Central Coast Research & Innovation Centre

DEEP DIVE SERIES · REPORT 4 OF 4

Healthy Ageing

Priorities for research and collaboration on the Central Coast

Findings from the Deep Dive workshop

Gosford · Wednesday 5 August 2026

A partnership between Central Coast Local Health District and the University of Newcastle

CONTENTS

What is in this report

ABOUT THE DEEP DIVE SERIES

CCRI held four Deep Dive workshops in July and August 2026, one for each CCRI focus theme. Each brought together people already working in that area to build a shared picture of the system, identify existing capability, and explore opportunities for collaboration.

SECTION ONE

01 Introduction

The Central Coast Research & Innovation Centre (CCRI) is a partnership between Central Coast Local Health District and the University of Newcastle. It works to connect the people and organisations working across health, education, community services and research on the Central Coast, and to build a clearer understanding of the region's health priorities so that research and innovation are directed toward what matters most here.

The focus themes provide a way for researchers, clinicians, community organisations and other partners with related interests to find one another, build relationships and develop collaborative activity over time. They are intended to create focus and depth around areas that matter to the Central Coast, while remaining broad enough for different questions, disciplines and types of collaboration to develop within them.

The four focus themes

- Healthy Beginnings and Women's Health
- Healthy Ageing
- Food, Nutrition and Health
- Mental Health, Trauma and Family Safety

Healthy Ageing

This theme includes the health and wellbeing of older people, ageing at home and in the community, aged care and dementia, and the carers and families around them. It reflects the Central Coast's older population and the importance of supporting people to remain well, independent and connected as they age, while responding to increasing complexity across health, care and community settings.

WHAT THIS REPORT DOES

This report captures the priorities, perspectives, capabilities and opportunities identified through the workshop and provides a basis for continued discussion and collaboration within the theme. It is written to be useful to both those who took part and others working in this area who did not, including researchers, clinicians, community organisations, industry and government partners interested in considering where they could contribute or collaborate.

SECTION TWO

02 About this workshop

The Healthy Ageing Deep Dive was held on Wednesday 5 August 2026 in Gosford. Twenty-four people attended from community and not-for-profit organisations, community transport, NDIS providers, retirement villages and residential aged care, dementia and palliative care, allied health, nutrition and dietetics, the Primary Health Network, the Central Coast Local Health District, older community members, consumer advocates, and researchers from the University of Newcastle and Hunter Medical Research Institute.

The workshop brought together people working across different parts of healthy ageing on the Central Coast. This provided an opportunity to hear perspectives from different organisations and settings, identify connections between existing work and capability, and consider opportunities for collaboration. This workshop formed part of CCRI's ongoing work within the theme, with understanding, relationships and opportunities continuing to develop through further engagement and collaboration.

Workshop format

The first half of the session drew on LEGO-based play. Each participant built their own part of the system: the people they work with, what they are working on, the settings they work in, what is working, and the pressures and gaps present. Individual builds were then combined into a single shared system at each table. Participants then modified their shared models to represent the future they wanted to see for the Central Coast community in five years' time. Each table reported back to the room through a spokesperson.

The second half drew on Strategic Doing methodology. Each table was given a question designed to focus discussion on the future they wanted to work towards. Participants then identified the assets already in the room, including knowledge, relationships, networks, facilities, data and experience. The aim was to find opportunities where combining different assets could enable something no one participant could achieve alone. From this, each table developed one collaborative idea that could realistically be taken forward.

The exercise served two purposes: to generate practical project ideas and to demonstrate a way of working that starts with existing resources and identifies small, achievable opportunities to act together. The underlying idea is that trust and collaboration develop through action: working together on something manageable can strengthen relationships and create a basis for more ambitious work. This reflected a central theme of the workshop, that a great deal is already happening across the Central Coast, and that there is value in looking more creatively at how existing assets can be combined.

WORKSHOP OBJECTIVES

Build shared understanding of the current system, including what is working, where gaps and pressures are experienced, and how different parts of the system connect.

Develop a shared direction by exploring what participants would want to be different in five years.

Surface capability and opportunity by identifying the knowledge, relationships, resources and experience already present across the group.

PARTICIPANT PROFILE

Health and clinical services · University and research · Community and not-for-profit · Aged care, retirement living and community transport · Primary Health Network · Consumers and advocates

SECTION THREE

03 Executive summary

Three key priorities emerged throughout the workshop.

