



**Aged Care, Disability Services and Respite Care
in the Kyogle Council Local Government Area**

REPORT TO KYOGLE COUNCIL

Cartwright Consulting Australia Pty Ltd

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We wish to acknowledge and thank the many Service Providers and Community Members who generously gave of their time and shared their local knowledge and perspectives with the Project Team.

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Note: This Report addresses major issues related to Aged Care, Disability Services and Respite Care in the Kyogle Local Government Area. While many issues were identified in the interviews, surveys and meetings, it is beyond the scope of the report to make recommendations relating to every issue and the focus is on priority issues for Kyogle Council.

EXECUTIVE SUMMARY

Introduction: An increasing percentage of the Australian population, particularly in rural areas, is aged 65 years and over, with those aged 85 and above the fastest growing segment of the population. In the 2011 Census, 17.4% of the Kyogle Local Government Area (LGA) population was aged 65+, compared with 14.7% for New South Wales (NSW) as a whole and the median age of Kyogle LGA residents is approximately five years older than the median age of Australians generally. In addition, in 2011, 6.6% of residents in the LGA had some form of disability, again higher than for NSW as a whole, but very few disability support services. This results in a need for more ageing, health and disability services within the LGA and places additional demands for relevant infrastructure on Council.

Kyogle Council engaged Cartwright Consulting Pty Ltd to assess the current supply of and future need for aged, disability and respite services in the Kyogle LGA to inform its review of the Community Strategic Plan.

Methods: Following confirmation of the Project Plan with the Kyogle Council Ageing in Place Focus Group (the Project Advisory Committee, hereafter KCFG), one of Cartwright Consulting's most experienced consultants undertook an analysis of available administrative data collections. These included ABS and Australian and New South Wales government data sets, which informed our understanding of the socio-demographic characteristics of the Kyogle LGA and projected changes in population demographics.

To map existing services, administrative data was supplemented by interviews, focus groups and meeting with service providers and community members, an online survey of service providers both in the LGA and based elsewhere but providing services into the LGA and a hard copy survey of community members.

Results: Residential aged care places in the LGA are well below the Australian Government-recommended number; they are only just meeting demand but will be severely stretched unless additional places become available in the next 5-10 years. However, aged care in the home and disability services are already inadequate and families and community volunteers are stretched to capacity to support older people and people with disability in the LGA.

Major Issues identified in the project, and **Recommendations** to address these issues, and the factors that impact on them, included:

Inadequate Service Provision

Aged Care - Residential: There are currently only 80 Residential Aged Care places in the Kyogle LGA whereas according to the Australian Government national target there should be 94 for the 1,092 people aged 70 and above (as at the 2011 Census). Given that the number of people 70 and above is projected to rise to 1,450 by 2021 (i.e. only 6 years away), requiring 125 places, strategies must be implemented now to increase the number of residential aged care places in the LGA.

Aged Care – Community: At 2011 population numbers there should be 29 Community Aged Care Packages for people 70 and above in the LGA. It was very difficult to find out accurate numbers relating to Home Care Packages being provided in the LGA but what was very clear was that there were not enough to meet demonstrated need and of those that are available, many are only Level 1 and 2 whereas a number of Home Care clients have been assessed as needing Level 3 or 4, and are thus being inadequately serviced.

Very good personal and domestic services are being provided to older people under the Commonwealth Home and Community Care (HACC) Program but that service in the LGA is already stretched to capacity and cannot meet current demand, let alone the projected increased demand.

Disability Services: There are very few services for the 607 people (as at 2011) in the LGA with a disability that results in their needing assistance to carry out core activities. For 6 of the 7 categories of disability services listed in the Department of Health National Health Services Directory, no services were available in the Kyogle LGA and for the 7th, there is one provider of hearing aids and equipment. A not-for-profit organisation in Kyogle, Ability Links, provides some disability support, as does Northern Rivers Care Connections, but there are major service shortages and access issues (see p25 and Appendix 3).

