



**Regional
Development**
Australia

W H E A T B E L T W A

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The Need for Reform: Aged Care in the Wheatbelt Region

June 2019

With reference to the following reports:

- State Wide Ageing in the Bush
- Wheatbelt Aged Support and Care Solutions Report
- Wheatbelt Aboriginal Aged Care Framework
- Central East Aged Care Alliance Aged Care Report



An Australian Government Initiative

Contents

The Need for Reform: Aged Care in the Wheatbelt Region	
Background of ageing in the Wheatbelt	3
Discussion	6
Socio-economic outcomes.....	7
Employment and economic opportunities	10
Discussion	11
Identified Solutions.....	11
Concluding discussion.....	16

Figures

Figure 1 Sub Region percentage increases between 2011 and 2016 across older age groups	3
Figure 2 Percentage changes in the Region's older Aboriginal population.....	4
Figure 3 Changes between 2011 and 2016 of those needing assistance	4
Figure 4 Changes in numbers providing unpaid assistance between 2011 and 2016	5
Figure 5 Comparisons of Sub Region age groups- re future ageing outcomes	5
Figure 6 Changes in the 55-64 years cohort between 2011 and 2016 and adjusted estimated increase for the 65-74 years 2021 cohort.....	6
Figure 7 2011-2016 comparisons between same age cohort & 2011 75-84 cohort with 2016 75-84 cohort	7
Figure 8 Percentage change in those needing assistance, those providing unpaid assistance and employment in the Health Social Services sector	8
Figure 9 Unemployment and labour force participation.....	8
Figure 10 Percentage of 15-44 & 45-64 years populations employed, providing unpaid assistance or needing assistance	9
Figure 11 Percentage of Aboriginal 15-44 & 45-64 years populations employed, providing unpaid assistance or needing assistance.....	9
Figure 12 Percentage changes in the Wheatbelt's 65+ population and changes in Health sector employment positions 2006-2016	17

Tables

Table 1 Employment ratios by care places.....	10
Table 2 Aged Care economic and employment modelling	10
Table 3 Ratios of Wheatbelt Health Social Services employees to 65+ population.....	18

OVERVIEW

Since 2012, the Wheatbelt region in Western Australia has been working to develop innovative models that enable older people to remain in their communities across regional WA.

Addressing current and impending needs for aged care services presents real opportunities for *economic and jobs growth across regional WA*. If we can get it right, the social and economic dividends are considerable.

- Regional WA has an older population profile than the State and is encountering the increasing need for aged care. Contextual issues include:
 - sparse and geographically dispersed ageing populations;
 - shifts in policy and funding at a State and Federal level including the consumer directed care model; and
 - significant and sustained demand for aged and home care services from a regional aged population growing at faster rates than metropolitan Perth.
- Four reports have been developed that identify solutions to enable older people to receive the care they require in their community. These include the Central East Aged Care (CEACA) Regional Solutions Report, Wheatbelt Aged Support and Care Solutions (WASCS), the Wheatbelt Aboriginal Aged Care Framework and State Wide Ageing in the Bush Report (SWAITB). These reports can be found on the Wheatbelt Development Commission's website at: <https://www.wheatbelt.wa.gov.au/publications/aged-care/>
- The Reports identify four critical elements (or "Four Planks") necessary for holistic place based support and care for older people being; Age Friendly Communities, Age Appropriate Housing, Home Care and Support and Residential Aged Care.
- Key issues identified throughout regional WA include:
 - projected growth and the impact on community;
 - viability of regional aged care service providers in 'market failure' settings;
 - widespread unmet demand for residential care and older persons housing;
 - uneven availability of support and care in the home including respite care;
 - varied circumstances across rural WA in relation to the context in which care may be provided for older Aboriginal people;
 - the importance of transport services to access services; and
 - the criticality of strong telecommunication systems to deliver tele-health and easy access to information to facilitate consumer choice.
- A number of possible models to address state-wide issues have been developed, these include:
 - 'Bundling' of services (including aged and NDIS) across a geographic 'footprint' to ensure service sustainability;
 - Housing cluster model to facilitate efficient and effective care delivery and blunt the demand for high cost residential care;
 - Refreshing the MPS model to meet contemporary standards and delivery costs in rural and remote settings; and
 - Innovative Aboriginal care solutions.

Background of ageing in the Wheatbelt

The Wheatbelt Region comprises 42 Local Government Authorities (LGAs) across five Sub Regions. These being: Avon; Central Coast; Central East; Central Midlands and Wheatbelt South. All the Sub Regions, as with the majority of regional areas throughout Australia, have increasingly ageing populations. Between the 2011 and 2016 Census, there was an overall aggregated increase of 29% across the 65-74, 75-84 and 85 plus years populations in the Wheatbelt (*figure 1*).

However, there were broad variations of increases within and between the Sub Regions and the three age groups. The Avon Sub Region recorded the highest increase (36%) in the 65-74 years population while the Central Coast had the greatest rise (39%) in the 75-84 years population and the Central East showing a substantive 43% increase in the Sub Region's 85 plus years' population. Of note was the almost equal distribution of increase across all three age categories in the Central Midlands Sub Region.

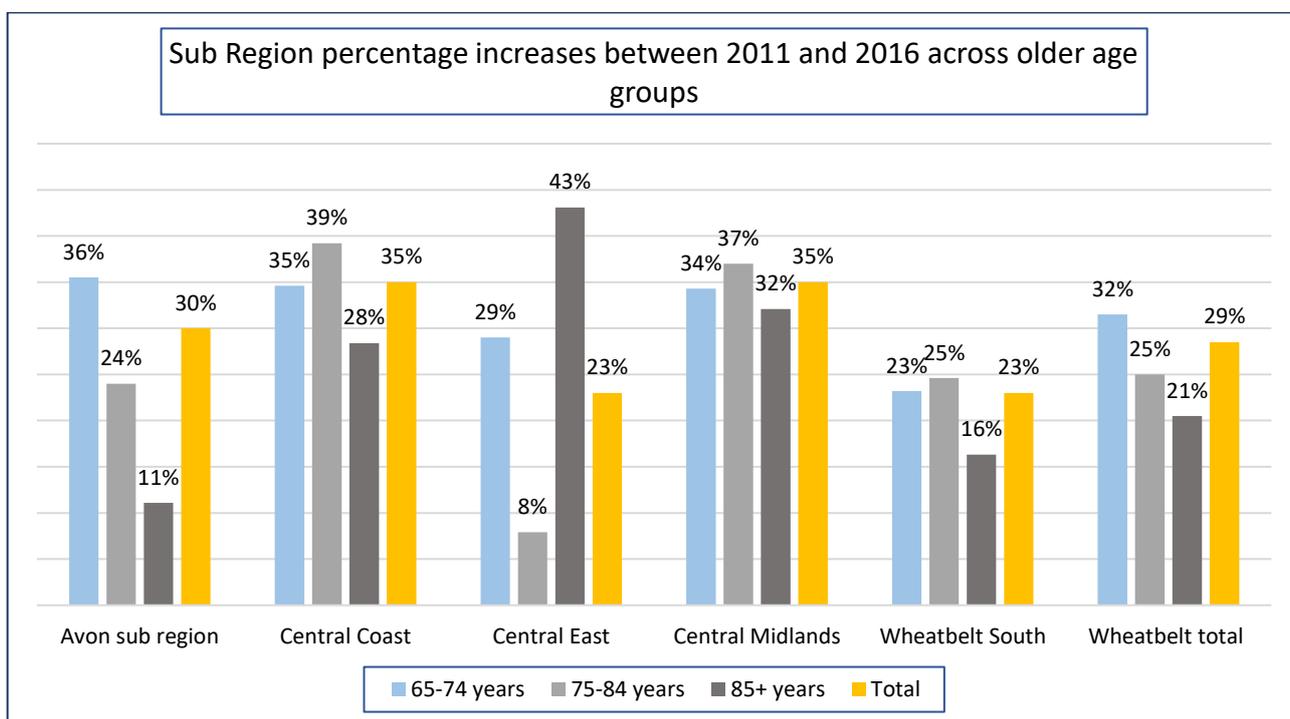


Figure 1

The variations of increases in the three age categories within and between the Sub Regions also indicate the need to develop a multifaceted and innovative approach in responding to the requirements of the region's older generations. This includes the region's Aboriginal population, which had a 4% increase in the number of people 65 and over between the 2011 and 2016 Census.

