



Social and Community Plan 2013-2018





Upper Lachlan Shire Council

Crookwell Office: 44 Spring Street (PO Box 10)
Crookwell NSW 2583
Phone: (02) 48 301 000 Facsimile: (02) 48 322 066

Gunning Office: 123 Yass Street (PO Box 42)
Gunning NSW 2581
Phone: (02) 48 454 100 Facsimile: (02) 48 451 426

Taralga Office: 29 Orchard Street
Taralga NSW 2580
Phone: (02) 48 402 099 Facsimile: (02) 48 402 296

Email: council@upperlachlan.nsw.gov.au

Disclaimer

This Social and Community Plan has been prepared by Upper Lachlan Shire Council and consultants from AQ Planning P/L and Planning, Environmental & Economic Consulting (PEEC).

The information, views and opinions have been provided in good faith, and have been based on available information including the data and supporting studies detailed within this Plan.

While every reasonable effort has been made to ensure that this document is correct at the time of printing, Upper Lachlan Shire Council, AQ Planning P/L, and Planning, Environmental & Economic Consulting (PEEC), disclaim any and all liability to any person in respect of anything or the consequences of anything done or omitted to be done in reliance upon the whole or any part of this document. The document is not intended to give rise to any rights, claims, benefits, privileges, liabilities or obligations with respect to matters the subject of this Plan.

Table of Contents

Mayoral Message	2
Executive Summary	3
Acknowledgements	4
Introduction	5
Background to Social and Community Plan.....	6
Demographic Overview of Upper Lachlan.....	9
Social Infrastructure and Services.....	16
Target Groups in Upper Lachlan	18
Children	19
Young People	24
Women.....	27
Older people.....	29
People with Disabilities	31
People from Culturally and Linguistically Diverse Backgrounds.....	34
Aboriginal and Torres Strait Islander People.....	36
Men.....	38
Community Issue: Mental Health and Wellbeing	40
Community Issue: Our Rural and Farming Community.....	42
Community Issue: Transport and Connectivity.....	44
Potential for Additional Community Issues Assessment	46
Questions for Community Consultation/Ongoing Monitoring	46
Action Plan – Social and Community Plan 2013-2018	47

Mayoral Message



I am pleased to present the Upper Lachlan Shire Council's Social and Community Plan 2013-2018.

In our aim for a healthy and vibrant community, this document encourages Council and key stakeholders to work together to enhance the lifestyle of children and families, young people, women, men, older people, people with a disability, people from diverse backgrounds, Aboriginal and Torres Strait Islanders and our rural and farming community.

An important component of Council's strategic framework is to guide Council and other key agencies in the provision of appropriate and accessible services and facilities that meet the health, economic, environmental and social needs of people within the Shire in an equitable manner.

The 2013-2018 Plan builds on the work undertaken in the 2007-2012 Plan and will continue to strive to achieve the following:

- improve the health of the local community;
- identify key areas for further research and analysis;
- be used a tool for the development of options to resource social and community programs, resources and other activities;
- support applications for grants or other funding; and
- integration with Council's operational planning and delivery, and organisational strategic planning.

This Plan could not have been developed without significant contribution from a range of people. We wish to thank all of those who were involved members of the public who participated in consultations, government and non government representatives who gave feedback on issues and Council staff.

The Council's social planning framework consists of the Social and Community Plan and Cultural Plan.

We look forward to working together to help build healthy and vibrant communities across the Upper Lachlan Shire.

A handwritten signature in black ink, reading "Brian McCormack OAM".

Councillor Brian McCormack OAM
Mayor
Upper Lachlan Shire Council

Executive Summary

Why develop a Social and Community Plan?

Social and Community Plans are key mechanisms by which to build a healthy and vibrant community to enhance the everyday lives for residents and to cater to the community's needs. Social and Community Plans encourage the recognition of a community's assets and strengths, as well as highlighting areas of priority for action.

Upper Lachlan's Social and Community Plan

Upper Lachlan Shire Council (ULSC) has had a 5-year Social and Community Plan in place from 2007 to 2012. Under the *Local Government Act 1993*, Council is required to review the Plan. This current plan, 2013 to 2018, has been prepared to build on the work and consultation of the previous plan, and to update the Plan based on information such as new demographic data, consultation, research and emerging needs.

The Plan has been prepared in accordance with requirements of the *Local Government Act 1993*, and Guidelines developed by the NSW Department of Local Government.

In addition to the mandatory groups that are identified by State Government, Council has also identified Men and the Rural Community as groups covered in this Plan. Given the valuable collaboration with the former Greater Southern Area Health Service in the development of the previous Plan, health and other issues such as mental health and wellbeing, transport, community integration, health status, are also maintained as key considerations under this revised Plan.

The research, stakeholder consultations and data have been compiled to give Council and other interested groups direction for future priorities and outcomes over the next five years. Council, government agencies, community groups and community members can use the Plan for a number of purposes such as:

- to assist in improving the local health and community;
- to identify key areas for further research and analysis;
- a tool for the development of options to resource social and community programs, resources and other activities;
- a means of supporting applications for grants or other funding; and
- a means of driving key components of operational planning and delivery, and organisational strategic planning.

Acknowledgements

Many thanks go to those who have contributed to the preparation of Council's initial Community and Social Plan 2007-2012, which provided a strong basis for this revised Plan. In addition, the valuable input that has been provided by the community, government and non-government agencies, stakeholders and resident that make up the Upper Lachlan community cannot go without mention and thanks.



Introduction

What is a Social and Community Plan?

Since 1998, Councils in New South Wales (NSW) have been required to produce and update a 5-year Social Plan under legislation contained in the *Local Government Act 1993*. A Social and Community Plan articulates the Council and communities response to the needs and aspirations of the people living or working in the local government area, and incorporates issues that have an impact on community well being, provides an overview of the community, identifies the key issues and recommends strategies agencies can implement to address these issues

The NSW Government produced the *Social and Community Planning and Reporting Guidelines 2002*, to assist local government in this plan making process. This document has been drafted to both meet legislative requirements and NSW Government Guidelines, in addition to providing a plan that reflects emerging best practice and the needs of the local Upper Lachlan Community.

Generally, a Social and Community Plan will provide a tool for the Council, community and other stakeholders, including Government and the private sector that includes:

- Demographic data and trends that assist in identifying issues and likely demands for social infrastructure and services;
- Identification of “at risk”, vulnerable and other higher-needs groups within the community;
- Discussion of current and likely future issues affecting the social, cultural and community well-being of the community;
- Identification of service and community infrastructure issues, including standards, locational gaps, staffing, outreach or other servicing issues;
- Details of key providers/ actions required to maintain or improve community/social well-being;
- Identification of opportunities for projects, actions, investment, support for sourcing grants, potential partnerships and responsibilities for implementing key strategies;
- Development of strategies and actions to achieve social and community well-being; and
- A means of integrating the plan with The Tablelands Regional Community Strategic Plan and Council’s operational plans, Section 94 Plan(s), and other statutory and strategic planning documents.

The development of a Social and Community Plan is based on the principles of social justice. Plans are required to address the interests of the following target groups and Council has incorporated additional groups which are considered relevant to this area:

- Children
- Young people
- Women
- Older people
- People with disabilities
- Aboriginal and Torres Strait Islander people
- People from Culturally and Linguistically Diverse backgrounds
- Men, and

- Rural and Farming Community

Background to Social and Community Plan

Upper Lachlan Shire, in a partnership with the former Greater Southern Area Health Service, produced the first plan for the Upper Lachlan Shire in 2008. The 5-year cycle for review of the Social and Community Plan now requires a revised Plan be prepared. The 2007-2012 Plan, together with the key actions, have been considered and included in this Plan wherever relevant.

How was this Plan prepared?

The 2013-2018 Social and Community Plan has been prepared to build on the valuable work undertaken in the development of the 2007-2012 Social and Community Plan.

Where possible, directions, research and data from other government agencies and providers have been incorporated to improve the validity of the Plan to ensure consistency across the various players in the Social and Community sector.

Statistics incorporated within the plan have been drawn from a number of sources, including:

- Australian Bureau of Statistics (ABS)
- Upper Lachlan Council (ULSC)
- NSW Department of Planning and Environment (NSW DPE)
- Southern NSW Local Health District (SLHD)
- Australian Institute of Health and Welfare (AIHW)

Previous work undertaken by Council, the former GSAHS (including the Crookwell Health Services Plan 2005-2010) and the human services reports from the former Gunning Shire (Twyford, 2003) and former Crookwell Shire (Twyford, 2003a) have also been used in preparing this Plan.



How does this Plan link with other Council planning and reporting?

The Social and Community Plan is considered an integral component to Council's ongoing Integrated Planning and Reporting Framework, and will assist in the development of operational and strategic plans under the framework. The Actions under this Plan should also be carried over to Council's Integrated Planning and Reporting Framework, so that linkages and progress can be reported to the community and other stakeholders.



The Social and Community Plan is closely linked to the Upper Lachlan Strategy Plan – 2020 Vision and State of the Environment Report.

Whilst the Social and Community Plan is a 5-year Plan it may be amended through its life to recognise progress made, emerging issues and changes to delivery targets, partnerships, and responsibilities.

The Social and Community Plan should help drive development of strategy, program development and actual day-to-day delivery of services and infrastructure for Council. It should also be considered in terms of implications for land use planning and development, and other Council functions.

Council has also prepared an Ageing Strategy for the Shire to respond to the significant ageing of our local and broader community. Ageing is about developing age-friendly communities, which create opportunities for older people to live active and fulfilling lives now and into the future.

Community consultation

The development of the Social and Community Plan 2013-18 has primarily been undertaken as a review and update of the 2007-2012 Plan. The Plan has also been re-worked to include updated demographics and other current research and findings that are relevant to the social and community planning for the area.

A range of additional consultation has been incorporated into the process including targeted stakeholder and agency meetings and circulation of a “consultation draft” to enable more concise comment and input into the identification of issues and development of priority actions.

The draft Plan was exhibited from 19 April 2013 to 24 May 2013 and comments received during the exhibition period, where relevant, have been incorporated within this Plan.

Transition from 2007-12 to 2013-18 Plan

The Social and Community Plan 2007-2012 provided the opportunity to form a collaborative approach between Council and the former Greater Southern Area Health Service.

The previous plan had a distinct healthy communities focus based on the World Health Organisation’s broader definition:

“A healthy community is one where all the factors that enable its residents to maintain a high quality of life exist – such as roads, schools, playgrounds and other services to meet the needs of the people in that community, has a range of housing, employment and education opportunities, has a healthy and safe environment, is one in which the members are informed, feel safe, are able to make choices, and have strong families and social connections”.

For this Plan, a broader approach has been adopted that will ensure this Plan will not only serve a leadership role in determining Council actions that can be implemented and reviewed over time by those that involved in the social and community sector, but will provide Council, Government Agencies, providers and other interested groups direction for future priorities and outcomes over the next five years. Council, government agencies, community groups and community members may use the Plan for a number of purposes such as:

- to assist in improving the local health and community;
- to identify key areas for further research and analysis;
- a tool for the development of options to resource social and community programs, resources and other activities;
- a means of supporting applications for grants or other funding; and
- a means of driving key components of operational planning and delivery, and organisational strategic planning.

