Australian Government
Department of Health

phn
An Australian Government Initiative

Care Finder Program

Once-off Report on Supplementary Needs Assessment Activities

Murrumbidgee PHN

Section 1 Narrative

Murrumbidgee Primary Health Network (MPHN) has undertaken a number of actions to determine the additional activities which need to be undertaken to highlight local needs in regard to care finder support.

In developing this project, MPHN undertook a scoping process to identify three key areas which would inform the Model of Care. MPHN identified these three key areas and resolved to explore them as part of a co-design process. These three key areas are collation and analysis of existing data, analysis of providers in our region and stakeholder and community consultations.

1.1 Additional activities undertaken

MPHN has undertaken data analysis to understand the profile and needs of the local populations, in relation to care finder support, throughout the region. This data analysis has strengthened MPHN's understanding of the overall profile and needs of the local care finder target population and the specific profile and needs of local care finder target population sub-groups.

1.1.1 Geographical Distribution data

MPHN PREVELANCE OF PERSONS ≥65 YEARS AND FIRST NATIONS PERSONS ≥45 YEARS

A total of 21.6 % of the MPHN population is aged ≥65 years. LGAs with the highest proportions aged ≥65 years were clustered in the Border (Berrigan, Federation, Murray River), and Riverina (Cootamundra-Gundagai, Temora, Coolamon).

For First Nations persons, 3.5% of the total MPHN population is aged ≥45 years. The LGAs, with the highest proportions are clustered, in the Western sector e.g., Lachlan (15.2%), Narrandera (8.2%), and Carrathool (6.5%)

The LGA areas that have higher than the average persons aged ≥65 years and First Nations persons aged ≥45 years are Leeton, Hay, Cootamundra-Gundagai, and Narrandera.

Table: *Proportions (%) of persons aged ≥65 years and First Nations persons aged ≥45 years as a % of all people for the total MPHN, by sector and individual LGA.*

		Persons, aged **≥65 years**	**First Nations** persons aged **≥45 years**	≥ MPHN mean for **BOTH** ≥65 years **AND** for First Nations ≥45 years
		%* (n)	***%* (n)***	
MPHN Total		**21.6 (55,230)**	**3.5 (3,419)**	
Border	Berrigan	29.8 (2,681)	1.8 (72)	+ -
	Edward River	22.6 (2,120)	3.3 (149)	+ -
	Federation	28.8 (3,661)	1.2 (66)	+ -
	Greater Hume Shire	20.9 (2,310)	2.3 (105)	+-
	Lockhart	22.3 (767)	4.4 (34)	++
	Murray River	26.4 (3,393)	2.6 (101)	+-
	Total	25.1 (14,932)	2.6 (527)	+ -
Riverina	Bland	22.1 (1,333)	3.3 (84)	+-
	Coolamon	23.3 (1,023)	2.5 (46)	+-
	Cootamundra-Gundagai	26.1 (2,999)	3.5 (191)	++
	Hilltops	22.9 (4,366)	3.2 (243)	+-
	Junee	16.3 (1,160)	5.3 (136)	- +
	Snowy Valleys	22.2 (3,251)	3.1 (200)	+ -
	Temora	24.7 (1,592)	2.0 (52)	+ -
	Total	22.5 (15,724)	3.3 (952)	+ -
Wagga	Wagga Wagga	15.5 (10,375)	3.5 (815)	- +
Western	Carrathool	14.5 (426)	6.5 (46)	- +
	Griffith	16.2 (4,501)	3.7 (355)	- +
	Hay	21.3 (619)	4.8 (243)	- +
	Lachlan	20.5 (353)	15.2 (109)	- +
	Leeton	17.8 (2,064)	2.5 (184)	- -
	Murrumbidgee	18.1 (739)	6.0 (101)	- +
	Narrandera	21.7 (1,303)	8.3 (219)	++
	Total	18.6 (1,005)	6.7 (1,257)	- +

Shading denotes values ≥ the total mean MPHN percentage.

*Percentages are relative to the total population

Source: Social Health Atlas of Australia: Primary Health Networks: PHIDU 2022

Trends in aged care target and planning populations, by remoteness areas

From 2014 to 20220, there was an increase in population prevalence of aged care target and planning populations across all remoteness areas. Inner regional areas had a similar increase to major cities (17.8% vs 17.7%), outer regional (12.6%), remote (4.8%), and very remote (6.2%) had smaller increases.

Table: *7-year trends in aged care target and planning populations* by remoteness areas*

	Year							
	2014	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**% Δ 2014-20**
					('000)			
Major Cities	775.9	798.1	820.7	843.3	871.9	889.4	913.5	17.7
Inner Regional	283.6	292.6	301.5	310.3	316.1	324.6	334.0	17.8
Outer Regional	91.4	94.7	97.9	101.1	103.7	100.3	102.9	12.6
Remote	5.1	5.2	5.4	5.5	6.0	5.3	5.4	4.8
Very Remote	1.2	1.3	1.4	1.5	1.1	1.3	1.3	6.2

** Defined as all people aged 65 years or over and Aboriginal and Torres Strait Islander Australians aged 50–64 years*

Source: AIHW 2022- Report on Government Services data tables

1.1.2 Socio-economic disadvantage

The Murrumbidgee region has a SEIFA (Socio-Economic Indexes for Areas) Index of Relative Socio-Economic Disadvantage of 969.6 compared with 1,001.7 for NSW and 1,000 for Australia respectively (Source: PHIDU 2022).

The Border sector has the three LGAs with SEIFA indexes above the MPHN mean (Greater Hume Shire, Lockhart, and Murray River). In addition, Coolamon, Wagga, and Murrumbidgee have SEIFA indexes above the MPHN mean.