Respite Care: A major shortage of day or longer-term respite for older people and people with disability, either in the person's home or in a community facility, not only negatively

impacts on the quality of life of the person themselves but also places additional burdens on carers. It may also mean that individuals and families have to relocate out of the LGA to obtain services.

(As major changes currently happening in the aged and disability area, in particular around care funding, are likely to impact service provision in the LGA, no specific recommendation is made at this time but the situation should be kept under review.)

Kyogle LGA Level of Economic Disadvantage: the current Socio-Economic Indexes for Areas (SEIFA) ranking of the Kyogle LGA as 11th most disadvantaged area in NSW and the Index of Relative Socio-Economic Disadvantage IRSD ranking of second most disadvantaged decile (bottom 20%) of LGAs in Australia and most disadvantaged decile (bottom 10%) of LGAs in NSW may be a deterrent to attracting business opportunities to the LGA. Council requires innovative strategies to address this problem.

Recommendation 1

That Council makes addressing the issue of the LGA State and national ranking of economic disadvantage a priority for action in the Council Strategic Plan, including exploring what assistance is available from Regional Development Australia, local Universities and/or other government departments. This should also include looking at what other regional Councils have done to improve their economic situation.

We note that severely disadvantaged States of Australia receive Commonwealth government compensation for being in the lowest SEIFA levels; e.g., Tasmania is ranked in the lowest SEIFA level and is compensated by a greater proportion of GST revenue. However, NSW does not compensate individual regions or LGAs accordingly.

Recommendation 2

That Council lobbies the Minister for Local Government, The Hon Paul Toole MP, and the local State Government member, The Hon Thomas George MP, to explore with the NSW Government what actions are possible to compensate severely disadvantaged LGAs, either from GST revenue or from specific grant allocations.

As noted below in the Discussion section, under Business Opportunities, changes to Aged Care funding may be one lever that can be used to attract employment opportunities and help to address the level of disadvantage.

Lack of Suitable Housing for older people and/or people with disabilities and a need for an Over 55s village and/or clusters of Independent Living Units with support services, e.g., Home Care Packages and/or Home and Community Care (HACC) services.

Recommendation 3: That a Working Party be set up to: (a) investigate how much land would be needed for a small Over 55s village and/or clusters of six to eight units, and what the characteristics of such land would need to be (i.e., topography, location, existing infrastructure); (b) identify potential suitable land in Kyogle, Bonalbo and Woodenbong; and (c) identify what changes (if any) Council would need to make to planning provisions that apply to the land so that it could be used for the identified purpose (e.g., rezoning under the provisions of the NSW *State Environmental Planning Policy [Housing for Seniors or People with a Disability] 2004*).

Recommendation 4: That the Working Party investigate what incentives Council could offer to attract developers/providers of seniors housing, including possible application fee and developer contribution concessions.

Recommendation 5: That Council liaise with local residents, aged care providers and commercial developers for the supply of age-and-disability-friendly housing in the Kyogle LGA.

Lack of Suitable and/or Available Transport, especially to attend medical appointments outside the LGA, but transport options are also limited even within the LGA. Older people and/or people with disability rely heavily on family members or Community Transport.

Recommendation 6: That Kyogle Council Transport Working Group develop a transport information resource kit for distribution within the LGA.

Recommendation 7: That the Working Group identifies and recommends to Kyogle Council options and implementation strategies to improve bus transport service within the Kyogle LGA, and lobbies for a regional coordinated bus plan.

Recommendation 8: That Council supports increasing the capacity of Community Transport to deliver additional services

Community Access Difficulties, including the need for more and better placed pedestrian crossings, and the need to address the problem that many buildings in the Kyogle CBD are inaccessible to people using wheelie walkers or wheelchairs.

Recommendation 9: That Council reviews and up-dates its Pedestrian Access and Mobility Plan, with particular attention to problem areas identified in this project, and also reviews the findings from the recently-conducted Disability

Access Audit, establishing an *order of priority for action* to address the issues identified in both investigations.