Overall, there were increases in the three older age groups with the greatest changes between 2011 and 2016 being in the 65 and over population (48%) followed by the 60-64 years population (37%) (*figure 2*). However, the increases were not uniformly consistent across the five sub regions with marked declines in the 55-59 years population in the Central Coast, Central Midlands and Wheatbelt South Sub Regions and a 33% fall in the Central Coast's 60-64 years population. Despite these declines, it should be noted that there is an upward ageing trend in the Wheatbelt's Aboriginal population, particularly in the Central East Sub region.

The upward ageing trend suggests that due consideration be given to the current and future approaches to providing culturally sensitive and appropriate age care services for Aboriginal clients.

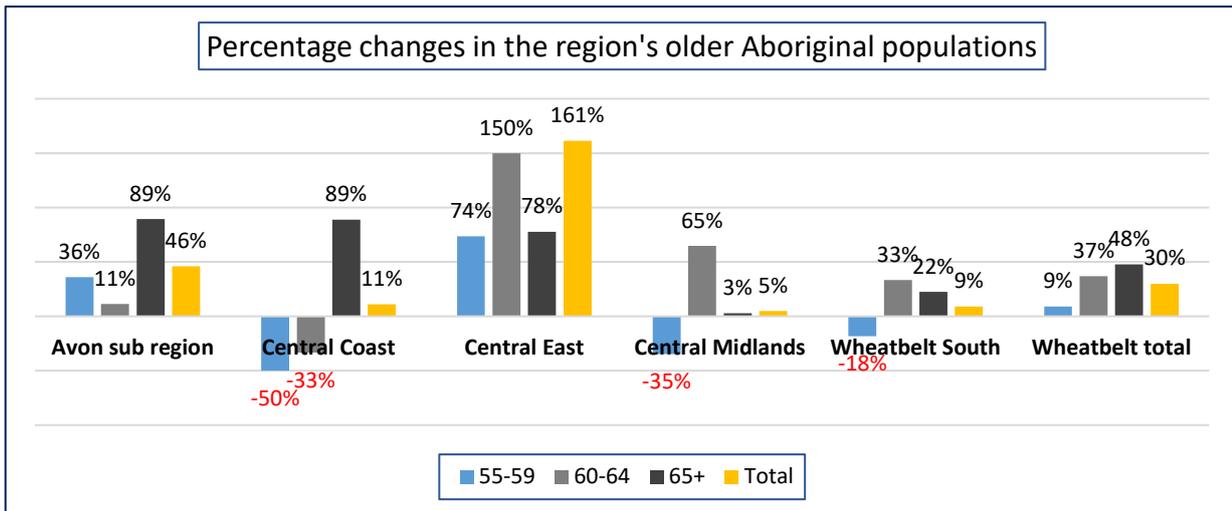


Figure 2

The effect of the region's ageing population is further reiterated in the increased number of people in the older generations needing assistance. Between 2011 and 2016, there was a 20% increase in those needing assistance in the region's 65 and over population (figure 3). The concerning feature is, this was despite a 7% decline in the 85 and over population and appears to be largely driven in a 54% spike in the number of 65-74 year olds needing assistance.

This trend was also apparent within the Aboriginal population with a region wide increase of 21% in the number of 55-64 year olds requiring assistance and 15% in those 65 and over, contributing to an aggregated increase of 17% between 2011 and 2016.

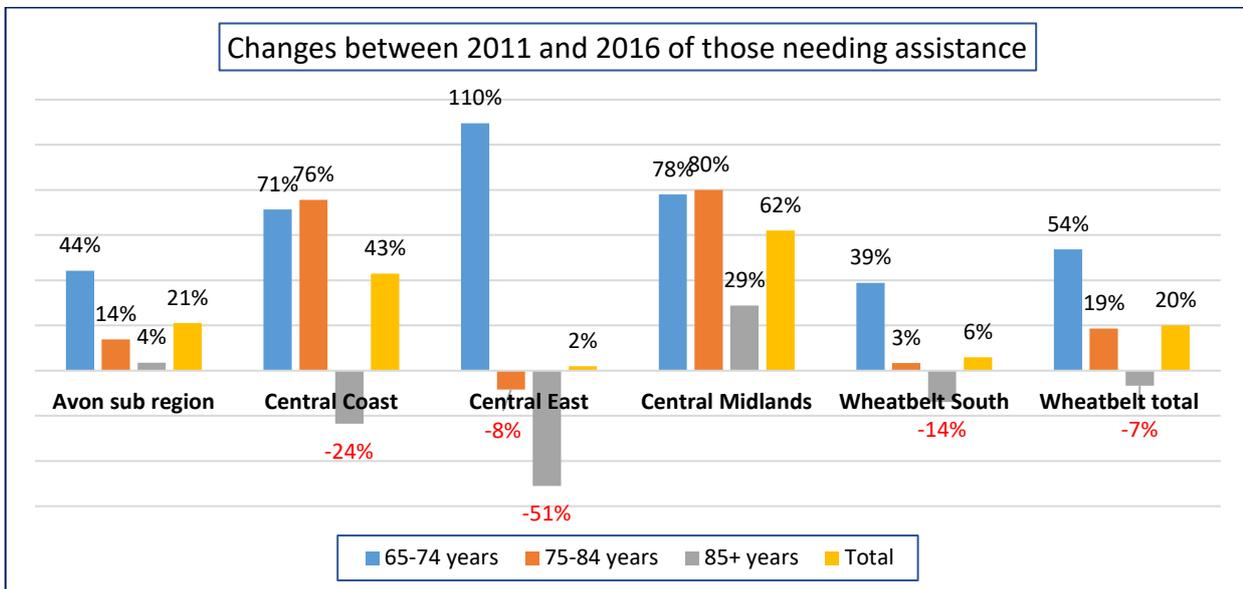


Figure 3

The impact of the rise in the number of older people requiring assistance is reflected in the increase in the number of people providing unpaid assistance for a person with a disability. While the Census data does not specify the particular need that unpaid assistance is being provided for, the data could be seen as a proxy measurement and indicative of increased demand for aged care being placed on family, friends and volunteers in the Wheatbelt.

There has been a considerable increase in the number of the 65 and over population in the region providing unpaid assistance between the 2011 and 2016 Census. From an overall perspective for the region, there was 96% increase with a 104% increase shown in the Aboriginal population (*figure 4*). It could be proposed that the 42% increase in the region's 65-74 years population providing unpaid assistance reflected the 54% increase in the number of 65-74 year olds that needed assistance (*figure 3*).

In turn, the 104% increase in the number of the Aboriginal 55-65 and over population providing unpaid assistance, at one level points to an increasing need to meet the demands of a growing elderly population compounded by poor health outcomes. It could also indicate a preference for the families of elderly people and elderly people themselves to remain with the family and within their communities.

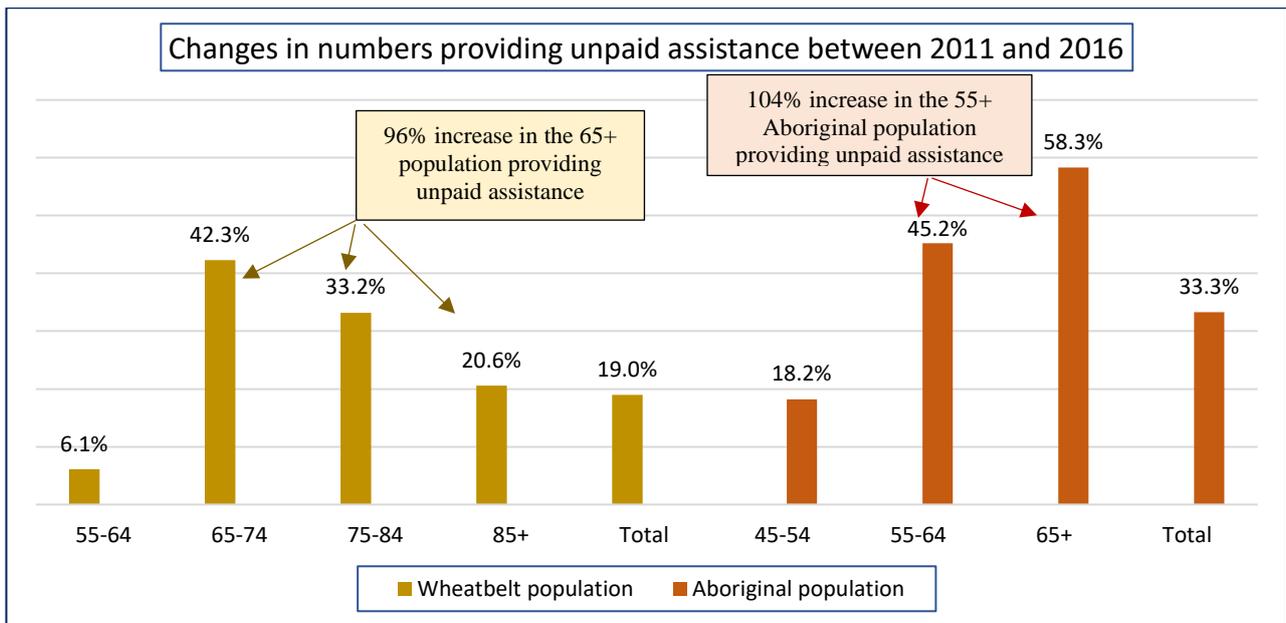


Figure 4

However, the concerning issue is that the influx of people into the region's aged sector has not yet peaked. For instance, the largest age group in the Sub Regions of Avon, Wheatbelt South and Central Coast was the 55-64 year olds (*figure 5*).

