and Exeter</td>
<td>25</td>
</tr>
<tr>
<td>Need for greater awareness/promotion of youth activities and support services</td>
<td>22</td>
</tr>
<tr>
<td>Youth camps</td>
<td>21</td>
</tr>
<tr>
<td>Support and education programs (drugs and alcohol, mental and sexual health)</td>
<td>20</td>
</tr>
<tr>
<td>Youth centres/spaces</td>
<td>17</td>
</tr>
<tr>
<td>Road and pedestrian safety</td>
<td>17</td>
</tr>
<tr>
<td>Better and improved bike lanes and footpaths</td>
<td>17</td>
</tr>
<tr>
<td>Swimming pool in outer areas</td>
<td>12</td>
</tr>
<tr>
<td>More lights on walkways</td>
<td>9</td>
</tr>
<tr>
<td>Information and support about youth employment</td>
<td>8</td>
</tr>
</tbody>
</table>

Examples of comments provided by youth respondents regarding suggestions for meeting the needs of young people in the West Tamar are shown below in Table 48.
Table 48: Examples of suggestions for youth activities, support and facilities.

“We should have classes that show what drugs and alcohol do to real people...with real people that have been through it, that we will believe” (16 year old)

“I think you should try and see the world through these eyes” (15 year old)

“Try and stop bullying and make it a safer place for us to have fun and be us...sometimes it can be really scary walking home even in the afternoon” (13 year old)

“Promote what’s on heaps more through school, only ever find out about council youth stuff through friends if I’m lucky, wish I knew more about what’s fun and happening...” (15 year old)

“More activities for us during holidays-the current youth program is awesome but only runs on certain days” (15 year old)

“Use Windsor Park, council the only ones doing anything with youth in the West Tamar, so thanks council!” (16 year old)

“Youth events such as “Blast youth” to meet people and stay away from drugs” (14 year old)

“Should have more advertisements about youth activities and what’s going on in the community – that would be awesome” (16 year old)

“Programs so young people can meet real other people who have been through issues who are not just teachers” (15 year old)

“Teenagers cause more trouble than little kids yet kids get playgrounds etc..that’s not fair we need spaces too!” (14 year old)

“Council activities are awesome – more of them!” (13 year old)

6.2.5 Youth Suggestions for Improving the Environment and Community

Respondents to the youth survey were asked if they had suggestions for what they would like to see improved in the West Tamar community. 64.4% of total survey respondents (n=244) responded to the questions, with 454 individual responses received. This indicates that most youth respondents gave an average of two answers. The respondent’s comments have been thematically organised into groups and the number of responses are listed below in Table 49.

<table>
<thead>
<tr>
<th>Suggestion</th>
<th>No of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>More regular bus service and advertising of services</td>
<td>121</td>
</tr>
<tr>
<td>Clean environment, less rubbish</td>
<td>60</td>
</tr>
<tr>
<td>More public spaces for youth (including skate parks)</td>
<td>56</td>
</tr>
<tr>
<td>Planned activities and youth sports including holiday activities</td>
<td>45</td>
</tr>
<tr>
<td>Decreased drug and alcohol use and greater prevention</td>
<td>32</td>
</tr>
<tr>
<td>Better footpaths and bike paths</td>
<td>28</td>
</tr>
<tr>
<td>Mental health and support</td>
<td>28</td>
</tr>
<tr>
<td>Community connectivity, involvement including functions and events</td>
<td>28</td>
</tr>
<tr>
<td>More police/ personal safety</td>
<td>25</td>
</tr>
<tr>
<td>Road safety</td>
<td>20</td>
</tr>
<tr>
<td>Anti-bullying activities</td>
<td>11</td>
</tr>
</tbody>
</table>

6.2.6 Section Summary

The following provides a summary of the key points and results from this section:

a) The youth survey targeted school aged people aged 10-17;
b) It aimed to capture the needs issues, priorities and needs of young people in the West Tamar;
c) The survey was distributed at four schools in the Part B of the municipal area and among existing youth groups;
d) The youth survey consisted of a two page questionnaire, with 9 closed and open ended questions (see appendix);
e) In total, 600 surveys were distributed, with 379 returned for analysis. This represents a response rate of 63%;
f) The survey data was analysed using the SPSS© computer program;
g) 80% of respondents were aged 13-15.
h) Respondents were from all parts of the study area, with the main areas of residence being Riverside, Legana and Trevallyn;
i) 81% of all respondents stated that their health and wellbeing was really important;
j) The key health and wellbeing issues affecting respondents included (1) body image, (2) stress, (3) lack of exercise, (4) school/study pressures, and (5) depression and anxiety.
k) The most important issues perceived to be facing young people in the West Tamar were (1) alcohol/drug use, (2) boredom and lack of things to do, (3) bullying, (4) personal safety, and (5) lack of transport;
l) 65% of all respondents wanted more organised youth activities and programs in their community.
6.3 Results of the Community Forums

12 community forums were conducted in Riverside, Legana, Exeter, Deviot, Rosevears/Lanena and Gravelly Beach. Participants in the community forums were drawn from all areas of the West Tamar Municipal Area (Part B). These forums involved over 163 community residents in total.

The forums asked participants a series of questions (see Appendix) about health and wellbeing, services and resources and future issues and planning within the West Tamar community. On average the forums lasted between one and two hours. Data from the forums was collected via notes and tape recorder and coded for the purpose of identifying themes. Themes have been grouped together where relevant.

6.3.1 Facilitators and enhancers of community health and wellbeing in the West Tamar

This section provides a thematic overview of the ways in which participants in the community forums identified the key facilitators and enhancers of community health and wellbeing in the West Tamar region. Table 50 below shows the key themes that arose most frequently within the community forums.

| Access, Proximity and Availability of services | 1. Access, Proximity and Availability of services |
| Scenery and Natural Environment | 2. Scenery and Natural Environment |
| Windsor Community Precinct | 3. Windsor Community Precinct |
| Community inclusiveness and spirit, opportunities for participation and engagement | 4. Community inclusiveness and spirit, opportunities for participation and engagement |
| Community and Personal Safety | 1. Community and Personal Safety |
| Parks, public spaces and opportunities for recreation | 2. Parks, public spaces and opportunities for recreation |
| Bus/Transport Services | 3. Bus/Transport Services |
| The ‘rural’ feel | 4. The ‘rural’ feel |
| A responsive and supportive local council | 5. A responsive and supportive local council |
| Good quality of life | 6. Good quality of life |

Access, Proximity and Availability of services in the West Tamar

Participants across the community forums spoke positively and frequently about what they perceived overall was excellent access and availability of health, community and shopping services throughout the West Tamar study area. Specific examples included the availability and accessibility of services at Tresca in Exeter, the health and fitness centre/gym at Legana
and the Legana shopping precinct. The following comments from the community forums demonstrate the ways in which participants spoke about this issue:

“We have almost everything we need here, everything is close and if there is something we can’t get or access here then we drive 10 minutes to town”.

“Every day I wake up and feel so lucky to live in this area and municipality because of the beauty of the place and convenience of everything”.

“The West Tamar has a lot of services that are really accessible...so people should not need to go to Launceston or Hobart...I don’t ever want to see parking meters installed outside some of these services”.

**Scenery and Natural Environment of the West Tamar, including parks, public spaces and opportunities for recreation**

The scenery and natural environment of the West Tamar featured prominently across the community forums in how participants spoke about their community and the facilitators and supports for health and wellbeing. Specifically, participants identified clean air and water, the Tamar River and its wetlands and the views and landscapes of the region as key features in their reasons for residing or continuing to reside in the area. Many felt that opportunities for exercise and recreation in these areas also encouraged and facilitated being active and healthy.

“For me, waking up each morning and being able to walk along the river and along the paths makes me want to be out there, it’s just stunning...why wouldn’t you want to walk in a place like this”.

“I think we are blessed in this municipality with all the open spaces, parks and areas based around the river that allow you to get out there and walk your dog, paddle or go boating...it’s a paradise compared to some urban areas where it’s all cement and high-rises...you couldn’t ask for a better place to live...

...The beauty of the place, you would have to go a long way to find something as beautiful...

**Windsor Community Precinct**

Participants in the community forums regularly spoke favourably about the development of and future opportunities to come from the Windsor Community Precinct. Many participants believed the development was a key area for future activities and services, particularly for families and the elderly. Issues such as transport, continuing information about services and resources being offered, scope for a community garden and hub for positive ageing services were raised. The possibility of additional services such as banking or Service Tasmania was also proposed for the precinct. Examples of comments by forum participants regarding Windsor Community Precinct included:
“Windsor Park development is a great thing for this community; we now have everything we need”.

“The Windsor development will have a vast impact on people’s perceptions of health and wellbeing. Windsor Park is largely unknown now but this could be vastly different in 18 months”.

“One stop shop for services should be at WCP…”

**Community inclusiveness and spirit, opportunities for participation and engagement**

A key theme from the community forums related to how participants thought about their own and their community’s health and wellbeing. This encompassed the idea of participation and engagement in the community. For older residents in particular, being socially active through activities and volunteering, and being in a community that was inclusive and had opportunities for participation and engagement, was just as important as exercising or being physically active. The forums indicated a high level of social capital and community spirit in the West Tamar. The following comments from participants demonstrate this theme:

“...it’s more than physical wellbeing and not being sick but seeing people, having social contacts and interacting with the community”.

“...belonging to community groups and feeling part of something is so important”.