01

Connection as a health issue

Participants identified social isolation and loneliness as important influences on health and wellbeing alongside clinical factors. They noted that important information about an older person's circumstances may also be held by people outside formal services, such as neighbours or volunteers who see them regularly.

02

Information, awareness and navigation

Participants frequently described visibility and navigation as challenges, alongside the availability of services themselves. They expressed interest in having a clear point of contact who knows what services are available and can help people navigate them, rather than relying on a list of services alone.

03

Transport

Transport was repeatedly raised as important to accessing appointments, shopping and social connection. Referral from health services into community transport was identified as a gap.

What follows

What we heard: sets out the current picture in five areas, from connection and informal support networks through to carers, dementia and residential aged care.

What better looks like: sets out the six things participants wanted to be different in five years.

What the region holds: an inventory of the skills, relationships and resources participants brought into the room and were willing to share.

What could be built from it: sets out four worked examples developed by participants from that capability, followed by further ideas raised but not worked up.

Questions raised: lists ten questions participants identified as not yet well answered locally, where stronger evidence would help make the case for change.

Connections and commitments: records some of the early connections made on the day, and what participants said they would like to do in the following month.

The workshop also surfaced local expertise and connections that some participants had not previously been aware of.

SECTION FOUR

04 What we heard

Participants were asked what supports healthy ageing on the Central Coast now, where the gaps and pressures are, and how their work connects with others.

A number of existing services and community supports were identified as already contributing to healthy ageing. Meal delivery reaches people in their homes several times a week, with each visit also providing an informal check on how someone is coping. Community transport takes people to appointments, to the shops and to see other people. Participants also highlighted the role of neighbours, clubs and volunteers, particularly in maintaining contact with people who may not be well connected to formal services.

The five areas

- Social connection and informal support networks
- Information, awareness and navigation
- Transport and access
- Agency, dignity and asking for help
- Carers, dementia and residential aged care

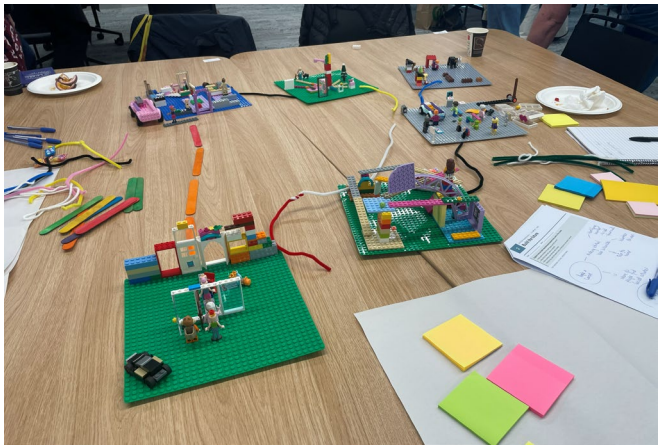
Social connection and informal support networks

Participants described social isolation and loneliness as determinants of health and mortality and treated a person's connections as something clinicians should ask about and act on. They described community as part of living well, and named the ordinary forms connection takes, including a walk followed by a coffee, a sewing group, a men's shed or a choir.

Participants noted that important knowledge about an older person's circumstances can sit outside formal services, with a neighbour, a friend from the surf club or the volunteer who delivers a meal. They described opportunities for organisations trying to reach isolated people to draw more on neighbours, friends and others who already hold those relationships, and wanted these informal community connections to be better recognised by formal services.

> *"The neighbour, the friend from the club, knows more than all of us, and they rely on that connection so many times."*

Some participants felt intergenerational contact had reduced since the pandemic. Meals on Wheels runs a day where school and scouting groups deliver meals, and participants wanted more contact of that kind. They noted that Working with Children Check requirements can make programs of that kind more complex to arrange at scale.



Information, awareness and navigation

Participants described the information available about services as unclear, and several felt that existing programs were not always visible to the people who could benefit from them. They said that both older people and professionals can have difficulty knowing what is available or how to access it. Referral pathways between organisations are inconsistent, and participants described home support arrangements adding funding conditions, access restrictions and paperwork that make entry harder.