Demographic Overview of Upper Lachlan

General

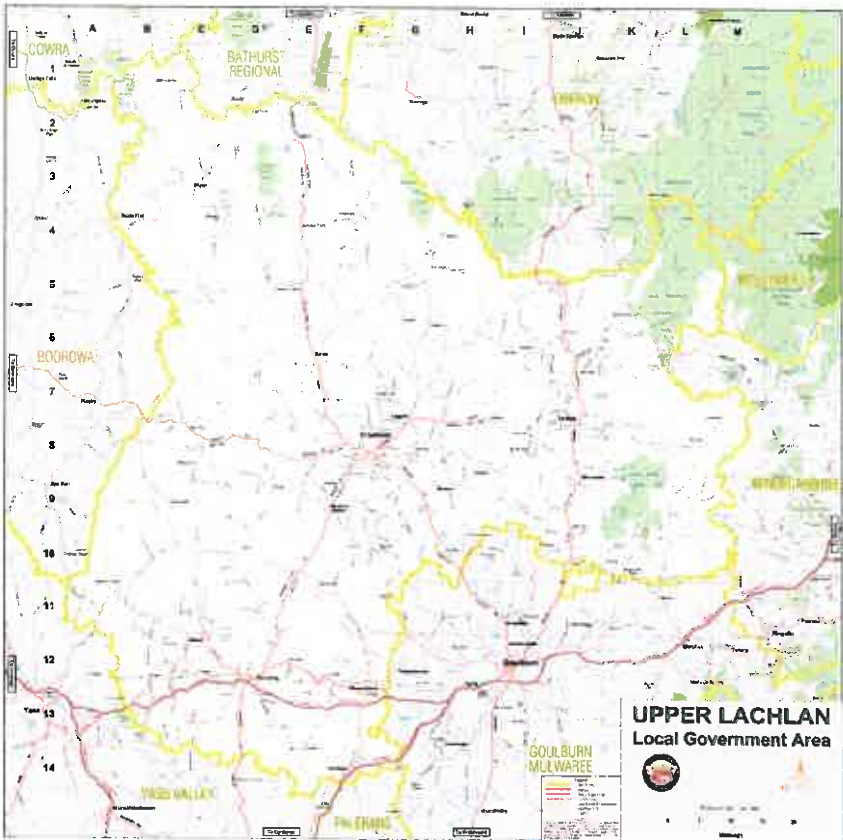
Upper Lachlan Shire covers an area of some 7,200 square kilometres, and is characterised by its rural and regional character, affected by its close proximity to the regional centre of Goulburn (45 km), and relative proximity to both other major centres such as Canberra (60km), Bathurst (130km) and Sydney (240km).

The Shire has three main centres: Crookwell, Gunning and Taralga and nine smaller centres, Bigga, Binda, Breadalbane, Collector, Dalton, Grabben Gullen, Jerrawa, Laggan, and Tuena. The Shire was proclaimed on the 11th February 2004 following local government boundary changes and includes part of the former Gunning Shire, part of the former Mulwaree Shire and all of the former Crookwell Shire. A map of the Shire is provided below.

The population ('preliminary estimate') of the Upper Lachlan Local Government Area (LGA) in June 2015 was 7,876 (ABS 206). The population of the LGA at the 2011 Census was 7,193 persons (ABS 2012a). The median age was 46 and there were 3,589 females and 3,604 males. As a general observation the ratio of females tends to rise in the over 80 age groups, reflecting the tendency for women to live longer.

One key observation is the lower numbers in the 'birthing age of 25-39' with 927 persons or 12.8% of total population, which is significantly lower (7.8%) than the NSW State average (20.7%). This has a number of implications, including capacity for population renewal and ongoing decline in younger age groups.





**Map of
Upper Lachlan Shire**

Population Growth Trends

Given the changes to local government boundaries in 2004, the use of pre-2006 ABS data to establish projections is likely to create issues with the compatibility and comparability of data.

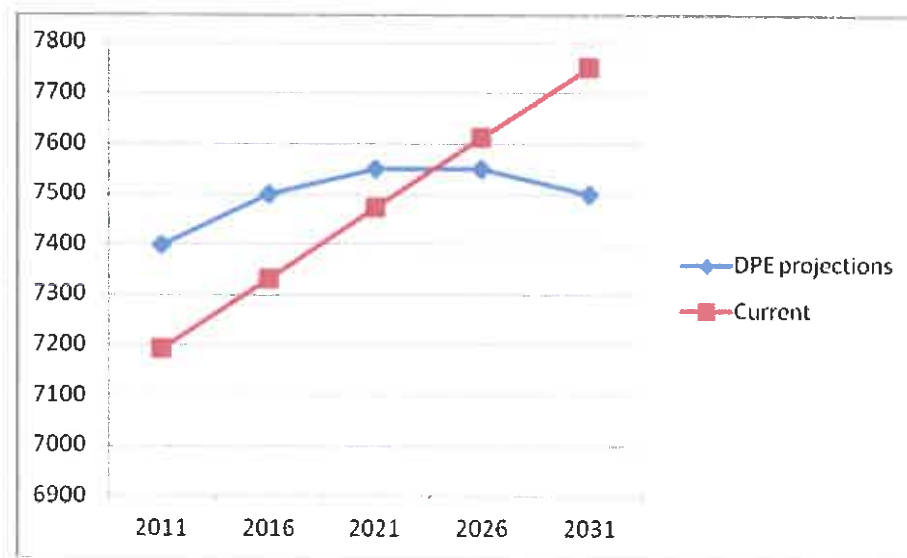
The following tables provide an overview of both actual ABS census data, in addition to projections prepared for Upper Lachlan by the NSW Department of Planning (DoPI).

Year	DoPI Projections*	Plan Projections**
2006	7,300	7,053
2011	7,400	7,193
2016	7,500	7,333
2021	7,550	7,473
2026	7,550	7,613
2031	7,500	7,753

* NSW Department of Planning and Environment (DPE) projections (2014).

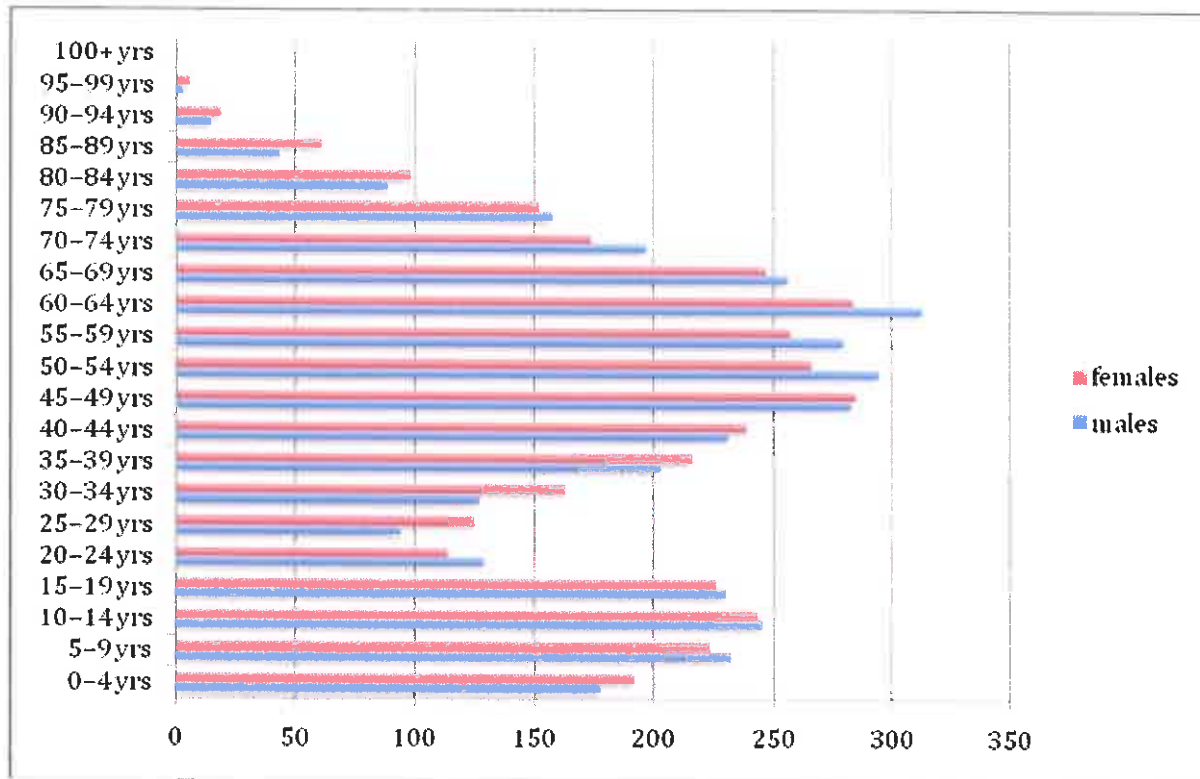
** Projections based on maintenance of at least the current growth path based on actual population from 2006 and 2011 ABS Census.

Comparison of Current Growth Path and DPE Projections



Age Structure

The following graph shows the age structure for Upper Lachlan as at the 2011 ABS Census.



Source: ABS 2011 Census Data

The graph indicates that Upper Lachlan Shire is currently undergoing noticeable generational change with Generation X (aged 35-49) and the Baby-boomers (aged 50-64) increasing their share of the population, mostly at the cost of Generation Y (aged 20-34) and to a lesser extent, Wartime (aged 65+ in 2011).

Socio-economic characteristics

There is strong and unequivocal evidence from Australia and other developed countries that factors such as income, socio-economic status, employment status and educational attainment are associated with inequalities in health (Eckersley et al 2001, Oliver & Exworthy, 2003 cited in the CHO 2004). Socio-economic disadvantage is associated with a higher prevalence of health risk factors and higher rates of hospitalisations, deaths and other adverse health outcomes. These inequalities are important from both social justice and economic perspectives – not only can they be considered 'unfair' and preventable, but they also have high direct and indirect costs on the health system (Sainsbury & Harris 2001, cited in CHO 2004).

(a) Economic inequalities

The relative socio-economic disadvantage index (SEIFA) is constructed by the Australian Bureau of Statistics based on information obtained on Census night in 2011. SEIFA scores are derived from factors including income, education, unemployment and motor vehicle use. The SEIFA index for the Upper Lachlan area of 996 (2013 data release) is slightly below the NSW average of 1,000, meaning overall there is slightly higher disadvantage in the Upper Lachlan than other areas in NSW.

The education and occupation index includes attributes relating to the proportion of people employed in a skilled occupation or the proportion of people with a higher qualification. The education and employment index for the Upper Lachlan area is 1,005, which is slightly higher than the NSW average of 1,000. Gunning differs from other areas in the Upper Lachlan, as there are more people who have higher levels of education and therefore more people with professional occupations. This is also reflected in other towns within commuting distance to the ACT, where higher rates of professional employment opportunities can be found.

Post-school education has increasing significance for high income and workplace status. A community's resources are indicated by the proportion of adults with post-school qualifications. In 2011, 51% of residents aged 15+ in Upper Lachlan had a post-school qualification. The proportion with qualifications was 6% lower than in NSW. Those aged 25–34 had the highest proportion with post-school qualifications, 67%. The proportion without qualifications rises with age – 63% of 75+ year olds had none.

Most commonly, the highest qualification in Upper Lachlan was a Certificate III or IV, held by 18% of adults (aged 15+). Another 8% held a Bachelors Degree and 7% held a Diploma.