“Being active in the community is most important, I’m involved and it keeps me healthy…”

“being mentally alert, and being mobile... there are plenty of clubs and organisations out there to be a part of in this community...I get upset when people say they are bored or there is nothing to do here because there is, we have so many clubs and organisations that need volunteers, we have so much natural beauty and so many opportunities to be active...all in one municipality”.

**Community and Personal Safety**

Feeling safe in the community and in their homes was also seen by participants in the community forums to be a positive support to community and personal health and wellbeing in the West Tamar. For older residents in particular, feelings of safety were strongly linked to wanting to participate in the community and also wanting to continue to reside in their localities within the West Tamar. The following quotes from the forums represent the ways in which participants spoke about community and personal safety:
“We feel very safe in this locality, a lot of people don’t feel safe in other areas in Launceston but you always feel safe here walking about and being about”.

“I love opening the newspaper and you are lucky if anything bad has happened in ages, no crime or violence…that’s what makes a great community”.

**Public Transport Services**

Public Transport services in most areas of the West Tamar were identified as being positive elements of living in the community. Respondents in many of the community forums perceived that there had been an increase in the availability and frequency of transport services such as buses in recent years. Examples of comments included:

“I have to mention the friendly bus service – it takes you to where you want to get off and nothing seems to be too hard…”

“I think compared to other semi-urban areas we have a pretty good public transport service, if there are buses going to Windsor Park that will be the icing on the cake”…

**Quality of life and the ‘rural’ feel**

Across the community forums the theme of an excellent quality of life clearly emerged as a positive enhancer of health and wellbeing for those residing in the West Tamar. Specifically, the quality of the environment, ‘a rural feel to the community’ with the convenience of urban services, quality of housing and infrastructure, as well as access to services overall was included in this theme. Examples of comments in the community forums included:

“I came from Sydney and to be here after that and to have the quality of life and be out of that rat race has been so empowering, I just love it, the thought of ever going back alone stresses me out”.

“There is a sense of community, it has a country town atmosphere, you know everyone not like in the cities…”

**A responsive and supportive local council**

A further theme from the community forums concerned the role of the West Tamar Council. Participants across the forums positively identified West Tamar Council as being, for the most part, responsive to community concerns or issues and supportive of community development. In particular, WTC was seen to be providing excellent support to young people and older residents as well as responding to areas of general concern such as road safety. Examples of comments included:

“I support the comment about the Council, they are very supportive. I would much rather go into the West Tamar area than the city as there is always plenty of parking…”
“I can’t think of anything I need living here, I think it’s a really responsive council that seems to deliver on most things”.

6.3.2 Barriers to community health and wellbeing in the West Tamar

This section provides a theme based overview of the ways in which participants in the community forums identified the key barriers or inhibitors of community health and wellbeing in the West Tamar region. Themes have been grouped together where relevant. Table 51 below shows the key themes that arose most frequently within the community forums.

### Table 51: Key barriers to community health and wellbeing identified in the community forums

<table>
<thead>
<tr>
<th>Key barriers to community health and wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Problems with existing infrastructure (lack of/unsafe of footpaths, lighting and localised traffic levels)</td>
</tr>
<tr>
<td>2. West Tamar Highway (safety, poor surface and condition, visibility of bike lanes, heavy traffic, no overtaking lanes, Brady’s lookout)</td>
</tr>
<tr>
<td>3. Concern over future increasing municipal development/population growth and lack of infrastructure</td>
</tr>
<tr>
<td>4. GP availability and access</td>
</tr>
<tr>
<td>5. Need for bank/banking facilities</td>
</tr>
<tr>
<td>6. No Dentist</td>
</tr>
<tr>
<td>7. No heated pool locally</td>
</tr>
<tr>
<td>8. Need for youth spaces and activities</td>
</tr>
</tbody>
</table>

Problems with existing road infrastructure: lack of unsafe footpaths, lighting and localised traffic levels

The most prominent barriers to health and wellbeing in the West Tamar as identified in community forums strongly related to the theme of safe infrastructure, including safe roads, footpaths and traffic concerns. Specific areas commonly identified as being of concern to residents included:

- **Legana:** Freshwater Point Road, Bindaree Road, Nobelius Drive, Ridge Road (unsafe or lack of footpaths, poor lighting, speeding traffic, no bus stops or safe/all-weather waiting areas);
- **Rosevears Drive** (no footpaths, heavy traffic, unsafe to walk);
- **Ecclestone Road** (unsafe, no footpaths);
- **Cormiston Road and off-shoot Roads** (narrow, buses to nursing homes, traffic lights to West Tamar Highway);
- **Exeter** (main street/pedestrian crossings);
- **Gravelly Beach** (Beach Road).
Examples of comments in the community forums relating to this theme included:

“I get up at 5.30am each morning, there are people jogging and walking dogs etc. which is wonderful but the big thing is there are hardly any footpaths and on Fort Street and around Cormiston Road that make it safe... kids, mothers with prams, older people all being active but not in the safest way”

“...in regards to being active and staying healthy by walking every day I have to get in a car and drive into Launceston because there are no safe level places to walk around Rosevears at all...you are scared you will get hit by a car or there is no room to walk with a friend...that limits my health and my engagement.

“...Ecclestone Road...at the bottom of the hill coming down to the lights there is a bridge over a culvert, pedestrians have to walk on to the road to get by...at school time you see kids walking on the road and it’s so unsafe, there needs to be a footbridge here so anyone but especially school kids trying to get home safely can be safe...it’s got to the point where I won’t let my kids walk there anymore”.

“In Legana and on Beach Road we need footpaths, people are walking on the grass and in winter the mud...more importantly you see kids of all ages walking on the road to get to the bus...everyone out there is talking about getting out there and walking to be healthy, how are you supposed to do that around Legana when there are little safe walking spots or footpaths...”

The West Tamar Highway (road safety, poor surface and condition, bike lanes visibility, heavy traffic, no overtaking lanes, Brady’s lookout)

The second most frequently raised theme from the community forums relating to barriers to health and wellbeing in the community was the West Tamar Highway, and its perceived safety, condition and accessibility. The following comments reflect this theme:

“I cannot fault living here, I’ve never felt better since I moved here BUT the state and condition of the West Tamar Highway is a disgrace, I feel nervous and anxious whenever I drive on it, I will often go along Rosevears Drive just to avoid the northern stretch of that Highway past Legana...’

“I know of people who have said no to attending events or activities at night because they have to drive on that highway, I think when you have people staying at home and missing out on opportunities for social engagement because they are literally too scared to go on a road is a very sad reality...”

Concern over future increasing municipal development/population growth and lack of infrastructure

For participants of the community forums living in more urban areas of the West Tamar such as Riverside and Legana, the issue of housing growth and development and the perceived need for accompanying infrastructure was frequently raised. Specifically, residents were concerned that existing residential areas were lacking infrastructure, therefore the priority of
the council should be to address these perceived inadequacies before allowing new growth to occur. Examples of comments relating to this theme included:

“I’ve been here over 30 years and seen a lot of changes, I think if the council continues to allow growth which is inevitable they really need to commit themselves to other infrastructure such as footpaths and playgrounds that support the people who are moving here”...

“Council are too quick to approve subdivisions...Infrastructure and roads not equipped to deal with subdivisions and progress. I’m not against change and growth but we need the infrastructure to support it...the council needs to consider the needs of its existing residents and supporting them before considering any more growth”.

**GP availability and access**

Access to GP services emerged as an issue in the community forums, particularly for new residents or participants who had recently moved to the West Tamar. GP access was spoken about in two different ways. Firstly, many GP’s were not taking new patients due to workload issues which was presented as an issue for new residents to the area or those without a regular GP. Secondly, particularly for those in rural areas, getting a timely appointment with their doctor was an issue, again due to workload and existing patient loads. The following comments are examples from the community forums relating to the theme of GP shortage and accessibility;

“GP waiting times are a real concern, especially if you have to get the bus and it’s either miss your appointment or miss the bus”.

“The age old issue is GPs here don’t take new patients, we are a family new to this area and we can’t get into a local clinic, my kids haven’t been sick yet but what if they are?”

**Need for a bank/ banking facilities**

For older residents in particular, one of the key perceived gaps in the services available in the West Tamar study area was banking branches/facilities. Many older participants in the community forums suggested that one of the only reasons they had to leave the West Tamar was to do their banking. With many of these older residents unable to access or unable to use internet banking, the idea of having to go to the Launceston centre to do their banking appeared to be a source of anxiety.

“I would really like to see a bank branch being investigated for this area, as someone who does a lot of volunteering with the aged, doing banking is something they really struggle with here...using the internet isn’t an option when you are 90!! A bank would make a real difference”.
Access to dental services

A reported lack of dental services in the West Tamar was also a theme that emerged from the community forums. Similar to the issues associated with accessing GPs, participants identified either that dental practices were not taking new patients or there were lengthy waits on services. The following quotes from participants demonstrate this theme:

“A dentist with open books would be a god-send to the area...I did hear there was one going to Windsor Park? If it’s true I will be signing up straight away!”

Heated pool

Access to a heated pool in the West Tamar study area and its localities was also presented as an issue in the community forums. Particularly in the winter months, respondents (especially those from the Exeter and Rosevears) reported that there were limited heated pool facilities for doing aqua-based exercises and activities. The following quote is an example of this theme:

“It’s hard because of seasonal demand to access a heated pool, I know of at least 30 retirees who want to do aqua aerobics at least twice a week and are willing to pay but cannot find a pool. The one we use looks like the new owners don’t want us there and the only option is to go to Launceston”.

