Care Finder Needs Assessment

Perth South PHN

September 2022

WA Primary Health Alliance
Better health, together

phn
PERTH NORTH, PERTH SOUTH, COUNTRY WA
An Australian Government Initiative

CONTENTS

1. Introduction

The aged care system is complex, and some people find it more difficult than others to navigate and access services. To help older Australians to better understand how to access aged care services and connect with other supports in the community, WA Primary Health Alliance (WAPHA) will commission care finder organisations to provide specialist and intensive assistance.

Care finder services form part of a significant investment in aged care reform in response to the recommendations of the Royal Commission into the Safety and Quality of Aged Care. PHN commissioned care finders will provide specialist and intensive assistance to help people within the care finder target population to understand and access aged care and connect with other relevant supports in the community.

Care finder services are designed to support older Australians with intensive support needs to navigate and access My Aged Care and community support into the future with a focus on the needs of people who:
- Are vulnerable, isolated, homeless, disadvantaged or impaired;
- Have dementia or mental health problems;
- Are unlikely to seek aged care support without assistance from others
- Have limited access to the internet or other technologies;
- Live in rural or remote areas.

a. Purpose

Prior to the initial commissioning of care finder services, PHNs must undertake additional activities, to supplement its existing Needs Assessment, to identify local needs in relation to care finder support.

These additional activities will provide the evidence base for the PHN's initial commissioning approach to care finder services and will therefore determine the services that the PHN will commission alongside the existing Assistance with Care and Housing (ACH) providers who will be offered a contract as care finders.

The Once-off Report on Supplementary Needs Assessment Activities will:
- provide information on the additional activities undertaken by the PHN to identify local needs in relation to care finder support
- set out the evidence base for the PHN's initial commissioning approach to care finder services
- be a stand-alone update to the PHN's existing Needs Assessment
- inform development of the PHN's amended Activity Work Plan due by 31 August 2022.

Following the Once-off Report on Supplementary Needs Assessment Activities, the PHN will report on the outcomes of needs assessment activities relevant to the care finder program as part of its annual updated Needs Assessment.

b. Actions to determine additional activities

Actions undertaken by the WA Primary Health Alliance (WAPHA) to determine the additional activities to be undertaken to identify local needs in relation to care finder support have included:

- Participating in national care finder planning sessions with the Council of the Ageing

Australia (COTA) and other PHNs to discuss:
- o Learnings from the national trials
- o Objectives of the new care finder program and requirement of the care finder
- o Related the role of related navigator programs, such as the Encompass and Trusted Indigenous Facilitators

- Collaborating with other PHNs to discuss matters such as:
  - o Information that may assist in forming an evidence base for the initial commissioning approach to care finder services
  - o Data that may assist in building an understanding of the profile and needs of the local population in relation to care finder support, including relevant data sources and proxies
  - o Approaches to stakeholder and community consultations

Engaging a consultancy, KPMG, to assist with development of a methodology and completion of the PHN needs assessment to support the care finders Program.

Additional activities undertaken to identify local needs in relation to care finder support services in the Perth South catchment area have included
- Convening a WAPHA working group to inform the design and implementation of the needs assessment
- Data analysis to understand the profile and needs of the local population in relation to care finder support
- Stakeholder and community consultations to identify local needs in relation to care finder support
- Analysis to understand the local service landscape as relevant to care finder support

Activities in relation to each area are outlined in the following sections. Outcomes and priorities identified through the activities are summarised in Sections 2 and 3 of this report.

2. Methodology

a. Data analysis

Desktop analysis was used to collate and analyse data to support the needs assessment. This included the:
- Review of key documents supplied by WAPHA and publicly available documents:
  - o PHN Aged Care Schedules
  - o Care finder Policy Guidance, Department of Health, 2022
  - o Evaluation of the Aged Care System Navigator Measure Final Report, Australian Healthcare Associates, 2021
  - o Department of Health and COTA workshop presentations relating to the Care Finder Network, 2022
  - o Online information published by COTA and partner Aged Care System Navigator trial participants
  - o Existing PHN Needs Assessments to identify information relevant to local needs in relation to care finder support and where further information is needed

- Collation and analysis of population data as well as the local service landscape (as relevant to care finder support) to form an evidence base for the PHN's initial commissioning approach to care finder services. Key data sources used to undertake this analysis have included:
  - o Australian Bureau of Statistics (ABS) – e.g. Census 2016 and 2021; Disability, Ageing and Carers, Western Australia, 2018; Census of Population and Housing: Estimating Homelessness; concordance maps

- o Australian Institute of Health and Welfare (AIHW) Gen Aged Care Data – e.g. Older person access to aged care services
- o Department of Veterans Affairs (DVA) - DVA Pensioners and Treatment Card Holders
- o Public Health Information Development Unit (PHIDU), Social Health Atlas of Older People in Australia. Data by Primary Health Network (incl. Population Health Areas) (June 2021) – e.g. population size, characteristics relating to the in-scope target population
- o Additional population studies and research – e.g. Additional population studies and research – e.g. Wilson T and Shalley F, 'Estimates of Australia's non-heterosexual population', Australian Population Studies, 2018; Wilson T, Temple J, Lyons A et al. 'What is the size of Australia's sexual minority population?'. BioMed Central Research Notes, 13, 535, 2020.

- Update of existing needs assessments and confirm criteria for potential care finder organisations and the related workforce for three PHN regions: Perth North, Perth South and Country WA.
- Confirmation of potential care finder organisations and the related workforce
- Desktop mapping of care navigator service locations.

b. Stakeholder and community consultations

Consultations were conducted with 17 community and health organisations in WA who have been involved in provision of aged care navigator services or who routinely work with older community members in the provision of aged care, health or other community services. The consultations have provided an opportunity to:
- Understand the current experience within the sector on the Aged Care System Navigator Measure, including insights into the current services provided, clients serviced, and lessons learnt
- Identify the cohorts that have the greatest need for support and how to support these cohorts, and potential demand for care finder services
- Consider the skills, experience, resources and approaches required of care finder service providers
- Consider opportunities to enhance integration between the aged care, health, mental health and other systems, and what these mean for care finder services
- Identify potential organisations that could deliver the care finder Program into the future.

A summary of stakeholders consulted during the needs assessment work is provided at Appendix A.

c. Existing care finder services – Aged care navigator services

In order to understand the local landscape, an initial desktop scan was undertaken to identify potential care finder organisations. The desktop analysis included review of the Aged Care Navigator Trial evaluation and websites of participating organisations, and review of the EnCOMPASS Multicultural Aged Care Connector program website.

This analysis was supplemented by consultation with stakeholders, as outlined above. Further to the focus areas described above, these consultations have provided the opportunity to understand:
- Navigator service models as applied at the organisational, regional and statewide levels
- Navigator resourcing levels, and the extent to which these aligned (or did not align) to demand

- Degree of complexity and support needs associated with the target population for care finder services
- Relationships between service providers, in terms of within the aged care navigator programs as well as more broadly across the aged care, health and mental health sectors.

d. Existing care finder services – Assistance with Care and Housing (ACH)

Current providers of Assistance with Care and Housing Services in Perth South PHN (People Who Care; Australian Red Cross, Chorus Australia, St Bartholomew's House) were engaged by WAPHA to communicate the context and requirements of their quarantined funding under a PHN care finder contract and were invited to submit a service profile to inform the care finder needs assessment.

ACH service providers reported a service footprint across the entire PHN with a focus on vulnerable older people (55 years and over and 45 years and over for First Nations people), including those who are prematurely aged, who at risk of homelessness and require assistance to maintain their accommodation/housing. One provider reported a focus on Care Leavers, LGBTQI+ and CALD target population subgroups who are experiencing housing instability. The numbers of clients supported was proportionate to their relative amounts of funding and ranged from 60 to 180 per annum.

ACH providers cited a wide network of community-based providers as well as a range of business and government collaborations as the source of referrals. This included housing providers, Centrelink, General Practitioners, real estate agents, aged care service providers, local government and internal cross referrals. A number of these referral sources were supported by formal MoU or brokerage agreements.

e. Processes for synthesis, triangulation and prioritisation

The needs assessment has used quantitative and qualitative methods to analyse anticipated demand for care finders services, in order to inform WAPHA's approach to commissioning of these services.

The *care finder Policy Guidance* issued by the Department of Health to PHNs defines the target population as people who are eligible for aged care services and have one or more reasons requiring intensive support to:
- Interact with My Aged Care (either through the website, contact centre or face-to-face in Services Australia service centres) and access aged care services and / or
- Access other relevant supports in the community.

The guidance also states that reasons a person may require intensive support may include:
- Isolation or lack of a support person (e.g. carer, family or representative) who they are comfortable to act on their behalf and / or who is willing and able to support them to access aged care services via My Aged Care
- Communication barriers, including limited literacy skills
- Difficulty processing information to make decisions
- Resistance to engage with aged care for any reason and their safety is at immediate risk or they may end up in a crisis situation within (approximately) the next year
- Past experiences that mean they are hesitant to engage with aged care, institutions or government.

These criteria have been used as the basis of identifying relevant data items for estimating the care finder target population in this needs assessment.

Additional analysis has also been undertaken to assess, as far as possible, the number of people represented in the special needs groups as defined in the *Aged Care Act 1997*. These special needs groups are people who are:

- Aboriginal and / or Torres Strait Islander
- Culturally and linguistically diverse (CALD)
- Financially or socially disadvantaged
- Veterans
- Homeless or at risk of homelessness
- Care leavers
- Separated from their children by forced adoption or removal
- Lesbian, gay, bisexual, trans / transgender, intersex and / or queer (LGBTIQ+).

3. Issues encountered and reflections / lessons learned

a. Data issues
i. Data availability

There is no single dataset that reliably measures the size of the care finder target population. Therefore, the needs assessment is based on analysis of a number of data items aligned to the target population characteristics; however it is recognised that individual community members that form the target population may be represented in multiple, mutually exclusive datasets.

The WAPHA Needs Assessment Working Group has considered potential data items and selected a limited number that best reflect the target population. In selecting data items, the Working Group has aimed to ensure:

- Data is sourced from reliable sources such as the ABS, AIHW, government agencies or research published in recognised journals
- Wherever possible, data is collected at a regional level (e.g. SA2, SA3, Population Health Area, Local Government Area, Aged Care Planning Region), rather than being based on statewide or national population rates
- A limited number of data items have been selected, to limit confusion relating use of too many mutually exclusive data items.