- 26% of males had a Certificate III or IV
- 7% had a Bachelors Degree
- 6% had a Diploma
- 10% of females had a Bachelors Degree
- 10% had a Certificate III or IV
- 9% had a Diploma

The biggest increases in Upper Lachlan over 2006 to 2011 were in:

- Certificate III or IV (held by 2% more adults)
- Diploma (also by 2% more adults)

The biggest increases in NSW over 2006 to 2011 were in:

- Bachelor Degree (up 2%)

- Post-graduate Degree (up 1%)

In the Upper Lachlan 12% of adults had a Degree or higher, compared with 20% for NSW. Only 2% of residents in Upper Lachlan had a Post-graduate Degree (2% lower than in NSW). Those aged 25-34 had the highest proportion with Bachelors Degree (14%), than those aged 35-44 (12%). The highest proportions with Post-graduate Degrees were aged 55-64 (4%) and 65-74 (2%).

The Upper Lachlan Shire Council is well placed by virtue of its proximity to the national capital to actively advocate for the development and prosperity of the region. It should be noted that Council, through its Upper Lachlan Strategy Plan – 2020 Vision, is attempting to address some of the economic issues such as unemployment and tourism at the local level.

(b) Social inequalities

Social inequalities exist when individuals or groups of people are excluded from participating in community life due to their education and income levels. It has been found that people on lower incomes and people with lower levels of educational attainment do not participate in their communities as much as those people on higher incomes, or those with more education.

In regard to unemployment, Upper Lachlan's unemployment was estimated at 107 at the 2011 Census, a rate of 3% out of a working population of 3,583 (compared to 5.9% for NSW). The estimated number of unemployed residents had risen by 14 over the past year to June 2012 and had fallen by 39 since September 2010.

The level of income support through government pensions and benefits including Newstart, sickness or disability pensions provides an indication of the number of people who are economically and socially disadvantaged and have high need for health services. In 2013, there were 1,680 residents of Upper Lachlan receiving the main forms of income support. The largest groups were those receiving the Age pension (1,018), the Disability Support pension (261) and the Newstart allowance (155).

From 2011 to 2013, the total number of recipients of government payments decreased by 0.5% with the number on a Carers payment increasing by 10%, Age pension increasing by 2%, Disability support pension decreasing by 11% and Single Parent payment fell by 28%. The age pension was received by 67% of the estimated population of residents aged 65+.

The number on Newstart (unemployment benefit) increased by 36% from 2011 to 2013, with 41 more recipients. In 2013, 63% of recipients were long-term unemployed (on Newstart over a year), which was down by 4% since 2010.

The establishment of support groups and neighbourhood meeting places to encourage social connectedness among socially isolated people has been shown to help address social inequality issues. The Upper Lachlan Shire has a high degree of social connectedness. This is seen by the number and range of volunteering, sports and community groups currently available in the Shire. The Council can make significant contributions to enhancing these organisations by supporting their activities in various ways.

Family structures may also contribute to social inequalities within a community. The family and family structure have a strong impact on the health and wellbeing of children and their parents. Inadequate family income is more common in single-parent families, and family breakdown can also have adverse social and health consequences for children and their parents (CHO 2004).

The majority of family types in the Upper Lachlan Shire are couples with no dependent children and this is slightly higher than the NSW average. The next most common family type in the Shire is couples with

dependent children, which is higher than the NSW average. There are more people living alone than there are single-parent families in the Shire.

(c) Health inequalities

Just as economic and social inequalities exist and directly affect the level of disadvantage in a community, so do health inequalities. A health inequalities gap exists where well resourced people are able to utilise the health system and services to their advantage to remain healthy whereas poorly resourced people are less able to access the same resources to maintain health. Patterns of ill health have emerged that strongly suggest that people with the least access to social and economic resources often have worse health outcomes than people who have adequate or optimum access to social supports and economic resources.

It has been shown that people from lower socio-economic groups not only have the worst health outcomes, but they also are less likely to use preventative services, early intervention and screening services, thereby widening the health inequalities gap.

Councils can make inroads to addressing some of the direct health problems of the community through urban planning, land use and social inclusion policies that encourage people to be physically and socially active in their communities. Council provides infrastructure which encourages people to walk and to be physically active through the various recreational facilities available throughout the Shire. The Shire provides and maintains two public swimming pools and sporting fields, parks and playgrounds. The Shire also supports branch libraries at Crookwell and Gunning and provides free internet access to the community.

Note: Other relevant demographic data is included within each of the sections dealing with identified target groups under this Plan.



Social Infrastructure and Services

There are a range of social and community assets in the Upper Lachlan area including both physical and service based assets. The range of services and providers changes over time and Council maintains a service directory for the Upper Lachlan community, which can be found online:

<http://upperlachlan.nsw.gov.au/community>

Upper Lachlan has a range of social infrastructure and services typical of a rural local government area, although the relative close proximity to Canberra and a larger rural city such as Goulburn have impacted upon the range of facilities and services, social infrastructure and services which includes:

Hospital

- Crookwell (one on-call Doctor shared between 3 local Doctors)

Doctors/Medical

- Taralga – part-time GP Doctor service from Goulburn, Community Health
- Gunning – operated through Community Health
- Crookwell – Total 9 Doctors. 2 GP's and 7 at the Health Care Centre
- Community Health at Hospital.
- Specialists available at Crookwell Health Care Centre: Physiotherapist, Audiologist, Podiatrist, Massage therapist, Pathology, Orthopaedic and other visiting specialists.

Schools

- Crookwell (High School, Public School and Catholic Primary School)
- Primary Schools at Bigga, Binda, Breadalbane, Collector, Dalton, Gunning, Laggan, Taralga

Child care centres

- Day care centres are located in Crookwell, Taralga and Gunning
- Crookwell Pre-school Kindergarten
- Crookwell Early Learning Centre
- Crookwell Neighbourhood Centre Inc. provide the following services:
 - Crookwell Mobile Pre-School – weekly at Collector, Rye Park and Bigga
 - Crookwell Mobile Long Day Care – weekly at Bigga, Laggan, Collector and Rye Park

Community Organisations

- Country Women's Association – Southern Tablelands Group
- Men's Shed – Crookwell
- Rotary and Lion's Clubs
- Probus
- View Club
- Volunteer Bush Fire Brigades
- Churches – Catholic, Anglican, Uniting and Presbyterian
- Crookwell Neighbourhood Centre Inc.
- Landcare groups

- Progress Associations

Community facilities

- Showgrounds in all towns/villages
- Community halls
- Sporting fields
- Crookwell & Gunning Pools
- Caravan Parks – Crookwell, Gunning, Taralga, Grabine Lakeside State Park, Wombeyan Caves and there are many free camping areas
- National Parks and Reserves and walking trails

Aged Care

Taralga	Sunset Lodge: 23 beds – Aged Care Facility with high and low care Self care units
Crookwell	View Haven Lodge: 44 beds – Principally high care (Nursing Home) Self care units Clifton Village (Uniting Care) Nura Village (private aged housing)
Gunning	Self care units (Lions Club)

Social Connectivity

The people who make up a community contribute significantly to the social fabric of the area. This contribution is recognised by many residents. Residents are responsible for the initiation and continuation of many informal groups, businesses, organised community groups and clubs operating across the region. Residents have described their neighbours and community more broadly as welcoming, friendly, and spirited. Common values, 'rallying around', 'choosing to live here', 'pulling together' and 'community feel' were commonly cited in previous consultation as important assets to communities in the Upper Lachlan Shire.

The Shire has a strong sporting following with active clubs in hockey, rugby league, rugby, touch football, swimming, cricket, netball, tennis, golf, pony club and gymkhana. There are a range of sporting fields across the Upper Lachlan, with some local clubs conducting significant fundraising to upgrade and redevelop new fields. Another asset to the Shire is the diverse range of community organisations that are strongly supported by volunteers. These include Country Women's Associations, Rotary and Lions Clubs, Progress Associations, youth groups, volunteer Bush Fire Brigades, sporting and leisure clubs, church groups and arts councils.

Local events draw tourists to the area and are important positive features of the community. Although not an exhaustive list, among those mentioned by residents during consultation include the Binda Picnic Races, Taralga Australia Day Rodeo, Taralga Heritage Rally, Crookwell Potato Festival, Collector Pumpkin Festival, Gunning Fireworks as well as Agricultural Pastoral and Horticultural Societies/shows and arts events held in different areas.



Target Groups in Upper Lachlan

The following sections focus on each of the following identified target groups. Other related community and social planning issues that have been identified as relevant to the Upper Lachlan area are dealt with in the section following target groups.

- Children
- Young people
- Women
- Older people
- People with disabilities
- Aboriginal and Torres Strait Islander people
- People from Culturally and Linguistically Diverse backgrounds
- Men, and
- Rural and Farming Community



Art work from a local playgroup

Our Rural and Farming community



Children

Related Demographics – Children

At the time of the 2011 Census there were:

- 367 children aged 0-4 years,
- 456 children aged 5-9 years, and
- 488 children aged 10-14 years.

The 0-4 year age group makes up 5.1% of the population, which is 1.5 % lower, then the State average. The age groups of 5-9 (6.3%) and 10-14 (6.8%) are very close to the NSW averages.

The percentages of children in the 0-14 age bracket is also down slightly (approximately 0.5%) on 2006 Census figures, indicating a continuation of the trend identified in the previous social plan, where Upper Lachlan is likely to experience a decrease in the proportion of children over the coming 5 years.

This is consistent and comparable to many other rural communities, with the exception of those surrounding larger metropolitan or regional centres.

To determine the future trends in the 0-14 ages, the number of children born has trended downwards for decades in the locality. In Upper Lachlan Shire, the average number of births fell by 0.1% between 2006 and 2011, whilst the average births for women aged 35-39 years was 0.2 lower than in 2006 and was also down for women aged 25-29 years.

In contrast the average births rose most for those aged 40-44 years indicating perhaps a tendency to women having children later in life, which may have implications for the type of care and services that are required.

Compared with NSW averages in 2011, Upper Lachlan Shire had an average rate of births that was 0.5% higher overall.

In Upper Lachlan Shire, 31% of adults (aged 15+) provided some voluntary child care, with 18% caring for their own child, 8% caring for another's child, and 26% caring for both their and another's children. This shows the importance of home care in the area as an alternative or supplement for formal childcare services.

In terms of schooling in these years, at the 2011 Census:

- 82% of the number aged 3-4 years attended Pre-School,
- 87% of the number aged 5-11 years attended Primary School,
- the number at Pre-School increased by 26% from 2006, and
- the number in Primary School decreased by 9% from 2006.

Discussion of Key Issues

The early years of a child's life provide the foundation for future health, development and wellbeing. A positive start in life helps children to reach their full potential, while a poor start increases the chances of adverse outcomes (Australian Institute of Health & Welfare – AIHW).

The Key National Indicators of Child Health, Development and Wellbeing developed by AIHW measure the progress of Australia's children aged 0-14 years in the areas of health status, risk and protective factors influencing health and wellbeing, early learning and education, family and community environments, safety and security, and system performance.