Youth spaces and activities

The last key theme from the community forums was concerned with the importance of youth spaces and activities within the West Tamar. Participants spoke of the necessity of both public spaces for youths and also activities and areas where young people can be more engaged and involved in the community. Examples of comments are found below.

“There is a need for a new kids playground at Deviot Hall...we had to take a very frequently used and popular playground equipment away because it was unsafe...This was a real community meeting space for families and there is a very strong desire for this to be upgraded by Council. People come from Launceston to use the tennis court and have lunch etc. on weekends and now there is nothing for kids”...

“More spaces and opportunities for young people to engage and participate in the community are essential for our next generation to be well and healthy...”

“A skate park well positioned in the community would help boys feel more of a part of the community. Many boys spent time creating bike jumps behind Woolworths at Legana and met there regularly. Due to complaints, the tracks were removed and so kids now have nowhere to go...now that age group currently rides their bikes to Royal Park-Launceston. Not all children who would like to participate in bike riding or scootering are able to access the Launceston Skate Park”.
6.3.3 Supports for and Barriers to Positive Ageing in the West Tamar

From the community forums, issues associated with ageing were raised frequently and in various forms. In documenting these issues, this section provides an overview of the key results from the community forums concerned with what older residents perceive to be the supports or enablers (positive aspects) and barriers (negative aspects) to ageing in the West Tamar community and study area. These results have been analysed and grouped thematically.

Supports/Facilitators for Older Residents’ Health and Wellbeing (Positive Ageing)

As shown below in Table 52, older residents spoke about what they perceived to be the key issues and supports to being healthy and well and to growing old positively in the West Tamar.

Table 52: Key supports and facilitators of positive ageing in the West Tamar identified in the community forums

<table>
<thead>
<tr>
<th>Key facilitators of ‘Ageing in Place’ for older residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Support for ‘Ageing in Place’ (support for maintaining independence: including: home help, maintenance, access to essential health and community services)</td>
</tr>
<tr>
<td>2. Development of directory of services and resources for older residents (transport, WCP information)</td>
</tr>
<tr>
<td>3. Social connectivity and participation (including formal and informal volunteering)</td>
</tr>
<tr>
<td>4. Being physically active (including support and programs for gardening)</td>
</tr>
<tr>
<td>5. Being able to drive and/or access public or community transport</td>
</tr>
<tr>
<td>Increased community transport options (i.e. community car to Legana, Grindelwald etc.)</td>
</tr>
<tr>
<td>6. More places for older people to meet and do activities (e.g. Windsor Community Precinct...a hub for positive ageing)</td>
</tr>
<tr>
<td>7. Continued dialogue and consultation with community members around ageing</td>
</tr>
<tr>
<td>8. Lower costs of living</td>
</tr>
</tbody>
</table>

Below are a number of comments from participants in the community forums regarding ideas about positive ageing in the West Tamar community and supports for better health and wellbeing.

Ageing in Place

“I want to age in place but need a little help to do it”.

“...services that enable and empower the process of ageing are important”

“I love that we are close to services and we live where we do...we do have to plan for the future but we know that we are going to be able to stay here”.

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“When thinking about the future we need facilities and services for the elderly to support them staying in their homes…it’s not just about nursing homes”.

**Directory of Services and Resources**

“It would be good to have a one stop place for all the information you need or someone you know might need, everything about growing older and what’s out there”

“Something you can stick on the fridge in big print that gets sent out each year...that would be lovely...”

**Social Connectivity and Participation**

“Isolation in the home is a big issue, visiting people and social visits are important especially in the more aged...”

“(The thing about this community) is there is so much support to help people, like neighbours who you can call on”.

“It would be a disaster to live in a community that didn’t offer the support that gets you out of bed”

“It’s the informal volunteering here that makes the difference...the things you do to help others that aren’t formal volunteering”.

**Access to Community and Public Transport**

“Ageing and growing old as we all are revolves around transport- the council needs to find out where the areas of need are and respond to that...”

“...Community transport, the community car is such an amazing service”

“Certain things you need locally, and I appreciate that you can’t double up when you have Launceston right there, but there will come a day especially as you get older when you don’t have a licence and where does that leave you when the nearest bus stop is up a huge hill that you physically can’t walk up...that’s something that needs to be addressed and then you feel supported to get out there”.

**Being Physically Active/Gardening**

“the more you get out and walk the healthier you are...the more you can catch the bus the more able you are to be part of the community and age healthier”

“The older you get, the harder it is to engage but you need to get out there and see people, and do small things like gardening...my garden keeps me on my toes!”

**Dialogue with Older Residents**
Keep talking, asking, probing and engaging us in our community... some people want to sit and vegetate but there are a lot of us who want to be active and involved”.

**Barriers to Older Residents Health and Wellbeing (Positive Ageing)**

Along with supports for ageing positively, older participants in the community forums also identified what they perceived to be barriers associated with growing older in the West Tamar community and to their health and wellbeing. Table 53 below provides an overview of these issues which have been categorised by theme.

<table>
<thead>
<tr>
<th>Table 53: Key barriers to positive ageing in the West Tamar identified in the community forums</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key barriers to Positive Ageing</strong></td>
</tr>
<tr>
<td>1. Infrastructure Constraints and Safety</td>
</tr>
<tr>
<td>a. State and safety of West Tamar Highway</td>
</tr>
<tr>
<td>b. Lack of footpaths and lighting</td>
</tr>
<tr>
<td>c. No crossings/traffic lights on main streets</td>
</tr>
<tr>
<td>d. Cormiston Road/Fort Street/Rosevears Drive/</td>
</tr>
<tr>
<td>Freshwater Point Road, Bindaree Road, Exeter, Legana</td>
</tr>
<tr>
<td>Roundabout – no footpaths, unsafe to walk, speeding cars</td>
</tr>
<tr>
<td>2. Transport access and availability/frequency of service</td>
</tr>
<tr>
<td>a. Buses to nursing homes, different hours of service</td>
</tr>
<tr>
<td>b. Transport to Windsor Community Precinct</td>
</tr>
<tr>
<td>c. More information about community transport</td>
</tr>
<tr>
<td>d. Disabled bus services/ more safe bus stops</td>
</tr>
<tr>
<td>3. Lack of information and resources</td>
</tr>
<tr>
<td>4. Increasing Costs of Living</td>
</tr>
<tr>
<td>5. Access to older persons programs and activities</td>
</tr>
<tr>
<td>(gardening, physical activity, heated pool, social activities etc.)</td>
</tr>
<tr>
<td>6. Access and availability of GPs</td>
</tr>
<tr>
<td>7. Social Isolation</td>
</tr>
</tbody>
</table>

The box below provides a number of comments from participants in the community forums regarding the perceived barriers to better health and wellbeing and ideas about positive ageing in the West Tamar community.

“Cormiston loop- no bus on weekends- would be nice to have a smaller more frequent bus- 10am is too early and 1pm is too late- badly timed but a needed service”

“That horrendous road (the West Tamar Highway) will be the only thing that will stop me from staying here to live as I get older”.

“Crossing the main road at Exeter makes me so scared and anxious, I’m quite frail and I just can’t get across there at some times of the day…”

“I suggest a bus to cover all aged care facilities from Riverside to Legana.”
“I only just recently discovered an 80 year old lady living here, and she is very frail and living by herself with no social contact...we had no idea she was there, I worry about people like her in an emergency”.

“Safer footpaths to walk to and from services, seats to stop and rest and sheltered bus stops are all things that would help and support me to stay in this community as I get older”

“In regards to the elderly staying at home...I don’t think there is enough support for families caring for the elderly.... mental health is the big issue. It is where everything comes from...emotional problems...social issues”.

“Gardening programs in the community are great things, perhaps at Windsor Park, older people working with the younger ones in the garden”.

6.3.4 Supports and Barriers to Youth Health and Wellbeing in the West Tamar

**Barriers to Youth Health and Wellbeing**

In addition to the community forums, a youth forum was conducted with 20 young people from the West Tamar community. The forum asked a series of 5 questions about youth priorities, youth programs and future directions for young people in the community. The forum went for approximately 1.5 hours. Table 54 below provides an overview of what young people thought were the key barriers to youth health and wellbeing in the West Tamar.

**Table 54: Key barriers to health and wellbeing for young people in the West Tamar identified in the youth forums**

<table>
<thead>
<tr>
<th>Key barriers to youth health and wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mental health issues (depression, anxiety, stress and assault)</td>
</tr>
<tr>
<td>2. Drugs and alcohol abuse/use</td>
</tr>
<tr>
<td>3. Bullying and harassment (cyber, verbal, physical, homophobia)</td>
</tr>
<tr>
<td>4. Access to Public Transport</td>
</tr>
<tr>
<td>5. Safety</td>
</tr>
<tr>
<td>6. Limited public space and youth activities</td>
</tr>
</tbody>
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Supports for Youth Health and Wellbeing

Table 55 below provides an overview of what young people perceived were the key supports for improving health and wellbeing in the West Tamar.

<table>
<thead>
<tr>
<th>Key supports for youth health and wellbeing</th>
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<tr>
<td>1. Education and Support (mental health, sexual health, healthy relationship, drugs and alcohol)</td>
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<tr>
<td>2. Youth activities and outlets activities (camps, concerts, disco, YAC, etc.)</td>
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<tr>
<td>3. Greater education about and prevention of bullying</td>
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<tr>
<td>4. Greater access to public transport</td>
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<tr>
<td>5. Improved community safety (street lighting, police patrols etc.)</td>
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Examples of the ways in which young people spoke in the youth forums about issues affecting their own and other young people’s health and wellbeing in the community are provided below.

