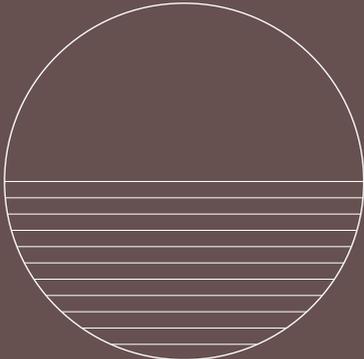


North West Ageing and Aged Care Strategy

AUGUST 2017



‘We need to encourage people to age passionately, curiously, creatively and magnificently.’

Margaret Manning, *The Joy of Ageing Disgracefully*

‘A society that does not value its older people denies its roots and endangers its future. Let us strive to enhance their capacity to support themselves for as long as possible and, when they cannot do so anymore, to care for them.’

President Nelson Mandela

Compiled by

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Bank of I.D.E.A.S



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This North West Aging and Aged Care Strategy acknowledges the Traditional Owners of Country throughout the Pilbara and Kimberley regions and their continuing connection to their Country and communities. In the spirit of reconciliation, we pay our respect to them, their cultures, and to Elders both past and present.

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Disclaimer

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‘I haven’t asked you to make me young again. All I want is to go on getting older.’

Konrad Adenauer

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Preface

As a general matter of existential exigencies, older people, irrespective of location in Australia, are more likely to be individuals who have complex health challenges, will need a diverse range of support services, and experience social isolation, loneliness, ageism (age discrimination) and abuse.

As a general matter of existential exigencies, older people, irrespective of location in Australia, are more likely to be individuals who have complex health challenges, will need a diverse range of support services, and experience social isolation, loneliness, ageism (age discrimination) and abuse. However, the formulation of this Strategy has demonstrated that while the North West Region shares with other WA regions the common regional need for additional infrastructure and services for its aged community, its real challenges arise more from cultural and geographical issues rather than its number of ageing citizens. The North West Region's demographic profile does not reflect the ageing population trend that applies nationally

and across the rest of regional WA. In most rural communities, the population is rapidly ageing, and it is predicted that by 2026, 24% of Australian rural populations will be 65 years and over. The North West Region is currently an exception to the aforesaid trend.

Low population density and remote locations pose significant barriers to most ageing and aged care options. Accessible services and consumer choices are generally limited. Simply articulated, under current circumstances and arrangements, most North West residents (Aboriginal and non-Aboriginal residents) not only have to leave their homes, but indeed their community, country and the region if they wish or are required to access many aged care services.

The North West is a unique region with a population of older persons who have enormous diversity of reality. They vary in their capacities, aspirations, abilities, contributions, needs and wants. In addition, the regional mosaic of small remote settlements is a major challenge.

The formulation of this *North West Ageing and Aged Care Strategy* is a result of a joint initiative by the RDA Pilbara (www.rdapilbara.org.au) and RDA Kimberley (www.rdakimberley.com.au). The aforementioned organisations exist to provide a focus on regional economic and social development, and thus have a major commitment to the planning and implementation of strategies and actions that enhance economic and community wellbeing, including for ageing members from the diverse range of North West communities. Their intent with this formulation exercise was to achieve five outcomes; namely –

- Provide a map and gap analysis of ageing and aged care services and facilities currently available in the region.
- Explore models of aged care provision that will ensure the attraction and retention of older people across the region.
- Challenge the unfounded and almost a priori assumption that people do not want to retire in the North West Region and aged care services and residences are not needed.
- Focus specifically on providing opportunities for Aboriginal people to age in place as well as the provision of culturally appropriate geriatric services to ensure a holistic approach.
- Develop a comprehensive plan that identifies guiding principles, realistic goals and strategic outcomes with specific actions, timeframes and responsibilities.

Several studies since 2011 have highlighted the importance of retaining older people within the communities of the Pilbara and Kimberley. The importance of a focus on ageing and aged care within the North West Region

is expressed well by this statement from the Pilbara Development Commission (2011) – *‘Aged care provision is important to realising the vision of making the Pilbara the place to live, work, visit and invest. Aged care is a major service industry that can be linked to goals of economic diversification and small business development. Aged care increases demand for health services which delivers critical mass to more specialised local health services for the whole community. Aged care options strengthen family cohesiveness and sense of belonging in the Pilbara and strikes at the heart of building sustainable and strong communities in the Pilbara’.*

A submission from a series of Pilbara local governments and the Pilbara Regional Council (2016) expressed the impact of the loss of ageing population in these words – *‘This loss of population has a significant impact on the economic and social character of the Pilbara, reducing the size and skill profile of the labour force due to lower share of older, more experienced workers, while undermining the ability of the region to retain a resident population. Senior residents also provide important volunteer services with communities’.*

Currently, the majority of older non-Aboriginal people located in North West communities move away in their retirement to locations where the cost of living is lower, where there are increased facilities and services available to retirees, and they have access to family members. However, as the major centres in the North West Region mature in development and housing prices become more reasonable, there are increasing numbers of members of intergenerational families’ resident in the region, and this trend is expected to burgeon over time.

In contrast, Aboriginal people, through a range of complex interconnected social, cultural, economic and political factors, experience current ageing realities that contribute to shorter life expectancy consequently impacting aged care services and infrastructure requirements, at significantly earlier ages than the non-Aboriginal population. This ageing reality for Aboriginal people is compounded by

four other issues that are fundamental to the actions outlined in this Strategy, namely –

- older Aboriginal people express their desire for culturally appropriate services to maintain social and cultural connections and to age and die on or near ‘Country’;
- most Aboriginal people simply do not know about, or are not adept at accessing current ageing support services and programmes, especially in remote communities;
- the minimum attention that many programmes afford to cross cultural appropriateness; and
- the high levels of elder financial, physical and emotional abuse that exists in the region.

In most rural communities, the population is rapidly ageing, and it is predicted that by 2026, 24% of Australian rural populations will be 65 years and over. The North West Region is currently an exception to the aforesaid trend.

One complexity in this exercise relates to the definition of ageing.

Aboriginal people aged 50+ are included in the Department of Health and Ageing planning benchmarks, which is age 65+ for the general population. This Strategy defines ageing people in the North West as 45+ for Aboriginal persons and 65+ for non-Aboriginal persons.

This Strategy formulation was the result of a comprehensive exercise involving –

- Extensive review of current literature and reports related to the North West Region and the ageing and age care sector (see Bibliography).
- In-depth conversations, and use of structured interview questionnaires with ageing residents, carers, aged care service providers and stakeholders. Over 150 older residents and carers and over 200 aged care service providers and stakeholders were engaged in conversation, one-on-one person interaction, utilising a

Structured Interview Questionnaire, or through a series of 17 workshops or focus groups.

- Review of a host of regional, state, national and international policy frameworks and documents relating to ageing.

This Strategy provides a practical framework to guide stakeholders and aged care providers with an interest and commitment to build, support and maintain age-friendly communities which support older regional residents to age with a sparkle in their eyes, a spring in their step and an assured feeling and perception of safety in the North West Region. It is the result of an extensive consultation and research exercise that sought opinions, ideas, learnings and practical responses to a range of key questions; namely –

- What might a good and safe life look like for older people in the North West Region?
- How can older people be encouraged and supported to age well and safely in place and connected to ‘Country’?

- How can we support older people to remain within their own homes for as long as possible?
- What is currently working well to support ageing residents?
- What specific and existing aged care supports do we need more of, and what support systems need further fine tuning or creating?
- How do you successfully determine and creatively devise, specific aged care models that are relevant to remote small communities?
- How to nurture the imperative dynamic of helping to build, support and maintain age-friendly communities?
- What can we learn from the experiences in other remote regions and communities within Australia and the wider world?

The aforementioned consultation revealed and highlighted the priorities for North West residents, services providers and stakeholders, as to what constitutes a good and safe community for people to grow old in. Overwhelmingly, the



feedback reinforced the following as integral to creating age-friendly local environments –

- respect;
- social and community connections;
- security and safety;
- accessible amenities and services, especially health services;
- autonomy and self-determination – in particular the ability to choose to age in place and the services and support systems to make the aforesaid a worthwhile and practical reality;
- age appropriate housing;
- sensitive cross-cultural management with respect to appropriate services; and
- ageing and aged care sector staff and personnel that are patient, compassionate and caring.

In terms of the most important changes required within North West communities that will enhance the experience of older residents to age well and safely, the following was cited by residents, services providers and stakeholders as critical necessities –

- provision of more local based age appropriate housing;
- improved delivery of health services – including greater resource allocation for regional based specialist services, dementia care and flexible models of palliative care;
- improved integration of aged care services – holistic, connected and ‘wrap around’ care including increased levels of collaboration and networking between service providers;
- increased local availability of cross culturally appropriate residential aged care;
- practical responses to widespread elder abuse;
- greater commitment and support for local based agency responses, including greater awareness and engagement of local communities, its residents and its host of organisations;

- improved recruitment, training and retention of aged care workers including a growing trained Aboriginal workforce;
- increased awareness of ageing and aged care services and improved information dissemination;
- more appropriate, affordable and targeted transport arrangements for older people; and
- improved age-friendly public physical infrastructure and accessibility.

One interesting discovery was the simple fact that no single stakeholder has all the answers, solutions, resources and programmes to provide what is needed. Planning and implementing acceptable and holistic ageing services and facilities will need to be an all of government approach, as well as a multi-agency and community priority and responsibility. This intervention is strongly supported by Western Australia’s over-arching policy document addressing ageing, *An Age-Friendly WA: The Seniors Strategic Planning Framework 2012-2017* (Government of Western Australia, 2013). To realise the Vision of this Strategy, all ageing and aged care stakeholders will need to work together. This strongly requires specific demonstration of collective impact principles and processes (see Appendix vi.).

This Strategy has adopted the ‘Four Planks’ approach of the State Governments’ ‘Ageing in the Bush’ framework (2016), and developed a set of 11 Strategies and 56 Actions in relation to four defined Desired Future Outcomes; namely –

1. Age-friendly communities that allow all older people in the North West Region to age well, safely and in place.
2. Sufficient range of affordable and appropriate aged housing options in communities across the North West Region.

The wisdom and experience of older people is a resource of inestimable worth. Recognizing and treasuring the contributions of older people is essential to the long-term flourishing of any society.

Daisuke Ikeda

3. Accessible, relevant and cross culturally appropriate community and home based care supports that allow older people residing in the North West Region to live independently for as long as possible.
4. Quality and cross culturally relevant residential aged care facilities throughout the North West Region that allow older people to stay connected to community and age positively with dignity.

Finally, it needs both emphasising and reiterating, that the environment and time is ripe for the regional dialogue that has been undertaken to formulate this Strategy. There is genuine commitment from most ageing and aged care providers and stakeholders for positive change, system improvement and creative fresh thinking.



Ageing and Aged Care Critical Issues in the North West

1

The following set of 10 questions and their answers provide a summary of the key issues, concerns and challenges that were expressed by North West ageing residents, carers, aged care service providers and stakeholders during the consultation stage of this Strategy's formulation.

As mentioned, their knowledge and opinions were accessed through one-on-one conversations, many of which utilised a 'structured interview questionnaire' tool, project site visits, organised focus groups and workshops and information from regional reports.

Q1 **What makes for a good and safe community for people to grow old in?**

15 themes dominated conversation and structured interview questionnaire responses (see Appendix i.); namely –

- Opportunity to age well in one's own community and specifically the desire by Aboriginal people to age near or 'on Country'.
- Safety – ability to live in, and move about community without being frightened, bullied or taken advantage of.
- Support systems that facilitate the alleviation of feelings of loneliness, boredom and crippling helplessness.
- Appropriate housing options.
- Access to quality health services – reliable, consistent and cross culturally appropriate.
- Inclusion and connection to community – being valued, respected and needed, plus opportunities for social interaction and civic engagement.

- Mobility and access to affordable transport options.
- Affordable cost of living and availability of key services.
- Support in accessing information and aged support services.
- Strong family connections and interactions.
- Services that are sensitive to a person's cultural needs.
- Access to social, recreational and volunteering opportunities.
- Advocacy – a trusted voice, someone to speak on behalf, and support older people.
- Affordability – especially regarding utilities and travel.
- 'Wrap around' and 'seamless' interface with respect to care coordination.

Q2 What works well in terms of ageing and aged care in the North West Region?

The consultation process revealed many strengths about current processes and structures supporting older residents to age well and safely in the North West Region; including –

- The high levels of commitment and passion by aged care personnel.
- The openness to change and creative fresh thinking.
- Commitment of age care providers to cultural and local relevance in delivery.
- Encouraging creativity being demonstrated by government, NGOs and CBOs in responding to the challenges of age care support in remote and low population settlements.
- Commitment by carers. There are 300+ carers in the Kimberley.
- Leadership and innovation being shown by several Aboriginal Corporations in developing ageing strategies and appropriate elder housing.

- Growing collaboration between aged care providers.
- Growing interest and awareness by local governments in age-friendly community concepts, and their expressed desire to develop ageing and aged care policies and action plans.
- The contribution of the network of art centres across the North West Region that provide extensive support to older people beyond art services and income.
- The recent investment by the Commonwealth and State governments to expand and improve renal services in the North West Region.
- The growing normalisation of the Region (especially in the Pilbara) following the mining downturn, for example, growing affordability in the housing sector, greater access to doctor appointments etc.
- Certificate 3 in Aged Care (TAFE Course), especially its focus on training people to help older Aboriginal people stay 'on Country'.

'There is a big push by government for more online and telephone support. Ideas being dictated by young computer literate bureaucrats with no understanding of old people in remote communities.'

Pilbara Service Provider

Q3 What are the general expressed ageing challenges and concerns in the North West Region?

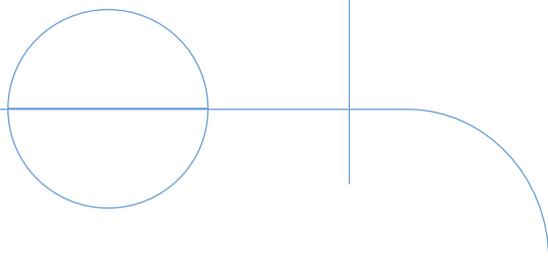
Below is a summary of the key specific expressed challenges and issues affecting older residents and their concerns about ageing in the North West Region –

- The limited options to age well and safely in one's local community and 'on Country'.

- The feeling of vulnerability and uncertainty associated with growing old, and the desire for options/interventions that overcome loneliness, boredom and helplessness.
- The vastness of the North West, and the impact of isolation, low population density and realities of limited services for many communities.
- The complicated nature of the ageing and aged care arrangements accompanied by poor information and/or major misinformation about ageing and ageing options – the need to streamline and simplify the service system and provide interaction with people who can demystify, tackle bureaucracy, and help navigate the system.
- Financial challenges for many people in terms of fees and bonds associated with aged care. The coverage of needs, subsidies, pricing and user contributions are often inconsistent and inequitable.

'I just want easier access to aged care services where there are "no wrong doors".'

Derby Senior



- The uncertainty about the proposed funding changes with moves to more means tested older person contributions.
- Lack of acknowledgement that is attributed to the realities of living and working in remote areas by Perth and Canberra based personnel.
- Unknowns associated with the introduction of Consumer Directed Care (CDC) – recipients will have their funding allocated to a personal account and the cost of service delivery charged against the aforesaid account. The current system allows a ‘pooling’ of funds which allows coverage of the variable costs by agencies across a set of participants for example, travel time.
- Lack of connectivity within health services – the desire for better collaboration between service providers and improved integration of, and management between, services and the determined stages of life.

- Early ageing of Aboriginal people is creating new ageing criteria and presumptuous needs. Alcohol- related brain damage and foetal alcohol syndrome are major problems that will result in an increasing demand for high care services in the coming years.

‘Growing paper work and demands by bureaucracy is constantly creating more non people interaction activity.’

Derby Service Provider

- Growing levels of dementia (especially among Aboriginal people), and lack of adequate response services.
- The complex labyrinth of paper work and bureaucracy.
- Lack of cross cultural sensitivities, as well as a paucity of appropriate cross cultural interventions at a management level.
- The low levels of literacy and internet skills that inhibit many older people from coping with the ever increasing bureaucratic expectations of government, wanting more internet and phone contact and less face-to-face interaction.
- Focus on expenditure, not relationships.

Q4 What are the specific concerns and issues experienced by older Aboriginal people and their carers in the NW Region?

Many of the issues, concerns and fears expressed in Section 1.3 above apply equally to older Aboriginals; but in addition, there are other challenges that need noting; namely –

- Importance and relevance of kinship.
- Lack of cross cultural sensitivities in some programme and service delivery.

- Real and perceived financial, physical and emotional abuse as well as neglect of older people in some Aboriginal communities.
- In-house palliative care, as well as support services (such as dialysis, transportation, carers) are vitally needed so as to enable periodic time ‘on Country’ for those living away from their home communities.
- Strong desire to continue to live, recreate and die near or ‘on Country’.
- Poor knowledge and access by Aboriginal people of government support services, especially in remote communities.
- The early ageing of Aboriginal people and the emergence of new ageing needs, for example, alcohol related Acquired Brain Injury (ABI) and Foetal Alcohol Spectrum Disorder (FASD) are growing problems that will require high care services in the coming years.
- Unresolved processes related to remote community closure and upgrading of town based reserves (TBRs).
- Limited attention given to elderly needs in the strategic plans by many Aboriginal Corporations.
- Perceived failure of Native Title royalty monies to instigate elder support initiatives.
- Difficulty with changing cultural mores – Aboriginal families not supporting their elders in the respectful ways they once did.
- Low levels of literacy and numeracy in Aboriginal communities, combined with limited translation services prevents many older people and their carers from being able to comprehend and access information and options.
- When elderly people are alone without any family support or access to a carer, they are required to travel alone to Perth when travelling under PATS to receive medical attention – this often prevents the patient taking the trip to Perth.

‘Alcohol related brain damage is the big elephant in the room’

Broome Health Professional

Q5 What are the limitations associated with achieving ‘age-friendly’ communities within the North West Region?

In response to the concept of ‘age-friendly community’ elements, the following are relevant issues –

- Most Councils are aware of the ‘aged-friendly community’ concepts, but have not yet translated this awareness into specific ageing plans and strategies. As a small demographic, older person needs are often overlooked, especially in relation to regional youth needs.
- General lack of awareness of older person needs within communities. There is a greater need to systematically consider the needs of older people in the planning of social services, community facilities and public transport.
- Perceptions that older people are a cost and economic burden to the nation, rather than seeing them as citizens with rights and a positively contributing force, especially with respect to the great benefits of intergenerational living and interactions now supported by recent research.
- High cost of living especially in relation to utilities, goods and services.
- Unacceptable levels of elder abuse throughout the Region.
- Existence of ageism in various forms. Ageism is ‘a process of systematic stereotyping of, and discrimination against people simply because they are older’ (Australian Association of Social Workers, 2013).
- The general lack of affordable travel options within communities, between communities and outside of the Region. Accessible and appropriate local transport is a key issue in every community.
- The paucity of comprehension and appreciation of the contribution of older people to community.

- An all pervading mentality amongst non-Aboriginal people that this is ‘a place you come to make money and then leave’ – home and retirement is somewhere else.
- Wider community engagement and involvement in aged support initiatives has waned over the years including service club projects targeting this sector.
- Most communities have limited volunteer engagement and no real strategies to recruit, acknowledge and retain volunteers.
- The compelling perception that ‘youth’ is a greater spending and staffing priority for local governments.
- Limited healthcare options – people still have to travel out of the Region for many healthcare services.
- A lack of education and promotion about ‘positive ageing’ in the Region.
- Lack of specific recreational strategies at a regional and community level.
- Limited seniors’ recreational programmes in most communities, especially physical activities.
- General shortage of translation services, especially relating to hospital and information services.
- A paucity of awareness of what is on offer in terms of community activities, and accessibility to those activities.
- Criticism about the poor state of footpaths especially specialist access and mobility access, in their communities.
- The declining resource base of local governments, and the ongoing pressures on budgets of the State and Australian Governments.
- The often unintended insensitivity about ageism – condescending speech, images, age discrimination and barriers to employment.
- The need for the wider community to become more dementia aware and that dementia care is integrated as core business throughout the aged care system.



- The need to promote positive societal attitudes about aged care and the benefits of talking about, and planning for aged care.
- The paucity of services that are sensitive and user friendly to the needs of people of culturally and linguistically diverse (CALD) populations.
- The lack of services that are sensitive to the needs of Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people.
- Importance of work opportunities for older people – many cannot live on their pension.
- Burgeoning homeless issue for non-Aboriginal people in the region.



‘There is lots of fear and uncertainty about the new model for HACC services after 1 July, 2018.’

HACC Staff, Kimberley

Q6 What are the issues associated with achieving appropriate aged housing within the North West Region?

Appropriate older person’s housing is a more pressing issue in the North West Region than residential care. There are a diverse range of issues associated with its provision, including the following –

- The limited housing stock designated for older people – significant shortfall in number and not usually purpose-built.
- Older Aboriginal people often live in a crowded domestic environment because there is no choice or they want to live in the reassuring comfort of close proximity family and ‘*on Country*’.
- Having older Indigenous people among young people in social housing can often result in major problems with respect to noise, partying, ‘humbag’ and abuse.
- A total lack of ‘Lifestyle Villages’ in the Region.

- The strong demand by older Aboriginal people for safe housing compounds limited to older people with an onsite ‘caretaker’ and regulations relating to visitors.
- The paucity and/or cost of transport to support daily activities – shopping; medical appointments; and recreation.
- The lack of specific appropriate aged housing in the mining communities of Tom Price and Paraburdoo is a critical issue for resolution within the Shire of Ashburton.

Q7 What are the issues associated with achieving adequate community and home based care supports within the North West Region?