Some of the key indicators are:

- Health – mortality, morbidity, chronic conditions, disability and mental health;
- Healthy Development – breastfeeding, dental health, physical activity and nutrition and early learning;
- Learning & Development – attendance at early childhood education, transition to primary school and primary school attendance, literacy and numeracy and social and emotional development;
- Risk Factors – teenage births, smoking in pregnancy, birth weight, overweight and obesity tobacco and alcohol misuse;
- Families & Communities – family functioning, socio-economic situation, parental health status and neighbourhood safety;
- Safety & Security – injuries, school relationships and bullying, child abuse and neglect, children as victims of violence, homelessness and children and crime; and
- System Performance – neonatal hearing screening, childhood immunization. Quality childcare, child protection substantiations, survival rate for childhood leukaemia.

Recent research undertaken by the AIHW *"A picture of Australia's children 2012"* provides the latest information on the health and wellbeing of Australia's children aged 0-14. As an Australian society results show that many are faring well and positives have been achieved. Research has shown however that key risk areas require additional attention, particularly among Aboriginal and Torres Strait Islander children and those living in areas with the lowest socio-economic status.

As part of the ongoing social and community planning process the partnership with Southern NSW Local Health District and other health agencies and providers should be further developed to monitor the key indicators and provide feedback on current and emerging child health issues.

This research can assist Upper Lachlan target and develop assistance to improve the level of service and programs for at risk children. To do this effectively the monitoring and communication of key issues needs to occur.

Child-care services are key social infrastructure for the well-being and identification of issues for at risk or higher needs children in the Upper Lachlan community, and are also critical to attracting and retaining new population settlement. These services can assist children to develop important social skills, and assist in preparing children for formal education beginning at five years of age.

To enable appropriate levels of service for younger age groups and families in the area, child care must also be able to cater for outside of school hours care options to enable working parents to be actively employed care and early learning to be fostered.

Services and Infrastructure

Child Care

Upper Lachlan has a number of child care facilities across the local government area including:

- informal day care,
- Playgroup,
- Pre-School (including a mobile pre-school service) and

Long day care has been the focus of some community effort, particularly in Gunning, where the need for these services has been identified and residents have been actively pursuing this possibility.

Pre-school children in the Taralga and surrounding area have been serviced by a privately operated Long Day Care Centre and previously the Crookwell Mobile Children's Service. The Crookwell Mobile Children Service has not operated in Taralga since approximately 2007.

Crookwell Neighbourhood Centre Inc provides the Crookwell Mobile Pre-School Service weekly at Collector, Bigga and Rye Park, the Crookwell Mobile Long Day Care service weekly at Bigga, Laggan, Collector and Rye Park.

Crookwell Neighbourhood Centre Inc. is funded to provide Pre-School and Long Day Care to rural and remote areas and can include children from other local government areas. The Service is mobile and will move to an area if the service is required or cease a service if it is not longer viable.

Previous issues with services in Gunning have progressed with both pre-school and out of school hours care options now available. Ongoing consultation and monitoring of demand and supply of places across the Shire is required, particularly as they respond to either growth or decline.

Children's Health

State and Federal Government, often with the assistance of local services, have provided a number of programs that have covered issues raised in the previous plan. The continued promotion of risks of sun protection and skin cancers has been prevalent with many schools and child care facilities now actively taking part in sun protection programs and providing suitable sun-safe areas for children. The Federal schools infrastructure-funding program was utilised by many schools to provide such areas.

This issue will continue to be a challenge particularly promoting appropriate sun protection and infrastructure in public spaces, and at sporting and community events.

The Shire continues to work in a partnership with the NSW Cancer Council assisting with staff issues as well as resources for the general public. Smoking and skin (sun) care are two of the programs included in the agreement.

The ongoing promotion of the benefits of breastfeeding and oral health and early intervention by NSW and Federal Government has provided some traction in the community, however the access to, and retention of, dental and GP services in rural and regional NSW has become a growing issue and has been identified by peak bodies such as the Rural Doctors Association of Australia (Health of Australians Living in Rural & Remote Communities 2012).

Childhood obesity continues to emerge as a significant issue for communities across Australia with AIHW research finding around one-fifth (22%) of children were estimated to be either overweight or obese (17% overweight but not obese, 6% obese). The ongoing health and lifestyle problems that may emerge from being overweight are a significant cost to the community, and opportunities to promote healthy eating and exercise could be investigated.

The issue of a lack of coordination and communication between children's services providers has been raised in the previous 2007-12 Plan as well as in a study into human services in the former Crookwell Shire (Twyford Consulting, 2003a). This continues to be a challenge, and may reflect an overall need for great coordination and communication between social service providers, not just those for children. This issue will be further exacerbated if Council achieves greater levels of growth and development in the Shire.

The reliance on traditional recreation opportunities was again raised in consultation as an issue for both children and youth in the area. Whilst the level of sporting facilities and facilities associated with schools and playgroups, and play areas provided by Council appear to be adequate, alternative activities are also desired. These may include creative and artistic activities for children and young people, non-traditional recreation, such as skate and climbing facilities, and outreach access to facilities and entertainment in nearby major centres.

Some of the key issues for children in the Upper Lachlan area are seen as:

- Access to cultural and artistic pursuits and entertainment in the local area;
- Need for child services planning to anticipate changes in the local area and to improve coordination and communication;
- Improving education, awareness and action for childhood health issues such as obesity, dental health and early intervention;
- Increased awareness of existing services and options in childcare and other children's programs. In this regard, Crookwell Neighbourhood Centre Inc, SDN Children's Services and Crookwell Early Learning have had combined training sessions to assist all services with cost and keeping up with legal requirements.



Current Progress and Future Priority Areas – Children

2007-12 Actions

- Work with key stakeholders to increase the range of day care options across the Upper Lachlan Shire.
- Support initiatives/activities that encourage the participation of families and children in community life.
- Increase sun protection measures across the Shire.
- Support Southern NSW Local Health District (SLHD) to develop and deliver programs that address child health issues.

Progress

- ✓ Good progress has occurred in the sun protection and awareness, with Council, schools and childcare centres adopting proactive sun care measures and infrastructure
- ✓ Day care options have been developing with examples such as Gunning pre-school offering out of hours care, and Crookwell Neighbourhood Centre Inc. operating services such Mobile Long-Day Care and Mobile Pre-School.

2013-2018 Actions

Including:

- There is a need to improve the communication, between agencies and providers, of data that will help identify at risk children and issues that are affecting them; health, care, education etc
- Continue to work with key stakeholders to increase the range of day care options across the Upper Lachlan Shire, and ensure that they are responsive to population change.
- Identify and support initiatives/activities that encourage the participation of families and children in community life.
- Support SLHD and other agencies and provider to develop and deliver programs that address children's needs.
- Investigate and implement collaborative opportunities to promote healthy lifestyles and physical activity to reduce the occurrence of weight and obesity issues.
- Funding sought for Skate Parks in Crookwell and Gunning - Completed.
- Youth Week Funding – Youth Mental Health and other youth issues.

Young People

Related Demographics – Young People

At the time of the 2011 Census there were:

- 458 persons aged 15-19 years; and
- 247 persons aged 20-24 years

Those aged 15-19 years represented 6.4% of the population in the Shire (same as the NSW average) whilst those in the 20-24 years bracket represented 3.4%, (3.1% lower than the NSW average).

Whilst there has been relative stability in the percentages within these age groups over the last census period, there has been decline in subsequent age brackets that would indicate population movement out of the area. In terms of education in 2011, 85% of the number aged 12-17 were at High School.

Discussion of Key Issues and Social Infrastructure

The health and wellbeing of young people not only affects their immediate quality of life and productivity but also shapes the future health of the whole population and, in a broader social sense, the health of society (Eckersley 2008).

Tackling health and wellbeing issues when they occur in adolescence is socially and economically more effective than dealing with enduring problems in adulthood. Many of the attitudes and behaviour, and even the illnesses that largely determine adult health and wellbeing have their origins in childhood, adolescence and early adulthood.

The benefits of investing in young people flow through to the entire population, with outcomes as diverse as greater productivity, lower burden of disease, stronger families, and safer and more connected communities (AIHW 2011 Young Australia; Their Health & Well-being). National research has shown many positive improvements in the health and well-being of Australian youth overall, however those youth in lower socio-economic conditions, rural and remote areas and of Aboriginal or Torres Strait Islander backgrounds are identified at higher risk.

Generally young people living outside of capital cities and other major urban population centres encounter a number of challenges that are not normally part of the everyday experience of young people living in metropolitan areas. These include access to suitable and appropriate health and welfare services, education/ training, paid employment, economic stability and recreational opportunities [Davies, L., Jukes, J., Hodges, C., & Crosby, J. (2002)]. *Rural life of us: Young people and workers with young people*. Youth in Upper Lachlan can exhibit some of these issues like:

- Limited career and further education opportunities in the local area;
- Lack of transport options and reliance on private vehicles;
- Real and perceived isolation issues;
- Access to entertainment & other recreational opportunities;
- Access to communication technology;
- Mental health;
- Social isolation and bullying;
- Risky behaviour and substance abuse; and

- Lack of places to meet and have access to entertainment.

Services and Infrastructure

There is a relatively good supply of more traditional sporting and recreational opportunities within Upper Lachlan however, access to other recreation and entertainment often means travel is required. This is also the case for further education and work opportunities for younger people.

Like many rural areas there is a focus on meeting places and situations where alcohol is available. The need to encourage alternatives for youth interaction outside these environments is something the Upper Lachlan community can further build on through events and fostering improved facilities management and promotion, such as participation at school based alternatives or the like.

The Crookwell Neighbourhood Centre Inc. and others have also undertaken supported and supervised trips to entertainment outside the Shire, which may provide young people with other alternatives. The Mended works with school children and provides a positive contribution to the community through the construction of street furniture and providing an important social network between the aged and youth.

Whilst there are a number of health and counseling services available through the Goulburn and Crookwell Community Health Services mental health and high risk behaviours in the youth population are compounded by the fact that regional and rural young people experience more restricted access to health services. This can be because of fewer rural and remote general practitioners; less choice of medical services, limited privacy when it comes to accessing health and psychological support services, lower rates of bulk billing and less access to medical specialists and major hospitals.

Improved promotion of services in schools and other youth meeting areas would improve access and perception of services in the area, as well as highlight other options that may be available in the broader area. Through working with local schools and other youth services in the promotion of local and regional services, online information and outreach or phone services, this would also potentially improve the levels of service for youth.

There are no tertiary education institutions (TAFE, private colleges or universities) offering continuing education or training located within the Shire. Students need to study out of the immediate area, however, in 2011 there were 317 tertiary students studying in the Upper Lachlan area (173 at TAFE, 117 at university, 27 at other tertiary institutions).

Education and employment opportunities for local young people are essential to encourage them to stay locally, but also to return following study out of the region.

Access to career and education counseling is at present provided primarily as a responsibility of individual schools. However a partnership approach may provide critical mass to encourage linkages with educational institutions and employers that may improve options for young people. The involvement of local employers in career talks may also promote local opportunities.

Likewise, using access to regional and rural focused TAFE and University courses with a rural or regional focus may encourage more young people to look at future options in the Shire. Building on Council's role in Youth Week and other events would also assist in building networks for further consultation and awareness of needs and issues in the community.

Current Progress and Future Priority Areas

2007-2012 Actions

- Explore initiatives that encourage and enable young people to participate in community life and build their capacity to develop programs that address the needs of their peers.
- Increase opportunities for recreation for young people.
- Explore opportunities to increase education options for young people including TAFE.
- In partnership with SLHD, develop community development and health promotion approaches that target the needs of young people.
- Investigate feasibility of a heated indoor swimming pool, including setup and ongoing costs and possible funding opportunities.

