

Kimberley Development Commission Sector Profile #2

Aged Care in the Kimberley





About this series

The Kimberley Development Commission (KDC) is a statutory authority responsible for promoting economic development and government service delivery across the Kimberley region. The KDC's 'Sector Profiles' are a series of reports examining in depth the challenges and opportunities of particular industries and service delivery sectors in our region. They are intended to provide a sound base of data and analysis to inform decision-making by the Kimberley community, governments and investors.

The entire series of Sector Profiles and the KDC's Quarterly Snapshots series can be accessed on our website, www.kdc.wa.gov.au.

Acknowledgements

The Kimberley Development Commission wishes to express thanks to the aged care service providers and stakeholders who provided critical input to this report.

The Kimberley Development Commission acknowledges the Traditional Owners of Country, the Aboriginal people of the many lands on which we work and their language groups throughout the Kimberley. We recognise their continuing connection to the land and waters. We respect their continuing culture and the contribution they make to the life of our region, and we pay our respects to their Elders past, present and emerging.

Disclaimer

This Report is supplied in good faith and reflects the knowledge, expertise and experience of the Kimberley Development Commission staff involved when providing this Report.

The information has been obtained from and is based on sources believed by the Kimberley Development Commission's staff to be reliable and up to date at the time of collection, but no responsibility will be accepted for any error, fact, or opinion.



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Executive summary

The aged care sector in the Kimberley is an interconnected and multifaceted system. Beyond being a vital enabler of the wellbeing of seniors and their families, and preserving culture and community cohesion, it is a major contributor to economic development.

Aged care services are a major employer, a major source of government revenue into the region, and a pathway to enterprise and employment success. Looking ahead, aged care, like other caring industries, is a source of economic growth and potential employment for Aboriginal and non-Aboriginal workers alike.

However, the aged care sector remains underdeveloped in the Kimberley. Parity in service delivery between the Kimberley and the Perth region could create an additional \$4.93 million annually in regional economic activity while improving the lives of residents and decreasing the number of residents who move away from the region as they age and require greater care.

Australia's aged care system is complex, with a range of policies and government-funded programs and services catering to various needs, from supported living through to intensive complex residential care. Like other remote regions, the Kimberley faces challenges in delivering these services due to small and dispersed populations, specific cultural needs in Aboriginal contexts, workforce challenges, higher service delivery costs and limited economies of scale.

Access to aged care services is uneven across the region, with remote Aboriginal communities often struggling to support their Elders with limited or no service delivery, especially for complex needs. Put simply, remote communities will often find it impossible to meet regulatory requirements to maintain aged care facilities in their community, while the lack of sufficient numbers means such services can be uneconomic at current levels of financial support for private providers.

The Kimberley Development Commission (KDC) has undertaken this aged care sector profile to highlight the sector's existing capacity and characteristics, understand its challenges and opportunities, and assess demand and opportunity for sector growth.

Our research included analysis of information and publicly available data from the Australian Institute of Health and Welfare (AIHW) GEN Aged Care Data and 1:1 consultation with all nine providers of aged care services in the Kimberley and 15 stakeholders.

Despite complexities and limitations in the available data, the demand for improved service delivery is

apparent. A conservative high-level analysis of the three main government-funded aged care programs (Commonwealth Home Support Programme, Home Care Packages and Permanent Residential Care) suggests that the Kimberley is losing out on significant potential funding and investment due to under-servicing of our population.

If the Kimberley reached parity in the availability of these services with Perth, it could unlock approximately \$4.93 million p.a. in economic activity from direct additional employment alone. Creating service availability for people waiting to access Home Care Packages at a point in time could unlock an estimated \$1.6 million p.a.

Like the rest of Australia, the Kimberley's aged population is increasing in absolute numbers and as a proportion of the overall population. This highlights the need to plan for increased service needs in the coming decades. Non-Aboriginal people are increasingly likely to age in the region rather than migrate to larger cities, with a 132% increase in this cohort from 2006-2021. The increased life expectancy in the region's Aboriginal population is also a welcome contributor to increased demand.

An ageing population presents economic development challenges as well as opportunities,



including a smaller working-age population over time—although the relatively youthful demographic profile of the Kimberley means this is less of an acute problem than elsewhere in Australia.

The aged care sector in Australia is undergoing significant changes following the Royal Commission into Aged Care Quality and Safety, established in 2018 in response to widespread concerns about the quality of care being provided to seniors in Australia. The Royal Commission made 148 recommendations, and resulting reforms are currently being rolled out across the sector. The recommendations aim to change how the sector operates to improve outcomes and support for seniors. Reforms such as a pay increase for aged care workers, a new assessment model and 24/7 registered nurse requirements have already commenced. Monitoring the implementation of these reforms and their impacts in the unique context of the Kimberley region will be necessary for the aged care sector.

Real opportunities exist within the sector to address low levels of Aboriginal labour force engagement, a significant economic barrier within the region. Collaborative approaches to supporting the Aboriginal-led aged care sector have the potential to provide both culturally appropriate care and opportunities for Aboriginal employment.

Given the projected growth rate in the senior population, it will be crucial to support service providers in finding local solutions to the sector's challenges. This will enable them to capitalise on opportunities to enhance the quality and accessibility of aged care services.

This report is not intended to provide recommendations; its purpose is to illustrate the sector and highlight its challenges and opportunities. The KDC intends this report to be an essential part of the evidence base available to stakeholders, policymakers, and investors as they consider and advocate for the quality services vital to the region's prosperity.





Key Findings and Insights

1. Engagement in aged care programs in the Kimberley.

- There are 4,973* people in the Kimberley eligible to be assessed for government-funded aged care services; 57% are Aboriginal and Torres Strait Islander.
- Nine aged care service providers currently deliver services spanning five of the aged care programs to approximately 543** seniors.
- Government spending on aged care in the Kimberley was \$30.8 million in 2022-2023.

2. Workforce challenges are the most critical service delivery constraint.

- Workforce constraints are driven by a lack of affordable and appropriate housing, low wages, social issues, remoteness and access to training.
- Wage disparity is a critical issue, especially compared to other sectors that pay more for similar workforce needs across all professions.

3. Employment of local people or through visa programs provides workforce stability.

- Not all service providers have experienced workforce challenges equally.
- Service providers employing long-term local workers and using appropriate culturally adapted training are experiencing fewer challenges.
- Employment through labour agreements can fulfil immediate needs but may create a less durable and resilient workforce due to greater mobility of such workers.

4. Conventional aged care program delivery models face additional challenges in the remote Kimberley.

- Challenges of geography and climate present barriers to service providers entering or remaining in the market, particularly in remote Aboriginal communities, due to significantly higher operational costs for service provision. Small numbers of clients make it difficult to achieve economies of scale.
- Current funding models do not provide the flexibility to accommodate very high per-client delivery costs and have the potential to constrain service delivery in already thin markets.
- Limited availability of aged care programs and options in remote Aboriginal communities often forces Elders to move off Country. This displacement can negatively impact their wellbeing and that of their families, disrupting cultural continuity and connection within these communities.
- Service providers often expand their services beyond their original scope or intent without corresponding increases in funding or resources.
- Aboriginal and Torres Strait Islander people do not access aged care services commensurate with their needs.

*2021 Census data

**KDC data sourced through direct consultation with service providers from December 2023 to July 2024



Aged Care in the Kimberley

Snapshot



4,973

people in the Kimberley
are of eligible age to apply for
aged care services



57% are Aboriginal

543

people accessing
aged care services*

9

SERVICE
PROVIDERS*



200

PEOPLE
ACCESSING
CHSP*



106

PEOPLE
ACCESSING
RESIDENTIAL
CARE*



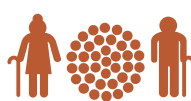
158

PEOPLE
ACCESSING
HCP*



89

PEOPLE
ACCESSING
NATSIFAC*



5

PEOPLE
ACCESSING
TRANSITION CARE*



\$28.3 billion

Government spend
on aged care
in Australia
FY2022/23



\$2.2 billion

Government spend
on aged care in
Western Australia
FY2022/23



\$30.8 million

Government spend
on aged care in
the Kimberley
FY2022/23



+ \$4.93 million

Funding per annum into the Kimberley if
service availability was equal to Perth



1,134

Aboriginal people

over 50 years of age living in
remote communities with no access
to residential care on Country



238

People working
in the aged care
sector*



39

People participating
in aged care
related training p.a.

*Data collected by Kimberley Development Commission between Dec 2023 and Jul 2024, data correct at time of collection.



Glossary

A

ACCO – Aboriginal Community Controlled Organisation – is a not-for-profit entity governed and operated by Aboriginal and Torres Strait Islander people, serving the needs of their communities. ACCOs prioritise self-determination and cultural appropriateness in delivering a range of services, ensuring the local community has control over decision-making processes.

ACCHO – Aboriginal Community Controlled Health Organisation – is a primary health care service initiated and operated by the community to deliver holistic, comprehensive, and culturally appropriate healthcare. ACCHOs are governed by a locally elected Board of Management and controlled through protocols determined by the community, ensuring self-determination in health service delivery.

Aged care is the personal or nursing care that seniors may receive to support them in staying healthy and independent for as long as possible. It can include help with everyday living, health care, accommodation and equipment.

Aged care program – the overarching initiatives encompassing a range of aged care services and resources designed to assist seniors with everyday tasks, promote wellbeing and ensure they have access to the care they need. Aged care programs aim to help seniors stay connected in their community, be more independent, care for their health and safety, and meet their cultural and social needs. Eligibility requirements and assessments determine access to government-funded aged care programs.

Aged care services – this refers to the service that is provided through an aged care program to seniors who need help in their own home or who can no longer live at home. The service is the actual care and support activities provided to seniors which can be tailored to individual needs from basic housekeeping and personal care to social connection and health management.

Australian National Aged Care Classification (AN-ACC) is a funding model that provides equitable funding to approved service providers to deliver aged care services in residential care. The model assesses residents' care needs and allocates funding accordingly based on three components: a Base Care Tariff, an AN-ACC classification subsidy based on individual care needs, and a one-off entry adjustment payment for new residents.

C

Commonwealth Home Support Programme (CHSP) – is an entry-level aged care program funded by the Australian Government that provides basic support services for seniors to maintain their independence and continue living at home. It is designed specifically for people who need basic, low-level support with everyday tasks in the short-term rather than complex, ongoing care needs. Eligibility is determined through an assessment with recipients paying a small contribution for services.

H

Home Care Package (HCP) – is a flexible, personalised aged care program funded by the Australian Government that provides subsidised care and support to seniors with complex needs beyond basic support so they can continue living independently and safely in their own homes. There are four levels of care with increasing levels of funding. Services are provided under a consumer-directed care model, allowing recipients to choose how their funds are spent in partnership with an approved service provider. An assessment determines eligibility and recipient contribution is determined through a means test.



I

Integrated Assessment Tool (IAT) – is a new assessment tool developed to evaluate seniors' eligibility for government-funded aged care services. It is a single assessment tool that allows assessors to collect more complete information and ensure service recommendations and referrals are tailored to their current needs. The IAT is used to assess seniors across all aged care programs.

K

Kimberley Aged Care Services (KACS) – is a state government provider operated by the WA Country Health Service (WACHS), delivering comprehensive aged and community services focusing on remote communities.

M

Multi-Purpose Services Program – provides integrated health and aged care services to rural and remote communities in areas that cannot support stand-alone aged care and health services.

N

National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) – is a flexible aged care program designed to provide flexible, culturally safe and appropriate aged care services to older Aboriginal and Torres Strait Islander people. It provides a mix of residential and home care services in rural and remote communities.

R

Residential care – provides a comprehensive living environment with 24-hour care for seniors who can no longer live independently at home due to their care needs. It is provided in a dedicated facility or home with 24-hour personal and/or nursing care and access to general healthcare services. It includes accommodation, meals, laundry, cleaning, and other daily assistance. It can be provided on a permanent or short-term (respite) basis. Eligibility is determined through assessment, and recipient contribution is determined through a means test.

S

Service provider – is a business or organisation that delivers government-funded aged care services to seniors. They must be approved service providers to receive government subsidies. They are responsible for delivering quality care, making decisions about care delivery, financial management of government subsidies, and managing care recipient fees and payments. Service providers may operate multiple services across different aged care programs. Service providers must meet the responsibilities and standards specified in the *Aged Care Act 1997* and related legislation.

Seniors – for the purpose of this report, 'seniors' refers to non-Aboriginal people aged 65 years and over and Aboriginal and Torres Strait Islander people aged 50 years and over.

Short-term Restorative Care – aims to improve wellbeing and independence and delay or reverse the need to enter long-term care.

T

Transition care – is a short-term aged care program that provides support and services to seniors following a hospital stay, with the aim of helping them regain independence and determine their longer-term care needs. Care can be provided up to 12 weeks at home, in residential care or a combination of both. The program is typically goal-oriented, time-limited, and therapy-focused



Introduction

Aged care in the Kimberley region of Western Australia (WA) presents unique challenges and opportunities due to the region's distinct demographic, geographic and cultural characteristics. The Kimberley is a large region covering over 420,000 km² with a population of 38,717, almost half identifying as Aboriginal and/or Torres Strait Islander.

The region has a notably younger age profile than the rest of WA and Australia. The 2021 Census reports that the median age in the Kimberley is 33 years, compared to 38 years for both WA and Australia. This is primarily attributed to the high proportion of Aboriginal residents, who comprise 41% of the region's population, compared to just 3.3% in WA and 3.2% in Australia. The Aboriginal and Torres Strait Islander population structure is generally younger, with a significant percentage of the population under 15 years of age and with a lower life expectancy resulting from historical and ongoing social, economic and environmental factors.

As the population ages, ensuring high-quality care for seniors is a growing priority. The aged care system in Australia is large and complex, with a range of policies and government-funded aged care programs catering to various needs and preferences. These programs include in-home care ranging from basic support with daily living to more complex personal and nursing care needs

and residential aged care, offering a supportive environment and specialised care. There are also flexible programs that provide for various needs, including culturally specific programs for Aboriginal and Torres Strait Islander people.

The aged care sector in Australia is undergoing significant reforms following a Royal Commission in September 2018 on how aged care is regulated and the quality of aged care services. The reforms are expected to significantly improve the quality of care, enhance safety, provide greater transparency and accountability, create a fairer workforce, increase access to care, and provide better value for money. Implementing these reforms has the potential to highlight the need for flexible and innovative approaches in the unique context of the Kimberley region.

The aged care sector plays a significant role in regional economic development through employment, supporting local businesses, stimulating economic activity, and government funding, which provide a significant financial injection into the community. To maximise the positive impact of aged care on regional economies, it is crucial to ensure equitable distribution of benefits and address service delivery challenges in remote locations.

To inform long-term support and growth in the Kimberley's aged care sector, this report presents an analysis of publicly available and original data on the current situation and challenges.

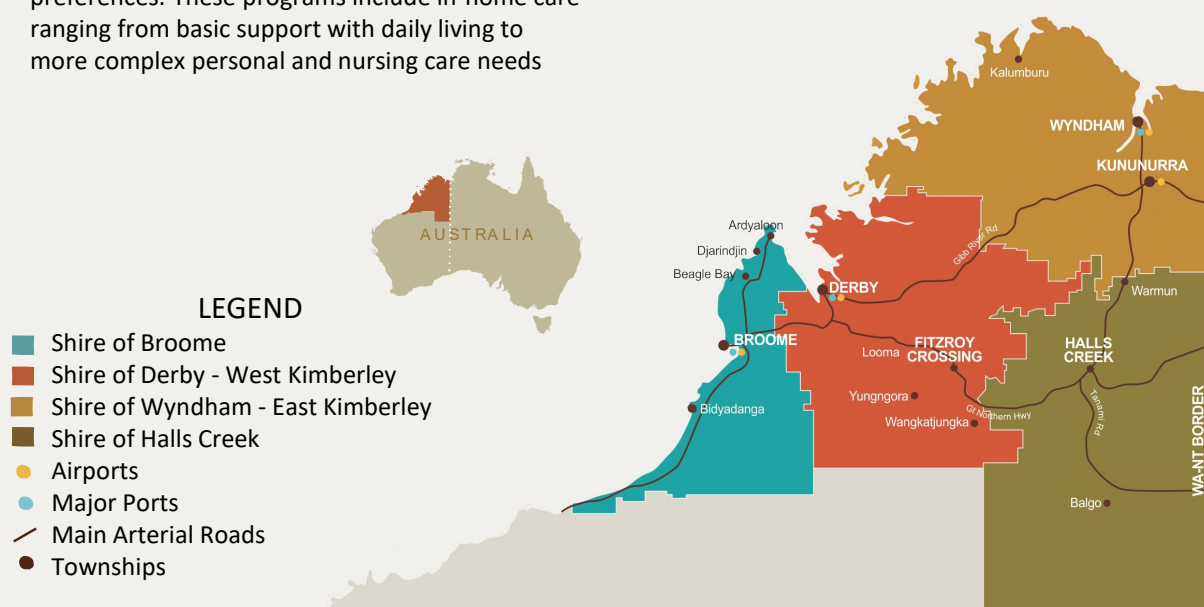


Figure 1: The Kimberley region of Western Australia



Scope and methodology

The KDC conducted desktop research and consultations through interviews to understand the current state of the aged care sector, its challenges, and opportunities.

Our work included a desktop review of reports and other relevant information. Data and information on the Australian Government's Australian Institute of Health and Welfare (AIHW) GEN aged care data website and the Department of Health and Aged Care website were particularly relevant.

We undertook semi-structured interviews with all organisations providing aged care services in the region, gathering quantitative and qualitative data from open reflections about the sector's needs, challenges and opportunities.