Communication Challenges, including lack of adequate internet and mobile phone connectivity. Telehealth was identified as a potential option to reduce the need for people to travel for specialist appointments but, to date, its use in the LGA is limited. Improved communication from Council to residents is also needed, to assist residents to understand the need for communication infrastructure in the community.

Recommendation 10: That Council continues to lobby local State and Federal Members to make representation to relevant Ministers for improved telecommunication infrastructure in the region.

Recommendation 11: That Council conducts a well-designed information campaign to inform residents of the LGA about the need for a range of communication towers to be erected and the need for improved telecommunications infrastructure, such as exchange facilities and cabling that currently limit mobile phone and internet connections. Providing such data should assist residents to understand and relate to the impact on health, aged and disability services, and the concomitant health risks, if such towers are not erected. Close attention must be paid in such a campaign not only to the message but also to the medium.

Recommendation 12: That Council conducts a feasibility study to assess the cost and any other considerations involved in developing a Community Information Centre, potentially by broadening the services currently provided by the Tourist Information Centre and/or identifying other suitable community buildings for the purpose. (Note: if a building other than the Tourist Information Centre is considered, care must be taken that it is not seen by the wider community as a venue only for people in need of welfare and support services).

Recommendation 13: That Council designate a specific staff member to be responsible for the production of community-relevant information, with particular attention to format, and that a community information and education campaign be conducted through the local newspaper to assist local residents to understand some of the findings from this project, proposed actions to address the findings and what the outcome for many people will be if changes are not made. We understand that the Mayor has a regular column in the local paper; this may be one option for the above or a separate column may be needed. Posters and/or brochures in GP surgeries and Community Health centres could also be utilised.

Business Opportunities, including those arising from changes to aged care and disability funding, and potential development of other local industry.

Recommendation 14: That members of the Working Party noted in Recommendation 3: (a) become familiar with the proposed aged and disability funding changes, in order to be ready to respond to opportunities resulting from the changes; and (b) prepare a document outlining the potential business opportunities and advantages related to the development of an Over 55s village in Kyogle and/or clusters of Independent Living Units in Bonalbo and/or Woodenbong, with the potential for provision of aged care and/or disability services in the village/units.

Respondents to the Community Survey also made a number of recommendations for actions they perceived Council could take to improve the quality of life of older people and people and people with disability. While this report will not address each of those specific issues, we recommend that Council and community members consider those suggestions (see pages 67 and 68).

IN SUMMARY: Kyogle Local Government Area faces many challenges over the next decade to meet the needs of its residents, including older people and people with disabilities. However, it also has many opportunities and assets, including a beautiful location and ideal climate that can attract retirees, prime agricultural land, a caring community and dedicated service providers, and a Council that is committed to making the community the best it can be.

INTRODUCTION

An increasing percentage of the Australian population is aged 65 years and over, with those aged 85 and above the fastest-growing segment of the population. There were around 3.3 million older Australians in 2012, representing one in every seven people (14%). This proportion has risen from 12.6% in 2003. Around half of Australia's older population (7.5%) have a disability¹.

New South Wales (NSW) is Australia's most populous State. It is expected to remain so into the future, although its share of Australia's population will decline, from 32.1% at 30 June 2012 to 27.6% in 2061. Most of New South Wales' growth is projected to occur in Sydney, where the population is projected to increase from 4.7 million at 30 June 2012 to between 8.0 million and 8.9 million in 2061. Population growth for the balance of NSW is smaller, increasing from 2.6 million at 30 June 2012 to between 2.9 million and 3.7 million in 2061.

The median age of the population of NSW is projected to increase from 37.8 years at 30 June 2012 to between 41.9 years and 45.0 years in 2061. In real terms, the largest percentage increase in the population will be observed in the population aged 85+ years. The number of males aged 85+ years will more than quadruple – from 51,702 persons (2012) to 235,452 persons (2061). The number of females aged 85+ years will more than treble – from 96,162 persons (2012) to 322,071 persons (2061)².