Where possible, information has been sourced from PHIDU's Social Health Atlas of Older People in Australia, as this provides comprehensive set of health and wellbeing data indicators specific to older Australians and PHN boundaries. The Social Health Atlas data is mainly current to 2016 and is based on Population Health Areas (PHAs), enabling regional differences within the PHN catchments to be assessed.[1]

It is noted that although the Australian Bureau of Statistics commenced releasing Census 2021 data on 28 June 2022, this occurred after the collation and analysis of the needs assessment data. Furthermore, Census 2021 data releases at the time of reporting are limited, and not reflected in the Social Health Atlas publications.

The Social Health Atlas does not provide all data required for this needs assessment, and so alternative data sources have been used to prepare data estimates. In some instances, this has meant that data is not available at a PHA, SA2, SA3 or SA3 level, and alternative catchments have needed to be used (e.g. Local Government Areas, Aged Care Planning Regions). For a small number of data items, regional level estimates are not available and estimates have been calculated by applying a statewide or national population rate to regional (e.g. SA2) population data to assist with data triangulation. It should be noted that,

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[1] Population Health Areas (PHAs) are constructed from Statistical Area 2 (SA2) catchments

<u>in these instances, the data provided is indicative only and does not represent an actual count of population groups in any area.</u> Related data items include estimates of people who:

- Require assistance with communication barriers
- Require assistance with cognitive or emotional tasks
- Are lesbian, gay, bisexual, trans / transgender and / or intersex (LGBTI).

Finally, there is not data available to estimate the number of people who are resistant to engage with aged care for any reason. Similarly, this needs assessment has not been able to provide data to reliably measure the number of people who are resistant due to past experiences that mean they are hesitant to engage with aged care, institutions or government.

ii. Alignment of catchment boundaries

PHA data has been mapped to Statistical Area 3 (SA3), Statistical Area 4 (SA4) and Primary Health Network (PHN) catchments, to enable analysis and summary. In some instances, SA4 or other catchment boundaries do not align completely to PHN boundaries. Where this has occurred, data related to those catchments has been aligned to whichever catchment represents the highest proportion of alignment.

iii. Additional issues and lessons learned / reflections

The Needs Assessment has been prepared with limited timeframes. WAPHA gratefully acknowledges the individuals and organisations who have supported the needs assessment consultation process. However, due to limited timeframes, WAPHA was unable to convene community consultations to provide more direct consumer consultations.

4. Perth South PHN

The Perth South PHN covers 5,148 square kilometres and has a population of 987,240 (2021 est.) Western Australians. The communities served by the Perth South PHN are mixed, comprising inner city high density living and outer metropolitan suburban and agricultural areas.

Figure 1. Perth South PHN estimated resident population by SA3, 2019
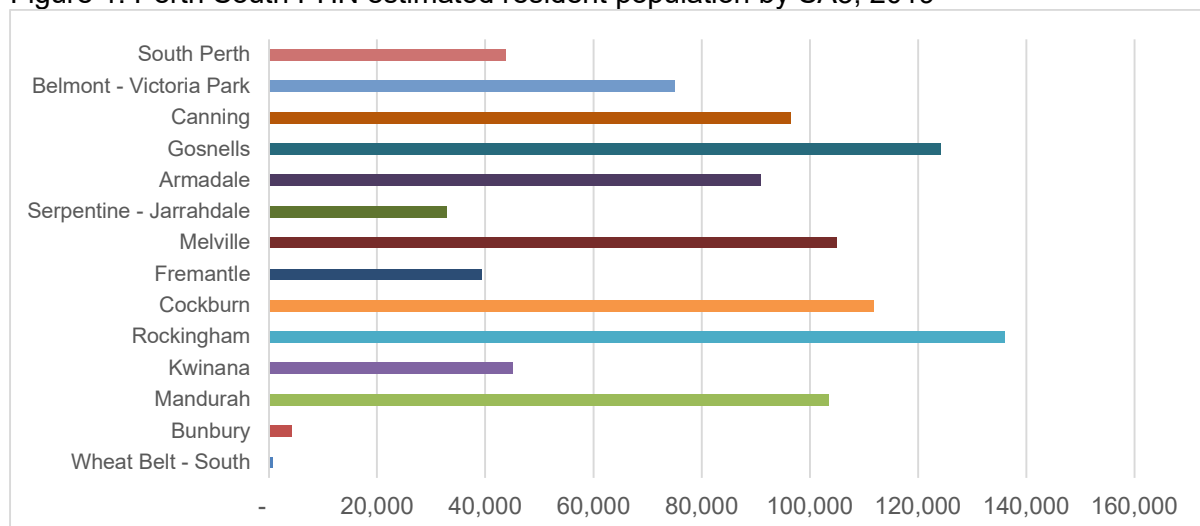
Source: Public Health Information Development Unit. Social Health Atlas of Older People in Australia. 2021

The analysis in this needs assessment is mainly summarised at the Statistical Area Level 3 (SA3) and Statistical Area Level 4 (SA4). SA3s are designed to provide a regional breakdown of Australia. They generally have a population of between 30,000 and 130,000 people. In the major cities, SA3s represent the area serviced by a major transport and commercial hub and often closely align to large urban Local Government Areas.

SA4s are geographic areas built from whole SA3s. SA4s are designed for the output of a variety of regional data, including data from the 2021 Census of Population and Housing. There are 108 SA4s covering the whole of Australia without gaps or overlaps. Most SA4s have a population above 100,000 people. In regional areas, SA4s tend to have smaller populations of 100,000 to 300,000 people. In cities, SA4s tend to have larger populations of 300,000 to 500,000 people.

a. Data Results

i. Profile and needs of the local population in relation to care finder support

In order to assess the profile and needs of the location population in relation to care finder support, the following data items are summarised in the following section:

- Number of older people living in Perth South PHN
- Analysis of the target population for care finder services
  - People experiencing isolation and / or a lack of support
  - People experiencing communication barriers, including limited literacy skills
  - People with difficulty processing information to make decisions
  - People who are resistant to engage with aged care for any reason and their safety is at immediate risk or they may end up in a crisis within (approximately) the next year
  - People who are resistant due to past experiences that mean they are hesitant to engage with aged care, institutions or government.

Given the potential for cross over between people who meet the above eligibility criteria and aged care special needs groups, the care assessment also provides estimates relating to the number of people represented within these cohorts.

Number of older people living in Perth South PHN
In 2019, the estimated resident population of persons aged 65 years and older residing in the Perth South PHN was over 149,000 people, representing just over 15% of the population across the PHN.

Figure 2. Perth South PHN estimated resident population of people aged 65 years and over by SA3, 2019
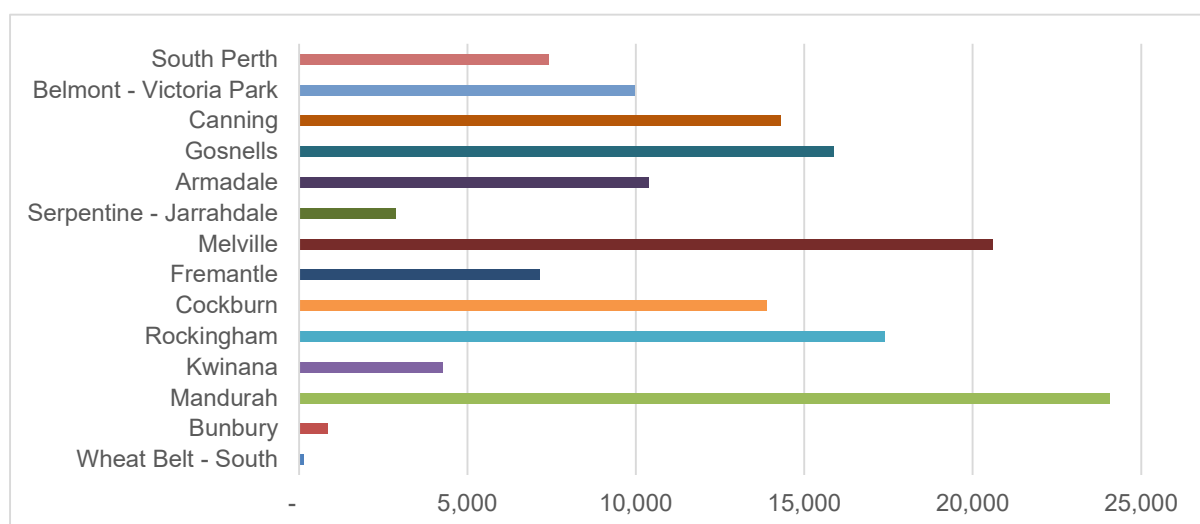
Source: Public Health Information Development Unit. Social Health Atlas of Older People in Australia. 2021

When viewed at the SA4 level:
- Perth South East - There are more than 60,700 people over the age of 65 in the Perth South East region. The SA3 with the highest population of older Australians is Gosnells with 15,856 people over 65. Serpentine - Jarrahdale SA3 has the smallest population of people over the age of 65 at 2,879 people.
- Perth South West - At a total of 63,259 people over the age of 65, Perth South West is home to the largest population of older Australians across the PHN. There are four SA3s within this region. The SA3 with the highest population of older Australians is Melville with 29,500 people over 65. By contrast, Kwinana is home to just under 4,268 people over 65.
- Mandurah - There are more than 25,000 people over the age of 65 in the Mandurah region, with the majority of the people in the SA3 of Mandurah reporting the highest number at 24,050 people. The SA3 with the smallest population of older Australians is Banbury, with 836 people over the age of 65.

Source: Public Health Information Development Unit. Social Health Atlas of Older People in Australia. 2021

ii. Population projections

The needs assessment has also considered growth of the ageing population in the Perth South PHN. Population projections provided by PHIDU predict the number of people aged 65 years and over in Perth South PHN will reach 178,000 by 2025 (i.e. over 29,000 more people compared to 2019). The catchments that are projected to experience the highest growth are the Mandurah (4,850 additional people aged 65 years and over), Rockingham (4,200 additional people) and Cockburn (3,600 additional people) SA3 regions.