Semi-structured interviews were also conducted with 15 stakeholders who had an interest or involvement in aged care in the Kimberley, providing important additional information and perspectives. These stakeholders included Shires, government departments, community groups, Aboriginal Community Controlled Organisations (ACCOs), Aboriginal Medical Services, advocacy agencies and peak industry bodies.

Where needed, this report incorporates data from the 2021 Census. However, the census has well-known methodological shortcomings in remote areas with large Aboriginal populations. For example, at the 2021 Census, the ABS estimated the net undercount rate of the Aboriginal and Torres Strait Islander population to be 17.4%. Estimated Resident Population (ERP) counts can partly correct these inconsistencies. These have been used where we have access to ERP figures.

Unless otherwise stated, data on aged care is sourced from the Australian Government's AIHW GEN Aged Care Data website: <https://www.gen-agedcaredata.gov.au/>. Where possible, data has been presented for the 2022-2023 financial year, which was most consistently available.

Publicly available data on people using aged care services in specific areas of the Kimberley can be challenging to access. Data is often only available

at a state or national level, making it challenging to isolate specific regional or more discrete data. There is limited up-to-date region-wide data available, and differences in program funding models and data reporting methodologies make comprehensive and aggregated analysis and comparison across programs difficult. Where assumptions were required in undertaking analyses within this report, these have been noted in combination with the findings. The report presents the sector's profile using all data available to the KDC within the collection period.

It should be noted that interchangeable terminology is used in the aged care sector. In this report, the term seniors refers to Aboriginal and Torres Strait Islander people aged 50 years and over and non-Aboriginal people aged 65 years and over. This differs from the Australian Government's aged care planning population, consisting of all people aged 70 years and over and Aboriginal people 50-69 years of age (used to allocate places under the *Aged Care Act 1997*).

No extensive consumer data was collected during this research. However, the report includes some details from conversations with seniors about their personal views on ageing in the Kimberley. These were collected from conversations with seniors in Broome, Derby, Halls Creek, and Kununurra. It is important to note that this does not represent community consultation from the consumer perspective, nor should it be considered representative of seniors in the Kimberley. Rather, it provides anecdotal personal experiences of a very small number of seniors currently residing in the Kimberley.

Data collected through conversations with service providers and stakeholders, which was used to inform this report, was collected between December 2023 and July 2024 and shows only a snapshot in time.



Aged care sector attributes

Regulatory Context

It is important to recognise the regulatory environment in which the aged care sector operates to understand the challenges it is experiencing.

The Aged Care sector is regulated by a statutory framework that includes the *Aged Care Act 1997* (AC Act) and the *Aged Care Quality and Safety Commission Act 2018* (ACQSC Act).

The AC Act is the primary legislation that covers Australian Government-funded aged care, with the Australian Government Department of Health and Aged Care being responsible for its operation. The AC Act sets out rules for funding, regulation, approval of service providers, quality of care, the rights and responsibilities of people receiving and providing care, and non-compliance. The legislation applies to everyone connected to the aged care system, including consumers, service providers, the workforce, and government agencies. The Aged Care Principles sit under the AC Act and provide more specific details for aged care service providers, including minimum standards of operation and methodology for providing aged care.

The Aged Care Quality and Safety Commission is the national regulator of government-funded aged care services and is responsible for assessing and monitoring aged care services against the Aged Care Quality Standards. These legislated standards define the level of care and services expected from service providers. Eight individual standards focus on areas such as consumer dignity, care planning and service environment. Additional resources and guidance documents are provided to support service providers in meeting these Standards by clarifying expectations and offering best practice examples. In November 2024, the Federal Parliament passed the Aged Care Bill, which will become the new Age Care Act on 1 July 2025.

Other guiding documents (discussed in more detail later in this report) for the aged care sector relevant to the Kimberley are:

- *WA Seniors Strategy* —At a state level, the WA Seniors Strategy 2023-2033 sets a path forward for how the WA Government will support seniors over a 10-year period, with two supporting five-year action plans.
- *The Royal Commission into Aged Care Quality and Safety* (Royal Commission) – established in September 2018, this enquiry into the quality of aged care services in Australia investigated whether services were meeting the needs of the community and how they could be improved in the future. A final report was released in 2021, intended to bring about significant reform in the aged care system. These reforms will be underpinned by the new Aged Care Act from 1 July 2025. A new aged care regulatory model will be introduced to support the new Aged Care Act, which will change how the sector operates, intending to improve outcomes for seniors.

Aged Care Programs and Services

Aged care programs are the overarching initiatives encompassing a range of services and resources designed to assist seniors with everyday tasks, promote wellbeing, and ensure they have access to the care they need. Aged care services are the care and support activities provided to seniors to assist them in living independently and comfortably for as long as possible. The services can be tailored to individual needs, from basic housekeeping and personal care to social connection and health management. The availability of these programs empowers seniors to maintain their independence, dignity and quality of life.

My Aged Care Online Platform

My Aged Care (<https://www.myagedcare.gov.au/>) is the Australian Government's central online platform for government-funded aged care services. The website is available for seniors looking to access care, their families and carers, health professionals, aged care service providers, and assessors. People can access information on aged care options, needs assessments, choose a service provider, access financial costs and support, and how to apply for care.



Government-funded Aged Care Programs

Government-funded aged care programs are delivered by approved aged care service providers at home, in the community, or in residential care. The programs deliver services on a continuum of support needs, starting at the entry level, with low care and support provided at home, and continuing through to intensive, high care provided in a residential home. Each aged care program has a different service delivery model, eligibility requirements, compliance, funding model and reporting arrangements.

The Australian Government is currently implementing significant changes to in-home aged care programs as part of the implementation of reforms resulting from the Royal Commission.

The new Support at Home Program will commence 1 July 2025 and replace the existing Home Care Packages program and Short-term Restorative Care Programme. The Commonwealth Home Support Programme will transition to the Support at Home Program no earlier than July 2027. The new program aims to improve access to services, better align care with individual needs, reduce administration costs and simplify the entire process from assessment to care management.

At the time of writing, the current Australian Government-funded aged care programs include the following.

Care in the Home

In-home aged care provides support to help seniors stay independent for as long as possible through the following programs:

- **Commonwealth Home Support Programme (CHSP)** provides entry level support to seniors to live independently and safely at home. It also provides respite services to give carers a break. It includes services such as help with household tasks, transport, meals, personal care, home modifications and maintenance, social support, nursing and allied health, and planned respite care. The program is intended for basic low-level support.
- **Home Care Packages (HCP)** provides support for more complex needs at home. There are four levels of Home Care Packages, from level 1 for basic care needs to level 4 for higher care needs. This program supports seniors staying at home as long as possible by providing care services

between the CHSP and residential care. Services include help with household tasks, equipment (such as walking frames), minor home modifications, personal care, and clinical care such as nursing, allied health and physiotherapy services.

Residential Care

Residential care is for seniors who can no longer live independently at home or need ongoing help with everyday tasks and health care. It includes accommodation and personal care 24 hours a day, as well as access to nursing and general healthcare services. Residential care can be provided on a permanent or short-term respite basis.

Short-term and Flexible care

This includes programs that require alternative approaches to providing care:

- **Short-term Restorative Care** aims to improve wellbeing and independence and delay or reverse the need to enter long-term care.
- **Transition Care** is a short-term care program that provides support and services to seniors following a hospital stay. The aim is to help them regain independence and determine their longer-term care needs. Care can be provided for up to 12 weeks at home, in residential care, or a combination of both. The program is typically goal-oriented, time-limited, and therapy-focused.
- **National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program** is designed specifically for Aboriginal and Torres Strait Islander people living in rural and remote areas. It prioritises culturally appropriate and safe aged care. It is a flexible mix of services to help seniors stay connected to their communities and traditions. It may include home care, residential care, respite care, and community-based services.
- **Multi-Purpose Services Program** provides integrated health and aged care services to rural and remote communities in areas that cannot support stand-alone aged care and health services.
- **Department of Veterans' Affairs Community Nursing and Veteran's Home Care Services** for eligible veterans and their families provides support to help people stay in their own homes.



 Care in the Home	 Residential Care	 Short-term/ Flexible Care
Commonwealth Home Support Programme Home Care Packages	Residential Care	NATSIFAC Transition Care
Assists with daily tasks at home Tailored support based on individual needs Promotes independence in familiar surroundings	Provides 24/7 care in specialised facilities Includes meals, personal care, and activities Staffed by trained professionals	Provides tailored culturally appropriate care and flexibility in care arrangements Provides support after hospital stays and to carers

Figure 2: Australian Government-funded aged care programs available in the Kimberley.

Eligibility and Assessment for Government-Funded Aged Care Programs

In Australia, non-Aboriginal people aged 65 years and over and Aboriginal and Torres Strait Islander people aged 50 years and over are eligible to apply for government-funded aged care services. Non-Aboriginal people experiencing homelessness or with low income can apply for aged care services at 50 years of age, and Aboriginal and Torres Strait Islander people at 45 years of age. Aboriginal and Torres Strait Islander people can access aged care services earlier as they generally experience poorer health outcomes and a shorter life expectancy compared to the non-Aboriginal population. This disparity results from historical and ongoing social, economic and environmental factors.

Access to government-funded aged care is determined by need through a two-part assessment process and not simply by being of eligible age.

- Part one is a simple screening completed through My Aged Care online or over the phone by answering a series of questions. If a senior meets the criteria (e.g. age, need for, and type of assistance required), they are then referred to part two of the process.
- Part two is an in-person or virtual assessment.

Prior to December 2024, the need for entry-level home support (CHSP) was assessed by private-sector Regional Assessment Services. The need for HCP and residential care (permanent or respite), Short-Term

Restorative Care, and Transition Care was assessed by state government Aged Care Assessment Teams.

In mid-December 2024, these assessment organisations moved to come under a Single Assessment Service (SAS). Assessment organisations with an SAS agreement with the Australian Government triage referrals received from My Aged Care and conduct the appropriate level of assessment that allows seniors to be approved for the level of care they require and prefer. Assessments are recorded on an Integrated Assessment Tool, introduced in July 2024 as part of aged care reforms, designed to improve the experience for seniors by eliminating the need to move between assessment pathways when their care needs change. This new assessment process provides a better match for individuals to the most suitable aged care program and facilitates a faster and more efficient decision-making process for service allocation.

Note: Access to the NATSIFAC program does not currently require an assessment. Seniors can access the program through a referral from a medical professional, family, or self-referral.

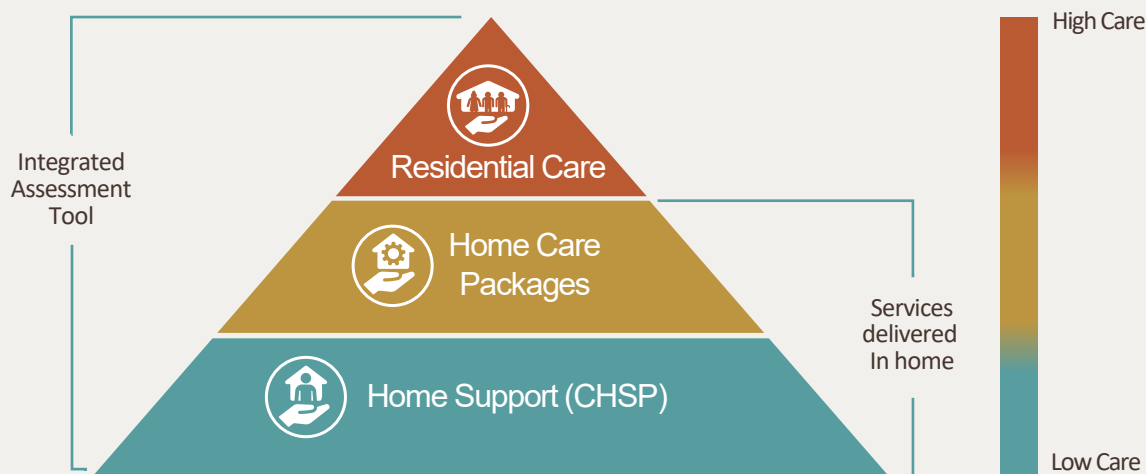


Figure 3: Assessment and care needs for Australian Government-funded aged care programs.

Other Non-government Funded Aged Care

A range of other care exists outside the government-funded aged care system. This includes:

- unpaid care by relatives and other carers.
- service provision by non-government-funded service providers (which may be accessed if a person is not eligible for government-funded aged care services or is waiting for funded services to become available). This type of care is not available in the Kimberley, which limits options for seniors who may not be eligible to receive government-funded aged care services but still want to access aged care.

Data on these types of non-regulated care is not readily available and falls outside the scope of this report.

Aboriginal Art Centres and Language Centres

It is important to recognise that Aboriginal art and language centres often serve as vital community meeting places, providing a range of services, including care for Elders. These centres are typically community-controlled organisations that promote and preserve Aboriginal culture through art, language, and traditional practices.

Aboriginal Art Centres and Language Centres provide an informal but significant role in supporting the wellbeing of seniors in remote Aboriginal communities through provision of safe spaces, direct care and support, connection and

collaboration with culturally appropriate aged care services.

Results from a survey of Aboriginal community-controlled art centres across Australia by Lindeman et al. (2022) documented this critical community role, demonstrating an opportunity to recognise and resource the vital support these centres provide to older people in remote Aboriginal communities.

Funding for Aged Care Programs

Aged care is funded through a combination of government subsidies and user contributions. The Australian Government is the main funder of aged care services in Australia, contributing 98.6%, with state and territory governments providing the remainder of total government spend on aged care. Government funding constitutes around 75% of the total costs of residential aged care (with users contributing 25%) and 95% of home care (Australian Government, 2024).

Government funding is delivered through subsidies and supplements paid directly to approved aged care service providers. The remaining costs, covered by user contributions, vary based on an individual's financial circumstances and the type of care received. The government also offers capital grants to service providers to build and improve aged care homes.

To receive funding from the Australian Government, a service provider must be approved. The approval process, managed by the Department of Health and Aged Care, involves a



comprehensive four-stage assessment conducted by the Aged Care Quality and Safety Commission. Applicants must demonstrate their suitability, including their ability to provide quality care, protect care recipients' rights, and maintain sound financial management. If approved, service providers must register with Services Australia to claim government payments. Approved service providers must meet quality standards and comply with the relevant regulations.

The Modified Monash Model (MMM) geographical classification system is used to assist with the distribution of government funds to service providers. This system categorises areas into seven levels based on remoteness and population size. Higher MMM categories receive increased funding and subsidies to account for the higher service delivery costs. The Kimberley region has MMM6 and MMM7 classifications. The classification is used for funding and resource distribution across all aged care programs.

The Australian Government aged care funding system aims to ensure that care is accessible to all who need it, with safety nets for those unable to contribute financially.

All aged care programs operate under different funding models, as described below, which assists in understanding the sector and the challenges with aggregated data analysis. Funding models for aged programs will change from 1 July 2025.

Commonwealth Home Support Programme (CHSP)

The Australian Government provides grants to registered service providers to deliver services through the CHSP. Service providers receive the grant directly from the government based on a pre-determined price for units of activity delivered. The grant can only be used to provide the relevant services described in the service provider's Activity Work Plan. The service provider charges a client contribution according to the client contribution framework outlined in the Department of Health and Aged Care CHSP Program Manual.

Home Care Packages (HCP)

The Australian Government provides an annual budget to seniors eligible for an HCP, depending on their assessed level of care. HCPs are allocated across four levels, each providing a specific budget for subsidised home care services. A senior can decide whether to self-manage this budget,

including selecting and paying for approved services, or opt to have a service provider manage their budget and package on their behalf for a fee. The HCP program is income and asset assessed, determining whether a senior must contribute fees within their package.

At the time of writing, the maximum annual budget for each HCP level is:

Level 1	Basic Support	\$10,588.65/year
Level 2	Low Level Support	\$18,622.30/year
Level 3	Intermediate Support	\$40,529.60/year
Level 4	High Level Support	\$61,440.45/year

As part of the Australian government's age care reforms, HCP will transition to the Support at Home Program on 1 July 2025 with a different funding model.

Residential Care

The Australian Government pays subsidies and supplements to approved residential care service providers on behalf of each senior receiving government-subsidised residential care.

As a significant reform, the AN-ACC (Australian National Aged Care Classification) funding model for residential care was implemented in October 2022. This classification assessment is undertaken by independent assessors and prioritises individual needs over pre-defined care categories, ensuring more accurate funding allocation, a more streamlined assessment process and a more personalised approach to care.

The subsidy received by service providers is calculated using the AN-ACC daily basic subsidy for each resident. Then, it includes variable and fixed components depending on each recipient's AN-ACC classification and the required shared costs across all residents. The subsidy also consists of an initial entry adjustment payment for new residents, supplements of extra funding for specific care needs of any resident, and any applicable reductions. Service providers submit a claim form each month to obtain the government subsidy. Residents may be required to contribute to costs, including accommodation and care fees. This amount is determined following a personal financial assessment. Before they can receive subsidies, service providers must be allocated government-subsidised aged care places (the allocation of places is discussed on page 15).



National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC)

This program provides funding for a mix of services including residential and home care services. Service providers apply to the Australian Government for funding through grant rounds. Service providers are then required to enter into a grant funding agreement with the government which sets out the terms and conditions of the funding. Services must be delivered in accordance with the NATSIFAC Program Manual.

Transition Care

This program is funded jointly by the Australian Government, and state and territory governments. The Australian Government provides funding through flexible care subsidies paid directly to service providers, and the states and territories contribute by direct funding. Care recipients may be requested to contribute fees if deemed able.

Allocation of Places

The Australian Government manages the supply of aged care places by specifying a national target provision ratio of subsidised aged care places based on the population aged 70 years and over. This

approach aims to provide aged care places in proportion to the growth rate of the older population. Residential and flexible care programs are allocated a set number of places, but home care service providers do not receive allocations.

