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# WHEATBELT ABORIGINAL AGED CARE FRAMEWORK

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## Acknowledgements

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Verso also acknowledges the inputs, support and insights provided by:

- The Wheatbelt Aboriginal Health Consultative Committee
- Graeme Ellis-Smith - Consultant
- Andrew Heath (Manager) and the Sean Conlon (Director) of Wheatbelt Aboriginal Health
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- Jenny Yarran (Consultation as part of the Central East Aged Care Solution)
- Community members and CEOs of Local Government areas across the Wheatbelt
- The team at the Wheatbelt Development Commission and in particular; Wendy Newman, Lauren Clarke and Grant Arthur

## About the authors

### *Doug Faircloth; Director*

Doug has been the Lead Consultant and Director for this project. Doug directed the Central East Wheatbelt Aged Care Solution project and the Wheatbelt Integrated Aged Care Solution project of which this project is an adjunct. Doug participated in the community consultations across the Wheatbelt lending his firsthand experience of community and service provider responses to Aboriginal Aged Care across the Wheatbelt.

Doug has led a number of other projects that have had a significant emphasis on developing culturally responsive services in conjunction with or directed to Aboriginal people. These include:

- Therapeutic Residential Care Evaluation (Out of Home Care) DHS Victoria
- Foster Care in Context: An Evaluation of the Foster Care Communication and Recruitment Strategy - Centre for Excellence in Child and Family Welfare

- Glen Innes Seven Council; 10 year Aged and Disability Plan and 10 year community services plan

In addition for more than ten years Doug has played a mentoring and supportive role in the Shepparton based community service charity Rad.Com. Rad.Com has extensive grass roots relationships and flexible service responses that focus on Aboriginal people. These responses have been developed in conjunction with the Aboriginal people who are being supported.

#### *Sue Faircloth; Consultant*

Sue participated in the consultations and in developing the report framework.

Sue enacts the role of Special Needs Resource and Liaison for the Verso team. In this capacity she has participated in an array of information sessions and cultural awareness forums including:

- Aboriginal Knowledge Forum, Moreland Community Health Service
- Beyond the Veil
- Indigenous Awareness Forum
- Lands Council Forum, Glen Innes-Severn
- PICAC Conference

Sue has a special interest in Aboriginal Communities and through her ongoing community research activities she has consulted with over 30 specialist ATSI community groups and agencies in WA, Tasmania, SA, Victoria, NSW and ACT during the past five years. This specialist knowledge and sensitivity has been drawn on in the development of the framework.

#### *Alisa Chambers; Consultant*

Alisa researched and wrote the document review in this framework. Research conducted included best practice models of Aboriginal care, social determinants of health, Aboriginal concepts of dementia and social, cultural and historical factors influencing Aboriginal access to services.

Alisa drew on her role in the development of NSW Statewide Renal Services Plan (2013) in undertaking the document review contained in this report.

In the completion of the NSW Statewide Renal Services Plan (2013) Alisa's contribution included:

- Stakeholder Forums and service provider consultations
- Targeted Literature Review.



## Executive Summary

Healthy ageing is important to ensure the vitality and continued contribution of Aboriginal elders to their families and communities. However, Aboriginal people in the older age groups are less likely to report good or excellent health than non-Aboriginal Australians of the same age with higher proportions of Aboriginal people having disabilities and needing help with daily living.

Social, political, historical and economic factors have contributed to multi-generational disadvantage in the Aboriginal community which has impacted on health, ageing well and life expectancy. In 2011 there were less than 4% of Aboriginal and Torres Strait Islander people aged over 65 years,<sup>1</sup> however, there is a growing number of the community who are living to over 75 years who require health and community care services to support them in older age.

An important factor for positive health and wellbeing within Aboriginal communities is the vast knowledge, guidance and vision from elders. Increasingly elders are unable to participate fully in cultural practices due in part to large numbers of the population suffering from chronic illness requiring regular treatment away from home and the lack of appropriate care services within or close to communities. Many Aboriginal groups have a deep connection with the land and the community and staying close to family to participate in essential business limits access to much needed medical and support services.

### *Purpose of the Framework*

A key finding in the development of the Wheatbelt Integrated Aged Care Plan is older Aboriginals in the region are not receiving the care they require.

In response to this finding research into best practice and culturally appropriate care for older Aboriginal people and the social, cultural and health issues which impact on access to appropriate services has been conducted and summarised in this framework.

Best practice, flexible models of care for the older Aboriginal communities in the Wheatbelt region of Western Australia should be informed by the findings of the research activities of this project.

Demographics describing the older Aboriginal population of the Wheatbelt region will be presented in a later element of this project and will be used in conjunction with key findings from the research to create a holistic framework for developing aged care for the Aboriginal population of the Wheatbelt Region.

### *Traditional Land Owners of the Wheatbelt Region*

The main Aboriginal group of the Wheatbelt region of Western Australia is the Noongar. Their country extends from Esperance located on the southern coast through to the Wheatbelt region. Archaeological evidence from Perth and Albany suggests the Noongar people have lived in the area for at least 45,000 years. The Gubrun people who are from a separate language group also have traditional ownership of areas of the Wheatbelt region.