Figure 1. Perth South PHN projected resident population of people aged 65 years and over by SA3, 2025
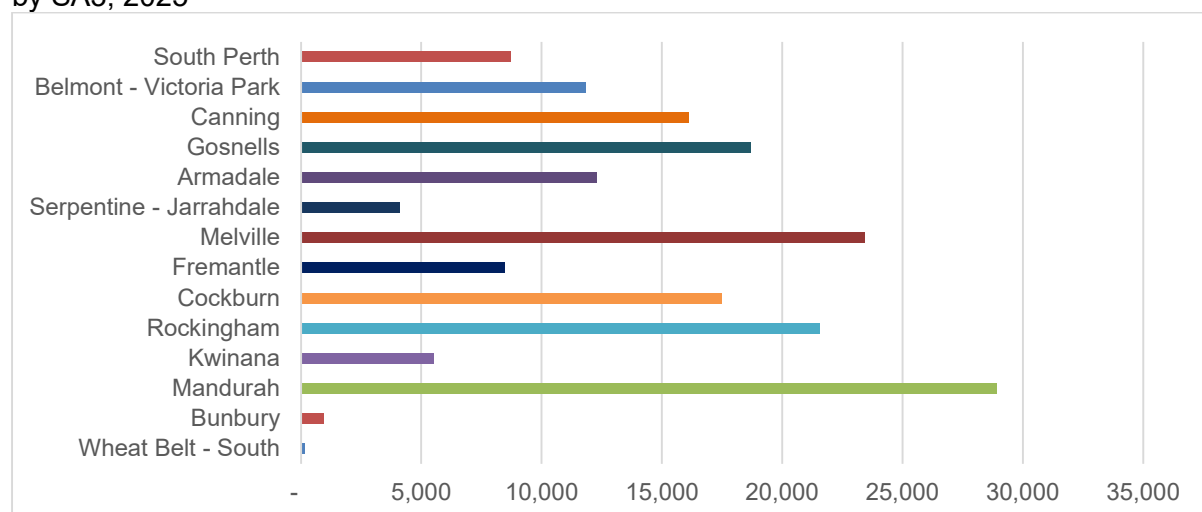
Source: Calculations based on ABS, Regional population by age and sex, 2020; and ABS, Regional population by age and sex, 2020

iii. Analysis of the target population for care finder services

The target population for care finder includes those living in isolation, those experiencing difficulties with communication, those who are cognitively impaired, care leavers and those who are otherwise resistant to engaging with aged care and / or government services.

It is noted that in 2021, almost 13,000 (approximately 8%) people aged 65 years and older residing in the PHN accessed aged care services. Uptake of aged care services varied by aged, with 2% of people aged 65 to 74 years, 9% of people aged 75 to 84 years, and 36% of people aged 85 years or above accessing aged care services.

iv. People experiencing isolation and / or a lack of support

As there is not a single data item measuring isolation or a lack of support, the needs assessment has considered two data items to gain an understanding of potential need in this area. The number of people living alone has been identified, but as this does not directly mean that the person is isolated or lacking in support, the number of people who are renters, living alone, living with disability and on a low income (known as "quadruple jeopardy) has also been considered.

v. People living alone

5. In 2016, there were approximately 31,000 people across the Perth South PHN who were living alone. The SA3 with the highest number of people living alone across the PHN was Mandurah at 4,732, and the SA3 with the lowest was Serpentine – Jarrahdale at 310 people.

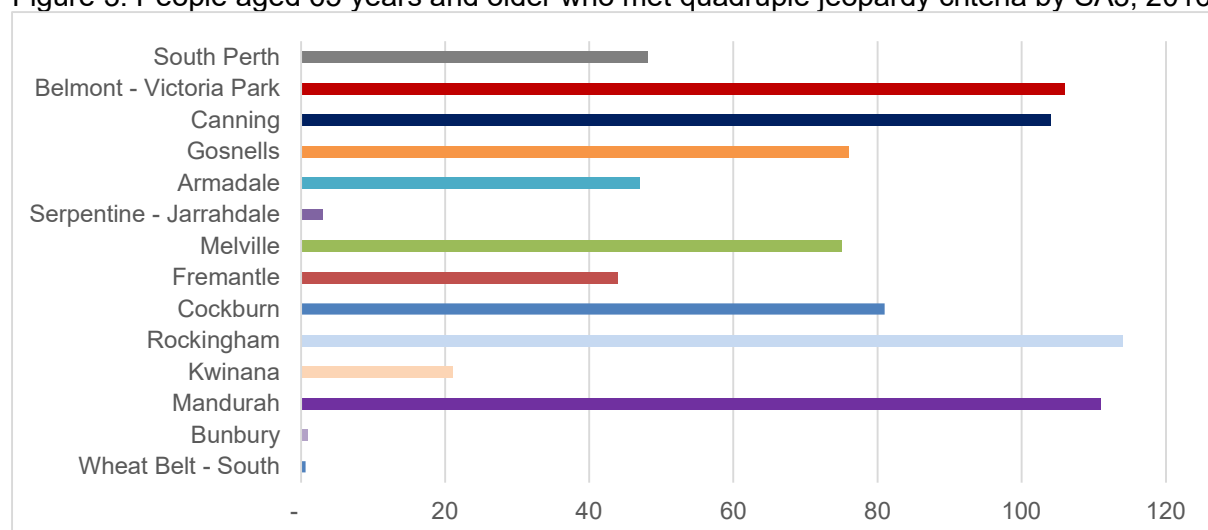Figure 2. People aged 65 years and older who were living alone by SA3, 2016
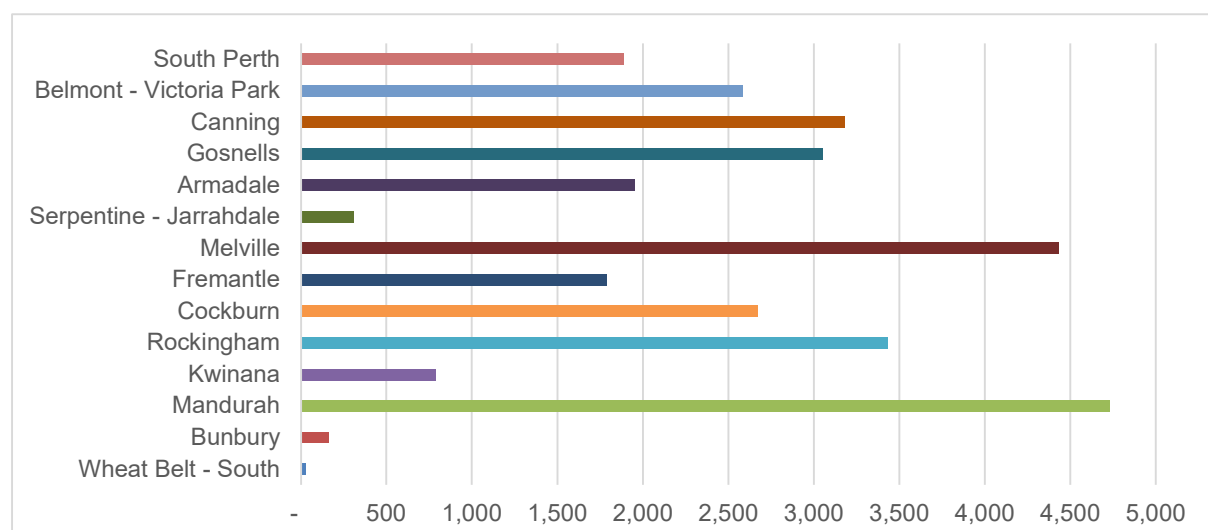
Source: Public Health Information Development Unit. Social Health Atlas of Older People in Australia. 2021

i. People who meet quadruple jeopardy criteria

By contrast, the number of people aged 65 years and older who met the quadruple jeopardy definition – i.e. some of the most vulnerable community members – was significantly lower, at 832 individuals. There were over 380 people living in the Perth South East region,355 living in the Perth South West region, and over 110 living in the Mandurah region.

Figure 3. People aged 65 years and older who met quadruple jeopardy criteria by SA3, 2016

Source: Public Health Information Development Unit. Social Health Atlas of Older People in Australia. 2021

### ii. People experiencing communication barriers, including limited literacy skills

In order to assess communication barriers faced by older people, the needs assessment has considered people requiring assistance with at least one activity, people requiring assistance with communication, people with poor proficiency in English, and people with lower levels of education attainment[2].

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[2] As data on adult literacy levels is not available, a measure of people who left school before Year 10 or did not attend school at all has been used.

iii. People requiring assistance with at least one activity

There are more than 44,700 people over the age of 65 across the Perth South PHN requiring assistance with one or more core activities.[3] Data from the Social Health Atlas indicates that in 2016, there were over 8,000 older people requiring assistance with at least one activity in Mandurah SA3, and a further 5,400 in Rockingham and 5,200 in Melville (see Figure 6, below).

Figure 4. People aged 65 years and older who require assistance with at least one core activity, by SA3, 2016
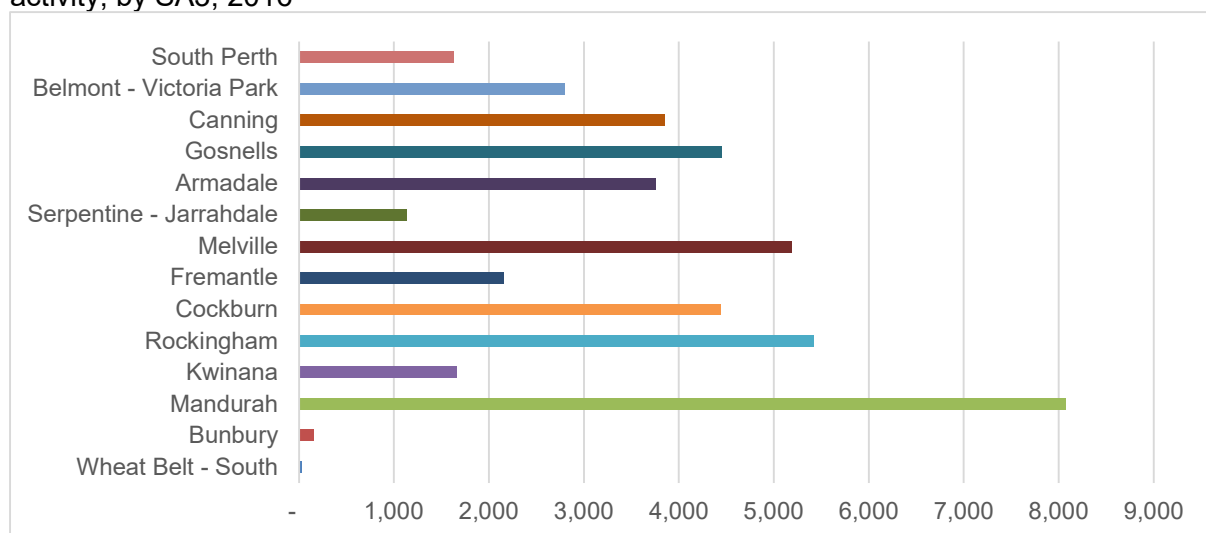
Source: Public Health Information Development Unit. Social Health Atlas of Older People in Australia. 2021

iv. People requiring assistance with communication

In order to provide context relating to the number of older people requiring assistance with one or more core activity, the needs assessment also examined data relating to people needing assistance specifically with communication. Although SA3 level data is not available, statewide prevalence rates by age cohort have been sourced and applied to Population Health Areas to provide high level estimates of this population cohort.