Places were previously allocated through the Aged Care Approvals Round (ACAR), a competitive application process for approved service providers. Through this process, seniors could only choose a service provider that had enough allocated places. There are now transitional arrangements in place (until the new Aged Care Act comes into effect on 1 July 2025) where places can be filled through a 'bed-ready' application process. There are currently no caps on the number of places a service provider can apply for.

When the new Aged Care Act comes into effect on 1 July 2025, the allocation of residential care places will change to being assigned directly to seniors who access government-funded residential care services. This new system is called 'Places to People'. Service providers will no longer need an allocation of places to deliver services, allowing them greater flexibility to meet demand, and seniors will be able to choose their preferred service provider.





Workforce Qualification and Training Requirements

Current legislation does not prescribe specific minimum qualifications for the aged care workforce. However, the Aged Care Quality Standards mandate that service providers employ staff with appropriate skills and qualifications. There are discussions within the sector on the need for mandatory minimum qualifications, a national worker registration scheme, and an emphasis on ongoing training and professional development to further strengthen the sector's workforce capabilities and improve care outcomes.

Entry-Level Care and Support Workers

Some organisations request formal qualifications for entry-level care and support workers in the absence of a minimum qualification requirement. Entry-level roles typically require less clinical expertise and responsibility and focus on providing personal care, domestic tasks and social interaction.

The entry point qualification for working in aged care is a Certificate III Individual Support (Ageing) or (Ageing, Home and Community) delivered by North Regional TAFE WA (NR TAFE). Certificate IV

in Ageing Support is considered supervisor training, with Certificate III in Individual Support a prerequisite for enrolment.

While Certificate III Individual Support is a common pathway into entry-level aged care work, other relevant qualifications and skills offer opportunities, such as Certificate II in Community Service.

There are also alternative qualifications, such as community support skill sets. These offer a nationally recognised set of skills to equip individuals for entry-level work in community support roles rather than a full qualification. These are typically offered by registered training organisations (RTOs) and funded by the Australian Government. They focus on practical skills and offer a fast-track entry into the workforce with flexible learning. These skill sets include Community Care Skill Set, Residential Aged Care Skill Set and Dementia Support Skill Set.

In addition to formal qualifications, many aged care service providers offer on-the-job training and professional development opportunities, allowing employees to gain practical experience and exposure to best practices in aged care.

Registered Nurses

For positions in the aged care sector involving nursing responsibilities, a qualification such as a Diploma in Nursing, Advanced Diploma in Nursing or Bachelor of Nursing is mandatory. From 1 July 2023, the 24/7 Registered Nurse Responsibility came into effect, introduced in response to the Royal Commission. This requires at least one Registered Nurse (RN) to be onsite and on duty at all times at a residential care facility. A government supplement is available to assist approved service providers of residential care services to employ extra RNs to meet this requirement.

Other Requirements

A screening process exists for work in any paid or volunteer role in aged care to protect the safety and wellbeing of people accessing aged care. This screening process includes a National Police Clearance if working with aged care clients only. If working with NDIS participants as well, which is often the case, then an NDIS Worker Screening Check, including national criminal history, relevant reportable incidents and relevant disciplinary proceedings or complaints, are also checked.





Other Australian and State Government Investments

In addition to funding aged care services, the Australian and state governments provide a variety of financial supports for seniors.

Australian Government Investments

The **Aged Pension** provides income support and access to a range of concessions for eligible seniors aged 67 years and over. The pension is intended to provide financial security, reduce poverty risk, and support wellbeing. Recipients may access cheaper health care, medicine, and other discounts such as public transport and utilities. Aboriginal people cannot access the Aged Pension earlier than 67 years of age. Although there have been calls for a lower aged pension for Aboriginal people due to shorter life expectancy, there is no specific provision at this time.

The **Commonwealth Seniors Health Card** provides cheaper healthcare and some discounts for people aged 67 years and over who are not receiving any income support payments and who meet an income test.

The Commonwealth Pensioner Concession Card, managed by Services Australia, has not been included in this report as it applies to a much larger population than seniors. Broadly, a Pensioner Concession Card is available to people receiving the Age Pension, Carer Payment, Disability Support Pension, JobSeeker Payment, Youth Allowance or Parenting Payment (some of these have further eligibility criteria).

State Government Investments

The **WA Seniors Card** is available for Western Australians aged 65 and over (or 64 if born before 1 July 1959). Eligibility includes being an Australian citizen or having an Australian Permanent Resident Visa, being a WA resident and working less than 25 hours per week.

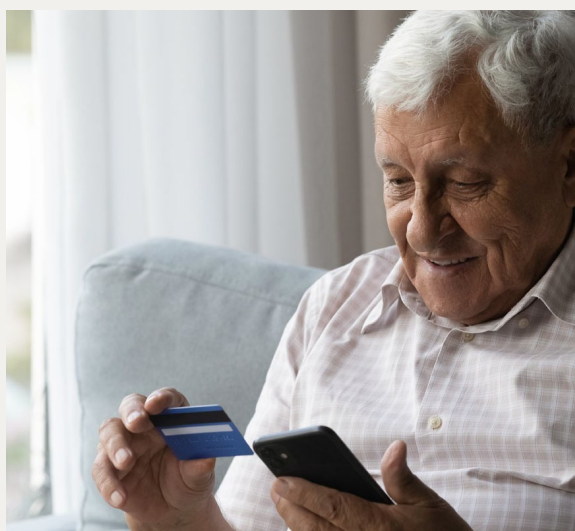
The Seniors card gives access to a range of state government concessions and rebates to support seniors in ageing safely and happily. Benefits include discounts on public transport, travel, health, and wellbeing.

The Seniors Card is administered and managed by the Department of Communities. Aboriginal people cannot access the WA Seniors Card before 65 years of age.

The **Regional Pensioner Travel Card** (previously known as the Country Age Pension Fuel Card) is funded by the State Government's Royalties for Regions program and provides eligible seniors with up to \$675 per year (increased from \$575 as of 1 July 2024) towards the cost of fuel and/or taxi travel from participating providers. This card aims to support travel needs for seniors living in country areas. The Kimberley is an eligible regional location, and to apply for the travel card, people must be receiving a Centrelink payment, including an Age Pension, Carer Payment, Disability Support Pension, a Department of Veterans Affairs Service Pension, Social Security Age Pension or Income Support Supplement.

The **Pensioner Annual Free Trip Scheme (PAFTS)** is a subsidy scheme funded by the state government that provides eligible pensioners who have lived above the 26th parallel continuously for the last two years or more with one return journey by air or coach per year to Perth or anywhere in the South West Land Division. To be eligible for the scheme, recipients must hold a Commonwealth-issued Pensioner Concession Card from Services Australia or the Department of Veterans Affairs. As stated above, this includes a broader pool of people than seniors.

The **Patient Assisted Travel Scheme (PATs)** provides financial assistance for eligible WA country residents to travel to access the closest specialist medical services not available locally. Although not specifically tailored for seniors, it is worth noting that many seniors in the Kimberley use PATs to travel to Perth for medical appointments and treatment.





Support Services

There are a number of consumer support services available to assist people using the aged care system to ensure they receive the best possible care.

Aged Care Specialist Officer	Face-to-face support for using My Aged Care is offered by Services Australia, through an Aged Care Specialist Officer (ACSO). An ACSO can provide in-depth information on aged care services, check eligibility, provide access to financial information, and make connections with local support services.
Care Finders	Free service to support vulnerable seniors navigating the aged care system. It is available to people who do not have an existing support network and is funded and managed by WA Primary Health Alliance. A Care Finder staff member can make a personal visit and may assist with talking to My Aged Care, attending eligibility assessments, finding aged care providers in the area, assisting in completing forms, etc. In the Kimberley the WA Country Health Service provides this service.
Elder Care Support Program	Program designed to deliver aged care support, connection, and coordination to Aboriginal and Torres Strait Islander people. The program is rolled out by the National Aboriginal Community Controlled Health Organisation (NACCHO) in affiliation with Aboriginal Community Controlled Organisations (ACCOs).
Advocare	An independent peak body for seniors in WA offering services for free, empowering them with information and choices to make informed decisions.
National Seniors Australia	National advocacy group providing information and support for seniors on aged care, consumer rights, and advocacy for policy changes in the sector.
Council of the Ageing	State-based organisations promoting the wellbeing of older Australians by offering resources on accessing aged care services.
National Aged Care Advocacy Program	Free and confidential advocacy support to seniors, their families, carers, and service providers to help them understand their responsibilities.
Older Person's Advocacy Network	Free and confidential support to seniors receiving government-funded aged care services.

In addition, **Ageing Australia** is the national association for providers of residential care, home and community care, retirement living, and related services. It represents its members in policy and advocacy, provides advisory services, provides employment relationship advice, and holds forums.



Findings

Service Availability and Supply

The Kimberley has nine aged care service providers operating across the region. These service providers offer a varying number of government-funded aged care programs in the six major Kimberley towns (Broome, Derby, Fitzroy Crossing, Halls Creek, Kununurra and Wyndham) and 13 remote Aboriginal communities (of the 74 Aboriginal communities in the Kimberley, Department of Communities, 2022). Five of the eight government-funded aged care programs are available in the Kimberley. Short-term restorative care, the Multi-Purpose Services Program, the Department of Veterans Affairs community nursing, and Veteran’s Home Care Services are not provided in Kimberley. Access to services is not uniform across the region, and not all aged care programs are available in all major towns. Remote Aboriginal communities face the greatest limitation in accessing services, with only two of the aged care programs available.

The Kimberley faces some important considerations in the delivery of these aged care programs:

- Remoteness, with vast distances between towns and communities.
- A tropical climate with distinct wet and dry seasons, which can make service delivery challenging during the wet season.
- A diverse population where providing culturally sensitive care is crucial.
- Workforce challenges, including difficulty in attracting and retaining skilled aged care workers in remote areas.
- Limited resources, including infrastructure and access to aged care services inhibiting ageing on Country.

Service providers in the Kimberley include state government, ACCOs and ACCHOs, and not-for-profit organisations. There are no private service providers in the Kimberley.

Service Provider	Aged Care Programs Delivered	Location
Broome Regional Aboriginal Medical Service	CHSP, HCP and Transition care	Broome
Derby Home and Community Care	CHSP	Derby
Halls Creek Home and Community Care	CHSP	Halls Creek
Yura Yungi Menkawum Ngurra Elders Residence	Residential care	Halls Creek
Juniper – A Uniting Church Community	Residential, CHSP, HCP and NATSIFAC	Kununurra, Wyndham, Fitzroy Crossing, Derby
Kimberley Aged Care Service (WACHS)	CHSP and HCP	13 Aboriginal communities and Broker HCP services in Halls Creek, Fitzroy Crossing and Derby
Life Without Barriers*	CHSP respite and HCP	Broome
Nindilingarri Cultural Health Services	CHSP	Fitzroy Crossing
Southern Cross Care (Bran Nue Dae and Germanus Kent House)	CHSP, HCP and Residential care	Broome

Table 1: Aged care service providers in the Kimberley region.

*Note: At time of publishing this report we were notified Life Without Barriers are no longer delivering aged care services in the Kimberley, all clients have been transitioned to other local service providers.

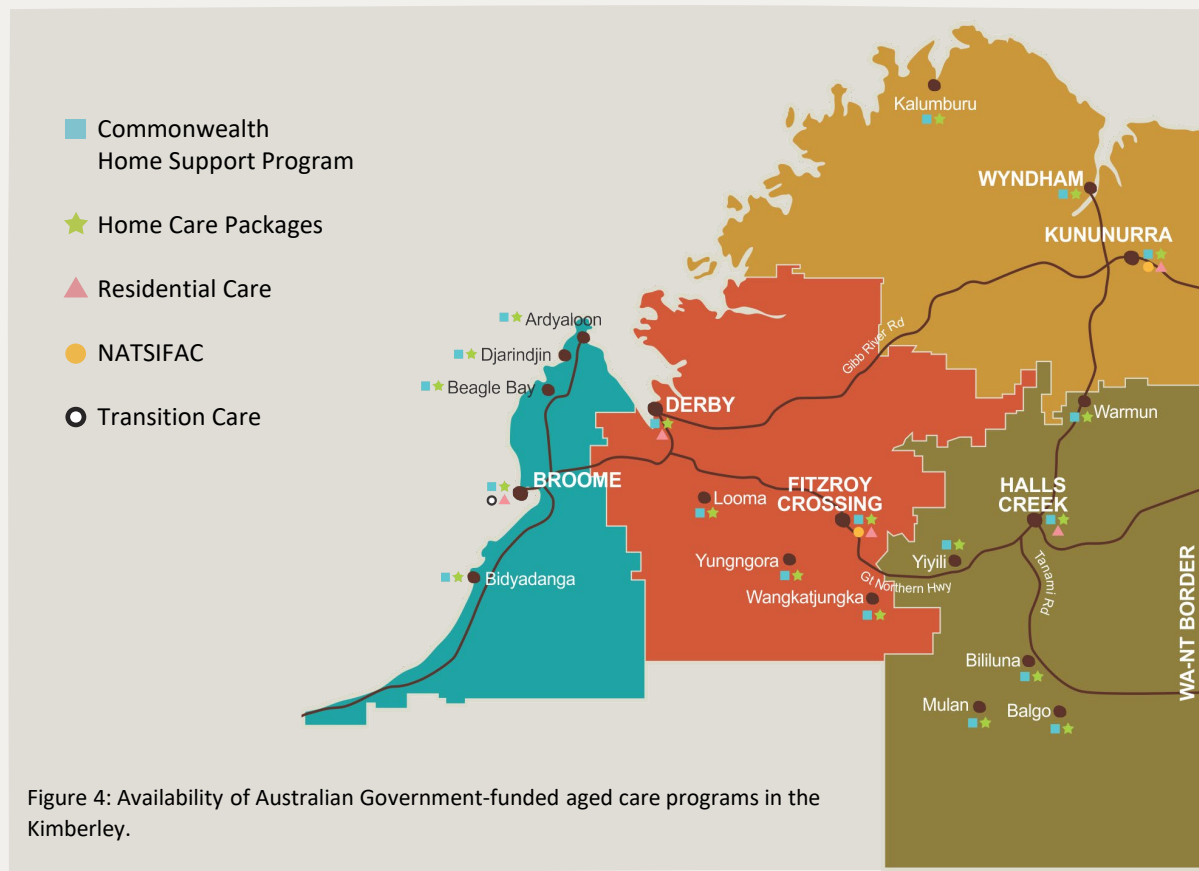


The state government, through Kimberley Aged Care Services (KACS), partners with ACCOs and ACCHOs to provide aged care services in 13 Aboriginal communities: Kalumburu, Warmun, Balgo, Mulan, Bililuna, Yiyili, Noonkanbah, Wangkatjungka, Looma, One Arm Point, Beagle Bay, Djarindjin, and Bidyadanga.

KACS provides support with program management, including governance, clinical

delivery, and care coordination. ACCOs manage staff, infrastructure, and service delivery. The service delivery model implemented by KACS enables local people to support their Elders, provides employment opportunities, and creates indirect pathways for community development.

Figure 4 shows the availability of aged care programs within the six major Kimberley towns and 13 remote Aboriginal communities.



Kimberley Regional Profile

The population of the Kimberley is 38,717, with a younger overall age profile compared to the rest of WA (Figure 5). Approximately 23% of the population is aged under 15 years and 8% aged 65 years and over, compared to 19% and 16% respectively for WA. The median age is 33 for the total Kimberley population compared to a median of 38 for WA and Australia.

Median Age, 2021



ABS Census of Population and Housing, 2021



Population proportion by 10-year age band; Kimberley, WA, Australia - 2021

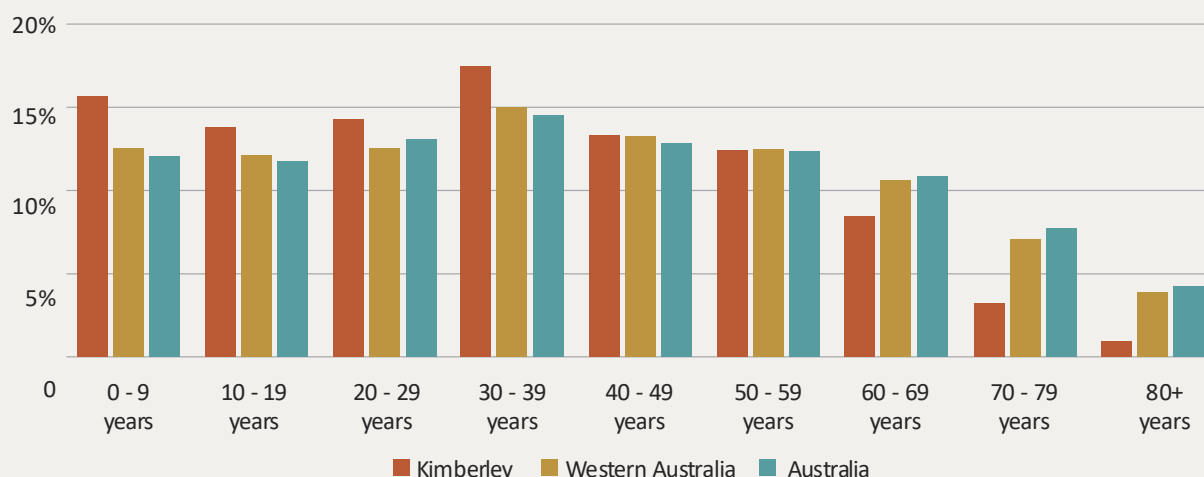


Figure 5: Total population by 10-year age cohort, Kimberley Region, Western Australia and Australia, (Source: ABS Census of Population and Housing, 2021).

The Kimberley has a large Aboriginal and Torres Strait Islander population, representing 41% of the total population, compared with 3.3% in WA and 3.2% in Australia. The proportion of Aboriginal residents within the major towns, who are of an age to qualify for assessment for government-funded aged care services ranges from 40% to almost 90% (Figure 6).