> *"Remove the cloudiness in accessing information and services."*

Participants discussed the value of a clear point of contact who could explain what is available and help people navigate services, particularly for those with limited transport or internet access. Not everyone has access to a computer or phone, and participants noted that online-only access can create an additional barrier.

Hospitals were described as large and potentially confronting, with participants saying their size and formality may deter some people from seeking help.

Transport and access

Participants repeatedly linked access to transport with the ability to attend medical appointments, shop and maintain social connections. Central Coast Community Transport already covers this ground, and participants said some people referred to it do not go on to travel. They suggested this may reflect people not knowing the service exists, stigma about using it, or reluctance to accept help.

> *"Transport is really key to helping people stay active and access their community."*

Referral from health services into community transport was identified as a gap, with funding agreements between organisations named alongside it. Participants also raised the issue of people who never reach the referral stage, because nobody has told them the service is there.

Agency, dignity and asking for help

Participants described a reluctance among older people to identify as needing help and said this is sharpest where hardship is recent. They suggested that concern about losing independence can make some older people reluctant to seek support and wanted support that could be accepted without giving up that independence.

> *"Many people won't identify they need or want to sign up."*

Participants also emphasised the importance of respecting the experience and knowledge older people bring. They described the difficulty of conducting everyday business through channels that assume a device and a connection and wanted face to face contact kept available as an option.

They also described generational differences in how services are perceived, and wanted services to preserve people's choice, control and sense of independence.

Carers, dementia and residential aged care

Participants expressed concern that, in some residential aged care settings, attention can concentrate on people living with dementia and behaviour management can take precedence over quality of life for other residents. They also acknowledged the workload, time and cost pressures facing staff.

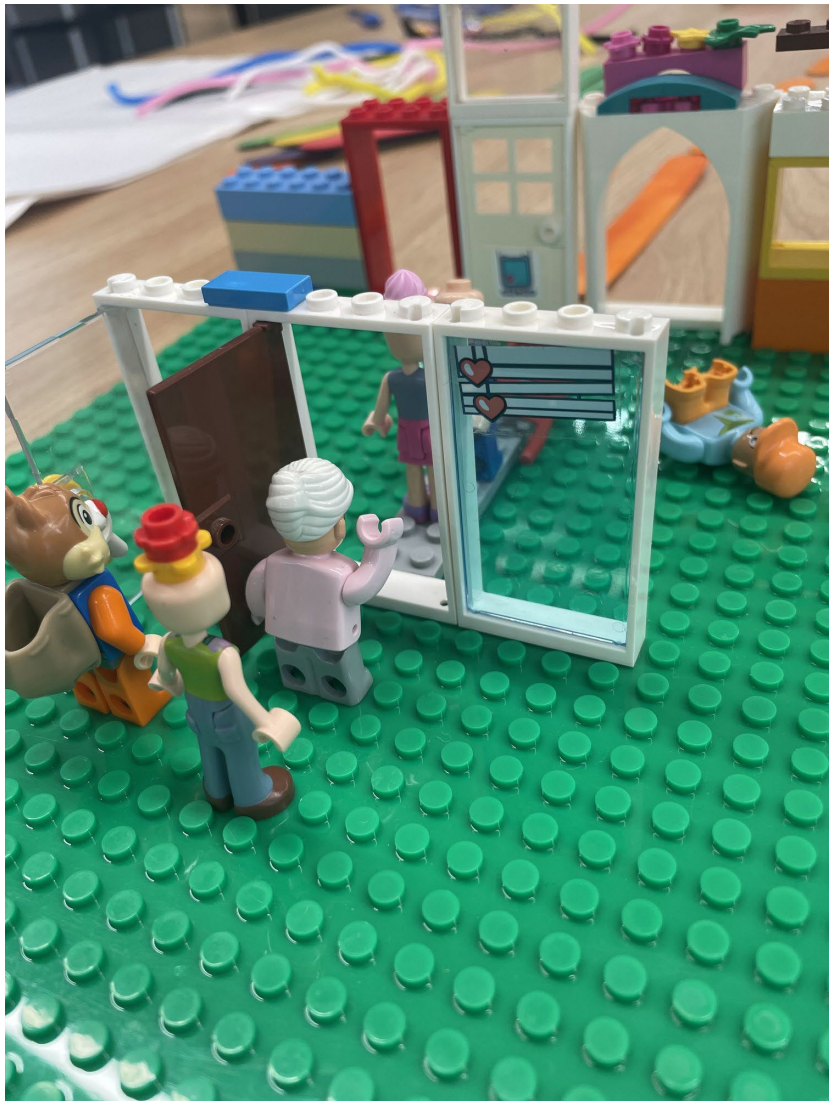
They wanted greater understanding and inclusion of people living with dementia and pointed to dementia choirs as an example participants valued, while noting difficulties gaining entry to some facilities where they believed the choirs could help.