The Wheatbelt region is home to 4 Aboriginal Clans:

- Njaki-Njaki Noongar People

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<sup>1</sup> ABS, 2011

- Yued Noongar People
- Gubrun People
- Ballardong Noongar People

### *Impact of Illness*

In Aboriginal culture diseases associated with ageing including dementia and chronic illnesses not only affect the person but the entire community due to the role of older Aboriginal people being the custodians of traditional stories, dance and music. Support for healthy and interdependent relationships between families, communities, land and culture is vitally important for Aboriginal and Torres Strait Islander peoples. Ill health is considered to result from an imbalance in these factors.

This view of health is vastly different to the western concept which focuses on treating the illness. Services for older Aboriginal people will need to consider this worldview.

Care options for older Aboriginal people living in rural and remote areas are limited and require development. Access to mainstream and Aboriginal services can be achieved through joint planning and building partnerships between government, non-government and community organisations and should include full participation of Aboriginal people and their communities in the decision making process and determination of priorities. Positive impact can be achieved with the involvement and ownership by Aboriginal communities in the uptake of new and continuing services.

### *Health/ Ageing Issues and Social Needs of Older Aboriginal People Key Findings*

The key finding related health and ageing issues and social needs of older Aboriginal People include:

- The need for aged care and community services for Aboriginal people often occurs at a younger age than in the general population, due in part to poorer health status and socioeconomic disadvantage
- The proportions of Aboriginal people compared to non-Aboriginal population, in Wheatbelt, are consistently above the state figures, with larger numbers in the regional centres of Narrogin and Northam
- The Aboriginal population is expected to double in Australia by the year 2021 resulting in an imperative for the development of an equitable and accessible Aboriginal Aged Care services in the Wheatbelt
- Lack of suitable housing is a pressing issue, not only for Aboriginal elderly but also for the general population. Where overcrowding and incidences unhygienic and/or unsafe housing conditions exist this can make Community Aged Care delivery difficult
- The opportunities for access to affordable and responsive transport for Aboriginal clients may be complicated and in some cases limiting due to;
  - the range and complexities of community and health transport programs
  - application forms and processes for transport services that are difficult to navigate for some elders with reduced literacy levels
  - in some locations across the Wheatbelt there are limited options due to an absence of programs, infrastructure and volunteers

- As more and more Aboriginal people are living longer, there is a greater risk of them developing dementia. Data demonstrates dementia is 5 times more prevalent in some Aboriginal populations than in the general Australian population
- A lack of understanding about dementia and a fear of the medical system can preclude many older Aboriginals from accessing early intervention services
- There has been an increase in the numbers of Aboriginal people identifying as unpaid family carers. Many of these carers have health issues of their own and may need assistance with self-care, mobility or communication. The Wheatbelt is lacking in respite services, particularly community based options
- There are many challenges around engaging older Aboriginals in aged care including providing culturally appropriate care which may include language, care workers and access to services and transport
- Like older Australians as a whole, Aboriginal Australians like to be cared for in their communities, close to family and their land

#### *Social and Cultural Issues Key Findings*

The key findings regarding social and cultural issues include:

- There are a multitude of interconnected social, political, and economic factors which have had an influence on the ageing experience of Aboriginal people which contribute to poorer health outcomes and life expectancy
- Very few Aboriginal people access government support programs, particularly those in remote communities
- The provision of culturally appropriate care for older Aboriginal people by Aboriginal people is seen as a way of addressing issues of inequity in aged care and health care for Aboriginal people
- Financial, physical and emotional abuse as well as neglect of older people has been raised as an issue in some Aboriginal communities
- Traumatic past experiences such as the impact of the stolen generation and institutionalisation have impacts on older Aboriginal people affecting the way aged care services are designed and delivered. These impacts favour any service that lessens the need for communal living such as the arrangements in Residential Aged Care

#### *Models of Aboriginal Aged Care Key Findings*

The key findings related to models of Aboriginal aged care include:

- Developing best practice Models of Aboriginal Aged Care should involve research into localised information about communities and social histories as well as considering the social determinants of health and cultural perspectives and approaches to wellness, ageing and care giving in different Aboriginal cultures
- A partnership approach with community health services, families and communities may enable this care to take place
- Building a responsive and flexible Aboriginal workforce is a key driver in the ability to provide appropriate care
- Many Aboriginal people express a desire to die in their own communities

- Flexible models of palliative care are needed to support the wishes of Aboriginal people wanting to die in their own community close to family
- Many successful models of care have been implemented and sustained by one or two highly motivated individuals. The longevity of these programs is dependent on that person's ability to mentor others into positions of influence and to actively manage a succession plan
- Effective models require adherence to key program design principles (detailed in table 1)

**Table 1: Program Design Principles**

Program Design Principles developed from consultations and the other evidence gathering activities are detailed in this table.