Proportion of residents of eligible age by Aboriginal and Torres Strait Islander status across Kimberley Towns

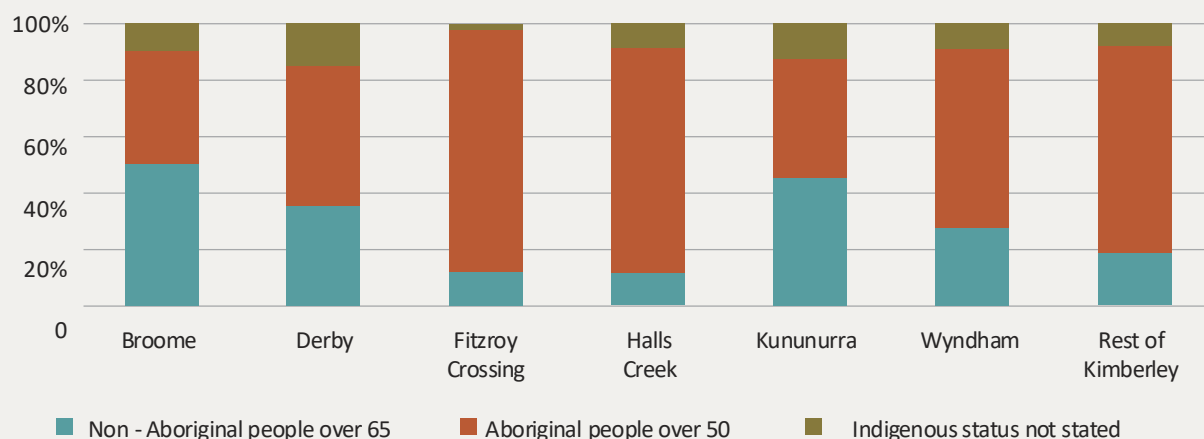


Figure 6: Proportion of residents of eligible age by Aboriginal and Torres Strait Islander status across Kimberley Towns (Source: 2021 Census)

Approximately 13% of the total Kimberley population (4,973 people) are at the eligible age for assessment for government-funded aged care services, compared to 17% for WA and 18% for Australia. This reflects the overall younger age profile in the Kimberley and the lower life expectancy experienced by the large Aboriginal population. Of this seniors population (4,973), 2,842 Aboriginal and Torres Strait Islander people are aged 50 years and over, representing almost 57% of the total cohort of seniors.



Figure 7 shows that the proportion of non-Aboriginal residents in older aged cohorts (75 years of age and over) is lower than in the Aboriginal and Torres Strait Islander population. This indicates that as the population ages, the non-Aboriginal population declines faster than the Aboriginal and Torres Strait Islander population. Mortality (death) and outward migration are the two key explanations for these decreasing population counts. Given that Aboriginal and Torres Strait Islander people have higher mortality rates than non-Aboriginal people (2.14 times higher in the 65-75 age band, 1.13 times higher in the 75+ age band), it is expected that the trends observed are a result of greater levels of outward migration by the region's non-Aboriginal residents.

Figure 7 also shows that the seniors population has almost doubled from 2006 (2,525 people¹) to 2021 (4,973 people). The pattern of non-Aboriginal residents remaining in the region longer as they age is most likely contributing to this trend. As shown in Table 2, the population growth of non-Aboriginal people in the Kimberley from 2006 to 2021 was 134% and 117% for the 65–79-year-old and 80-year-old cohorts, respectively. In comparison, the equivalent Aboriginal and Torres Strait Islander cohorts have experienced population growth of 57% and 16%, respectively. Across this period, the WA population saw an 86% increase in the 65-79-year-olds and an 80% increase in 80+ year-olds.

Age distribution of non-Aboriginal and Aboriginal and Torres Strait Islander Kimberley residents of eligible age for assessment for aged care services: 2006 and 2021

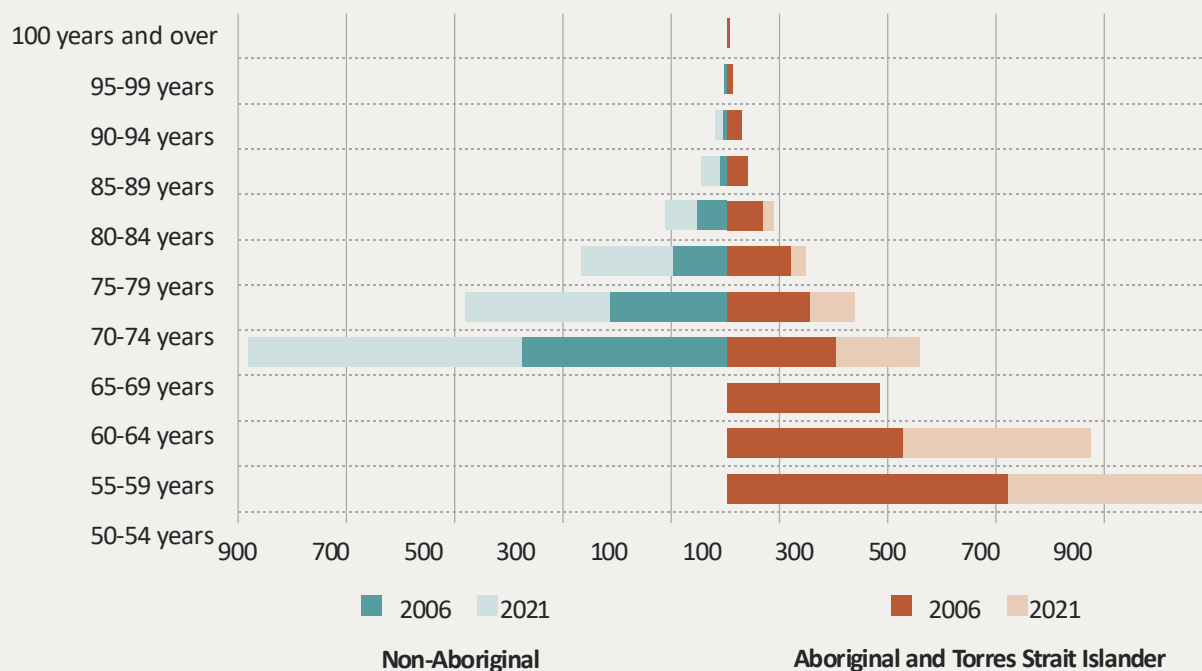


Figure 7: Population distribution of Kimberley Seniors within 5-year age bands, for the years 2006 and 2021 (Source: ABS Census, 2006 and 2021, place of usual residence).

Note: Where Aboriginal and Torres Strait Islander status was not stated, the relative ratios of Aboriginal and Torres Strait Islander respondents and non-Aboriginal respondents were applied to the 'not-stated' population and added to the population counts respectively



	Population Growth (2006* – 2021)		
	65 to 79 years	80+ years	Total (65 + years)
Kimberley Region – Total	+1,205 (103%)	+124 (54%)	+1,329 (95%)
Kimberley Region – Aboriginal	+268 (57%)	+23 (16%)	+291 (47%)
Kimberley Region – Non-Aboriginal	+937 (134%)	+101 (117%)	+1,038 (132%)
Western Australia	+145,489 (81%)	+41,701 (68%)	+187,190 (78%)

Table 2: Population growth (65 years +) and ATSI status, Kimberley Region and Western Australia, 2006* and 2021
(Source: ABS Census of Population and Housing, 2006 and 2021)

Note: Where ATSI status was not stated, the relative ratios of ATSI respondents and non-Aboriginal respondents were applied to the 'not-stated' population and added to the population counts respectively. *2006 population figure is not ERP adjusted

The following population characteristics are relevant:

- The Aboriginal and Torres Strait Islander population contributes more to births within the region and tends to remain in the region as they age.
- Within the non-Aboriginal population, there is a pattern of inbound migration for middle-aged cohorts (30 to 54 years of age) and outbound migration as they move beyond 60.
- Between 2006 and 2021, the non-Aboriginal population proportion above 60 years of age has grown, suggesting that this group is choosing to age in the region longer, consistent with patterns in the population pyramid (Figure 7).
- Population trends have remained relatively constant between 2006 and 2021 for those younger than 60.

The broader Kimberley population is ageing, consistent with the national trend, albeit at a slower rate. In 2006, only 7% of Kimberley residents were within the seniors cohort, which increased to 13% by 2021.

The following factors may result in population increases greater than that forecasted:

1. Increasing proportion of non-Aboriginal residents remaining in the region into later life.
2. Increasing life expectancy in the region's Aboriginal and Torres Strait Islander population if Closing the Gap targets surrounding life expectancy are met. The gap is currently the widest in remote and very remote areas and should the gap be closed, aged care service needs in towns such as Halls Creek and Fitzroy Crossing will increase substantially.

Forecasting the population of Kimberley seniors compared to state and national populations is difficult due to the vastly different demography and migration patterns, namely the population distribution of Aboriginal and Torres Strait Islander and non-Aboriginal people and associated differences in mortality rates.

A population growth forecast using a linear regression based on the population growth rate from 2006-2021 (ABS Census) shows the seniors population in the Kimberley increasing by 29% in the next 10 years (from 2024 to 2034). The forecast assumes future population growth remains consistent with past population growth.

Senior population growth expected at 2034:

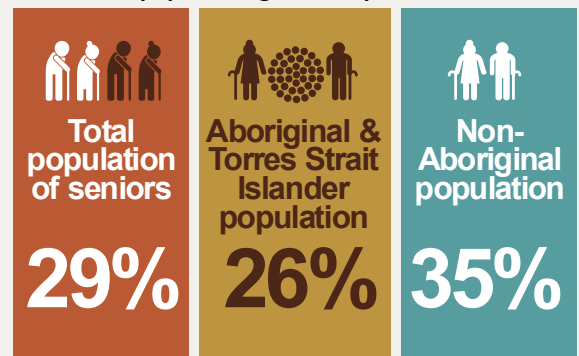




Figure 8 shows the proportion of non-Aboriginal and Aboriginal and Torres Strait Islander residents across their lifespan in five-year age bands in 2006 and 2021, respectively. The figures can be used to understand how the population proportions shift across age groups and indicate when inbound and outbound migration might occur (based on the assumption that Aboriginal and Torres Strait Islander migration is low).

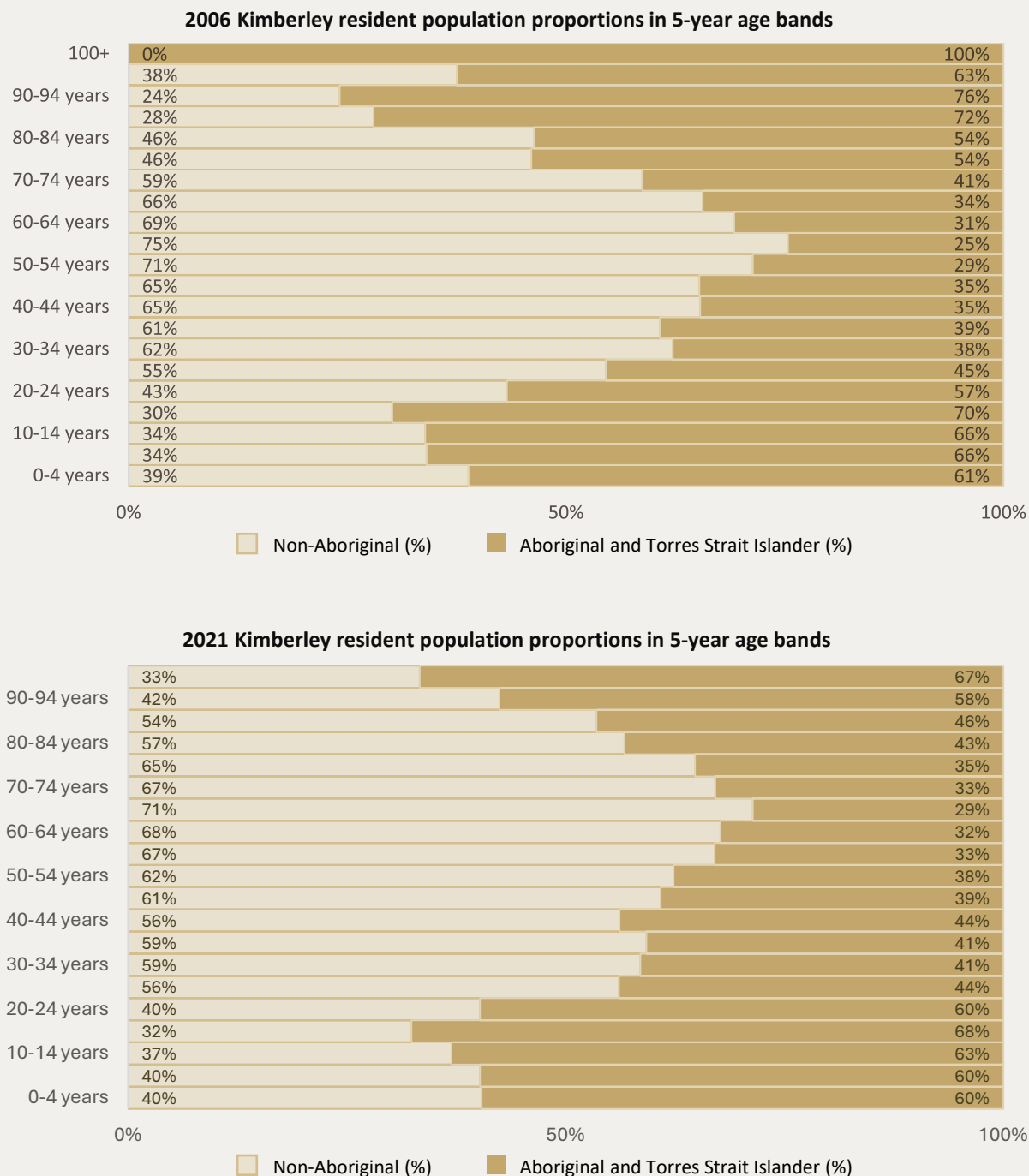


Figure 8: Proportion of non-Aboriginal and Aboriginal and Torres Strait Islander Kimberley residents across the lifespan in 5-year age bands, 2006 and 2021 (Source: ABS Census, 2006 and 2021, place of usual residence).



Service Demand

The GEN Aged Care Data website administered by the AIHW provides publicly available aged care data, including service access, expenditure and provider information. Not all data is readily available at a regional or more local level, making it challenging to analyse Kimberley service demand compared to broader state and national demand. GEN Aged Care Data is also collated differently for different aged care programs. For CHSP, total service engagement is presented over a financial year. In contrast, other program data is captured cross-sectionally, presenting engagement at a fixed point in time: at 30 June or financial quarter end. This introduces another level of challenge when trying to perform aggregated data analysis of aged care in the Kimberley compared to the broader sector.

The KDC's consultation with service providers found that 543 people were accessing aged care services during the consultation period. All data collection within the KDC's consultation was cross-sectional within an eight-month period. Therefore, entry and exit of care programs may have occurred throughout data collection. Notably, care in the home (CHSP and HCP) was the most commonly accessed aged care program, representing 63% of clients (Figure 9).

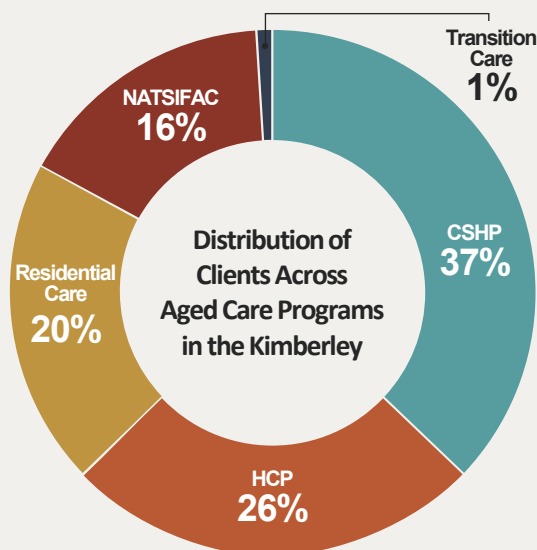


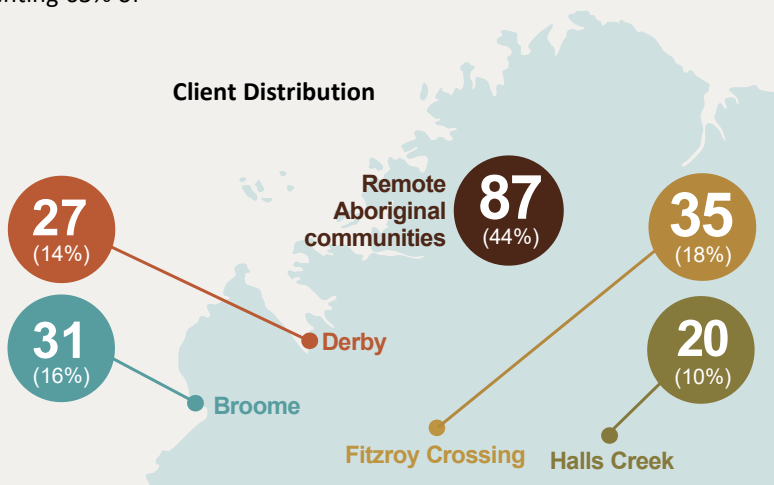
Figure 9: Distribution of clients across aged care programs in the Kimberley (Source: KDC collected data).

The following is a presentation of demand for aged care services by program, from data collected during consultation and supplemented by GEN Aged Care Data for 2022-2023.

Commonwealth Home Support Programme (CHSP)

There were seven providers servicing **201** CHSP clients across the Kimberley during the consultation period.