Progress

- ✓ A number of alternative entertainment and recreation activities have been fostered in the community including supported trips to recreation activities outside the Shire.
- ✓ Heated Pool feasibility study completed.

2013-2018 Actions

Including:

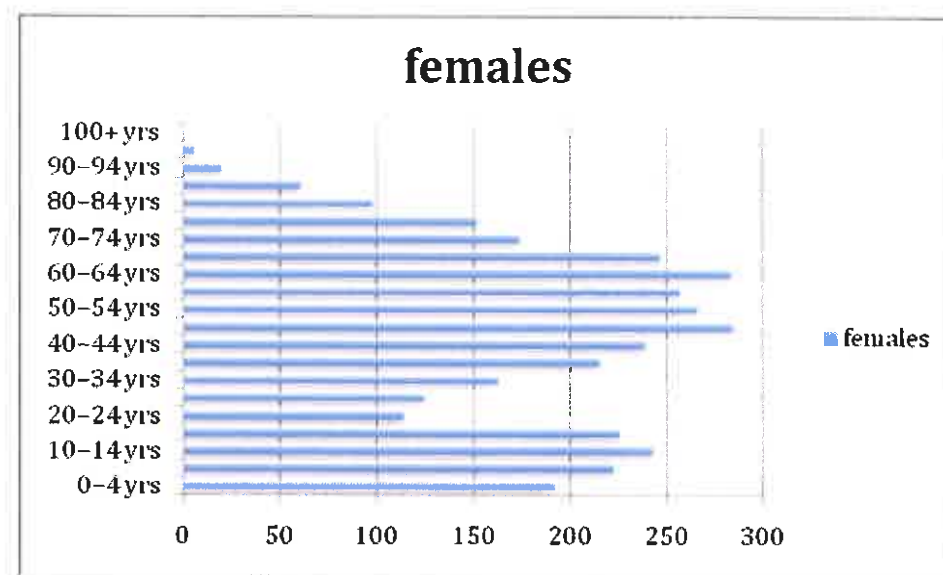
- Continue to explore initiatives that encourage and enable young people to participate in community life and build their capacity to develop programs that address the needs of their peers.
- Examine alternative recreation activities for young people in consultation with schools and youth groups.
- Explore opportunities to provide information and mentoring on career and education paths for young people, including options within the Shire.
- In partnership with Southern NSW Local Health District and other agencies and service providers, schools etc., develop community development and health promotion approaches that target the needs of young people.
- Funding sought for Skate Parks in Crookwell and Gunning - Completed.

Women

Related Demographics – Women

At the time of the 2011 Census there were 3,589 women in Upper Lachlan (as compared to 3604 men) with an average age of 46 years. Whilst there are slightly more males overall, the ratio of women to men increases in the older age groups (80 plus).

The following graph shows the age distribution for women in Upper Lachlan at the 2011 Census.



Discussion of Key Issues and Social Infrastructure

The research of National Rural Women's Coalition provides support to a number of issues that have been raised by women in the Upper Lachlan area. The identification of common themes both locally and across other rural and regional areas in Australia is assisting in the development of National and NSW programs, however there is still significant scope for localised infrastructure, services and programs to improve the well-being of women in the Shire.

The Coalition has identified a number of issues that are relevant to Upper Lachlan including:

- Improved access and support for further education and returning to the workforce;
- Improved access to health services including maternity support, antenatal and postnatal services;
- Transport alternatives and improved public transport to regional facilities and services;
- Support services and emergency housing or support for domestic violence;
- Family support services

Rural regions, drought and social isolation are associated with increased levels of domestic violence (SAHS, 2003). Issues of confidentiality, finances, social isolation and limited access to transport can impact on the assistance sought and the choices made by women experiencing violence in regional areas.

National and state documents on women's health highlight five key issues impacting on women. These include reducing the prevalence of depression, domestic violence and smoking in women, as well as increasing levels of physical activity and improving maternal and infant health (NSW Health, 2000), Women's Health Outcomes Framework (NSW Health, 2002a), Physical activity and smoking are also identified in GSAHS Health Development priorities (GSAHS, 2006).

To meet the needs of women in the local district Southern NSW Local Health District supports the provision of outreach clinical services and health promotion initiatives by the Women's Health Nurse. Services are provided on an as needed/requested basis. The type and level of service provided is regularly reviewed. These activities are further supported by health promotion activities undertaken by the Southern NSW Local Health District.

Current Progress and Future Priority Areas

2007- 2012 Actions

- Investigate the availability of transport options with specific reference to women.
- In partnership with SLHD and other key stakeholders, develop community development/ health promotion approaches that target the needs of women

2013-2018 Actions

Including:

- Continue to investigate the availability of transport options with specific reference to women.
- In partnership with Southern NSW Local Health District and other key stakeholders, develop community development/ health promotion approaches that target the needs of women.

Progress

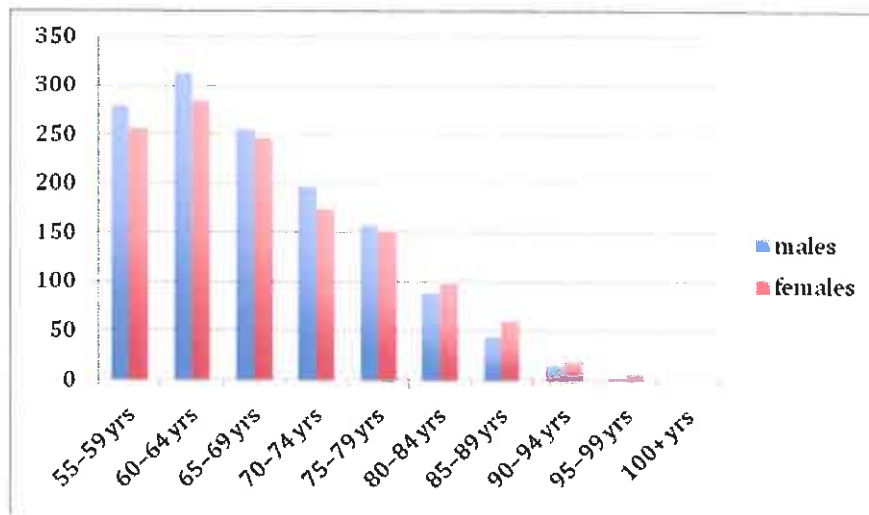
- Continued financial Council support for International Women's Day.

Older people

Related Demographics – Older People (55+)

At the 2011 Census there were 2652 persons over the age of 55 in Upper Lachlan Shire, comprising of 1354 males and 1298 females. This represents approximately 37% of the total population in the Shire.

The age and sex distribution is shown in the following diagram:



The percentage of persons compared to overall population in the Shire was greater than the NSW State average across all groups up to 90 years of age. The 60 through to 79 years brackets all were significantly higher than the State average as is shown below:

Age Bracket	Persons	% ULSC	% NSW	Difference to NSW
55-59 yrs	538	7.50%	6.10%	1.4% more
60-64 yrs	596	8.30%	5.60%	2.7% more
65-69 yrs	503	7.00%	4.40%	2.6% more
70-74 yrs	370	5.10%	3.40%	1.7% more
75-79 yrs	310	4.30%	2.70%	1.6% more
80-84 yrs	186	2.60%	2.20%	0.4% more
85-89 yrs	106	1.50%	1.40%	0.1% more
90-94 yrs	34	0.50%	0.50%	same
95-99 yrs	9	0.10%	0.10%	same
100+ yrs	0	0.00%	0.00%	same

Source: ABS 2011 Census

The population structure and characteristics for Upper Lachlan suggest that the proportion of older people living in the Shire will continue to grow, particularly if development activity or capacity to attract new young or middle aged residents declines or remains relatively low.

Discussion of Key Issues and Social Infrastructure

In recognition of the higher than NSW state average of older people living in the Shire Council has also prepared an Ageing Strategy. Ageing is about developing age-friendly communities, which create opportunities for older people to live active and fulfilling lives now and into the future. The Ageing Strategy has been developed to respond to the significant ageing of our local and broader community.

Older people make significant contributions to the local community. There are a myriad of community groups across the region which continue to operate due to the involvement and support of older residents. In 2002, a survey of older people found that one in five people (20%) responding to the older people's survey reported doing volunteer work for an organisation (NSW Health, 1999). Community meetings have raised a number of issues around volunteering, including finding and involving new people and those with a different range of skills, training opportunities, insurance and valuing volunteers. Many residents in different sites commented that while there is a long list of ways to be involved in the community there was only a limited 'pool of volunteers' from which to draw from.

Social isolation, depression and need for activities for older people were consistently raised as significant issues through community consultation in 2006. This feedback is consistent with the finding of reports written with community input several years ago (Twyford, 2003, Twyford, 2003a).

Transport was one of the main themes to emerge from community consultation and was often raised in the first instance as an issue for older people. Access to transport is important to access health, medical and other essential services and also to allow people to participate socially in their community. The cost of petrol and no access to a car were often given as a frequent barrier to personal travel. Other issues including no longer holding valid licences and travelling long distances, were given as barriers to the use of personal transport and unsuitable timetabling of community transport. It is important to consider both immediate and longer term solutions to transportation issues as the problem is likely to increase as the population ages. Acknowledgement of the new aged care facility proposal and recently commenced private facilities were made.

Current Progress and Future Priority Areas

2007-2012 Actions

- Develop approaches that support community groups and volunteers and increase recreation options for older people.
- Investigate options for an increase in transport availability.
- Work with key stakeholders to address the needs of the ageing population.
- Assist with the provision of services for older people.
- Develop approaches that support volunteers.
- Investigate feasibility of a heated indoor swimming pool, including setup and ongoing costs and possible funding opportunities.

2013-2018 Actions

Including:

- Develop and implement an Ageing Strategy for Upper Lachlan, and pursue advocacy and/or assistance for the community and Council to secure grant funding for the development and funding of initiatives for the ageing population.

Progress

- ✓ Completion of Ageing Strategy with ongoing funding support from Council.
- ✓ Heated Pool feasibility study completed.