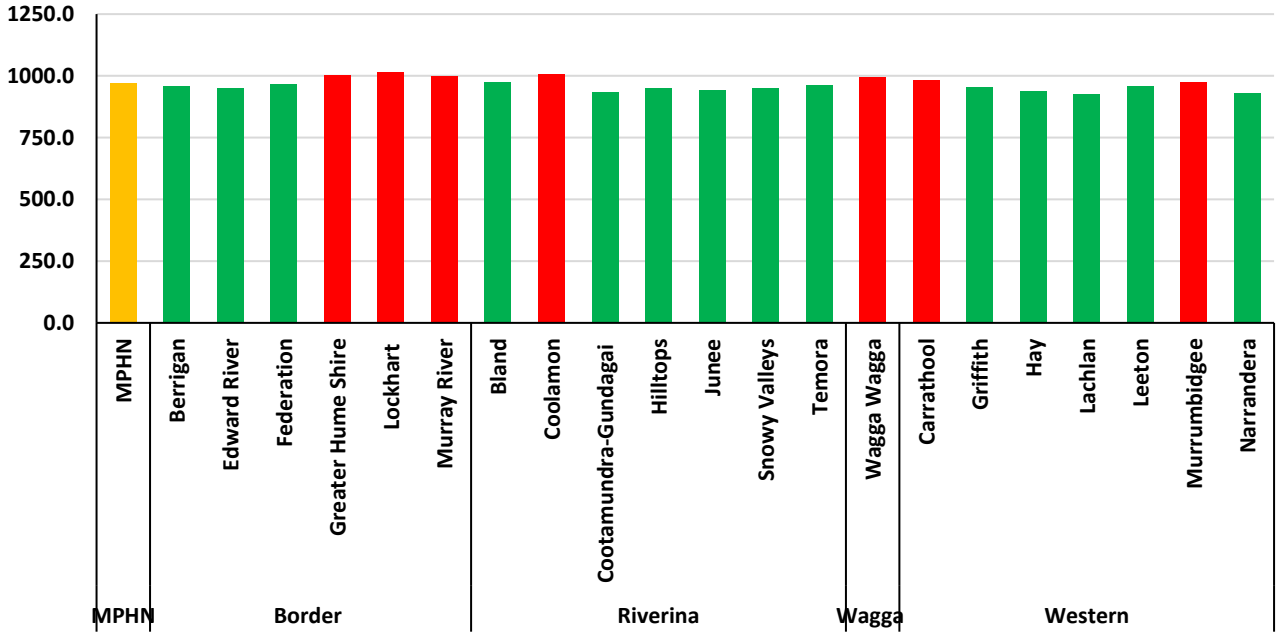


Figure: *SEIFA (Socio-Economic Indexes for Areas) for the total MPHN, by sector and individual LGA*
Source: Social Health Atlas of Australia: Primary Health Networks: PHIDU 2022

1.1.3 Housing Arrangements

There is no data available on housing arrangements among older adults in the MPHN region. For all ages, in 2016, it was estimated there are 537 homeless people in the Murrumbidgee, with Wagga (107) and Griffith (140) having the largest prevalence. Just under a quarter of the MPHN population live in privately rented dwellings. Wagga Wagga and most LGAs within the Western sectors have a higher proportion above the MPHN mean. Just over a quarter of MPHN persons who rent, report rental stress. The Wagga sector has a high level, with areas within the Riverina and Border region also estimated to have higher than the MPHN mean for rental stress.

***Table*:** *Proportions (%) of all people experiencing housing difficulties or the total MPHN, by sector and individual LGA.*

		All ages		
		All homeless persons*	**Persons living in privately rented dwellings****	**Rental stress****
		n	***%***	***%******
MPHN Total		**537**	**24.7 (51,787)**	**25.7 (6,931)**
Border	Berrigan	11	23.9 (1,736)	24.3 (179)
	Edward River	23	23.5 (1,810)	28.3 (262)
	Federation	15	21.6 (2,356)	28.0 (284)
	Greater Hume Shire	6	17.4 (1,644)	25.2 (142)
	Lockhart	18	16.7 (457)	24.4 (41)
	Murray River	18	21.0 (2,739)	22.4 (206)
	Total	91	20.7 (10,762)	25.4 (1,114)
Riverina	Bland	3	21.3 (1,097)	15.9 (65)
	Coolamon	3	18.5 (700)	17.1 (40)
	Cootamundra-Gundagai	16	20.4 (2,028)	26.8 (254)
	Hilltops	41	24.2 (4,070)	32.8 (549)
	Junee	13	23.5 (1,129)	28.8 (126)
	Snowy Valleys	39	21.7 (2,739)	24.4 (311)
	Temora	3	20.0 (1,120)	26.9 (132)
	Total	118	21.4 (12,883)	24.7 (2,557)
Wagga	Wagga Wagga	107	28.3 (15,892)	27.1 (2,020)
Western	Carrathool	0	34.2 (822)	9.7 (25)
	Griffith	140	28.6 (6,356)	23.2 (620)
	Hay	5	27.0 (666)	24.2 (72)
	Lachlan	8	23.7 (362)	19.2 (34)
	Leeton	31	25.1 (2,410)	24.2 (255)
	Murrumbidgee	17	32.2 (1,065)	19.4 (74)
	Narrandera	20	23.1 (1,169)	27.2 (142)
	Total	221	27.7 (12,250)	21.0 (1,222)

Shading denotes values ≥ the total mean MPHN percentage

**Source: ABS: Census of Population and Housing: Estimating homelessness, 2016*

*** Source: Social Health Atlas of Australia: Primary Health Networks: PHIDU 2022*

**** Percentages relative to the total renting population*

1.1.4 Social engagement and family/ community support

There are no data available on social engagement among older adults in the MPHN region. It is estimated that 94 people per 100 can get support in times of crisis from persons outside the household. The Riverina and Western sectors have values below the MPHN mean. A total of 31 people per 100 provide support to other relatives living outside the household, with both the Western and Wagga sectors having values below the MPHN mean. It is estimated that 24 people per 100 aged ≥15 years participated in voluntary work, with Griffith and Junee having values below the MPHN mean.