“Teenagers cause more problems than little kids but little kids get playgrounds and the teenagers get little…how is that fair. If you have graffiti problems around the place, do what was done at the Beaconsfield Skate Park…get sponsorship from community organisation for spaces for young people or skate parks”

“I think talking to us is a good idea…we may be young but we know what’s going on and information is good’.

“I think we need more information and more support about things like drugs and also being mentally well, what to look for and how to handle pressures like school and home and stuff that stresses you…and in a non-boring way…”

“I would get out and about more if I felt safer, it’s fine in summer and that when its light and warm but walking home around Riverside in the dark can be really creepy and scary because there’s not a lot of street lighting, I’m scared someone will snatch me off the street, I literally always have my phone on me…”
6.3.5 Section Summary

The following provides a summary of the key points from this section:

a) 12 community forums were conducted in Riverside, Legana, Exeter, Deviot, Rosevears/Lanena and Gravelly Beach;
b) Participants in the community forums were drawn from all parts of the study area;
c) The forums involved over 160 community residents;
d) The forums asked participants a series of questions about health and wellbeing, services, resources, and future issues and planning within the West Tamar community;
e) On average the forums lasted between one and two hours;
f) The key supports or enhancers of community health and wellbeing in the West Tamar were seen to be: (1) access, proximity and availability of services, (2) the scenery and natural environment, (3) The Windsor Community Precinct, (4) community inclusiveness and opportunities for engagement and participation, and (5) community and personal safety;
g) The key barriers to community health and wellbeing were cited as (1) problems with existing infrastructure such as footpaths and roads (2) the poor quality of the West Tamar Highway (3) concern of increasing residential development;
h) For those aged over 50, the key issues for community health and wellbeing were: (1) support for ageing in place (2) development of a directory of services and resources for older residents (3) opportunities for social connectivity and participation;
i) For youth, mental health issues, drugs and alcohol as well as bullying and harassment were seen as the key barriers to youth health and wellbeing;
j) Key supports needed to improve youth health and wellbeing in the community included increased education and support for youth issues and more youth activities and programs.
6.4 Results of the Stakeholder and Service Provider Consultation

This section provides an overview of the key results of the stakeholder/service provider interviews and consultations. In total, 18 stakeholder/service provider interviews were conducted throughout the municipality from a range of disciplines. The consultation involved a series of questions about the health and wellbeing needs, priorities and key issues of the West Tamar community. On average, the consultations/interviews were an hour in duration. The interviews were analysed and categorised into themes. The analysis revealed that a breakdown of issues by specific population groups (i.e. older residents, young people, families etc.) would be most useful for the presentation of results.

6.4.1: Youth Health and Wellbeing: Key Themes and Issues

The theme of youth health and wellbeing emerged clearly from the stakeholder consultations, particularly given the design of the project sought to include stakeholder and service providers involved with young people in the West Tamar such as schools, youth development representatives, general practitioners and youth mental health services. From consultations with these stakeholders the following themes and issues were raised in relation to youth health and wellbeing in the West Tamar community.

Mental Health

All stakeholders in the consultation identified mental health issues among youth as being of increasing prominence and concern within both the West Tamar and the broader community. Specifically, issues such as anxiety, depression, self-harm, and eating disorders, as well as related issues such as alcohol and drug use, were most frequently raised. Some stakeholders suggested that mental health issues and disorders among young people were often temporary and related to influences such as school and study pressures. However, many commented that increasingly, young people were more permanently being affected by mental health issues and disorders from a younger age and this continued through their adolescent years. Concern was also expressed over the accessibility and availability of mental health services and support for young people both inside and outside the West Tamar study area. Examples of comments from service providers regarding youth mental health included:

“I think more needs to be done to get kids with mental health problems to support services such as Headspace and sooner in their life span... mental health issues are huge even among primary school – issues with anxiety and anger management are increasing...”

“Depression and anxiety is much more prevalent amongst youth these days as well as self-harm and eating disorders – we have a social worker and psychologist but that is not enough to keep us with the demand”.
“Kids are just dealing with many more issues than they ever had, more are from dysfunctional families, media such as Facebook, texting and the internet are constantly in their lives...we are seeing more mental health issues, more violence and more bullying then in my whole teaching career of 30+ years”.

“Increasing need for awareness of health relationships- getting to kids earlier about key issues such as risk taking behaviours, healthy relationships and body image”.

**Drug and alcohol abuse**

The use by young people in the West Tamar of substances such as alcohol, cigarettes as well as recreational drugs such as marijuana was also identified as an issue within the stakeholder and service provider consultations. While risk taking behaviours including experimentation with drugs and alcohol was seen by most stakeholders to be a common behaviour among adolescents, many felt that the pressures facing young people and the increasing presentation of mental health issues were also perpetuating the use of drugs and alcohol in the community. Greater community based education, information and support for young people in these areas was seen to be warranted, however, current funding and service provision in these areas was seen as constrained. Examples of comments regarding this theme include the following:

“...most kids at some stage will drink alcohol or do drugs but the behaviours we are seeing related to this form of risk taking and more importantly the very real repercussions of these behaviours seem more severe amongst young people than in the past”...

“I think the rates of young people smoking in Tasmania haven’t seemed to be decreasing like some of the other age groups I see in practice, young smoking is something that has to be addressed…”

“I would love to be doing more with our students around drug and alcohol, more ‘think outside the box’ approaches to the issues we are seeing, the kids would respond to that too I know, but we just don’t have the resources (money) for that kind of thing in our budget”.

**Learning difficulties and issues**

Consultation with those working with young people (e.g. schools, youth workers) revealed that learning difficulties and issues were being increasingly diagnosed and dealt with among school aged children. Stakeholders such as schools expressed concern that a lack of resources and funding to deal with these increasing needs was a continuing and growing point of concern. Examples of comments regarding learning difficulties and associated issues are below:
“A really important issue for the community not just schools is the increasing diagnosis and prevalence of learning disabilities such as autism and Asperger’s amongst kids…this affects not only the child, their family, the school and in many cases the rest of their life…”

“One of the biggest frustrations for me is that the funding for schools stays the same despite the amount of children with special needs increasing...they deserve more attention to cope properly with learning and life skills but we don’t have the ability to do that in most cases…”

“Support networks for kids with disabilities are urgently needed? The involvement of community groups and families through facilities such as Tresca would be brilliant…it may take a while to get up but would be hugely worthwhile and worth investigating”

**Bullying**

The issue of bullying was a strong theme throughout all the consultation involving youth and youth stakeholders and service providers. All of those interviewed expressed concern at the types of bullying facing young people (e.g cyber) and the impact this was having on young peoples’ health and wellbeing, particularly in relation to mental health issues such as depression, body image and eating disorders. Interviewees identified the need for programs and education around bullying to not only continue but be expanded, where possible. Examples of stakeholder’s comments regarding bullying included:

“Programs such as Reach are so important”

“Lots of kids exposed to different types of cyber- bullying, physical- continues to present a lot of issues for kids”.

“Programs are desperately needed around healthy relationships as well as bullying. Cyber bullying in particular is concerning as a lot of kids use Facebook and texting.... The permanency of that media and what can be said and used by kids is a huge issue for this generation.”

“Kids these days because of the media (phone texting, TV movies, Facebook) have accelerated notions of being an adult but the practical reality is that their emotional IQ is that of a child”.

**Community engagement and connectedness**

The importance of giving youth, particularly those in the school environment opportunities to connect and be engaged in the wider community was another theme within the consultations. Stakeholders such as teachers and heads of school expressed their desire to continue and develop more opportunities, where possible, to enable young people to be part of activities and programs that ‘connected and engaged’ them with the rest of the West Tamar community. Inter-generational programs between school children and older residents were a
model of engagement that was positively spoken about. Possible opportunities such as community based art and other similar activities involving school children and local artists was also seen to be a positive way of engaging younger people in the community.

“We want our kids to be decent citizens and to engage kids beyond their comfort zone and into wider society is critical…”

“The grade 10’s did community service- this was so well received that kids were able to be part of the community (i.e. kids teaching older residents how to use computers)”.

“We set out to develop a sense of belonging amongst our kids- community art should be an important part of that…”

“It would be absolutely lovely and fantastic to do an art project around the WCP and possibly with other schools. We don’t have a big art space but we would really value the opportunity to have a celebration of the community through art…”

“We would love to be engaged to contribute to something for the Exeter community or municipality in respect to arts (underpass at Riverside a fantastic idea)”.

**Partnership collaboration with West Tamar Council and their Youth Development Officer**

All youth stakeholders interviewed were overwhelmingly positive about their connections and links with West Tamar Council and particularly the council’s Youth Development Officer. For many, partnerships already existed between West Tamar Council and their school/organisation, and all felt that continuing these links was a vital part of strengthening youth development and activities in the West Tamar. Many also expressed a desire to work collaboratively with the council on future programs and activities for young people. Examples of comments regarding the Council’s youth development program and its staff included:

“The council YDO is invaluable – he is really supportive of our initiatives e.g. to be able to get kids to do REACH is just wonderful- it takes the pressure off us as staff and makes us feel like we’re in it together…”

“Beyond blue workshops and National Youth Week are excellent…”

“The (WTC Youth Development Officer) does lots of great stuff with youth and has set up a great network…”

“I would really like to keep talking to Stewart- he has been very supportive of our students and school – we are very appreciative of his role and would like to speak with him and the council in the future to find opportunities to develop things in the future”.
Other partnerships and intersectoral collaborations for Youth

The interviews revealed in many cases that those working with young people often expressed a strong desire and need for more linkages and partnerships/collaborations around youth health and wellbeing that involved a number of sectors and areas. For most, a lack of resources and time and a lack of support from other levels of government were seen as the key barriers to making this happen. Examples of comments included:

“Support networks for kids with disabilities are urgently needed”.