> *"What are people's basic needs in relation to other people, being stimulated and feeling fulfilled through doing something — a social activity?"*

Practical obstacles for carers

Participants also raised practical barriers for carers, including parking and building access, and the importance of respite, activities, and support for carers themselves.

They also raised changing nutritional needs with age and described access to food as important during recovery. They wanted practical support available at the points where circumstances change, including after illness, bereavement or a move.



THE THREAD RUNNING THROUGH ALL FIVE

Across these areas, participants frequently pointed to existing services, relationships and community activity that could be better connected, made easier to find or extended.

SECTION FIVE

05 What better looks like

Several common priorities emerged across the four tables when participants considered what they wanted to be different in five years.

Barriers removed and pathways that are clear

Participants wanted systemic barriers removed, information about services made clear, and pathways that are simple to follow. They wanted enough provision for people to have a choice of service, and silos broken down while retaining choice and diversity between providers.

The older person kept at the centre

Participants wanted people to live as long and as well as possible, in the situation they choose and with the people they choose, holding choice, control and hope throughout. They wanted fear taken out of ageing, and people able to accept support without losing their independence.

A central point of contact

Participants wanted an organisation or role that could connect people with services and help them navigate the support available. They saw this as a response to fragmentation and wanted the paperwork, brokerage and red tape attached to access reduced.

Stories of what worked, told by the people who lived them

Participants wanted the accounts of people who found what they needed shared openly with older people, describing what worked and how they got there. They felt that hearing how someone else navigated the system could help others understand where to start, and wanted community advocates with lived experience who could help point the way.

Connection built and sustained

Participants wanted isolated people brought into groups and wanted the activities easy to find without someone having to hunt for them. They also wanted activity of this kind to continue beyond its first year and discussed a train-the-trainer approach with incentives attached, noting that many potential volunteers also have caring responsibilities.

> *"If we can bring things down to bite-sized pieces, I think they would come out of the woodwork."*

Intergenerational contact rebuilt

Participants wanted regular contact between older people and young people to be re-established through schools, scouting groups and the services visit people at home. They wanted the requirements for working with young people to be addressed in advance, so they do not become a barrier for organisation wanting to start a program.

ONE DIRECTION

Across these priorities, participants emphasised easier access to information and services, maintaining choice and independence, and strengthening opportunities for social connection.

SECTION SIX

06 What the region holds

In the second half of the session, each table named the assets already present around it: the knowledge, relationships, resources, facilities and experience participants brought with them, and were willing to make available to others. Set out below is what was identified across the room.

Research methods and evidence

Qualitative research expertise, writing research proposals and applications, systems planning and thinking, membership of dementia research networks, occupational therapy driver assessment training, project management from start to finish, and grant writing.

Clinical and practice expertise

Dementia care knowledge and training, mental health knowledge in relation to older people, allied health and occupational therapy practice, nutrition knowledge and resources, palliative care and death literacy, and knowledge of the issues facing seniors drawn from direct practice.