Table: *Proportions (%) of people having family/community support total MPHN, by sector and individual LGA.*

		People **≥18 years** who **can get support in times of crisis** from persons **outside the household**	People **≥18 years** who **provide support to other relatives living outside** the household	People **≥15 years** who **participated** in **voluntary work**
		Per 100	***Per 100***	***Per 100***
MPHN Total		**94.0**	**31.2**	**24.7**
Border	Berrigan	94.2	32.1	28.3
	Edward River	94.1	30.8	26.9
	Federation	94.2	32.0	24.7
	Greater Hume Shire	94.2	30.7	33.5
	Lockhart	94.5	31.7	34.8
	Murray River	94.2	32.6	25.6
	Total	94.2	31.7	29.0
Riverina	Bland	94.2	32.5	30.9
	Coolamon	94.5	31.8	31.3
	Cootamundra-Gundagai	94.0	31.8	27.3
	Hilltops	93.4	33.5	24.9
	Junee	94.0	31.8	21.0
	Snowy Valleys	93.9	31.5	25.3
	Temora	94.0	31.8	32.9
	Total	94.0	32.1	27.6
Wagga	Wagga Wagga	94.0	30.5	26.3
Western	Carrathool	93.9	29.7	26.5
	Griffith	93.6	30.5	18.0
	Hay	94.1	31.0	27.0
	Lachlan	94.4	28.8	27.4
	Leeton	93.6	29.3	23.0
	Murrumbidgee	94.0	30.5	28.7
	Narrandera	93.6	29.2	26.3
	Total	93.9	29.9	25.3

Shading denotes values ≤ the total mean MPHN number per 100 people.
Source: Social Health Atlas of Australia: Primary Health Networks: PHIDU 2022

1.1.5 Health and disability status

MPHN PREVALENCE OF AGE-RELATED INCOME SUPPORT AND RESIDENTIAL CARE PLACES

It is estimated that 61.0% of persons aged ≥65 years are receiving an age pension. The percentages are highest among the Border region, with the LGAs of Federation (68.4%), Murray River (68.1%) and Berrigan (66.7%) having among the highest.

A total of 10.3% of persons aged ≥65 years are senior card holders. The highest prevalence was within Temora (12.0%), Wagga Wagga (11.6%) and Cootamundra-Gundagai (10.4%). There are 71.5 places per 1,000 population of residential care places for people aged ≥70 years. The lowest prevalence is within the Riverina (60.5 per 1,000) Border (67.5 per 1,000) and Wagga (69.7 per 1,000). The LGAs with the lowest residential care places are Murrumbidgee (36.6 per 1,000), Junee (38.5 per 1,000), and Carrathool (43.8 per 1,000)

Table: Percentage (%) of persons receiving age-related income support as a % of all people for the total MPHN, by sector and individual LGA

		People **aged ≥65** years **receiving** an **age pension**	Seniors **Health Card holders** (**≥65 years**)	**Residential care** places **≥70 years**
		%*	***%****	***Places per 1,000 population***
MPHN Total		**61.0 (32,290)**	**10.3 (5,043)**	**71.5**
Border	Berrigan	66.7 (1,805)	9.3 (249)	63.5
	Edward River	60.3 (1,260)	9.4 (199)	73.1
	Federation	68.4 (2,531)	9.8 (359)	51.4
	Greater Hume Shire	57.2 (1,350)	10.4 (241)	52.7
	Lockhart	55.7 (423)	10.1 (99)	89.3
	Murray River	68.1 (2,368)	9.4 (319)	73.0
	Total	62.7 (9,737)	9.4 (1,466)	67.5
Riverina	Bland	54.9 (742)	9.8 (130)	63.9
	Coolamon	61.9 (658)	7.3 (99)	64.7
	Cootamundra-Gundagai Regional	67.1 (2,059)	10.4 (311)	62.0
	Hilltops	59.3 (2,904)	8.7 (378)	71.8
	Junee	68.1 (704)	8.0 (93)	38.5
	Snowy Valleys	60.1 (876)	9.6 (311)	57.0
	Temora	52.6 (978)	12.0 (191)	65.3
	Total	60.6 (8,921)	9.7 (1,513)	60.5
Wagga	Wagga Wagga	60.1 (6,373)	11.6 (1,207)	69.7
Western	Carrathool	52.6 (202)	7.3 (31)	43.8
	Griffith	54.5 (2,430)	12.1 (545)	83.6
	Hay	65.4 (419)	8.1 (50)	51.6
	Lachlan	60.4 (219)	7.0 (25)	85.6
	Leeton	65.1 (1,345)	10.1 (208)	99.4
	Murrumbidgee	57.1 (391)	9.3 (69)	36.6
	Narrandera	64.7 (867)	8.4 (109)	114.6
	Total	60.0 (5,040)	8.9 (1,037)	77.9

*Shading denotes values ≥ MPHN mean percentage.

** Shading denotes values the ≤ MPHN mean places per 1,000 of the population.

Source: Social Health Atlas of Australia: Primary Health Networks: PHIDU 2022

MPHN PREVALENCE OF PERSONS AGED ≥65 YEARS WITH CORE ACTIVITY LIMITATION

It is estimated that 33.6% of persons aged ≥ 65 years have a moderate or mild core activity limitation. The Riverina and Western sectors have higher proportions than the MPHN average. LGAs with the highest prevalence include Cootamundra-Gundagai Regional (37.1%), Federation (35.5%), Edward River (35.3%), and Narrandera (35.3%).

It is estimated that 13.0% of those aged ≥65 years are living with severe core activity limitations. The Riverina, Wagga Wagga and Western sectors have higher proportions than the MPHN average.