1. Aboriginal People will be involved in planning their services
2. Broad consultation is important
3. Services are provided by organisations and people who are respectful of Aboriginal people
4. The preferred option is to have Aboriginal staff provide services to Aboriginal elders
5. Ageing in the community is the preferred option
6. Aboriginal people want to have an ongoing say, and where practical, control of the aged care services for their elders
7. Coordination with health services is critical
8. Small Aboriginal communities may need support to deliver services - such as clinical governance, administration, acquittals of Government funds and the maintenance and reporting of quality standards
9. Operational funding needs to provide a long-term funding approach rather than time limited grants or special funds
10. Capacity building and community development approaches are required

- The emphasis of prescribed services may need to be different in community care to support Aboriginal elders (see table 2) when compared to non-Aboriginal services provided in community care programs

**Table 2: Prescribed Services**

Prescribed Services supporting Aboriginal people in the Wheatbelt may need to include an alternate emphasis to support the particular needs of older Aboriginal people. This may include the element detailed in this table.

1. Clear recognition/responses to the role of family and community and an appreciation of the way family and community contributes to wellbeing. This may impact on a different identification and definition of the term 'carer'
2. Transport, including support to attend funerals
3. Transport more generally
4. Greater participation of family and friends when Aboriginal elders are dying
5. There needs to be flexibility with the care packages so that older people



Prescribed Services supporting Aboriginal people in the Wheatbelt may need to include an alternate emphasis to support the particular needs of older Aboriginal people. This may include the element detailed in this table.

- |  |
|--|
| <p>can move to Perth to stay with family members when required for family and medical issues, and still receive the care services they require</p> <ol style="list-style-type: none"> <li>6. Some people's housing may need modifications so that the older person and staff can be safe while receiving their care at home</li> <li>7. Some older people require different housing to ensure that they have secure tenure and the support required to age in place</li> <li>8. Information about opportunities and services available to Aboriginal elders needs to be improved including attention to guided and culturally sensitive program referrals</li> <li>9. Assessment (including HACC):             <ol style="list-style-type: none"> <li>a) Must be undertaken by people who are trained and competent in Aboriginal culture and history</li> <li>b) Include streamlined approaches to written material provided to Aboriginal older people in these assessment processes</li> <li>c) Must include sensitivity regarding the impact of trauma and the need to establish and maintain trust relationships</li> </ol> </li> </ol> |
|--|

- Residential Aged Care design needs to support the particular cultural requirements of Aboriginal people. This includes ensuring that the design of buildings and the service model takes into account history of service users. This may include the traumatic impact on people forcibly removed from their family and the higher likelihood that Aboriginal people may have been institutionalised as children
- The dispersed nature and differing family connections of the Wheatbelt Aboriginal Community would make it very difficult to develop an Aboriginal Residential Aged Care facility in the Wheatbelt of sufficient scale to remain operationally and financially viable
- An alternate model to Residential Aged Care to support Wheatbelt Aboriginal people to remain in the Wheatbelt should be considered for those who can no longer be supported in their home

### Summary

Approaches addressing the social, historical, biophysical and cultural determinants of health and ageing and the Aboriginal world view have been considered in the development of the Wheatbelt Aboriginal Aged Care Framework. Building partnerships with Aboriginal communities and service providers (including the essential role of the Wheatbelt Aboriginal Health Service) will enable increased participation both in the provision of and access to essential services for the older Aboriginal population.

### Next Steps

This framework provides; principles, information and an evidence base upon which localised approaches can be developed to respond to unmet needs and service gaps for older Aboriginal people in the Wheatbelt. Essential steps required to move forward include:

- Adoption of the framework by the Steering Committee for the Wheatbelt Integrated Aged care Solution
- Identification of a champion to build on the framework to facilitate the development of improved and responsive Aboriginal aged care services in the Wheatbelt
- A launch of the framework in the Wheatbelt focused on interested parties
- Securing the support and participation of DSS in the developing responses based on this evidence base and the current and future needs and service gaps
- The development of service partnerships to ensure that aged care services can be developed and where possible by Aboriginal Controlled Organisations or in collaboration with Aboriginal Communities
- Consultation and working party arrangements with dispersed and clan based Aboriginal Communities in the Wheatbelt using the framework as a basis for navigating the complex and multiple issues that affect the development of sustainable and culturally appropriate aged care
- Production of a service plan by the beginning of 2015 with key foci:
  - The leadership, organisation and governance arrangements required to support a dispersed and community focused service model
  - The development of the required Aboriginal workforce
  - Clan and community specific action plans that result in the delivery of additional Home Support Programs (Currently called HACC) and Home Care Packages built on the program design principles and prescribed services detailed in the framework
  - The development of a sustainable model as an alternate arrangement to residential aged care