The ABS Survey of Disability, Ageing and Carers report shows that in Western Australia, 0.6% of people aged 65-74 years, 3.6% of people aged 75-84 years, and 18.6% of people aged 85 years and older require assistance with communication.[4]

This data indicates that approximately 5,550 in the Perth South PHN area required assistance with communication, with around 930 in the Melville SA3, 870 in the Mandurah SA3 and 610 in the Rockingham SA3 (see Figure 7). It should be noted that the data provided are modelled estimates of regional population data only, and do not provide an

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[3] The ABS Surveys of Disability, Ageing and Carers, the Census of Population and Housing includes measurement of the number of people with profound or severe disability. The ABS defines the profound or severe disability population as "Those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a long-term health condition (lasting six months or more), a disability (lasting six months or more), or old age". See Australian Bureau of Statistics. *2901.0 - Census of Population and Housing: Census Dictionary, 2016.* Accessed July 2022 at https://www.abs.gov.au/ausstats/abs@.nsf/lookup/2901.0chapter27102016#:~:text=Core%20Activity%20Need%20for%20Assistance%20(ASSNP),-The%202006%20Census&text=%27Those%20people%20needing%20help%20or,)%2C%20or%20old%20age%27.

[4] Australian Bureau of Statistics. *44300DO005_2018 Disability, Ageing and Carers, Australia: Western Australia, 2018.*

actual count of population groups in any area.

Figure 5. Estimated number of people aged 65 years and over requiring assistance with communication by SA3, 2016
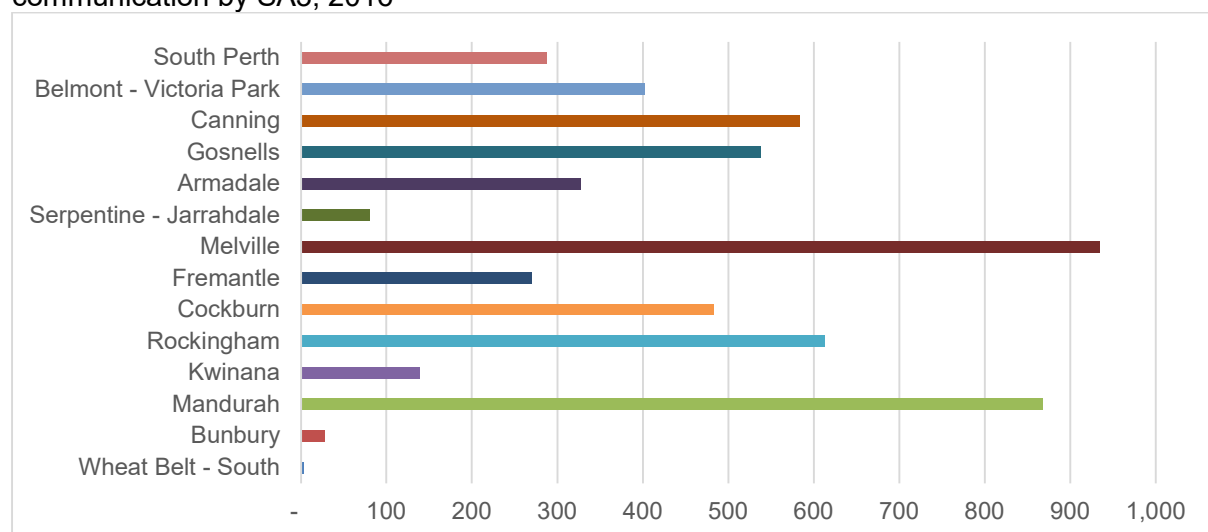
v. People with poor proficiency in English

In 2016, there were more than 7,400 people over 65 in the Perth South PHN born overseas who reported poor proficiency in English. The largest numbers of people with poor proficiency in English living in Mandurah (8,000 people), Rockingham (5,400) and Melville (5,200 people) (see Figure 8, next page).

Figure 6. People aged 65 years and older reporting poor proficiency in English, by SA3, 2016
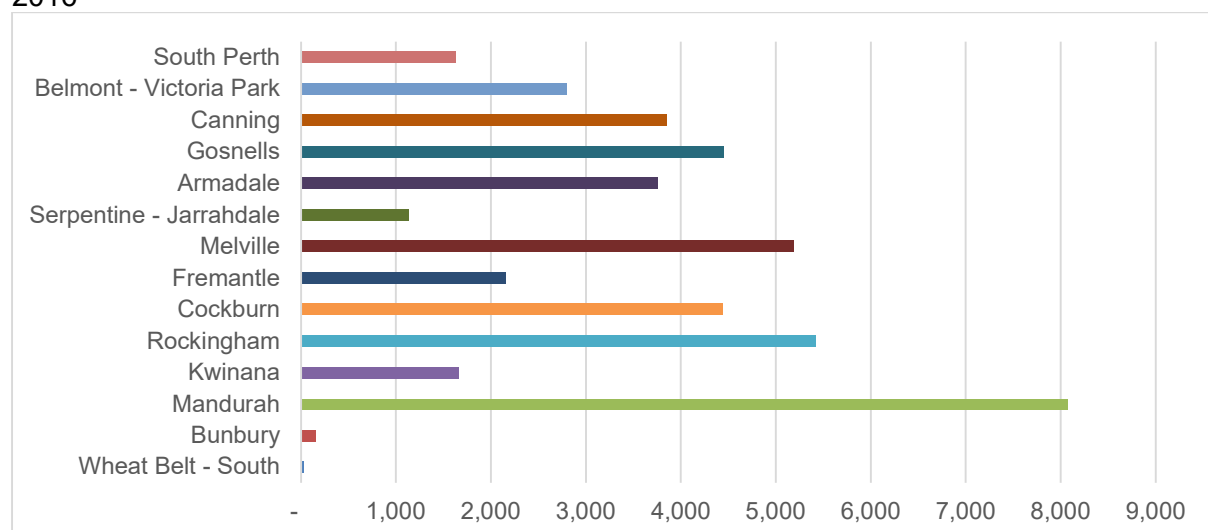
vi. People with low levels of educational attainment

As the Australian Bureau of Statistics does not collect information on adult literacy, the needs assessment has considered the number of people with low levels of educational attainment, being people who received no schooling or left school before completing Year 10.

Data available for Perth South PHN demonstrates that 43% of the population aged 65 and older left school at Year 10 or earlier or did not go to school. While this item is not an accurate measure of the number of people with low literacy skills, it may indicate areas where more of these community members reside.

The SA3s with the highest numbers of residents aged 65 and older who left school at Year 10 or below, or did not go to school were Armadale, Bunbury and Cockburn.

Figure 7. People aged 65 years and older who left school at Year 10 or below, or did not go to school, by SA3, 2016

Source: Public Health Information Development Unit. Social Health Atlas of Older People in Australia. 2021

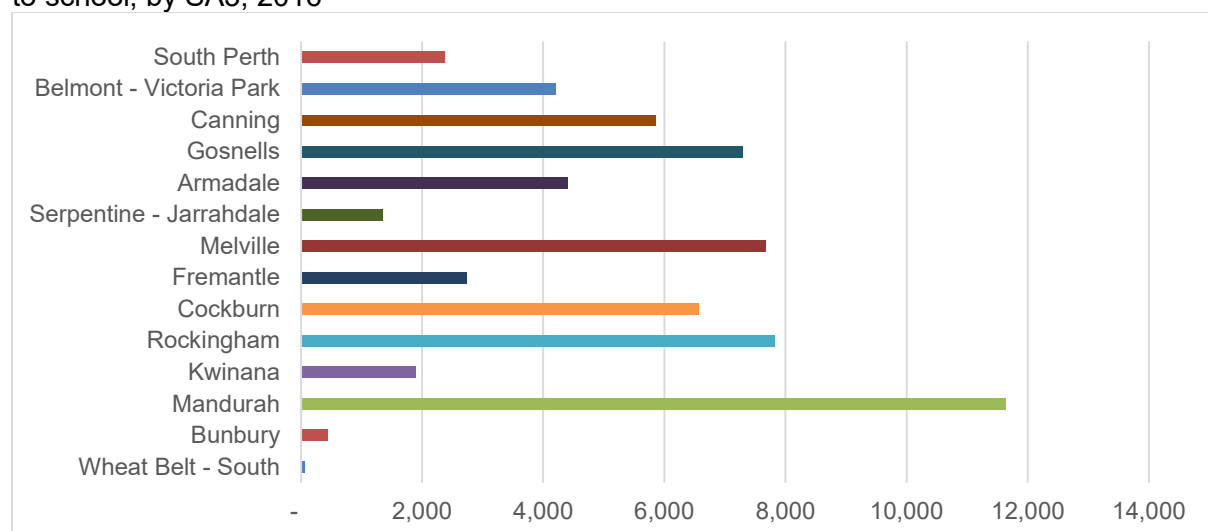## vii. People with difficulty processing information to make decisions

As with communication barriers, the needs assessment has included the development of high level estimates of people requiring assistance with cognitive or emotional tasks. In the absence of SA2 or SA3 level data, statewide prevalence rates have been applied to Population Health Area population numbers to prepare high level estimates.