Table: Percentage (%) of persons aged ≥65 years with moderate or mild and severe core activity limitation by total MPHN, by sector, and individual LGA

		Persons aged ≥65years	
		MODERATE OR MILD core activity limitation	**SEVERE** core activity limitation
		%* (n)	***%* (n)***
MPHN Total		**33.6 (15,650)**	**13.0 (6,101)**
Border	Berrigan	31.9 (781)	12.6 (308)
	Edward River	35.3 (690)	10.3 (201)
	Federation	35.5 (1,200)	11.9 (403)
	Greater Hume Shire	33.7 (697)	11.7 (242)
	Lockhart	35.1 (206)	12.9 (83)
	Murray River	32.5 (995)	12.1 (370)
	Total	33.5 (4,569)	12.0 (1,607)
Riverina	Bland	31.4 (374)	14.1 (168)
	Coolamon	35.5 (313)	13.1 (122)
	Cootamundra-Gundagai Regional	37.1 (1,017)	13.7 (376)
	Hilltops	32.2 (1,307)	12.3 (501)
	Junee	34.5 (343)	11.9 (118)
	Snowy Valleys	33.4 (1,028)	12.5 (386)
	Temora	33.8 (482)	11.6 (165)
	Total	34.0 (4,864)	13.0 (1,836)
Wagga	Wagga Wagga	32.4 (2,989)	13.0 (1,262)
Western	Carrathool	35.4 (138)	14.1 (55)
	Griffith	29.8 (1,198)	14.7 (591)
	Hay	33.2 (197)	13.3 (79)
	Lachlan	34.4 (404)	12.5 (147)
	Leeton	35.1 (653)	14.0 (261)
	Murrumbidgee	32.9 (215)	14.7 (96)
	Narrandera	35.3 (423)	13.9 (167)
	Total	34.0 (3,228)	14.0 (1,396)

** Percentages are relative to the proportion of the population aged ≥65 years.*
Shading denotes values ≥ mean MPHN percentage.
Source: ABS Australia's health 2018

1.1.6 Results from the MPHN Community Health Survey

Since March 2019, the MPHN has run a Community Health Survey. The purpose of this online survey is to collect real-time health and well-being data from all people within the MPHN.

Since 2019 to July 2022, 822 people aged 12 to 85+ years have completed the survey. For the Aged Care Finder Needs Assessment, this report provides findings to specific questions only for those aged ≥65 years (n=265).

Table: MPHN Community Health Survey Demographics

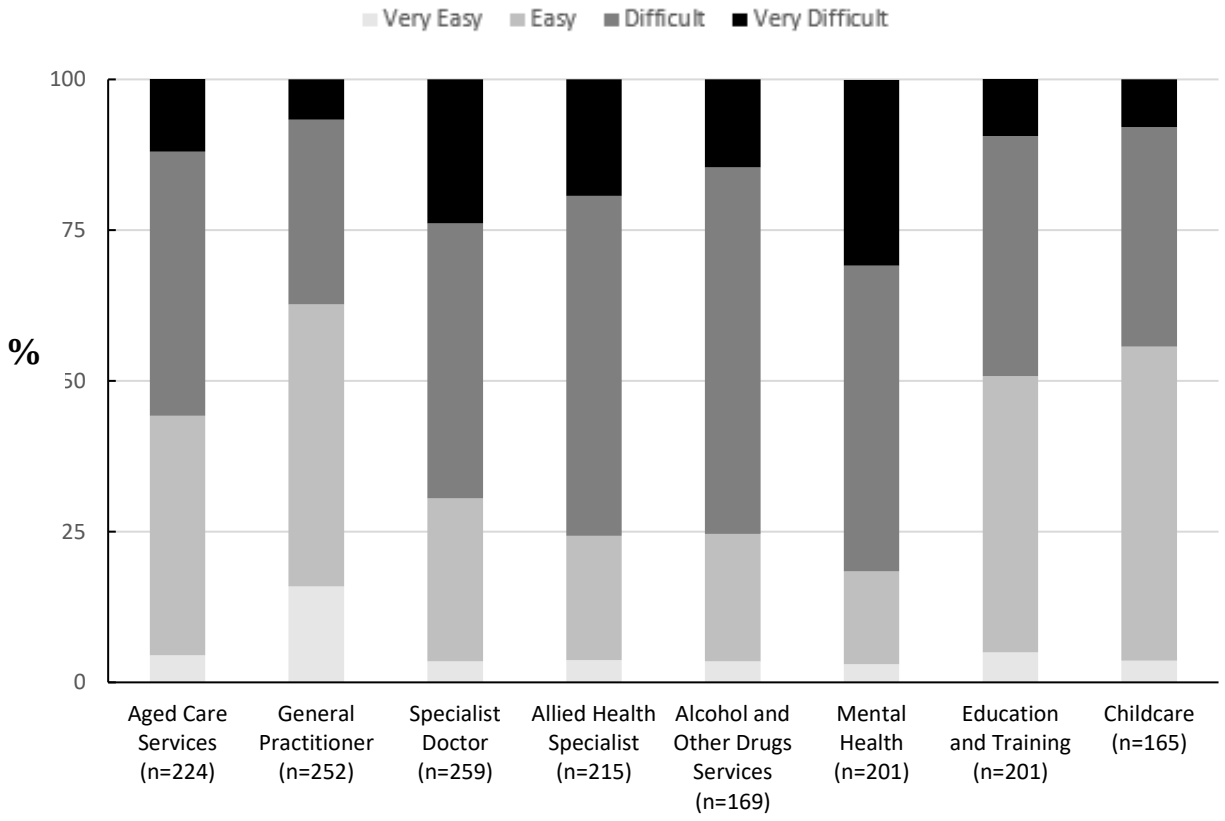
	n
Participants	265
Gender	**% (n)**
Female	78.5 (207)
Male	20.5 (54)
Age (years)	
65-84	97.3 (257)
≥85	2.7 (7)
Indigenous Status	
Aboriginal	3 (1.1)
Torres Strait Islander	2 (0.8)
Neither	97.0 (256)

Level of difficulty accessing health services

Over half (55.9%) of respondents found access to aged care services 'difficult' or 'very difficult'. Almost one-third (30.8%) found mental health services 'very difficult' to access. Just under one quarter (23.9%) found a specialist doctor 'very difficult' to access.