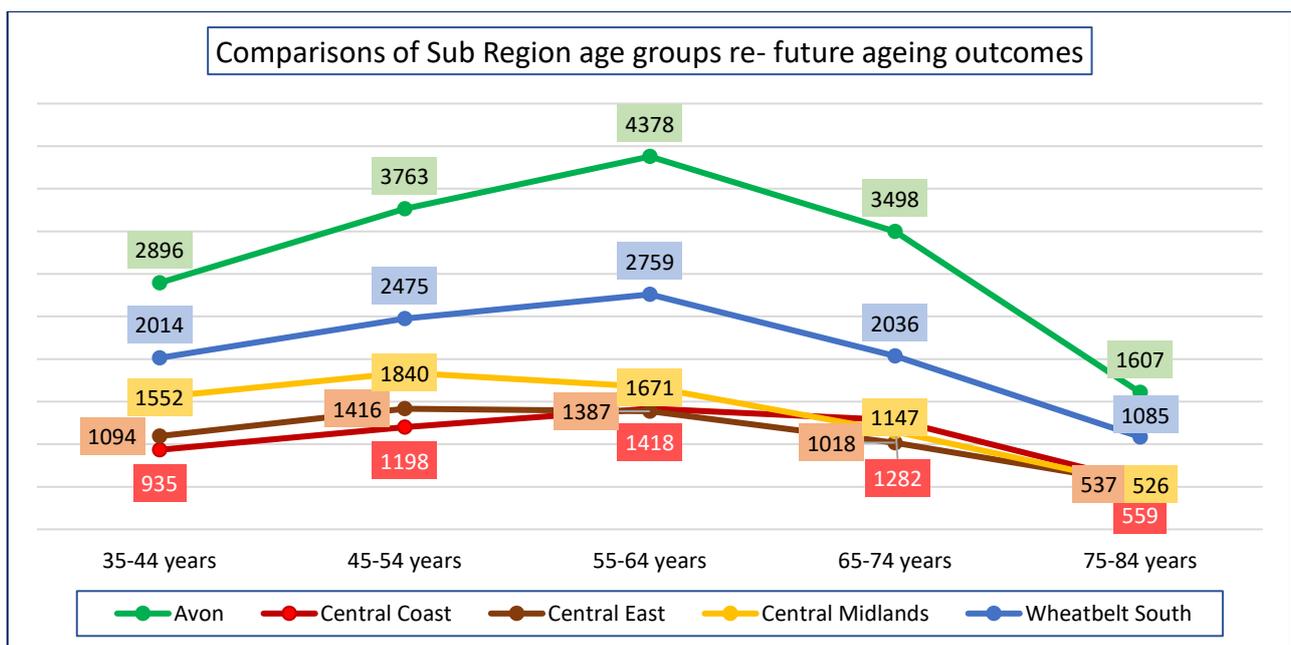


Figure 5

Obviously, it would be unrealistic to anticipate all of the 55-64 years cohort remaining in the Wheatbelt as they transition into the 65-74 years cohort. However, an internal calculation undertaken by RDA Wheatbelt indicates that even allowing for population leakage there is still a potentially marked increase in the forthcoming 2021 65-74 years cohort (*figure 6*). For example, while there was an 18% reduction in the Wheatbelt's 2011 55-64 years population compared to the 2016 65-74 years population, there is still the potential for a 6% increase in the 65-74 years 2021 population compared to 2016.

Additionally, as illustrated in figure six, the decrease in the age cohort varies across the sub regions with the Central East registering the lowest level (2%) of population leakage and the highest potential increase moving forward.

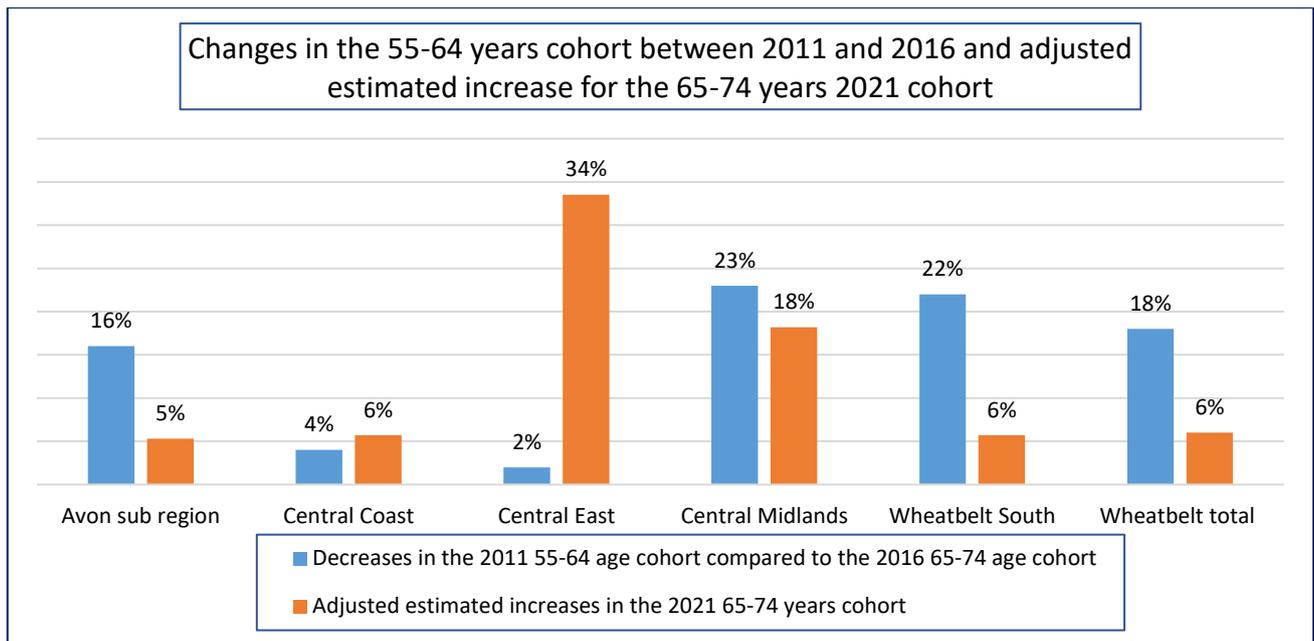


Figure 6

Discussion

The preceding data indicates that there is a strong potential for ongoing increasing demand for aged care and services in the Wheatbelt region. This is supported by the analysis of changes in the 2011 65-74 years cohort as it transitioned into the 2016 75-84 years cohort which saw a 37% decrease in the age cohort in the region between 2011 and 2016 (*figure 7*). Further analysis is required to determine the causes for this decrease as anecdotal evidence suggests a lack of services, especially at the high care levels, causes people to leave their communities to access care. Despite the considerable decrease, the 2016 75-84 years cohort was 20% greater than the 2011 75-84 years cohort at a regional level with the Central Coast (28%) and Central East (27%) Sub Regions showing the highest levels of increase.