The ABS Survey of Disability, Ageing and Carers report shows that in Western Australia, 4.4% of people aged 65-74 years, 8.2% of people aged 75-84 years, and 28.5% of people aged 85 years and older require assistance with cognitive or emotional tasks is 4.4%. These estimates indicate approximately 12,700 people in Perth South PHN required assistance with cognitive or emotional tasks in 2016, with over 2,000 people residing in the Mandurah SA3, 2,000 in the Melville SA3 and around 1,300 in the Gosnells and Canning SA3s. The data provided are modelled estimates of regional population data only, and do not provide an actual count of population groups in any area.

Figure 8. Estimated number of people aged 65 years and over requiring assistance with cognitive or emotional tasks, by SA3, 2016
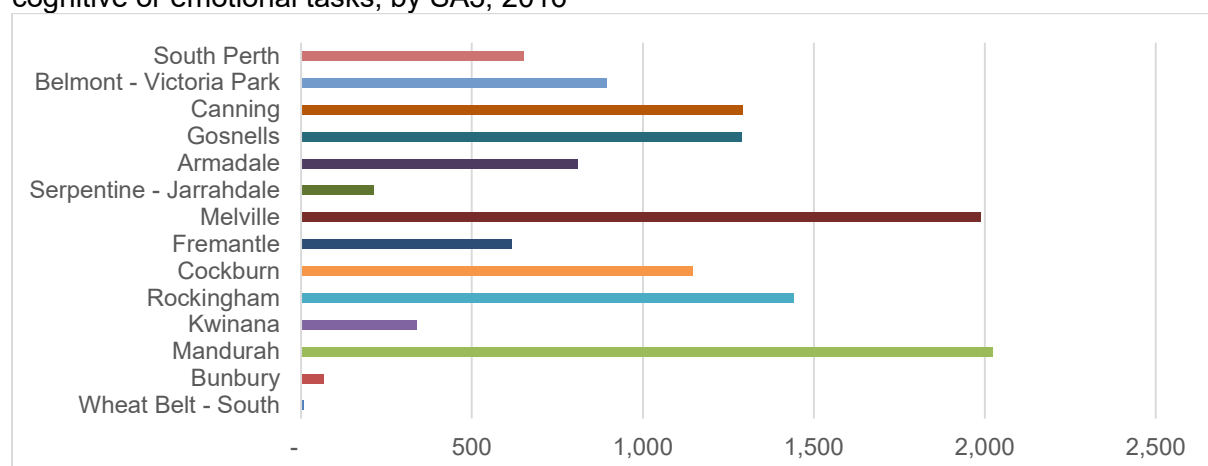
Source: Calculations based on ABS. 44300DO005_2018 Disability, Ageing and Carers, Australia: Western Australia, 2018 and Public Health Information Development Unit. Social Health Atlas of Older People in Australia. 2021

viii. People who are resistant to engage with aged care for any reason and their safety is at immediate risk or they may end up in a crisis situation within (approximately) the next year

The needs assessment has not been able to identify data sources that enable estimation of the number of people who are resistant to engage with aged care for any reason and their safety is at immediate risk or they may end up in a crisis situation within (approximately) the next year. Stakeholders consulted during the needs assessment process advised that people from a wide range of backgrounds may meet this definition.

ix. People who are hesitant to engage with aged care, institutions or government due to past experiences

Similarly, the needs assessment has found limited information regarding the number of people who are resistant due to past experiences that mean they are hesitant to engage with aged care, institutions or government. Stakeholders consulted during the needs assessment process advised that people from a wide range of backgrounds, including Aboriginal and Torres Strait Islander people, migrants who have previously lived overseas under authoritative governments, people who are care leavers (including the 'Forgotten Australians', 'Former Child Migrants' and 'Stolen Generations') and people with a mental health condition or cognitive impairment may meet this definition.

While it is estimated there are around 500,000 care leavers in Australia, the needs assessment has been unable to identify WA or PHN specific estimates. Tuart Place stakeholders advised that approximately 1,000 people are registered with the organisation, with around 600 people living in the Greater Perth area.

x. Aged care special needs groups

People in vulnerable groups are more likely than the general population to experience poor health outcomes due to physical, social, and economic factors. Vulnerable groups considered in this needs assessment include people who are: Aboriginal and / or Torres Strait Islander; culturally and linguistically diverse (CALD); lesbian, gay, bisexual, transgender, intersex, or queer (LGBTIQ+); veterans; care leavers; and those who are homeless or at risk of homelessness.

xi. Culturally and linguistically diverse people

The Social Health Atlas for Older People reports that almost 24,000 people aged 65 years or older residing in the Perth South PHN catchment were born in a predominantly non-English speaking country, equivalent to almost one in five people.

The top two countries of origin are Italy and India at 6,600 and 2,650 respectively, followed by the Netherlands (1,800 people), Germany (1,800 people) and Malaysia (1,770 people).

The Stirling SA3 (almost 5,800 people) was home to the largest number of migrants from the top 10 non-English speaking countries, followed by Bayswater – Bassendean (2800 people), Perth City (2,250 people), Wanneroo (2,150 people) and Joondalup (1,950 people). The SA3s with smallest population of people in this cohort were Mundaring, Kalamunda, and Cottesloe-Claremont at 630, 910 and 940 respectively.

Figure 9. People aged 65 years and over born in top ten predominantly non-English speaking countries, by SA45, 2016
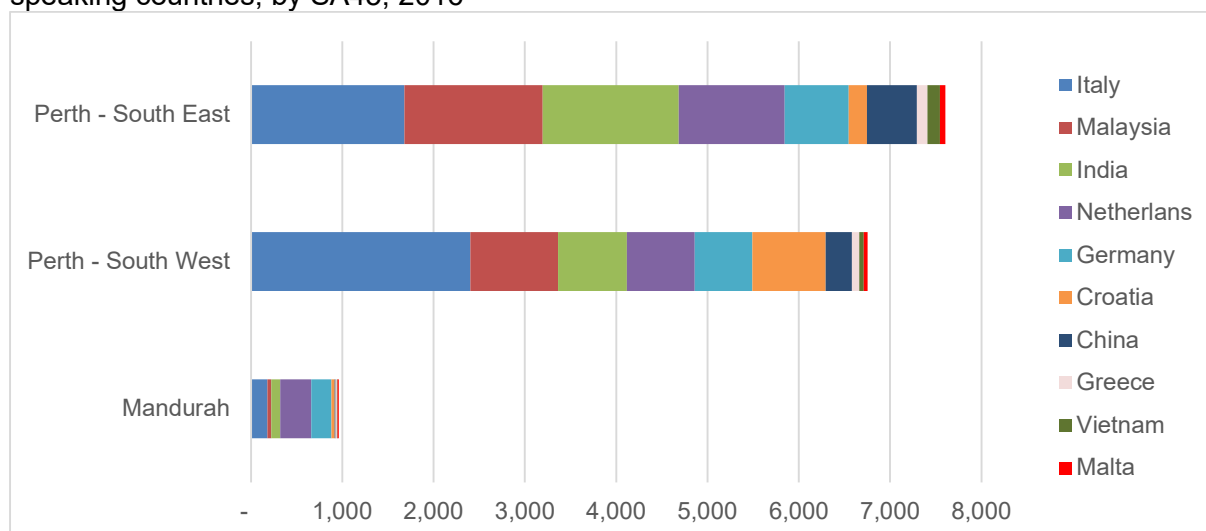

Source: Public Health Information Development Unit. Social Health Atlas of Older People in Australia. 2021

xii. Aboriginal and Torres Strait Islander people

The Perth South PHN is home to an estimated 2,360 people over the age of 50 who identify as Aboriginal and / or Torres Strait Islander. Most of these people live in either the Perth South East or Perth South West catchments at around 1,200 and 850 accordingly. By contrast, approximately 130 Aboriginal community members live within the Perth Inner region.

In 2016, the SA3 catchments with the largest Aboriginal populations were Gosnells (410 people), Rockingham (270 people) and Mandurah (270 people).

Figure 10. Aboriginal and Torres Strait Islanders aged 50 years and older by SA3, 2016
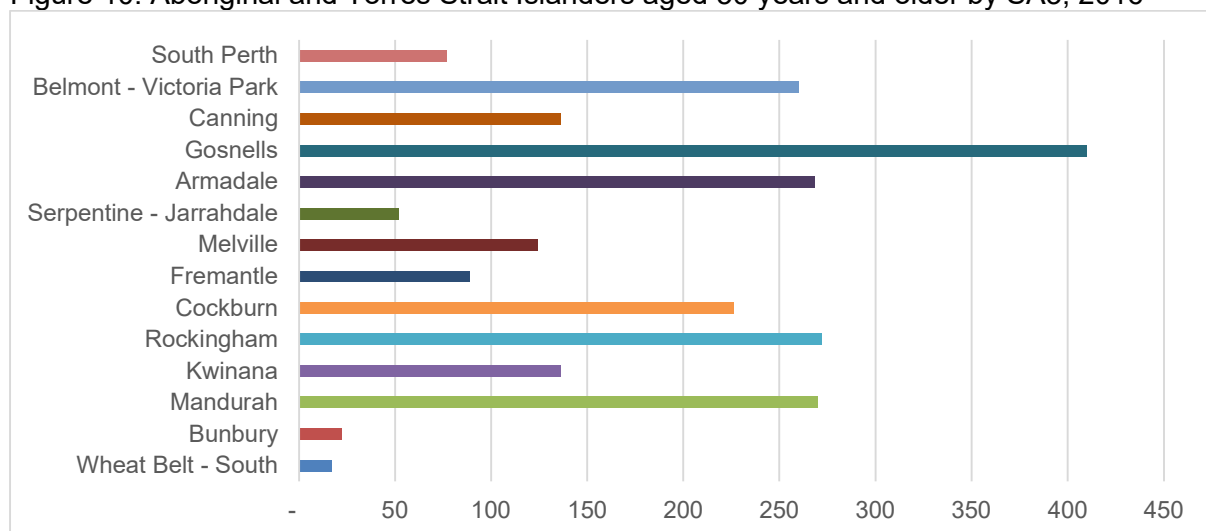
Source: Australian Bureau of Statistics. Census 2016

xiii. Lesbian, gay, bisexual, transgender, intersex, or queer people

Many LGBTIQ+ people face discrimination and disparities connected to their gender identification and / or sexuality that impact their physical and mental health and access to

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5 Excluding parts of Bunbury and Wheatbelt – South SA4 catchments that are included in the Perth South PHN.

healthcare and other services.[6] Further feedback about the experiences of older LBTIQ+ community members is included in the discussion of stakeholder consultation themes later in this report.