“...the importance of Launching Into Learning: developing networks of support to encourage schooling plus retention, we need to engage kids before kindergarten but more importantly need to support parents to bring their kids to school”.

“A collaborative, co-ordinated approach to youth issues in Northern Tasmania that brings everyone together and somehow links them would be ideal...”

“We need a best practice approach to youth wellness and health, especially around mental health, an approach that creates more linkages and support amongst those of us in this area”.

Transport and Road Safety

Youth access to transport was a key theme within the consultations. Within urban, and particularly rural parts of the West Tamar, it was seen as fundamental that young people have access to affordable and reliable public transport. Additionally, the importance of road safety messages for youths transporting themselves as well as for others in the community was also seen as being important. The following examples show this theme:

“Keys to P’s program and support for learner drivers are really important particularly in rural areas...”

“...Very hard for young people at Exeter going into Launceston to access services with current timetable”

“School holidays – getting kids into town – mid morning and mid- afternoon services would be ideal”.

“If bus services do exist, how can we know more about them – is there a way we can have more dialogue between schools, council and transport services?”

Holiday activities, youth programs, spaces and general activities

Having activities, programs and opportunities for young people in school holiday periods was a strong theme throughout the consultations. Examples of comments regarding this theme included the following:
“Holiday activities for kids essential... Expansion of holiday services so kids can get into town”.

“Not having anything to do contribute to kid’s boredom and is a contributor to antisocial behaviour in the community...

“A skate park or similar public space in Exeter – would say to kids it’s OK to congregate, it’s socially appropriate to be here, you are part of this community and you will get kids having a sense of ownership…”

6.4.2 Family Health and Wellbeing: Key Themes and Issues

The theme of ‘family’ health and wellbeing emerged clearly from the stakeholder consultations with general practitioners, child and family health nurses, community centre staff, mental health workers, schools, child care representatives and churches. The following themes and issues were raised in relation to the health and wellbeing of families in living in the West Tamar.

Mental health

The most prominent theme to emerge from the consultation relating to the health and wellbeing of families in the West Tamar was mental health and associated issues. Service providers and stakeholders all commented on what they believed have been increases in the diagnosis and presence of mental health issues within the community, particularly among parents. They often cited reasons such as costs of living, stress, lack of social support and other pressures as being what they believed were contributing to mental health issues within the community. Examples of comments from stakeholders and service providers included the following:

“Increasing mental health issues for young parents/families- these families are often hard to get to- they struggle on and there is evidence to suggest that a child who is the product of a parent with a mental illness will go on to be affected by the condition e.g. depression...Children’s anxiety problems are increasing-most often their parents are anxious too- often this turns to a chronic condition such as depression and often they don’t learn to manage these conditions”.

“There’s no doubt I’m seeing more parents and families in general with mental health issues…”

Young families are more stressed than years ago- they are often without traditional social supports such as grandparents and blood ties and so families are more likely to be isolated and lacking social support

“Both parents usually working 2 jobs, increased cost of living, stressful to raise a family.”

“Prosperity has probably crept up in the municipality but quality time with family is
generally poorer amongst my clients. Recreationally, parents have less time to have time out and exercise because when they are not working they are caring for their family which leads to issues with stress.”

**Programs, education and support**

More programs, education and support targeted at families were seen by all stakeholders as of key importance to preserving and improving the health and wellbeing of families in the West Tamar. Many of those interviewed had specific examples and suggestions of the ways in which this could be addressed. Comments included:

“...Need for funding for educational programs targeting young parents in the areas of nutrition, health and financial planning...”

“Support for parents with children who have special needs requirements (autism, Asperger’s etc.) – 29 children this year compared with 10 last year...”

“...Would be fabulous if the council promoted services in the region more (e.g. Tamar Times, Beacon)...problem is paying for this advertising'.

“Expansion of the holiday program needed in the area; at present you need to book so far in advance, it’s impossible to get in...”

“More opportunities for drug and alcohol education for parents...”

**Environment and infrastructure**

A safe environment and adequate infrastructure were also common themes in the consultations. The safety and adequacy of roads, footpaths and public spaces conducive to family life were also seen as important to family health and wellbeing in the West Tamar. The following quotes are examples of this theme:

“Speed zone and playgroup safety at Legana a very big concern...70kms on the blind corner, road safety and safe kid pick up zones are a huge concern....”

“Terrible footpaths at Legana and Freshwater Point...very unsafe for prams and walking families...footpaths around Legana playgroup/centre would be excellent, people really struggle with their prams and walking to and from here...”

“What’s happening with the Legana public space plan?? (e.g. dog run and playgrounds) that are supposed to be coming with all these new subdivisions, no-one seems to know what is happening, and we only see development’...

“I’m new to the region and I didn’t know where they were...a council provided map would be really helpful that could be given to new households or dropped to childcare centres. Street signs in Legana that indicate where playgrounds and other family friendly areas are...a resource like this would be great...”
Health Services/Intersectoral partnerships

Access and availability of different health and community services, including support services was also raised by service providers and stakeholders. The following quotes are examples of this theme:

“Access to GP’s and centralisation of services a concern; we hear of young families a lot that cannot access GPs and many don’t take new patients, that’s really hard’.

“Great breastfeeding support offered at Tresca…”

“More breastfeeding chairs, parenting workshops, nutritional sessions, physical activities for kids and a visiting/consultative service for breast feeding.”

“There is concern about the unspoken isolation of women from different cultural groups – possibility of forming groups, support groups and activities/meeting point at WCP?”

“Possibility of Playgroup Tasmania hold information evenings (e.g child and family diet, diagnosis of children with special needs etc) would be great.”

6.4.3 General community: Key themes and issues

Mental Health

Mental health and related issues were a prominent theme throughout the stakeholder and service provider interviews and consultations. In many cases, interviewees spoke about mental health in relation to specific population groups (e.g. youth) but also identified that there were increasing mental health concerns among the general community, as well as a lack of resources to support these needs as shown in the following comments:

“Mental health is a huge cause of morbidity. Preventative mental health care is a huge issue of concern in our practice. We need to look out for those families who need that help. Having community support is so important. Even in schools where you can get to kids and make a difference to the onset of chronic mental conditions later on…”

“Mental health issues are everywhere we are definitely seeing increasing diagnosis and presentation of mental health issues in all types of patients from all walks of life”.

Transport and Infrastructure

The theme of adequate and accessible transport and supportive infrastructure was strongly presented in the interviews specifically in relation to the provision of basic services such as public transport. Issues such as the quality of roads and the provision of infrastructure such as bus stops, signs and shelters were key concerns. Examples of comments regarding these issues are below:
“Provision of bus shelters is a must for public transport — “it took 9 months to get a bus shelter at Legana-the planning process for this sort of thing is so burdensome, we know of customers who won’t use the services or who won’t put their kids on the bus because there is nowhere safe and dry to wait and /or leave them…. So we have reduced service usage.”

“We need signs that flag where buses stop on the highway and around localities so people know that we go there...”

“Disability/wheelchair friendly buses: in our fleet we spent $500,000 on special vehicles but we can only legally unload passengers in safe spots....the council needs to work with government desperately to come up with safer spots (lay-bys) so we can drop people off in wheelchairs safely. They (passengers) are really frustrated that something as simple as a safe place to stop is preventing them from using a service they have wanted for ages and now have available...”

“Condition of major roads in West Tamar is a major issue-West Tamar Highway, Rosevears Drive and Grindelwald “if these roads worsen and continue to deteriorate we won’t continue to provide services as they are destroying buses.”

Public spaces and community meeting places

In rural and smaller townships of the West Tamar, stakeholders and service providers also spoke of their desire for the community to have more central meeting places and public spaces. In Exeter particularly, there were specific comments regarding the perceived need for more public meeting points or the upgrading of existing infrastructure and buildings to better meet the needs of the public. This is shown in the comments below:

“Tresca building is not acceptable for those with walking frames, wheelchairs, prams etc. - often rooms for hire are upstairs and people cannot access these spaces...”

“Exeter lacks a community meeting space that is accessible to everyone, particularly young people...”

Health and community services

Access to and availability of health and community services was often raised in relation to specific needs and issues within the community. Overall, the availability of services within the West Tamar or within Launceston was perceived as good, however as demonstrated in the comments below there appears to be specific needs and priorities in particular pockets of the study area that should be addressed:

“There is now one doctor in Exeter and they are not taking new patients...”

“Immunization is a big issue-no program at Exeter or Beaconsfield. However there is a nurse practitioner at Exeter who is accredited to give immunizations – the program needs to be reinstated at Windsor Park...”
“Need for a social worker in the area- there was a great one based at Beaconsfield but she was not supported adequately...”

“Tresca sees 5800 people per year- “a lot of work is referral to assess and direct resources...”