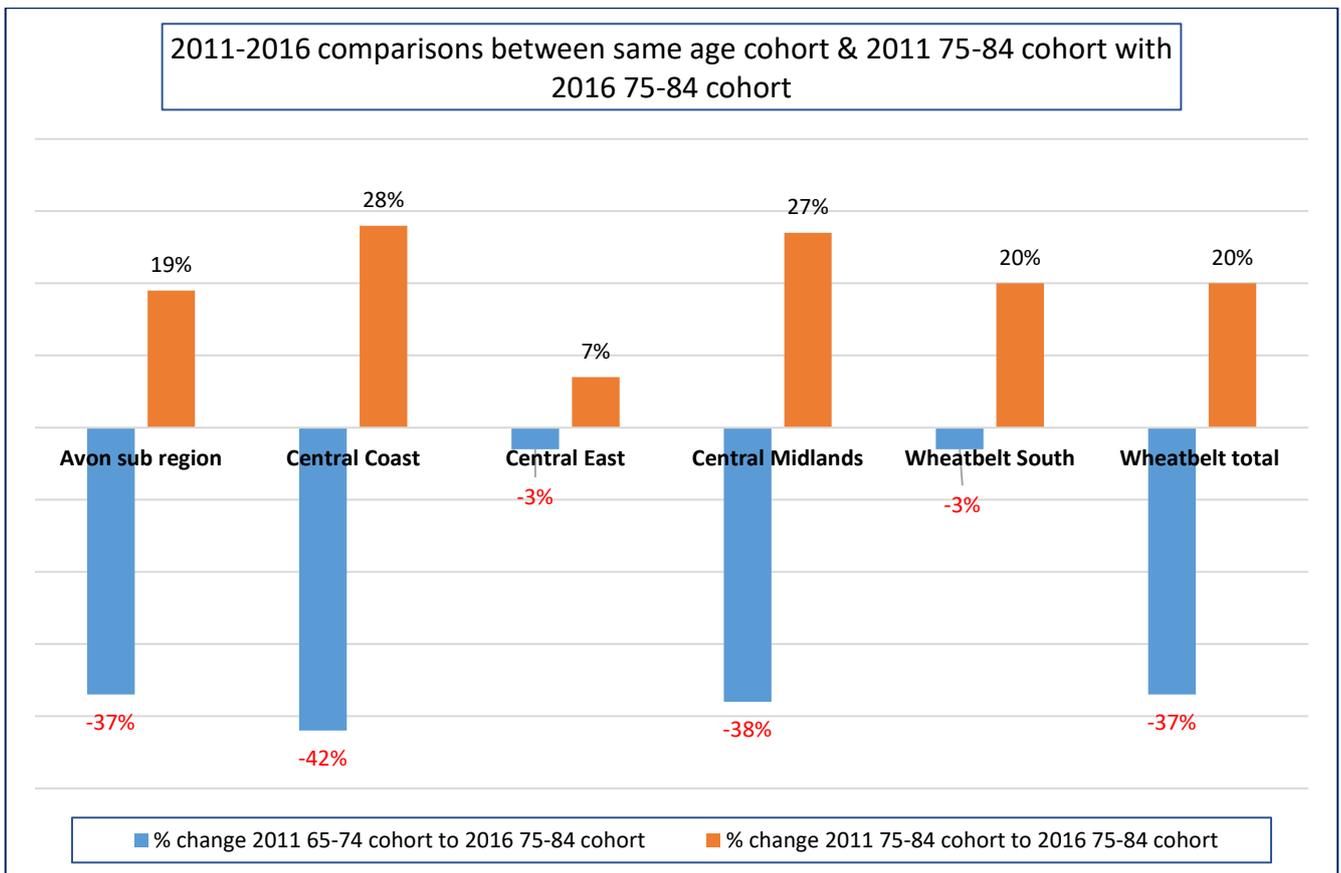


Figure 7

It could be proposed that the increasing trend is attributable to the larger population in this particular age demographic, however it could also be indicative of a growing trend in a desire for Wheatbelt residents to ‘age in place’. Albeit, regardless of the drivers which may also include a developing ‘rural retirement migration’ market, the data presented suggests that a strategic multifaceted approach should be adopted to not only meet growing demand for services but to optimise the economic and employment opportunities an expanding aged value offers the Wheatbelt. In as much as there will be considerable expenditure associated with expanding aged care amenities and services, this expenditure should be viewed as an investment rather than a cost that will deliver direct and indirect socio-economic and productivity benefits to the region. A selection of these benefits will be examined in the following section.

Socio-economic outcomes

Despite the 29% increase in the 65 and over population and the 20% increase in those needing assistance in the Wheatbelt between the 2011 and 2016 Census, employment in the Health Care and Social Services sector increased by just 0.06% (or what equated to 18 additional positions across the region) (figure 8). In comparison, there was a 6% increase in the 55-64 age groups and 40% 65-84 age groups providing unpaid assistance.

At the same time there was an incongruence across the sub regions between the increases in those needing assistance, those providing unpaid assistance and changes in employment in the Health Care and Social Services sector. This may indicate variances between the sub regions in regard to availability and accessibility to aged care providers and services in addition to the aspirations of ageing people and expectations of their family.

Percentage change in those needing assistance, those providing unpaid assistance & employment in the Health Social Services Sector

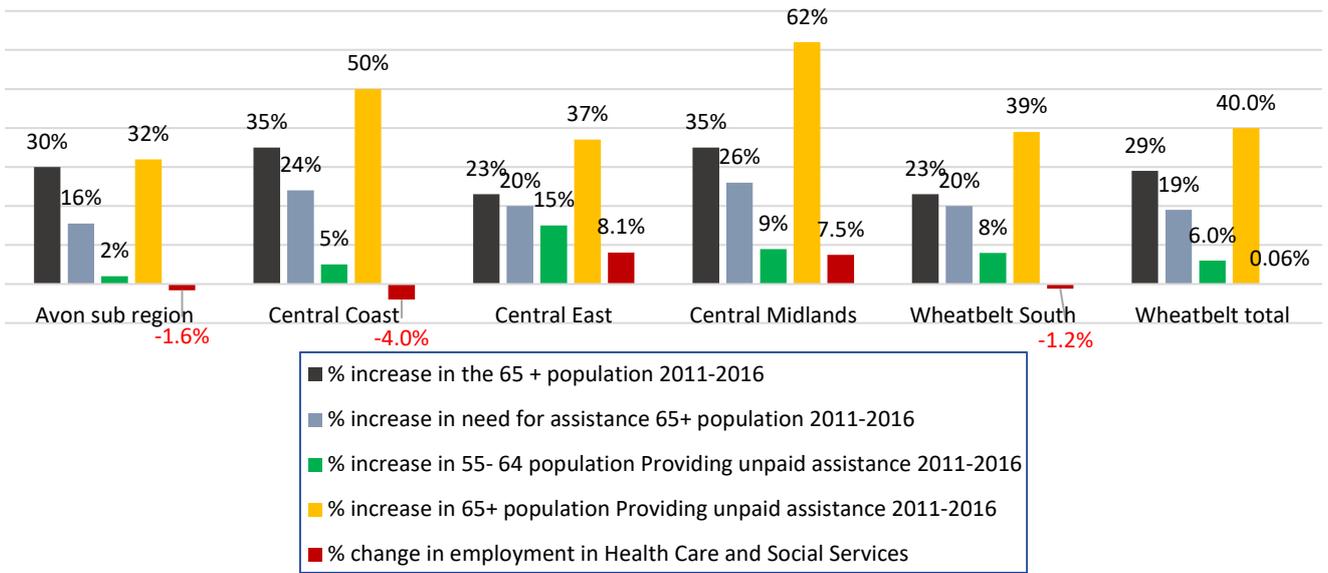


Figure 8

It could be anticipated that growing aged population would increase demand for services which in turn would drive employment in the Health and Social Services sector. A regional unemployment rate of 6% as of the 2016 Census and a labour force participation rate of 70% suggests that there would be scope to meet employment needs through internal regional sources (figure 9).