People with Disabilities

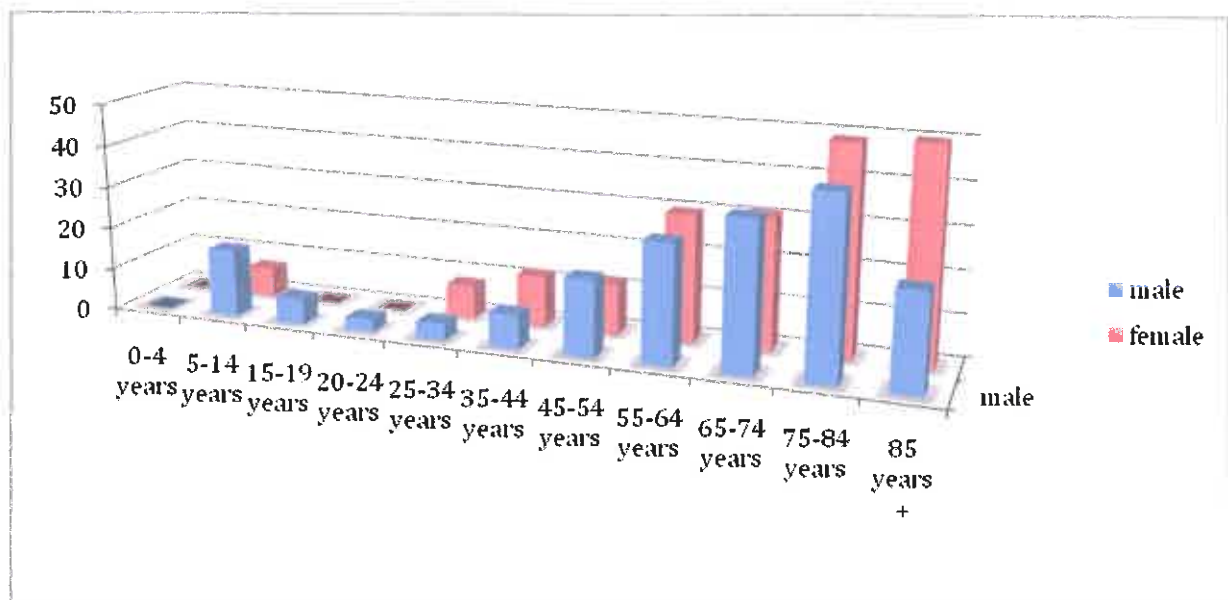
Related Demographics – People with Disabilities

At the time of the 2011 Census there was a total of 5.6% of the total population who identified as requiring assistance because of a disability. It should be noted that anecdotal evidence suggests that this figure may fail to recognise others with a disability in the community. Others may fail to identify as having a disability in the Census counts due to privacy, perception and failure to recognise that certain conditions would be considered as a disability including chronic debilitating health issues, in addition to having a disability but answering that they “do not require care” as per the ABS Census question.

The rate however for Upper Lachlan was 0.4% higher than the NSW State average and equates to approximately one in eighteen persons with a disability.

The age relationship for disability is also quite emphasised with those with severe disability less than 3% for age groups under 40, 20% at ages 75-84 and rising to approximately 50% at 85 plus age groups.

Need for Care (Disability) – Upper Lachlan 2011 by Age and Sex



Discussion of Key Issues and Social Infrastructure

A person with a disability is covered by the *NSW Disability Services Act 1993* if the disability is:

...Attributable to an intellectual, psychiatric, sensory, physical or like impairment/s; and is permanent; and results in significantly reduced capacity in one or more major life activities such as communication, learning, mobility, decision-making or self-care; and has a need for support.

However, the disability sector encompasses a broad range of conditions and needs, including children and adults with intellectual and developmental disabilities, people with acquired disabilities, and irreversible physical injuries. Allied-health professionals (therapists etc.) in the disability sector work within government and funded or charitable non-government agencies, schools, communities, and private practice.

Whilst the Census give us some idea of those seeking assistance, research by NSW Department of Family and Community Services - Ageing, Disability and Home Care, 2011, shows that two of every three people with a disability required some type of assistance. This has implications for both the health system and also home carers.

One key issue for Upper Lachlan is that the life expectancy of people with lifelong disabilities, including intellectual disabilities, which has increased significantly in recent years and it is projected that the numbers living to old age will continue to grow. An ageing population will likely compound this and potentially increase demand for disability services by older age groups.

The move away from residential (institutional) care has also shifted a significant care burden onto families and friends. Further, many support services are limited to children and/or adolescents and adults with lifelong disabilities can face considerable difficulties in accessing support for training and employment and regular health care (Adults with Disabilities and Ageing Carers – School of Health UNE – 2011)

As such both older and younger people with disabilities living in their homes needed the most assistance with property management and health care due to disability or ageing. Other common areas of need were transport, housework, mobility and self-care. Disability support services are available across the Shire from a range of providers. The Aged Care Assessment Team (ACAT) assesses need and services required for older people and provide referrals to other services. Assistance with household duties, personal care and respite is available through Baptist Community Services, Home Care, Anglicare, with in home nursing services accessible through the Department of Veterans Affairs and SLHD. The Crookwell Neighbourhood Centre Inc operates an In-Home Emergency Respite for Carers Program that may include people with a disability.

The Upper Lachlan Access Committee has been working towards improving access to services for all people, in particular, people with disabilities, however their are key issues for the community that will require ongoing attention, including:

- Servicing those with disabilities in more remote areas, and transport to regional centres for specialist care,
- Programs for education and employment for those with disabilities,
- In-home care assistance,
- Respite for carers,

- Advocacy to regional and NSW Government and other service providers, and
- Continued support for the Council's Access Committee.

Current Progress and Future Priority Areas

2007- 2012 Actions

- Develop approaches that support people with disabilities.
- Improve public facilities for people with disabilities

Progress

- ✓ Council has successfully operated an Access Committee over the past planning period that has provided information and input into planning and development and infrastructure matters, as well as advocacy for those with access and disability issues.
- ✓ Crookwell Neighbourhood Centre Inc. operates an In-Home Emergency Respite for Carers Program which has been running for a considerable period.

2013-2018 Actions

Including:

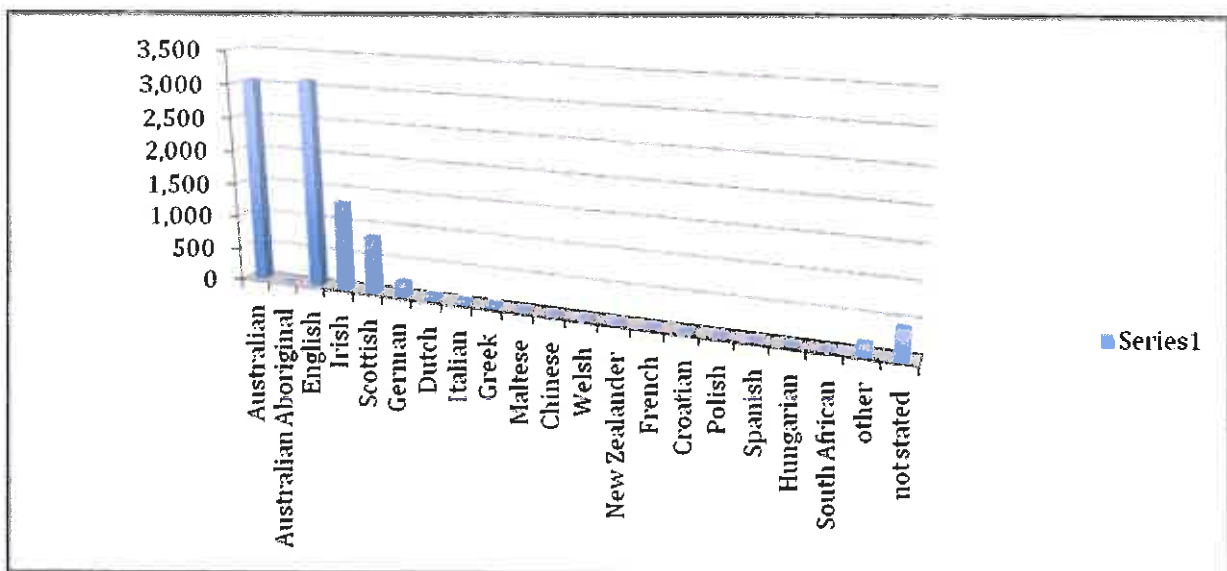
- Programs for education and employment for those with disabilities,
- Respite for Carers (Crookwell Neighbourhood Centre Inc. operates an In-Home Emergency Respite for Carers Program),
- Advocacy to regional and NSW Government and other service providers, and
- Continued support for the Council's Access Committee
- Conceptual development of a Disability Action Plan.

People from Culturally and Linguistically Diverse Backgrounds

Related Demographics – Culture & Linguistic Diversity

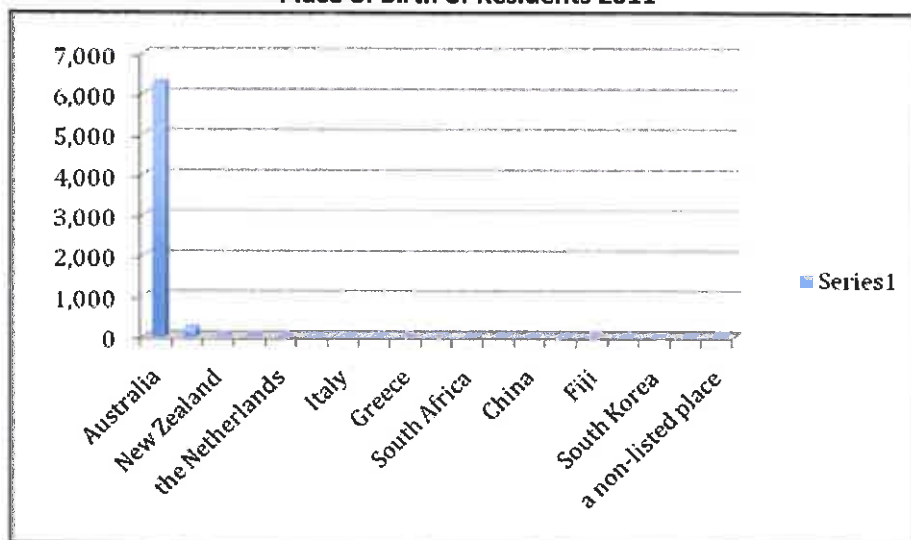
The following graphs show a comparison of peoples identified ancestry and then actual place of birth according to the results of the 2011 ABS Census. As can be seen by numbers, the amount of residents who identify as either non-Australian ancestry or indeed by non-Australian birthplace is relatively low, almost 88% of Upper Lachlan Shire residents were born in Australia.

Identified Ancestry of Residents 2011



Source: 2011 ABS Census

Place of Birth of Residents 2011



Source: 2011 ABS Census

In Upper Lachlan Shire, 94% of residents spoke English at home in Upper Lachlan Shire in 2011, which was not very different from 2006, and 22% more than in NSW.

Likewise the actual numbers of residents that speak another language at home was low, with about 2% of residents saying they spoke another language at home (20% fewer than in NSW), speaking at least 13 different languages. 4% did not say what they spoke.

The main non-English languages spoken here, and the number and proportion of residents speaking them, were:

- Hungarian – 28 speakers, or 0.4% of residents;
- Greek – 19 speakers or 0.3%;
- Dutch – 11 speakers or 0.2%;
- Italian – 11 speakers or 0.2%;
- SE Asian languages – 10 speakers or 0.1

Discussion of Key Issues and Social Infrastructure

Whilst there are relatively few people who speak languages or have their origins from another Country, there are a number of issues that Upper Lachlan Shire may need to consider, such as

- Council continuing to support programs and initiatives that encourage tolerance, acceptance and diversity;
- Council and the community examine options to promote the appreciation of cultural diversity, including arts and music from other Countries;
- Build on the identified ancestry of residents in cultural events in the Shire; and
- Consider the changes and implications and opportunities as the Shire develops and new residents move to the area.

Current Progress and Future Priority Areas

2007- 2012 Actions

- Increase awareness of other cultures.
- Encourage inclusiveness in community activities.

2013-2018 Actions

Including:

- Increase awareness of other cultures.
- Encourage inclusiveness in community activities.
- Promote the area to potential new residents

- Examine opportunities for hosting cultural events, building on the changing demographics in the broader region and nationally.