Many regional areas of NSW, in conjunction with most States of Australia, see an increasing move among people 65 and above from the cities to more regional areas.

The local government area (LGA) of Kyogle in the Northern Rivers region of New South Wales is a community with a high proportion of older residents; e.g., in the 2011 Census, 17.4% of the Kyogle population was aged 65+, compared with 14.7% for NSW as a whole. In addition, the median age of persons residing within the Kyogle LGA is approximately five years older than the median age of Australians generally. A higher median population age is generally associated with a greater chronic disease and disability burden within local

¹ Australian Bureau of Statistics. Disability, Ageing and Carers, Australia: Summary of Findings. ABS 4430.0. (2012)

² Australian Bureau of Statistics. Population projections, Australia. 2015.

communities. This, in turn, results in a greater need for health, disability and ageing services within the population and places additional demands for relevant infrastructure on local Councils.

Kyogle Council has five important policy areas that it is addressing through its Community Strategic Plan, a far-reaching plan that will guide priority setting and action by the Council over the next 10 to 20 years. In the *ageing in place, disability services and respite care* priority area, Council convened a Focus Group to explore current and future requirements for ageing, disability and respite services. The Focus Group requested that a needs assessment be performed that will better inform strategic action in this priority area.

Kyogle Council engaged Cartwright Consulting Pty Ltd to assess the current supply of and future needs for aged, disability and respite services in the Kyogle LGA to inform its review of the Community Strategic Plan.

AIMS AND OBJECTIVES

The Aims and Objectives of the project were to:

- provide an overview of the current and projected population structure of the Kyogle Council LGA, the proportions of people over the age of 65, the number/proportion of people in the LGA currently receiving residential and community aged care, the number and proportion of people with a disability and the number and proportion of those currently receiving respite care;
- provide an overview of current demand for these services and facilities;
- determine whether demand is being met and identify gaps in current service provision;
- analyse future demand, and;
- provide Kyogle Council with information to assist its development of strategies to address future requirements for services and facilities.

(Note: Members of the Kyogle Council Ageing in Place Focus Group (hereafter KCFG), which served as the project Advisory Group, advised that there is recognition within Council that aged care, disability services and respite care are service industries that could attract private and not-for-profit providers to the region and help to retain both older people, who are

more likely to stay in the area if their health and other care needs are met, and younger people, given that providing those services also provides job opportunities. Such a situation would help to prevent the decline of the population in Kyogle itself and in its surrounding villages).

BACKGROUND

Kyogle is a local government area in the Northern Rivers region of NSW. Kyogle LGA covers an area of 3,584 square kilometres and, with a population of just over 9,000 at the 2011 Census, the population density was around three people per square kilometre.

The median age of people living in Kyogle now is approximately 45 years, which is older than the NSW median age of approximately 40 years currently. Children aged 0-14 years make up 19% of the population, which is the same as the NSW mean, and people aged 65 years and over make up 17% of the population, which is slightly higher than the NSW mean of 15%. Aboriginal and Torres Strait Islander peoples make up 5% of the population, which is higher than the NSW mean of 2.5%.