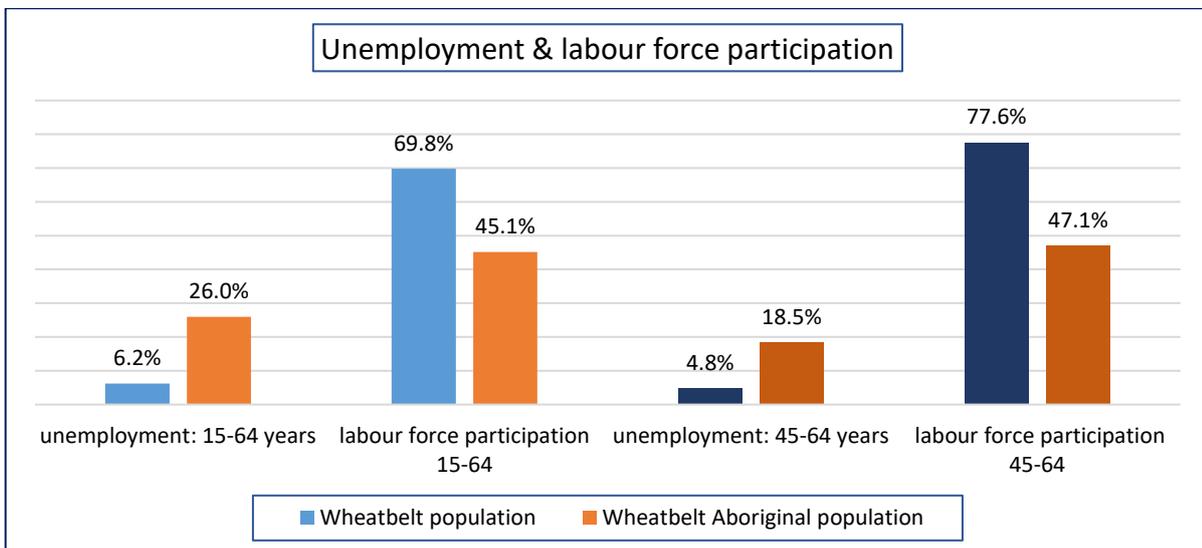


Figure 9

However, an analysis of the individual sub region’s point to a level of labour market thinness in the 45-64 years population (figure 10). This appears to be particularly applicable to the Central East, Central Midlands and Wheatbelt South Sub Regions. In the case of the Central East Sub Region, 98% of the 45-64 years population were employed (78%) and/or were providing unpaid assistance (16%) or were requiring assistance (4%) with similar levels of segmentation occurring in the Central Midlands and Wheatbelt South Sub Regions. While it is acknowledged that employed people may also be providing unpaid assistance, this data along with the low unemployment and high labour force participation rates in the three sub regions suggest that the labour market in these sub regions may be close to critical capacity.

Alternately there appears to be a reasonable level of labour market capacity in the 15-44 years population across the five sub regions. But this should be viewed with a rider that this population in comprising 30 individual age groups compared to the 45-64 years population with 20, represents just over half (50.5%) of the Wheatbelt’s working age population.

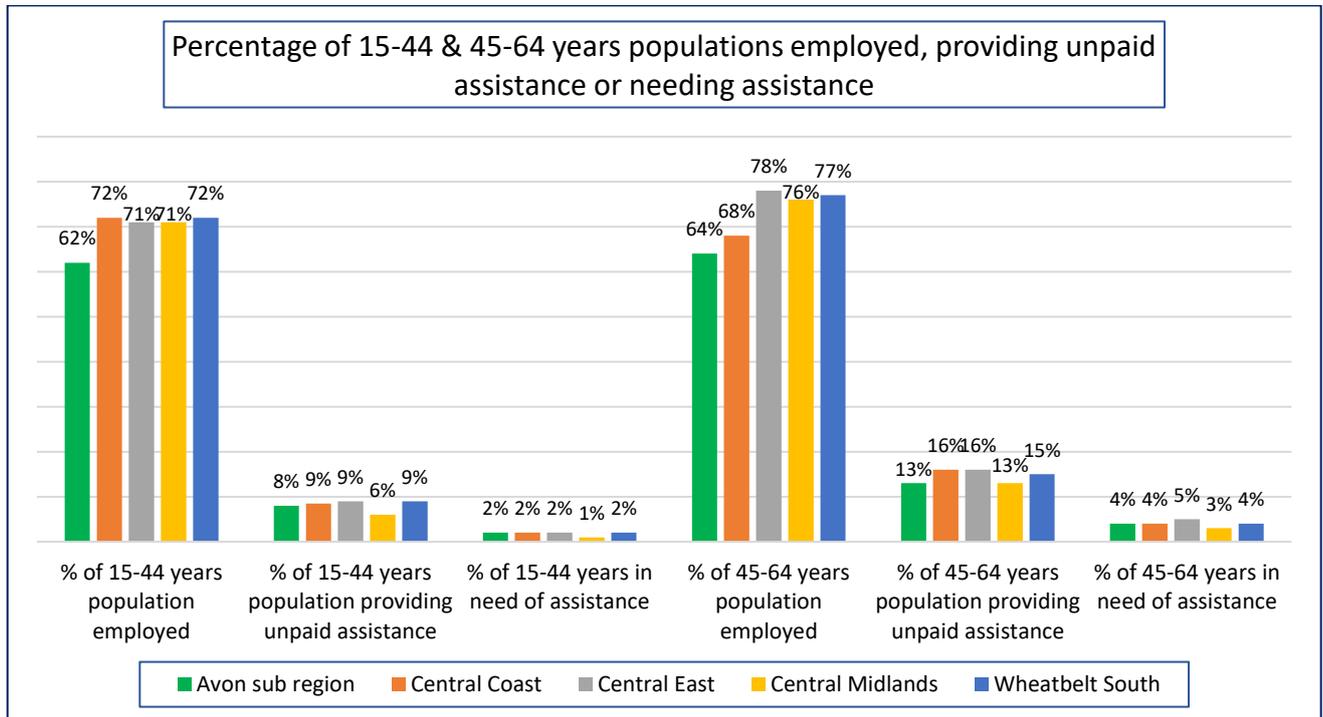


Figure 10

In turn, it would be feasible that the Aboriginal age care workforce could be drawn from within the Wheatbelt given the low rates of employment (26%) and labour force participation (45%) in the Aboriginal population (figure 11).

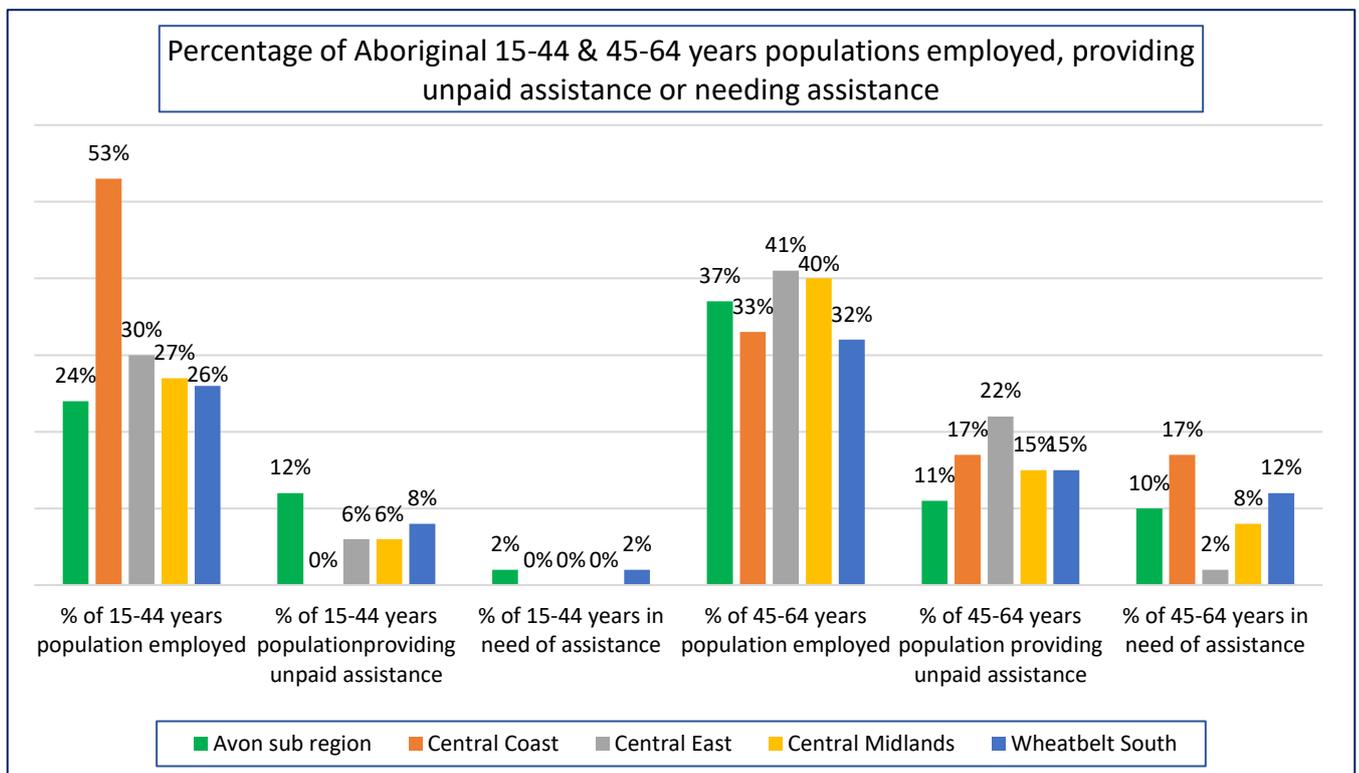


Figure 11

Employment and economic opportunities

While the increasing demand in the ageing sector presents and will continue present a level of challenge, it also presents as an economic and employment opportunity for the region as demonstrated in the following table (*table 1*) and accompanying analysis.