The Census does not collect information about the number of LGBTIQ+ people, and so the needs assessment has drawn on research studies to prepare a high level estimate of population numbers. Wilson et al[7] reviewed the 2014 General Social Survey, as well as the 2012 and 2016 Household, Income and Labour Dynamics (HILDA) reports in Australia reports, and identified estimated population rates of people identifying as lesbian, gay, bisexual or other (non-heterosexual), by age cohorts. Notably, the number and proportion of people identifying as LGBTIQ increased in each survey, and may therefore underestimate the actual number of LGBTIQ+ community members.

The needs assessment has used the national population rate reported in the 2016 HILDA report, 2.16%, to provide a high level estimate of the number of LGBTIQ+ people in WA. However, as the literature and other Census data indicates, the distribution of LBGTIQ+ across the state is not uniform. The Census of Population and Housing (2016) records the number of same-sex couples by Greater Capital City and Rest of State. The proportion of same-sex couples residing in Greater Perth is 87% compared to 13% residing in Rest of WA; by contrast, 80% of opposite sex couples reside in Greater Perth compared to 20% residing in Rest of WA. Therefore the needs assessment has assumed that 87% of LGBTIQ+ community members reside in Greater Perth, and calculated an estimated population rate of 3.1% for Perth North PHN and Perth South PHN, and 1.9% for Country WA PHN. It is recognised that these figures are only indicative at best, and should not be interpreted as measurement of actual number of LGTQIQ+ community members in WA's regions.

Using this method, it is estimated there were approximate 4,700 LGBTIQ+ people within the Perth Metro PHN catchment in 2016, with approximately 2,000 people residing in Perth South West, 1,900 residing in Perth South East, and 800 residing in Mandurah. It should be noted that the data provided are modelled estimates of this population cohort, and do not provide an actual count of LGBTIQ+ people living in any region.

xiv. Veterans
There are 5,318 Social Security Age Pensioners and Gold Card holders across the PHN. This cohort reflects veteran pensioners over the age of 60. Perth South West reported the highest number of people within this cohort at just under 2,211 people, followed by Perth Mandurah and Perth South East at 1,643 and 1,464 respectively (see Figure 13, next page).

xv. Care leavers
As noted earlier in the needs assessment report, there is limited data available regarding the number and distribution of care leavers in Western Australia. Tuart Place stakeholders advised that approximately 1,000 people are registered with the organisation, with around 600 to 700 people living in the Greater Perth area.

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[6] Equality Australia. *LGBTIQ+ communities and COVID-19: A report on the impacts of COVID-19 on Australian LGBTIQ+ communities and building a strong response*. 2020
[7]

Figure 11. Number of Veteran Social Security Aged Pensioners and Gold Card holders, by SA3, 2021
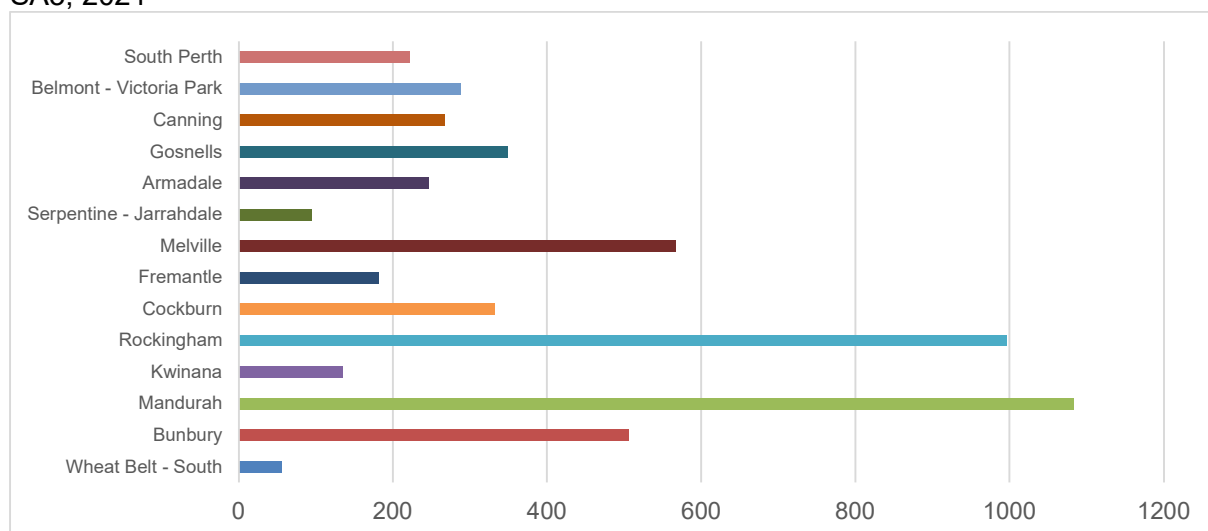
xvi. Homelessness and those at risk of homelessness

In 2016, it was estimated that 260 people over the age of 65 were homeless in the Perth South PHN, with the highest number in Fremantle SA3. In this instance, the classification of 'homeless' includes:

- Persons living in improvised dwellings, tents, or sleeping out
- Persons in supported accommodation for the homeless
- Persons staying temporarily with other households
- Persons living in boarding houses
- Persons in other temporary lodgings
- Persons living in 'severely' crowded dwellings, defined as requiring at least four extra bedrooms to accommodate the people usually living there.

Figure 12. People aged 65 years and over who are homeless or at risk of homelessness, 2016
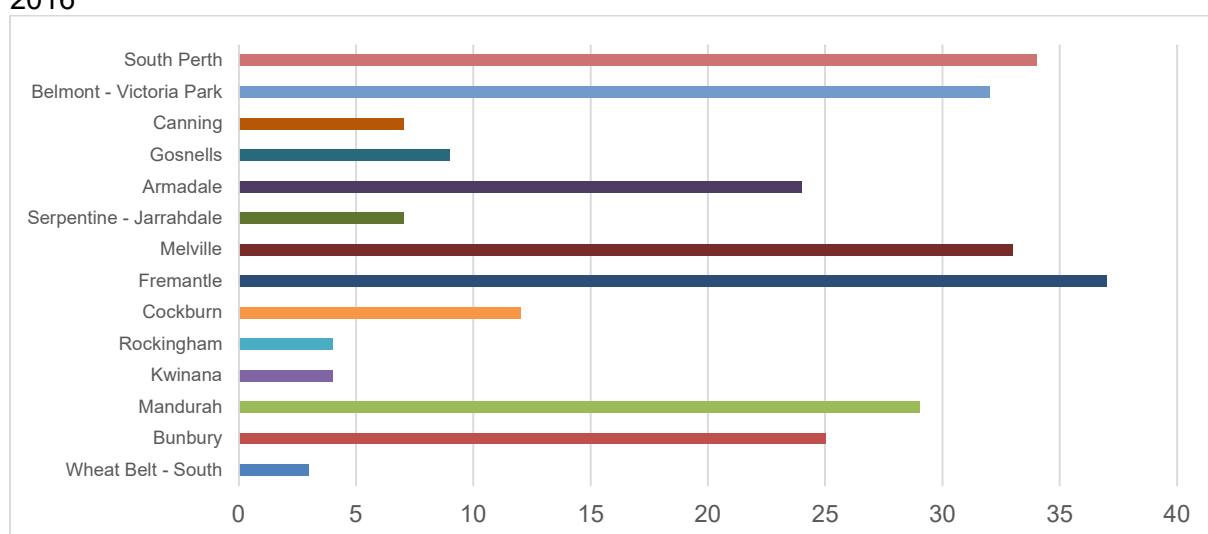
In addition to those who are homeless, there were an estimated 832 older Australians within the Perth South PHN who meet the criteria for the quadruple jeopardy and therefore may be considered to be at risk of homelessness. Around 384 people are located within the Perth South East region, 335 in the Perth South West, and 113 in the Mandurah region.

Within these regions, the greatest number of people meeting the quadruple jeopardy criteria are within the Mandurah, Belmont – Victoria, Canning, and Rockingham catchments.

6. Analysis of the local service landscape as relevant to care finder support

There is a need for generalised care finder services to be available to all members of the target population (such as those provided by COTA and Advocare) in addition to specialised care finder services provided to cohorts within the target population where necessary. These specialised services (such as Chung Wah, GRAI, Tuart Place and Dementia Australia) are often best placed to provide the care finder services required by the cohort as they tend to be trusted by and connected to those within the group and are well equipped to assist with any specific needs of the cohort.

There may also be significant benefit from encouraging specialist organisations to provide training services specific to their speciality to other care finders across the network. Existing Aged Care Service Navigator (ACSN) and EnCOMPASS[8] service providers operating in the Perth South PHN catchment are summarised in

Table 1. Existing Care Navigator service providers operating in the Perth South PHN catchment

Organisation	Identified SA3s	FTE	Outlets	Service modes
Dementia Australia	Melville Fremantle Cockburn Rockingham Kwinana Mandurah	0.6	Rockingham	ACSN dementia specialist provider of: • Face-to-face support • Telephone and digital support
Tuart Place	Melville Fremantle Cockburn Rockingham Kwinana Mandurah	0.5	Fremantle, Busselton	ACSN care leaver specialist provider of: • Face-to-face support • Telephone and digital support

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[8] The Federation of Ethnic Community Councils of Australia (FECCA) has been funded by the Commonwealth Department of Health to lead the EnCOMPASS program until June 2023.