Client Distribution



During consultation CHSP had not been available in Kununurra or Wyndham for approximately 12 months due to staffing constraints, resulting in non-Aboriginal people accessing home support services through the NATSIFAC program (following an administrative exemption process). Since July 2024 CHSP became available in Kununurra and Wyndham and non-Aboriginal clients commenced transferring

from the NATSIFAC program to CHSP.

GEN Aged Care Data reports that:

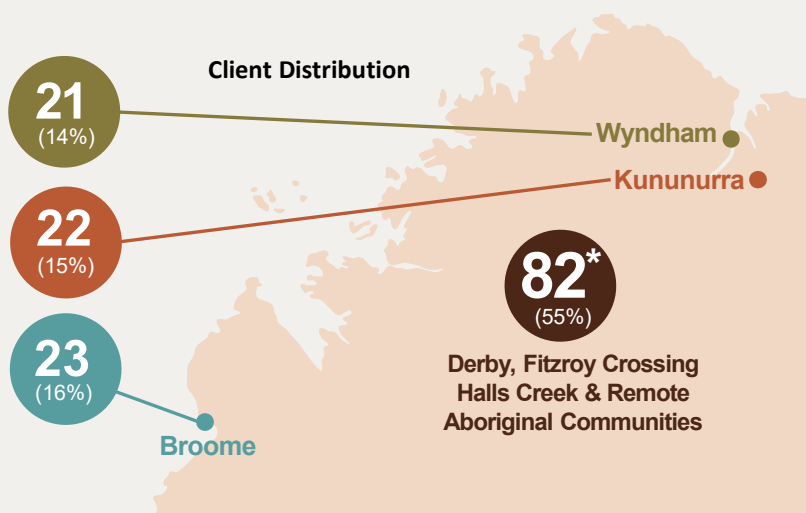
- 334 people accessed CHSP during 2022-2023.
- 82% were Aboriginal clients.
- social support groups being the most commonly required service.



Home Care Packages

There were five providers servicing **142** HCP clients across the Kimberley during the consultation period.

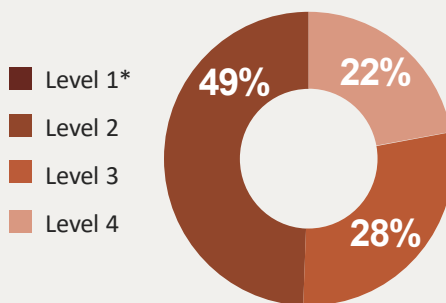
*In Derby, Fitzroy Crossing and Halls Creek WA Country Health through Kimberley Aged Care Services (KACS) broker the HCP program to local service providers. The data cannot be reported separately by location due to confidentiality.



GEN Aged Care Data reports that:

- 153 people were accessing HCP at 30 June 2023 (by service location: where clients received the service as different from where they reside).
- 82% were Aboriginal clients.

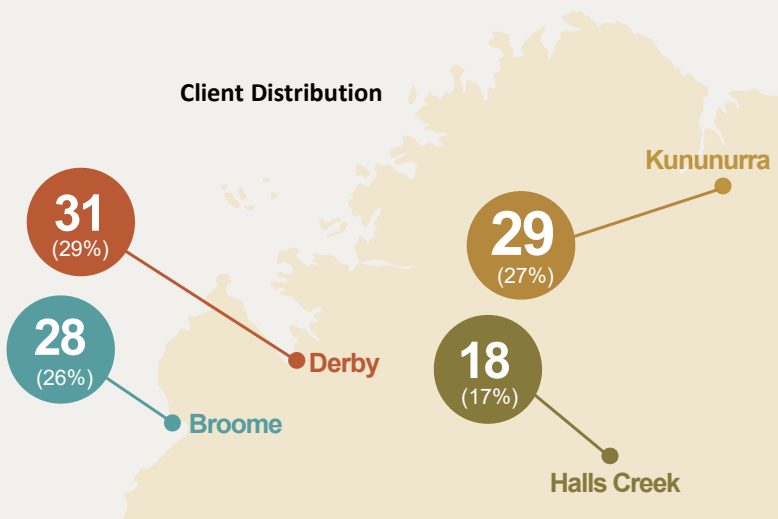
The chart opposite shows distribution of package levels across HCP clients at 30 June 2023.



*Level 1 data not available

Residential Care

There were three providers servicing **106** clients in residential care across the Kimberley during the consultation period.



Residential care is available in Fitzroy Crossing but it is funded under the NATSIFAC program and therefore reported under that program. Residential care was previously available in Wyndham but is no longer available.

GEN Aged Care Data reports that:

- 103 people were accessing residential care at 30 June 2023 (The Kimberley had 207 places

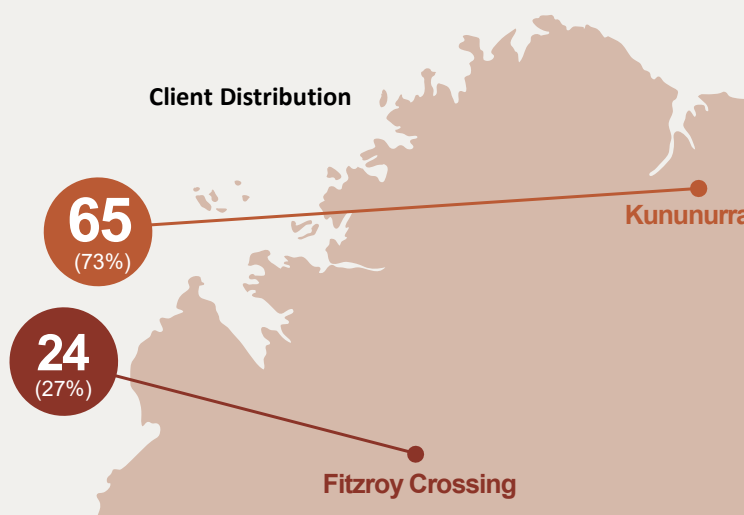
funded at 30 June 2023 for residential care, with 103 of those places utilised).

- 76% were Aboriginal clients.
- Occupancy was reported at 64.2%.
- 52% of permanent residents had dementia.



NATSIFAC

There was one provider servicing **89** clients in the NATSIFAC program across the Kimberley during the consultation period.



GEN Aged Care Data reports that:

- 85* people accessing NATSIFAC services at 30 June 2023.
- 100% were Aboriginal clients.

*This number includes funded places across Derby, Fitzroy Crossing, Kununurra and Wyndham. However, consultation found the NATSIFAC program was no longer available in Derby.

Transition Care

There was one provider servicing five clients in the transition care program across the Kimberley during the consultation period. All clients were in Broome.

Remote Aboriginal Communities

There is one provider managing service provision to clients in 13 remote Aboriginal communities (Kalumburu, Warmun, Balgo, Mulan, Bililuna, Yiyili, Noonkanbah, Wangkatjungka, Looma, One Arm Point, Beagle Bay, Djarindjin and Bidyadanga).

It is not possible to separate out the number of people receiving aged care services in these remote communities due to confidentiality.

However, we can report that less than 169 people are accessing services in these remote communities (CHSP – 87 and HCP – 82 which also includes HCP clients in Derby, Fitzroy Crossing and Halls Creek).

Of the Kimberley’s senior Aboriginal and Torres Strait Islander population, an estimated 20% are accessing aged care, compared to an estimated 5% for non-Aboriginal people¹. The overall uptake of aged care services by seniors in the Kimberley is 14%, compared to 5% for the Perth region. Despite higher comparative uptake levels of Aboriginal and Torres Strait Islander people in the Kimberley, the Royal Commission found that they do not access aged care commensurate to their needs, which service providers confirmed during consultation. The reasons for this include social and economic disadvantage and a lack of culturally safe care, compounded by additional vulnerability arising from higher rates of disability, comorbidities, homelessness, and dementia (Royal Commission, 2021).

¹Calculated based on the number of Aboriginal and Torres Strait Islander and non-Aboriginal clients by aged care program across the Kimberley (GEN Aged Care data, 2022/23), as a proportion of the total Aboriginal and Torres Strait Islander and non-Aboriginal Kimberley population eligible for aged care services (ABS ERP, 2021) Perth.



Capacity and Waitlists

Consultation identified varied capacity amongst providers across the region. Some operated at full capacity with waitlists and staff shortages, while other service providers had capacity to take on more clients and had a stable workforce.

- Service providers in Broome reported being at full capacity with seniors on waitlists, sometimes waiting for long periods of time to receive services. The main contributors inhibiting their ability to operate at full capacity were staffing shortages which are further exacerbated by the housing crisis.
- In Derby, service providers reported not currently operating at full capacity and able to accept additional clients with current staffing levels.
- Service providers in Fitzroy Crossing reported being at full capacity with current staffing levels. Staffing shortages compounded by the housing crisis, safety concerns within the town, and infrastructure limitations were considerable obstacles to accepting additional clients.
- In Halls Creek, service providers reported not currently operating at full capacity and able to accept additional clients with current staffing levels.

- In Kununurra and Wyndham, service providers reported not currently operating at full capacity, but recent staff recruitment had created the capacity to take on additional clients.

Perceived low demand or available capacity does not necessarily reflect the community's need for aged care services. Other underlying factors can include seniors not accessing services for the aforementioned reasons, or the available facilities not being adequately equipped to meet complex care needs locally, which compel people to travel to Perth or larger regional towns for care. Consideration also needs to be given to the level of demand being quite possibly much higher, given that many service providers do not keep waitlists, and there is no available data on exact community need.

Similarly, data presented on bed occupancy in residential care does not necessarily reflect the bed need. This can be based on the assumption that there are people who have moved out of the region to receive care at an alternate location, such as Perth.



Workforce

Data from the 2021 Census reports 156 people working directly in residential care in the Kimberley. People working in home care are included in the census data collection category called 'Other Social Assistance Services', which includes the substantial workforce categories of disability assistance and youth welfare. Therefore, it is not possible to report accurately on the home care workforce and, subsequently, the aged care workforce as a whole.

From the KDC's consultation with Kimberley service providers over an eight-month period, it is estimated there were approximately 238 people working across all aged care programs. Given the aged care sector experiences high turnover rates, it is difficult to provide accurate representation of the workforce. No publicly available, recent regional data could be found on the aged care workforce in the Kimberley.

During consultation, all but two service providers reported having advertised vacancies, which equated to 20 vacancies across the region.

Service providers mostly use local recruitment options, including local community social media pages and noticeboards and talking to people at the entrance of the local supermarket.

Only some service providers had central statewide recruitment policies and used more extensive recruitment pathways such as online employment marketplaces.

In July 2024, a search of online recruitment agencies revealed seven advertised vacancies in the aged care sector in the Kimberley. This most likely reflects service providers using alternate and more local means of advertising job vacancies.



There are currently no nationwide mandated staffing ratios for residential care. However, from October 2023, residential care facilities have been legally required to provide a daily average of 200 care minutes per resident, comprising a minimum of 40 minutes by a registered nurse and the remainder by personal care workers. There was a further increase in October 2024 to 215 minutes per resident per day, including 44 minutes by a registered nurse. It was noted during consultation that this requirement is a challenge for the sector where recruitment is already a significant constraint.



Other Government Investments

Data has been collected from government departments on some of the Australian and state government supports available to seniors living in the Kimberley. In addition, some consumers' perspectives on these investments have been collected during conversations with a small group of seniors in Kununurra and Derby.

The Regional Pensioner Travel Card has the highest uptake, verified during conversations with seniors who commonly mentioned this government support. There was a general consensus that the allowance was inadequate in a remote region like the Kimberley due to extensive travel distances and the high fuel cost in some areas. Seniors mentioned having to drive between Derby and Broome for medical appointments and the allowance only covering a small number of trips.

This perspective is consistent with an analysis of fuel prices from the WA Government's FuelWatch website, which found that ULP during 2022-23

was, on average, 46c/litre higher in the Kimberley than in the metropolitan area. While this Travel Card is only available to people in regional WA, the value (\$675/year) is consistent throughout WA and does not account for the remoteness and the higher cost of living in Northern WA. It is also noted that many people who qualify for the Travel Card may no longer be driving or do not own a car, which may influence uptake, especially in towns where taxis are not available.

Some assumptions can be made about the low uptake of the Commonwealth Seniors Health Card, including income thresholds for eligibility, the complexity of the application process, meeting identity requirements, lack of awareness, and fear of losing other benefits. Stakeholders during consultation suggested that the most likely influence was the availability of the alternate WA Seniors Card, which offers some similar benefits.

Table 3 shows the percentage uptake from the seniors population within the Kimberley of some of these supports.

Concession or Card	Number of people of eligible age for concession/card	Number of people receiving concession/card	% of eligible population accessing concession/card
COMMONWEALTH			
Age Pension (aged 67 years and over*)	2,430	1,360 (at 30/6/2023)	56%
Commonwealth Seniors Health Card (aged 67 years and over*)	2,430	110 (at 30/6/2023)	4.5%
STATE			
WA Seniors card (aged 65 years and over)	2,974	1,760 (at 30/06/2024)	59.2%
Regional Pensioner Travel Card**	2,430	1,731 (at 30/6/2023)	71.2%
Pensioner Annual Free Trip Scheme**	2,430	343 (2022-23)	14.1%

Table 3: Usage of government supports in the Kimberley (Source: 2021 Census, Department of Transport, Department of Social Services, Department of Communities)

* To estimate the population 67 years of age and over the 65-69 year age bracket population was divided into 5 and multiplied by 3. This makes the assumption that there is even distribution over the 5-year age bracket.

**The Regional Pensioner Travel Card and Pensioner Annual Free Trip Scheme are available to a larger portion of the population than 67 years of age and over. However, the assumption has been made that people receiving the Centrelink payments are mostly 67 years of age and older.



Aboriginal and Torres Strait Islander people cannot access the WA Seniors Card any earlier than the age of 65, as they can with government-funded aged care services. Access is especially hard for those in remote Aboriginal communities. Challenges can include those mentioned above, as well as difficulty in accessing or reliability of the internet, and the applicability of some of the benefits. The Department of Communities visits regional WA to assist seniors in remote communities in applying for the card.

As discussed previously, the Pensioner Annual Free Trip Scheme is available to a broader pool of people receiving Centrelink payments. Still, uptake is low when considering the 67-year-old and older age bracket. Records on the use of the scheme in the Kimberley report show that \$478,275 was distributed to recipients during 2022-23.



Sector Constraints

Staff recruitment and retention, housing, training, remoteness, social issues, and wages are key factors constraining the supply of aged care services across the Kimberley. These factors are multidimensional and vary in magnitude for each service provider/employer.

Staffing

All service providers reported experiencing challenges with staff recruitment and retention at some time in the past five years, with only a couple

of service providers currently not experiencing any issues. The main drivers were identified anecdotally as:

- Lack of housing (both in availability and quality).
- Seasonal influence leading to a transient workforce.
- Challenging nature of aged care work.
- Safety concerns in some towns due to high crime rates.
- Remoteness of the region with limited social options.
- Low wages.
- Challenges in employing from the local potential workforce.

Service providers that employ local staff reported fewer problems with retention than those that employ through agencies or recruit from outside the region.

“We just can’t get to all the people that need aged care services due to lack of staff.”

Service provider

Five service providers reported recruiting through visa programs: the Pacific Australia Labour Mobility (PALM) Scheme and the Designated Area Migration Agreement (DAMA). Both programs allow businesses to employ workers from overseas to fill labour shortages in rural and regional areas. Each program has specific criteria and terms of employment but generally requires workers to stay in the job for between 1 and 4 years. All service providers employing staff through these programs reported it being instrumental in responding to staffing issues and creating a stable workforce.

In 2022-23, the East Kimberley (EK) DAMA was available to employers in the Shire of Wyndham-East Kimberley, and 30 positions (22 of these included aged and disability carers) were endorsed through the agreement for the aged care sector. At the beginning of 2024, the EK DAMA extended



to cover the whole of the Kimberley region (now known as the Kimberley DAMA), and for 2023-24, 52 positions (45 of these included aged and disability carers) were endorsed for the aged care sector.

Three service providers relied on agency staff during the consultation period. While they recognised this solution as essential for service delivery, they found it to be costly, potentially hindering the development of meaningful relationships between staff and clients and contributing to workforce instability. Other service providers indicated that using agency staff was too expensive for them to consider, regardless of their staffing needs. High hourly rates and sign-up bonuses made it a cost-prohibitive option.

Several service providers reported negative media regarding crime in the Kimberley was a key issue related to their ability to attract and retain staff in the region. It is common for staff to accept a role and leave a short time after due to safety concerns.