Access to people and communities

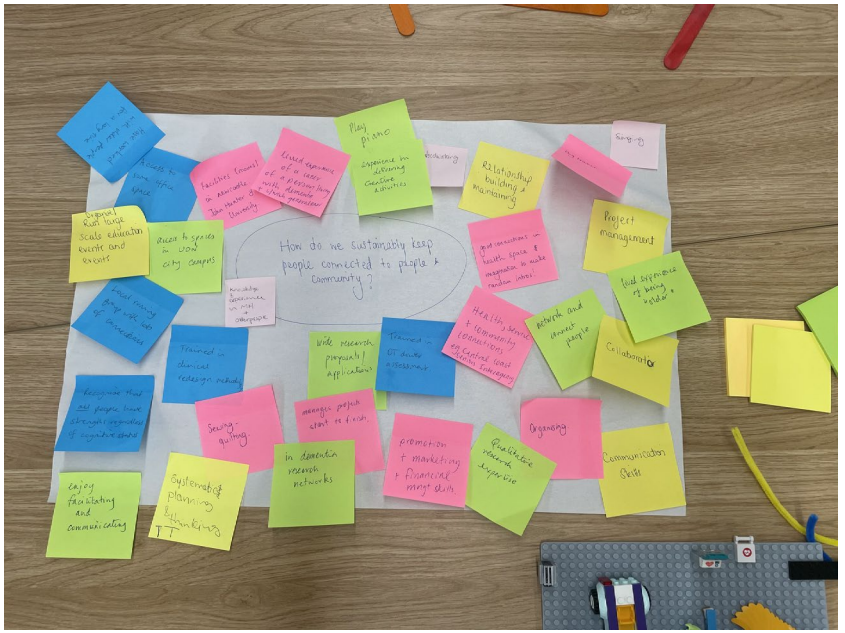
Standing relationships with older people built over decades of service delivery, community transport reach, consumer and advocacy connections, health service and communications links across the Central Coast, contacts into university departments and clinicians, networks that connect people to one another, and lived experience of ageing.

Space, facilities and resources

Potential access through participating organisations to rooms and meeting spaces at the University of Newcastle, including the city campus, facilities at Hunter Medical Research Institute, and community rooms including quiet spaces.

Practical and creative skills

Facilitation and communication, running educational sessions, promotion, marketing and financial management, relationship building, and a wide range of craft and creative skills including sewing, quilting, pottery, woodworking, piano, singing, yoga and cooking.



WHAT THIS LIST IS

Each of these assets was identified by participants during the workshop and informed the collaborative ideas developed in the following activity.

SECTION SEVEN

07 What could be built from it

Participants developed four worked examples from the capability identified above. Each drew on assets identified within the group and was considered as something that could potentially be developed further.

IDEA	WHAT IT RESPONDS TO	CAPABILITY IT DRAWS ON
A series of craft workshops where people come for the activity, with a conversation about ageing well woven through it	Connection and isolation; reluctance to seek help through a health framing	Space to run it in, sewing, baking, gardening and cooking skills, dietetic knowledge for the food content, Primary Health Network and partner reach for promotion, writing and storytelling, and communications and promotional capability
A drop in centre for carers and the people they care for, built around creative activity, with showcase days for families	Carer isolation and the absence of a break; quality of life alongside care	Creative and craft skills across sewing, quilting, woodworking, photography and music, facilitation experience, community rooms and quiet spaces, dementia knowledge, and relationships with carer services
A shared transport circuit collecting people from retirement villages and community organisations and bringing them to a shared social activity	Transport as the enabling condition; social contact	Community transport knowledge and reach, NDIS knowledge, Ageing Council and Meals on Wheels connections, and organising and coordination skills
Storytelling as a way of moving what is already known to the people who could use it, gathered at a conference or shared event	Existing evidence and resources not reaching people; information that is unclear	Storytelling and writing skills, qualitative research expertise, communications and marketing capability, potential access to university and Hunter Medical Research Institute venues through participating organisations, and networks across community and health

SECTION EIGHT

08 Other ideas raised

Participants raised further ideas during the session that were not worked up in detail.

- More dementia choirs, and clearing the way for existing ones to reach facilities where participants believed they could help
- A central point of contact connecting services to people across the region
- Advocates in the community who have lived positive experiences of the system and can guide others
- A train the trainer model with incentives, so that people who attend activities can learn to lead one
- Volunteering broken into short, specific asks that fit around caring responsibilities
- Wellness checks carried alongside meal delivery
- Intergenerational programs, including school and scouting groups delivering meals
- A practical toolkit supporting nutrition and resilience through periods of change

OPEN TO ANYONE

These ideas are recorded as starting points for further discussion. CCRI can make introductions for people interested in exploring them further.

SECTION NINE

09 Questions raised

Participants also raised a number of questions they felt were not yet well understood locally and could benefit from further research or evidence.