Aboriginal and Torres Strait Islander People

Related Demographics – Aboriginal & Torres Strait Islanders

At the time of the 2011 Census, Upper Lachlan Shire had 122 Indigenous residents, with 118 identifying Aboriginal origins; 3 identified Torres Strait Islander (TSI) origins. This constituted an increase of approximately 23% on numbers in 2006, but is consistent with a rise in those identifying as Aboriginal or Torres Strait Islander across Australia (approx. 25%)

Indigenous people constituted 1.7% of the residents, compared with 2.5% of NSW, with the average age of indigenous residents was about 29 years in the Shire compared to 43 years for non-Indigenous residents.

“The age structure of the Indigenous population is very different from the non-indigenous community; due to higher mortality rates at most ages and higher birth rates. Young people form a larger share of the Indigenous population, and people over 65 are much less common than among non-Indigenous people. The Indigenous population here is small and atypical” (Upper Lachlan Shire Community Portrait 2012).

Discussion of Key Issues and Social Infrastructure

The Wiradjuri tribe is the traditional owners of the land in the Upper Lachlan Shire area. The Wiradjuri nation is one of the largest of all indigenous nations, extending from Mudgee, Bathurst and Oberon, to Young, Cowra, Cootamundra and Wagga Wagga. The nation extends north to Griffith, Coonabarrabran, Lake Cargelligo, Parkes and Dubbo. Local Aboriginal Land Councils within the ULSC area include:

- Pejar Local Aboriginal Land Council (Goulburn)
- Cowra Local Aboriginal Land Council (Cowra)
- Onerwal Local Aboriginal Land Council (Yass)

State wide, Aboriginal and Torres Strait Islander peoples comprise approximately 2% of the population (CHO, 2004). Data from the Commonwealth Government suggests that there are 128 indigenous persons living in the Upper Lachlan Shire Council area, which represents a level significantly lower than the state average. Larger populations are recorded in neighbouring Goulburn Mulwaree Council (571), Yass Valley Council (259) and Wingecarribee Council (620) (Commonwealth of Australia, 2001).

Spiritual and cultural issues, together with social issues including low employment, substance abuse, housing, domestic violence and education are major issues impacting on the health and wellbeing of Aboriginal people.

The impact of chronic disease on the lives of Indigenous people is also a significant issue. Chronic diseases are the major causes of death and disability among Aboriginal people with one in every four Aboriginal deaths related to cardiovascular disease. Aboriginal people are also between 8-10 times more likely to die from this disease than other Australians. Indigenous people are 4 to 5 times more likely to be hospitalised for diabetes, twice as likely to be hospitalised for heart disease and stroke and 3 to 5 times more likely to be hospitalised for chronic respiratory diseases than non-Indigenous people in NSW. Indigenous people have

higher smoking rates than non-Indigenous people and are more likely to report drinking alcohol at levels that are risky for health (CHO, 2004).

Current Progress and Future Priority Areas

2007-2012 Actions

- Respecting Aboriginal people and culture in community activities.
- Work in partnership with other services to achieve better outcomes for Aboriginal and Torres Strait Islander people.
- Determine ways that current services may be targeted to address the needs of the Indigenous community.

2013-2018 Actions

Including:

- Respecting Aboriginal people and culture in community activities.
- Work in partnership with other services to achieve better outcomes for Aboriginal and Torres Strait Islander people.
- Determine ways that current services may be targeted to address the needs of the Indigenous community.

Men

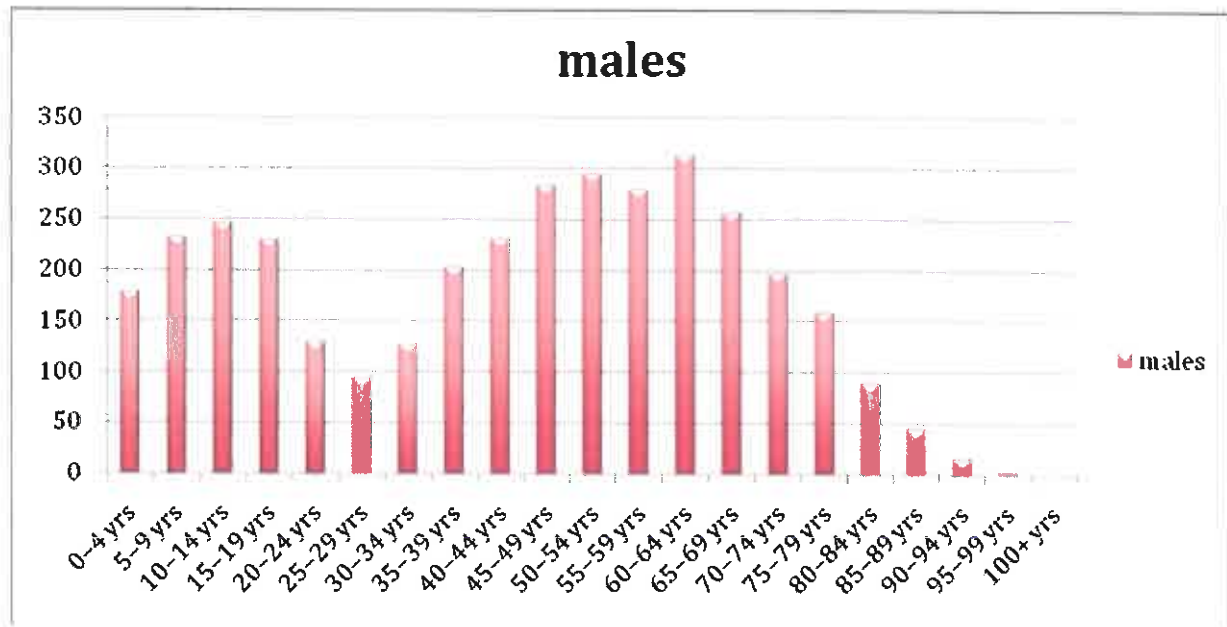
Although not required by social planning legislation, men have been included as a target group in this Social and Community Plan because men in the Upper Lachlan Shire deal with a range of issues specific to their gender and play an important role in our region.

Related Demographics – Men

At the time of the 2011 Census there were 3604 men in Upper Lachlan (as compared to 3589 women) with an average age of 44 years. There are slightly more males overall, but the ratio of men to women decreases in the older age groups (80 plus).

The following graph shows the age distribution for men in Upper Lachlan at the 2011 Census.

Upper Lachlan Males by Age – 2011 Census



Source: ABS Census - 2011

Discussion of Key Issues and Social Infrastructure

Men in rural regions of Australia may face distinct health issues because of their location, work and lifestyle. This report provides a snapshot of some of these issues and compares the illness and mortality of men in rural and urban areas. Overall, men in rural areas are more likely than their urban counterparts to experience chronic health conditions and risk factors. For example, are more likely to report daily smoking and risky drinking behaviour, are less likely to possess an adequate level of health literacy, have higher mortality rates from injury, cardiovascular disease and diabetes (AIHW 2012).

Men's health continues to be a significant issue in Upper Lachlan. Men have lower life expectancies than women, are more likely to smoke, drink at 'at risk' levels and consume inadequate fruit and vegetables. Men are also more likely to be overweight, be diagnosed with diabetes, melanoma, oral cancer, HIV/AIDS and die from cardiovascular disease, lung cancer, injuries and poisoning, motor vehicle accidents and suicide than women (CHO, 2004).

In community consultations held to help inform the Social and Community Plan, issues facing men in the region that were raised consistently across the Shire included men being reluctant to talk about issues or concerns, confusion about support services available for men on the land and the impact the ongoing drought is having on men (see section on Mental Health and Wellbeing and 'Our farming community').

Communication of local events through the Council newsletter 'The Voice', The Gunning Lions Newsletter, and on noticeboards in suitable locations in villages across the Shire provides improved communication of events occurring in local areas

Current Progress and Future Priority Areas

2007-2012 Actions

- Promote community development activities which target men.
- Increase promotion of existing support services for men more widely.
- Investigate opportunities to build on existing services and activities for men.
- Involvement in programs like 'Back a Bushie' and 'Community Cares', 'Beyond Blue' to ensure open communication of issues relevant to the community.
- Support cancer awareness campaigns such as "Movember", prostate cancer awareness campaigns and screening options. SLHD and ULSC to pursue.
- Investigate SLHD/NSW Health capabilities into the above programs to match successful women's breast screening program.

2013-2018 Actions

- Promote community development activities which target men.
- Investigate opportunities to build on existing services and activities for men and increase promotion of these services
- Involvement in community programs to ensure open communication of issues relevant to the community.
- Support cancer awareness campaigns such as "Movember", prostate cancer and other health capability awareness campaigns and screening through SLHD and ULSC.

Progress

- ✓ Council support in the development of the new Crookwell Men's Shed.

Community Issue: Mental Health and Wellbeing

Mental health and wellbeing is inextricably linked with the physical health of all groups within the community. Physical health cannot exist unless one's mental health is also in shape. Our mental wellbeing not only impacts on our emotions, thoughts and behaviour, but it can also affect us physically, through cramps and pains, loss or increase in appetite, indigestion, headaches and increased heart rate.

Stress is a significant factor in the development of mental illness and is associated with unfavourable outcomes for some health conditions. The prevalence of psychological distress between the years 1997-2004 in NSW was reported to be 11.8% for males and 14.6% for females, compared with 8.8% for males and 14.9% for females in the Greater Southern region. However, ten year trend data suggest that the amount of psychological distress among males and females in the Southern NSW Local Health District is increasing. Although present in everyday life, stress becomes a concern when it starts to impact on daily activities or when someone feels unable to deal with it. Left untreated it can lead to a range of significant physical and mental health problems.

Although it varies for different individuals, consultation with service providers and the community indicated that some of the major stressors for residents included the drought, anxiety about decisions of staying on the land or selling, employment and further education prospects for youth.

The Shire has a low-density populace, dispersed over a large geographical area. This presents challenges for service providers in delivering services to those in need, and also to residents who may be isolated both socially and geographically from larger centres. The limited range of public transport options is likely to compound the problem.

In the past, there has been significant stigma attached to mental health problems and services. Although local service providers report that this is reducing, the sensitivities of the community in accessing these services and assistance should be considered when developing programs.

Despite recent changes in modes of practice and accessibility of services (such as the Better Access to Mental Health Care initiative), the incidence of psychological and mental health problems managed by GPs still decreases significantly outside the major capital cities. Both presentation for treatment and use of services for mental health issues are lower in rural areas, with those suffering from mental difficulties facing more barriers to help-seeking than in the city. These include poor availability and accessibility of services as well as a number of characteristics specific to rural communities such as lack of choice of health providers, high workloads of available GPs, geographic distance, and lack of knowledge about, and negative view of, mental health problems by those living in rural areas and amongst their social networks.

Volunteer work can improve volunteers' mental health and can lead to improved access to psychological and social resources. Programs currently running provide volunteer opportunities for those living with a mental condition. Volunteering also presents a compensation effect for those with depressive symptoms as people with depression sometimes look to volunteering as a way to help their mental health.

Current Progress and Future Priority Areas

- Develop community development/health promotion activities, which target mental health and wellbeing. Participate in 'Beyond Blue' and similar programs.
- Increase promotion of existing mental health services more widely.

- Investigate opportunities to build on existing services.
- Investigate opportunities for increasing volunteer participation in community organisations



Community Issue: Our Rural and Farming Community

Although not required in Social and Community Plan reporting guidelines, Council and the community felt it important have 'Our rural and farming community' included as its own group in this Plan because of the importance in the Shire.