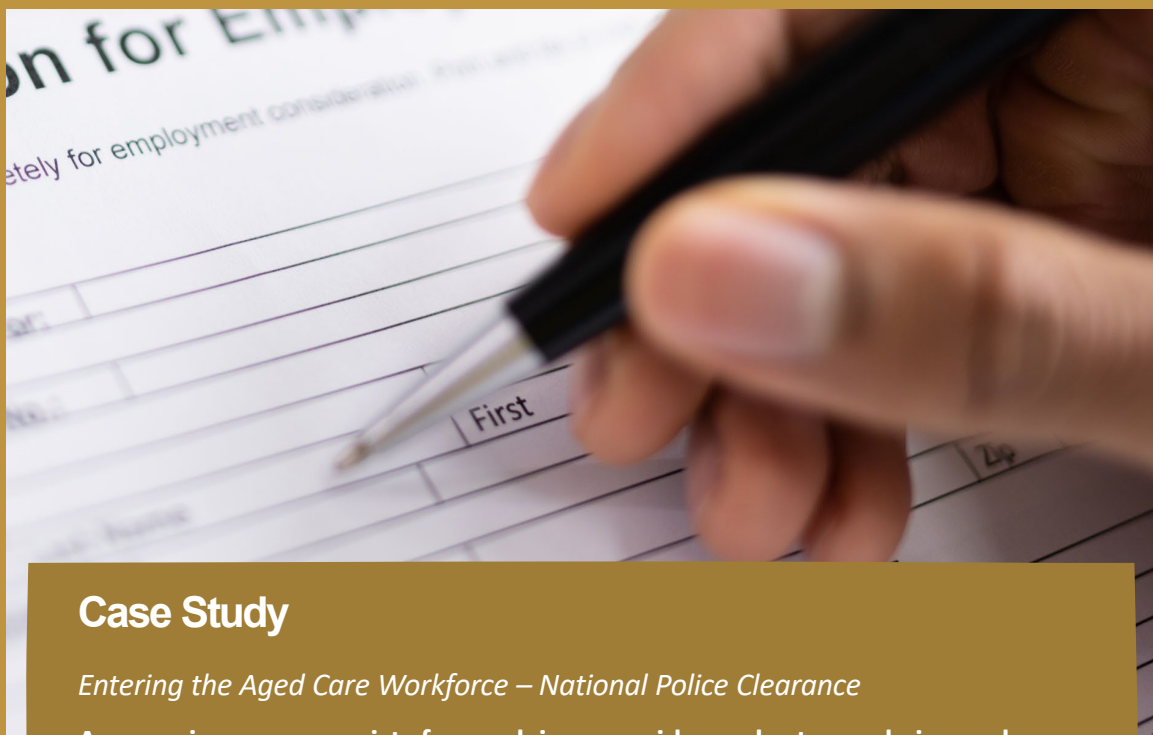
Some service providers suggested recruitment models in the aged care sector needed to be more flexible to address the unique needs and

challenges in the Kimberley, particularly when recruiting from the local workforce. Examples of this flexibility include discretion with police checks (as discussed in the Case Study: 'Entering the Aged Care Workforce – National Police Clearance') and interview processes that respect and adapt to cultural differences.

"In the city, all support workers need a Cert III and a driver's licence, but up here, it's desirable rather than a necessity."

Service provider





Case Study

Entering the Aged Care Workforce – National Police Clearance

A screening process exists for work in any paid or volunteer role in aged care to protect the safety and wellbeing of people accessing aged care. This screening process includes a National Police Clearance.

The Kimberley region has a disproportionately high rate of incarceration compared to the rest of WA. There is a complex interplay of factors resulting in a significant number of Aboriginal people in the Kimberley having criminal records. This presents challenges for a proportionately higher number of people seeking employment in the aged care sector and employers recruiting staff.

Currently, service providers have some flexibility in how they respond to a potential employee police check revealing an offence.

There are precluding offences where an individual is automatically disqualified, but there is an opportunity for case-by-case assessment. The nature of the offence, how long ago it occurred, and its relevance to the role can be considered. Any decision must be rigorous, defensible, transparent, and comply with legislation.

The aged care reforms include plans to introduce a new Aged Care Worker Screening Check for risk-assessed roles. This check will consider more information than a standard police check, including relevant reportable incidents and relevant disciplinary proceedings or complaints. For employers, there will be ongoing monitoring, harsher consequences for non-compliance and greater transparency requirements.

Full details on implementation of this reform are not available at time of writing this report, however there are indications employers may have less flexibility in making discretionary decisions about police checks. Whilst this will create a more robust, standardised screening process to protect seniors in care, there may be greater implications for the Kimberley.



Wages and Incentives

Low wages, compounded by the current housing crisis and high cost of living in the region, are contributing to difficulties in attracting and retaining staff in the sector.

The wage disparity is a critical issue, as other sectors with similar workforce needs offer higher rates of pay across all professions.

The award wage for personal care workers with similar skill sets has been 25% to 30% lower in aged care than in disability care (CEDA, 2021). As part of the comprehensive reforms in the aged care sector, workers received a 15% wage increase in June 2023 and the government has committed to additional wage increases scheduled for 2025.

High workforce turnover and difficulties attracting staff mean service providers are often required to provide costly incentives to attract and maintain a workforce. During our consultation, all service providers reported offering multiple incentives to attract workers to the region. These included paying above-award wages, providing assistance with finding housing, providing additional annual leave and cultural leave, and providing allowances such as rental allowance, remote area allowance, and holiday travel allowance.

Housing

Service providers reported that the limited supply, affordability, and quality of housing restricted the ability to attract skilled staff to the region.

This is supported by current housing data showing an undersupply of social housing and private rentals across the Kimberley. This difficulty is compounded by the aged care sector's low wages, making it even harder for workers to secure suitable affordable housing.

To address housing issues, some employers provide accommodation options for staff. Many of these options are single-unit or shared accommodation, and whilst this provides an option for some staff, it is unsuitable for relocating families to the region. Other options include

converting a wing of a residential care home into rooms to provide housing for staff, and other service providers have staff accommodation attached to the residential care home. Most service providers offer some financial assistance for rent or accommodation as part of an employment incentive package.

Training

Several recommendations from the Royal Commission relate to training, including increasing minimum qualification standards, ongoing training, professional development, and specialised training, all of which aim to ensure that the aged care workforce has the skills and knowledge to provide high-quality care. In the Kimberley, most service providers apply a mix of formal training, onboarding, and on-the-job training, with further specific training for their staff where applicable and possible. Service providers reported a variety of challenges with training staff in aged care, including:

- Limited or no local face-to-face training available, and the impracticalities and expense of sending staff large distances to participate in face-to-face training.
- Difficulties fitting in with the schedules of local and visiting trainers and satisfying minimum numbers.
- Limited capacity and availability of trainers locally to support students through courses.
- Lack of alignment of training qualifications with job role (e.g. Certificate III Individual Support has a greater focus on residential care).
- Ensuring agency staff receive cultural training.
- Challenges with varying levels of digital literacy and language barriers.
- Telecommunication availability and reliability for online training.

In addition, recent changes to TAFE qualifications have added complexities to some entry-level training courses in aged care. This was reported as having a notable impact on the workforce,



with the new requirements creating challenges for staff related to relevance to the role, technical complexity, language and literacy challenges, and cultural considerations.

Training in aged care is available through NR TAFE in six locations across the Kimberley (Broome, Derby, Fitzroy Crossing, Halls Creek, Wyndham, Kununurra). Table 4 shows the number of students enrolled in aged care-related courses for the past three years. The completion rate averages 84% (based on the past five years).

From a training delivery perspective, travel to regional towns and remote communities can present challenges, including long driving distances, uncertain or hazardous road conditions, limited accommodation, floods during the wet season creating accessibility issues and the resulting flight expenses, and the necessity to be flexible for cultural business.

KACS receives funding from the Australian Government to deliver the Indigenous Employment Initiative (IEI) Program. This program funds entry-

level, non-clinical employment and training opportunities, creating career pathways for Aboriginal and Torres Strait Islander people in their communities. KACS engages NR TAFE to deliver aged care training in remote Aboriginal communities through this funding program.

Training delivery in Aboriginal communities is sometimes delivered quite differently, often focusing on community service outcomes rather than employment. NR TAFE training in Aboriginal communities in the care and wellbeing of Elders, offers more opportunities for Elders to remain on Country with support from community members and family.

Some residential care service providers support student placements but reported a disconnect with subsequent employment opportunities, reporting few established pathways for hiring students after their placements. This is confirmed in *Duty of Care: meeting the aged care workforce challenge* (CEDA, 2021), where they identify the need for clearer pathways to career progression.

Course	Student numbers			
	2022	2023	2024	3-year average*
Certificate III in Individual Support	14	16	-	10
Certificate III in Individual Support (Ageing)	9	1	8	6
Certificate IV in Ageing Support	3	2	-	2
Entry into Care Roles Skill Set	8	20	15	14
Manual Handling for Health Workers Skill Set	-	6	1	2
Community Support Skill Set	-	6	8	5
	34	51	32	39

Table 4: Student numbers enrolled in aged care related course at NR TAFE for past 3 years.
(Source: NR TAFE) *2022-2024



Credit: Tourism WA

My Aged Care

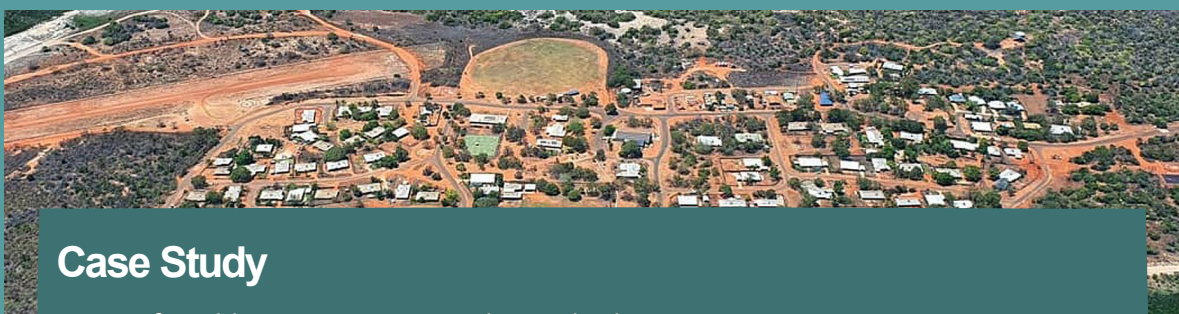
Since its implementation in 2013, the My Aged Care online system has faced some critiques and challenges. It is often described as complex and difficult to navigate, especially for seniors or individuals with limited digital literacy. The information on care options can be complicated, unclear, or even contradictory. Further challenges arise for those lacking the necessary documentation to apply for aged care or with low literacy levels.

During consultation, some service providers reported having to navigate the system for clients who had limited support from others. The system's complexities and lack of clearly defined and understandable steps often prevent people from progressing from the assessment stage to receiving the care they need.

The report *Integrated Model of Care: Establishing an Aboriginal and Torres Strait Islander Aged Care Pathway* (NACCHO, 2022) recognises the system as complex with long wait times and culturally inappropriate assessment processes.

“People get approval for an HCP but don’t come to us, so we don’t know if there are people waiting for services.”

Service provider



Case Study

Caring for Older Communities in the Kimberley

Kimberley Palliative Care Service provides comprehensive, patient-centered palliative care across various settings in the Kimberley region, supporting patients, their carers and families through the challenges of life-limiting illnesses.

Kimberley Palliative Care Service works to overcome any barriers seniors may experience accessing aged care services. These challenges can include access, communication, service availability, and system navigation. Many of these are more substantial in the Kimberley, given its unique population and remoteness.

When people are not linked to a health service or don't have regular contact with the medical system, gaps can emerge. Limited knowledge of the health system, along with a lack of access to communication tools such as the Internet, phone, and email, is the first major hurdle to entering the aged care system. Many people may also not have appropriate identification documents, such as a driver's licence, birth certificate, or Medicare card, which can delay access to the system.

Communicating with patients in a way that suits their unique needs and circumstances is a key priority for Kimberley Palliative Care Service. Without this, communication can be a challenge. For example, when assessment outcomes and next steps are communicated via letter, this poses difficulties in areas where there is no roadside mail delivery and accessing a post office or post office box can be challenging. These difficulties also apply to email correspondence, where many seniors may not have an email address or access to a computer. In the Kimberley, many Aboriginal people's first language is not English, so it may be a challenge to understand correspondence, let alone the complexities of their options regarding aged care

services. Failure to respond to correspondence leads to service offers lapsing and the need to reactivate their approval. Online systems can be challenging for many to navigate, and self-management of complex programs or brokering provided by out-of-region providers are often the only options to receive in-home support. If all these obstacles are overcome, seniors may then face being on a waitlist or needing support to travel away from home to receive the care they need.

These challenges can have noticeable and significant impacts, including increased hospital presentations, poorer health outcomes, increased carer burden and an increased strain on the healthcare system.

Kimberley Palliative Care Service is an example of a service that has the flexibility in its models to meet these challenges. Given the remoteness of the Kimberley and the higher proportion of disadvantaged populations, they can use Palliative Care Package funding to bridge services until palliative care patients can access Home Care Package (HCP) services. This includes providing social support, transport, meals, domestic assistance and gardening. Additionally, staff sometimes need to act as 'case coordinators' to set up these services, helping to fill the gaps.

The aged care system's complexity presents multiple challenges, and it's important that we work together to ensure that our people receive the care they need.



Remote Aboriginal Communities

Fitting the national aged care program into the Kimberley environment is complex. Service provision, particularly in remote Aboriginal communities, presents a thin market, making service delivery very expensive. Current funding models lack the flexibility to cover high delivery costs for low numbers of clients, sometimes constraining service delivery.

“Aged care program design is fit for most, but remote areas like the Kimberley are not ‘most’ ”.

Service provider

The great expanse and remoteness of the region presents unique considerations for service providers visiting remote Aboriginal communities. These challenges include long driving distances, the necessity to use 4WD vehicles, uncertain or hazardous road conditions, extreme climate and limited or no access to some communities during the wet season. The associated costs of flights, the frequent movement of clients and carers between communities, cultural considerations, limited workforce skills, variable capacity within communities and unreliable telecommunications all complicate service delivery.

The Royal Commission reported that Aboriginal and Torres Strait Islander people do not access aged care at a rate commensurate with or appropriate to their level of need (Royal Commission, 2021). Further, the NACCHO (2022) reported that Aboriginal and Torres Strait Islander people do not always receive care that is culturally safe, trauma-informed and available where they live. It also indicated that many Aboriginal and Torres Strait Islander people are reluctant to access services due to lack of understanding, confusion on entry requirements and fees, difficulty navigating the system, lack of service providers and fear they may be required to move away from their community. The report also noted that carers do not want to access support services as they either do not identify as a carer or do not want to expose their older family members to inappropriate services.

The report *Ageing in the Bush: An ageing in place strategy for Regional Western Australia* (Government of WA, 2016) also reported that too often, seniors in regional communities are leaving their homes and communities to access the services they require in larger cities and towns. This trend has potential long term detrimental effects on individuals and rural areas as well as placing increased pressure on larger regional and metropolitan services.

Regulation

During consultation, some service providers expressed concerns regarding the Royal Commission reform changes and the regulatory environment in which the aged care sector operates. Some constraints and challenges identified were:

- There is concern that the changes to the assessment process will inhibit some seniors, particularly those accessing the NATSIFAC program (which currently does not require an assessment), from accessing aged care services. These access concerns relate to digital literacy, language barriers, and uncertainty of the system and process.
- The continuity of care mandate legally requires residential care facilities to maintain continuous service provision (due to the potentially life-threatening consequences of service interruption), even when facing operational challenges such as staffing shortages, financial difficulties or other operational issues. If operational constraints impact service providers, the option to close can only be accommodated following extensive planning and approval processes.

In addition, the NACCHO report (2022) raised concerns about the requirement for a 24/7 registered nurse, noting that this could potentially exclude some ACCHOs and ACCOs from offering residential-style services. The report highlighted the short timeframe for implementing this requirement and the limited



clinical capacity of some ACCHOs and ACCOs as key issues.

This regulatory environment presents challenges for those service providers navigating such operational issues without risking non-compliance or closure.

Opportunities for Sector Growth and Development

Australians are expected to continue to live longer and remain healthier to an older age, with WA experiencing a rapidly ageing population, increasing the demand for aged care services. By 2031, nearly 20% of Australia's population is expected to be over 65 (CEDA, 2021) and by 2050, it is predicted there will be 3.5 million Australians using aged care services (Productivity Commission, 2022). In comparison, WA Tomorrow Population Forecasts estimates WA's population aged 65 years and over to be 18% by 2031, and in the Kimberley, it is estimated at 8.4% (based on historical rates of population growth between 2006 and 2021), representing an increase from 7.8% in 2021.

An ageing population and demographic shift bring opportunities for growth and innovation but also presents challenges for economic development, including:

- Smaller working-age population leading to labour shortages.
- An increase in government spending on aged care services, pensions and healthcare.
- Lower consumer spending.

Australia's 'old age dependency ratio' measures the number of people aged 65 years and over for every 100 people of traditional working age (15 to 64). In 2022-23, this proportion was 26.6% and is expected to increase to 38.2% by 2062-63 (Australian Government, 2023). This indicates that the size of the population aged 65 years and over is growing faster than the working-age population. In addition, over the next 40 years, the number of people over 80 is expected to triple to more than 3.5 million across Australia (Australian Government, 2023). These demographic shifts have two critical implications:

- The taxation burden for funding aged care services will grow for the segment of the population that is becoming proportionally smaller.
- Gaps in the aged care workforce will increase, creating significant ongoing challenges in delivering quality care.





Economic Parity

The forecast increase in economic activity in the Kimberley presents a promising outlook for employment and business growth. By understanding the potential direct and indirect effects of development projects, opportunities can be identified where businesses and individuals, including the aged care sector, can benefit from the region's economic expansion.

Government spending on aged care has increased significantly in recent years. In 2022-2023, the government spent \$28.3 billion on aged care in Australia, \$2.2 billion in WA, and \$30.8 million in the Kimberley (AIHW, GEN Aged Care Data). Residential care accounts for approximately 58% of government spending (AIHW, GEN Aged Care Data).

AIHW GEN Aged Care Data was used to compare the number of people accessing different aged care programs per 1,000 people in the 'target population' across different regions (see Table 5). Availability and access to aged care services for this 'target population' are not uniform across Australia, resulting in varying levels of government expenditure in different regions. AIHW use the term 'target population' to refer to all seniors aged 65 years and over. This excludes the 50 to 64 years of age cohort of Aboriginal and Torres Strait Islander people who are of an age to qualify for assessment for aged care services. Unfortunately, AIHW data on this cohort using aged care services was unavailable across regions. This is significant

for the Kimberley, where Aboriginal and Torres Strait Islander people in this 50-64 years cohort represent 41% of the senior population. This type of data availability discriminates areas with proportionally larger Aboriginal and Torres Strait Islander populations. Additionally, information on the NATSIFAC program was not available in a way that allowed for comparison across regions. NATSIFAC is a more extensive program in the Kimberley, compared to many other regions in Australia, as a proportion of all aged care programs (32% of total aged care places, compared to 0.8% for WA (AIHW, GEN Aged Care Data)).