As table one shows, there is a minimal difference (0.1) in the ratio of direct employment between Residential Care places and Home Care places. The differences in ratios are extended in regard to indirect employment levels but the variance closes to just 0.3 when the direct and indirect ratios are amalgamated.

Table 1 Employment ratio by care places

Employment ratio by care places	Residential ratio	Home care ratio	HACC ratio
Ratio of direct employment by places	1.4 places: 1 FTE	1.5 places: 1 FTE	12.8 places: 1 FTE
Ratio of indirect employment by places	6.5 places: 1 FTE	16 places: 1 FTE	122 places: 1 FTE
Ratio of total direct and indirect employment by places	1.1 places: 1 FTE	1.4 places: 1 FTE	11.6 places: FTE

Source: Aged Care Financing Authority (2015)¹

Given the potential exponential increase in demand for aged care provision in the Wheatbelt, the derived economic flow on from the increased employment levels in the sector would be quite substantial as indicated by economic modelling provided by REMPLAN².

Modelling on an increase of 30 aged care positions in a major regional population centre in the region showed that there would be an indirect and consumptive flow on of an additional 10 employment positions or an additional employment position within the broader economy for every three aged care employment positions (*table 2*).

In economic terms, 30 positions would with a direct effect of \$4.8 million in output, result in a total output effect of almost \$8 million which would produce an overall value-added outcome of \$4.88 million which includes direct, supply chain and consumptive effects (*table 2*).

Table 2 Aged Care economic and employment modelling

Impact Summary	Direct Effect	Supply-Chain Effect	Consumption Effect	Total Effect	Type 1 Multiplier	Type 2 Multiplier
Output (\$M)	\$4.801	\$0.996	\$2.188	\$7.986	1.208	1.663
Employment (Jobs)	30	3	7	40	1.100	1.333
Wages and Salaries (\$M)	\$2.448	\$0.326	\$0.497	\$3.271	1.133	1.337
Value-added (\$M)	\$3.059	\$0.509	\$1.315	\$4.883	1.166	1.596

Source: REMPLAN economy³

¹ Aged Care Financing Authority (2015), Third Report on the Funding and Financing of the Aged Care Sector.

² As per a specific request via WDC through DPIRD

³ Report Created: Wed, 5 June 2019

Discussion

The employment and labour force participation data when viewed with the rising demand in the region's aged care sector along with the employment to places ratio's points to increased employment opportunities within the region but also the need for a level of employment migration into the region. In terms of meeting the increasing demand in the Aboriginal aged care sector, it is feasible given the high employment rates and low labour force participation rates, that there would potentially be a relatively sustainable employment pool within the Wheatbelt's Aboriginal population.

Conversely, the low unemployment and high labour force participation rates within the broader Wheatbelt population with particular reference to the 45-64 years population which had also registered a 6% increase in providing unpaid assistance suggests that there may be a forthcoming shortfall in accessing aged care workers from within the region. Added to what could be termed a thin regional aged care labour market, is that the 55-64 years population is the largest population segment in the region and is or will be transitioning into retirement age over the next seven years. This transition process may not only reduce the available workforce pool but also substantively increase the aged population in the region.

Therefore, it would be reasonable to expect that the contraction in the regional labour market coupled with exponential increase in the aged population would require drawing a greater number of aged care workers from outside the region.

Identified Solutions

1. Supporting innovation through flexible delivery

Through the Royalties for Regions program the Western Australian Government has funded the \$600m Southern Inland Health Initiative. Two of the six streams of this program offer the opportunity to rethink and trial the way primary health and aged care are delivered in communities. This involves moving from a Multi-Purpose Services program to a Primary Care Centre and separately delivering aged care through a supported accommodation model.

This model delivers universally designed housing and service delivery via home care packages delivered by an approved provider. The packages need to be of a level and number that is viable to the provider (12 level 2-4 packages).

This model is being trialled in Pingelly and Cunderdin and if successful, other well-aged housing projects such as Central East Aged Care Alliance (CEACA), can transition to a supported accommodation model.

2. Supporting innovation through digital solutions

Access to services have been enhanced in the region through innovative transport and digital solutions. Collaborative models continue to need to be developed and funded during this developmental stage to reach sustainable levels in this dispersed population setting. Cross community collaboration has been highly successful across the region and will continue to be the vehicle for delivery of service delivery reform

3. Tailoring consumer directed care to 'thin markets'

Consumer directed care in regional areas needs to be carefully monitored, to ensure there are no unintended consequences that undermine the viability of providers. Our research indicates that a sustainable model of delivery into 'thin markets' can be achieved by fewer providers offering a wider range (bundled) services within a location and/or region⁴.

⁴ Verso Consulting Pty Ltd (ND). Wheatbelt Aged Support and Care Solution/s; Living longer, healthier lives in our communities. Final Report.

In delivering the consumer directed care concept into locations outside regional cities or centres, mechanisms will be required (e.g. consortiums of providers ensuring region wide coverage and/or increased local brokerage of services) to deliver a viable business model. Failure to put these mechanisms in place may result in regional consumers having no choice.

4. Addressing the shortage of residential beds

According to the Commonwealth Governments' most recent 'stocktake' of aged places in all Australian Planning Regions⁵, Western Australia has the lowest ratio of residential care beds of any State, with only 68.9 beds for every 1000 people over 70, compared with a national average of 79.2. Most of this deficiency is derived from a very low ration of high care residential beds, which sits at 36.6 for 1000 older people, compared with the national average of 42.3.

5. Developing a deliberate workforce strategy

There is a critical need to address the development of a deliberate workforce strategy based on the four areas outlined in the previous section being:

- A substantial increase in the 65 and over population between 2011 and 2016 that did not result in a reciprocal increase in the number of Health and Social Services employment positions.
- A continuing increase in the 65 and over population during the next 20 years as the two largest age groups in the region being the 45-54 and 55-64 year olds, transition into retirement.
- A level of labour market thinness in the region's 45-64 years population.
- A growing Aboriginal aged population that will require a sensitivity in the delivery of services commiserate with cultural expectations and the Aboriginal world view.

While there is a level of capacity to source and train a regional workforce to meet demand in the sector, further analysis and problem development is required to ensure an availability of labour does not impact access to services in the region.

The analysis and problem development process should also be extended to addressing the current and future labour requirements in the Aboriginal aged care and services sector with particular attention given to developing culturally applicable and flexible care models delivered by Aboriginal carers drawn from local communities. It should be noted that generally Aboriginal people in aged care services are younger than non-Aboriginal people and the target population for aged care services includes Aboriginal and Torres Strait Islander people aged 50-64 years⁶.

BACKGROUND

The development CEACA⁷ and WASCA Reports relied heavily on a coordinated approach with key stakeholders including the WA Country Health Service, Regional Development Australia Wheatbelt and South West WA Medicare Local (now Primary Health Network Country WA), as well as 44 Local Governments across the Wheatbelt and Great Southern. The project included over 40 community forums, with in excess of 600 community members attending.