Overwhelmingly, older people in the North West Region desire to remain in community and ‘*on Country*’, and experience care at home. Thus, issues associated to receiving adequate community and home care supports are fundamental, and include –

- The future uncertainty as the home and community care system moves to Consumer Directed Care (CDC).

- The reality of the limited access of government funded HACC services, for example, in 2011-12 in Kimberley, a total of 282 persons in the 70+ population of 908 received HACC services i.e. 31%.
- Limited respite facilities, especially for older Aboriginal people who need a break from their homes and families.
- The unit costs of HACC delivery are very high, especially due to distances and travel.
- Respite, rehabilitation and transition care are limited, thus undermining the ability and health of persons on returning home to their communities following hospital and medical services.
- Limited Aboriginal staff involved in HACC services. There are a range of issues including difficulties with the recruitment of Aboriginal age care workers with previous convictions and lacking car licences.
- Cultural challenges for Aboriginal persons working within their own communities.

- The low salary nature of the age care industry coupled with the high cost of living in the Region deters many people seeking employment in the industry.
- Limited operational hours for HACC services which often exclude weekends – many clients miss the opportunity to attend weekend community events due to lack of weekend transport options.
- Paternalism associated with the service industry.
- Limited respite options in most rural/remote communities.
- The functional ability of many informal carers, especially in remote communities to maintain their role – urgent need for more respite.
- Lack of ‘wrap-around’ services available from the DC (WA Housing Authority) in order to assist older tenants to maintain their home in a proper and fit manner.

‘This “we are here to take care of you” mindset can rob older people of their independence and personal responsibility.’

(Newman Service Provider)

Q8 What are the issues associated with achieving suitable residential aged care within the North West Region?

Overall, there is a paucity of suitable residential aged care facilities and options in the North West Region, especially in the Pilbara, and a range of issues associated with provision; namely –

- Aboriginal and Non-Aboriginal people often require different models of residential care.
- The inadequate provision of residential aged care facilities in the Pilbara. Currently the only two facilities in the Pilbara are Karlarra House, South Hedland and Yaandina Frail Aged Care Facility, Roebourne.

There is a compelling need for an aged care facility both in Karratha and East Pilbara / Western Desert.

- Most Aboriginal people do not want to go into residential care – they wish to age ‘on Country’ and with family.
- The pertinent challenge is creating a residential model that maintains the synergistic interface between ‘Country’, community, family connection and safe care for older Aboriginal people.
- The complex nature of regulations and bureaucracy.
- The accelerating complex care needs of those in residential aged care facilities, and the associated incumbent costs.
- The reluctance by aged care providers to build new facilities in the Region, as scale is often not economically viable.
- Many older people are in and out of hospital due to the lack of an appropriate interface between aged care facilities and hospitals. This also leads to extended stays in hospitals.
- The challenge of maintaining the connection with ‘Country’ once an older person goes into a residential aged facility.

Q9 What are the obvious gaps in ageing and age care service provision?

In contrast to other regions of Western Australia and Metropolitan Perth, the North West has many service gaps that require an urgent response; namely –

- Healthcare, especially palliative, oncology, access to personal mobility aids and equipment, allied health, after hours, culturally appropriate services, post hospital care, chronic disease management and mental health support.
- Limited access to medical specialists in the region.
- Carer’s support.
- Remote living options.

- High care facilities for older people suffering mental illness in the Pilbara, particularly for Aboriginal people.
- Dementia care being integrated as core business throughout the aged care system – forecasts indicate a significant increase in numbers of people, especially Aboriginal people, experiencing dementia.

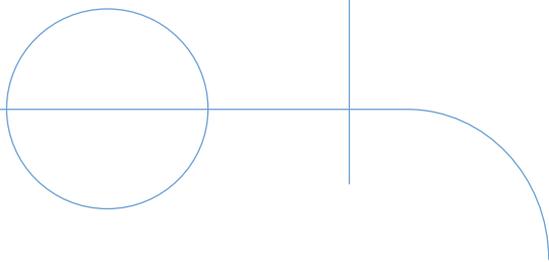
‘In Aboriginal communities we are getting young people with old people’s diseases.’

(Kimberley Service Provider)

- Local transport availability and coordination.
- Limitations and restrictions associated with Patient Assisted Travel Scheme (PATS).
- Level of provision of community care and in home supports.
- More timely delivery of services to older people, especially healthcare.
- Appropriate housing – safe, secure, age appropriate and cross culturally appropriate.
- Opportunities for more social connections and outings, especially for Aboriginal older people to go ‘on Country’, fishing trips, more opportunities to socialise.

‘75c spent in Perth is \$1 in the Kimberley.’

(Kimberley Stakeholder)



- Need to travel to Perth for rehabilitation.
- Limited renal health services in the Pilbara, especially given the high incidence of diabetes and other chronic disease.
- More opportunities for greater family involvement in care.
- Respite – especially 24 hour services.
- Respite, rehabilitation and transition care available for people returning to their home / communities following health treatment and hospitalisation – improvements are needed to ‘Care Awaiting Placement’ (CAP) where a patient has had health issues dealt with within the hospital, but are not able to cope at home alone. An additional issue is older people being returned from Perth medical treatment without access to any local rehabilitation support intervention.
- More safe houses for older people – especially Aboriginal people.
- Improved mobility Infrastructure of towns – wheelchair and gopher accessibility etc.

- Smarter collaboration between service providers.
- More extensive cover of allied health services.

Q10 What are the key challenges related to recruitment, training and retention of aged care staff and professionals in the North West Region?

Conversation with aged care personnel and industry stakeholders revealed a range of employment issues and challenges; namely –

- Image and promotion of the sector – especially unendearing to young people.
- The low salaries in the sector, coupled with the high cost of living realities associated with life in the North West Region.
- The need for greater investment in cross cultural awareness training and management.
- The general economic and job uncertainty in the region affects working families, especially when one partner is in the mining sector and its support industries.

- The lack of incentives to keep people working regularly and remotely.
- Employment and ageism.
- Isolation and lack of networking and professional development opportunities.
- Need for greater engagement of Aboriginal people in the aged care sector (both professional and carer roles).
- Staff housing availability and increasing costs continue to be a major challenge in many communities.

We are not getting Aboriginal people joining and staying in the caring role

Fitzroy Crossing Service Provider





Ageing and Aged Care Support and Services Strategic / Policy Context

2

This Strategy acknowledges the layered and complex contextual framework which underpins the confronting practicalities of ageing and aged care supports.

International principles and declarations; national and state policies, frameworks and procedures; and the specific plans and strategies of local governments have collectively provided information, insights, common themes and orientation with respect to the formulation of this North West Ageing and Aged Care Strategy.

2.1 International

At the international level, the principles, declarations and frameworks of three major international organisations are referred to and drawn upon in relation to this Strategy.

International Federation on Ageing (IFA)

Founded in 1973 and based in Toronto, Canada, the IFA is an international NGO with a membership base comprising

government, NGOs, industry, academia and individuals in 70 countries; and has General Consultative Status at the United Nations and its agencies including the World Health Organization. The vision and mission of the IFA is to effect change that will help create a world of healthy older people whose rights and choices are both protected and respected. This is enacted through the function of the Organisation as a global point of connection for networks of experts and expertise to influence and shape age-related policy. Notable contributions to the global ageing agenda include stimulating, collecting, analysing, and disseminating information on rights, policies and practices that improve the quality of life of people as they age by drafting key initiatives, hosting and participating in global conferences

and ageing related events, and the compilation of reports and publications. Specifically, key initiatives of the IFA include –

- *The Declaration of the Rights and Responsibilities of Older Persons (1990); and*
- *The Montreal Declaration on the Rights and Duties of Older People (1999).*

United Nations

Drawing on the aforementioned initiative of the IFA, as well as the standards already set by the *International Plan of Action on Ageing* and the conventions, recommendations and resolutions of the International Labour Organization, the World Health Organization and other United Nations entities, the UN General Assembly, in 1991 adopted the *United Nations Principles for Older Persons* in appreciation of the contribution that older persons make to their societies. The UN encourages Governments to incorporate five main principles into the delivery of support services and programmes for older people; namely –

- independence;
- participation;
- care;
- self-fulfilment; and
- dignity.

(For a more detailed description of these five principles refer to the *United Nations Principles for Older Persons*, see Appendix vii).).

World Health Organization (WHO)

WHO remains one of the most influential global organisations in terms of effecting positive change for the rights and needs of older people. WHO facilitates this primarily through its *Department of Ageing and Life Course* which organises its work according to the five strategic priority areas identified in the *Global Strategy and Action Plan on Ageing and Health 2016-2020*; namely – commitment to action; the creation of age-friendly environments; the transformation of health systems to meet the needs of older people; the establishment of long-term care systems; and continuous data collection and research.

The Department of Ageing and Life Course has also produced the 2015 *World Report on Ageing and Health* which outlines a framework for action to foster healthy ageing around the following newly proposed key concepts of ‘*functional ability*’ and ‘*intrinsic capacity*’.

The following definitions are provided by the WHO –

- **Healthy Ageing** is relevant for everybody. It is defined as the process of developing and maintaining the functional ability that enables wellbeing in older age.
- **Functional ability** is determined by the person’s **intrinsic capacity** (the combination of all the individual’s physical and mental capacities), relevant environmental factors, and the interaction between the two. Environmental factors include policies, systems, and services related to transport, housing, social protection,

streets and parks, social facilities, and health and long-term care; politics; products and technologies; relationships with friends, family, and care givers; and cultural and social attitudes and values.

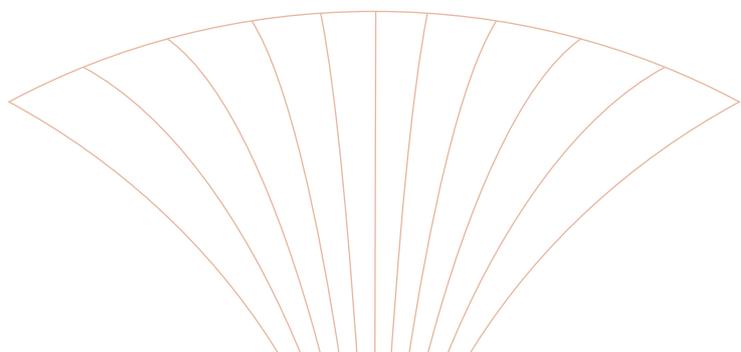
Another key initiative of WHO is the *Age-Friendly World* website which supports the *Global Network of Age-friendly Cities and Communities*. Cities and communities are encouraged to become members and share age-friendly practices and browse the network for global support and learning. The Global Network focuses on action at a local level that fosters the full participation of older people in community life and promotes healthy ageing. Currently, the Global Network includes 450 cities and communities in 37 countries, covering more than 148 million people worldwide and 13 affiliated programmes. It is worth acknowledging that the Western Australian Government’s work towards making Western Australia more age-friendly has been recognised with WHO accepting the State as an affiliate member of its Global Network of Age-friendly Cities and Communities. Western Australia is the first Australian State or Territory to join this prestigious group and will have a significant role in supporting age-friendly communities worldwide (Government of Western Australia, 2017).

Finally, The *WHO’s Global Age-friendly Cities: A Guide* (2007) highlights eight domains that communities should address in developing the structures and services that create respectful, safe and healthy intergenerational communities. These are listed below, and include, the factors and determinants that should be considered to ensure each domain is age-friendly. This document has been universally cited as a key reference in terms of defining the age-friendly requirements that strongly contribute to an older person’s ability to age both well and ‘in place’.

‘Healthy Ageing is relevant for everybody. It is defined as the process of developing and maintaining the functional ability that enables wellbeing in older age.’

Domain	Factors and Determinants
The built environment – outdoor spaces, public spaces and buildings	clean; aesthetically pleasing; well maintained and safe green spaces; adequate and frequent seating and shade; clean and accessible public toilets; adequate lighting; appropriate mobility and accessibility features (ramps, lifts, rails, safe surfaces); clear signage; safe roads and pedestrian crossings; safe and well maintained pathways and walkways; well-located and accessible services; special customer service arrangements for older people
Transport – public transport, community transport and personal transport	affordable; reliable and frequent especially to required destinations; age-friendly vehicles; public transport systems that respect and account for the specialised needs of older people such as priority seating, friendly and helpful drivers and conductors, discounted fares and personal safety; accessible stops and stations; easy to access information; clear signage; community transport options; affordable taxi services; adequate supports and infrastructure for older drivers such as driving refresher courses and appropriate parking
Housing – independent living, purpose built villages, assisted living and residential facilities	affordable; accessible and affordable utilities; appropriate design; access to safe modification services, maintenance and upkeep, location and community integration; availability of housing options and living conditions such as overcrowding, safety and cleanliness
Social participation – inclusive and intergenerational activities and events, connections to family and community	accessible, affordable and clearly defined activities and events; broad range of activities and events; appropriate locations, facilities and settings; promotion and awareness of activities and events; address isolation; facilitate community integration
Respect and social inclusion – broader community perceptions, attitudes and subsequent interactions towards older people	respectful, inclusive and relevant services; anti-ageism public policy; public education regarding the needs of older people; facilitate intergenerational and family connections and interactions; community and economic inclusion
Civic participation and employment – the active and continued involvement of older people in decision making, employment and volunteering roles	broad range of volunteering options that are well supported and accessible; broad range of flexible and anti-discriminatory employment options; programmes, training opportunities and services that support older people to stay in the workplace as long as possible; public education that celebrates the role and contribution of older people; options to participate in official decision making roles and opportunities; support for older entrepreneurs
Communication – accessibility of information and a variety of channels through which services and information are accessed	accessible information through a range of age appropriate mediums – oral, written, seminars, workshops; affordable and accessible media, computer and internet services; training and support for computer and internet use; appropriate information for hearing and sight impaired older people
Community support and health services – age specific and specialised community support and health services	accessible and affordable health services; broad range of health services; accessible and broad range of community support services on offer; wrap around and holistic care services; individualised care; emergency planning and care services; financial planning services

(For more information on these eight domains, see the WHO's *Age Friendly Guide*, 2007).



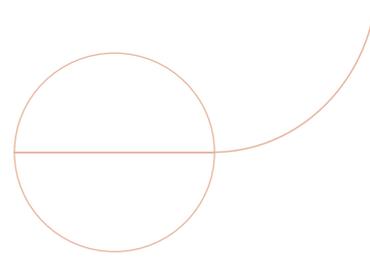


The Framework highlights the need for all sectors to ‘take action and plan together’ in delivering robust aged care support and services.

2.2 National Documents:

The following National documents are considered important to the context of this Strategy; namely –

- *Aged Care Act 1997*, Commonwealth of Australia
- *Aged Care (Living Longer Living Better) Act 2013*, Commonwealth of Australia
- *Carers Recognition Act 2010*, Commonwealth of Australia
- *2016 Report on Funding and Financing of the Aged Care Industry*, The Aged Care Financing Authority
- *The Future of Australia’s Aged Care Sector Work, Submission to Senate, Alzheimer’s Australia*, 2016
- *Aged Care in Rural and Remote Australia*, Rural Doctors Association of Australia, 2017
- *Meeting residents’ care needs: A study of the requirement for nursing and personal care staff*, Australian Nursing and Midwifery Federation, 2016
- *Blueprint for an Ageing Australia*, Per Capita Australia, 2014
- *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds*, Commonwealth of Australia, 2013
- *National Palliative Care Strategy 2010 – Supporting Australians to Live Well at the End of Life*, Commonwealth of Australia
- *National Disability Strategy 2010-2020*, Commonwealth of Australia, 2011
- *Ageing in Australia*, Australian Association of Social Workers, 2013
- *An Ageing Australia: Preparing for the Future*, Productivity Commission, 2013
- *National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy*, Commonwealth of Australia, 2012
- *Caring for Older Australians*, Productivity Commission, 2011



2.3 Western Australian Documents:

Western Australia’s over-arching policy document that addresses ageing is *An Age-Friendly WA: The Seniors Strategic Planning Framework 2012-2017* (Government of Western Australia, 2013). It identifies five key pathways to achieving an age-friendly WA; namely –

- Promoting health and wellbeing.
- Access to essential services.
- Economic security and protection of rights.
- Welcoming and well-planned communities.
- Opportunities to contribute.

This Framework was developed following the involvement of the Department of Communities (formerly the Department for Local Government and Communities) and the City of Melville in the World Health Organization’s ‘*Age-friendly Cities Project*’. The Framework highlights the need for all sectors to ‘*take action and plan together*’ in delivering robust aged care support and services.

Other relevant State documents include –

- *Bi Lateral Agreement between the Commonwealth and Western Australia: Transitioning Responsibilities for Aged Care and Disability Services in Western Australia*, Commonwealth of Australia and Government of Western Australia, 2017
- *Western Australian Health Promotion Strategic Framework 2017–2021*, Department of Health, Government of Western Australia, 2017
- *Senior Housing Strategy: Discussion Paper*, Housing Authority, Government of Western Australia, 2016
- *Ageing in the Bush*, Wheatbelt Development Commission, 2016
- *Age Friendly Cluster Housing Business Case Development Guide*, Wheatbelt Development Commission, 2016
- *WA Volunteering Strategy*, Department of Local Government and Communities, Government of Western Australia, 2016

- *Age Friendly WA Toolkit*, Department of Local Government and Communities, Government of Western Australia, 2015
- *An Age-friendly WA? A challenge for government*, Community Development and Justice Standing Committee, Government of Western Australia, 2014
- *Wheatbelt Aboriginal Aged Care Framework*, Wheatbelt Development Commission, 2014
- *Strategic Directions 2015-2018; Healthier Country Communities Through Partnership and Innovation*, WA Country Health Service, 2015
- *Elder Abuse Protocol: Guidelines for Action*, Department of Local Government and Communities & Department of Health, Government of Western Australia, 2013
- *Model of care for the older person in Western Australia*, WA Health Networks, Aged Care Network, ND.
- *Mental Health 2020: Making it Personal and Everybody’s Business*, Mental Health Commission, Government of Western Australia, ND.

- *Situational Analysis of Aged Care in the Pilbara*, Pilbara Development Commission, 2011
- *Aged Care*, City of Karratha, 2016
- *Briefing for Kimberley Region: Statewide Ageing in the Bush Project*, Verso Consulting, 2014
- *2036 and Beyond: A Regional Blueprint for the Kimberley*, Kimberley Development Commission, 2015
- *Pilbara Regional Investment Blueprint – Summary Report and Technical Report*, Pilbara Development Commission, 2015
- *Pilbara Planning and Infrastructure Framework*, Western Australian Planning Commission and Department of Planning, 2012
- *Pilbara Development Commission Strategic Plan 2014-2017*, Pilbara Development Commission
- *Kimberley Regional Planning and Infrastructure Framework Part A: Regional Strategic Planning*, Western Australian Planning Commission, 2015
- *Kimberley Regional Planning and Infrastructure Framework Part B: Regional Infrastructure Planning*, Western Australian Planning Commission, 2015.

2.4 Regional Documents:

This Strategy considers the following as important resources in formulating this Strategy –





Summary of Ageing and Aged Care Support and Services Contextual Framework

3

Given the broad scope in terms of the number and breadth of the various supports, services and programmes that are available to older people and, the involvement of all three levels of government and the non-government sector, as well as the private sector and the role of family members, volunteer and community based services, it is only possible to give a general overview of the main support and services provided.

Furthermore, due to the fact that older people are able to access 'mainstream' support and services (for example, health care, housing support and income support) that are available to the general population, it is challenging to identify exactly what is provided to older people and at what cost.

With a rapidly ageing population contributing to the financial challenge of all levels of governments, it is a continual task to find smarter and creative ways to meet the requirements of older people. The policy tendency has shifted towards creating the type of environment that

encourages and supports 'healthy ageing' and 'ageing in place', where the broad aim is to keep older people at home, within the community and autonomous and independent for as long as possible. Not only is this a more cost effective approach, it aligns with the desires of older people themselves. Aged care supports and services in Australia are delivered in both a residential and community based setting. Aged care services are provided on the basis of need rather than specific age criteria and, it is believed that an older person generally requires the highest level of care in the last two years of their life.

However, it needs to be taken one step further. The satirical concept of “ageing disgracefully” – elderly people with a twinkle in their eyes and a spring in their step is a broad spectrum concept of ageing that encourages people to age with passion purpose and hope. How can governments and communities at every level be encouraged and inspired to proactively facilitate this concept?

My Aged Care is the entry point into the aged care system. It assists older people, their families and carers to access aged care information, and find Commonwealth funded aged care services in their local area. It includes a website, contact centre, central client record, web-based portals for consumers, assessors and service providers and the ability for providers to self-manage information about the services they deliver. Current support services for existing and/or potential aged care consumers include advocacy programmes, *Community Visitors Scheme*, *Home Care Today* website, *Financial Information Service* and *Aged Care Complaints Scheme*.

Consumers currently seeking government funded aged care services contact *My Aged Care* in the first instance. *My Aged Care* contact centre staff ask them a number of questions in order to understand and ascertain their needs. Consumers may then be referred to either a Regional Assessment Service (RAS), for consumers who have entry level aged care needs; or an Aged Care Assessment Team (ACAT), for consumers who have more complex aged care needs. Consumers are prioritised for assessment depending on their needs and circumstances. Once assessed by either a RAS or an ACAT, the consumer is referred to potential providers to begin receiving care. Providers determine who receives care based on availability and the provider’s view regarding relative need. Funding level is determined in a variety of ways, largely based on the assessment by providers. In home care, the aged care provider will also assess the consumer (in more detail) in order to develop a care plan that is fit for purpose and consumer directed in its approach. The residential aged care provider assesses the consumer’s

care needs using the Aged Care Funding Instrument to determine the government subsidy payable for that consumer. A Carer Gateway is in place to provide practical information and resources to support carers.