The available data does demonstrate that seniors in the Kimberley are accessing aged care programs at a lower rate than their counterparts in Perth, WA (except HCP) and Australia. Table 5 presents the current access rate per 1,000 target population for permanent residential care, HCP and CHSP.

The analysis shows, for example, that if Kimberley residents were to have a comparable level of access to residential care as those in Perth, over 27 more Kimberley residents would be accessing residential care. This would require the Australian Government to invest an additional \$2.33 million annually through increased residential care subsidies. Across the three aged care programs analysed in Table 5 (CHSP, HCP and permanent residential care), the Australian Government would need to invest an additional \$4.93 million per annum if Kimberley seniors were accessing aged care services comparable to Perth seniors.



Type of Care	Location	Number of people accessing care per 1,000 target population ²	Additional places required to achieve parity between Kimberley and the other Locations (based on a target population of 2,696 in the Kimberley) ³	Potential Government spending in the Kimberley should service parity be achieved ⁴
Permanent Residential Care	Kimberley	33		
	Perth	43.2 ⁵	27.5 ⁶	\$2.33m ⁷
	WA	38.7	15.3	\$1.3m
	Australia	40.7	20.8	\$1.76m
HCP	Kimberley	50.5		
	Perth	58.18	20.7	\$0.5m
	WA	49.5	-2.7	-\$0.064m
	Australia	57.1	17.8	\$0.42m
CHSP	Kimberley	110.2		
	Perth	142.78	87.84	\$2.1m
	WA	139.9	80	\$1.9m
	Australia	179.3	186.29	\$4.48m

Table 5: Analysis of the estimated gap in government spending for three aged care programs by location (Source: AIHW, GEN Aged Care Data and 2021 Census).

IMPORTANT NOTE: Data presented in this table used the AIHW target population (all people aged 65 years and over – 2,974 for the Kimberley) but does not include Aboriginal and Torres Strait Islander people aged 50 to 64 years of age (1,998 for the Kimberley) Data Source: 2021 Census data.

² Australian Institute of Health and Welfare, GEN Aged Care Data Region Overview, State: Western Australia, ACPR: Kimberley <https://www.gen-agedcaredata.gov.au/my-aged-care-region> The target population referenced in this document only applies to residents aged over 65 and does not include Aboriginal and Torres Strait Islander people 50 to 64 years of age who are eligible for aged care services. Data that included this cohort was not available.

³ Kimberley residents 65 years and over (Target Population) from the 2021 Census – 2,696, ABS Kimberley, 2021 Census, All persons QuickStats

⁴ Average per person using a service was worked out by taking total government spending on each of the aged care programs divided by the number of people using CHSP for 2022-2023 and 30 June 2023 for HCP and Residential Care.

⁵ A single Perth figure was created by averaging out the 4 ACPRs that cover the Perth Region which are: Metro North, Metro East, Metro South East, and Metro South West.

⁶ As an example this calculation was based on the difference between Perth's permanent residential care number of 43.2 per 1000 eligible population and the Kimberley's number of 33. Perth has 10.2 more permanent care spots for each 1000 of eligible population. If the Kimberley was to have the same amount of permanent care spots as Perth for its eligible population there would be an extra 27.5 funded spots.

⁷ This number was calculated by multiplying the extra places (in this case 27.5) by the average spend for a permanent residential care place across Australia.



**Number of seniors waiting on access to HCP at their approved level,
who are not in an interim level HCP for last 5 years**

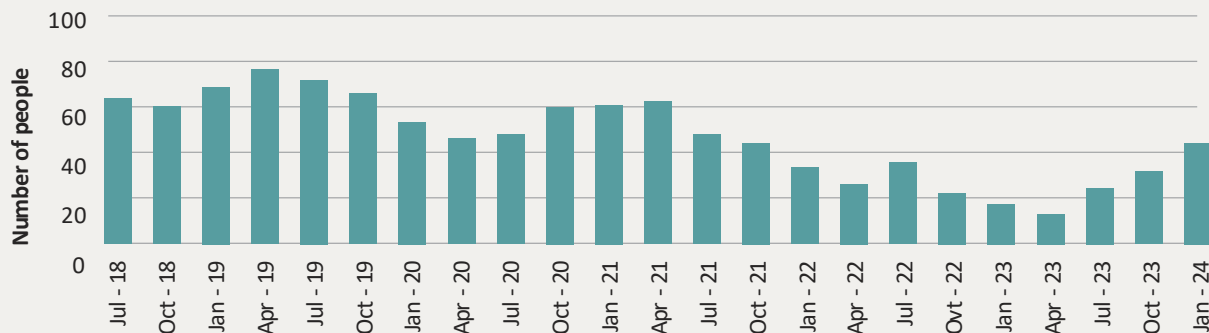


Figure 10: Number of seniors waiting on access to a HCP at their approved level, who are not in an interim level HCP, Kimberley (Source: AIHW GEN Aged Care Data).

It should be noted in this analysis that the assumption is made that the need for services of seniors in the Kimberley and Perth is the same and no consideration was given to the need for services regarding health considerations for the Kimberley population. The Kimberley has its own circumstances that make comparisons with other regions less straightforward. However, the table does demonstrate that further investment is required to help the region lift access to aged care services for its residents.

Further analysis of seniors on waitlists for HCP services can also estimate potential economic investment for the region. Figure 10 shows people

waiting to access an HCP at their approved level over the past five years.

Based on data available for the January to March 2024 quarter (see Table 6), 45 seniors were waiting to access an HCP at their approved level (who were not on an interim level HCP). Estimated wait times vary depending on the level of HCP but generally range from 3 to 12 months. Level 3 packages have the longest average wait time of 9 to 12 months. Assuming 45 seniors had a 12-month wait time and were able to access the maximum budget for their package, it can be estimated that a maximum of \$1.6 million in HCP funding is not being realised in the Kimberley.

HCP Level	Number of people waiting	Maximum budget available for each package/year	Total
Level 1*	-	-	-
Level 2	11	\$18,063	\$198,693
Level 3	30	\$39,310	\$1,179,300
Level 4	4	\$59,593	\$238,372
Total	45		\$1,616,364

Table 6: Number of people waiting to receive HCP services, at their approved level and the estimated funding not realised in the Kimberley region.

*Level 1 data not available.



Workforce and Training Opportunities

With the rapidly ageing population and predicted growth for the aged care sector, a significant increase in the workforce will be needed to deliver these services. The report *Duty of Care: Aged Care Sector in Crisis* (CEDA, 2022) predicts a shortfall of 35,000 workers per year throughout Australia, highlighting the need for significant change to meet this shortfall.

The growth in the aged care sector provides an opportunity for increasing Aboriginal employment outcomes, bringing benefits across the delivery of care that can respond specifically to the needs of seniors in a culturally safe way. The WA state government has committed to increasing Aboriginal employment through procurement policies, Closing the Gap and the new Commonwealth Employment Program – Remote Jobs and Economic Development Program. Further, in response to the Royal Commission, the Australian Government has committed to investing \$106 million (2021-22 Budget) into an Aboriginal workforce to provide trusted face-to-face support for people navigating and accessing aged care (Department of Health, 2021).

During consultation, service providers identified opportunities, which included:

- Aged care training being delivered in a more culturally appropriate way.
- Promotion of the aged care sector in creative ways to attract and retain staff.
- More flexibility and support to recruit local people.

Opportunities in Service Delivery

There are currently limited respite care options in the Kimberley, creating a cascade of challenges for families, carers and the healthcare system. Respite care provides temporary relief for carers and is a crucial component of comprehensive community care. Nirrumbuk Aboriginal Corporation in Broome have been actively lobbying for increased support and funding for respite care within the home support programs, gathering information from the community about their needs.

Some service providers have reported over-delivering services to compensate for the lack of respite for carers and other essential services (known as ‘service creep’). Lack of respite care has a notable impact on hospitals, with increased emergency department visits and admissions, extended hospital stays, and strain on hospital resources. It can also contribute to carer burnout and premature admission of seniors to permanent residential care (CEDA, 2023).

NACCHO (2022) highlighted the need for more flexibility in the delivery of residential-style services, including a model that allows for a small to medium number of beds, planned and emergency respite, permanent and semi-permanent residents, seasonal or time-limited care, and transient clients. NACCHO (2022) also suggests that transitional and short-term restorative care programs are beneficial to Aboriginal and Torres Strait Islander people to ensure they can transition more easily from hospital and/or illness, reducing the need for permanent residential care.

Aged Care Workforce Remote Accord

The Aged Care Workforce Remote Accord has been working on a project to attract and retain aged care workers in remote communities.

The Aged Care Workforce Remote Accord is a group of employers and experts delivering aged care services in remote and very remote areas of Australia. Its objective is to achieve an adequate, robust, appropriately skilled, and supported workforce that meets the care needs of older people living in remote and very remote Australian communities.

The Remote Accord is delivering The Workforce Implementation Project, working with services and communities in selected regions across Australia, including the Kimberley, and identifying and implementing strategies to improve aged care workforce attraction and retention. The project is continuing to progress with ongoing support and activities.



Case Study

Service Creep

Some service providers are in situations where they need to go beyond the remit of their contract obligations.

‘Service creep’ refers to the gradual expansion of services beyond the original scope or intent, often without a corresponding increase in funding or resources.

Due to the remoteness of communities and the challenges of delivery of many services, Kimberley Aged Care Services (KACS) often find themselves in a position of service creep, assisting with needs beyond the scope of brokering the aged care services, situations where they can’t simply walk away from people needing help.

While service creep can sometimes lead to improved care outcomes, it often comes at a cost to providers and can strain resources.

Aboriginal-led Service Delivery

The report *New Aged Care Act Exposure Draft* (NACCHO, 2024) suggests that a community-controlled aged care model supports identity, connection with Elders and communities, and respect for self-determination. The report also states that an Aboriginal workforce and culturally safe non-Aboriginal workforce enable culturally safe aged care. This is supported by service providers reporting during consultation by the KDC that it was essential for staff who spend time in remote communities to build connections and trust and to link in with other services.

ACCHOs or ACCOs providing aged care services in remote communities often face unique challenges and complexities, including limitations and availability of equipment and facilities. In addition, becoming an approved service provider has been identified as one of the major barriers preventing ACCHOs and ACCOs from entering the aged care system (NACCHO, 2022), with processes perceived as lengthy (sometimes taking up to 12 months) and complex. Consequently, some ACCHOs and ACCOs are compelled to deliver unfunded services.

Service providers noted that in thin markets or environments with very limited numbers of service providers, such as the Kimberley, flexibility, such as reduced reporting obligations or alternate methods for demonstrating necessary capability, would be advantageous.

There is a high rate of dementia among Aboriginal and Torres Strait Islander people, estimated to be five times greater than non-Aboriginal people in the

Kimberley (Parker, 2014). This adds to the challenges of ensuring clients’ needs are respected, and carers are supported. The Kimberley Indigenous Cognitive Assessment tool (KICA) was developed as a collaboration between the University of Western Australia and the National Ageing Research Institute with project partners Kimberley Aboriginal Medical Service, KACS, and remote Aboriginal communities (Dementia Australia). KICA provides a culturally appropriate tool for dementia diagnosis and contributes to the culturally safe delivery of aged care services.

In response to the recommendations from the Royal Commission, in 2024, the Australian Government appointed an Interim First Nations Aged Care Commissioner to focus on improvements to Aboriginal and Torres Strait Islander aged care. The Commissioner has led consultations with stakeholders and communities across Australia, including the Kimberley, to gather feedback from older Aboriginal and Torres Strait Islander people, families and communities about the aged care system, current and future aged care reforms and the design of a permanent Commissioner role. The aim is to improve access to culturally safe, high-quality aged care services for Aboriginal and Torres Strait Islander people when and where they need it.

There is a real opportunity to collaborate with ACCHOs and ACCOs to design and develop culturally appropriate aged care programs that meet their specific needs by leveraging local knowledge and expertise. The residential care in Halls Creek is one example of an ACCHO leading the way in culturally appropriate aged care for its community.



Retirement Living

The Kimberley has very limited options for a 'retirement living' style of aged care, which creates challenges for seniors who wish to remain in their communities as they age. There is limited availability of purpose-built retirement villages, independent living units and assisted living facilities tailored to the needs of seniors. When seniors can no longer maintain a large house or garden but have no options to downsize to a 'retirement living' style of aged care, they access home care to provide these services,

adding further pressure to the aged care system. Those seeking 'retirement living' options in the Kimberley are forced to relocate to larger centres or Perth, contributing to a disconnect and loss of cultural knowledge and community cohesion in remote areas. In addition, the lack of appropriate housing options places additional pressure on existing residential homes and hospitals, contributing to the struggle to meet the diverse needs of seniors with varying levels of support and care.



Case Study

Aboriginal-led Aged Care in Halls Creek

The residential aged care home in Halls Creek commenced transitioning its governance and operation of the service to Yura Yungi Aboriginal Medical Service in 2024. The Yura Yungi Menkawum Ngurra Elders Residence provides a community-led approach to service delivery, providing respectful and culturally appropriate client engagement.

The Department of Health and Aged Care has provided significant support and investment in transferring the governance arrangement of the residential home to Yura Yungi Aboriginal Medical Service. To ensure a successful transition and ongoing operation, the incoming Board invested heavily in governance training and understanding their responsibilities under the aged care legislation. Additionally, an Aboriginal workforce strategy was implemented in consultation with the previous and incoming service providers, including establishing relationships with the local school and engaging NR TAFE and the local community. Service design was driven by local leadership and respective cultural engagement.

Local Aboriginal people began to return to Country from as far away as Perth and Broome to

work at the residential home, primarily part-time, then transitioning to full-time. In 2024, there was 40% Aboriginal workforce and more local Aboriginal people training.

The service provides regular trips on Country for hunting, cooking, and swimming, and many of the staff engage with the residents in the multiple local dialects spoken by the Elders.

The residential home meets residents' cultural and medical needs and provides meaningful employment and economic outcomes for community members. This model's long-term sustainability depends on ongoing investment in succession planning and capacity building, underpinned by respectful cultural engagement and leadership.



Industry responses to aged care challenges

Aged care service providers in the region are responding, as best they can, to the challenges they face in providing quality service delivery.

Understanding the elements of ageing well is important to inform government and industry decisions about how to deliver and fund responsive aged care services. The foundations of ageing well have been identified as: financial security, an active and healthy lifestyle, family and community connections, and access to quality care on one's own terms (Department of Communities, 2023).

The sector's challenges are multidimensional and require collective responses. Australian and state governments, training providers, and industry experts are responding, and some of these strategies and actions are discussed below.

Royal Commission into Aged Care Quality and Safety

The Royal Commission into Aged Care Quality and Safety was established in October 2018 to inquire into the quality of aged care services in Australia, whether services were meeting the needs of the community, and how they could be improved. This was a response to widespread concerns about the quality of care being provided to older Australians.

The Royal Commission identified 148 recommendations aimed at supporting seniors' ageing well and improving the quality and safety of aged care services.

The major findings were:

- Insufficient government funding leading to poor quality care and understaffing.
- Low wages, excessive workloads, and inadequate training for aged care workers.
- Neglect, abuse, and substandard care provided to residents.

- Poor governance and oversight within the sector.
- Residents and their families lacking power and information.

The Aged Care Taskforce was established to oversee the implementation of these recommendations by prioritising them, developing strategies for implementation, and monitoring progress.

The Final Report of the Aged Care Taskforce released in March 2024 found:

- Demographic change means demand for aged care services will continue to grow.
- Current and future generations of aged care participants have high expectations of what quality aged care looks like.
- Additional funding is needed to meet future demand and deliver quality improvements, but structural issues mean the sector's financial viability is poor.
- Generally, older people are wealthier than previous generations, and the taxpayer base is declining as a proportion of the population.

Aged care reforms are changes to the aged care system in response to the Aged Care Taskforce recommendations. The Australian Government is investing \$5.6 billion in a reform package representing the most significant improvement to aged care in 30 years. Key reforms include:

- Mandating minimum care time for residents.
- 24/7 Registered Nurse Requirement.
- Pay increases for aged care workers.
- Implementing stricter governance and accountability measures for providers.
- Empowering residents and their families with more information and choice.
- Introducing more rigorous quality standards for residential care.
- Expanding the serious incident response scheme to include home care services.



The following major reforms have already been delivered:

- Introducing the 24/7 registered nurse responsibility in residential care.
- Introducing an average of 215 mandatory care minutes per aged care resident per day.
- Establishing a Food, Nutrition and Dining Hotline for aged care residents.
- Introducing Star Ratings to help older people compare residential care and make informed choices.
- Funding a 15% wage rise to benefit more than 250,000 aged care workers.
- Capping care management and package management fees for Home Care Packages.
- Introducing face-to-face support in Services Australia service centres.
- Ensuring specialisations on My Aged Care are independently verified.
- Expanding the National Aged Care Mandatory Quality Indicator Program by adding consumer experience and quality of life.

Of note, and relevant to the Kimberley, the Royal Commission recommended the establishment of an Aboriginal aged care pathway which would include:

- Measures to ensure culturally safe and trauma-informed care.
- Prioritising Aboriginal organisations as aged care providers.
- Employment and training for the Aboriginal aged care workforce.
- Block funding providers and flexible grant funding streams for aged care services, capital development, provider development, and to support connect to Country.

The Department of Health and Aged Care is working closely with Kimberley service providers to support them through the implementation of the reforms. Monitoring the impacts of these reforms in the Kimberley will be essential.