# Contents

Verso Consulting Pty Ltd.....	ii
Acknowledgements.....	iii
About the authors .....	iii
Executive Summary .....	v
Contents .....	xi
<b>1 Introduction .....</b>	<b>1</b>
1.1 Background.....	2
1.1.1 <i>Traditional Land Owners of the Wheatbelt Region.....</i>	2
1.1.2 <i>Project Aim.....</i>	2
1.1.3 <i>Context .....</i>	2
1.1.4 <i>Scope .....</i>	3
1.1.5 <i>The Wheatbelt Integrated Aged Care Solution.....</i>	3
1.1.6 <i>Wheatbelt Aboriginal Aged Care Framework.....</i>	4
1.2 Project Methodology .....	4
1.2.1 <i>Document Review .....</i>	4
1.2.2 <i>Demographics .....</i>	4
1.2.3 <i>Service Models.....</i>	4
1.2.4 <i>Consultations .....</i>	5
1.2.5 <i>Wheatbelt Aboriginal Aged Care Framework Report.....</i>	5
<b>2 Consolidated Findings .....</b>	<b>6</b>
2.1 The Findings .....	6
<b>3 Framework.....</b>	<b>8</b>
3.1 Service Principles .....	8
3.2 Broader Aged Care Principles .....	8
3.3 Prescribed Services .....	9
3.4 Confirming the principles.....	9
<b>4 Aged Care Innovation for the Wheatbelt .....</b>	<b>10</b>
4.1 Residential Aged Care Alternative .....	10
4.2 Other Options/Consideration for Residential Aged Care.....	11
<b>5 Next Steps.....</b>	<b>13</b>
<b>6 Research.....</b>	<b>14</b>
6.1.1 <i>Document Review .....</i>	14
6.1.2 <i>Demographics .....</i>	14
6.1.3 <i>Service Models.....</i>	14
6.1.4 <i>Consultations .....</i>	14
<b>7 Appendix .....</b>	<b>15</b>

# 1 Introduction

Verso Consulting has been engaged to develop Integrated Aged Support and Care Solution/s for the Wheatbelt Region of Western Australia. This report the 'Wheatbelt Aboriginal Aged Care Framework' is an adjunct to the Integrated Aged Support and Care Solution/s.

Plan is intended to support ageing in place (services assisting the Aboriginal aged to remain in their communities), to identify existing and required infrastructure and services, as well ways to provide dementia care.

This project is an extension of that conducted for the Central East Aged Care Alliance of 11 local governments (CEACA). The group sought to develop a holistic regional solution to allow aging residents to remain in their communities for as long as possible, within the context of Federal and State Government policy initiatives.

This project for the remainder of the Wheatbelt covers 32 additional shires and is based on similar objectives.

In undertaking this project Verso is very conscious of initiatives which will impact the future provision of Aged Care such as the Southern Inland Health Initiative, the Productivity Commission Inquiry Report: Caring for Older Australians 2011, and the Aged Care Reform Package 2012 as well as the National Health Reform Agreement and the subsequent Healthcare Agreement made between the Commonwealth and Western Australia. We will reflect on the thrust of these initiatives in the development of Solutions.

The Regional Solution(s) will provide clear direction to develop and implement infrastructure and service level solutions to address the urgent need for aged care accommodation and services in the Wheatbelt<sup>2</sup>.

This report has been prepared as a component of the Regional Wheatbelt Integrated Aged Support Solution(s) Needs Study, and focuses on the aged care needs in the Aboriginal Community across all Sub-regions. This report will inform the development of the Regional Solution(s) for the Wheatbelt.

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<sup>2</sup> Adapted from [www.wheatbelt.wa.gov.au](http://www.wheatbelt.wa.gov.au) accessed 26/3/13

## 1.1 Background

### 1.1.1 Traditional Land Owners of the Wheatbelt Region

The main Aboriginal group of the Wheatbelt region of Western Australia is the Noongar. Their country extends from Esperance located on the southern coast through to the Wheatbelt region. Archaeological evidence from Perth and Albany suggests the Noongar people have lived in the area for at least 45,000 years. The Gubrun people who are from a separate language group also have traditional ownership of areas of the Wheatbelt region.

The Wheatbelt region is home to 4 Aboriginal Clans, details of the clans are provided below.

- Njaki-Njaki Noongar People
- Yued Noongar People
- Gubrun People
- Ballardong Noongar People

The social structure of these groups is based on family clans which occupy distinct areas of Noongar and Gubrun country and is based on shared culture, language and connection to country.

### 1.1.2 Project Aim

In completing the Central East Wheatbelt Aged Care Solution it was found that there was insufficient appreciation of Aboriginal Aged Care service and needs within current aged care service provision.

Based on these findings WDC were concerned that Aboriginal populations across the whole Wheatbelt may not be receiving appropriately targeted or accessible aged care services. The development of an Aboriginal Framework which can be applied to current and arising needs in terms of care for Aboriginal elders was therefore proposed. The framework seeks to ensure that future Aboriginal Aged Care is developed with appropriately flexible approaches and that the approaches will be able to accommodate the diversity of the family and cultural groups across the region. The Aboriginal Aged Care Framework is intended to provide a principle driven framework for future service development and the development of new services. Verso Consulting was appointed to undertake this work as an adjunct to the Wheatbelt Integrated Aged Care Solution.

### 1.1.3 Context

Older Aboriginal Australians are vital in the continuation of Aboriginal history, culture and values. They are viewed as knowledge keepers and facilitate the continuation of culture and history through storytelling, dance and other cultural practices. They pass on lessons in traditional law, land and language. Diseases of age particularly dementia and chronic disease can impact not only on the sufferer but the entire extended community.<sup>3</sup> The need for aged care and community services for Aboriginal people often occurs at a younger age than in the general population, due in part to poorer health status and socioeconomic disadvantage.<sup>4</sup> There are many challenges around engaging older Aboriginals in aged care including providing culturally appropriate care which may include language, care workers and access to health and

<sup>3</sup> Australian Institute of Health and Welfare 2011. Older Aboriginal and Torres Strait Islander people.