Older Australians with different needs are supported through a variety of programmes and services. Government funding supports the National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds, National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy, a linking service, Commonwealth Home Support Programme Assistance with Care and Housing for the Aged, the National Aboriginal and Torres Strait Islander Flexible Aged Care Programme, Dementia and Aged Care Services Flexible fund, interpreting services for government funded aged care providers, and a Viability Supplement for rural and remote providers. Furthermore, the *Charter of Care Recipients’ Rights and Responsibilities – Residential Care and the Home Care Common Standards* include equity and access to care that takes into account the unique characteristics and circumstances of each consumer. The Government plays an important role in addressing barriers for consumers with different needs where there is an insufficient market response.

During 2014-2015, nationally, 231,000 people were in permanent residential aged care, 53,000 people were in respite residential aged care, 84,000 people received a Home Care Package and approximately 812,000 people accessed HACC services (Australian Institute of Health and Welfare). Aged care services and care types are rationed, with Government determining the overall supply and distribution through the use of population-based service provision target ratios (growing from 113 places for every 1,000 people aged over 70 years to 125 places by 2021–22) and the allocation of grants. Government has a role in providing assistance to address insufficient market response, through flexible funding streams and capital grants. However, as with the rest of the system, these are limited. Three distinct markets currently exist –

- a government funded market that requires potential providers to undergo an approval process to be eligible to provide care. Funding flows directly from government to providers on behalf of eligible consumers within the government funded market;
- a mixed market where providers can deliver services to self-funding consumers as well as government funded consumers; and
- a private market of aged care services operates outside of aged care specific regulation and only for self-funded consumers.

Consumers are primarily responsible for their accommodation and everyday living costs, as they have been throughout their lives. Generally, consumer contributions are capped by government.

During 2014-2015, nationally, 231,000 people were in permanent residential aged care, 53,000 people were in respite residential aged care, 84,000 people received a Home Care Package and approximately 812,000 people accessed HACC services.

(Australian Institute of Health and Welfare)

Government provides support for accommodation and living costs on behalf of low means residents. Providers are generally responsible for sourcing capital finance and rely heavily on lump sum deposits from consumers. Government guarantees the repayment of consumers' lump sums should an aged care home be unable to refund these. Contributions are not currently based on ability to contribute. Care costs are paid for by government (through subsidies/block-funding), and consumers (based on assets, and/or income, and provider determined fees). The respective contributions of each party vary greatly depending on the care type and do not consistently take account of consumers' capacity to contribute to the costs of their care.

The aged care system is supported by formal and informal (families, friends, neighbours, carers and volunteers) workforce groups, each playing an important and strategically functional role in providing care and support. Of these groups, informal carers provide the majority of care for older Australians.

While providers are responsible for attracting and maintaining the formal aged care workforce, both government and providers have roles in delivering a workforce of sufficient quality and quantity.

Funding of vocational and higher education opportunities is provided. Government is currently establishing priorities to recognise, support and sustain the critical work of carers. A national carer gateway that includes a website, service finder and national contact centre is in place to support carers.

The Australian Aged Care Quality Agency is the lone organisation responsible for quality assurance across the aged care sector. As a single organisation responsible for quality control, it seeks to spotlight a compelling need for a unified focus and commitment, to achieving

greater consistency in quality assurance arrangements and the promotion of better practice across end-to-end aged care. The Agency accredits and monitors residential and home-based aged care providers against mandatory standards which underpin the aged care regulatory framework. On 1 January 2016, the role of complaints management was separated from the funding and regulation of aged care services to improve confidence in aged care complaints handling processes. Quality Indicators (defined measures that relate to the outcomes of care and services) are being progressively implemented with an initial focus on quality of care in residential care.

3.1 Commonwealth Government

According to the Parliament of Australia (2003) and The Australian Institute of Health and Welfare (2017), the Commonwealth Government provides the following payments and funds support, either specifically to the aged community or through mainstream programmes that the aged can access:



Government is currently establishing priorities to recognise, support and sustain the critical work of carers.

- Age pensions.
- Rent assistance and disability payments.
- Residential aged care services (for example, the funding of residential aged facilities) are delivered in two ways –
 - **Permanent** – eligibility for a permanent place at a residential aged care is determined through ACAT assessment processes. The level of care required by an individual is determined by the Aged Care Funding Instrument (ACFI) which generates an overall score which is then used to determine a government subsidy amount.
 - **Respite** – respite care is either planned or received on an emergency basis to older people who are able to return to their own home, but require temporary residential aged care. It supports older people in transition stages of health, and also provides carers with a break. Respite residential care is offered as either low or high level care and does not use the ACFI, instead the government provides a pre-determined, corresponding subsidy amount determined through ACAT assessment processes.
- Medical and pharmaceutical benefits.
- Public housing (with the Government of Western Australia via the operation of the Commonwealth-State Housing Agreement).
- Hospital services and acute care (with the Government of Western Australia).
- Disability services (with the Government of Western Australia via the operation of the Commonwealth-State/Territory Disability Agreement).
- Advocacy services (with the Government of Western Australia).
- Palliative Care (with the Government of Western Australia).
- Information, referral and assessment services (with the Government of Western Australia) – includes operation of
 - the *My Aged Care* information gateway and database (both online and telephone services);
 - the regional assessment services (RAS); and
 - the aged care assessment team (ACAT) assessment process used to determine what level of care an older person requires.
- Home and community care support in the form of the following packages and programmes (with the Government of Western Australia); these include the following –
 - **Commonwealth Home Support Programme (CHSP) and the HACC Programme** – entry level assistance and support designed to keep older people within the community and independent for as long as possible. The Programme is available to those aged 65 and over (50 and over for Aboriginal and Torres Strait Islander people) and their carers. The CHSP and/or HACC Programme typically includes assistance with – domestic care; everyday household tasks; meals and feeding; personal care; participation in social activities and transport to keep up with personal administration activities such as shopping, banking etc. The CHSP and HACC Programme also provide centre based day care facilities and day respite services. Only older Australians in Western Australia currently receive HACC services, the other states and territories have already transitioned to the CHSP as part of the aged care reform package announced in 2012 (see Section below *Aged Care Reforms*).
 - **Home Care Packages (HCP) Levels 1 to 4** – designed to meet the needs of older people who require more than just basic assistance with daily living. HCPs offer an alternative to residential aged care and are designed to provide clients with an individually tailored and co-ordinated package of services to support them to live independently in the community for as long as possible. A package contains a range



of services to support an older person living at home. As those needs increase and become more complex, an older person will be transitioned into a higher level care package. A Home Care Package typically contains a combination of the following range of services – transport services, domestic assistance, personal care, social support, aids and equipment, nursing, allied health and other clinical services. Home Care Packages also include the delivery of the following supplements where eligible – The Dementia and Cognition Supplement in Home Care, The Veterans’ Supplement in Home Care, Oxygen Supplement, Enteral Feeding Supplement, Viability Supplement, Top-up Supplement and Hardship Supplement.

- **Flexible Care Packages** – designed to meet people’s needs in mixed delivery settings and in ways other than those provided through mainstream residential aged care and home and community care. Quite often these packages are designed to meet the needs of older people living in rural and remote areas. Flexible Care Packages include – *Transition Care Programme, Short-term Restorative Care Programme, Innovative Care, Multi-Purpose Services, National Aboriginal and Torres Strait Islander Flexible Aged Care Programme and Support Services for Remote and Indigenous Aged Care* which operates through the establishment of the Remote and Aboriginal and Torres Strait Islander Aged Care Service Development Assistance Panel (SDAP) to address the challenges in maintaining and delivering culturally appropriate and quality aged care services in remote and very remote areas.

- **Veterans Home Care** – delivers in-home support services to eligible veterans and their widows or widowers, and the services available are similar to those offered through the CHSP. People who are eligible for VHC but require higher level of personal or nursing care may be referred to the DVA Community Nursing Programme.

(The Australian Institute of Health and Welfare, 2017 and Commonwealth of Australia, 2017).

The Commonwealth also provides support and assistance to carers of the elderly, both in the form of support payments (for example, the Carer Payment and the Carer Allowance) and support services (for example, funding for carer respite centres, carer resource centres and other national programmes). Much of the Commonwealth’s general expenditure for older Australians is in the fields of health, disability support and housing/accommodation.

3.2 Government of Western Australia

According to the Parliament of Australia (2003) and the Government of Western Australia (2011), the State Government primarily provides a range of health, housing and welfare services for older people. The Government of Western Australia also operates a number of residential aged care facilities and provide, often with joint Commonwealth funding, services and support such as:

- Respite care.
- Carer assistance.
- Dementia support programmes.
- End of life care at home, including Palliative Care (via the Department of Health supported by Commonwealth Government initiatives).
- Support Programmes to assist in the creation of age-friendly communities (for example, the development of local government ageing strategies and the WA Seniors Awards).

- Age-friendly infrastructure and amenities.
- Transport assistance.
- Home and community based care.
- Information services.
- Legal aid.
- Advocacy (the Department of Communities plays a leading role in encouraging a coordinated response to the implementation of the State Government’s policy priorities for seniors).
- Seniors’ Cards that allow discounts on a range of products and services.

3.3 Local Government

According to the Parliament of Australia (2003) and the Department of Communities (2017), the role of local governments in providing support and services to older Australians generally involves providing –

- Age-friendly infrastructure and amenities.
- Various levels of rate relief and discounts for older people and pensioners.
- Direction pertaining to land management matters relating to health and aged specific accommodation.
- Services such as home help, the running of Senior Citizen’s clubs and other older person oriented clubs and organisations.
- Various health and lifestyle activities, programmes and supports that contribute to the creation of age-friendly communities (for example the SilverSport Programme).

Local governments provide these supports and services through rate revenue and support and funding from the State and Commonwealth Governments.

‘Many residential aged care facilities, support organisations and aged care programmes are directly run by the community and charitable sector.’

3.4 Non-Government Organisations (NGOs)

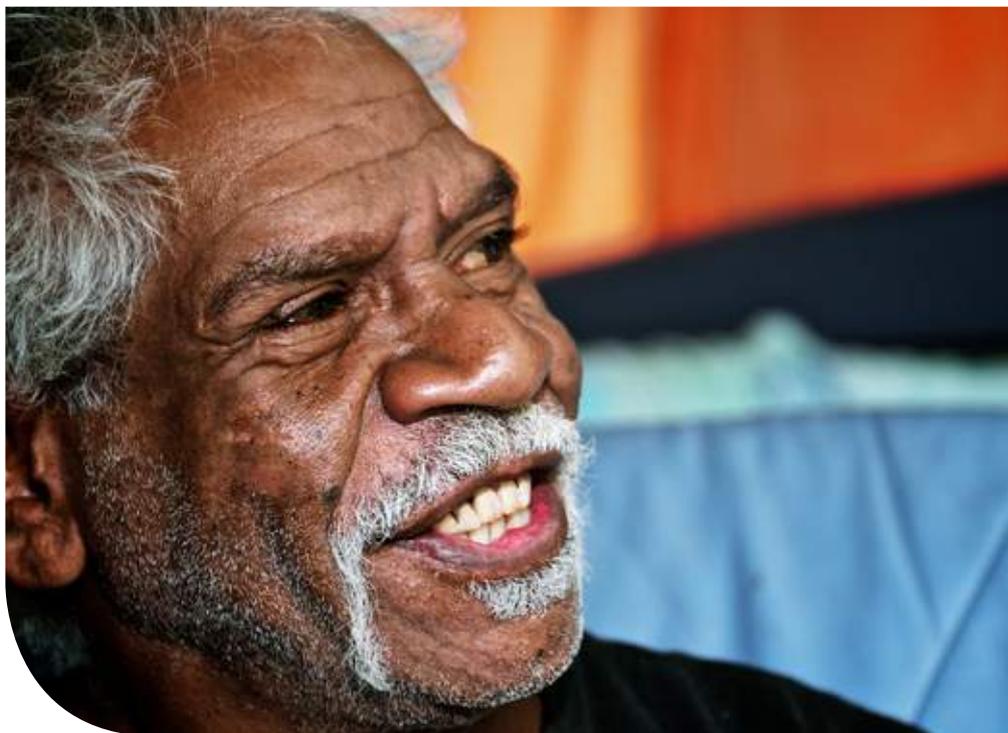
As well as government support there is a large range of services and support provided to the elderly by the non-government sector. Many non-government organisations receive State and Commonwealth funding to run ageing and aged care services and programmes. Many residential aged care facilities, support organisations and aged care programmes are directly run by the community and charitable sector. Non-government organisations also include peak bodies such as –

- Council on the Ageing (COTA)
- Advocare
- Aged and Community Services Australia (ACSA)
- Aged Care Development Network
- Carers Australia
- National Seniors Association
- Alzheimer’s Australia
- Dementia Care Australia
- Advance Care Planning Australia
- Palliative Care Australia
- WA Centre for Health and Ageing.

3.5 Other Involvement

The private sector is also involved with the provision of support and services for the aged, particularly with respect to residential aged care and health services on a commercial basis.

Finally, not to be dismissed is the significant role of family, friends and the broader community in supporting older people. Quite often, older people receive formal and informal help and assistance from family and friends. The level of commitment required of carers is often not reflected in the payments they receive. Whilst formal home and community based care supports are necessary, the level of formal care an older person requires is heavily influenced by their connection to family, friends and community and the level of informal care they receive.



An older person experiencing a high level of social isolation will require more services or a higher level of care.

Community through service clubs and local initiatives continue to provide significant support initiatives, for example, fund raising for pensioner units, establishing a hydro therapy pool, purchasing a community bus etc.

3.6 Navigating Ageing and Aged Care Support and Services in Western Australia

Navigating the system to access ageing and aged care support and services in Western Australia has been described as complex and confusing. The delivery of ageing and aged care supports in Western Australia differs from the rest of Australia as Western Australia is yet to fully comply with the aged care reforms passed in June, 2013.

Ideally, older Australians seeking access to aged care services enter the system requiring entry level assistance (in the form of home and community care) to remain in the community. To do this, they must first contact the national *My Aged Care* gateway service either online or through the national call centre. After an initial phone assessment, older Western Australians are then redirected back to the Western Australian Regional Assessment Service (RAS) and assessed through the Western Australian Assessment Framework. They can be referred to the RAS in Western Australia through a health service, service provider or through self-referral. Following an assessment, if eligible for entry level assistance, the RAS provides a referral code which older people in Western Australia can then use to access the HACC Programme through an approved provider. The HACC Programme is jointly funded through the State and Commonwealth Governments. The CHSP is the equivalent of the HACC Programme for older Australians living outside of Western Australia and is funded by the Commonwealth Government.



As an older person's aged care needs become more complex and they require more services and a higher level of care coordination, they are generally identified by service providers for reassessment for transition into a higher level of care.

Assessment for a higher level of care beyond the HACC Programme is conducted through a comprehensive ACAT assessment processes for HCP's (Levels 1 to 4), respite services and residential aged care. Older Western Australians who have undertaken an ACAT assessment and are deemed eligible for a HCP or place at a residential aged care facility are entered into the *My Aged Care* portal / database and then placed on a national waitlist. Packages and places are awarded based on need.

Older Australians do not always enter the ageing and aged care support and service system at an entry level. For example, if an older person suffers a severe stroke, they would immediately be referred to undertake ACAT assessment processes for entry into a higher level of care. Similarly, a high level of support from family and friends often means an older person may not require entry level assistance and therefore may only access aged care support and services when their needs become more complex.

3.7 Aged Care Reforms

In response to the complex challenges presented by a rapidly ageing population, the Australian Government announced its reform package for aged care – *Living Longer, Living Better* in April, 2012 in response to the Productivity Commission's 2011 *Caring for Older Australians* Report. In June, 2013, the *Living Longer, Living Better* Reforms was effected as legislation. The reforms were

set to be implemented over five years from July 2012 to June 2017, and were designed to deliver more support and care at home (via an increase in the number of available packages), additional home and residential care places, a focus on greater consumer choice and control, greater recognition of diversity (supporting older Lesbian, Gay, Bisexual, Transgender and Intersex, and Culturally and Linguistically Diverse people), and support to carers. A summary of the what was entailed and implemented in the aged care reforms is given below.

- Service referrals through a centralised information and assessment gateway *My Aged Care* started from 1 July 2015 (except in Western Australia and Victoria), along with the new *My Aged Care* Regional Assessment Service (RAS). Staff at the *My Aged Care* contact centre create a central client record and determine which services may be appropriate. They may refer the person for either a



home support assessment conducted by the RAS (which may lead to a referral to Commonwealth Home Support Programme services), or a comprehensive assessment conducted by an ACAT. An ACAT must assess and approve a person before they can access government funded residential aged care, Home Care Packages or flexible aged care services (such as Transition Care).

- The CHSP launched on 1 July 2015, and consolidated four existing programmes: Home and Community Care (HACC), National Respite for Carers (NRCP), Day Therapy Centre (DTC) Programme, and the Assistance with Care and Housing for the Aged (ACHA) Programme. Essentially, through the CHSP, the Commonwealth Government assumed full funding and administration for entry level home and community based care supports and services.
- Western Australia is the last State to transit completely to the national system outlined in the aged care reforms and delivered through *My Aged Care*. However, as of 1 July 2018, the current Western Australian HACC Programme will transit to the CHSP. This will enable the Commonwealth to have full funding policy and operational responsibility for the delivery of aged care services nationally. Both the State and Commonwealth Governments have committed funding and programmes to ensure the delivery of a smooth transition. Two-year funding agreements will be offered to eligible HACC service providers and assessment services in Western Australia transitioning to the CHSP from 1 July 2018.
- Clients of the Western Australian specialist disability system aged 65 or over (or 50 and over for Aboriginal and Torres Strait Islander people) who will not be eligible for the NDIS will be assured access to continued

support to achieve similar outcomes to those they were achieving prior to the changes. From 2019, support will continue under the new Commonwealth Continuity of Support Programme, or other relevant Commonwealth programmes, where they are assessed to best support the client's needs.

- The HCP Programme commenced on 1 August 2013, replacing the former community packaged care programmes, namely Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD). Since 1 July 2015, all new and existing Home Care Packages have been delivered on a Consumer Directed Care (CDC) basis, whereby older people make decisions about the types of care and services they receive within their individualised budget, and the way those services are delivered.
- The CDC approach (as opposed to previous block funding models) has been identified as inappropriate for regional and remote areas due to limited service providers, lack of economies of scale and the nuances of regional and remote areas. For example, currently, recipients of HACC services in Balgo are cross subsidised with regard to the transport costs involved in their service delivery. This will not be possible with a CDC approach. The decision to employ a CDC approach in regional and remote Australia is currently being reviewed.
- Reforms to residential aged care include – the elimination of low and high care distinctions which allows service providers to charge bonds; the introduction of means testing and fee capping; alterations to funding instruments to reduce government subsidy levels; and an increase in subsidies for older people in a lower socio economic demographic and, for facilities in regional and remote areas.

‘HACC is working. Why would you change it?’

Kimberley Stakeholder



Overview of Ageing and Aged Care Supports in the North West

4

This Section provides a regional description and situational analysis of ageing and aged care supports that currently exist in the eight local government areas across the North West Region.

The description and situational analysis briefly outlines facilities, programmes and initiatives and service providers currently active within the following four ‘planks’ of ageing and aged care; namely –

- Age-Friendly Communities.
- Appropriate Aged Housing.
- Community and Home Based Care Supports.
- Residential Aged Care.

As mentioned, this Strategy has adopted the ‘four planks’ framework from the Regional Development Council’s *Ageing in the Bush Strategy* (2016) supported by the WHO’s *Global Guide for age-friendly cities and communities* (2007) as frameworks to describe current ageing and aged care supports and identify gaps across the North West Region.

4.1 Regional Description

4.1.1. Age-Friendly Communities

Age-friendly communities includes any actions and/or infrastructure that support older residents to age well, remain active and socially engaged in their communities. The WHO’s focus on creating age-friendly communities is an effective and widely adopted local policy approach for responding to population ageing. An individual’s ability to age well, that is, to remain healthy, active, socially connected, independent and autonomous for as long as possible is determined by their physical and social environment. According to the Western Australian Department of Communities *Senior Strategic Planning Framework* (2016), and the WHO’s *Global Guide for age-friendly cities and communities* (2007), an age-friendly community is one that –

- recognises and celebrates the diversity of older people and the wide range of skills, passions, interests and immense knowledge that they contribute to community;
- promotes and creates opportunities for the inclusion and contribution of older people in all areas of community life;
- positively encourages and respects the decisions and lifestyle choices of older people; and
- pro-actively anticipates and responds to the needs and preferences of older people.

In its application to the regional context of the North West Region, this Strategy uses five broad categories to map age-friendly communities; namely –

Health Services

The WHO (2017) has identified three core principles for the effective delivery of appropriate health services that meet the needs of older people; namely –

- to develop and ensure access to health services that provide older-person-centred, ‘wrap-around’, holistic and integrated care;
- to orient systems around intrinsic capacity; and
- to achieve a sustainable and appropriately trained health workforce.

Essentially, the WHO promulgates a transformation of health systems away from disease-based curative models and towards the provision of older-person-centred and integrated care.

The largest provider of health services for older people across the North West Region is the WA Country Health Service (WACHS). WACHS operate all the hospital facilities across the North West Region as well as, Population Health Units, Community Health Units, chronic disease management and the Older Person Initiative (this Initiative runs from Regional hospitals only). WACHS also provide the ACAT assessment service for older people requiring high level care (Home Care Packages) or residential aged care. WACHS are supported by private GP

clinics, allied health clinics and Aboriginal medical services (see next section ‘Situational Analysis’ for further details on health service providers). The WA Primary Health Alliance (WAPHA) also operates across the North West Region and works towards improving the health outcomes and patient experiences through the commissioning of appropriate services where they are most needed.

Aboriginal Medical Services (AMS) across the North West Region provide holistic, culturally appropriate care providing community education programmes as well as acute medical services, medication, home based services and transport.