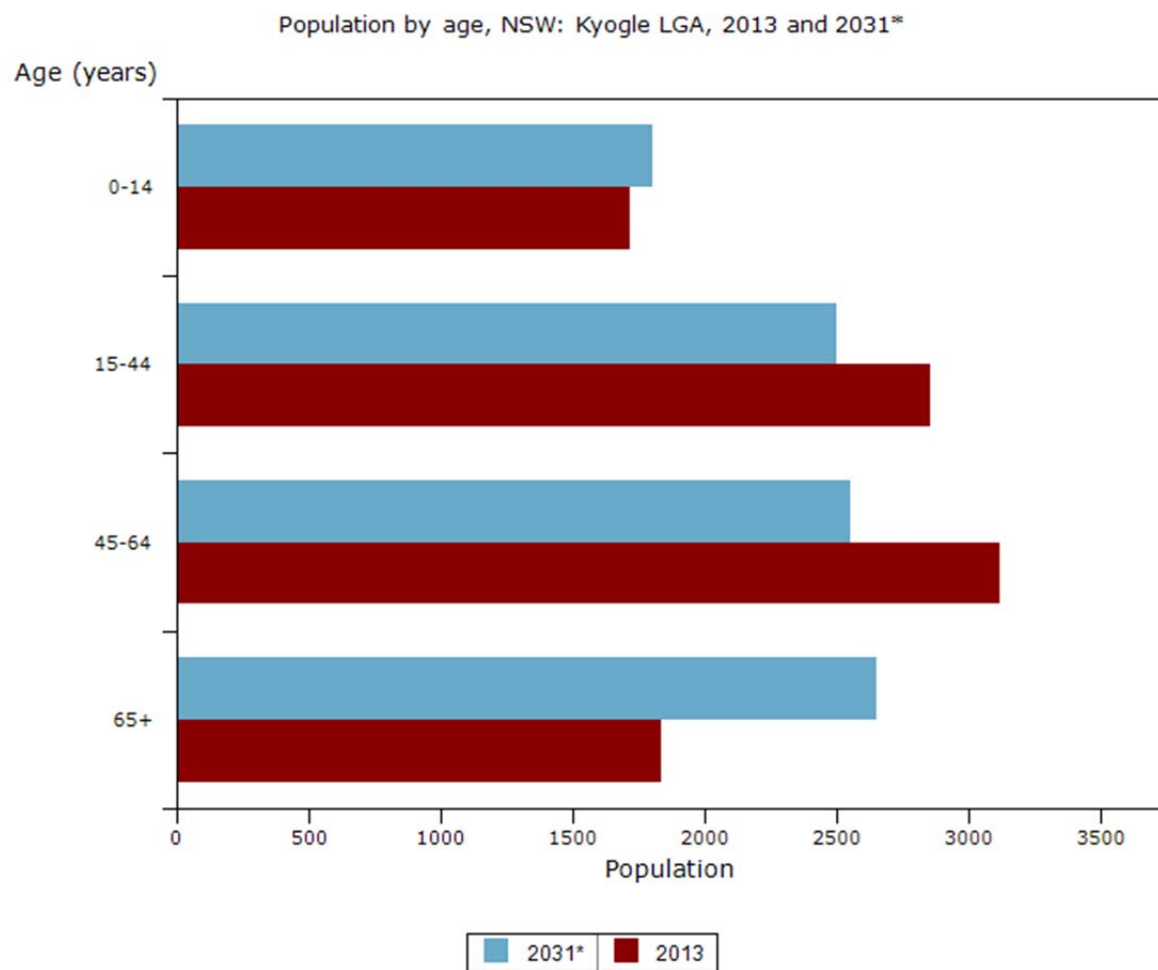
The area has been known for many years for the strength of its beef and dairy cattle, timber production and some cropping. In the 1960s, there were 56 saw mills and several hundred dairy farms; now there are just two saw mills and very few dairy farms.

Those industries provided opportunities for people with any level of intellectual or physical ability to obtain meaningful employment and a meaningful life in the LGA. (Now there is) a very high level of unemployment and disability in our community. We need to reinvent our reason for being here. KCFG1

Between 2013 and 2031, the largest total increase in the Kyogle population is expected to be in persons aged 65+ years³ (Figure 1).

³ HealthStats NSW Population by age groups, Kyogle LGA. Accessed July 2015

Figure 1: Projected population demographic changes in the Kyogle LGA 2013 to 2031



METHODS

The Methods employed in the project followed the Tasks designated in the Project Tender, as follows:

Task 1 – Confirm the scope of the project and timelines

Task 2 – Liaise with Council's Ageing in Place Focus Group

Task 3 – Develop a comprehensive project plan

The project commenced on 1 June 2015, following confirmation of Tender success and a meeting between the Principal Consultant, Professor Colleen Cartwright, and the Kyogle Council Officer with responsibility (at that time) for managing the project, Mr Lachlan Black. The Principal Consultant spent the first week of June in Kyogle; she met with Kyogle Council's Ageing in Place Focus Group members to discuss the proposed elements of the project plan. The Ageing in Place Focus Group became the project Advisory Group (hereafter the KCFG), as all members had extensive knowledge of the Kyogle LGA and several members were also service providers for older people and people with disability in the LGA.