<sup>4</sup> Australian Institute of Health and Welfare 2011. Older Aboriginal and Torres Strait Islander people.



community care services and transport. Like older Australians as a whole, Aboriginal Australians like to be cared for in their communities, close to family and their land.

#### 1.1.4 Scope

An examination of the evidence base used for the Central East Wheatbelt Aged care Solution and the Wheatbelt Integrated Aged care Solution found that there unmet needs and service gaps in aged care services being provided to the populations of older Aboriginals in the Wheatbelt.

This framework has been developed taking into account Commonwealth and Western Australian Government policy, Aboriginal Aged Care models, service gaps and unmet needs for aged care services and issues facing Aboriginal communities including:

- Aboriginal Perspectives of Health, wellbeing and ageing
- Health issues and life expectancy of older Aboriginals
- Social and cultural issues
- The Wheatbelt Aboriginal population
- Models of Aboriginal aged care

#### 1.1.5 The Wheatbelt Integrated Aged Care Solution

The framework has been developed to guide aged care planning in conjunction with the Wheatbelt Aboriginal Communities. The framework builds on the broader Aged Care Planning in the Wheatbelt; the ‘Wheatbelt Integrated Aged Care Solution’. The Solution considers the following key elements:



The *foundation plank* of “Age-friendly Communities” is not just a broad idea but a specific World Health Organisation initiative with defined focus areas of activity and infrastructure which have been shown to assist older residents to remain active, well and socially engaged. It can potentially support up to 100% of older people in a community.

The *second plank* of “Housing” plays crucial role in decisions older people make to remain living independently and it also supports the efficient and effective delivery

of support and care. It is estimated that up to 20% of older people will need support with housing built to the correct design.

“Community Aged Care” programs constitute the *third plank* and provide by far the greatest number of older Australians with support or care. The programs include the joint state/federal HACC program, Commonwealth Home Care packages, Veterans Community Nursing, Respite Care to assist “informal” carers (family/friends) and Palliative Care at home. Close to one million older Australians received support under one or other of these programs. It is estimated that this amounts to 37% of older people.

The *fourth plank* is “Residential Aged Care” and is care provided in conjunction with accommodation. Residential facilities have been also known as “nursing homes” or “hostels”. Hostels traditionally provided low care only and this form of residential care is phasing out. The Commonwealth Government provides most of the recurrent funding for care in residential facilities, with resident contributions required according to means. Around 9% of older Australians are cared for in Residential facilities at any one time.

#### **1.1.6 Wheatbelt Aboriginal Aged Care Framework**

The Wheatbelt Aboriginal Aged Care framework takes a holistic outlook to the care of older Aboriginal people in the region. The framework builds on the planning framework outlined in the Wheatbelt Integrated Aged Care Solution.

The framework has been developed using best practice principles that are intended to guide local planning for aged care services to meet the needs of the Aboriginal populations of the Wheatbelt. A number of Commonwealth and State health, aged care and disability policy and programs have been reviewed in order to gain a global view of the most effective ways of engaging Aboriginal populations in services and to confirm unmet needs and issues which may face the older Aboriginal population in order to create effective, comprehensive and culturally appropriate services.

## **1.2 Project Methodology**

The project activities include research activities, detailed in the Research Report (attached) that have provided an evidence base upon which the framework has been developed. The project steps are detailed in this section.

### **1.2.1 Document Review**

The document review included relevant policies, literature and reports that were examined to identify best practice in aged care models, housing/accommodation models and cultural imperatives.

### **1.2.2 Demographics**

Regional Aboriginal demographics will be examined including age distribution, need for assistance, housing/accommodation and family carers using as a primary source the 2011 ABS data.

### **1.2.3 Service Models**

Service models of Aboriginal aged care have been detailed to provide insights into a range of options and approaches that could be employed in service planning and service design.

#### **1.2.4 Consultations**

Verso drew on the following:

- Broader community aged care consultations across all Wheatbelt communities (2012 to 2013) this included some Aboriginal people
- Individual Aboriginal persons
- Providers of Aboriginal Aged Care Services and person involved in broader Aboriginal service development in the Wheatbelt
- The Wheatbelt Aboriginal Health Consultative Committee

#### **1.2.5 Wheatbelt Aboriginal Aged Care Framework Report**

The best practice principles have been contextualised to the Wheatbelt region and the particular needs and circumstances of the local Aboriginal population.

The framework aggregates the evidence gathered through the; document review, demographics, service models and consultations. From the consolidated finding the framework proposes guiding principles and 'next steps' to support local Aboriginal Communities, planners, service providers and Government develop aged care services to respond to current and future needs for the Wheatbelt's aged Aboriginal population.