For older people in the North West Region, current health services meet basic needs; however, there are major gaps in the delivery and consistency of the aforesaid services. The fallout impacts are most significant in the following health services –

- geriatric care;
- specialist services;
- oncology care;
- palliative care;
- renal services;
- chronic disease management;
- mental health services;
- transitional and rehabilitation services; and
- procurement of mobility aids.

Older people requiring these health services either have to wait for a visiting service or travel to receive the service. This is often not a desirable or feasible option. The Patient Assisted Travel Scheme (PATS) provides a subsidy towards the cost of travel and accommodation for eligible patients travelling long distances to seek certain categories of specialist medical services. PATS has been described by many stakeholders as grossly inadequate in terms of understanding and meeting the requirements of patients. PATS is also culturally inappropriate. Aboriginal patients are often sent to health services in regions where they have no support or local knowledge, inadequate resources to fund their journey and those who do not speak English, have no access to translation services.

With regard to renal services, WACHS in conjunction with Kimberley Aboriginal Medical Services provides renal services across the Kimberley including dialysis and renal support services. Construction is under way on a \$6.3 million purpose-built 20-bed renal hostel in Derby and a \$3.6 million four-chair renal dialysis unit in Fitzroy Crossing, as part of the Commonwealth Government’s *Bringing Renal Dialysis and Support Services Closer to Home* project. The project will expand the number of renal chairs in the Kimberley to 30, with 49 dedicated renal hostel beds. In the Pilbara, WACHS are the only providers of renal services operating from Hedland Health Campus. The Hedland Renal Unit is only a 12 bed facility. Marwankarra Health Service (AMS) in Roebourne provide a dialysis room for patients to utilise dialysis equipment; however, this functions much like home dialysis and no medical assistance is provided. Renal facilities are due to be constructed in Roebourne along with extra support facilities for Port Hedland. It is worth noting that Aboriginal people from remote areas have incidence rates of end stage kidney disease up to 30 times higher than the national incidence rate (Government of Western Australia, 2016).

The largest provider of health services for older people across the North West Region is the WA Country Health Service.

According to Verso Consulting (2014), dementia is not well recognised as a major health issue in Aboriginal and Torres Strait Islander populations, despite research indicating a higher incidence of the disease in rural and remote communities.

Studies conducted in the Kimberley region and North Queensland found the prevalence of dementia to be five times higher than the general Australian population.

The Kimberley Indigenous Cognitive Assessment (KICA) was developed in response to the need for a cognitive screening tool for older Indigenous Australians (45 years plus) living in rural and remote areas. The needs for older adults with dementia are complex. An extra degree of complexity is added for remote or rurally located Indigenous people with dementia owing to their location and cultural context.

There is strongly expressed need for more holistic, smarter, wrap around care with greater levels of communication between service providers around



individual patient care. The Integrated Team Care (ITC) model for chronic disease management is an example of how this type of model of care may be implemented. In Karratha and Roebourne, service providers have created their own local model – a ‘combined community care team’ which meet monthly to discuss the best possible responses to meet the needs of shared older clients.

In the Pilbara, \$207 million has recently been spent to construct a new hospital in Karratha – the largest medical investment ever in regional Australia. The recent Newman Hospital redevelopment costing \$60 million involved no targeted aged care facilities.

Quintessentially, the current health services in the North West Region fail to meet the particular needs and requirements of an ageing population. This is a major and prime factor impeding the Region’s appeal as a desirable place to retire and age well, and one of the major reasons older people leave the region. However, for many older people, especially older Aboriginal people, permanent relocation is not an option.

Sport, Recreational and Social Clubs, Organisations and Activities

Maintaining connections to community, and having access to opportunities that enable older people to actively contribute to community life and exercise their gifts, skills, passions and interests, has been highlighted as one of the most important factors in improving an older person’s ability to age well in their community (WHO, 2007 and Seniors Recreation Council of WA, 2017).

Internationally, the WHO definition of positive mental health is ‘a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community’.

‘The local pool is the lifeline of my life. It keeps me young.’

Kimberley Stakeholder

Remaining connected to formal and informal community based networks as people age is not only good for mental and physical health, it also reduces the strain on services as older people naturally gain support from the community.

As well as the social and health benefits gained by older people who are well connected to their communities, the immense tangible and intangible social and economic value that older people contribute to the community through volunteering should not be over looked. Overall, volunteerism levels in the North West Region are low and more could be done to increase volunteering opportunities for older people. One such organisation looking to connect older people through a targeted volunteering programme is Broome Circle in the Kimberley.

In larger regional centres like Broome, Kununurra, Port Hedland and Karratha, there are sufficient opportunities for older people to remain socially active and connected to community through targeted opportunities. Formal clubs and organisations that older people tend to be involved with include sporting and recreations clubs (for example, bowls, golf), services clubs (for example, RSL, CWA, Soroptimists, Rotary), churches and social clubs (Autumn Clubs, Over 50's Clubs, Men's Shed, Seniors Groups). (See next section 'Situational Analysis' for further details on sport, recreational and social clubs, organisations and activities for older people in situ).

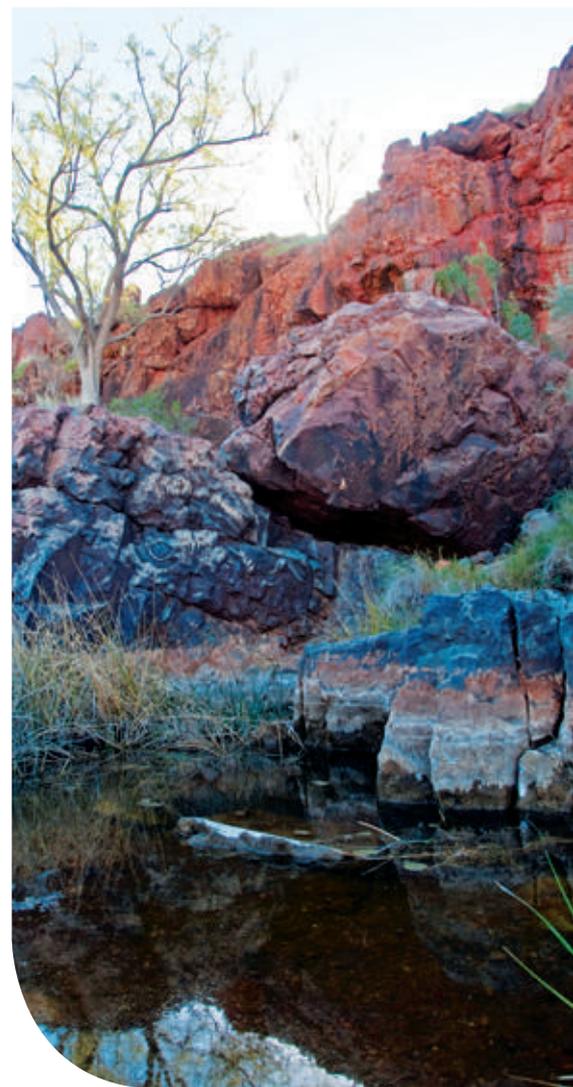
In smaller towns, for example in Marble Bar, Roebourne and Halls Creek, there is often an abysmal paucity of these opportunities. In these locations, the local HACC service becomes the primary provider of social and recreational opportunities for older people. It is worthwhile noting the initiative taken by two local Roebourne women who

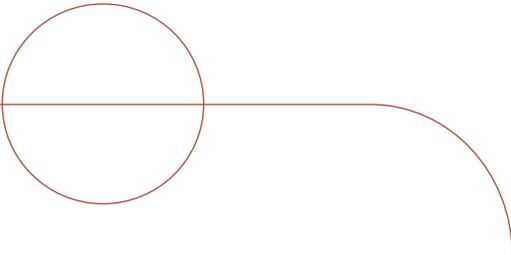
addressed this issue in Roebourne by starting an informal group called 'Val and Kathy's Crafty Kitchen'. With support from 'Act Belong Commit', 'Val and Kathy's Crafty Kitchen' provide a weekly opportunity for older Aboriginal people (predominantly women) to socialise and undertake craft and cooking activities. The initiative has grown into an intergenerational success with younger community members joining in. The practice of holding '*yarning circles*' in the Roebourne area has also been highlighted as a successful means of engaging older Aboriginal people with each other and community. It is also an inspiring example of autotelic community engagement.

The role of art centres needs highlighting. They provide safe places for older Aboriginal people to socialise and gain support. Art centres are particularly strong across the Kimberley Region. Many art centres acknowledge that their role within the community as places to create, buy and sell art pales in comparison to their role as safe places where older people can go to get some respite and assistance – a meal, assistance with personal administration and dealing with bureaucracy and a place to socialise. In addition, they become an effective vehicle for intergenerational activity. Examples of art centres which provide this type of service are – Waringarri Aboriginal Arts (Kununurra), Warmun Art Centre (Warmun), Yarliyil Art Centre (Halls Creek), Spinifex Hill Studios (South Hedland) and Martumili Artists (Newman). Some Aboriginal Corporations also actively engage their older members in the preservation of language and culture; these include Wangka Maya Pilbara Aboriginal Language Centre (Port Hedland), Juluwarlu Group Aboriginal Corporation (Roebourne) and Nyamba Buru Yawuru Aboriginal Corporation (Broome).

Aside from art centres, older Aboriginal people universally express a strong desire to be taken '*back to Country*' and on fishing trips as their top choices for social and recreational activities. This choice is recognised by older Aboriginal

people across the North West Region and many service providers seek to fulfil their wishes. Transport and logistic issues regarding health and accessibility can make it difficult to achieve, although some service providers work very hard to collaborate to fulfil the wishes of older Aboriginal people in this regard. Juniper's Guwardi Ngadu Residential Aged Care Facility in Fitzroy Crossing has recently purchased a four-wheel drive bus to be able to take their residents on '*back to Country*' trips. EPIS throughout the East Pilbara are facilitating creative ways to fulfil this invaluable service.





‘The Centrelink system is horrifying – an 1800 number is not the answer.’

Pilbarra Stakeholder

Information Services, Personal Administration Assistance and Advocacy

The ability to access relevant information through a range of age appropriate mediums; affordable and accessible media, computer and internet services; training and support for computer and internet use; and appropriate information for hearing and sight impaired older people are recognised by the WHO as the key determinants for age appropriate communication and information dissemination systems. According to COTA’s *Summary Report on the Conversations on Ageing* (2012), older Australians want – access to good information, easy access to relevant and appropriate services and an aged care system they can understand and use. This desire was supported by the consultation process undertaken with older people and services providers across the North West Region.

Currently, older people living in the North West Region, like older Australians across the country, are required to access information and services through the Commonwealth of Australia’s My Aged Care Gateway which provides centralised information about the aged care system through a user centred *My Aged Care* online portal (www.myagedcare.gov.au) and national call centre (1800 200 422).

The aforementioned arrangement is just short of a parody and not an effective or practical option for older people, especially older Aboriginal and Torres Strait Islander people who face literacy and language barriers. Essentially, the current Gateway system for accessing aged care information and services makes assumptions that older people – have easy access to a phone and/or a computer and the internet; can operate a computer and navigate the internet; can read and write; and are not in a cultural minority and therefore do not require specialised translator services. Many older Aboriginal people do not speak English and do not read or write, they depend on family members or service providers to assist with tending to personal administration requirements. The service providers, carers and family members who do assist older people in navigating these services almost unanimously agree that the current system is complex and confusing. Assistance from Centrelink to help clients navigate the system is grossly inadequate or non-existent.

Typically, HACC service providers, art centres and community based organisations (for example, Yaandina Family Centre in Roebourne, Joongari House in Wyndham and Broome Circle in Broome) undertake personal administration assistance for older people, especially regarding assistance with finances. This arrangement is not ideal due to privacy issues and often outside the scope of the services these organisations provide.

Older people living in the North West Region expressed a desire for a localised information service tailored to the needs of older people residing in each local government area by means of a senior’s directory or information sessions provided by local government or service providers. Communication between service providers regarding the availability and coordination of programmes and initiatives relating to older people is weak.

The Australian Association of Social Workers (AASW) (2013) highlighted the

gap in advocacy services that protect and seek to improve the human and civil rights of older people across Australia and make reference to upholding the *United Nations Principles for Older Persons*. There is little to no dedicated advocacy service relating to the needs and rights of older people in the North West Region, especially with regard to elder abuse and the accessibility of appropriate health services which contribute strongly to their ability to age well and in place.

Age-Friendly Infrastructure

The condition of the physical or built environment impacts significantly on an older person’s ability to age well and in place and feel both included and safe within their communities. Well-designed public spaces with amenities, facilities and features that meet the needs of older people are vital in combating social isolation and promoting participation as older people feel they can get out into the community safely and with dignity (WHO, 2007).

The eight local governments across the North West Region are primarily responsible for the physical infrastructure of major regional centres and towns. In larger centres like Broome (major tourist precinct) and Karratha (relatively new City), the physical infrastructure and built environment is good and the provision of roads, footpaths and appropriate public spaces are adequate. In terms of fully meeting the needs of older people, there is certainly room for improvement. Moving away from these major centres, the quality of age-friendly infrastructure declines significantly. Smaller towns and remote communities exhibit very poor age appropriate infrastructure and this can impact on the efficacy of mobility aids.

Given the extreme weather conditions, creating vibrant and welcoming public spaces that meet the needs of older residents can be challenging. However, improving the infrastructure of shopping precincts, town centres and parks and green spaces to become age-friendly and age appropriate is necessary to support and encourage an ageing population in the North West Region.

Transport

Access to age appropriate transport options is vital if older people are to remain connected to their community and access the various services they require to continue to live an independent life and age well in place. Transport should be affordable, reliable, age-friendly and accessible (WHO, 2007). The isolated and remote location of the North West Region within Australia, as well as the significant distances between locations within the Region, make transport a continuous challenge, especially for older people who are no longer able to drive. Even in major centres like Port Hedland or Broome, older people cite transport options as inadequate and lacking, which impedes their ability to maintain their independence. Carrying out necessary tasks like shopping, going to appointments and participating in social or recreational activities becomes either impossible or extremely expensive when older people have to rely on a local taxi service. The expressed need for community buses was strong in focus groups with older Australians.

For those who are eligible, HACC services provide most of the transport services for older people.

All of the AMS providers arrange transport for their clients and many of the Aboriginal Corporations can also provide formal and informal transport services. Night Patrol programmes, women's shelters and sobering up shelters also provide transport as part of their service delivery. Older Aboriginal people living on remote communities are usually dependent on family or other residents for transport.

Employment and Training

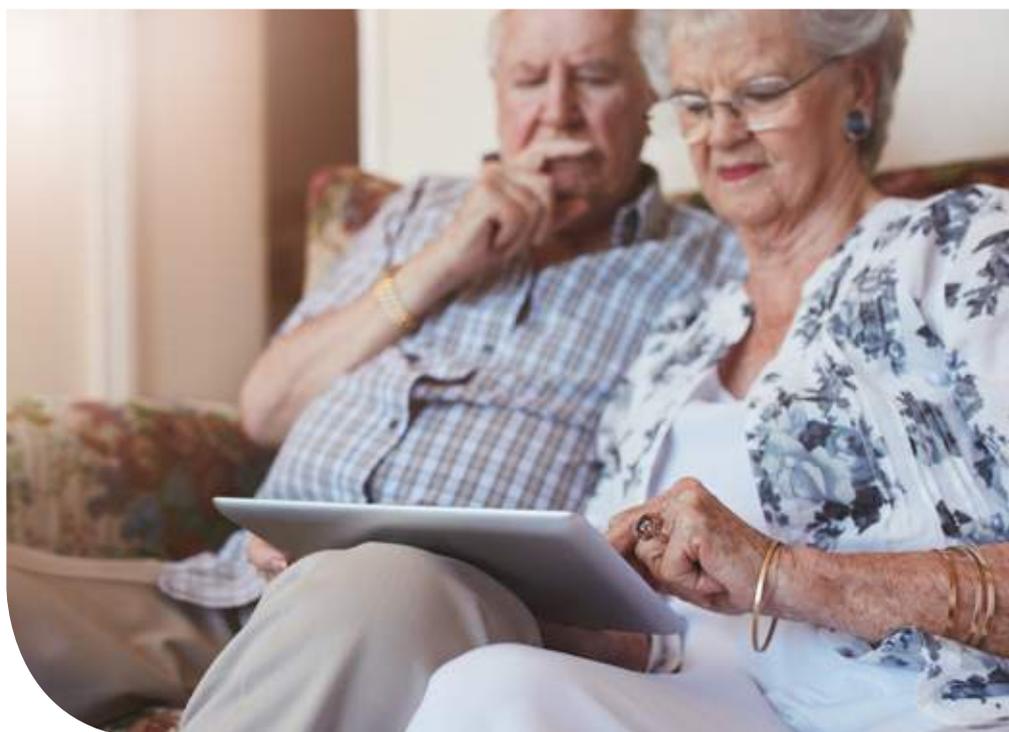
According to the WHO, an age-friendly community should continuously implement initiatives and seek strategies that encourage mature age employment and lifelong learning and training opportunities. Utilising the skills, talents

and knowledge of older Australians through paid employment is one of the primary means by which older people stay connected to community and maintain a state of strong physical and mental health. It is also the only means by which older Australians can continue to build their superannuation and support themselves into retirement (WHO, 2007 and Government of Western Australia, 2016). The isolated location of the North West Region presents a unique situation in terms of employment opportunities. Low population levels help to combat age discrimination in the workplace as employers often struggle to find suitable employees. Alternatively, this can also result in reduced placements and training options. The Pilbara region reported some age discrimination, mostly in the mining sector. Employment opportunities for older people in the Kimberley – especially more remote parts of the Kimberley remain low. Many older Aboriginal people gain employment through traditional art and craft, although many art centres reported a current decline in sales.

4.1.2 Appropriate Aged Housing

Appropriate aged housing includes housing initiatives that enable older people to remain living independently through the creation of more suitable, alternative and accessible housing arrangements. The WHO (2007) and the AASW (2013) cite appropriate aged housing as a key determinant of health and well-being by providing shelter, security, autonomy, stability and social connection to formal and informal community based networks. Desirable attributes of appropriate housing for older people includes – affordability, amenity, easy maintenance, accessibility (incorporates universal design principles), location in proximity to relevant services and cleanliness. These attributes allow older people to age well in place and improves the capacity of the community to provide higher levels of in home care.

In terms of housing options for older people, the Government of Western Australia Housing Authority *Senior Housing Strategy Discussion Paper* (2016), describes a '*Seniors Housing Continuum*'. This Strategy has adopted





that *Continuum* with contextual relevance to the North West Region. This has been supplemented by information from the Western Australia Department of Commerce's and COTA's *Senior Housing Advisory Centre* (2017).

Crisis Accommodation: short term accommodation providing a bed, shower and meals. This type of accommodation generally includes women's shelters, respite facilities, sobering up shelters and refuges. Older Aboriginal people are over represented at these facilities.

Social Housing: typically, unit style accommodation with eligibility means tested by the WA Housing Authority and generally available to pensioners only. Varying models of social housing exist across the North West Region and quite often involve partnerships arrangements between community, local government, private investors and the WA Housing Authority. For example, in Port Hedland, the Port Hedland Retirement Village is run and managed by a not for profit incorporated body (Port Hedland Retirement Village Inc.), the Town of Port Hedland and the WA Housing Authority. In Karratha, the pensioner units form part of Warambie Estate, developed by Landcorp and managed by National Lifestyle Villages and the WA Housing Authority. In Marble Bar, six pensioner units are managed by the Shire of East Pilbara. Eligibility is limited to older persons who require no support.

Most pensioner units are occupied by non-Aboriginal older persons, many of whom would be homeless without this option.

Throughout the Kimberley Region, the WA Housing Authority is the only provider of appropriate and affordable housing for older people. Eligibility is means tested and available only to pensioners. The major issue with the supply of pensioner units in the Kimberley Region is that older people are often housed along with younger people and families and have expressed a desire to be housed together to be able to better support one another. In Derby, the Derby Aged Persons Homes Trust units, established by the community and the WA Housing Authority, have reverted back to a general housing estate for all ages.

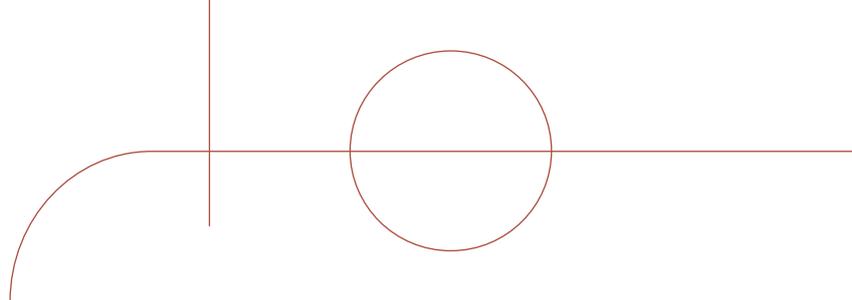
Some Aboriginal Corporations have purpose built appropriate aged housing for their members. These fall under two models –

1. **Cluster Housing Model:** a cluster of smaller units in a gated village style complex with a caretaker. The cluster comprises 5 – 10 independent 1 / 2 bedroom units, with a designated area to socialise with visiting family. The presence of a caretaker provides

24-hour basic assistance and can help to combat overcrowding and humbugging issues. Best practice examples include – the Elder Village in Roebourne built by the Ngarluma Aboriginal Corporation and Mirli Maya Retirement Village in South Hedland built by IBN.

2. **Assisted Living Units:** This is a model which is growing in popularity in the North West Region. Assisted living units are generally 1 / 2 bedroom units with or without carers' quarters. For example, in the remote community of Jigalong (Shire of East Pilbara), the Jigalong Council, working with service provider EPIS, have established independent units adjacent to the HACC facility. The elder units in Onslow built by the Buuralayji Thalanyji Aboriginal Corporation are a duplex style accommodation with room for a carer. The assisted living unit model allows older people to live independently with easy access to home support services.