Windsor Community Precinct

The Windsor Community Precinct development and the co-location of health and community services were seen as an extremely positive move by stakeholders and service providers within the West Tamar study area. Many expressed a high level of interest in potential partnerships and collaborations for community health and wellbeing stemming from the precinct. Examples of comments included:

“Will get more people attending at WCP, very positive for future collaboration – would like to see forums such as health eating, breastfeeding and sleep forums”.

“The idea of using the community precinct facilities to build a team to address lifestyle measures- I would love there to be a dietician/nutritionist available for example given how important exercise and nutrition is. That’s what the centre offers. One hopes there will be leaders in the council who will be willing to get up programs and listen to the service providers and practitioners about their thoughts...”

6.4.4 Older residents: Key themes and issues

The issue of ageing and themes and issues relevant to the health and wellbeing issues of older residents (aged 50+) emerged clearly from the stakeholder consultations. Along with the information from the community survey and community forums, this information has been used to inform the development of West Tamar Council’s first Positive Ageing Strategy. The following section provides an overview of the key themes and issues surrounding older residents that were raised in the stakeholder consultations and interviews.

Mental Health

An increase in the diagnosis and presentation of mental health issues among older residents (aged 50+) was a key issue for service providers. Many identified issues such as depression as being increasingly prevalent amongst older residents in the West Tamar, as well as other regions. Issues such as social isolation and disconnection, financial stress and the cost of living, as well as limited social support were cited by service providers as contributors to mental illness among older people. Examples of comments regarding this theme are below:

“On one hand, the community is ageing in a much more better way but there are definitely more mental health issues...”

“I think there’s a tendency to diagnose mental health disorders more amongst our older...”
residents, often before I think being down and not wanting to be connected with the community was all put under the banner of ‘being old’...I think we are understanding more now about the mental issues and stresses as well”.

**Information and support**

The provision of information regarding resources, programs, activities, services and support for older people was an underlying theme throughout the interviews. The following comments are examples of this theme:

“A one stop shop for older people and information regarding how ACAT, HACC etc. work

“It’s very difficult for aged people to understand the processes and procedures”.

“...Many people do not know what services are available for them – it would be good to be able to provide a booklet or something that tells them what services are available”

(Community car drivers) ... “we are the frontline we see older residents as they are- there are things we can do for them apart from driving, such as being able to provide information to them “ would it be possible for WTC to put together information/package for older residents that we could give out to our clients?”

“I had no idea there was an after-hours doctor in Launceston- a visit to the AH doctor is so much better than sitting in the ED at the LGH –this is information that people should know…”

**Support for Carers**

Adequate support and respite for carers of older residents (with many of them being older themselves) also emerged from the interviews. Service providers identified the need for better coordinated support for those acting as both formal and informal carers, as well as the need for respite and access to carers outside the community. The following quotes demonstrate this theme.

“Another thing I am concerned about is about the needs of carers....they do an incredible job. Ageing in place means that there is usually someone helping them to do that. I see large morbidities amongst carers and I have to explain to their husbands/spouses or whoever they care for that it’s an amazingly demanding job and that they too need support....so respite and all those kinds of things are so important to wellbeing or they will BOTH fall apart”.

“There is little access to carers in the region and to respite, most of the time we have to get them from greater Launceston...”
**Ageing in Place**

The theme of ageing in place was a consistent issue throughout the consultations. General practitioners and community based organisations saw facilitating and supporting older residents to make choices about their accommodation was an essential issue in planning for the future. There was, however, some confusion over eligibility for the packages and the resources available in the community to support older residents to remain in their homes. The following comments from service providers demonstrate how the theme of ‘ageing in place’ was spoken about:

> “Ageing in place means you do all you can to stay in your home-increasingly there are packages coming out to do that to have care delivered in the home, however there seems to be some confusion and inequality about how these packages are delivered amongst the community which is difficult. Carelink could be used better by GP’s to meet the needs of older residents but we often rely on practice nurses to help us which is great as there is a lot to know.”

> “I would like older patients becoming demanding and becoming part of the solution not the problem .....Coming up with ideas and solutions to their own care and growing old well and the GP meshing in with that...”

> “Retirement villages and aged care facilities in the region have great staff but we know they are overstretched and the demand is increasing...”

**Transport and Road Safety**

Access and availability of community based transport for elderly residents in the West Tamar was a point of controversy and ambiguity for many service providers. Many felt that the guidelines for eligibility for transport assistance, as well as fees, were unclear and they had clients who were either unaware of the service or unable to qualify for services. For some older residents, service providers suggested that without access to community transport they could not afford to access services and were at risk of social isolation.

For those older residents still able to drive, many expressed their concern at the poor state and safety of major roads such as the West Tamar Highway. A number of service providers stated that they were aware that some older residents were reluctant to leave their homes and travel to Launceston to services and activities because of anxiety over the poor condition of the road.

> I have patients that literally can’t go and see service providers that they need to, because they literally cannot afford the petrol...there needs to be more community transport”.

> “There has to be an expansion of community transport options in this area, I know of people in desperate need of the service who live 5kms from the cut off zone of the Beaconsfield community car...”
6.4.5 Service Provision Issues

Across all the service provider and stakeholder interviews and consultations, issues associated with the provision of services (particularly workforce shortages) and the need for greater intersectoral partnerships and linkages were consistently raised.

Workforce shortages

The following are examples of comments from service providers relating to workforce shortages and areas needing greater support and resources:

“...there is a shortage of GPs nationally and particularly in regional Tasmania, we just cannot get new doctors to join our practice...”

“There is a real need for a social worker in the area (Exeter-Beaconsfield)- there was a great one based at Beaconsfield but they need to be adequately supported”.

“In my 25 years I’ve done a lot of mental health care-in Launceston we’ve had a huge shortage of mental health workers, there is a lot of need there for mental health services and support....”

“I think getting GPs to rural areas is going to be a real struggle in the future, people may have to get used to the idea that they will have to travel to see a doctor...”

“There is a definite shortfall in regards to staff and support allocated to aged community health and outreach services, there needs to be more people on the ground out there in the community...”

Intersectoral Partnerships and Connections

All service providers spoke in part about their desire for greater connections, resources and partnerships between disciplines and sectors. For example, interviewees spoke of the need for greater partnerships between local, state and national government. The need for more localised connections between parents, schools, communities and groups, and between health and community services and the community were also emphasised. Service providers felt that greater linkages and co-ordination of some areas would benefit the community and their clients as well as streamlining service provision issues. Windsor Community Precinct was seen as one positive solution to improve this. Examples of comments included:

“We need a best practice approach to youth wellness and health, especially around mental health, an approach that creates more linkages and support amongst those of us in this...”
area”.

“Establish a centre for elderly care and opportunities for employment, engagement and community cohesion, where people working in the area can liaise more easily and work as a team...that’s not rocket science but it’s actually really hard to do at times”.

“What’s fantastic (about Windsor Community Precinct) is that it’s not just about GP care and the location of the GP service but it’s about a grass roots multidisciplinary centre. Being able to co-locate all those services for the community is just brilliant....there is much potential to come from the co-location of services e.g. you usually speak to people on the phone but don’t know what they look like- now you’ll be inclined to go and actually see them and talk to them about clients in more depth. It a really good model for planning for a patient and building multidisciplinary teams”.

“I think in a community centre environment there is lots of linkages and information flowing between different areas, and I think that’s a model that really benefits the community and the people that use the centre and that should be supported....”.

6.4.6 Section Summary

The following provides a summary of the key points from the stakeholder and service provider consultation:

a) 18 stakeholder/service provider interviews from a range of were conducted throughout the municipality;

b) Consultations involved a series of questions about the health and wellbeing needs, priorities and key issues of the West Tamar community;

c) On average, the consultations/interviews were an hour in duration;

d) The interviews were analysed categorised into themes;

e) The analysis revealed that a breakdown of issues by specific population groups (i.e. older residents, young people, families etc.) would be most useful for the presentation of results;

f) The key issues identified as concerning youth health and wellbeing included (1) mental health, (2) drug and alcohol abuse, (3) learning difficulties and special needs, (3) bullying, (4) partnerships and collaboration around youth, (5) and activities and spaces for young people;

g) The key issues identified as concerning the health and wellbeing of families included (1) mental health and support, (2) programs and education, (3) environment and infrastructure, (4) and intersectoral partnerships and collaborations;

h) The key issues identified as affecting the general/wider community included (1) mental health issues, (2) transport sand infrastructure, (3) public spaces and community meeting places, and (4) Windsor Community Precinct;
i) The key issues identified as affecting older residents in the community included (1) mental health issues, (2) support for carers, (3) support and information for ageing in place, (4) and transport and road safety;

j) A shortage of available health professionals and services, particularly in the areas of General Practice and Mental Health were identified as problematic in the current and future delivery of services to the West Tamar;

k) West Tamar Council’s Youth activities and programs and their Youth Development Officer were frequently cited as a hugely important part of young people’s health and wellbeing in the West Tamar;

l) The Windsor Community Precinct was seen as a positive initiative, with many possibilities for future collaborations and initiatives;

m) Greater partnerships and collaborations between services, disciplines and stakeholders in a number of health and wellbeing areas were seen as important.
7. Future Directions:
An integrated approach to a healthy and well West Tamar community
7.1 Key Theme Areas for Community Health and Wellbeing in the West Tamar Study Area

The previous sections have provided a comprehensive analysis and overview of the key results and findings from the extensive community consultations conducted during the project. Each section has detailed the key issues and themes from the results of the community survey, youth survey, community forums and stakeholder interviews.