Table: Level of difficulty accessing health services among MPHN Community Health Survey respondents aged ≥65 years (n range =169-259)

	Level of difficulty to access			
	Very Easy	**Easy**	**Difficult**	**Very Difficult**
Type of Service	***% (n)***	***% (n)***	***% (n)***	***% (n)***
Aged Care Services (n=224)	4.5 (10)	39.7 (89)	43.8 (98)	12.1 (27)
General Practitioner (n=252)	15.9 (40)	46.8 (118)	30.6 (77)	6.7 (17)
Specialist Doctor (n=259)	3.5 (9)	27.0 (70)	45.6 (118)	23.9 (62)
Allied Health Specialist (n=215)	3.7 (8)	20.6 (42)	56.4 (123)	19.3 (42)
Alcohol and Other Drugs Services (n=169)	3.5 (6)	21.1 (36)	60.8 (104)	14.6 (23)
Mental Health (n=201)	3.0 (6)	15.4 (31)	50.7 (102)	30.8 (62)
Education and Training (n=201)	5.0 (10)	45.8 (92)	39.8 (80)	9.5 (19)
Childcare (n=165)	3.6 (6)	52.1 (86)	36.4 (60)	7.9 (13)



Prevalence of chronic health conditions

Chronic health conditions

A total of 42.0% reported having arthritis/osteoporosis. A total of 38.3% reported having high blood pressure, 26.1% had chronic pain and 21.2% had a lung disease. For total number of chronic health conditions, 6.6% reported none, and similar percentages reported having 1 to ≥4 health conditions (Range: 19.3%-24.2%).

Table: Prevalence of chronic health conditions among MPHN Community Health Survey respondents aged ≥65 years (n=264).

Chronic health condition	**% (n)**
Arthritis/osteoporosis	42.0 (111)
High blood pressure	38.3 (101)
Chronic pain	26.1 (69)
Lung disease (asthma, COPD)	21.2 (56)
Mental health/wellbeing	14.8 (39)
Heart disease	12.1 (32)
Diabetes (type 1 or 2)	11.4 (30)
Cancer	9.8 (26)
Weight/nutrition	9.5 (78)
Physical disability	8.7 (23)
Kidney disease	3.8 (10)
Stroke	3.0 (8)
Dementia/Alzheimers disease	1.9 (5)
Intellectual disability	1.9 (5)
Alcohol or other drug use	1.5 (4)
Total number of chronic health conditions	
0	6.6 (17)
1	24.2 (64)
2	23.1 (61)
3	19.3 (51)
≥4	23.9 (63)

5 most serious health and well-being issues

The most frequently cited most serious health issues among the MPHN among respondents aged ≥65 years were 'Ageing issues' (71.2%), 'Drug and alcohol misuse' (49.6%), 'Mental health issues' (40.5%) 'Poor access to health care'(38.3%), 'Housing affordability' (34.8%), Cancer (33.7%) and 'Cost of Living' (33.3%).

Table: Prevalence of 5 most serious health and well-being issues among MPHN Community Health Survey respondents aged ≥65 years (n=264).

Chronic health condition	**Number of times in top 5 health issues**
	% (n)
Ageing issues	71.2 (188)
Drug and alcohol misuse	49.6 (131)
Mental health issues	40.5 (107)
Poor access to healthcare	38.3 (101)
Housing affordability	34.8 (92)
Cancer	33.7 (89)
Cost of living	33.3 (88)
Transport	30.3 (80)
Family violence	28.0 (74)
Social isolation	25.4 (67)
Diet and exercise	18.9 (50)
Suicide	16.3 (43)
Child abuse neglect	12.1 (32)
Diabetes	11.0 (29)
Heart disease	9.5 (25)
Recreational opportunities	4.5 (12)
Other	3.0 (8)

1.1.7 Stakeholder and Community Consultations

MPHN has undertaken extensive stakeholder and community consultations to identify local needs in relation to care finder support. These consultations have been undertaken in accordance with the *PHN Program Needs Assessment Policy Guide* and have been vital in crystalising our understanding of our communities' aged care needs in relation to care finder.

To ensure MPHN captured a broad range of stakeholder views, including those in vulnerable and hard to reach population groups as relevant to care finder, MPHN used a systematic approach to consultation activities, breaking down the relevant stakeholders into the following groups:

- Consumers, including their carers and/or family members,
- Organisations, including community-based, non-aged care specific providers and aged care specific providers, and;
- Local health professionals and community health advisory committees.

Consumer consultation for this project has been undertaken over three face-to-face sessions to ensure maximum benefit and engagement with MPHN's questions:

- Corowa, Friday 29th July 2022,
- Berrigan, Wednesday 3rd August 2022, and;
- Hay, Monday 10th August 2022.

Organisations, including community-based, non-aged care specific providers and aged care specific providers, have also been extensively consulted as part of MPHN's needs assessment activities. MPHN hosted a consultation session open to aged care and community based organisations on 24 August 2022.

Local health professionals and community health advisory committees were consulted through the Local Health Advisory Committees (LHACs) in MPHN's Region. MPHN attended 12 LHAC meetings and asked questions regarding their experiences with aged care services in their local area and ways in which the care finder service could support improved access.

To compliment the consumer and organisation consultations, MPHN developed an online survey as an engagement alternative for people unable to attend the face-to-face sessions. The survey responses also provided additional information to support the development of an appropriate care finder program.