Community Housing and Remote Indigenous Housing: any housing found in Aboriginal or remote communities. Generally owned and managed by a not-for-profit, local government and/or the WA Housing Authority with the assistance of regional service providers (usually Aboriginal Corporations) who take care of property management, environmental health and tenancy support programmes



(for example, STEP). Older Aboriginal people are often the family members who enter into the tenancy agreements, and become responsible for these properties. Overcrowding is a major issue as well as cleanliness and elder abuse.

In Onslow, the community fundraised 40 years ago to pool resources with the Shire of Ashburton to build pensioner units. These are managed between the Shire of Ashburton and the WA Housing Authority. The Shire of Ashburton has a strong desire to see the development of appropriate aged housing options in the mining communities of Tom Price and Paraburdoo.

A successful community housing model that deserves recognition is the ‘Derby Aboriginal Short Stay’ Accommodation (DASSA) facility. This 54 bed unit style facility essentially functions like an affordable motel (\$13 per night for an adult, \$7 per night for a child) with preference given to Aboriginal people visiting Derby from surrounding communities who need to access health services or attend to personal and cultural matters. The DASSA is a secure, drug and alcohol free premises that also provides two full meals, linen, laundry facilities, recreational facilities, barbeque areas and assistance from Aboriginal support workers to help visitors access necessary services. DASSA is managed as a partnership between Mercy Care and Centacare. A short stay facility is currently being developed in Broome.

Alternative Tenure: these arrangements include long term stay in residential parks (usually caravan parks), ancillary dwellings, board and lodging or living with family. Given the high tourist appeal of the North West Region, particularly for ‘grey nomads’, a significant number of older people travel through the region during the May to September season. The duration of their stay varies from short term to long term, and many are repeat visitors. Their seasonal presence impacts local services and the local economy. A lack of appropriate aged housing options also results in many older people residing with family or establishing ancillary dwellings where possible. This can place a strain on familial relationships. For example, in the

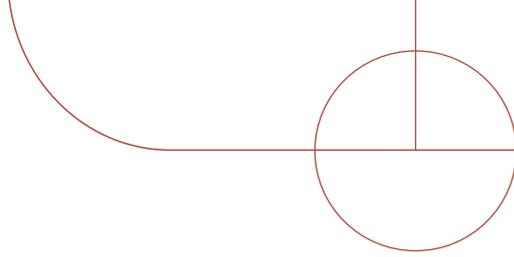
relatively new city of Karratha, families wanting to bring older family members to the area are forced to accommodate them within their own homes due to a lack of appropriate aged housing options. Furthermore, many older people with family members residing in the North West Region have expressed an interest in short term seasonal accommodation options to be able to connect with family and enjoy regional assets without the commitment of relocation. Currently, caravan parks are the only alternative tenure housing arrangements available to older people in the North West Region.

Private Rental: private rental arrangements in the North West Region vary greatly in terms of affordability, suitability and accessibility for older people. Most private rental options in the North West Region do not meet the needs of older people, and the option of carrying out home modifications where necessary is limited.

Lease for Life / Land Lease / Retirement Villages: also referred to as lifestyle villages; these types of housing options are generally very similar in the appearance and types of services they offer with major differences relating to the type of ownership and occupancy arrangements available, the permanency of tenure and protection provided to residents. Essentially, in these types of arrangements, older people live in independent dwellings which are clustered around shared amenities. They are an especially attractive option for older people who would like to downsize and are in a position to fund their own retirement. This option does not exist in the North West Region. Warambie Estate in Karratha, although managed by National Lifestyle Villages, is only available to pensioners and does not function as a traditional retirement village. In the case of complexes built by Aboriginal Corporations, these dwelling are available to members only. The Town of Port Hedland is an anomaly in that restricting accessibility to pensioners has resulted in vacancies for this type of accommodation. For older people who can fund their own retirement, the option to downsize and continue living in the North West Region is virtually non-existent.

Home ownership: home ownership has both benefits and disadvantages for older people. Where older people own their homes outright, this equity can be used to fund retirement and home modifications are feasible. Where older people still have a mortgage, the financial burden can become a strain. Most of the homes older people own and live in become increasingly unsuitable for their needs as they get older. Costs and labour associated with maintenance, up keep and utilities can impact on an older person’s ability to age well and safely within their homes. The major barriers to older home owners downsizing is lack of housing stock and available finances. In the North West Region, the high costs associated with maintenance and utilities due to the region’s remote and isolated location become a financial strain on older people who own their homes. A positive trend across the region is the growing affordability of housing, especially in the Pilbara.

The major issue with the supply of pensioner units is that older people are often housed along with younger people and families and have expressed a desire to be housed together to be able to better support one another.



4.1.3 Community and Home Based Care Supports

Community and home based care supports includes any type of home support, assistance or care that enables aged residents to continue living independently in their own homes. It also includes the support given to older people at day centres and through crisis care (both accommodation and emergency relief). According to both the WHO and the UN, maintaining independence and having access to the services that allow older people to remain autonomous and at home for as long as possible are strong determinants of an older person's ability to remain socially connected and to age well and in place (WHO, 2007 and UN, 1991). According to the National Rural Health Alliance (2013), older people in rural and remote communities are more likely to use community and home based care supports than residential aged care. Certainly, the expressed need in the North West Region was for increased appropriate community and home based care supports, not residential aged care.

In Western Australia, community and home based care supports for older people are delivered primarily through a service provider delivering the HACC Programme. Either through referral by a service provider or self-referral, older people are accessed for eligibility for the HACC Programme through a RAS. In the North West Region, a range of committed service providers deliver HACC services. HACC services are designed to maximise an older person's independence and typically include assistance with – domestic care; everyday household tasks; meals and feeding; personal care; participation in social activities and transport to keep up with personal administration activities such as shopping, banking etc. HACC service providers quite often also provide centre based day care facilities and day respite services. Across the North West Region, the HACC Programme is vital in ensuring that older persons receive quality care, remain independent and stay connected to community. In smaller towns, the HACC Programme is often the only means by which older people can participate in social and recreational activities and access transport services. Finally, the staff who deliver the HACC Programme (and other personnel working with older people) have reported that they quite often assist older people with personal administration tasks. This is often not included in their job description and can become challenging due to privacy issues. It is interesting to note that many older Aboriginal people are assisted by a specially appointed staff person from the Aboriginal Corporations of which they are a member to provide HACC type services and so do not at all rely upon or access formal HACC services.

EPIS in the Pilbara and KACS in the Kimberley are both exemplary models of service delivery of the HACC Programme in remote / Aboriginal communities, operating through what is fundamentally a 'hub and spoke' model. These service providers rely heavily on block funding to be able to effectively continue and, a CDC approach (currently part of the proposed aged care reforms) would render the delivery of their services no longer feasible, impacting adversely on the level and quality of care older people are able to access in these communities.

Home modifications (for example, fitting rails and/or ramps) are undertaken through a WACHS Population Health Unit, private home owners and/or the WA Housing Authority. Mobility aids and assistive technology and equipment that allow older people to continue living at home and carry out daily tasks are procured through a WACHS Population Health Unit or Independent Living Centres Australia. Independent Living Centres visits the North West Region on a quarterly basis. However, the remote and isolated location of the North West Region makes procuring mobility aids and assistive technology difficult.

Across the North West Region, home nursing services are provided by Silverchain, WACHS, AMS's and some private GP's.

It is worth noting the significant and pertinent role of sobering up shelters, women's shelters and emergency relief services in supporting older people across the North West Region. These types of services provide vital support to older people who have a mental illness; substance abuse issues; face difficult living conditions at home (for example, overcrowding); and for those who have no permanent residence and/or are facing homelessness.

Whilst the role of formal community and home based care supports is vital in allowing older people to remain in their own homes and independent for as long as possible, the positive role of strong community connections needs to be revisited, acknowledged and strategically nurtured. An excellent example of this is the town of Wyndham in the Kimberley. Despite its remote location and subsequent lack of services, older people here report receiving high levels of support which they attribute as the result of a strong and connected community, and the commitment of Joongari House and Juniper to work alongside the community to assist older people within the community. Finally, not to be disregarded is the significant role family members play as both formal and informal carers for their older family members, in most cases this task falls to a spouse who is quite often also elderly, or the children of an older person.

'Older people in rural and remote communities are more likely to use community and home based care supports than residential aged care.'

(National Rural Health Alliance, 2013)

4.1.4. Residential Aged Care

Residential aged care includes nursing, respite and aged care services provided in conjunction with accommodation in a purpose built facility. There are two types of care provided in a residential aged care facility: permanent and respite care. The level of care provided ranges from personal care to assist with daily activities (low level care) through to 24 hour nursing care (high level care). For older people unable to live at home, a residential aged care facility is a vital service, the absence of which creates a significant strain on acute medical services, emergency services and the broader community. The health and wellbeing of older people who require the services of a residential aged care facility, but cannot access one, is severely compromised. Given the remote and isolated location of the North West Region and subsequent issues associated with low population and economies of scale, the delivery of residential aged care services is challenging. Throughout Australia, eligibility for residential aged care is undertaken through ACAT assessment processes. In the Pilbara Region, WACHS (South Hedland) provide the ACAT assessment service and, in the Kimberley Regions, ACAT assessment is provided by KACS. The situation for the delivery of residential aged care services varies significantly between the Pilbara and Kimberley Regions.

Throughout the Pilbara Region there are only two residential aged care facilities – Yaandina Frail Aged Hostel (operated by Yaandina Family Centre in Roebourne) and Karlarra House Residential Aged Care Facility (operated by WACHS in South Hedland). Older people across the Pilbara who require residential aged care must choose between these two facilities or leave the Region.

For older Aboriginal people who express a strong desire to age ‘on Country’, this is a huge impediment to their ability to age well and in place.

This is an especially significant issue for Aboriginal people from the Western Desert area as both of the available residential facilities are a long distance from their homes and families.

Consequently, these older people lose their connection with family and friends, and the very real fear of becoming institutionalised is realised. Other issues associated with having only two residential aged care facilities in such a vast region are – high levels of ‘granny dumping’; culturally inappropriate service delivery and increased strain on acute medical services. Currently, Kanyirrinpa Jukurrpa (KJ) in Newman has put forward a proposal to establish a residential aged care facility model for the Martu people of the Western Desert area (see Appendix ii). EPIS is working with the Jigalong community to deliver a low care residential aged care facility that will run alongside the delivery of their HACC Programme.

The Kimberley Region has been favoured by faith based service providers who essentially operate all of the residential aged care facilities found in the major regional centres and towns across the Region.

The major service provider is Juniper followed by Southern Plus (Germanus Kent House in Broome) and the Halls Creek People’s Church. The residential aged care facility in Kununurra is currently operated by WACHS. However, Juniper is building a new facility alongside their Kununurra HACC day centre and all current residents will transfer over once completed. All three service providers deliver an exemplary model of culturally appropriate residential aged care, and excel in terms of providing flexible, individualised patient centred care that responds to the wishes and desires of older Aboriginal people to either make regular trips ‘back to Country’ or emulate aspects of living ‘on Country’ at the residential aged care facility. It should be noted that residential aged



care service providers in the Kimberley Region report high levels of client debt; simply, they continue to provide services and bear the cost of clients who do not pay. Interestingly, this is often the result of the effects of financial elder abuse and not due to a lack of funds.

The National Aboriginal and Torres Strait Islander Flexible Aged Care Programme funds organisations to provide culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to home and community. Flexible aged care services can deliver a mix of residential and home care services in accordance with the needs of the community. Currently, this Programme is only available to a select number of older people in the Fitzroy Crossing (Kimberley) area.

4.2 Local Government Situational Analysis

This Section provides a synoptic overview of organisations or service providers that cater to the needs and requirements of older people within the eight local government areas across the North West Region. It refrains from attempting to give an exhaustive account of all of the services available to older people in each local government area.

4.2.1 PILBARA REGION

City of Karratha (CoK)

The City of Karratha includes the towns of Karratha, Cossack, Dampier, Point Samson, Roebourne and Wickham. It includes the Aboriginal communities of Cheeditha, Mingullatharndo (Five Mile) and Weymul.

Total Population: 21,473

Population 50 years and over: 3,536 (16.47%)
 Population 65 years and over: 536 (2.49%)
 Aboriginal and Torres Strait Islander population 45 years and over: 495 (0.02%)
 (Australian Bureau of Statistics, 2017)

Age-Friendly Communities

	Karratha	Roebourne	Aboriginal Communities
Health Services	<ul style="list-style-type: none"> WACHS (Nickol Bay Hospital - acute medical services, Population Health Unit, Community Health Unit) WAPHA (access to primary healthcare) Access Care Network Australia (RAS) Independent Living Centre (information and advice) Karratha Central Health Private GP Clinics Silverchain (home nursing) 	<ul style="list-style-type: none"> WACHS (Roebourne Hospital - acute medical services) Access Care Network Australia (RAS) Independent Living Centre (information and advice) Mawarnkarra Health Service (AMS) St John Ambulance 	<ul style="list-style-type: none"> Mawarnkarra Health Service (AMS)
Sport, Recreational and Social Clubs, Organisations and Activities	<ul style="list-style-type: none"> Karratha Leisureplex Karratha Autumn Club Karratha Golf Course Karratha Bowling Club Karratha RSL Sub-Branch Rotary Club of Karratha 	<ul style="list-style-type: none"> Val & Kathy's Crafty Kitchen Yirramagardu Community Association) Yaandina Family Centre 	<ul style="list-style-type: none"> NBAC (yarning circles) NYFL WMYAC Juluwarlu Group Aboriginal Corporation Yindjibarndi Aboriginal Corporation
Information Services, Personal Administration Assistance and Advocacy	<ul style="list-style-type: none"> Centrelink Local Information Network Karratha CoK Silverchain (HACC Services) 	<ul style="list-style-type: none"> Roebourne Community Resource Centre Yaandina Family Centre (especially HACC service) Centrelink (agent) 	<ul style="list-style-type: none"> KMAC NAC NBAC NYFL WMYAC Juluwarlu Group Aboriginal Corporation Yindjibarndi Aboriginal Corporation
Age-Friendly Infrastructure	<ul style="list-style-type: none"> CoK WACHS Population Health Unit WA Housing Authority 	<ul style="list-style-type: none"> CoK WACHS Population Health Unit (Nickol Bay Hospital) WA Housing Authority 	<ul style="list-style-type: none"> CoK Pilbara Meta Maya Regional Aboriginal Corporation (STEP) WA Housing Authority
Transport	<ul style="list-style-type: none"> Silverchain Karratha Autumn Club Residential public transport system 	<ul style="list-style-type: none"> Yaandina Family Centre Mawarnkarra Health Service (AMS) 	<ul style="list-style-type: none"> Yaandina Family Centre Mawarnkarra Health Service (AMS) Silverchain



	Karratha	Roeburne	Aboriginal Communities
Appropriate Aged Housing	<ul style="list-style-type: none"> • Warambie Estate – National Lifestyle Villages (11 units – WA Housing Authority eligibility assessment required) 	<ul style="list-style-type: none"> • Elders Village for NAC members only (10 units) 	<ul style="list-style-type: none"> • NAC
Community and Home Based Care Supports	<ul style="list-style-type: none"> • Silverchain (HACC and HCP) • EPIC • Access Care Network Australia (RAS) • Independent Living Centre (information and advice) • WACHS Population Health Unit (home modifications) • Salvation Army (Karratha Women’s Refuge and crisis care) 	<ul style="list-style-type: none"> • Yaandina Family Centre (HACC services and centre based daycare, sobering up shelter, new HACC building under construction) • Mawarnkarra Health Service (home visits and Munga Tharndu Maya Women’s Refuge) • Silverchain (HACC and HCP) • EPIC • Access Care Network Australia (RAS) • Independent Living Centre (information and advice) • WACHS Population Health Unit (home modifications) 	<ul style="list-style-type: none"> • KMAC • NAC • NBAC • Yaandina Family Centre • Silverchain • Mawarnkarra Health Service (AMS)
Residential Aged Care	<ul style="list-style-type: none"> • Council aspiration for residential units on land near new hospital 	<ul style="list-style-type: none"> • Yaandina Frail Aged Hostel (20 bed facility permanent and respite care) 	
Gaps in service provision and support	<ul style="list-style-type: none"> • Residential aged care facility in Karratha • Appropriate aged housing • Specialised health services • Age-friendly public infrastructure (in particular Roebourne) • Access to appropriate transport • Weekend support and after hours support • Targeted recreational and social activities • Cremation services 		

Shire of Ashburton (SoA)

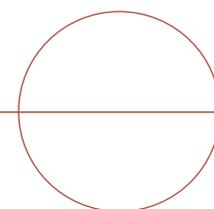
The Shire of Ashburton includes the towns of Tom Price, Onslow, Pannawonica and Paraburadoo. It includes the Aboriginal communities of Innawonga (Bellary), Bindi Bindi, Ngurawaana, Wakathuni and Youngaleena.

Total Population: 13,026

Population 50 years and over: 2,718 (20.8%)
 Population 65 years and over: 236 (1.81%)
 Aboriginal and Torres Strait Islander population
 45 years and over: 245 (1.8%)
 (Australian Bureau of Statistics, 2017)

Age-Friendly Communities

	Tom Price	Onslow	Paraburadoo	Aboriginal Communities
Health Services	<ul style="list-style-type: none"> • WACHS (Tom Price Hospital – acute medical services) • Independent Living Centre (information and advice) • Access Care Network Australia (RAS) • Private GP Clinics • St John Ambulance 	<ul style="list-style-type: none"> • WACHS (Onslow District Hospital – acute medical services) • Independent Living Centre (information and advice) • Access Care Network Australia (RAS) • Private GP Clinics • St John Ambulance 	<ul style="list-style-type: none"> • WACHS (Paraburadoo Hospital – acute medical services) • Independent Living Centre (information and advice) • Access Care Network Australia (RAS) • Paraburadoo Medical Centre • St John Ambulance 	<ul style="list-style-type: none"> • IBN • Silverchain
Sport, Recreational and Social Clubs, Organisations and Activities	<ul style="list-style-type: none"> • EPIS • Nintirri Centre • Golden Pearls Group • Tom Price Bowling Club • Tom Price Swimming Pool • Mountain View Sporting Club (Golf Course) • Seniors Group • Tom Price Drive In Picture Theatre 	<ul style="list-style-type: none"> • Onslow Keepers • Silverchain (HACC day centre) • Onslow Sports Club • Onslow Aquatic Centre • Onslow Community Garden 	<ul style="list-style-type: none"> • Karingal Neighbourhood Centre • Paraburadoo Men’s Shed • Paraburadoo Swimming Pool • Paraburadoo Golf Course • Paraburadoo Bowling Club 	<ul style="list-style-type: none"> • Ashburton Aboriginal Corporation • Gumala Aboriginal Corporation • IBN
Information Services, Personal Administration Assistance and Advocacy	<ul style="list-style-type: none"> • EPIS • Nintirri Centre • Centrelink • SoA • CRC 	<ul style="list-style-type: none"> • EPIS • Centrelink • Buralayji Thalanyji Aboriginal Corporation • SoA 	<ul style="list-style-type: none"> • Karingal Neighbourhood Centre • Yinhawangka Aboriginal Corporation 	<ul style="list-style-type: none"> • Ashburton Aboriginal Corporation • Gumala Aboriginal Corporation • Yinhawangka Aboriginal Corporation
Age-Friendly Infrastructure	<ul style="list-style-type: none"> • SoA 	<ul style="list-style-type: none"> • SoA 	<ul style="list-style-type: none"> • SoA 	<ul style="list-style-type: none"> • SoA • WA Housing Authority • Pilbara Meta Maya Regional Aboriginal Corporation (STEP)
Transport	<ul style="list-style-type: none"> • EPIS 	<ul style="list-style-type: none"> • Silverchain 		<ul style="list-style-type: none"> • EPIS • Silverchain



	Tom Price	Onslow	Paraburdoo	Aboriginal Communities
Appropriate Aged Housing		<ul style="list-style-type: none"> • 5 pensioner units (managed by SoA, built by WA Housing Authority) • 6 Pensioner units (managed by the SoA, built by community) • 2 units (Buuralayji Thalanyji Aboriginal Corporation) 		<ul style="list-style-type: none"> • Buuralayji Thalanyji Aboriginal Corporation
Community and Home Based Care Supports	<ul style="list-style-type: none"> • Silverchain (HACC and HCP) • EPIS 	<ul style="list-style-type: none"> • EPIS • Silverchain 		<ul style="list-style-type: none"> • IBN • EPIS (Bindi Bindi, Bellary and Wakathuni) • Silverchain (Bindi Bindi)
Gaps in service provision and support	<ul style="list-style-type: none"> • Adequate residential aged care options • Appropriate aged housing in Tom Price and Paraburdoo • Specialised health services – especially renal services • Age-friendly public infrastructure • Access to appropriate transport • Weekend support and after hours support • Targeted recreational and social activities 			

Shire of East Pilbara (SoEP)

The Shire of East Pilbara includes the towns of Marble Bar, Newman, Nullagine. It includes the Aboriginal communities of Goodabinya, Irrungadji, Jigalong, Kiwirrkurra, Kunawarritji, Parnngurr, Parpajinya, Punmu, Strelley and Warralong.