While the contextual nature of each section is important, across all demographic and interest groups (youth, older residents, families and parents, the wider community and service providers), six key themes emerged. These themes lend themselves to an integrated approach to community health and wellbeing and will be discussed in the next section of this report. Figure 10 below shows these key areas.

Figure 10: The key theme areas from the community consultations across all demographic groups

- Mental Health Issues
- Service provision, partnerships and workforce issues
- Access and availability of information and resources
- Social connectivity and participation
- Natural and Built Environment/Infrastructure
- Community and Personal Safety

7.2 Future Directions to a healthy and well West Tamar Community

This report along with the Beaconsfield Community Health and Wellbeing Mapping Project ‘sets the scene’ for better understanding the health and wellbeing needs and priorities of residents of the West Tamar community.

This project used the community and youth survey, community forums as well as stakeholder and service provider interviews to explore and gather information from residents to identify issues relevant to their health and wellbeing. The comprehensive findings, issues and themes generated from this project lend themselves to an integrated and whole of community approach to health and wellbeing in the West Tamar. Traditionally, research or projects of this kind have tended to focus on specific elements of health and wellbeing such as service
provision or evaluation. However, this project uses an approach that considers and acknowledges the many factors that influence health in its broadest sense, and takes a population health approach to health and wellbeing. Figure 11 diagrammatically represents an integrated approach to sustainable health and wellbeing within the West Tamar.

The next section gives an overview of five identified components of this model, however it is important to note that each of these components do not work in isolation from each other. The following discussion will provide a platform for West Tamar Council and its communities to formulate and create strategies, policies, recommendations actions, programs and resources for the benefit of the municipality. This report should not, however, be viewed as an all-encompassing resource concerning health and wellbeing in the West Tamar. It should be used in conjunction with a variety of resources and policies, some of which have been noted or summarised in this report.

**Figure 11: Elements of an integrated approach to community health and wellbeing in the West Tamar Municipal Area**

[Diagram showing integrated approach with components: Information, Facilitation and Support, Inclusion Engagement and Participation, Services and Resources, Infrastructure, Environment and Safety, Partnerships and Collaboration, An integrated approach to a sustainable, healthy and well West Tamar community]
7.2.1 Infrastructure, Environment and Safety

Infrastructure and Environment

When people consider factors influencing their health and wellbeing they generally focus on issues such as their physical health, as well as diet and weight. Other important contextual factors such as the environment in which they live are also significant to individual and community health and wellbeing. The physical environment is an essential part of community and public health and wellbeing. It generally refers to influences and characteristics such as water quality and supply, air quality, geography, housing, road safety, lighting, public infrastructure such as footpaths and roads, recreational facilities and resources, which impact on how people participate and experience their surroundings.

Open spaces, sports and recreational facilities have a vital role to play in promoting healthy living and thus preventing illness. A safe natural environment, attractive and well maintained recreational facilities, scenery and infrastructure can also be seen to contribute to higher levels of physical activity and engagement in a community. Safe recreational spaces such as sports fields, parks and walking tracks are fundamental to the promotion of health and wellbeing. The Department for Communities and Local Government strongly argues that such features of a community promote social inclusion and community inclusion. It states:

Well planned and maintained open spaces and good quality sports and recreational facilities can play a major part in improving people’s sense of wellbeing in the place they live. As a focal point for community activities, they can bring together members of communities and provide opportunities for people for social interaction.

Another issue perhaps characteristic of rural communities, is the geographic distance involved in accessing services and resources such as shops, schools and employment which may discourage access via physical activity (such as walking), because it is seen as necessary to use a vehicle to reach any destination safely.

Community and Road Safety

Community safety is best described by the World Health Organisation (1998) as a ‘dynamic state in which hazards and conditions leading to harm (intentional and unintentional) or fear or harm are prevented and controlled’. It is also described as an aspect of life in which ‘people, individually and collectively, are protected as far as possible from hazards or threats’. Community safety incorporates a spectrum of important issues such as road safety; crime prevention and policing; construction and maintenance of physical infrastructures such as roads, footpaths and lighting, and land use and planning. Community safety is based on both perceptions of an individual’s surroundings as well as the experiences of those surroundings.
It is argued that both individuals and communities collectively benefit from a safe community. At an individual level, the experience and perception of community safety and security promotes one’s participation and engagement within community life, thus increasing both physical and mental health and wellbeing. Without confidence in the safety of the community in which people live, individuals are less willing to leave their homes and participate in recreational activities, exercise and other forms of social interaction. This may impede on a person’s capacity to feel well, healthy and connected. In fact diminished community participation is linked with poor health outcomes such as coronary risk factors, depression and isolation, smoking, psychological stress and physical decline.67-68

A coordinated response to community safety is essential in order to encourage local residents to be active and participate in community life. The West Tamar Council engages regularly with its community and stakeholders, such as the West Tamar Community Road Safety Partnership and the West Tamar Community Safety Group in relation to community and road safety.

Summary

The following is a brief summary and overview of the results from the community consultations regarding infrastructure, safety and environment in the West Tamar study area:

a) 30% of all community survey respondents specifically identified the physical and natural environment, as the most positive aspect about living in the West Tamar;

b) The key environmental concerns of respondents cited by respondents in the community survey were the (a) pulp mill, (b) increased subdivision and urbanisation without supporting infrastructure and (c) the poor safety and condition of the West Tamar Highway;

c) 30% of all community survey respondents perceived the need for infrastructure to support increasing subdivision, housing growth and expansion would be the key issues for the municipality in the next 3-5 years;

d) The safety and condition of the West Tamar Highway was a significant concern for community members across all forms of consultation;

e) On average respondents ticked between 2-4 recreational facilities that they used, indicating a high level of recreational facility use in the West Tamar;

f) The key recreational facilities being used by survey respondents across all age groups included (a) walking trails (b) parks and playgrounds and (c) public swimming pools and meeting places;

g) The provision of infrastructure such as footpaths in areas such as Legana was a predominant concern across all the community consultations, including parents with prams, older residents and those with disabilities;
h) The provision of cycle trails, walkways and crossings was a commonly raised issue in areas such as Legana, Rosevears and Exeter;

i) Older residents reported that there were not safe areas to cross or walk in areas such as Exeter and Legana which impacted on their ability to access services and participate in the community;

j) The development and expansion of public and recreational spaces oriented towards young people and families was an issue frequently raised across all the consultations;

k) The community consultations reported a high level of community and personal safety across the study area, however older residents were most likely to report that they were concerned about their personal safety.

7.2.2 Inclusion, Engagement and Participation

Engagement, inclusion and participation by people are important elements of a community’s social capital; another determinant of health and wellbeing. It can be defined as:

Social resources available to people through participation in civic and community networks, essential social infrastructures and organisations, the connections and cohesiveness of networks among individuals, and the norms of reciprocity, co-operation and trust that these create.

Social capital refers to the resources available within communities in networks of mutual support. Higher social capital is believed to have beneficial outcomes in many aspects of life, including health status. Studies have consistently demonstrated people who are socially isolated or disconnected from others have between two and five times the risk of dying from all causes compared to those who maintain strong ties with family, friends and community groups. Higher social capital may protect individuals from social isolation, create social safety, lower crime levels, improve schooling and education, improve economic growth, enhance community life, and improve work outcomes.

Support from family, friends and other contacts within a person’s community who provide a caring and supportive environment has been argued to be just as important as risk factors such as smoking, obesity and high blood pressure in ensuring optimal wellness. For example, poor self-assessed health has been associated with lower levels of social participation. Social exclusion, isolation and a lack of participation in decision making are major contributors to premature morbidity and death from chronic disease such as heart disease, stroke and diabetes. Participation in sport or recreational programs provides opportunities for socialising, building friendship networks, reducing social isolation and enhancing community wellbeing.
Summary

The following is a brief summary and overview of the results from the community consultations regarding participation, inclusion and engagement in the West Tamar study area:

a) 17.8% of survey respondents identified living alone;

b) The social isolation of many older residents as a result of living alone, particularly in rural areas, was a concern for service providers;

c) Older residents stated that a lack of mobility and concern about driving on roads such as the West Tamar Highway contributed to their decreased participation in the community;

d) The key issues identified by community survey respondents as limiting their ability to participate in the West Tamar community were (a) need for timely awareness and knowledge of information, resources and events, (b) work and family commitments, and (c) lack of time.

e) Older residents in the community survey and across the community forums consistently identified wanting more organised social activities and programs;

f) The Windsor Community Precinct was identified as a potential hub for inclusion and engagement of community groups and members from all demographic groups;

g) West Tamar Council youth programs and activities were positively acknowledged across all levels of community consultation;

h) The importance and possible expansion of after school programs and activities for young people were frequently raised as a priority for families, youth and service providers;

i) Volunteering (formal and informal) and places to meet was seen to be a key enabler of positive ageing in the West Tamar;

j) Continued dialogue and research of community needs and priorities by Council and other stakeholders was seen as important in the community survey and particularly in the community forums.

7.2.3 Information, Facilitation and Support

One of the most important aspects of promoting a high level of community wellness is to ensure that individuals remain healthy and participate in active, healthy lifestyles. This primarily comes from the provision of information as well as resources and infrastructure that
facilitate and support a community to be healthy and well. This also recognises issues such as social inclusion and the importance of outreach programs as well as health literacy levels.

By encouraging and facilitating activities and providing information that promotes positive health, protects the community from illness, and raises awareness of health issues, individuals and families in the West Tamar area can be supported to take greater responsibility for their own health and to access relevant services and supports. It is, however, important to note that a number of factors underlie effective facilitation and support, particularly when examining the role of local government in community health and wellbeing.