1.1.8 Provider Analysis

MPHN has completed a comprehensive analysis of local services to broaden our understanding of the regional aged care sector market, to support the codesign of the Care Finder Program.

In summary, analysis processes included:

- Utilisation of sector knowledge gained through our established aged care networks and stakeholder relationships, including the local Murrumbidgee Aged Care Consortium, and Murrumbidgee Local Health District aged care staff.
- Interview with an Aged Care Specialist Officer (ACSO) regarding local advocacy needs and services.

- Learnings from previous commissioned activities e.g., Advance Care Planning Australia workshop for Home Care Providers.
- Review of existing Supportive Care Service Guides available across the region.
- Aged Care Workforce meeting with aged care managers and local aged care education providers.
- Royal Commission into Aged Care Quality and Safety findings and the identified challenges in accessing aged care services by consumers.
- The impact of COVID-19 on aged care staffing, as reported in the Murrumbidgee Aged Care Community of Practice Meetings
- Major aged care sector guidance reports, including, but not limited to:
    - Navigating the Maze: An overview of Australia's current aged care system (2019)
    - Grattan Report: Unfinished business: Practical policies for better care at home (2021)
    - The 2020 Aged Care Workforce Census
- Information provided by the Department on current ACH providers in the region
- Comprehensive web searches.

This analysis has increased our capacity to identify opportunities to enhance integration, with a better understanding of the referral and access patterns across the region, which will be further enhanced by our ongoing co-design and consultation processes.

Service mapping has also been undertaken to determine what aged care services are available within the MPHN region:

- Over 70 providers were identified as providing either Short-Term Restorative Care, Commonwealth Home Support Programs, Home Care Packages, or a combination of the 3.
- 44 privately owned Residential Aged Care Facilities in the region
- 16 Multi-Purpose Service sites
- 4 State Government Residential Aged Care Facilities.
- Several independent and assisted living sites
- 18 organisations which have established connections with hard-to-reach groups
- Of the 18 groups identified, 14 are specific to the Murrumbidgee area and 4 are national organisations
- Over 40 non-aged care specific organisations were identified as likely to provide ad hoc, informal referrals and support in navigating the aged care system for older people. Examples of these non-aged care specific organisations include church and community groups, charity organisations and counselling services.
- One Aged Care Specialist Officer was identified. This face-to-face service is based in Wagga Wagga and travels to some other towns.

1.2 Processes for synthesis, triangulation and prioritisation

MPHN used a triangulation matrix as the key process for synthesis of information generated by the co-design process and prioritisation of issues to be address through the care finder implementation. MPHN used the triangulation matrix provided in the *PHN Program Needs Assessment Policy Guide* in accordance with *MPHN Health Needs Assessment and Planning Guide*.

1.3 Issues encountered and reflections/lessons learned

Several limitations surrounding the currently available data were identified. First, across the MPHN, there was no available data on the prevalence of those experiencing multiple disadvantages/barriers (e.g., social isolation, housing stress, chronic diseases.) among those aged ≥65 years and First Nations people aged ≥45 years.

Additionally, there was no MPHN-data available on the housing arrangements (i.e., number of people renting/experiencing rental stress) and social engagement (i.e., availability of support during a crisis, providing support to others outside their household, and participation levels in voluntary work) among those aged ≥65 years and First Nations people aged ≥45 years).

Section 2 Outcomes

This section of the report is a summary of the outcomes of the additional activities undertaken to identify local needs in relation to care finder support. These outcomes are identified through the triangulation of findings from the data analysis, stakeholder and community consultations and provider analysis. These activities have identified the needs of the local population in related to care finder support.

The following table provides the summary of all needs identified in our region in relation to care finder support, regardless of priority.

Identified need	Key issue	Evidence	Care finder context
Health literacy	Many consumers found it very difficult knowing what services are available and where they are provided. Consumers also consistently demonstrated misunderstanding between state and federally funded health services. Most consumers rely on word of mouth through friends and family or ask their GP for advice. Another key issue is the increasing population of multicultural groups in that language barriers create uncertainty on how to approach the system.	Feedback from additional needs assessment activities.	Care finder will help to address health literacy issues identified by supporting people to understand and access the aged and health care systems.
Wait times	Many consumers identified wait times as a key issue. Either they have very long wait times getting a My Aged Care assessment or the consumer reaches crisis before accessing My Aged Care.	Feedback from consumer consultations.	Consumers suggested it was very important that care finders have no wait times and can help consumers to access and navigate wait times in other sectors of the broader aged care system.
Social isolation	Evidence showed that socially isolated people, who have no family or carers to support them, find it very difficult to access services. The data showed that often they simply don't receive services until they are in crisis.	Feedback from consumer consultations, provider analysis and data analysis.	Consumers suggested that it would be beneficial for care finder organisations to support their navigation of these requirements.
Package administration	Most consumers stated they experience frustration and fatigue brought on by filling out forms and paperwork.	Feedback from consumer consultations.	Care finders will be able to support people in navigating and accessing aged and health care services but will not be responsible or involved