Total Population: 10,591

Population 50 years and over: 1,988 (18.7%)
 Population 65 years and over: 222 (2.09%)
 Aboriginal and Torres Strait Islander population 45 years and over: 420 (3.9%)
 (Australian Bureau of Statistics, 2017)

Age-Friendly Communities

	Newman	Marble Bar	Nullagine	Aboriginal Communities
Health Services	<ul style="list-style-type: none"> • WACHS (Newman Hospital - acute medical services) • Access Care Network Australia (RAS) • Independent Living Centre (information and advice) • Puntukurnu Aboriginal Medical Service (PAMS) • Private GP Clinics • St John Ambulance 	<ul style="list-style-type: none"> • Marble Bar Nursing Post • Royal Flying Doctor Service • Access Care Network Australia (RAS) 	<ul style="list-style-type: none"> • Nullagine Community Health Service • Access Care Network Australia (RAS) 	<ul style="list-style-type: none"> • Puntukurnu Aboriginal Medical Service (PAMS) • Silverchain

	Newman	Marble Bar	Nullagine	Aboriginal Communities
Sport, Recreational and Social Clubs, Organisations and Activities	<ul style="list-style-type: none"> • Newman Neighbourhood Centre • EPIS (HACC day centre) • Lions Club of Newman • Kanyirninpa Jukurrpa • Newman Bowling Club • Martumili Artists • Newman Aquatic Centre • Newman Recreation Centre • Fortescue Golf Club 	<ul style="list-style-type: none"> • Marble Bar Public Library • Marble Bar Swimming Pool • Marble Bar Community Garden • Marble Bar Men's Shed • Senior's gatherings 		<ul style="list-style-type: none"> • EPIS • Remote community swimming pools
Information Services, Personal Administration Assistance and Advocacy	<ul style="list-style-type: none"> • Newman Neighbourhood Centre • EPIS • Centrelink • KJ 	<ul style="list-style-type: none"> • CRC • EPIS • Marble Bar Public Library • SoEP 	<ul style="list-style-type: none"> • CRC 	<ul style="list-style-type: none"> • Jigalong Community Inc • EPIS • Silverchain • SoEP
Age-Friendly Infrastructure	<ul style="list-style-type: none"> • SoEP 	<ul style="list-style-type: none"> • SoEP 	<ul style="list-style-type: none"> • SoEP 	<ul style="list-style-type: none"> • Jigalong Community Inc. • Pilbara Meta Maya Regional Aboriginal Corporation (STEP) • SoEP
Transport	<ul style="list-style-type: none"> • EPIS • KJ 	<ul style="list-style-type: none"> • EPIS troop carrier 		<ul style="list-style-type: none"> • Kanyirninpa Jukurrpa • EPIS • Silverchain

	Newman	Marble Bar	Nullagine	Aboriginal Communities
Appropriate Aged Housing	<ul style="list-style-type: none"> • WA Housing Authority manage 3 x 1 bedroom units 	<ul style="list-style-type: none"> • Peri Smith Retirement Units – 6 units (managed by the SoEP) 		<ul style="list-style-type: none"> • WA Housing Authority • Jigalong Community Inc.
Community and Home Based Care Supports	<ul style="list-style-type: none"> • Silverchain • EPIS • Newman Women's Shelter • Martumili Artists 	<ul style="list-style-type: none"> • EPIS (HACC day centre) 		<ul style="list-style-type: none"> • EPIS (Goodabinya and Warralong) • Silverchain (Kunnawarritji, Parnngurr, Punmu)
Gaps in service provision and support	<ul style="list-style-type: none"> • Adequate residential aged care • Appropriate aged housing • Safe compound village • Community and home based care supports (Nullagine) • General health services in some areas • Specialised health services – especially renal services • Age-friendly public infrastructure • Access to appropriate transport • Weekend support and after hours support • Targeted recreational and social activities • HACC day centre in Warralong 			

Town of Port Hedland (ToPH)

The town of Port Hedland includes South Hedland and Port Hedland. It includes the Aboriginal communities of Jinparinya, Marta Marta, Punju Njama, Tkalka Boorda and Tjalka Wara Community (12 Mile) and Yandeyarra.

Total population: 14,469

Population 50 years and over: 2,721 (18.8%)
 Population 65 years and over: 493 (3.40%)
 Aboriginal and Torres Strait Islander population
 45 years and over: 610 (4.2%)
 (Australian Bureau of Statistics, 2017)

Age-Friendly Communities

	Port Hedland	South Hedland	Aboriginal Communities
Health Services	<ul style="list-style-type: none"> WACHS (Hedland Health Campus - acute medical services, Older Person Initiative, ACAT, Population Health Unit) Access Care Network Australia (RAS) Independent Living Centre (information and advice) Port Hedland Medical Clinic (including Hedland Hearing Clinic) Private GP Clinics St John Ambulance Silverchain (home nursing) 	<ul style="list-style-type: none"> WACHS (Hedland Health Campus - acute medical services, Older Person Initiative, ACAT, Population Health Unit) WAPHA (access to primary healthcare) Access Care Network Australia (RAS) Independent Living Centre (information and advice) Wirraka Maya Health Service (AMS) Private GP Clinics St John Ambulance Silverchain (home nursing) 	<ul style="list-style-type: none"> Wirraka Maya Health Service (AMS) Healing garden Silverchain
Sport, Recreational and Social Clubs, Organisations and Activities	<ul style="list-style-type: none"> Hedland Community Radio Port Hedland Yacht Club Soroptimists Port Hedland Country Women's Association Hedland Community Living Association Port Hedland Visitor Centre Port Hedland Golf Club Silverchain (HACC, HCP, day centre) Fishing 	<ul style="list-style-type: none"> RSL Port Hedland Well Women's Centre Spinifex Hill Studios South Hedland Bowling and Tennis Club Wangka Maya Pilbara Aboriginal Language Centre Silverchain (HACC, HCP, day centre) 	<ul style="list-style-type: none"> Yarning circles
Information Services, Personal Administration Assistance and Advocacy	<ul style="list-style-type: none"> Silverchain (HACC, HCP, day centre) ToPH 	<ul style="list-style-type: none"> Bloodwood Tree Association Wangka Maya Pilbara Aboriginal Language Centre Silverchain (HACC, HCP, day centre) Centrelink ToPH Spinifex Hill Studios 	<ul style="list-style-type: none"> Bloodwood Tree Association IBN Pilbara Meta Maya Aboriginal Corporation
Age-Friendly Infrastructure	<ul style="list-style-type: none"> ToPH Physical mobility and accessibility is average to poor. 	<ul style="list-style-type: none"> ToPH Physical mobility and accessibility is average to poor. 	<ul style="list-style-type: none"> Pilbara Meta Maya Regional Aboriginal Corporation (STEP) WA Housing Authority IBN
Transport	<ul style="list-style-type: none"> Silverchain Lifestyle Solutions Bloodwood Tree Association IBN Residential public transport system 	<ul style="list-style-type: none"> Silverchain Lifestyle Solutions Bloodwood Tree Association IBN 	<ul style="list-style-type: none"> Bloodwood Tree Association IBN Silverchain

	Port Hedland	South Hedland	Aboriginal Communities
Appropriate Aged Housing	<ul style="list-style-type: none"> • Port Hedland Retirement Village Inc. – Steven Street – ToPH and WA Housing Authority (22 units and community hall) • Port Hedland Masonic Care Retirement Village – and WA Housing Authority (10 units – WA Housing Authority eligibility assessment required) 	<ul style="list-style-type: none"> • Mirli Maya 6 independent units (for IBN members only, managed by Foundation Housing) • WA Housing Authority manage 5 fully and partially modified units with a communal garden – this is a purpose built facility dedicated to seniors • WA Housing Authority manage 12 x 1 bedroom units • WA Housing Authority manage a duplex arrangement • WA Housing Authority manage 3 complexes of 4 x 1 bedroom units • WA Housing Authority manage 6 x 1 bedroom units 	<ul style="list-style-type: none"> • IBN
	Port Hedland	South Hedland	Aboriginal Communities
Community and Home Based Care Supports	<ul style="list-style-type: none"> • Silverchain (HACC, HCP, day centre, Breakfast Club) • Lifestyle Solutions (disability services) • Port Hedland Medical Centre • WACHS Population Health • Access Care Network Australia (Regional Assessment Service) • Independent Living Centre (information and advice) 	<ul style="list-style-type: none"> • Silverchain (HACC, HCP, day centre, Breakfast Club) • Lifestyle Solutions (disability services) • WACHS Population Health • Access Care Network Australia (Regional Assessment Service) • Independent Living Centre (information and advice) • Bloodwood Tree Association (Wapa Maya Safe Place and sobering up shelter) 	<ul style="list-style-type: none"> • Silverchain (HACC, HCP) • Pilbara Meta Maya Regional Aboriginal Corporation (STEP)
Residential Aged Care		<ul style="list-style-type: none"> • Karlarra House (56 bed facility permanent and respite care) 	
Gaps in service provision and support	<ul style="list-style-type: none"> • Upgraded residential aged care facility • Appropriate aged housing • Specialised health services • Age-friendly public infrastructure • Access to appropriate transport – specifically to address the disconnect between Port and South Hedland which makes some services difficult to access, although they may service both South and Port Hedland, they are generally located in only one of the two centres • Weekend support and after hours support • Targeted recreational and social activities 		

4.2.2 KIMBERLEY REGION

Shire of Broome (SoB)

The Shire of Broome includes the townsite of Broome. The traditional owners of Broome Townsite are the Yawuru people. The Shire of Broome includes the Aboriginal communities of Ardyaloon (One Arm Point / Bardi), Beagle Bay, Bidyadanga and Djarindjin (Lombadina), plus many discrete remote Aboriginal communities.

Total population: 16,222

Population 50 years and over: 3,966 (24.4%)
Population 65 years and over: 1063 (6.55%)
Aboriginal and Torres Strait Islander population 45 years and over: 1,016 (6.2%)
(Australian Bureau of Statistics, 2017)

Age-Friendly Communities

	Broome	Aboriginal Communities
Health Services	<ul style="list-style-type: none"> • WACHS (Broome Hospital - acute medical services, Older Person Initiative, ACAT, Population Health Unit) • WAPHA (access to primary healthcare) • Kimberley Aged and Community Services (WACHS) • Kimberley Aboriginal Medical Service (AMS) • Broome Aboriginal Medical Service (AMS) • Kimberley Mental Health & Drug Service • Boab Health Services • Private GP Clinics • St John Ambulance 	<ul style="list-style-type: none"> • Kimberley Aboriginal Medical Service (AMS) • Broome Aboriginal Medical Service (AMS) • Boab Health Services • Kimberley Aged and Community Services (WACHS)
Sport, Recreational and Social Clubs, Organisations and Activities	<ul style="list-style-type: none"> • Broome Over 50's Club • Broome RSL Club • Broome Circle (includes Broome Volunteer Resource Service) • Broome Turf Club • Broome Pearlers • Broome Men's Shed • Southern Plus Brand Nue Day (HACC Service) • Mamabulanjin Aboriginal Corporation • Shire of Broome (Broome Recreation and Aquatic Centre) • Nyamba Buru Yawuru Aboriginal Corporation (members only) • Broome Community Recovery Centre • Broome Lions Club 	<ul style="list-style-type: none"> • Bidadanga Aboriginal Community • Nyamba Buru Yawuru Aboriginal Corporation (members only) • Kimberley Aged and Community Services (WACHS)
Information Services, Personal Administration Assistance and Advocacy	<ul style="list-style-type: none"> • Broome Circle • Australian Red Cross • Mamabulanjin Aboriginal Corporation • Centacare • Kimberley Stolen Generation Aboriginal Corporation • Kimberley Aged and Community Services (WACHS) • Kimberley Disability Advocacy • Centrelink • Nyamba Buru Yawuru Aboriginal Corporation (members only) • Broome Community Recovery Centre • SoB 	<ul style="list-style-type: none"> • Nyamba Buru Yawuru Aboriginal Corporation (members only) • Nirrumbuk Aboriginal Corporation • Kimberley Stolen Generation Aboriginal Corporation • Bidadanga Aboriginal Community • Bidadanga CRC • Djarindjin CRC
Age-Friendly Infrastructure	<ul style="list-style-type: none"> • SoB (Access and Inclusion Committee) • Mamabulanjin Aboriginal Corporation • WACHS Population Health 	<ul style="list-style-type: none"> • WA Housing Authority • Bidadanga Aboriginal Community • Nirrumbuk Aboriginal Corporation
Transport	<ul style="list-style-type: none"> • Southern Plus Brand Nue Day (HACC Service, bus) • Broome Aboriginal Medical Service (AMS – patients only) • Mamabulanjin Aboriginal Corporation (Kullarri Night Patrol) • Marnja Jarndu Women's Refuge • Nyamba Buru Yawuru Aboriginal Corporation (members only) • Public transport service • Men's Shed Bus 	<ul style="list-style-type: none"> • Nyamba Buru Yawuru Aboriginal Corporation (members only) • Marnja Jarndu Women's Refuge

	Broome	Aboriginal Communities
Appropriate Aged Housing	<ul style="list-style-type: none"> • WA Housing Authority – provide smaller unit style accommodation occupied by pensioners but no specific aged appropriate housing is available in Broome • Foundation Housing • Uniting Church is working on developing a retirement village • A Broome Short Stay Accommodation Facility is being developed 	<ul style="list-style-type: none"> • WA Housing Authority • Bidadanga Aboriginal Community • Community Housing Limited • Nirrumbuk Aboriginal Corporation (STEP)
Community and Home Based Care Supports	<ul style="list-style-type: none"> • Kimberley Aged and Community Services (WACHS) • Southern Plus Brand Nue Day (HACC Service and day centre) • Silverchain (Home Nursing) • WACHS Kimberley Population Health (home modifications) • WA Housing Authority (home modifications) • Kimberley Disability Advocacy (home modifications) • Milliya Rumurra Aboriginal Corporation (sobering up shelter) • Marnja Jarndu Women’s Refuge (crisis accommodation) • Nyamba Buru Yawuru Aboriginal Corporation (members only) • Centacare (Breakfast Club, emergency relief) • Broome Community Recovery Centre 	<ul style="list-style-type: none"> • Kimberley Aged and Community Services (WACHS) – in 12 remote communities across the Kimberley • Silverchain (Home Nursing) • Nyamba Buru Yawuru Aboriginal Corporation (members only)
Residential Aged Care	<ul style="list-style-type: none"> • Germanus Kent House – managed by Southern Cross Plus (55 bed facility) 	
Gaps in service provision and support	<ul style="list-style-type: none"> • Appropriate aged housing (secure and accessible) • Specialised health services • Access to appropriate transport – the public transport system is perceived as being geared for tourists more than residents • Weekend support and after hours support 	



Shire of Derby West Kimberley (SDWK) Total population: 7,730

The Shire of Derby West Kimberly includes the towns of Derby, Fitzroy Crossing and Camballin plus many discrete remote Aboriginal communities.

Population 50 years and over: 1,733 (22.4%)
 Population 65 years and over: 474 (6.13%)
 Aboriginal and Torres Strait Islander population 45 years and over: 1,081 (13.9%)
 (Australian Bureau of Statistics, 2017)

Age-Friendly Communities

	Derby	Fitzroy Crossing / Fitzroy Valley	Aboriginal Communities
Health Services	<ul style="list-style-type: none"> WACHS (Derby Hospital - acute medical services, Population Health Unit, Community Health Unit) WACHS – 20 bed renal hostel Access Care Network Australia (RAS) Independent Living Centre Kimberley Aged and Community Services (WACHS) Derby Aboriginal Health Service (AMS) St John Ambulance Kimberley Mental Health & Drug Service Royal Flying Doctor Service 	<ul style="list-style-type: none"> WACHS (Fitzroy Crossing Hospital - acute medical services, Community Health Unit, chronic disease management, four chair renal dialysis unit) Access Care Network Australia (RAS) Independent Living Centre (information and advice) Kimberley Aged and Community Services (WACHS) Nindilingarri Cultural Health Service (AMS) Kimberley Mental Health & Drug Service Royal Flying Doctor Service 	<ul style="list-style-type: none"> Kimberley Aged and Community Services (WACHS) WACHS (Fitzroy Crossing Hospital) WACHS (Derby Hospital Community Health) Derby Aboriginal Health Service (AMS) Nindilingarri Cultural Health Service (AMS) Kurungal Council Inc.
Sport, Recreational and Social Clubs, Organisations and Activities	<ul style="list-style-type: none"> Country Women’s Association Derby HACC Derby Seniors Group SDWK (Library morning tea) Mowanjum Aboriginal Art and Culture Centre Derby Aquatic Centre Norval Gallery 	<ul style="list-style-type: none"> Mangkaja Arts Resource Aboriginal Corporation Ngurra Arts Marninwartikura Women’s Resource Centre (Marnin Studio) Fitzroy Crossing Swimming Pool 	<ul style="list-style-type: none"> Kurungal Council Inc. Ngurra Arts
Information Services, Personal Administration Assistance and Advocacy	<ul style="list-style-type: none"> Kimberley Aged and Community Services (WACHS) Derby HACC Winun Ngari Aboriginal Corporation Kimberley Disability Advocacy Centrelink Mowanjum Aboriginal Art and Culture Centre Mowanjum CRC SDWK Norval Gallery 	<ul style="list-style-type: none"> Kimberley Aged and Community Services (WACHS) Marra Worra Worra Aboriginal Corporation Marninwartikura Women’s Resource Centre Centrelink Noonkanbah CRC Fitzroy Valley CRC SDWK 	<ul style="list-style-type: none"> Kimberley Aged and Community Services (WACHS) Winun Ngari Aboriginal Corporation Marra Worra Worra Aboriginal Corporation Marninwartikura Women’s Resource Centre Derby HACC Kurungal Council Inc. Looma CRC
Age-Friendly Infrastructure	<ul style="list-style-type: none"> SDWK WACHS Kimberley Population Health 	<ul style="list-style-type: none"> SDWK 	<ul style="list-style-type: none"> WA Housing Authority Marra Worra Worra Aboriginal Corporation Kurungal Council Inc. SDWK
Transport	<ul style="list-style-type: none"> Kimberley Aged and Community Services (WACHS) Derby Aboriginal Health Service Derby HACC Juniper Ngamang Bawoona Juniper Numbala Nunga 	<ul style="list-style-type: none"> Kimberley Aged and Community Services (WACHS) Nindilingarri Cultural Health Service (AMS) Juniper Guwardi Ngadu Marninwartikura Women’s Resource Centre 	<ul style="list-style-type: none"> Juniper Guwardi Ngadu Marra Worra Worra Aboriginal Corporation Kimberley Aged and Community Services (WACHS) Nindilingarri Cultural Health Service (AMS)

	Derby	Fitzroy Crossing / Fitzroy Valley	Aboriginal Communities
Appropriate Aged Housing	<ul style="list-style-type: none"> DASSA (Centacare and Mercy Care) 		<ul style="list-style-type: none"> WA Housing Authority Nirrumbuk Aboriginal Corporation (STEP) Community Housing Limited Emama Nguda Aboriginal Corporation
Community and Home Based Care Supports	<ul style="list-style-type: none"> Derby HACC WACHS Kimberley Population Health (home modifications) WA Housing Authority (home modifications) Kimberley Disability Advocacy (home modifications) Garl Garl Walbu Alcohol Association Aboriginal Corporation (sobering up shelter) 	<ul style="list-style-type: none"> Nindilingarri Cultural Health Service (HACC) Marra Worra Worra Aboriginal Corporation WA Housing Authority (home modifications) Kimberley Disability Advocacy (home modifications) 	<ul style="list-style-type: none"> Nindilingarri Cultural Health Service (HACC) Marra Worra Worra Aboriginal Corporation Kurungal Council Inc. (HACC Centre)
Residential Aged Care	<ul style="list-style-type: none"> Juniper Numbala Nunga (26 bed facility high care permanent and respite care) Juniper Ngamang Bawoona (17 bed low care facility) 	<ul style="list-style-type: none"> Juniper Guwardi Ngadu (32 bed facility permanent and respite care) 	
Gaps in service provision and support	<ul style="list-style-type: none"> Appropriate aged housing Specialised health services Age-friendly public infrastructure Access to appropriate transport Weekend support and after hours support Targeted recreational and social activities 		

Shire of Halls Creek (SDWK)

The Shire of Halls Creek includes the townsite of Halls Creek plus many discrete remote Aboriginal communities.

Total population: 3,269

Population 50 years and over: 636 (19.4%)
 Population 65 years and over: 168 (5.13%)
 Aboriginal and Torres Strait Islander population 45 years and over: 476 (14.5%)
 (Australian Bureau of Statistics, 2017)

Age-Friendly Communities

	Halls Creek	Aboriginal Communities
Health Services	<ul style="list-style-type: none"> WACHS (Halls Creek Hospital - acute medical services, chronic disease management and Community Health Unit) Kimberley Aged and Community Services (WACHS) Access Care Network Australia (Regional Assessment Service) Independent Living Centre (information and advice) Yura Yungi Medical Service (AMS) Kimberley Mental Health & Drug Service Halls Creek TAFE (aged care sector training) Royal Flying Doctor Service 	<ul style="list-style-type: none"> WACHS (Halls Creek Hospital - acute medical services, chronic disease management and Community Health Unit) Kimberley Aged and Community Services (WACHS) Access Care Network Australia (RAS) Independent Living Centre (information and advice) Yura Yungi Medical Service (AMS)
Sport, Recreational and Social Clubs, Organisations and Activities	<ul style="list-style-type: none"> Yarliyl Art Centre Halls Creek Aquatic and Recreational Centre Halls Creek Golf Club Halls Creek Community Care Inc. 	<ul style="list-style-type: none"> Kapululangu Aboriginal Women Law & Culture Centre Warlayirti Artists Aboriginal Corporation (Balgo) Warmun Art Centre



	Halls Creek	Aboriginal Communities
Information Services, Personal Administration Assistance and Advocacy	<ul style="list-style-type: none"> Halls Creek Community Care Inc. (HACC and HCP) Yarliyil Art Centre Jungarni Jutiya Indigenous Corporation Kimberley Disability Advocacy Centrelink Yarliyil Art Centre Halls Creek CRC 	<ul style="list-style-type: none"> Kimberley Aged and Community Services (WACHS) Kapululangu Aboriginal Women Law & Culture Centre Warlayirti Artists Aboriginal Corporation (Balgo) Warmun CRC Billiluna CRC Warmun Community Inc. Warmun Art Centre
Age-Friendly Infrastructure	<ul style="list-style-type: none"> SHC WACHS Kimberley Population Health 	<ul style="list-style-type: none"> SHC Community Housing Limited Nirrumbuk Aboriginal Corporation (STEP)
Transport	<ul style="list-style-type: none"> Wunan Foundation Jungarni Jutiya Indigenous Corporation (night patrol) 	<ul style="list-style-type: none"> Wunan Foundation

	Halls Creek	Aboriginal Communities
Appropriate Aged Housing	<ul style="list-style-type: none"> WA Housing Authority – Lumboo Village – 21 units – mixed pensioner and disability affordable housing complex 	<ul style="list-style-type: none"> WA Housing Authority Nirrumbuk Aboriginal Corporation (STEP) Community Housing Limited
Community and Home Based Care Supports	<ul style="list-style-type: none"> Halls Creek Community Care Inc. (HACC and HCP) WACHS Kimberley Population Health (home modifications visiting service) Halls Creek TAFE (aged care sector training) 	<ul style="list-style-type: none"> Kimberley Aged and Community Services (WACHS) Warmun Community Inc. (aged care support) Kapululangu Aboriginal Women Law & Culture Centre (aged care support)
Residential Aged Care	<ul style="list-style-type: none"> Menkawun Ngurra – Halls Creek People’s Church Aged Care Facility – operated by Yura Yungi Medical Service (28 bed facility high care permanent and respite care) 	<ul style="list-style-type: none"> \$11 million aged care facility lying idle in Warmun
Gaps in service provision and support	<ul style="list-style-type: none"> Appropriate aged housing Specialised health services Age-friendly public infrastructure Access to appropriate transport – need for community bus Weekend support and after hours support Targeted recreational and social activities Unused facility in Warmun 	

Shire of Wyndham East Kimberley (SWEK) Total population: 7,148

The Shire of Wyndham East Kimberley includes the towns of Kununurra and Wyndham as well as many discrete remote Aboriginal communities, the largest of which is Kalumburu.