⁵ Department of Health (2018). Stocktake of Australian Government Subsidised Aged Care Places and Ratios as at 30 June 2018. https://www.gen-agedcaredata.gov.au/www_ahwgen/media/2018-Stocktake/2018-Operational-by-state-territory.pdf

⁶ Department of Health (ND). Fact Sheet: Aboriginal and Torres Strait Islander peoples' use of aged care services. Australian Government. https://www.gen-agedcaredata.gov.au/www_ahwgen/media/2017-Factsheets/Aboriginal-and-Torres-Strait-Islander-peoples-use-of-aged-care-services-2017_3.pdf?ext=.pdf

⁷ Verso Consulting Pty Ltd (2012). Central East Wheatbelt Aged Support and Care Regional Solution/s. https://www.wheatbelt.wa.gov.au/files/6213/9711/4518/Central_East_Aged_Care_Regional_Solutions_report.pdf

Similarly the State Wide Aging in the Bush (SWAITB) Report (2014)⁸ was developed with a strong focus on collaboration. It was directed by a leadership group from the key stakeholders of the Regional Development Council of Western Australia, Department of Regional Development and WA Country Health Service. The local expertise of all nine Regional Development Commission's was used to identify the issues and offer solutions.

A MODEL FOR REGIONAL AUSTRALIA

The four planks necessary for holistic support and care for older people are:

- Age-friendly Communities;
- Housing;
- Home Care and Support; and
- Residential Aged Care.

These planks form the structure for a series of models that enable older people to remain in their communities as their care needs change.



Figure 1: A sustainable aged care model and the percentage of the aged population reached.

THE KEY ISSUES IDENTIFIED

1. Projected growth and impact on community

It could be assumed that the proportional growth of the 65 and over population segment will be higher in the Wheatbelt than in Perth. This is based on increases in the Greater Perth 65 and over population between 2011 and 2016, compared to the Wheatbelt and its individual Sub Regions⁹. The 65 and over population in the Greater Perth Region increased by 24% between 2011 and 2016 whereas the increase was 29% in the Wheatbelt. Across the Sub Regions the increases ranged between 35% in the Central Coast and Central Midlands, 30% in the Avon with the Central East and Wheatbelt South registering a 23% increase¹⁰.

The increase at a regional level and scope of increase within three of the Wheatbelt's Sub Regions suggest that there is a pressing need to address current issues and prepare for future demands. It is imperative for the economic and social viability of Wheatbelt and other regional areas in WA, that the numbers of older people who have to leave their homes and communities to access the care they need is reduced.

⁸ Regional Development Council (2014). Ageing In The Bush; An ageing in place strategy for Regional Western Australia.

https://www.wheatbelt.wa.gov.au/files/5214/7243/6717/Ageing_in_the_Bush_Report_Highlights_290816.pdf

⁹ Comparisons of the 65 and over population between 2011 and 2016 derived from calculations drawn from the ABS Census Greater Perth 2011 and 2016 Basic Community Profiles; Cat. No. 2001.0 and the aggregated Wheatbelt LGAs Basic Community Profiles 2011 and 2016; Cat. No. 2001.0.

¹⁰ Derived from aggregated ABS Basic Community Profiles by LGA 2011 and 2016 and aligned with Sub Region.

2. Widespread unmet demand for older persons housing

There is growing need for the development of aged appropriate housing to enable more cost effective and efficient care and enable older people to remain in community for longer.

3. Uneven availability of support and care in the home

There is an overall tendency for locations more distant from regional centres and larger country towns to lack services to support older people at home. In a number of regions there appears “on paper” to be a good supply of care at home. Further analysis shows that much of this is being absorbed in covering the significant shortage of residential care in areas nearer to major population centres.

4. Shortages in Residential Aged Care

According to the Commonwealth Government’s 2013 “stocktake” of aged care places in all Australian Planning Regions¹¹, WA has the lowest ratio of residential care beds of any state, with only 68.9 beds for every 1000 people aged 70+ compared with the national average of 79.2. The majority of the deficiency is due to the lower allocation of high care residential beds in WA with a ratio of 36.6 beds per 1000 older people compared to the national average of 42.3 beds.

5. Circumstances vary significantly across rural WA in respect of the context in which care may be provided for older Aboriginal people

In relation to Aboriginal aged care, acceptance of available care models by Indigenous people can be facilitated by using care practices that establish longer term relationships and trust and encourage family and community involvement.

SOLUTIONS

1. Geographic “footprint” model for dispersed population

A feature of regional WA is the vast areas to be serviced and the sparsity of population, leading to operating challenges based on scale and efficiency. To improve regional support and care services for older people a model which facilitates the “bundling” of services in a geographic area is a more viable approach.

2. Housing cluster model to facilitate cost-effective care delivery

There is a significant and growing need for formal care for people who would ordinarily receive that care in a residential care facility but where no facility exists or is likely to be built.

An alternative arrangement where up to and including high care, could be met in the community if a group of houses was built in a way to facilitate provision of home care by an approved provider.

A well designed and located, secure, technologically advanced “cluster’, where 8-10 people are receiving home care, is likely to be sustainable. This is the model that CEACA are aiming to implement.

3. Improve access to in-home services

A frequent observation during consultations was the shortage of in-home services outside main regional centres.

¹¹ Department of Health (2018). Stocktake of Australian Government Subsidised Aged Care Places and Ratios as at 30 June 2018. https://www.gen-agedcaredata.gov.au/www_aihngen/media/2018-Stocktake/2018-Operational-by-state-territory.pdf

The Commonwealth could reinforce better regional arrangements by requiring that applicants describe their operational model to achieve region wide delivery of services in future rounds of home care package funding release.

Examples of inter-provider cooperation and of innovative service operation can include:

- consortiums of providers working to ensure region wide coverage;
- staffing arrangements which seek out, recruit and train local carers;
- spread of travel costs by establishing standard hourly charges;
- devolved, semi-autonomous work teams;
- systems which allow better client monitoring and reporting by formal and informal carers; and
- increased local brokerage of services.

4. Refresh the MPS model to meet contemporary standards

Most residential care in regional WA is provided in Multi-Purpose Services facilities provided by the WA Country Health Service. Many physical services are not fit for purpose. A more contemporary and suitable model is needed.

In some locations a combination of enhanced primary care, technology enabled on-call emergency response and small scale aged housing precincts facilitating home care may be more appropriate. Such a model is being trialled in two Wheatbelt locations Pingelly and Cunderdin.

5. Aboriginal Older Care Models

Particular cultural and family expectations of Aboriginal communities mean that non-standard design features are required in building aged care facilities for Aboriginal older people.

A desirable service model for more distant Aboriginal communities, which combines more efficient service delivery with community development opportunities, is one which would see greater emphasis on brokering care in the home to local communities. This provides greater efficiency of delivery with local workers, community management of cultural issues, community input and influence, vocational training opportunities and employment creation.

Kimberley Aged and Community Service (WACHS) has implemented such a model by combining care funding streams with employment creation funding.

Current Initiatives delivering on Report Recommendations

As part of its commitment to implementing recommendations of the CEACA, WASCs and SWAITB Reports, over the past 3 years, the Wheatbelt Development Commission has had a strong focus on projects that facilitate ageing in place.

Through the development of the Reports, a number of models to address key issues have been developed. They draw on principles that guide quality provision of services, support sustainability and provide an ideal alternative to traditional and expensive models. Initiatives include:

Creating Age Friendly Communities in Small Towns Project

The Creating Age Friendly Communities in Small Towns Project was the recipient of \$2.53 million through the Royalties for Regions Regional Grant Scheme. It aimed to improve the level of age-friendly infrastructure, services and inclusion across 43 Local Governments in the Wheatbelt. The Project delivered:

- An age friendly community planning toolbox, including an audit tool to identify specific age-friendly infrastructure and service gaps, a prioritisation worksheet to rank projects and a planning guide to assist local governments to develop an age-friendly community plan;

- A small grants scheme as a catalyst for the implementation of infrastructure projects identified in the age-friendly community planning process; and
- An integrated transport plan that identifies innovative ways to provide improved transport options where there is an absence of public transport.

