

Help shape positive ageing in the City of Port Phillip

Council is developing a Positive Ageing Policy which will guide future decisions about how it can respond to the needs and aspirations of people aged 60 years and older.

We want to hear about your experience and aspirations for positive ageing to help inform the development of this policy.

The survey will take around 10 minutes to complete and your responses are anonymous.

Please complete and return the survey to Council using the reply-paid envelope by **Friday 4 March 2022**.

About your experience of ageing in the City of Port Phillip

Q1. How would you rate the City of Port Phillip as a place for people of all ages, abilities and backgrounds? (Tick one below to indicate your response)

☐ Excellent ☐ Good ☐ Okay ☐ Poor ☐ Very poor ☐ Unsure

Q2. Why did you give that rating?

Q3. To what extent do you agree or disagree with the following statements about living in the City of Port Phillip? (Tick one box per row)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I feel safe in my home					
I feel safe in public places					
I feel connected to people in my community					
I feel like a valued member of my community					
I have friends or family to talk to regularly					
I can share my skills and knowledge in my community through volunteering					
I can be healthy and physically active					

Q4. To what extent do you agree or disagree with the following statements about access in the City of Port Phillip. (Tick one box per row)

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I have access to suitable housing options					
I have access to public transport					
I can move around in my local community					
I have access to programs and activities I am interested in					
I have access to parks and open space					
I have access to employment if I need or I want to work					

Q5. Do you feel you have access to the services you will need as you age, if or when you need them? (Tick one box below)

☐ **Yes**

☐ **No**

☐ **Unsure**

Q6. When choosing a provider to help you in your home, which factors are most important? (Tick up to three options below)

- ☐ Reputation in the community
- ☐ Cost of service
- ☐ Whether it is a not-for-profit or public organisation
- ☐ Staff who speak a range of languages
- ☐ Locally based and knows the community
- ☐ Delivers services when and how I want
- ☐ Other (please specify)_____

Aspirations for the future

Q7. Thinking about the future, share what positive ageing means for you in the City of Port Phillip.

Q8. Thinking about the future, to what extent are you concerned about the following:
(Tick one box per row)

	Not at all concerned	Slightly concerned	Moderately concerned	Very concerned	Extremely concerned
My financial security					
Staying in my community as I age					
Staying healthy and active					
Being able to stay living at home					
Having access to, or how to use technology					
Being lonely or isolated					
The impact COVID will have upon my family or friends					
How climate change will impact upon me, my family or friends					

Q9. Are there other topics that concern you when thinking about the future?

Q10. In your opinion, what one change could make the City of Port Phillip a better place to live for people of all ages and abilities?

Q11. Are there any other comments you would like to share?

About you

We'd like to understand who we're talking to, and appreciate you taking the time to answer the following demographic questions.

The personal information provided in this section is being collected by Council for the purpose of understanding how well we have reached our people across our diverse community. Your personal information will be used solely by Council for this primary purpose or directly related purposes. Aggregated demographic data may be published and used as part of a Council report. For more information contact Council's Privacy Officer via ASSIST on 9209 6777.

Q12. What is your residential suburb? _____

Q13. What gender do you identify with? Required

- | | | |
|--|--|---|
| <input type="checkbox"/> Woman or female | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Other (please say) |
| <input type="checkbox"/> Man or male | <input type="checkbox"/> Prefer not to say | _____ |

Q14. Please indicate your age group. Required

- | | | |
|---|---|--|
| <input type="checkbox"/> Under 50 years | <input type="checkbox"/> 60 to 69 years | <input type="checkbox"/> Over 85 years |
| <input type="checkbox"/> 50 to 59 years | <input type="checkbox"/> 70 to 84 years | <input type="checkbox"/> Prefer not to say |

Q15. Which of the following do you identify with?

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> I am a person with a disability | <input type="checkbox"/> I am a carer | <input type="checkbox"/> Neither of these |
|--|---------------------------------------|---|

Q16. Which of the following best describes your household:

- | | | |
|---|--|--|
| <input type="checkbox"/> Lone household | <input type="checkbox"/> Couple without children at home | <input type="checkbox"/> Single parent with children at home |
| <input type="checkbox"/> Couple with children at home | <input type="checkbox"/> Group household | <input type="checkbox"/> Other (please specify) |
| _____ | | |

Q17. Are you Aboriginal or Torres Strait Islander?

- | | | |
|---|---|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes - Torres Strait Islander | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Yes - Aboriginal | | |

Q18. What is your connection to the City of Port Phillip?

- | | | |
|--|---|--|
| <input type="checkbox"/> I live here | <input type="checkbox"/> I work here | <input type="checkbox"/> I use services here |
| <input type="checkbox"/> I own property here | <input type="checkbox"/> I volunteer here | <input type="checkbox"/> I visit here |

Q19. What country were you born in? (please write in)

Q20. Is English your first language?

- | | | |
|------------------------------|---|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (please specify)_____ | <input type="checkbox"/> Prefer not to say |
|------------------------------|---|--|