Identified need	Key issue	Evidence	Care finder context
			in aged care package administration.
Provider availability	Consumers highlighted, from their experience accessing aged care services, that a lot of providers appeared in the My Aged Care search tool for our region. However, on further examination, they are not located locally or provide services here. In other words, a provider is based in major city and has a postcode in the region listed but could not actually provide services once contacted.	Feedback from consumer consultations and provider analysis.	Consumers suggested it would be beneficial if care finder organisations could help them access and navigate around provider availability.
Providers contact details	Some consumers noted that most provider contact details not adequate for their accessibility requirements. For example, no local phone number or address, instead a national 1300 number or online 'contact us' form.	Feedback from consumer consultations and provider analysis.	Care finders can work with aged care providers to determine appropriate contact processes.
Providers service provision	Consumers stated that some providers do not clearly state which specific services they offer or what their capacity is in the specific locality.	Feedback from consumer consultations and provider analysis.	It was suggested by consumers that support from care finder organisations to understand what the providers are offering would be great.
Provider requirements	Some consumers were concerned that some providers require new applicants to have already received a Home Care Package number before they will discuss what services they have available, and they don't disclose costs upfront.	Feedback from consumer consultations and provider analysis.	Care finders can work with aged care providers to determine appropriate information to be made available to consumers seeking access to services.
Existing navigation services	Some consumers suggested that some providers were not offering navigation services or an overview of the services they provide unless the customer is paying. As such, the consumer was unable to make an informed decision about what they were signing up for.	Feedback from consumer consultations and provider analysis.	Consumer stated that access and navigation support, as well as service integration, would help them navigate the system.
Trust	Often, clients over 65 years old mistrust government provided services or other supports. Trust takes time to build and should be done with careful engagement.	Feedback from consumer consultations and key lessons learned from	Care finders will work with clients to build trust.

Identified need	Key issue	Evidence	Care finder context
		Navigator Trials.	
Cross-over with other services/systems of care	The age limit for aged care assessments is 65. If a person has early onset dementia or presents to hospital because of a stroke under 65, it is difficult to find services for them. They need to go through NDIS.	Feedback from consumer consultations.	Care finders will provide some support to consumer to access other relevant supports as required.
Transport	Consumers identified that some small villages in our region don't have any transport services of any kind. Others do, however it is very limited. In some cases, people catch taxis, or those who are fortunate enough to have family use them to take them to appointments.	Feedback from consumer consultations.	Consumers suggested that it would be beneficial for care finder organisations to assist them access transport services.
Medium of engagement	Many consumers dislike the use of telephones. Often providers call from a private number. Consumers also have difficulty engaging and keeping track of discussions via telephone.	Feedback from consumer consultations.	Consumers stated that they would like support from care finder organisations to understand cost differences between providers and to choose the most suitable service.
Resourcing/recruitment	Shortage of workers/resourcing for providers. Workforce from specialists and GPs to nurse practitioners and residential aged care workers are lacking. MPHN heard that people don't try to access beds in the local aged care facility because there is not enough staff at the facility.	Feedback from consumer consultations, provider analysis and organisations.	Care finders will be additional non-clinical FTEs which will help consumers of aged care services access and navigate the system.
Relevant qualifications	A consistent concern of consumers is training and qualifications of people providing care. Many consumers had concerns about the qualifications and accreditation of workers providing support.	Feedback from consumer consultations.	Consumers suggested that care finder organisations should have relevant experience and qualifications.
Community organisation informal support	Many consumers highlighted the support provided by community organisations like Men's Sheds and other informal supports.	Feedback from consumer consultations.	Consumers stated they would like to see these services continue and new care finder organisations work with the existing informal services.

Identified need	Key issue	Evidence	Care finder context
Provider WHS restrictions	Some consumers identified that they had issues with restriction around work providers could deliver. Examples like, they need cleaning workers to move furniture to do a thorough clean and this is not permitted due to their employers Work Health and Safety restrictions.	Feedback from consumer consultations.	Consumers want care finder organisations to help them understand these issues and support them to find services which could meet their needs.
High or inconsistent cost between providers and systems.	Consumers consistency identified a need for more standardised costs in the aged care system.	Feedback from consumer consultations.	It won't be the role of care finders to standardise costs. However, care finder services will be free.
Welfare checks	Consumers and carers want providers of their aged care packages to provide welfare checks more regularly. This was particularly important for socially isolated people or those with mental health conditions.	Feedback from consumer consultations.	Care finders can support clients to ensure they are getting the service they need.
Rural context/experience	Consumers that live out of town receive less care, as the travel time is counted in their care time, and they must pay extra for the travel. Similarly, if there are two individuals requiring care at one address, the single 1.5-hour appointment counts for both of them - they only get 45 minutes each effectively.	Feedback from consumer consultations and provider analysis.	Care finders can support clients to ensure they are getting the most appropriate service.
Free care finder service	Some consumers identified that a lot of their home care packages goes towards administration fees.	Feedback from consumer consultations	They wanted to ensure that the care finder services were free.
Assessment requirements and a responsive system	Consumers identified that they needed an assessment for everything, and assessments are very complicated. It was suggested that more assessors are needed, as consumers need help when you need it and often can't wait if in crisis.	Feedback from consumer consultations	Consumers stated it would be beneficial if the care finder organisations help to access responsive services and navigate through assessment requirements.

Section 3 Priorities

The additional activities to identify local needs in relation to care finder support, as demonstrated in this report, have identified the following priorities for this program. MPHN have used the existing data analysis, provider analysis and stakeholder consultations to identify needs, thereby ensuring they are evidence-based, take account of the views of different stakeholders and the decision-making process is transparent, fair, and reasonable.

3.1 Locations

The locations to be prioritised for care finder support in MPHN's region have been identified through the existing data analysis. In order of priority, the LGAs that are most frequently identified in data reported in Section 1 is also included, and is as follows:

1. Cootamundra-Gundagai (4)
2. Narrandera (4)
3. Wagga Wagga (3)
4. Carrathool (3)
5. Murray River (3)
6. Coolamon (3)
7. Federation (2)
8. Berrigan (2)

Temora, Lachlan, Leeton, Hay, Greater Hume Shire, Lockhart, Griffith, Hilltops, Junee and all other locations within our region were identified during the existing data analysis, however to a lesser extent. Some of these locations are geographically close to each other and will likely be able to be serviced with an assertive outreach approach. Overall, the care finder service will be delivered with the whole of the MPHN region.

3.2 Target population

The target population is older people who are eligible for aged care services and have one or more reasons for requiring intensive support to:

- Interact with My Aged Care and access aged care services and/or
- Access other relevant supports in the community.