**Built/Physical factors or Infrastructure**

Infrastructure is essential to health and includes aspects such as the physical delivery of services as well as urban layout, streetscapes and provision of transport facilities. It impacts on our senses, our emotions, our opportunity to partake in physical activity and the way we participate in community life. These aspects impact significantly on how community members participate in physical activity, and the way they participate in community life.

**Social factors**

These encompass community support services, community safety, art and cultural development, library services, adult education services, neighbourhood houses, recreation programs, social inclusion, social capital, and lifelong learning. They include factors such as demographic distribution of services, food hygiene standards and monitoring, farming practices, service provision issues, social inclusion, and organisational planning and policies.

**Economic Factors**

These encompass employment, income distribution, community economic development, access and equity, and include factors such as the cost of services, cost of healthy food, subsidisation of services, infrastructure maintenance and improvements, affordable housing options, employment options, and long term investment initiatives.

**Natural Factors**

These cover issues such as water quality, waste management, energy consumption, natural disasters, and climate issues, including environmental hazards, impact of climatic changes, housing design, recycling opportunities, and provision of natural vegetation areas to promote recreation and leisure and minimise pollution.
Summary

West Tamar Council’s Community Services team currently facilitates and supports a number of strategies, activities, events, and programs throughout the West Tamar Municipal Area in the community. This is reflected particularly in their Youth Strategy, the Positive Ageing Strategy and the many other activities and resources outlined in Section 4 of this report.

The following is a brief summary and overview of the results from the community consultations regarding information, facilitation and support in the West Tamar study area:

a) The key issues for all respondents from all age groups within the community survey concerning factors limiting ability to access health and community services was a perceived lack of awareness of available services and access to transport;

b) 80% of older residents who responded to the community survey wanted to be supported to remain in their own homes as they age;

c) Service providers, older residents and carers reported requiring more information about facilities, services and resources available for older residents (e.g. HACC services, community car);

d) The key issues reported by respondents in the community survey impacting on their ability to participate in the West Tamar area was a need for timely awareness or knowledge regarding events and resources in the West Tamar;

e) Young people strongly identified a number of issues associated with facilitation, support and information provision. These included the perceived need for organised activities and programs, increased support for young people and education in areas such as mental health and drug/alcohol use along with access to transport;

f) The community forums and stakeholder interviews identified continuing youth programs and activities as well as education and support for young people in the areas of mental health, sexual health, healthy relationships, drugs and alcohol and bullying as key supports for youth health and wellbeing;

g) The stakeholder interviews showed that for families, the two key issues identified for health and wellbeing included mental health and support and programs and education;

h) Older residents expressed a desire for a ‘Guide to Positive Ageing in the West Tamar’, including all relevant information about facilities, resources support and services relevant to older people.
7.2.4 Partnerships and Collaboration

A continuing challenge for local government as well other government and community organisations, is to establish an effective, cooperative, and holistic approach to community health and wellbeing \(^{75}\). This should be based on a good knowledge of community issues and priorities and a desire to develop strategic actions that respond to community health and wellbeing and embrace elements of community development. A State Government Report from Victoria (2010) into partnerships and collaboration suggests that:

> “An organisation’s ability to work in a cooperative and integrated way will depend on its ability to initiate and sustain effective involvement with other partners. The elements of capacity building discussed here require building effective partnerships within the organisation, across primary health services and with other key stakeholders.” \(^{75}\)

Partnerships and collaborations are contextual and can take numerous forms\(^{76}\). In the context of a population health approach to community health and wellbeing, as taken in this project, three key elements or approaches to partnerships and planning around community health can be identified:

- service plans – to identify local population health and well-being needs, to develop strategies to address these needs, and to monitor and evaluate the outcomes of the strategies;
- service coordination – to improve access to services, to strengthen information management, to provide local service information;
- service partnerships – to establish effective collaborations between agencies and with service users and communities\(^{77}\).

As detailed in Section 4 of this report, West Tamar Council has formed numerous partnerships and has collaborated to foster a broad, holistic and sustainable approach to health and wellbeing across many sectors of the community, including road and community safety, sport and recreation, youth and education and ageing and community development. West Tamar Council has strong links with health and wellbeing service ‘hubs’ such as Beaconsfield District Health Service and Tresca Community Centre. The recent development and opening of the Windsor Community Precinct has also revealed a strong desire and opportunity for service providers and stakeholders to look at further opportunities for collaboration and partnership using this precinct as a platform.
Summary

The following is a brief summary of results from community consultation regarding partnerships and collaboration in the West Tamar study area:

a) The West Tamar Community Health and Wellbeing Mapping Project is, in itself, a collaborative partnership between WTC and UDRH;

b) WTC has a number of existing and diverse partnerships within the community including ongoing community forums and consultations;

c) Partnership and collaboration has fostered the development of the following strategies:

   i. 1st Positive Ageing Strategy (completed)
   ii. 3rd Youth Strategy (in progress)
   iii. Recreational Plan (in progress)
   iv. 2nd WTC Community Plan (2012-ongoing)

d) A key issue identified as concerning the health and wellbeing of youth and families included forming more intersectoral partnerships and collaborations;

e) Engaging local schools and council in arts and public space programs was seen as an important and exciting direction for the community;

f) Service providers located at Windsor Community Precinct expressed much optimism at the opportunities their co-location could present for intersectoral collaboration and partnership in many areas of health and wellbeing;

g) Mental health issues and the need for greater education programs, particularly for young people, was seen as an area requiring greater partnerships across sectors and organisations;

h) A key issue affecting the general community included the desire for more public spaces and community meeting places – this will rely on the development of collaborative partnerships with other stakeholders;

i) A key issue identified by the general community and older residents included transport and road safety which will rely on the continuation of existing partnerships such as the West Tamar Community Road Safety Partnership and West Tamar Road Safety Action Plan.
7.2.5 Services and Resources

Adequate services and resources within a community should encompass a whole of life approach to health and wellbeing, catering for the needs of newborns and their parents, through to older residents requiring home help and care. Examples of services and resources include: allied health services, counselling and referral services, hospitals, schools and educational institutions and libraries. They also include individual community resources such as volunteers, child care workers, and general practitioners, and physical resources such as community directories, parks, beaches or infrastructure.

The West Tamar study area can be considered to have an excellent range of health and wellbeing services and resources. This project has not been concerned with assessing, evaluating or determining levels of services or resources as the demand for services, particularly in health, is always increasing. Rather, this project has, with a local government Council focus, taken an integrated approach to community health by focussing not only on the provision of services but also on how people would like to stay healthy and well (a primary health care focus). While it has gathered information identifying the key health and wellbeing services being used within and outside the municipality and the key areas of perceived service need (e.g. mental health), this project along with the Beaconsfield Community Health and Wellbeing Mapping project, discusses on services as only one aspect of the health and wellbeing spectrum. For example, it seeks to acknowledge that access and availability of medical professionals is just as important as other community resources such as educational institutions or programs, libraries or volunteer groups.

The following is a brief summary of results from community consultation regarding services and resources in the West Tamar study area:

a) West Tamar residents generally use the Launceston General Hospital for outpatient services and single-night stays;

b) Many residents of the West Tamar study area use the major hospital in the region, the Launceston General Hospital, for day only and overnight stays;

c) Hospital separation rates for the West Tamar for children aged 0 to 14 years and people aged 65 years and over were below the regional and State rates;

d) Across a range of child health indicators, the West Tamar rates compares positively with state averages;

e) 70% of survey respondents identified a lack of dental services in the West Tamar, this need has been responded to by the location of a dental clinic at WCP;

f) In West Tamar, the number of GPs and estimated full time equivalent GPs (per 100,000 population) were well below State rates;
g) The key health and community services used most frequently across all age groups within the West Tamar by respondents were (1) Pharmacist, (2) General Practitioner, (3) Physiotherapy, (4) Public Transport, and (5) Library;

h) The key health and community services used most frequently across all age groups outside the West Tamar by respondents were (1) Dentist, (2) Optometrist, (3) Public and Private Hospital, (4) Library, (5) and General Practitioner;

i) The most commonly used recreational facilities used by respondents were (1) walking trails, (2) parks, (3) public swimming pool, (4) playgrounds, (5) and community centres and golf courses;

j) 93.9% of respondents aged 50+ were concerned most about ageing and access to GP services;

k) Older residents and service providers were concerned about the availability of home and community care packages for those in need within the community (ageing in place supports);

l) All community members and stakeholders consulted identified the Windsor Community Precinct as a valuable community resource.

7.3 Conclusion
This project is a valuable resource for the whole of the West Tamar community.

This report positively ‘sets the scene’ for better understanding the health and wellbeing needs and priorities of residents in the West Tamar community. The comprehensive findings, issues and themes generated from this project and the Beaconsfield Health and Wellbeing Project (2009) lend themselves to an integrated and ‘whole of community’ approach to health and wellbeing in the West Tamar which considers and acknowledges the many factors that influence health in its broadest sense.

The project and its findings will provide a platform for West Tamar Council and its communities to formulate and create strategies, policies, actions, programs and resources for the benefit of the municipality. It is strongly aligned with the objectives of West Tamar Councils Strategic Plan (2009-2014) and with Council’s vision which is to provide “an active and effective community enhancing West Tamar as the desired place to live, work, and visit”.

The findings and action areas identified in this report will strongly inform a number of strategic areas including the development of West Tamar Council’s new Community Plan in 2012.
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