Population 50 years and over: 1,802 (25.2%)
 Population 65 years and over: 461 (6.44%)
 Aboriginal and Torres Strait Islander population 45 years and over: 503 (7.0%)
 (Australian Bureau of Statistics, 2017)

Age-Friendly Communities

	Kununurra	Wyndham	Aboriginal Communities
Health Services	<ul style="list-style-type: none"> WACHS (Kununurra District Hospital - acute medical services, Community Health Unit, Population Health Unit) Kimberley Aged and Community Services (WACHS) Access Care Network Australia (RAS) Independent Living Centre (information and advice) Ord Valley Aboriginal Health Service Kununurra Medical (Wunan Foundation) Boab Health Services Kimberley Mental Health & Drug Service St John Ambulance Royal Flying Doctor Service 	<ul style="list-style-type: none"> WACHS (Wyndham District Hospital - acute medical services, Community Health Unit) Access Care Network Australia (RAS) Independent Living Centre (information and advice) St John Ambulance Royal Flying Doctor Service 	<ul style="list-style-type: none"> Kimberley Aged and Community Services (WACHS)
Sport, Recreational and Social Clubs, Organisations and Activities	<ul style="list-style-type: none"> Waringarri Aboriginal Arts Kununurra RSL Club Kununurra Bowls Club Kununurra Lions Club Kununurra Rotary Club Kununurra Neighbourhood House Kununurra Historical Society Kununurra Community Resource Centre Juniper Kununurra Community Care Kununurra Leisure Centre 	<ul style="list-style-type: none"> Joongari House Wyndham Golf Club Wyndham Memorial Swimming Pool 	
Information Services, Personal Administration Assistance and Advocacy	<ul style="list-style-type: none"> Kununurra CRC Juniper Kununurra Community Care Kimberley Disability Advocacy Centrelink MG Corporation SWEK 	<ul style="list-style-type: none"> Joongari House Centrelink agent Wyndham CRC 	<ul style="list-style-type: none"> Kalumburu CRC
Age-Friendly Infrastructure	<ul style="list-style-type: none"> SWEK WACHS Population Health 	<ul style="list-style-type: none"> SWEK 	<ul style="list-style-type: none"> WA Housing Authority Nirrumbuk Aboriginal Corporation (STEP) Community Housing Limited SWEK
Transport	<ul style="list-style-type: none"> Juniper Kununurra Community Care (HACC) Kununurra Waringarri Aboriginal Corporation (night patrol) 	<ul style="list-style-type: none"> Juniper Marlgu Village (HACC) 	

	Kununurra	Wyndham	Aboriginal Communities
Appropriate Aged Housing	<ul style="list-style-type: none"> • WA Housing Authority (3 single bed units for pensioners) 		<ul style="list-style-type: none"> • WA Housing Authority • Nirrumbuk Aboriginal Corporation (STEP) • Community Housing Limited • Wunan Foundation
Community and Home Based Care Supports	<ul style="list-style-type: none"> • Juniper Kununurra Community Care (HACC, day centre and respite) • Kununurra Waringarri Aboriginal Corporation (Moongoong Sober Up Shelter) • WACHS Kimberley Population Health (home modifications) • WA Housing Authority (home modifications) • Kimberley Disability Advocacy (home modifications) 	<ul style="list-style-type: none"> • Juniper Marlgu Village (HACC) 	<ul style="list-style-type: none"> • Kimberley Aged and Community Services (WACHS)
Residential Aged Care	<ul style="list-style-type: none"> • Kununurra Residential Aged Care Facility (WACHS) – 10 bed permanent high care facility • Juniper are currently building a 30 bed permanent high care and respite facility also incorporating HACC services, day centre 	<ul style="list-style-type: none"> • Juniper Marlgu Village (9 bed facility permanent and respite care) 	
Gaps in service provision and support	<ul style="list-style-type: none"> • Residential aged housing in remote communities • Appropriate aged housing • Specialised health services • Age-friendly public infrastructure • Access to appropriate transport • Respite • Weekend support and after hours support • Targeted recreational and social activities 		





Ageing and Aged Care Strategy Framework

5

5.1 Strategic Vision Statement

This Strategy has adopted the following Strategic Vision Statement to summarise intent; namely –

‘Developing the North West as a region where older people can confidently choose to age well, safely and in place’.

5.2 Guiding Principles

Guiding principles are the fundamental, moral and ethical beliefs that underpin any strategy or methodology. As core values, they help define the boundaries of action, act as driving forces for the Strategy’s desired outcomes and recommended actions and help foster trust and collaboration amongst stakeholders. *Guiding Principles* also contribute to the creation of a framework for decision making about priorities and stakeholder support and funding. In synopsis, any action ought to be measured against these *Guiding Principles*.

Inspirational in terms of crafting *Guiding Principles* are the Eden Principles, now being valued and utilised by a growing number of age care providers (see Appendix iii)).

Eleven *Guiding Principles* have been identified for this Strategy; namely:

- **Respect** – revering, honouring and valuing older people for their wisdom and ongoing contributions and participation; and acknowledging that all aged people have the right of respect for their decisions about their lifestyle choices and security.
- **Person-centred** – ensuring aged care supports are based on the needs and desires of individual ageing community members, enabling them to choose the setting and types of support they value.
- **Active Ageing, Inclusion and Contribution** – creating and exploring ageing options that avoid feelings of loneliness, boredom and helplessness; and enable relationship and companionship building and active participation in community and intergenerational exchange.

- **Human Dignity and Equity** – enabling older people to access the care and support that they need, regardless of cultural or linguistic background, location and life circumstance; opposing all forms of discrimination whether based on age, race, ethnicity, gender or sexual orientation.
- **Diversity** – appreciating the diversity of aspirations, needs, contributions, locations and health status of older persons in the North West Region; ensuring ageing services are delivered in a safe and effective manner that is responsive to and respectful of that diversity.
- **Cultural Appreciation** – valuing Aboriginal social and cultural priorities and practices, including the importance of ‘Country’, kin and lore/ law to Aboriginal people and their impact on ageing lifestyle choices.
- **Community Ownership** – stimulating greater ownership, awareness and engagement by the wider community in the creation of age-friendly communities and meaningful initiatives to support older members to age well and safely.
- **Collaboration and Coordination** – encouraging stronger partnerships, collaborative approaches, networking, and integrated service delivery; aiming for the smarter use of resources and reduced fragmentation, duplication and overlap of services.
- **Cultural and Place-based Relevance** – recognising the cultural and geographic diversity of the North West Region and thus ensuring that ageing policy and programme support options evolve with a determined reference to local cultural frameworks, place based solutions, the active participation of community members and their diverse cultural/ community realities, opportunities and needs.
- **Innovation and Creativity** – fostering an autotelic culture within the age care sector that capitalises on innovation, best practice and

the desire to do things and effect outcomes in better and smarter ways. It seeks to encourage openness and flexibility whilst nurturing engagement and persistence.

- **Asset and Opportunity Focus** – dynamically pursuing opportunities for strength-based initiatives, building upon local assets, creativity and existing resourcefulness, and especially facilitating opportunities that enable older people to contribute their wisdom, skills and opportunities.

5.3 Strategic Goals

Strategic Goals are broad statements of intent that direct strategies and actions towards accomplishing the *Strategic Vision Statement* in line with the defined *Guiding Principles*. This *North West Ageing and Aged Care Strategy* has eight key *Strategic Goals*; namely –

- To build, support and maintain ‘age-friendly’ communities throughout the North West Region.
- To provide a map and gap analysis of ageing and aged care services and facilities currently available in the North West Region.
- To encourage the design and development of community based initiatives that prevent loneliness, isolation, boredom, helplessness and vulnerability for ageing residents in the North West Region.
- To identify and promote models of aged care support that will contribute to the attraction and retention of ageing residents across the North West Region.
- To identify and promote specific aged care models that are culturally sensitive to the needs of Aboriginal people, and enable them to age well and safely near or on ‘Country’.
- To recognise the real contribution that older residents contribute to community and economic life in the North West Region.

- To champion and support collaboration, co-design(?) and stronger partnerships by aged care providers, stakeholders and community groups in the development of policy, planning and integrated service delivery and the reduction of fragmentation and overlap.
- To promote and support the development of the aged care sector as a desirable and rewarding career choice.

5.4 Desired Future Outcomes

Based on the expressed and articulated feedback from older residents, carers, service provider professionals and stakeholders in the North West Region, identified relevant contextual policies and frameworks and the above stated strategic vision statement and guiding principles, the following set of four Desired Future Outcomes, that align with the ‘four planks’ framework, have been selected; namely –

5.5 Recommended Strategies

As indicated in the above Section, the North West Ageing and Aged Care Strategy has identified four *Desired Future Outcomes*. The set of 11 recommended Strategies and its 56 *Actions* with *Deliverables*, *Lead Agency*, *Partners* and *Timeline* emanates from this framework.

In terms of the Strategy timeline below, short term refers to ‘within the next 6 months’. Middle term refers to ‘0-12 months’; and, long term refers to a ‘1-3 year period’ and ongoing refers to a requirement for continuous monitoring.

...enabling older people to access the care and support that they need, regardless of cultural or linguistic background, location and life circumstance.

Desired Future Outcome

1

Age-friendly communities that allow all older people in the North West Region to age well, safely and in place.

Desired Future Outcome

2

Sufficient range of affordable and appropriate aged housing options in communities across the North West Region.

Desired Future Outcome

3

Accessible, relevant and culturally appropriate community and home based care supports that allow older people residing in the North West Region to live independently for as long as possible.

Desired Future Outcome

4

Quality and culturally relevant residential aged care facilities throughout the North West Region that allow older people to stay connected to community and age safely with dignity.

Why is this outcome so important?

Due to its remote and isolated geographic placement, low population and the transient nature of communities, to date, the priority and needs of older people residing in the North West Region have been substantially neglected. Internationally, *'Age-friendly'* communities celebrate the diversity and contributions of older people; are inclusive, respectful and safe; and cater to, and anticipate the specific needs and preferences of older people. To achieve this community aspiration, and to be able to effectively retain and grow the population of regional communities, attract older people to the North West Region and subsequently create economies of scale that allow for the feasible provision of services, the basic social and physical infrastructure that supports older people living in North West communities needs to be improved. Finally, cultivating a community-wide culture and attitude of respect, compassion and patience for older people was highlighted by service providers, stakeholders and North West residents as the most important factor in creating age-friendly communities.

Key Strategies	Actions	Deliverables	Lead Agency & Partners	Timeline
Strategy 1. Implement an 'age-friendly' strategic planning processes across the North West Region that results in place based plans at the local level.	1. Utilising the approach of the Kimberley youth policy formulation process in 2016, instigate the formulation of Regional Age-Friendly Strategies for both the Kimberley and Pilbara regions as joint initiatives involving the set of four local governments in each area.	<ul style="list-style-type: none"> • Development of a planning process and appropriate tools and templates. • Regional Age-Friendly Strategies for both the Pilbara and Kimberley. 	<ul style="list-style-type: none"> • RDAK • RDAP • WALGA – Kimberley Country Zone • PRC • DC • All Pilbara and Kimberley councils • NGOs • LGAs 	<ul style="list-style-type: none"> • Medium term
	2. Similar to the Kimberley youth policy formulation process, based upon the Kimberley and Pilbara Age-Friendly Strategies, each local government develop its own Age-friendly Plan for its set of communities as being undertaken by many local governments across Australia.	<ul style="list-style-type: none"> • Individual Age-Friendly Plans for each of the eight local governments within the North West Region. 	<ul style="list-style-type: none"> • LGAs • Aged care service providers 	<ul style="list-style-type: none"> • Medium term
Strategy 2. Review, recommend and implement changes to improve the local delivery of health services to older people in the North West Region, including a focus on specialist services, dementia, palliative care, oncology, mental health support, transitional and rehabilitation care and geriatric services.	1. Create specific Task Teams in both the Kimberley and Pilbara involving a cross section of health providers, stakeholders and especially older resident consumers to undertake local reviews and to advocate for local change regarding aged health issues.	<ul style="list-style-type: none"> • Formation of Local Health Review Teams. • Formation of local reports with recommended actions. • Implementation of local changes. 	<ul style="list-style-type: none"> • WACHS • LGAs • Health agencies • Older residents • AMSs 	<ul style="list-style-type: none"> • Long term
	2. Continue the regional focus on improving internet services to the Pilbara and Kimberley in order to provide tele-health services and improve overall communication infrastructure that could also be used for online training of health service staff.	<ul style="list-style-type: none"> • Improved use of technology to enhance and deliver health services. • Improved collaboration between services. 	<ul style="list-style-type: none"> • PDC • KDC • RDAK • RDAP • CRCs • WACHS • PHN • AMSs 	<ul style="list-style-type: none"> • Ongoing
	3. Extend the Older Person Initiative to smaller hospitals, not just in regional hospitals.	<ul style="list-style-type: none"> • Continual extension of the initiative. 	<ul style="list-style-type: none"> • WACHS 	<ul style="list-style-type: none"> • Ongoing

Key Strategies	Actions	Deliverables	Lead Agency & Partners	Timeline
Strategy 2 (Continued)	4. Ensure that the formal acknowledgement of Aboriginal people ageing from 45 years+ is reflected in their ability to obtain necessary services.	<ul style="list-style-type: none"> Clarity and certainty for Aboriginal people. 	<ul style="list-style-type: none"> Aged care service providers Centrelink 	<ul style="list-style-type: none"> Short term
	5. Establish multi-purpose services in targeted areas across the North West Region. The MPS model involves the pooling of Commonwealth and State health and aged care funds within regional areas. It creates a flexible environment for these funds to be used across all health and aged care programmes according to community needs.	<ul style="list-style-type: none"> Integrated health and aged care services. Provision of continuity of care and a balanced and appropriate mix of health and related services relevant to local community needs. 	<ul style="list-style-type: none"> WACHS Local health service providers Aged care stakeholders and service provider groups AMSS 	<ul style="list-style-type: none"> Long term
	6. Implement <i>Spark of Life</i> as the philosophy for providing an internationally recognised model for excellence in culturally appropriate dementia care for the North West Region (see Appendix v).	<ul style="list-style-type: none"> Train two Master Practitioners per local government area. Implementation of philosophy in dementia care. 	<ul style="list-style-type: none"> Residential aged care service providers Aged care service providers Dementia Care Australia (Spark of Life) 	<ul style="list-style-type: none"> Ongoing
	7. Embrace the international movement <i>Compassionate Communities</i> and its Charter as a way of recognising that end-of-life care is a whole of community responsibility.	<ul style="list-style-type: none"> Work with PCWA to promote throughout the region the '<i>Compassionate City Charter</i>' and the '<i>Dying Well Community Charter</i>' principles and practical actions. 	<ul style="list-style-type: none"> PCWA LGAs Aged care service providers 	<ul style="list-style-type: none"> Ongoing
Strategy 3 Create more options for targeted and intergenerational social, recreational and volunteer engagement activities for older people throughout the North West Region.	1. As part of the proposed local government <i>Ageing Plan</i> formulation process, audit current and possible options for senior recreational activities, social interactions and volunteer involvement.	<ul style="list-style-type: none"> Agency recreational audits for each local government area. Identification of volunteering options and better pathways. 	<ul style="list-style-type: none"> LGAs Aged care stakeholder and service provider groups 	<ul style="list-style-type: none"> Medium term
	2. Seek financial resources to enable an increasing number of aged providers supporting Aboriginal older people to access four-wheel drive buses to enable them to provide more outings ' <i>back to Country</i> ' and activities like fishing trips.	<ul style="list-style-type: none"> Improved local respite options. Greater access to country for older Aboriginal people. 	<ul style="list-style-type: none"> Aged care service providers Lotterywest Service clubs 	<ul style="list-style-type: none"> Short term

Key Strategies	Actions	Deliverables	Lead Agency & Partners	Timeline
Strategy 3 <hr/> (Continued)	3. Explore and research options and models to enhance and strengthen the unique role of art centres throughout the North West Region as service provision hubs for older people, especially Aboriginal older people.	<ul style="list-style-type: none"> • Specific Report highlighting the current and potential contribution of art centres across the North West Region in supporting ageing residents. • Funding support to maximise initiatives and involvement. • Promotion of best practice. 	<ul style="list-style-type: none"> • RDAK • RDAP • Art Centres • DLGSC 	<ul style="list-style-type: none"> • Medium term
	4. Explore and research options and models to strengthen the role of Community Resource Centres (CRCs) to support the information, recreational, networking and advocacy needs of older residents.	<ul style="list-style-type: none"> • Specific Report highlighting the current and potential role of CRCs in their support of older people. • Funding support to maximise initiatives and involvement. • Promotion of best practice. 	<ul style="list-style-type: none"> • RDAK • RDAP • CRCs • DPIRD 	<ul style="list-style-type: none"> • Medium term
	5. Lobby the Seniors Recreational Council of WA to focus on the North West Region as a pilot region for their regional and remote initiatives.	<ul style="list-style-type: none"> • Continue to grow and expand initial involvement within the Pilbara region. • Creation of a unique seniors' model in the North West Region, piloted in several destinations. 	<ul style="list-style-type: none"> • Aged care service providers • DLGSC • Local senior groups 	<ul style="list-style-type: none"> • Short term
	6. Introduce the <i>SilverSport</i> initiative of the Department of Sport and Recreation in the North West Region.	<ul style="list-style-type: none"> • Creation of SilverSport as an initiative in the North West. • Promotion of SilverSport. 	<ul style="list-style-type: none"> • DLGSC • Local senior groups • Local recreation and aquatic centres 	<ul style="list-style-type: none"> • Short term
	7. At the local community level, identify, map, highlight and utilise the gifts, passions and interests of local older people. Learn from the experiences of those(?) at Sydney based social enterprise, Beehive Industries.	<ul style="list-style-type: none"> • Review of best practice. • Pilot initiative. 	<ul style="list-style-type: none"> • CBOs • NGOs • LGAs 	<ul style="list-style-type: none"> • Short term
	8. Create a specific volunteer programme that targets the active engagement of older North West residents as well as the seasonal ' <i>grey nomad</i> ' migration group.	<ul style="list-style-type: none"> • Review of best practice. • Pilot initiative. 	<ul style="list-style-type: none"> • Volunteering WA • CBOs • NGOs • Local senior groups 	<ul style="list-style-type: none"> • Short term
	9. Through the active engagement of local schools and early year's groups, create more local opportunities for intergenerational activities and social interaction.	<ul style="list-style-type: none"> • Review of best practice. • Community promotion of best practice. • Creation of local initiatives. 	<ul style="list-style-type: none"> • Local senior groups • Neighbourhood houses • Early years groups • Residential care facilities • Local schools 	<ul style="list-style-type: none"> • Short term