Organisation	Identified SA3s	FTE	Outlets	Service modes
The Multicultural Communities Council of Western Australia	Rockingham Kwinana Mandurah Bunbury Augusta - Margaret River - Busselton Manjimup	Not available	Gosnells	EnCOMPASS CALD specialist provider of: • Face-to-face support
Umbrella Multicultural Community Care Services	South Perth Belmont - Victoria Park Canning Gosnells Armadale Serpentine - Jarrahdale	0.6	Belmont	EnCOMPASS CALD specialist provider of: • Face-to-face support • Senior information sessions

Table 2. Existing Care Navigator service providers operating in other WA PHN catchments

Organisation	Identified SA3s	FTE	Outlets	Service modes
COTA WA	Joondalup Wanneroo Stirling Perth City Cottesloe - Claremont	1.0	Wanneroo	ACSN generalist provider of: • Face-to-face support • Telephone and digital support • Seniors information Sessions
Advocare	Gascoyne Mid West Bunbury Augusta - Margaret River - Busselton Manjimup Albany	1.6	Geraldton, Dongara, Kalbarri, Northampton, Jurien Bay, Bunbury, Eaton, Capel, Albany, Denmark, Boyup Brook, Busselton	ACSN generalist provider of: • Face-to-face support • Telephone and digital support
Dementia Australia	Swan Mundaring Kalamunda Bayswater - Bassendean Perth City	0.6	East Perth Middle Swan	ACSN dementia specialist provider of: • Face-to-face support • Telephone and digital support
Chung Wah Community and Aged Care	Joondalup Wanneroo Stirling Swan Mundaring	1.0	Northbridge	EnCOMPASS CALD specialist provider of: • Face-to-face support

Organisation	Identified SA3s	FTE	Outlets	Service modes
	Kalamunda Bayswater - Bassendean Perth City Cottesloe - Claremont			• Telephone and digital support • Senior information sessions
Metropolitan Migrant Resource Centre Western Australia	Stirling Swan Mundaring Kalamunda Bayswater - Bassendean Perth City	Not available	Mirrabooka	EnCOMPASS CALD specialist provider of: • Face-to-face support • Telephone and digital support
Carers WA	Statewide	Not available	Perth	Carer Gateway specialist provider of: • Face-to-face support • Telephone and digital support

 (see next page). Existing Care Navigator and EnCOMPASS service providers operating in the other WA PHN catchments, who may be able to expand activities to the Perth South PHN, are summarised in **Error! Reference source not found.**.

a. Key themes from stakeholder and community consultations

There was a high level of consistency in the feedback provided by the stakeholders consulted for the needs assessment about demand, support requirements, service models and the capabilities required of care finders.

i. Eligibility criteria

There was agreement from stakeholders that the aged care system is complex and challenging to navigate, and that the target population require assistance. However, stakeholders were also consistent in warning there is a significantly more demand for assistance than just those defined by the target population, and there will be requests for support from ordinary ageing consumers, as well as family members, carers and others providing support on behalf of a consumer.

There was also general recognition of the fact that people with access to support from family

and friends would often be reluctant to rely on them for assistance. Reasons for this reluctance ranged from shame, to the concern of overburdening their loved ones.

Table 1. Existing Care Navigator service providers operating in the Perth South PHN catchment

Organisation	Identified SA3s	FTE	Outlets	Service modes
Dementia Australia	Melville Fremantle Cockburn Rockingham Kwinana Mandurah	0.6	Rockingham	ACSN dementia specialist provider of: • Face-to-face support • Telephone and digital support
Tuart Place	Melville Fremantle Cockburn Rockingham Kwinana Mandurah	0.5	Fremantle, Busselton	ACSN care leaver specialist provider of: • Face-to-face support • Telephone and digital support
The Multicultural Communities Council of Western Australia	Rockingham Kwinana Mandurah Bunbury Augusta - Margaret River - Busselton Manjimup	Not available	Gosnells	EnCOMPASS CALD specialist provider of: • Face-to-face support
Umbrella Multicultural Community Care Services	South Perth Belmont - Victoria Park Canning Gosnells Armadale Serpentine - Jarrahdale	0.6	Belmont	EnCOMPASS CALD specialist provider of: • Face-to-face support • Senior information sessions

Table 2. Existing Care Navigator service providers operating in other WA PHN catchments

Organisation	Identified SA3s	FTE	Outlets	Service modes
COTA WA	Joondalup Wanneroo Stirling Perth City Cottesloe - Claremont	1.0	Wanneroo	ACSN generalist provider of: • Face-to-face support • Telephone and digital support

Organisation	Identified SA3s	FTE	Outlets	Service modes
				• Seniors information Sessions
Advocare[9]	Gascoyne Mid West Bunbury Augusta - Margaret River - Busselton Manjimup Albany	1.6	Geraldton, Dongara, Kalbarri, Northampton, Jurien Bay, Bunbury, Eaton, Capel, Albany, Denmark, Boyup Brook, Busselton	ACSN generalist provider of: • Face-to-face support • Telephone and digital support
Dementia Australia	Swan Mundaring Kalamunda Bayswater - Bassendean Perth City	0.6	East Perth Middle Swan	ACSN dementia specialist provider of: • Face-to-face support • Telephone and digital support
Chung Wah Community and Aged Care	Joondalup Wanneroo Stirling Swan Mundaring Kalamunda Bayswater - Bassendean Perth City Cottesloe - Claremont	1.0	Northbridge	EnCOMPASS CALD specialist provider of: • Face-to-face support • Telephone and digital support • Senior information sessions
Metropolitan Migrant Resource Centre Western Australia	Stirling Swan Mundaring Kalamunda Bayswater - Bassendean Perth City	Not available	Mirrabooka	EnCOMPASS CALD specialist provider of: • Face-to-face support • Telephone and digital support
Carers WA	Statewide	Not available	Perth	Carer Gateway specialist provider of: • Face-to-face support • Telephone and digital support

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[9] During the initial phase of the ACSN trials, Advocare was funded to provide supports in the Kimberley and Pilbara regions. However this funding was later shifted to the South West region, and services in the Kimberley and Pilbara ceased.

ii. Service responses

Stakeholders recognised that support needs differ according to the individual circumstances of individuals and agreed that (as per the proposed support bands) there will be individuals or support people who require:

- **Minimal support** - e.g. information and guidance to explain the different types of aged care and how to access them via My Aged Care
- **Moderate support** – e.g. information and guidance plus personalised support to undertake My Aged Care registration, complete an assessment and engage an aged care provider
- **Intensive support** – e.g. information and guidance plus personalised support to undertake My Aged Care registration, complete an assessment, address financial issues, resolve housing and property issues, liaise with health services, and engage an aged care provider.

It was noted that when a consumer or support person first engages with a service, the extent of their circumstances and support needs may not be apparent. It was also noted that support for some consumers may need to be provided over a number of weeks, as issues are addressed and other services are engaged in supporting the individual.

Existing care navigator service providers emphasised the value of offering different forms of support including:

- **Face-to-face consultations**, delivered in the consumer's home or other community settings as required. However, providers will need to ensure that appropriate risk management practices are in place for managing in-home consultations

- **Telephone and videoconference based support**. While it is important to recognise that many consumer experience difficulties communicating during virtual discussions, these enable simpler information and guidance based contacts to be efficiently completed. Care navigator services that also operate helplines, such as Dementia Australia, are well-placed to provide basic information and guidance while being able to refer consumers requiring more intensive supports to their dedicated care navigator

- **Information services**, such as seminars, websites and printed resources to enable a proactive approach to building knowledge and understanding about aged care services. Seminars are also effective for promoting the care finder service and providing an opportunity to engage with the target population in more informal settings.

Existing care finder services have employed navigators in part time roles due to funding availability, but noted demand for support occurs throughout the week. The engagement of organisations that operate five or more days per week and provide other services and supports to the ageing community (e.g. advocacy and information services) will help to ensure that the target population can engage with the provider when navigators are not working.

Stakeholders who have been involved in the delivery of care navigator services

acknowledged the benefits of a network of care finder services which includes 'generalist' services working with all eligible community members, as well 'specialist' services working with more specific population cohorts. However, given the importance of a local presence and relationships, there was not an appetite amongst stakeholders for establishing a centralised intake model (such as a statewide telephone line).

As discussed in relation to the analysis of the local service landscape, specialist services have been established for culturally and linguistically diverse community members (now delivered under the EnCOMPASS Program), people living with dementia and care leavers.

iii. Skills, experience, capabilities and resources

There was a consensus amongst stakeholders that care finders require strong communication and people skills plus extensive knowledge and understanding of the aged care system, as well as services within the local community. Stakeholders advised that some consumers will present to care finder services with complex needs and circumstances, and training in areas such as mental health first aid, cultural safety and occupational health and safety will be valuable. Similarly, several health stakeholders suggested that a level of understanding and awareness around consumers' health needs will be important, together with the capacity to work collaboratively with others providing support to a consumer in planning and delivering supports.

Resourcing requirements identified by stakeholders included vehicles, IT equipment, consistent information resources and assessment and planning resources. Several stakeholders suggested an ability to access the My Aged Care system would also be beneficial.

Stakeholders advised that many of the population cohorts that form the target population for care finders have specific needs that require more specialised capabilities or understanding; for example:

- **Aboriginal and Torres Strait Islanders** and **culturally and linguistically diverse** populations – an understanding of cultural differences relevant to specific communities, an understanding of the impacts of past trauma on attitudes to government services, and access to translators. Stakeholders advise that it is particularly important to build trust with Aboriginal community members over time, through demonstrating a willingness to listen and respond to consumers as well as demonstrating a commitment to ongoing support. In addition, care finders providing support to Aboriginal and culturally and linguistically diverse community members will require access to interpreter services and translated resources

- **LGBTIQ+** community members can have a range of concerns relating to historic experiences with prejudice; stress at having to supress their identify or to 'come out' again to people they do not know or trust; concerns that their chosen family will not be formally recognised by service providers; a reluctance to engage with religious based care providers; and a lack of family support. In addition, some community members may have specific health care needs relating to gender transitioning or management of HIV / AIDS

- **Care leavers,** also known as 'Forgotten Australians', 'Former Child Migrants' or 'Stolen Generations', are often impacted by significant childhood trauma and poor educational experiences that results in significant complexity as well as a reluctance to return to institutional settings or engagement with religious organisations or government. Tuart Place has established a trauma-informed approach to supporting care leavers that recognises the need to establish trust and provide additional supports such as counselling.

iv. Opportunities to enhance integration between the aged care, health and other systems

Existing aged care navigator service provider and health services consulted during the needs assessment reported that, as some recipients of care finder services will have complex needs, they are likely to be receiving support from care finders and health services at the same time. Key points of interaction will be in relation to service transitions, such as when individuals are being discharged from hospital. Therefore, it can be expected that key referrers to care finders for the target population will include hospital discharge planners, social workers, aged care services, older adult mental health services, other advocacy and support services working with older people[10], and Services Australia personnel (e.g. Aged Care Specialist Officers).