Reasons for requiring intensive support may include, but is not limited to:

- Isolation or no available support person.
- Communication barriers, including limited health literacy skills.
- Difficulty processing information to make decisions.
- Resistance or hesitancy to engage with aged care, institutions, or government for any reason.
- Their safety is at risk, or they may end up in a crisis situation.

There are a number of target population sub-groups to be prioritised for care finder support:

- people with chronic health conditions;

- people who are uncomfortable engaging with government due to past discrimination and/or trauma (e.g., due to being homeless or identifying as LGBTIQ+, a Forgotten Australian or a care leaver);
- people who are at significant risk of a fall and is not engaging with aged care due to denial about needing assistance and is refusing help from their family to contact My Aged Care;
- people for whom English is not their first language and who are being cared for by a family member who speaks English but does not feel confident to call My Aged Care;
- people who have cognitive impairment and no family or close friends who live nearby to help them through the screening and assessment process;
- people who are homeless or at risk of homelessness, and have no family or close friends who live nearby to help them navigate the system;
- people with low health literacy and having trouble understanding the information that providers are sending and has a carer who wants to help them, but the person does not give permission for the carer to be their representative.

3.3 Approaches

The care finder program in MPHN will take a holistic approach to persons needs and other relevant supports in the community that may assist the client to:

- maintain and/or improve their psychological, emotional, and physical wellbeing, and
- break down barriers that may impede their access to aged care.

MPHN's approaches to be prioritised for meeting the needs of all diverse groups that will form part of the care finder target population are outlined in the following sections.

3.3.1 Client referral/ intake

People will not need a referral to access care finder services. It is expected that most people will access care finders:

- Via an intermediary (such as health professionals, aged care and disability sector professionals and people from within community and voluntary organisations), and/or
- Following assertive outreach and engagement undertaken by care finder organisations.

3.3.2 Assertive outreach

The program will help people to understand and access aged care supports and services by using intensive navigation support and assertive outreach to:

- find older people who are disconnected from the system,
- support them to navigate the system and interact with My Aged Care,
- provide guidance and explain the care assessment process,
- connect them with aged care services or other relevant community supports they need,
- periodic check-in contacts with the client ensuring they continue to have their needs met.

The care finder program will also undertake extensive engagement and network building with the local community, care services and community providers to support both identification and engagement with potential clients and available services. Care finder services will be delivered by organisations that have demonstrated local community connections and knowledge of the aged care system.

3.3.3 Workforce development

The care finder program will support the development of the regional aged care workforce by prioritising the following approaches to workforce provision:

- Complete mandatory training (all staff) regardless of prior training or experiences to build their knowledge in relation to care finder support (for details please refer to section 8.1 in the Policy Guidance) Training in, or willingness to complete training in:
    - Trauma informed care.
    - Cultural safety.
- Recruit staff with relevant qualifications and or experience in the field of social work, human services, aged care, community services or health to contribute into the service delivery
    - Relevant qualifications including a minimum Certificate IV or working towards a Certificate IV in social work, human services, aged care, disability, community services, and/or relevant experience.
    - It is expected that care finders will be remunerated at a level equivalent to the Social, Community, Home Care and Disability Services (SCHADS) Industry Award 2010, Social and Community Services Employee Level 5 or Level 6.
- Local community connections with the care finder target population or a specific sub-group within the care finder target population and the range of services and supports available to their target population.
- Commitment to delivering a person-centred approach that respects and responds to each person's individual needs and support them in decision making
- All care finders, their managers and triage staff will be required to complete online induction training as it is developed by the Australian Government.
- Commitment to support needs of people with diverse backgrounds and life experiences
- Meet the requirements set out in the Standard Funding agreement Terms and Conditions in relation to workplace health and safety
- Comply with all public health orders or directions in their region
- Local community connections with the care finder target population or a specific sub-group within the care finder target population and the range of services and supports available to their target population.

3.4 Activities

3.4.1 Service integration

Care finder services will complement not duplicate, the My Aged Care channels that provide access support to people who are able to navigate the system for themselves. This will include people who may or may not already be receiving aged care services, as well as potential carers or family members who need assistance on behalf of the client.

Care finder organisations will be required to undertake activities to support the integration of the care finder network into the local aged care system. This includes:

- Developing and delivering appropriate activities to market, promote and raise awareness of care finder services with potential referrers, intermediaries, and the target population.
- Establishing and maintaining relationships with local intermediaries.
- Assisting in developing and embedding referral pathways so people are referred to the most appropriate service for their needs.

3.4.2 Reporting and Data collection

Care finder organisations will be required to undertake reporting and data collection activities in accordance with the care finder evaluation plan. They must undertake the following reporting and data collection activities:

- Care finder organisations must have the ability to capture relevant metrics and KPIs to report on the outcomes and to identify future quality improvement opportunities or evaluation/research.
- The data to be submitted will be in line with the following areas and collection frequencies
    - Activity reporting: including information about staffing, client support and services delivered
    - Client survey: To understand types of clients receiving the services and their satisfaction with the experience
    - Case studies: Likely to cover client characteristics, reasons for seeking assistance, tasks undertaken by care finder and the outcomes achieved to understand the work involved in providing care finder support
    - Care finder organisations reflections: To understand the operations and challenges or successes to achieve successful implementation and delivery. It would involve perspectives on referral pathways, program implementation, outcomes, and improvements.
- Additionally, as part of broader reporting requirements, care finder organisations will engage and contribute to the evaluation of care finder program. This will include.
    - Other quality measures such as participation in evaluation activities and data provision to meet department and PHN requirements
    - Activities to support the accuracy, completeness and timeliness of data and reports
    - Submission of quarterly reporting as agreed by MPHN
    - Participating in interviews with the program evaluator
    - Assisting to identify local intermediaries and other referrers who may participate in interviews with the program evaluator