Supporting the development of age friendly cluster housing

The Wheatbelt Development Commission has supported groups of Local Governments in developing a series of Business Cases for the development of cluster housing precincts across the Wheatbelt. These projects include;

- Avon Aged Housing Alliance: 22 Independent Living Units (ILUs) across the Dowerin, Goomalling, Toodyay, and Victoria Plains local government areas.
 - Project Value: \$7,957,284
- Brookton, Beverley & Pingelly Alliance: 27 ILUs across the Shires of Brookton, Beverley and Pingelly
 - Project Value: \$11,947,402
- Innovation Central Midlands Inc: 26 ILUs across the Shires of Dalwallinu, Moora and Wongan-Ballidu
 - Project Value: \$9,872,790
- Wheatbelt South Aged Housing Alliance: 38 ILUs across the Corrigin, Cuballing, Kondinin, Kulin, Narrogin, Wandering and Wickiepin local government areas.
 - Project Value: \$13,065,788
- Cunderdin, Tammin & Quairading Alliance: 12 ILUs across the Shires of Cunderdin, Tammin & Quairading and the refurbishment of an age friendly community space in the Shire of Cunderdin
 - Project Value: \$5,280,498

Additionally, State Government Royalties for Regions program funding of \$19.98M is helping to build 75 fully serviced and universally designed houses dedicated to the ageing population across 11 local governments in the central and eastern Wheatbelt through the Central East Aged Care Alliance (CEACA). RDA Wheatbelt continues to support CEACA advocate for a service model that will deliver more effective aged care support and services across the Central Eastern Wheatbelt.

Royalties for Regions funding of \$5.023 million has also contributed to the 4WDL well-aged housing project which included the construction of 14 dedicated independent living units across seven local government areas in the Wheatbelt and the Great Southern (Dumbleyung, Wagin, Lake Grace, Williams, West Arthur, Woodanilling, Kent). This is the last stage of a multi-stage project to deliver 45 ILUs across seven shires in the Wheatbelt and Great Southern.

Concluding discussion

Marked rises in the 65 and over population that occurred in the Wheatbelt between 2011 and 2016 and the projected future increases as the region's two largest age segments (45-54 and 55-64 years) transition into retirement over the next 20 years underlines the need to increase efforts in developing future orientated strategic approaches.

The need for an increased level of planning is further emphasised by the marginal increase in the number of employment positions in the Health and Social Services sector which could suggest that the sector is or in danger of becoming under resourced. Similarly increases in the number of 55-64 and 65 and over population providing unpaid assistance could also point to a shortfall in resourcing as well as being indicative of a developing staying (ageing) in place trend.

Increases in the 65 and over population in the Wheatbelt between 2006, 2011 and 2016 indicate that with a cumulative 20 year increase of 54%, more of the 65 and over population are remaining in the region (*figure 12*). However of note is that while between 2006 and 2011, there was a corresponding rise (17%) in

employment positions in the Health and Social Services sector compared to the increase (20%) in the 65 and over population, increases in employment in the sector since have for the most part remained static.

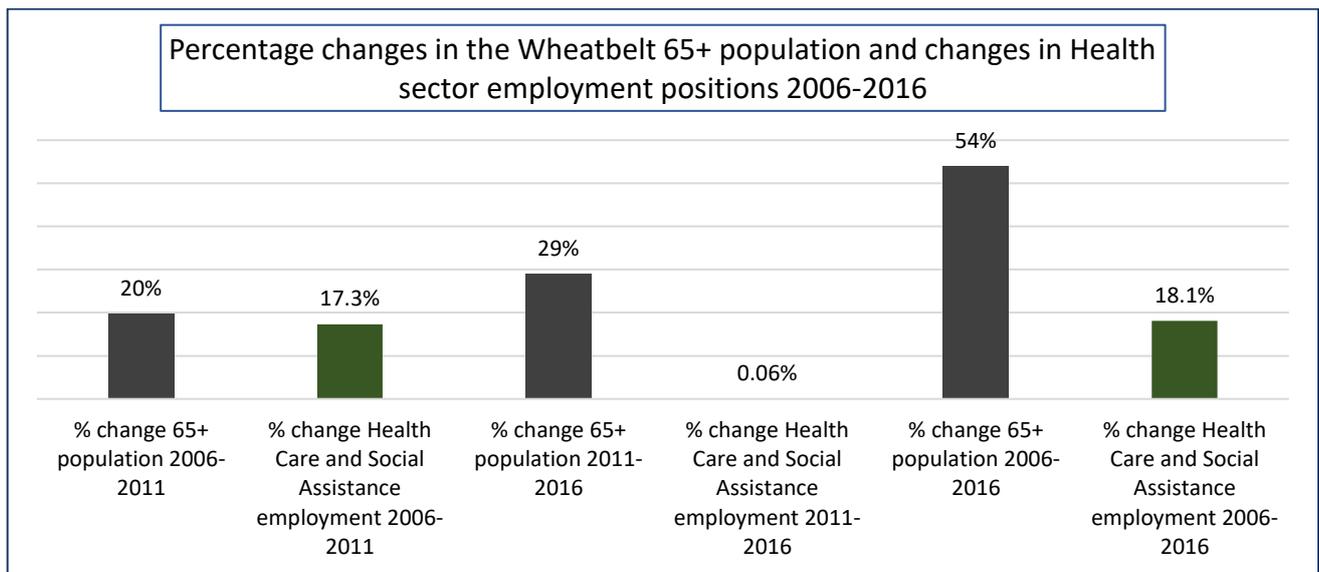


Figure 12

The lack of increase in health care and social services positions may also be attributable to issues of attracting and retaining staff. The key issues are that the region does not have a city, but has a major population centre of 11,500 people, four LGAs with populations of around 5,000 and 37 LGAs with populations ranging from 300 to 3,500 spread across 156,000 square km. Such conditions may negatively challenge potential health and social services workforce migrant’s perceptions of the regions liveability and adversely influence their decision to migrate to and remain in the region.

The potential for the liveability context to influence attraction and retainment of Health and Social Services staff is demonstrated through comparing the Wheatbelt’s situation with an Eastern States location. For example, between 2006 and 2016 there was a 9% increase in the Wheatbelt’s population, a 54% increase in the 65 and over population but just an 18% increase in employment in the Health and Social Services sector of which 17% occurred between 2006 and 2011.

In comparison, the LGA of Albury in NSW saw a population increase between 2006 and 2016 of 10% (similar to the Wheatbelt), a 44% increase in the 65 and over population and a 40% rise in the number of Health and Social Services workers.

This comparison suggests that there may be growing pressure on the sector that could be the result of declining levels of funding but in the case of regional WA, could also be attributed to difficulties in attracting Health and Social Services professionals and services providers to the region.”

An illustration of the effect this data represents is the increase in ratios of the 65 and over population to Health and Social Services employees in the region which has risen from 1:4.2 in 2006 to 1:5.3 in 2016 (table 3). Of interest is that there was limited change in the ratios in the Sub Regions between 2006 and 2011 when employment positions in the Health and Social Services sector increased by 17% and the 65 and over population increased by 20%. Conversely the ratios of population to provider showed a sizable increase during the 2011 to 2016 period when the 65 and over population increased by 29% and employment in the Health and Social Services sector rose by less than one percent.

Table 3 Ratios of Wheatbelt Health Social Services employees to 65+ population

Ratio of Health & Social Services employees to 65+ population	Wheatbelt	Avon	Central Coast	Central East	Central Midlands	Wheatbelt South
2006	1/4.2	1/4.1	1/9.9	1/4.3	1/4	1/3.4
2011	1/4.3	1/4	1/7.9	1/4.3	1/4.2	1/3.8
2016	1/5.3	1/5.3	1/11.2	1/4.9	1/5.3	1/4.7

It is acknowledged by the authors, that these figures do not represent an actual measurement of the level of services provided to the 65 and over population, however the data can be interpreted as a proxy metric for the potential level of services. The other consideration that should be brought into account is that the overall population of the Wheatbelt increased by nine percent between 2006 and 2016.

Therefore the facts presented by this data are that in the Wheatbelt between 2006 and 2016: the 65 and over population has increased by 54%; the general population has increased by nine percent but employment in the Health and Social Services sector has increased by only 18% of which 17% occurred between 2006 and 2011. In addition, there was: a 19% increase in the 65 and over age group needing assistance; a 6% increase in the 55-64 age group and 40% increase in the 65 and over age group providing unpaid assistance.

Consequently, it could be speculated that the marginal increase in workers in the Health and Social Services sector does not reflect a compensatory response to the respective increases in the general population, the 65 and over population and those in the population in need of assistance. In turn it could be speculated that the increase of those in the 55-65 and over age groups providing unpaid assistance has to some degree, offset or have absorbed a level of care responsibilities that may reflect a short fall in availability of services resources.

These considerations in conjunction with the impending growth in the Wheatbelt's older population should flag the importance of a strategic approach to planning that not only addresses the short and medium term needs but encompasses a flexible multifaceted approach with the adaptive capacity to respond to anticipated and unanticipated future issues and challenges.