Health stakeholders also noted that some individuals may have existing professionals providing care planning and coordination services; therefore it will be important that care finders are able to recognise professional boundaries and work cooperatively with others involved in undertaking assessment, planning and support services to the target population. Some health stakeholders also suggested that it will be important that care finders are able to recognise unmet health needs of individuals, and help connect them to appropriate health services.

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[10] For example, Relationships Australia supports people affected by forced adoption and in relation to applications to the National Redress Scheme.

7.Summary of outcome findings

Identified need	Key issue
A wide range of community members require assistance with engaging with My Aged Care, aged care service providers and others involved in supporting their health and wellbeing. These include people who meet the eligibility criteria as well as others who do not, including older community members and their family members / carer / others providing support.	Care finder service providers can expect requests for support from people who do not meet the eligibility criteria. Existing providers have advised that care finder service models shoul include the provision of information supports for community membe who do not meet the eligibility criteria, in addition to more intensive face-to-face supports. Existing providers also advised that information services, such as seminars, can be an effective mechanism for proactively engaging wi communities and building awareness of care finder services.
Some people who meet the eligibility criteria for care finder services require more specialised service responses or capabilities.	All care finder services must be able to demonstrate capabilities in relation to cultural safety and capacity to work with individuals with complex needs and experiences. However, some community members require more specialised servi responses, including people who have experienced trauma, who fro culturally and linguistically diverse backgrounds, who are Aboriginal, who are living with dementia or other similar forms of cognitive impairment. A networked approach to the delivery of care finders services, with inclusion of generalist and specialist service providers may be most beneficial for meeting the needs of the target population.

Identified need	Key issue	Evidence
Many Aboriginal community members prefer the choice of receiving support and services from either an Aboriginal community controlled organisation or a non-indigenous service provider.	Many Aboriginal community members prefer to access support and services from Aboriginal community controlled organisations or organisations that are experienced in working with Aboriginal community members and have gained community trust. However, Aboriginal community members may also prefer to access support and services from non-indigenous organisations, for reasons of convenience, concerns about protecting privacy, or due to other cultural and relationship based factors. There have been no Aboriginal community controlled organisations that have participated in the Aged Care Service Navigator trials or EnCOMPASS program in WA. If engaged in the provision of care finder services, there may be a need to provide training and assistance to Aboriginal community controlled organisations in building skills and capacity in relation to care finder services. It is also important that all care finder organisations working with Aboriginal community members are able to provide supports and services that are safe and culturally appropriate.	Advice from existing providers delivering supports and services to older Aboriginal community members.

Care finders require a range of skills and experiences to support the target population.	A wide range of people can be expected to seek support from care finder services. It is important that all care finders can demonstrate appropriate skills and experience including: • Provision of supports to older people with complex needs, including assessment and planning, case conferencing, problem solving, cultural safety, dementia and mental health first aid skills • Demonstrated ability to engage with older LGBTIQ+ community members • Knowledge and understanding of the health and aged care systems, including the processes, functions and requirements of My Aged Care; aged care programs including eligibility requirements, service types and funding rules; income support types and rules; and core health services and supports • Relationships with, or the ability to establish relationships with, referrers (e.g. RAS / ACAT providers; hospital discharge planners, social workers, aged care and geriatric services; and older adult mental health services); Services Australia representatives (e.g. Aged Care Specialist Officers), and aged care providers within the regions being serviced In addition to the above, specialist care finder services should be able to demonstrate skills in areas relevant to the population cohorts being services including: • Trauma informed engagement and counselling methods • Demonstrated ability to engage with people with dementia and their family members / carers / other supports	Advice from existing providers delivering aged care navigator services and other services (e.g. healthcare) to older community members.

Identified need	Key issue	Evidence
	• Demonstrated ability to engage with older members from culturally and linguistically diverse communities in the Perth South PHN catchment, and access to interpreters and translated resources	
Many existing care finder services are located near the Perth central business district (CBD).	Care finder service providers need the ability to provide face-to-face services with people's homes and other suitable community locations. However, many of the existing service providers have offices and outlets located within 10 kilometres of the CBD. Analysis of demographic data relating to the target population indicates that the highest levels of demand are likely to be in outer metropolitan suburbs outside the CBD area. It will be important the care finder organisations are able to demonstrate access how ongoing access to the target population will be achieved.	Analysis of information relating to existing care finder services. Analysis of demographic data relating to the target population.

8. Priorities

Priorities regarding locations for care finder support, target population subgroups, meeting the needs for the target population and enhancing integration between the health, aged care and other systems are summarised below.

a. Locations to be prioritised for care finder support

Analysis of demographic data relating to the care finder target population indicates that priority locations for care finder support for the Perth South PHN catchment are:

- For the provision of generalist care finder services to the target population – the Mandurah region, as well as the Melville SA3 (Perth South West region) and Gosnells SA3 (Perth South East region)
  - Mandurah SA3 and Melville SA3 present as the communities with the highest proportion of community members who are living alone, while Mandurah SA3 and Rockingham SA3 has the highest proportion of residents who meet quadruple jeopardy criteria and need assistance with core activities.
  - Other SA3s which are more likely to be home to people belonging to the care finder target audience are Cockburn, Canning and Armadale

- For the provision of care finder services to Aboriginal people – the Gosnells, Armadale, Rockingham and Mandurah SA3 areas

- For the provision of care finder services to culturally and linguistically diverse people – the Perth South West Perth and Perth South East regions, particularly the SA3 areas of Cockburn, Canning, Gosnells, Melville and Fremantle
  - Canning and Gosnells SA3a have high proportions of people of Indian, Malaysian, Chinese, Vietnamese and Maltese heritage
  - Melville SA3 has high proportions of people of Malaysian, Chinese, Greek, Indian and Italian heritage
  - Cockburn SA3 has high proportions of people of Croatian and Italian heritage

- For the provision of care finder services to LGBTIQ+ people – actual distribution of this community is unknown, but if distribution reflects that of the ageing community, then Mandurah, Melville, Rockingham and Gosnells SA3 areas would be priority areas.

b. Target population sub-groups to be prioritised for care finder support

Target population sub-groups to be prioritised for care finder support are:

- People living with dementia
- Care leavers
- People with previous experiences of trauma
- Aboriginal and Torres Strait Islander people
- Lesbian, gay, bisexual, transgender, intersex, or queer people
- Culturally and linguistically diverse people.

c. Approaches to be prioritised for meeting the needs of all diverse groups that will form part of the care finder target population

Perth South PHN has a large and diverse population of people aged 65 years and older. While it is difficult to accurately measure the size of the target population for care finder services, analysis of available data indicates that the largest population groups include people from non-English speaking backgrounds and people who require assistance with cognitive and emotional tasks. However, other population groups who require support are living throughout the PHN catchment.

Feedback from stakeholders consulted during the needs assessment process indicates that providing a mix of general, whole-of-target-population and specialised, cohort-specific care finder services will help ensure access to appropriately skilled and knowledgeable services, including for those from a culturally diverse background and those who have previously experienced trauma or discrimination. It will therefore be important that care finders have the skills and experience to provide support to people with complex needs and circumstances, demonstrate cultural safety, and work collaboratively with health and other services supporting an individual. Specialised services may also need to demonstrate the capacity to provide trauma-informed support.

Stakeholders also emphasised the value of providing information services and community engagement approaches together with more intensive, one-on-one assistance, as well as flexibility in the appropriate use virtual and electronic supports in addition to face-to-face contact.

d. Activities to be prioritised to enhance integration between the health, aged care and other systems within the context of the care finder program

Interfaces between the health, aged care and other systems are complicated by differing models of care, funding arrangements, operational drivers, systems, processes, cultures and terminology. While it will not be the role of care finders to resolve these complexities, it will be important they are able to work collaboratively with professionals operating in other systems to assess individual's needs and preferences, and plan and deliver integrated responses. Knowledge of local services and the establishment of relationships.

Therefore priority activities to enhance system integration within the context of the care finder program will include:

- Mapping of key service networks and referral pathways within relevant catchments

- Raising awareness of care finder services as well as roles and responsibilities

- Development of tools to support needs assessment, care planning and delivery of supports

- Provision of education and training to care finders to support the above practices.

Appendix A: Stakeholders consulted

Table 3: Stakeholders consulted

Stakeholder grouping	Organisation	Role(s)
Aged Care Navigator trial partner	Advocare	Advocacy Outreach Team Leader Aged Care Navigator
Aged Care Navigator trial partner	Council of the Ageing (COTA) WA	Chief Executive Officer Aged Care Navigator
Aged Care Navigator trial partner	Dementia Australia	State Manager Client Services
Aged Care Navigator trial partner	Tuart Place	Staff Manager and Senior Therapist Aged Care Navigator
Aged Care Navigator trial partner	GLTBI Rights in Ageing (GRAI)	Executive Officer
Aged Care Navigator trial / EnCOMPASS partner	Chung Wah Association	Chief Executive Officer
Aged Care Navigator trial / EnCOMPASS partner	Umbrella Multicultural Community Services	Deputy Chief Executive Officer Senior Manager Communications and Engagement
Consumer organisation	Carers WA	Head of Service Delivery
Peak body	Aboriginal Health Council of Western Australia	NDIS Business Support Officer
Peak body	Leading Aged Services Australia (LASA) Aged Care Services Australia (ACSA)	State Manager, WA Policy & Member Support Officer State Manager (WA)
Primary Health Network	WA Primary Health Alliance (WAPHA)	Senior Advisor Aged Care
WA Health	WA Health Residential Care Line (RCL, operated by NMHS)	Nurse Practitioner and Clinical Nurse Consultant
WA Health	East Metropolitan Health Service (EMHS)	Director Clinical Services Planning

Stakeholder grouping	Organisation	Role(s)
WA Health	North Metropolitan Health Service (NMHS)	Director Allied Health, Senior Project Officer, Clinical Planning
		Older Adult Mental Health Nurse
		Older Adult Mental Health Nurse
WA Health	South Metropolitan Health Service (SMHS)	Clinical Nurse Specialist, Rockingham General Hospital
		Clinical Nurse Specialist, Rockingham General Hospital
		Program Manager, Older Adult Mental Health, Fremantle Hospital
		Senior Social Worker, Older Adult Mental Health
WA Health	WA Country Health Service (WACHS)	WACHS Director Aged Care
Commonwealth Government	Services Australia (My Aged Care)	WA Aged Care Specialist Officer

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