## 2 Consolidated Findings

The site visits detailed in Research report were augmented with consultations undertaken across Wheatbelt Communities (all local Government areas with the exception of Williams<sup>5</sup> in 2012 and 2013) and with the Wheatbelt Aboriginal Consultative Committee in October, December 2013 and August 2014. In addition consultations were conducted with Wendy Newman, Grant Arthur (Wheatbelt Development Commission), Sean Conlan Director of Aboriginal Health (Wheatbelt), Jenny Yarran (while developing the Central East Wheatbelt Aged Care Solution in 2012) and Graeme Ellis-Smith.

Verso also drew on practice experience that includes consultations with Aboriginal Communities, Organisations and Individuals in the development of innovative aged care responses and the identification of unmet needs across Australia (2002 to 2013).

### 2.1 The Findings

The consolidation of the evidence gathered through this project confirms the initial concerns of the Wheatbelt Development Commission and the perspective of members of the non-Aboriginal community that there is a lack of services to meet current and future needs of Aboriginal elders. The lack of deliberate and targeted aged care programs is also confirmed through the evidence gathered. In particular it has been found that:

- There is a growing need for Aboriginal Aged Care services across the Wheatbelt
- There is a lack of information about Government programs that could support the aged care needs of Wheatbelt Aboriginals
- There is a lack of culturally targeted and specific aged care services that are accessible to and benefiting older Aboriginal people
- There is significant and growing need for transport
- Wheatbelt Aboriginal communities aspire to have more control and input into services
- Community based aged care services are favoured
- There is a lack of carer services and information in the Wheatbelt generally however this likely to be exacerbated in the Wheatbelt Aboriginal community as number of carers in Aboriginal families is likely to be 1.5 to 3 times higher than in the non-Aboriginal Wheatbelt families
- Increased housing linked aged care services will support some Aboriginals to remain in their community and home as the aged care needs increase
- There is a need for a deliberate and strategic approach to developing and coordinating aged care services targeted to Aboriginal people in the Wheatbelt and that this approach needs to be linked to and integrated with health initiatives and major policy such initiatives such as 'Closing the Gap'
- The dispersed nature of the Wheatbelt Region and the clan based structures requires approaches to service delivery and design that is tailored to the needs of

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<sup>5</sup> The existing Williams Aged Care Plan provided evidence used in the consolidated report

the individual communities while being inherently flexible and financially sustainable

- Due to the technical and clinical demands of aged care service provision the individual and tailored responses required to support the diverse and dispersed elderly Aboriginal Population there needs to be culturally and technically competent leadership of a broad solution. Such a leadership solution would have inherently built into it the tailored responses already referred to
- Solutions to support Aboriginal Aged care in the Wheatbelt must include the training and employment of Aboriginal people across all professional and support worker levels

The evidence gathered to develop this framework also demonstrated that these unmet needs and service improvements are affected by unique elements impacting Aboriginal elders and the broader Aboriginal communities. These elements lead to proportionately higher demand for aged care services in the Wheatbelt Aboriginal community. In particular the factors are:

- Age Care services are required by Aboriginal people at a younger age than the non-Aboriginal community. Currently access to the HACC program and Commonwealth Aged Care for Aboriginal people assessed as eligible may be 50 years of age, however even younger Aboriginal people may be supported if the assessment agency or the Aged Care Assessment Team considers the services to be necessary
- Ageing members of Aboriginal Community are more likely to have chronic illnesses /conditions than the non-Aboriginal community, which in-turn increases the likelihood that aged care services will require added resources including more nursing inputs. The incidence of diabetes management and the need for renal dialysis are particular factors
- Older Aboriginals are vital in the continuation of Aboriginal history, culture and values. They are viewed as knowledge keepers and facilitate the continuation of culture and history through storytelling, dance and other cultural practices. They pass on lessons in traditional law, land and language. The whole of the community is impacted by the early ageing and shorter life of Aboriginal Community members



## 3 Framework

### 3.1 Service Principles

As a result of the evidence gathering these guiding principles have been developed for service planning and service delivery. The principles are:

- Aboriginal People will be involved in planning their services
- Broad consultation is important
- Services are provided by organisations and people who are respectful of Aboriginal people
- The preferred option is to have Aboriginal staff provide services to Aboriginal elders
- Ageing in the community is the preferred option
- Aboriginal people want to have an ongoing say, and where practical, control of the aged care services for their elders
- Coordination with health services is critical
- Small Aboriginal communities may need support to deliver services - such as clinical governance, administration, acquittals of Government funds and the maintenance and reporting of quality standards
- Operational funding needs to provide a long-term funding approach rather than time limited grants or special funds
- Capacity building and community development approaches are required
- Long-term funding (Funding certainty)

### 3.2 Broader Aged Care Principles

These key service design and delivery principles broadly align with the principles more broadly developed for the Wheatbelt Integrated Aged Care solution. These principles are:

- Principle 1: The importance of place
- Principle 2: Community life
- Principle 3: Community's sense of ownership
- Principle 4: Focus on the person
- Principle 5: Choice
- Principle 6: Equitable access
- Principle 7: Practicality
- Principle 8: Viability

### 3.3 Prescribed Services

The Community Aged Care services required by Aboriginal elders may have a different focus and/or priority than those provided more broadly. Elements to be considered include:

- Clear recognition/responses to the role of family and community and an appreciation of the way family and community contributes to wellbeing. This may impact on a different identification and definition of the term 'carer'
- Transport, including support to attend funerals
- Transport more generally
- Greater participation of family and friends when Aboriginal elders are dying
- There needs to be flexibility with the care packages so that older people can move across Planning Regions to stay with family members when required for family and medical issues, and still receive the care services they require
- Some people's housing may need modifications so that the older person and staff can be safe while receiving their care at home
- Some older people require different housing to ensure that they have secure tenure and to support ageing in place
- Information about opportunities and services available to Aboriginal elders needs to be improved including attention to guided and culturally sensitive program referrals
- Assessment (including HACC):
  - Must be undertaken by people who are trained and competent in Aboriginal culture and history
  - Include streamlined approaches to written material provided to Aboriginal older people in these assessment processes
  - Must include sensitivity regarding the impact of trauma and the need to establish and maintain trust relationships

### 3.4 Confirming the principles

The meetings with Wheatbelt Aboriginal Consultative Committee in October 2013, December 2013 and August 2014 confirmed the Service principles and the emphasis of prescribed service orientation detailed in section (2.3).

## 4 Aged Care Innovation for the Wheatbelt

### 4.1 Residential Aged Care Alternative

Discussions with the Wheatbelt Aboriginal Health Consultative committee identified a particular interest in the Small Scale Aged Care Solution detailed in this section. The Small Scale Aged Care Solution has been identified as a model of particular interest due to the following factors:

- The small scale has the potential to support the decentralised Aboriginal communities of the Wheatbelt
- The design ideas of the Small Scale Aged Care Solution is consistent with the family and cultural requirements of the Wheatbelt Aboriginal Communities
- The Small Scale Aged Care Solution design is an alternate to residential aged care - Given the dispersed nature and differing family connections of the Wheatbelt Aboriginal Community it would be very difficult to develop an Aboriginal Residential Aged Care facility in the Wheatbelt of sufficient scale to remain operationally and financially viable
- The Small Scale Aged Care Solution would readily facilitate the key principles detailed in section (2.2)

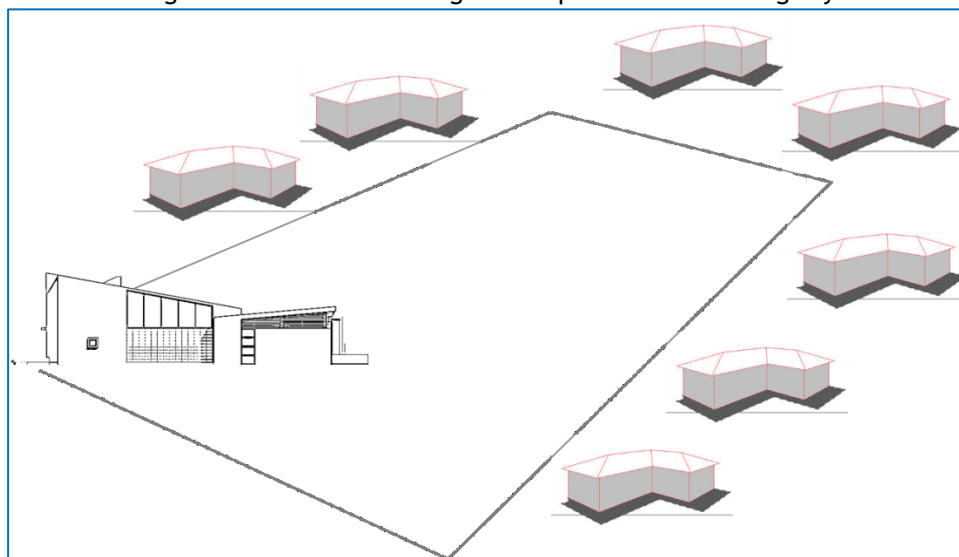
#### *Small Scale Aged Care Solution*

Key features include of the Small Scale Aged Care Solution are included in this section. They are:

- A cluster of 1 and 2 bedroom Independent Living units
- Secure garden
- Common area building to:
  - House office
  - Overnight staff
  - 2 x Observation bed sits (respite & complex care needs)
  - Universal design<sup>6</sup>

<sup>6</sup> Universal Design fact sheet; <http://www.dss.gov.au/our-responsibilities/housing-support/programs-services/national-rental-affordability-scheme/universal-design-principles>

#### Small Scale Aged Care Solution - Design Concept Verso Consulting Pty Ltd 2013©



The Care and Support arrangement in the Small Scale Aged Care Solution housing include:

- 24 hour staffing
- Commonwealth Aged Care Funding through Home Care Packages; the Home Care Packages are delivered within a quality and legislative outlined in the Community Packaged Care Guidelines that control specified services, quality of care standards, fee arrangements and workforce qualifications and expertise
- Management and control of the Home Care Packages must be delivered through an Approved Provider organisation
- The focus of the Small Scale Aged Care Solution is complex high care needs includes dementia and mental health issues and attendant challenging behaviours
- Requires a single aged care operator