- How older people on the Central Coast find out what is available, and what they do when the information is unclear
- What proportion of people who would benefit from community transport know it exists, and what would increase the number who use it after being referred
- What reaches people who are reluctant to identify as needing help, particularly where hardship is recent
- How access routes that assume a device and a connection affect who reaches services
- What sustains volunteer led activity when many volunteers hold caring responsibilities at both ends of their family
- How quality of life is experienced by residents of aged care who are not living with dementia
- What carers need in order to keep participating, including building access, parking and respite
- Whether intergenerational contact can be rebuilt at scale, and what the practical requirements mean for organisations trying to do it
- What effect recent changes to home support arrangements have had on access locally
- Which resources and evidence already exist in this area, and why they are not reaching the people who could use them

SECTION TEN

10 Connections and commitments

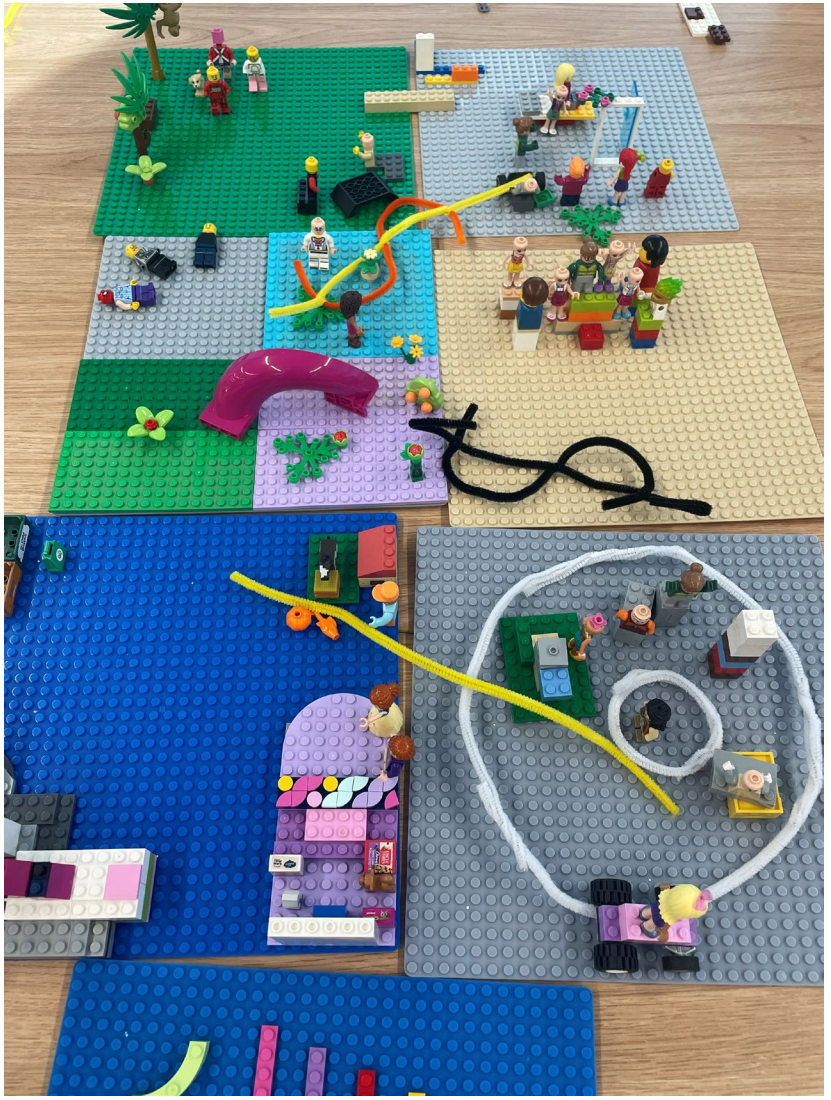
The workshop generated new connections around dementia, palliative care, NDIS, community transport and research, with several participants identifying follow-up conversations and a potential grant opportunity.

Connections reported on the day included several people connecting around dementia and palliative care and planning conversations from there; a connection into dementia work at the University of Newcastle and Hunter Medical Research Institute with a grant opportunity attached; and further connections across NDIS, community transport, the Ageing Council and the university. One participant noted taking away the idea of breaking volunteering into short, specific asks from someone else at their table.

Participants were also asked to commit to one thing in the following month to support collaboration within the theme. Commitments included sending an introduction, looking up a funding opportunity, or connecting another participant with someone in the room.