WA Seniors Strategy 2023-2033

At a state level, the WA Seniors Strategy 2023-2033 sets a path forward for how the WA Government will support seniors. It includes four pillars for change with 14 key focus areas that recognise the known gaps experienced by seniors in WA. The four pillars reflect the World Health Organisation Age-Friendly Cities Framework and have been identified as thriving physically and mentally, safe and friendly communities, staying connected and engaged, and having a voice that's heard.

Two five-year Action Plans will support the implementation of the Strategy over the 10-year period. Each action plan will detail the specific initiatives that support the pillars and key focus areas, along with the agency responsible for delivering them. The first Action Plan 2023-2027 focuses on ageism, supporting independence, creating age-friendly communities, ensuring financial security and promoting health and wellbeing. Initiatives include \$50,000 towards improving digital literacy for older Aboriginal and Torres Strait Islander people to reduce their susceptibility to scams and digital crime.

Labour Agreements

In response to workforce issues more generally, the East Kimberley Chamber of Commerce and Industry (EKCCI) led a process to establish an agreement known as the Designated Area Migration Agreement (DAMA) between the Shire of Wyndham-East Kimberley and the Australian Government. This agreement allows businesses to employ workers from overseas to fill labour shortages in rural and regional areas within a broader range of occupations than standard skilled migration avenues, with numerous concessions available. The East Kimberley DAMA commenced in April 2022, allowing businesses within the Shire to recruit overseas workers across more than 100 occupations, including aged care. In early 2024, the agreement was extended to include the three remaining shires within the Kimberley region: Shires of Broome, Derby-West Kimberley, and Halls Creek, and it is now known as the Kimberley DAMA.



The Pacific Australia Labour Mobility (PALM) Scheme allows eligible Australian businesses to hire workers from nine Pacific Islands and Timor-Leste. The sectors eligible to recruit through the PALM Scheme have been expanded to include the aged care sector.

Training Initiatives and Programs

The Australian and state governments deliver initiatives and programs that support people in gaining affordable and valuable qualifications in line with the needs of the industry. The WA state government initiative Lower Fees, Local Skills commenced in 2020 and has been extended to 2025, offering between 50% and 72% off fees for selected courses, including Certificate III in Individual Support. In 2023, the Australian and state governments announced fee-free TAFE and vocational education and training (VET) places through the National Skills Reform Program. This includes courses in areas of skill shortage, including healthcare, aged and disability care, making it easier for people to enter the sector. This program provided 34,000 places in 2023 for Western Australians and an additional 22,000 places in 2024.

Grants

In 2023, the state government announced a \$220,000 Age-friendly Communities Connectivity Grants program to support age-friendly communities. Grants of up to \$15,000 are available to local governments and not-for-profit organisations to create inclusive and accessible communities, building seniors' connections to the community. A second funding stream has recently been announced to help local governments join the World Health Organisation's Global Network for Age-Friendly Cities and Communities.

Best Practice Models

Delivering aged care in remote regions presents unique challenges due to geographic isolation, limited resources and specific cultural needs. *Ageing in the Bush: An ageing in place strategy for*

Regional Western Australia (Government of WA, 2016) addresses specific challenges of aged care in regional areas. The report aims to identify aged care models for regional WA, enabling residents to age in their community. It identifies a series of innovative aged care solutions based on four key principles that guide action. These key principles include:

- Creating age-friendly communities.
- Developing age-appropriate housing.
- Fostering the delivery of home care.
- Supporting access to residential care within the region.

It highlights several models that address some issues experienced in delivering aged care in regional and remote areas. These include:

- Geographic 'footprint' model for a dispersed population.
- Housing cluster model to facilitate care delivery.
- Improvement of broad access to in-home services.
- Accessible respite.
- Contemporary model for Multi-Purpose Services.
- Aboriginal older care models.

There is a pressing need to address current issues and prepare for future demands. Reducing the number of seniors who have to leave their homes to access the care they need is imperative for the economic and social viability of regional WA (Ageing in the Bush, 2016).

These models were designed to address the unique challenges of providing aged care services in regional and remote areas of WA. The report represents an important initiative in addressing these needs and provides valuable information to inform future decisions about aged care delivery.



Conclusion

Caring for and supporting our seniors is a vital social responsibility that helps maintain their independence and dignity while enhancing overall health and happiness. High-quality, accessible aged care is essential for the wellbeing of regional economies and communities. Improving access to aged care services offers an opportunity to advance workforce engagement, Aboriginal economic empowerment, and deliver culturally appropriate and safe aged care.

In the Kimberley region, workforce shortages are a primary challenge for service delivery. Issues such as lack of appropriate and affordable housing, combined with low wages within the sector and a high cost of living, contribute to aged care being a less appealing and viable employment option for many potential workers. Not all service providers face these challenges equally and some have successfully developed stable workforces and culturally safe care.

Other constraints experienced within the sector include limited access and availability of training, usability issues with the My Aged Care online platform, regulatory hurdles, and the unique challenges of delivering services in remote communities which often face thin markets and accessibility concerns.

To address these challenges, the sector, governments, and other stakeholders are implementing strategies and actions both regionally and nationally to improve the quality and accessibility of aged care services. The Australian Government and the aged care sector are responding to these challenges through the Royal Commission which has initiated significant reforms within the sector, including a \$5.6 billion package designed to enhance the quality and accessibility of care.

The reforms encompass legislative changes, including the introduction of a new Aged Care Act, a new home care program, residential care changes, workforce improvements with wage increases, regulatory enhancements, and adjustments to the assessment system. It will be crucial to stay connected with the sector and monitor the impact of these reforms on the aged care sector in the Kimberley.

Service delivery in the Kimberley presents unique challenges and opportunities due to the region's distinct demographic, geographic and cultural characteristics. With a large Aboriginal and Torres Strait Islander population (41%) who represent 57% of seniors, the need for culturally appropriate and safe access is paramount. There are significant opportunities to increase Aboriginal labour force engagement, which is a critical economic barrier for the region. Collaborative approaches that support the Aboriginal-led aged care sector have the potential to provide both culturally appropriate care and employment opportunities for Aboriginal people.

Assessing economic parity between the region and the metropolitan area is challenging due to limitations in publicly available data and the distinct characteristics of various programs. However, a high-level conservative analysis of the current primary government-funded aged care programs (CHSP, HCP and Permanent Residential Care) suggests that achieving metropolitan parity in service availability could generate approximately \$4.93 million annually in economic activity through additional direct employment. Furthermore, an analysis of the data on individuals waiting to access HCP indicates that an additional estimated \$1.6 million could be unlocked.

With a projected 29% growth in the senior population over the next decade, it will be essential for service providers to find local solutions to the challenges faced by the sector, enabling them to capitalise on opportunities to enhance the quality and accessibility of aged care services in the Kimberley.



References

Acil Allen. (2021). Economic and Social Impact of the Aged Care Sector in Western Australia.

Australian Bureau of Statistics. (2021). 2021 Census QuickStats: Kimberley. Accessed 11/09/2024, from <https://www.abs.gov.au/census/find-census-data/quickstats/2021/51001>

Australian Bureau of Statistics. (2023). Estimates of Aboriginal and Torres Strait Islander Australians methodology. Accessed 7/10/2024, from <https://www.abs.gov.au/methodologies/estimates-aboriginal-and-torres-strait-islander-australians-methodology/30-june-2021#:~:text=In%20the%202021%20Census%3B,Indigenous%20status%20was%20not%20stated>

Australian Government. (2020). 2020 Aged Care Workforce Census Report. Department of Health. <https://www.health.gov.au/sites/default/files/documents/2021/10/2020-aged-care-workforce-census.pdf>

Australian Government Department of Health and Aged Care. (2024). Final report of the Aged Care Taskforce. Accessed 31/10/2024 from, https://www.health.gov.au/sites/default/files/2024-03/final-report-of-the-aged-care-taskforce_0.pdf

Australian Government Department of Health and Aged Care. (n.d.). Funding for the Commonwealth Home Support Programme (CHSP). Accessed 05/09/2024, from <https://www.health.gov.au/our-work/chsp/funding>

Australian Government Department of Health and Aged Care. (n.d.). Screening requirements for the aged care workforce. Accessed 05/09/2024, from <https://www.health.gov.au/topics/aged-care-workforce/screening-requirements>

Australian Government Department of Health and Aged Care. (n.d.). 24/7 registered nurse responsibility. Accessed 05/09/2024, from <https://www.health.gov.au/our-work/care-minutes-registered-nurses-aged-care/24-7-rns>

Australian Government Department of Health and Aged Care. (n.d.). About the Single Assessment System for aged care. Accessed 10/09/2024, from <https://www.health.gov.au/our-work/single-assessment-system-for-aged-care/about>

Australian Government Department of Health and Aged Care. (n.d.). About residential aged care. Accessed 10/09/2024, from <https://www.health.gov.au/our-work/residential-aged-care/about-residential-aged-care>

Australian Government Department of Health and Aged Care. (n.d.). Better and fairer wages for aged care workers. Accessed 17/09/2024, from <https://www.health.gov.au/topics/aged-care-workforce/what-were-doing/better-and-fairer-wages>

Australian Government Productivity Commission (n.d.). Report on Government Services 2024. 14 Aged care services. Accessed 31/10/2024, from <https://www.pc.gov.au/ongoing/report-on-government-services/2024/community-services/aged-care-services>

Australian Government Treasury. (2023). Intergenerational Report 2023: Australia's future to 2063. <https://treasury.gov.au/sites/default/files/2023-08/p2023-435150.pdf>

Australian Institute of Health and Welfare. (2020). Aboriginal and Torres Strait Islander people's use of aged care services 2018-19. GEN Aged Care Data. <https://www.gen-agedcaredata.gov.au/getmedia/f0e30068-5416-4974-8dfa-a701532af1ae/Aboriginal-and-Torres-Strait-Islander-peoples-use-of-aged-care-services-2018-19.pdf?ext=.pdf>

Australian Institute of Health and Welfare. (2023). Aged care for First Nations people. Accessed 05/09/2024, from <https://www.aihw.gov.au/reports/australias-welfare/aged-care-for-indigenous-australians>

Bank of I.D.E.A.S. (2017). North West Ageing and Aged Care Strategy. Compiled by Peter Kenyon and Maria D'Souza. Produced in partnership with RDA Australia Pilbara and RDA Australia Kimberley.

CEDA. (2021). Duty of care: Meeting the aged care workforce challenge. Committee for Economic Development of Australia.

CEDA. (2022). Duty of care: Aged care sector in crisis. Committee for Economic Development of Australia.

CEDA. (2023). Duty of care: Aged care sector running on empty. Committee for Economic Development of Australia.



Dementia Australia. (n.d.). Kimberley indigenous Cognitive Assessment Tool (KICA). Accessed 6/11/2024, from <https://www.dementia.org.au/professionals/assessment-and-diagnosis-dementia/kimberley-indigenous-cognitive-assessment-tool-kica>

Dementia Australia. (n.d.). Dementia Facts and Figures. Accessed 7/11/2024, from <https://www.dementia.org.au/about-dementia/dementia-facts-and-figures>.

Department of Communities. (2022, June 30). Aboriginal housing property and tenancy. Retrieved on 22/09/2024, from Government of Western Australia: <https://www.wa.gov.au/system/files/2022-07/Property-and-Tenancy-Management-Map.pdf>

Department of Communities. (2023). An age-friendly WA: State seniors strategy 2023-2033. Government of Western Australia. https://www.wa.gov.au/system/files/2023-05/seniors-strategy_0.pdf

Department of Health. (2021). Aged Care Reforms to Support Aboriginal and Torres Strait Islander People. Accessed 16/09/2024 from https://www.health.gov.au/sites/default/files/documents/2021/05/aged-care-reforms-to-support-aboriginal-and-torres-strait-islander-people_1.pdf

Government of Western Australia. (2016). Ageing in the Bush: An ageing in place strategy for Regional Western Australia. Report Highlights. Regional Development Council of Western Australia.

Government of Western Australia. (n.d.). WA Seniors Card. Accessed 10/09/2024, from <https://www.seniorcard.wa.gov.au/>

Government of Western Australia. FuelWatch. (n.d.). Monthly average retail prices. Accessed 12/09/2024, from <https://www.fuelwatch.wa.gov.au/retail/monthly>

Government of Western Australia, Department of Communities. (n.d.). Seniors and Ageing. Date accessed 10/09/2024, from <https://www.wa.gov.au/organisation/departments/departments-of-communities/seniors-and-ageing>

Government of Western Australia, Department of Planning, Lands and Heritage. (n.d.). Western Australia Tomorrow Population Forecasts. Accessed 11/09/2024, from <https://www.wa.gov.au/organisation/departments/departments-of-planning-lands-and-heritage/western-australia-tomorrow-population-forecasts>

Kimberley Development Commission. (2024). Latest Kimberley Shire housing snapshots released. Accessed 17/09/2024 from, <https://www.kdc.wa.gov.au/latest-kimberley-shire-housing-snapshots-released/>

Mackell P, Squires K, Fraser S, Cecil J, Meredith M, Malay R, Lindeman MA, Schmidt C, Batchelor F, Dow B. (2022). Art centres supporting our Elders - 'old people, that's where our strength comes from' - results from a national survey of Australian Aboriginal and Torres Strait Islander community controlled art centres. Rural Remote Health. 2022 May;22(2):6850. doi: 10.22605/RRH6850. Epub 2022 May 30. PMID: 35644220. Accessed 05/09/2024, from <https://www.rrh.org.au/journal/article/6850>

My Aged Care. (n.d.). Help from a care finder. Australian Government Department of Health and Aged Care. Date accessed 10/09/2024, from <https://www.myagedcare.gov.au/help-care-finder>

NACCHO. (2022). Integrated Model of Care: Establishing an Aboriginal and Torres Strait Islander Aged Care Pathway. National Aboriginal Community Controlled Health Organisation.

NACCHO. (2024). New Aged Care Act Exposure Draft. Submission to Department of Health and Aged Care. National Aboriginal Community Controlled Health Organisation.

Parker, R. (2014). Dementia in Aboriginal and Torres Strait Islander people: An urgent imperative to close the gap. The Medical Journal of Australia, 200(8), 435-436. <https://www.mja.com.au/journal/2014/200/8/dementia-aboriginal-and-torres-strait-islander-people>

Real Estate Institute of Western Australia (REIWA). (n.d.). Rental Properties in Kimberley Region. Accessed 17/09/2024, from <https://reiwa.com.au/rental-properties/kimberley~region/?includesurroundingsuburbs=true>

Royal Commission. (2021). Aged Care Royal Commission Final Report Summary. Accessed 5/11/2024, from <https://www.royalcommission.gov.au/system/files/2021-03/final-report-executive-summary.pdf>

Skilled Care. 2023. Aged Care Staff Ratios: What you need to know by Sophie Curran. Accessed 17/9/2024, from <https://skilledcare.edu.au/aged-care-staff-ratios/>

The Australian Institute. 2024. Minimum qualifications: The missing piece of aged care worker regulation. Accessed 7/11/2024 from, <https://australiainstitute.org.au/post/minimum-qualifications-the-missing-piece-of-aged-care-worker-regulation/>



Appendix 1

Aged Care service provider and stakeholder interview questions

The following are questions used to guide discussions with service providers and stakeholders during consultation by the Kimberley Development Commission.

Service provider questions

Service Type	
Is your service a: <ul style="list-style-type: none">• Not for profit• ACCO• Other	
Which of the following services do you provide: <ul style="list-style-type: none">• Commonwealth Home Support Programme• Home Care Package• Residential Care• Flexible Care• Other	
Number of Places and Waiting List	
How many clients do you currently have for each of the services you provide?	
What is your capacity (number of beds, places, etc)?	
Are you currently operating at full capacity?	
If not, why not?	
Do you have a waitlist? How many people do you currently have on your waitlist (for each service you provide)?	
What is the average waitlist time to secure a place/support?	
Do you prioritise people on the waitlist?	
If yes, how?	
Staffing	
How many staff do you employ? What is the FTE equivalent? How many of your staff are Aboriginal?	
What positions are currently filled and what level are they?	
Is staffing an issue for you?	
How many staff vacancies do you currently have and what positions/levels are they?	
How many more staff do you need?	
Do you rely on agencies to access staff?	
If so, do you have any issues with this recruitment avenue?	



How do you recruit staff? Do you have a workforce recruitment policy? (what incentives do you offer – ie. pay above award, offer housing etc)	
What are some of the key issues related to recruiting? (E.g., lack of applicants, quality of applicants, lack of qualifications, housing, wages).	
What qualifications do your current staff have?	
Is training an issue, how do you access training, are staff trained when recruited? Is there training available locally?	
Infrastructure	
Are you currently experiencing any limitations in service delivery with regards to your infrastructure?	
If so, what are these?	
Strength, Weaknesses, Opportunities and Threats	
What do you see as the strengths in how you are able to deliver your service to clients? (eg. adequate funding, suitable infrastructure...)	
What challenges (weaknesses) do you experience in delivering your service? (eg staffing, lack of housing for staff, lack of funding...)	
What opportunities do you see in your service delivery? (eg. reforms, legislation changes, etc)	
What changes would you most like to see to improve your ability to operate and increase the quality and availability of aged care in the Kimberley?	
Are there any key threats to how you deliver your service? (eg. changes in the Aged Care Act, etc)	
Are there any gaps in service provision and support locally either within your agency/organisation or externally?	

Stakeholder questions

What is your involvement in aged care?	
Do you deliver any programs/projects related to aged care or seniors? Discuss workforce, training, accessibility, reforms etc.	
Are aged care services part of any aspect of your planning?	
What do you see as the strengths with aged care service delivery in the Kimberley?	
What do you see as the weaknesses with aged care service delivery in the Kimberley?	
What do you see as the opportunities with aged care service delivery in the Kimberley?	
What do you see as the threats to aged care service delivery in the Kimberley?	



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