Operational elements include:

- Volunteer and family participation
- Meals prepared in the units
- Option for meals in the common area or in the community
- Options for family and carers to occupy the unit under predetermined conditions
- Use of technology for monitoring and reducing care needs - e.g. special beds to limit the need to turn residents at night

## 4.2 Other Options/Consideration for Residential Aged Care

Another consideration is how existing mainstream Residential Aged care could develop culturally appropriate care to ensure improved access and care services for Aboriginal people in the Wheatbelt. There is an opportunity for key stakeholders to use this framework to consider how to make best use of the existing service system to deliver improved and culturally appropriate Residential Aged Care services for Aboriginal people. Within the development of these options integrated and culturally appropriate palliative care is an essential element of any Residential Aged Care

option. The essential link between Residential Aged Care and Palliative Care is based on the often reported dynamic of Aboriginal elders accessing Residential Aged Care to support end-of-life care requirement in particular. The finding of the research relating to palliative Care in Residential Aged Care demonstrates that is common for:

- Aboriginal families to be together in larger numbers than in non-Aboriginal families when a family member is dying
- Larger numbers of family members than the non-Aboriginal people may want to remain with the person in the last weeks of their life
- Mainstream services to find it difficult to accommodate the numbers of family members and their coming and going including the likelihood of children in the facility; this is often due to the physical limitations of the built environment
- Mainstream services to be unable to accommodate smoking ceremonies; this is often due to the incapacity to isolate smoke detectors

The Rumbalara Aged Care Facility (Section 6.5) incorporates exceptional culturally appropriate palliative care services and facilities into their model. Key features include:

- Indoor and outdoor areas for the family members
- A separate connected bedroom for the care
- A mural of the Murray river on two wall of the bedroom
- A separate external entrance to allow family to come and go without disturbing the other residents (at any time)
- A separate discreet ambulance entrance to the care room.

Another key issue in considering Aboriginal use and access of Residential Aged Care includes the need to ensure that the design of buildings and the service model takes into account history of service users. This may include the traumatic impact on people forcibly removed from their family and the higher likelihood that Aboriginal people may have been institutionalised as children.



## 5 Next Steps

The next steps section is the result of distilling the findings of the review and represents an opportunity for the Wheatbelt Development Commission and key stakeholders to commence a process. The process has a clear goal; to improve access for culturally appropriate aged care for Aboriginal people in the Wheatbelt.

The process is not intended to replace existing service responses on the contrary it is the intention of this document to prompt better and more inclusive practices and wherever possible to build on existing programs. An excellent example of an organisation and programs that would be well positioned to use this framework and lead change is the Wheatbelt Aboriginal Health Service. As the report identifies however there are service response gaps and unmet need that will require new initiatives. The initiatives require Aboriginal participation (as detailed in section 2) and therefore this document should be used to create a platform to promote the visioning and planning activities required to respond to unmet needs and service gaps. In the spirit of this planning and visioning a recommendation has been made to accept an invitation from the Rumbalara Co-op in Shepparton Victoria for the Wheatbelt Aboriginal Health Consultative Committee to visit.

The table in this section details the broad actions required to engage with the Aboriginal Community across the Wheatbelt and move toward developing a suite of Aboriginal aged care services to meet current and future demand in a culturally appropriate manner.

Action	Who	When
Adopt framework	WDC	Nov 2014
Determine who will lead Aboriginal Aged Care improvements based on the framework	Aboriginal Health	Nov-Dec 2014
Present framework at a community level in the Wheatbelt	Verso/RDA, WDC	Feb 2015
Seek the engagement and involvement of DSS (WA) and Canberra in the solution	WDC/RDA	Feb 2015
Use the framework to develop a constructive and ongoing discussion with Wheatbelt Communities across the Wheatbelt	Lead Agency/Agencies	Nov 2014>
Support the Wheatbelt Aboriginal Health Consultative Committee to visit Rumbalara Coop in Victoria	Aboriginal Health	Feb/April 2015
Develop an aged care service plan in collaboration with all Aboriginal communities across the Wheatbelt	Lead Agency/Agencies	Mch/May 2015

## 6 Research

The project includes research activities, detailed in the Research Report (attached) that have provided an evidence base upon which the framework has been developed. The research steps include:

### 6.1.1 Document Review

The document review included relevant policies, literature and reports that were examined to identify best practice in aged care models, housing/accommodation models and cultural imperatives.

### 6.1.2 Demographics

Regional Aboriginal demographics will be examined including age distribution, need for assistance, housing/accommodation and family carers using as a primary source the 2011 ABS data.

### 6.1.3 Service Models

Service models of Aboriginal aged care have been detailed to provide insights into a range of options and approaches that could be employed in service planning and service design.

### 6.1.4 Consultations

Verso drew on the following:

- Broader community aged care consultations across all Wheatbelt communities (2012 to 2013) this included some Aboriginal people
- Individual Aboriginal persons
- Providers of Aboriginal Aged Care Services and person involved in broader Aboriginal service development in the Wheatbelt
- The Wheatbelt Aboriginal Health Consultative Committee

## 7 Appendix

Research Report

Document Review