The onset of stressful events in the farming world is often gradual. For example, with prolonged drought the stress does not happen instantly, as with other disasters such as fires, and thus disaster responses are not put in place in the same way.

Most farm families respond to stress by making changes in business and household. They often:

- Reduce spending on food, clothing, health, social life, education
- Start to use up any savings
- Seek off farm income
- Relocate family members
- Increase use of credit/borrowing
- Seek government assistance (RIRD, 2002).

Although most people will go through acute stress and manage with courage and strength, it is often later that the longer-term problems of the stress start to show. Chronic stress really harms your health. These stresses can lead to a loss of self-esteem through losing a sense of control over aspects of life and often result in increases in depression and anxiety. Chronic stress can lead to poor decision-making about financial and family matters, the breakdown of effective communication and sometimes family relationships, poor physical health and unhealthy lifestyle behaviours such as increased alcohol, tobacco and drug consumption (illicit and prescription). Stressful times often lead to withdrawal from social and community activity as people cannot afford the time to be away from the farm nor the money to spend on petrol to go to town or spend on activities.

Many farmers said that the current governmental legislative requirements and commodity prices for their produce being low also contribute to increased financial and emotional stress as they attempted to juggle these competing priorities and challenges. A key factor was the cost and time it takes to do all the required training to keep up with these requirements.

A previous survey of isolated residents in the Shire (source: Crookwell Neighbourhood Centre Inc. 2013) identified a range of issues that need to be addressed, including:

- Education in the areas of gun regulations and safety, weed control, chemical handling and storage, and payroll and business management.
- Physical Health need for a "Wellness clinic" to all villages and improved access to health related services.

- Mental Health addressing isolation of rural properties, mobile phone coverage, technology gap, safety and security and improved access to health related services.
- Nutrition Meals on Wheels do not go out to remote areas, distance and cost to have access food requirements.
- Financial extra travel costs of tradespersons/professionals to remote areas, Ageing population of permanent residents who cannot afford to continue to live where they are nor want to move into town, Assets reduce their ability to get financial assistance from government departments.

Current Progress and Future Priority Areas

Priority areas for action:

- Address impact of drought on health and wellbeing.
- Enhance links to financial, agricultural and business support/advice agencies.
- Build on the contacts and relationships formed from the 'Community Cares' nights at Crookwell, Laggan, Taralga and Binda in 2006.

Community Issue: Transport and Connectivity

Transport in the Shire is predominately by private motor vehicles, with ownership rates of motor cars in Upper Lachlan in 2011 averaging 2.06 vehicles per household, which equates to 29% higher than the NSW average. In 2011, 3.5% of households said they did not have a vehicle which is almost 7% lower than NSW averages.

These figures are significant because there are no other public transport services in the Shire and no taxi service, so those without private transportation are less able to access important services.

Both the cost and limited availability of transport to health services were consistently raised as issues affecting the local community's access to services. This was particularly noted for aged and chronically ill residents who require care or hospitalisation in other towns and for families with no vehicles wishing to access out of school activities. Access to transport also affects a person's ability to connect with their community socially, which in itself is an important factor in community wellbeing. The community has also identified a need to promote transport options to residents, with the potential to create a transport advocacy group in partnership with local government to improve access to services for Upper Lachlan Shire residents.

Health related transport

Emergency transport for medical emergencies is provided through the Ambulance Service. There are four permanent ambulance officers in Crookwell, they provide 24 hours, 7 day a week service to the Upper Lachlan Shire boundary. In addition, the Southern Local Health District provides the Transport for Health Program, which provides non-emergency health related transport for people who are ill or injured that are not eligible for transport services by ambulance, and for those whom traditional public or private transport is not available. There are also a number of hospital vehicles that are able to assist in transporting people to and from the Activity Centre and other health related activities.

While SLHD budget makes allowances for emergency transport there is an acknowledgement that non-urgent transport is a community concern. This issue requires agency collaboration to develop strategies that broaden the range and choice of affordable transport options for the frail elderly and chronically ill population and those without access to private transport of their own.

Community transport

Community transport is available for people identified through the HACC program or the Community Transport program (CTP). HACC targets all frail aged people, people with a permanent and functional disability and the carers of these groups. CTP targets groups who are rurally and socially isolated and spare seating is available to people outside the target groups at commercial rates

A wheelchair accessible bus is available fortnightly from Taralga and Crookwell to Goulburn and weekly from Gunning. Weekly wheelchair accessible services are available from the Crookwell service for Tuena, Bigga, Binda and Grabben Gullen.

Car transport is available for specialist medical appointments in Goulburn, Canberra, Bowral and Sydney areas for people identified within the HACC or CTP programs target groups.

Intersectoral collaboration is needed in order to develop strategies that broaden the range and choice of affordable transport options for the most vulnerable members of the Upper Lachlan Shire community that do not have access to private transport.

Communication

Another issue raised during consultation was communication, both within the individual communities across the Shire, but also between Council and the community at large.

Residents indicated that although there were generally lots of activities and groups in villages and townships, there was uncertainty about when and where different things were happening. Residents who had recently moved into the Shire raised this as a significant issue.

Current Progress and Future Priority Areas

Priority areas for action:

- Explore options to increase types and availability of transport.
- Encourage use of current community and other transport services.
- Examine community and volunteer transport options.
- Identify any target groups experiencing transport connectivity problems, particularly accessing regional services.

Increase opportunities for effective communication across the Shire.

- Investigate opportunities to promote cohesion across the Shire.
- Investigate options to address insurance issues.
- Continue lobbying relevant Ministers and Authorities regarding telecommunication services.

Potential for Additional Community Issues Assessment

Note: Other potential areas for development of community issues component of the Plan:

- Volunteering
- Communication, Coordination & Promotion
- Support for local General Practitioners
- Community Safety – Towns and Villages

Questions for Community Consultation/Ongoing Monitoring

- What are the key issues for Upper Lachlan's social and community well being?
- What are the key gaps in services or facilities?
- What do we do well for the community in Upper Lachlan?
- What services or facilities work well?
- Are issues different for different parts of the Shire? Why?
- What can be done to improve things?
- Can you suggest particular services or facilities or programs for:
 - Children
 - Youth
 - Aged
 - Women
 - Men
 - Aboriginal and Torres Strait islanders
 - General health
 - Coordination,
 - Access and transport
- Who should be involved and what partnerships can you suggest to achieve outcomes ?

Action Plan – Social and Community Plan 2013-2018

Priority Area: Children

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
ULSC support the annual small school sports day	ULSC	July 2013-2018	Ongoing
Community parks and play facilities across the Shire be maintained	ULSC	Ongoing	Ongoing
The ULSC build on and maintain the community directory on their website	ULSC	Ongoing	Ongoing
Support SLHD to explore viability of Child and Family centre for visiting services – to include child development unit with the potential to attract a pediatrician to the town.	SLHD ULSC local child care centres, care providers	July 2013-2018	Ongoing
Support the child and family support network within the Upper Lachlan LGA.	SLHD, ULSC, local child care centres, care providers	July 2013-2018	Ongoing
Network meetings with SDN, Country Kids and all other Children Services within LGA to pool resources for training, regulations and new government legislation	Crookwell Neighbourhood Centre Inc. and Agencies/ULSC	July 2013-2018	Ongoing

Social and Community Plan 2013 – 2018 Action Plan

Priority Area: Young People

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
Explore funding avenues for the implementation of youth capacity building programs	SLHD, ULSC, Y'Mad, CNC Inc	July 2013-2018	Complying - Ongoing
Establish Youth Council with representation from across the Shire	ULSC, Local Schools (primary and high school)	July 2013-2018	Ongoing
Investigate the feasibility of a heated therapeutic indoor swimming pool for Crookwell, including setup and ongoing costs and possible funding opportunities.	ULSC	Completed	Completed Feb 2014

Priority Area: Women

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
Support agencies in any investigations into existing service gaps and opportunities for health services, including rural outreach services (health, mental health etc.) and viability of Child and Family centre for visiting services	SLHD, ULSC	July 2013-2018	Ongoing

Social and Community Plan 2013 – 2018 Action Plan

Priority Area: Older People

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
Work with key stakeholders to plan appropriately for the needs of the ageing population	SLHD, ULSC	July 2013-2018	Ongoing
Investigate the feasibility of a heated therapeutic indoor swimming pool for Crookwell, including setup and ongoing costs and possible funding opportunities.	ULSC	Completed	Completed Feb 2014
Encourage participation by older people as volunteers in particular programs - as peer educators	ULSC & Community Groups	July 2013-2018	Ongoing
Support agencies in any investigations into existing service gaps and opportunities for health services, including rural outreach services (health, mental health etc.) and viability of Child and Family centre for visiting services	ULSC, SLHD, Community Groups	July 2013-2018	Ongoing

Priority Area: People with Disabilities

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
ULSC continue to support the Crookwell Access Committee	ULSC	Ongoing	Ongoing
Disability services conduct shire wide promotion of services and assistance available	ULSC, SLHD	July 2013-2018	Ongoing

Social and Community Plan 2013 – 2018 Action Plan

Priority Area: Aboriginal and Torres Strait Islander People

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
In local tourist maps, include any indigenous sites of significance with commentary.	ULSC, LALC	July 2013-2018	Ongoing
Support development of partnerships between relevant authorities	SLHD, ULSC, LALC	July 2013-2018	Ongoing
Encourage service providers and key stakeholders to consult with the Aboriginal Community	SLHD, ULSC, LALC	July 2013-2018	Ongoing

Priority Area: People from Culturally and Linguistically Diverse backgrounds

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
Support activities raising awareness of other cultures across the Shire	ULSC	July 2013-2018	Ongoing
Encourage inclusiveness in community activities	ULSC	July 2013-2018	Ongoing
Encourage different cultural groups to share their culture at key community events	ULSC	July 2013-2018	Ongoing

Social and Community Plan 2013 – 2018 Action Plan

Support arts and cultural activities across the shire and support localities to seek funding to host events	ULSC	July 2013-2018	Ongoing
---	------	----------------	---------

Priority Area: Men

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
Support agencies in investigation options for counselling services specifically for men	ULSC	July 2013-2018	Ongoing
Support and promote cancer awareness campaigns and screenings	SLHD, ULSC	July 2013-2018	Ongoing
Building relationships with the relevant Chamber of Commerce, Government agencies, Community groups to support and enhance community based support programs and activities	ULSC, Chamber of Commerce, Community Groups,	July 2013-2018	Ongoing

Priority Area: Rural Community

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
Support relevant agencies and programs in the rural sector – Rural Support Program Assistance Guide, drought support and natural disaster.	DPI/SLHD	July 2013-2014	Completed
Directory of support services available in the region be updated and distributed in Council newsletter and on the website	ULSC	July 2013-2018	Ongoing

Social and Community Plan 2013 – 2018 Action Plan

Priority Area: Transport & Connectivity

Key Action or Deliverable	Lead Agency & Partners	Target Delivery Date & Priority	Status & Monitoring Comments
Advertising of services in local papers, 'The Voice', local notice boards, service group newsletters, Council website	ULSC	July 2013-2018	Ongoing
Commitment to building on existing community services and infrastructure such as the Community Centre, and increased awareness and promotion by Council of the work that is being done in the community.	ULSC	July 2013-2018	Ongoing