BUILDING MOMENTUM

These early connections may provide starting points for future collaborative work. The Collaborative Research Grants outlined on the next page provide one way for suitable ideas to be developed further.



SECTION ELEVEN

11 Where CCRI goes from here

FUNDING

Collaborative Research Grants

Seed funding of up to $15,000 for projects of up to twelve months. Projects require a collaborative team involving both Central Coast Local Health District and the University of Newcastle, with community partners encouraged. Projects must also align with at least one CCRI focus theme, have a clear output, and include a pathway to future funding, translation, or implementation.

Call opens late August 2026, with guidelines released beforehand

EVENT

2027 Research and Innovation Symposium

Better Health for Everyone: Research Driving Change, hosted by Central Coast Local Health District with CCRI and the University of Newcastle. The symposium showcases research, innovation and quality improvement work making a tangible difference to health and wellbeing on the Central Coast.

Held 11 and 12 February 2027 · Abstracts close 30 September 2026

Submissions and enquiries: CCLHD-Research@health.nsw.gov.au

MONTHLY

CCRI Connect

A monthly online check-in, open to everyone who attended any session in the Deep Dive series. It provides a way to report progress, ask for assistance and make connections between sessions. Attendance is voluntary, and participants are welcome to join the sessions that are useful to them.

Invitations issued directly

ON REQUEST

Project shaping

CCRI supports groups ready to develop an idea further and will make introductions to research or delivery partners on request.

Get in touch any time

Jenn McGhie
Jennifer.mcghie@newcastle.edu.au · www.ccri.asn.au

APPENDIX

Notes on this report

How this report was made

This report draws on recordings of the table report-backs, in which a spokesperson from each group presented what their table discussed and built, along with the written records made by each group, photographs of the asset mapping and worksheets, and a participant feedback form completed on the day. Quotations are taken from the recordings and lightly edited for readability while retaining the speaker's words. Individual participants are not named. Organisations and services are referenced where they were part of the workshop discussion or asset mapping.

What is recorded here reflects the knowledge and experience of those present on the day. Where an idea moves toward becoming a project, CCRI can connect groups with partners who can help shape the approach, review relevant evidence and refine the work.

THE SERIES

This is one of four reports covering CCRI's focus themes. Reports from each session are shared with attendees of all workshops and with other interested stakeholders.

Participant feedback

A feedback form was made available at the end of the session and completed by most participants.

What worked

Asset mapping was the activity most commonly highlighted positively in the feedback, which differed from the other sessions in the series. Respondents described the LEGO-based play as a good icebreaker and particularly valued the asset mapping and planning work, noting that listing assets helped identify everyone's strengths and shape initiatives that would suit the community. Respondents also valued tables built deliberately from different backgrounds and professions, time to talk through what people are seeing, time for networking, and the facilitation itself. Several mentioned how much it mattered to have senior members of the community and the Council on the Ageing in the room.

> *"Powerful networking."*

What changed for participants

Respondents reported leaving with a broader understanding of the gaps, the range of organisations already operating on the Central Coast, and the different capabilities represented in the room. Clinicians valued hearing perspectives beyond the clinical setting. Community organisations said the workshop highlighted difficulties in promoting and referring people to existing programs, rather than simply an absence of programs. Several said the workshop strengthened their interest in taking action or left them feeling more optimistic about what could be done.

What participants would change

Respondents wanted less time on the build and more on the asset work, with a suggestion to aim for two ideas per table rather than one. A later start was requested. One respondent raised a more fundamental question: that the length of the day did not quite balance against what it produced, that this way of working does not always match how projects get prioritised inside an organisation, and that the ideas generated are not necessarily the best bets, because evidence of effect was not part of how they were chosen. This feedback highlights the importance of considering workshop-generated ideas against existing evidence, organisational priorities and feasibility before they are developed into projects.

Thank you

To everyone who gave their time, experience and ideas to the Healthy Ageing Deep Dive, and to the series. We look forward to continuing the conversation.

GET IN TOUCH

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CCRi Central Coast Research & Innovation Centre

NSW GOVERNMENT Central Coast Local Health District

THE UNIVERSITY OF NEWCASTLE AUSTRALIA

A partnership between Central Coast Local Health District and the University of Newcastle