Key Strategies	Actions	Deliverables	Lead Agency & Partners	Timeline
Strategy 4 Explore and implement initiatives that improve older person(s) understanding and use of opportunities and information that could enhance their wellbeing.	1. Create a senior's directory (hard copy and online versions) for all major centres across the North West Region that summarises all services as well as any other relevant or useful information. Learn from the model currently used in the Fraser Coast Regional Council communities (Queensland).	<ul style="list-style-type: none"> Review of best practice examples from other communities. Production, distribution and promotion of local directories. 	<ul style="list-style-type: none"> LGAs Local senior groups 	<ul style="list-style-type: none"> Short term
	2. Explore and implement the option of establishing an effective translator service for Aboriginal people when navigating <i>Centrelink</i> and <i>My Aged Care</i> services.	<ul style="list-style-type: none"> Review of best practice examples from other communities. Production, distribution and promotion of local directories. 	<ul style="list-style-type: none"> LGAs Local senior groups 	<ul style="list-style-type: none"> Short term
	3. Explore and implement volunteer models that can assist older people to better understand, navigate and negotiate with the ageing and aged care system and access services and entitlements. Learn from the initiatives of the Northumberland Community Care in Alberta, Canada.	<ul style="list-style-type: none"> Review of best practice. Community promotion of best practice. Creation of local initiatives. 		<ul style="list-style-type: none"> Short term
	4. Support regular information sessions and events to disseminate information relating to ageing and relevant community services. Build upon the model of the Looma Community Open Day.	<ul style="list-style-type: none"> Information sessions and events. Utilisation of Seniors Week and funding. 	<ul style="list-style-type: none"> LGAs DC 	<ul style="list-style-type: none"> Short term
	5. Strengthen the networking opportunities for service providers and stakeholders working in the ageing and aged care sector with a focus on establishing more examples of ' <i>collective impact</i> ' and ' <i>wrap-around</i> ' care for older people.	<ul style="list-style-type: none"> Promotion of Collective Impact (CI) concepts and processes. CI projects. 	<ul style="list-style-type: none"> RDAK RDAP WACHS Aged care service providers 	
	6. Establish an annual Seniors Week event in the North West Region to raise community awareness of the contributions and needs of older people and connect older residents with services and the broader community.	<ul style="list-style-type: none"> Seniors week events. 	<ul style="list-style-type: none"> LGAs Aged care service providers DC 	<ul style="list-style-type: none"> Short term
	7. Establish an annual ' <i>Grandparents Day</i> ' to acknowledge and raise awareness of the role grandparents play in caring for family.	<ul style="list-style-type: none"> '<i>Grandparent Day</i>' events. 	<ul style="list-style-type: none"> LGAs 	<ul style="list-style-type: none"> Short term

Key Strategies	Actions	Deliverables	Lead Agency & Partners	Timeline
Strategy 5 Develop a Regional Protocol and set of actions that target elder abuse.	1. Form a task team to formulate Elder Abuse Protocol that incorporates an action plan and support mechanisms for older people vulnerable to abuse (see Appendix iv).	<ul style="list-style-type: none"> Elder Abuse Task Team. Protocol Document. Promotion campaign. 	<ul style="list-style-type: none"> Aged care service providers DC Safe houses LGAs 	<ul style="list-style-type: none"> Medium term
	2. Establish anti-ageism campaigns, activities and events that promote greater intergenerational activity and respect for older people.	<ul style="list-style-type: none"> Best practice review. Anti-ageism campaign. 	<ul style="list-style-type: none"> Aged care service providers DC LGAs 	<ul style="list-style-type: none"> Medium term
Strategy 6 Ensure public infrastructure projects support and encourage older people to stay active and involved in community.	1. Ensure local government <i>Age-Friendly Plans</i> incorporate a focus on physical infrastructure issues such as the provision of good pathways and walkways; safer and clearly marked pedestrian crossings; hand rails where appropriate; and adequate and appropriate lighting, seating and shade.	<ul style="list-style-type: none"> Inclusion with local <i>Age-Friendly Plans</i> and actions. 	<ul style="list-style-type: none"> LGAs 	<ul style="list-style-type: none"> Medium term
	2. Create a more diverse range of age appropriate community ' <i>bumping spaces</i> ' that encourage older people to socialise outside of their homes and formal activities.	<ul style="list-style-type: none"> Creation of new spaces. 	<ul style="list-style-type: none"> LGAs 	<ul style="list-style-type: none"> Medium term
Strategy 7 Raise awareness of the importance of transport as a major issue for older persons, and instigate practical initiatives that can be taken at the community level.	1. Ensure that transport is a major consideration in the Ageing Plans of local government.	<ul style="list-style-type: none"> Ongoing transport improvements. 	<ul style="list-style-type: none"> LGAs 	<ul style="list-style-type: none"> Medium term
	2. Encourage service providers and community organisations (e.g. schools, Men's Sheds etc.) to pool resources (e.g. vehicles and volunteers) and explore options to provide an age specific and appropriate transport service relevant to the needs of each community.	<ul style="list-style-type: none"> Asset map of transport related resources of service providers and CBOs. Development of targeted local transport options. Implement targeted transport options. 	<ul style="list-style-type: none"> LGAs Men's Sheds Schools Local senior groups Service clubs Aged care service providers 	<ul style="list-style-type: none"> Ongoing
	3. Create task teams in the Kimberley and the Pilbara to thoroughly assess the effectiveness and limitations of the PATS scheme to explore options for its improvement.	<ul style="list-style-type: none"> Improvements to PATS. 	<ul style="list-style-type: none"> WACHS Aged care service providers PDC KDC Royalties for Regions 	<ul style="list-style-type: none"> Short term

Key Strategies	Actions	Deliverables	Lead Agency & Partners	Timeline
Strategy 8 Develop an <i>Employment Pathways Plan</i> for aged care sector in the North West Region.	1. Create a task team in both the Kimberley and the Pilbara to explore the growth and development of employment pathways in the delivery of health services related to ageing and aged care. Two specific foci need to be practical actions to encourage greater appeal of the sector to young people as a career pathway, and greater employment participation by Aboriginal people, especially in remote areas.	<ul style="list-style-type: none"> • Task Team. • Development of employment strategies. 	<ul style="list-style-type: none"> • RDAP • PDC • RDAK • KDC • WACHS • Aged care service providers • DJTSI 	<ul style="list-style-type: none"> • Medium term

Desired Future Outcome

2

Sufficient range of affordable and appropriate aged housing options in communities across the North West Region.

Why is this outcome so important?

Across the North West Region, there is a major gap in the provision of appropriate housing for older people. In most communities, this simply has not been an issue or priority. In some town centres, the opportunity to downsize is only available to pensioners, and this is usually within mixed living arrangements with younger residents.

Many older people have expressed concern for their safety and well-being in such arrangements. For the North West Region to become a desirable place for older Australians to retire and age well, there must be sufficient appropriate housing and diverse stock. For older Aboriginal people, housing options must also respond to their cultural predilections and circumstances.

Key Strategies	Actions	Deliverables	Lead Agency & Partners	Timeline
Strategy 1 Develop and promote a range of housing options that focus on the needs of older people.	1. Explore the feasibility of establishing more independent living centres or land lease housing options throughout the North West Region that allow existing residents to downsize and also provides housing options that may attract older people to the region. In areas where this is not feasible, explore options to ‘ <i>downsize in place</i> ’, such as dual key arrangements, ancillary dwellings, shared living arrangements and co-ownership models.	<ul style="list-style-type: none"> • Feasibility Strategy that outlines options. • Pilot initiatives. 	<ul style="list-style-type: none"> • National Lifestyle Villages • LGAs • WA Housing Authority 	<ul style="list-style-type: none"> • Long term
	2. Explore the feasibility of piloting a ‘ <i>tiny homes</i> ’ initiative in the North West Region. Learn from the developments of the ‘ <i>Tiny House Movement</i> ’ gaining momentum across the USA.	<ul style="list-style-type: none"> • Review of ‘Tiny Homes’ initiative and options in Australia. • Promotion of option as a pilot initiative. 	<ul style="list-style-type: none"> • Local community initiative 	<ul style="list-style-type: none"> • Medium term

Key Strategies	Actions	Deliverables	Lead Agency & Partners	Timeline
Strategy 1 (Continued)	3. Create task teams in the Kimberley and Pilbara to identify and support the reuse of existing, underutilised and surplus resources and assets (e.g. dongers, shipping containers, disused mining camps etc.) for long term and short term accommodation for older people. In addition, consider models for seasonal accommodation to encourage greater numbers of older people to engage in long term family visiting. Osprey Village in South Hedland and Kurra Village in Newman are obvious sites.	<ul style="list-style-type: none"> • Task Teams. • Asset map of possibilities • Promotion of options. • Pilot initiatives. 	<ul style="list-style-type: none"> • WA Housing Authority • Aged care service providers • Mining companies 	<ul style="list-style-type: none"> • Long term
	4. Explore best practice models for the design of appropriate aged housing for Aboriginal elders and work with relevant stakeholders (especially Aboriginal Corporations) to oversee their establishment. Ideally, a 'cluster housing model' of independent living units or assisted living units co-located next to a primary health facility or HACC service. Learn from the models that have already been created in South Hedland, Roebourne and Onslow. <i>The Age Friendly Cluster Housing Business Case Development Guide</i> developed by the <i>Wheatbelt Development Commission</i> is a particularly useful resource.	<ul style="list-style-type: none"> • Review of best practice. • Promotion. • Pilot programmes. 	<ul style="list-style-type: none"> • ACs • Aged care service providers 	<ul style="list-style-type: none"> • Ongoing
	5. Identify and promote targeted locations as desirable places in which to age, capitalising on regional assets such as weather, lifestyle, affordable housing etc.	<ul style="list-style-type: none"> • Asset mapping exercise. • Promotional campaigns. 	<ul style="list-style-type: none"> • LGAs 	<ul style="list-style-type: none"> • Ongoing
	6. Incorporate universal design principles into the modification of existing homes and into the development of new housing stock to be able to cater to the varying needs of residents with different requirements and limited housing options into the future.	<ul style="list-style-type: none"> • Increased number of homes with improved accessibility across the North West Region. 	<ul style="list-style-type: none"> • LGAs • Developers / builders • WA Housing Authority 	<ul style="list-style-type: none"> • Ongoing

Key Strategies	Actions	Deliverables	Lead Agency & Partners	Timeline
Strategy 1 (Continued)	7. Establish aged care initiatives as a priority within agreements with mining and resource companies. Currently, the SoA are seeking an MOU with Rio Tinto regarding an aged care investment. The current action of SoA is a precedent.	<ul style="list-style-type: none"> • Initiation of dialogue. • Creation of MOUs. • Pilot projects. 	<ul style="list-style-type: none"> • LGAs • Aged care service providers • Mining companies 	<ul style="list-style-type: none"> • Medium term

Desired Future Outcome

3

Accessible, relevant and culturally appropriate community and home based care supports that allow older people residing in the North West Region to live independently for as long as possible.

Why is this outcome so important?

The ultimate aim of supporting older people to age well, safely and in place is to ensure their independence for as long as possible and delay the need for expensive residential aged care and loss of personal independence. Older people across the North West Region rely heavily on HACC services. There is a great deal of variation in how these services are administered and delivered. Some major communities have exceptional

HACC services, whilst others barely meet demand. A community like Nullagine currently has no services. A significant factor impacting the support older people receive in their own homes is the level of community connectedness they experience. Whilst formal community and home based care supports are vital, there is no substitute for the role that a strong and connected community can play in providing older people with the support they require to stay at home.

Key Strategies	Actions	Deliverables	Lead Agency & Partners	Timeline
Strategy 1 Sustain and enhance the delivery of community and home based care supports across the North West Region.	1. Campaign to reassess the relevance and feasibility of current proposed aged care reforms from block funded HACC and HCP services to CDC in the North West Region, and the threats this entails to services like Kimberley Aged and Community Services (KACS) and Silverchain.	<ul style="list-style-type: none"> • Continue regional dialogue. • Appropriate changes in policy and practice. 	<ul style="list-style-type: none"> • Aged care service providers • RDAP • RDAK • DH • DoH 	<ul style="list-style-type: none"> • Short term
	2. Support and encourage service providers to adopt a <i>'hub and spoke'</i> model to effectively and efficiently service remote areas. KACS (WACHS) is a best practice example of this model.	<ul style="list-style-type: none"> • Review of best practice. • Pilot initiatives. 	<ul style="list-style-type: none"> • Aged care service providers • DH • DoH 	<ul style="list-style-type: none"> • Short term
	3. Explore the creation of a volunteer network of tradespeople and service providers who could provide reduced rate services for older people.	<ul style="list-style-type: none"> • Creation of support network. 	<ul style="list-style-type: none"> • Local government • Aged care service providers 	<ul style="list-style-type: none"> • Ongoing

Key Strategies	Actions	Deliverables	Lead Agency & Partners	Timeline
Strategy 1				
(Continued)	<p>4. Establish initiatives to encourage neighbours to get to know one another and support each other. Learn from the initiatives of Relationships Australia's <i>Neighbour Day</i>, and a variety of local governments that have adopted programmes to encourage residents to get to know their neighbours.</p>	<ul style="list-style-type: none"> • Review of best practice. • Compilation of possible actions. • Promotion. 	<ul style="list-style-type: none"> • Local government 	<ul style="list-style-type: none"> • Short term
	<p>5. Explore the option of creating a <i>'virtual retirement village'</i> in targeted major centres of the North West Region. A virtual retirement village is an online local network supporting people to live independently in their own homes with access to local services. Learn from the extensive experiences occurring throughout the USA and the Eastern Bay Villages initiative in the Bay of Plenty in New Zealand.</p>	<ul style="list-style-type: none"> • Review of best practice. • Promotion of ideas. • Pilot initiatives. 	<ul style="list-style-type: none"> • Aged care service providers 	<ul style="list-style-type: none"> • Long term
	<p>6. Establish community based meal sharing initiatives e.g. the Casserole Club and Beehive Industries <i>'Low cost meals for seniors'</i> initiatives.</p>	<ul style="list-style-type: none"> • Review of best practice. • Compilation of possible actions. • Promotion. 	<ul style="list-style-type: none"> • Review of best practice. • Compilation of possible actions. • Promotion. 	<ul style="list-style-type: none"> • Short term
	<p>7. Increase availability of day centre / respite facilities for older people especially targeting older Aboriginal people. HACC day centres in Hedland and Broome both offer regional best practice examples.</p>	<ul style="list-style-type: none"> • Promotion of best practice. • Pilot initiatives. 	<ul style="list-style-type: none"> • Aged care service providers 	<ul style="list-style-type: none"> • Medium term
	<p>8. Establish family centres with a strong focus on offering support for older Aboriginal people caring for younger family members to access services, assistance and respite. An example of such an organisation is the 3Bridges Community in south Sydney.</p>	<ul style="list-style-type: none"> • Promotion of idea. • Pilot initiatives. 	<ul style="list-style-type: none"> • ACs 	<ul style="list-style-type: none"> • Medium term
	<p>9. Establish a support programme for grandparents caring for family members. For example, the Queensland Government's <i>'Time for Grandparents'</i> Programme.</p>	<ul style="list-style-type: none"> • Promotion of idea. • Pilot initiatives. 	<ul style="list-style-type: none"> • LGAs 	<ul style="list-style-type: none"> • Medium term

Quality and culturally relevant residential aged care facilities throughout the North West Region that allow older people to stay connected to community and age safely with dignity.

Why is this outcome so important?

For those older people who can no longer live on their own, residential aged care facilities are vital to ensure they receive proper care; the absence of which creates a significant strain on acute medical services. Certainly, the Kimberley is better serviced than the Pilbara, where

there are only two residential aged care facilities currently in existence. The provision of more culturally appropriate residential aged care is a challenge across the North West Region. Finally, the rapidly escalating ripple effect impacts of dementia is a critical issue that requires to be urgently addressed with practical action and visionary zeal!

Key Strategies	Actions	Deliverables	Lead Agency & Partners	Timeline
Strategy 1 Form task teams in both the Pilbara and Kimberly to explore options to extend aged care facilities and their ability to enhance the wellbeing of residents.	1. As a priority, support be mobilised to increase the spread of aged care facilities across the Pilbara, especially at Karratha and Newman (Western Desert). Include negotiations with service providers who operate facilities in the Kimberley and other remote Australian regions.	<ul style="list-style-type: none"> Task Teams in identified locations. Project development. 	<ul style="list-style-type: none"> LGAs Residential aged care service providers 	<ul style="list-style-type: none"> Long term
	2. A review of Karlarra House as a regional aged care facility be undertaken to enhance its appeal and suitability.	<ul style="list-style-type: none"> Task Team formation. Review facility and ascertain improvements using tools like independent, not-for-profit feedback platform '<i>Patient Opinion</i>'. Implement improvements. 	<ul style="list-style-type: none"> WACHS ToPH 	<ul style="list-style-type: none"> Short term
	3. As a pilot model that could be extended to other geographic, cultural and remote groups, create the support to enable the development of an innovative small scale low cost model for residential aged care for elder Martu of the Western Desert. See Appendix ii). for details of such an initiative proposed by Kanyirrinpa Jukurrpa (KJ) and other Martu support agencies.	<ul style="list-style-type: none"> Formation of Task Team. Feasibility Plan. Project implementation. 	<ul style="list-style-type: none"> KJ ACs 	<ul style="list-style-type: none"> Long term

Key Strategies	Actions	Deliverables	Lead Agency & Partners	Timeline
Strategy 1 <hr/> (Continued)	<p>4. Explore best practice models to deliver culturally appropriate residential aged care. Learn from the experiences of Germanus Kent House in Broome (especially their award winning <i>Galiya Mabudyan Programme</i>) and Rumbalara Aboriginal Co-operative in Shepparton Victoria. The latter facility has combined Aboriginal student training with their aged care facility, and run a café as part of their dining facility and Mutkin Aged Care services which provide a good model for integrated service delivery.</p>	<ul style="list-style-type: none"> • Review of best practice. • Promotion. • Task Team Formation. • Pilot Projects. 	<ul style="list-style-type: none"> • Residential aged care service providers 	<ul style="list-style-type: none"> • Medium term
	<p>5. Explore flexible models of care where older people who are able can go ‘back to Country’ or back to family for periods of time whilst still receiving support. <i>The National Aboriginal and Torres Strait Islander Flexible Aged Care Programme</i> allows for this type of care and should be expanded across the North West Region.</p>	<ul style="list-style-type: none"> • Task Team Formation. • Expansion of Programme. 	<ul style="list-style-type: none"> • Residential aged care service providers • Aged care service providers • DC • DoH 	<ul style="list-style-type: none"> • Medium term
	<p>6. Encourage all residential aged care facilities across North West Region to adopt the principles of the Eden Alternative in service delivery (see Appendix iii).</p>	<ul style="list-style-type: none"> • Promotion of Principles. • Regional adoption. 	<ul style="list-style-type: none"> • Residential aged care service providers 	<ul style="list-style-type: none"> • Short term
	<p>7. Encourage and provide opportunities for continuous and regular interaction with residential aged care residents and the broader community. e.g. the initiative of Juniper and local primary schools in Fitzroy Crossing and Wyndham, where groups of students have afternoon tea and interact with the residents after school. Another successful initiative is the intergenerational playgroup run by Baptistcare Yallambee (Mundaring).</p>	<ul style="list-style-type: none"> • Review of best practice. • Compilation of possible actions. • Promotion. 	<ul style="list-style-type: none"> • Residential aged care service providers • Local government • Local community • Early years groups • Local schools 	<ul style="list-style-type: none"> • Ongoing

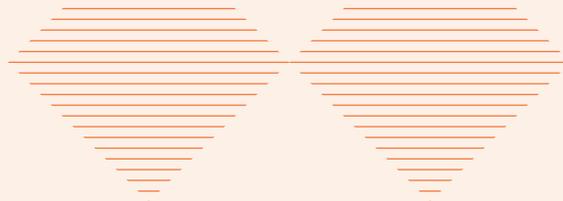
Abbreviations

AASW	Australian Association of Social Workers	KAHPF	Kimberley Aboriginal Health Planning Forum
ABI	Acquired Brain Injury	KJ	Kanyirninpa Jukurrpa
ABS	Australian Bureau of Statistics	KMAC	Kuruma Marthundunera Aboriginal Corporation
AC	Aboriginal Corporation	NAC	Ngarluma Aboriginal Corporation
ACAT	Aged Care Assessment Team	NBAC	Ngarliyarndu Bindirri Aboriginal Corporation
ACFA	Aged Care Financing Authority	NCAN	The National CALD Ageing Network
ACFI	Aged Care Funding Instrument	NDIS	National Disability Insurance Scheme
ACSA	Aged and Community Services Australia	NGO	Non-Government Organisation
AMS	Aboriginal Medical Service	NYFL	Ngarluma and Yindjibarndi Foundation
BOI	Bank of I.D.E.A.S.	MOU	Memorandum of Understanding
CALD	Culturally and Linguistically Diverse populations	LGAs	Local Government Authority/Area
CACPs	Community Aged Care Packages	LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex people
CAP	Care Awaiting Placement	PATS	Patient Assisted Travel Scheme
CBOs	Community Based Organisations	PAMS	Puntukurnu Aboriginal Medical Service
CHSP	Commonwealth Home Support Programme	PCWA	Palliative Care WA
CI	Collective Impact	PDC	Pilbara Development Commission
COTA	Council on the Ageing	PHN	Pilbara Health Network
CDC	Consumer Directed Care	PRC	Pilbara Regional Council
CRC	Community Resource Centre	RAS	Regional Assessment Service
CWA	Country Women's Association	RDAK	Regional Development Australia Kimberley
DASSA	Derby Aboriginal Short Stay Accommodation	RDAP	Regional Development Australia Pilbara
DC	Western Australian Department of Communities	RSL	Returned and Services League
DH	Western Australian Department of Health	SoA	Shire of Ashburton
DoH	Commonwealth Department of Health	SoB	Shire of Broome
DJTSI	Western Australian Department of Jobs, Tourism, Science and Innovation	SoEP	Shire of East Pilbara
DLGSC	Western Australian Department of Local Government, Sport and Cultural Industries	SDWK	Shire of Derby West Kimberley
DPIRD	Western Australian Department of Primary Industries and Regional Development	SHC	Shire of Halls Creek
EPIC	Empowering People in Communities	SWEK	Shire of Wyndham East Kimberley
EPIS	East Pilbara Independence Services	STEP	Supported Tenancy Education Programme
FASD	Foetal Alcohol Spectrum Disorder	ToPH	Town of Port Hedland
HACC	Home and Community Care Programme	TBR	Town Based Reserve
HCPs	Home Care Packages	UN	United Nations
IBN	Yinhawangka, Banyjima and Nyiyaparli people (Aboriginal Corporation)	WACHS	WA Country Health Service
IFA	International Federation on Ageing	WALGA	Western Australian Local Government Association
ITC	Integrated Team Care	WAPHA	WA Primary Health Alliance
KACS	Kimberley Aged and Community Services	WHO	World Health Organization
		WMYAC	Wirilu-Murra Yindjibarndi Aboriginal Corporation

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