Professor Cartwright was provided with contact details of local service providers previously contacted by Council when the project was being considered. These contact details formed the basis for a Contact Database used throughout the project. It was extended as further relevant contacts were identified; details were amended as appropriate if personnel or roles had changed. Members of the KCFG also suggested relevant, highly-experienced local people who could provide advice and information about ageing and disability needs in the Kyogle LGA community.

At the first meeting with the KCFG, the project plan was discussed. The steps outlined under Methods, the timeline and deliverables outlined in the Tender document and the format of the report were agreed to. KCFG members provided names and contact details of local service providers and community members (as noted above) and also of service providers not located in the Kyogle LGA but who provide services within it. These contact details formed the basis for the interviews, focus groups and surveys that comprised the main components of the data gathering for the project.

Task 4 - Analyse available administrative data

One of Cartwright Consulting's most experienced consultants undertook an analysis of available administrative data collections to inform our understanding of the socio-demographic characteristics of the Kyogle LGA and projected changes in population demographics. These included Australian Bureau of Statistics survey data, the Australian Institute of Health and Welfare (AIHW) Aged Care Guide, Australian Government and New South Wales reports and documents, and other documents and data collections held by the Kyogle Council and made available to Cartwright Consulting. An outcome of this process is reported below in the Results section of the report.

Task 5 – Map the existing service system and conduct gap analysis

This task included both an analysis of administrative data and interviews with service providers, both those based in the Kyogle LGA and others based outside of the LGA who provide services to older people and people with disability in the LGA. An online service provider survey was also conducted. Interviews and focus groups were undertaken with community members who were recipients of these services, plus a hard copy community-wide survey was undertaken, thereby giving as many residents as possible the opportunity to have input to this study.

Consultation with Service Providers and Community Members: A total of 52 service providers and 40 community members (N=92) were consulted, either in individual interviews, in focus groups or in larger meetings. All participants were provided with an Information Sheet which they retained, and a Consent Form which they returned to Professor Cartwright (see Appendix 1). In addition, a brief overview of the project was presented at a newly-established Kyogle Interagency meeting attended by 14 service providers. Interviews, focus groups and meetings were digitally recorded, with permission of attendees; recordings were transcribed verbatim and analysed to identify predominant themes.

Service Provider Survey: An electronic survey of service providers was undertaken using proprietary electronic survey software (Qualtrics®) to all identified service providers within the Kyogle LGA or who regularly provide service into the LGA from organisations based outside the LGA (N=52). In addition to basic demographic data, the survey asked respondents to indicate the services they provide to older people and/or people with disability

and their carers; what gaps in existing services in ageing, disability and respite care they are aware of, or what services are missing completely; what they consider to be most urgently needed in the Kyogle LGA for older people and people with disability; and what actions they think Council could take to address some of the identified issues.

Community Survey: The final step in the data collection was the hard copy community survey; approximately 3,000 surveys were sent to residents of the Kyogle LGA through two community newsletters (the Kyogle Council newsletter to all ratepayers in the LGA [n=2,000] and the Care Connections newsletter to all people on that organisation's database who had received support or services in the previous 12 months [n=1,000]). However, it is likely that there was considerable overlap between the recipients of surveys sent in each newsletter. In addition, almost half of the Care Connections newsletters went to people in the Casino LGA, who would have seen that the survey referred to Kyogle LGA. We, therefore, estimate that approximately 2,000 residents received the survey.

Although the community survey was not part of the original Project Plan, the timing of the newsletters' distribution presented an opportunity which the consultants decided was too valuable to ignore. This provided a chance for community members who may otherwise have had no way of participating in the project to have their say about the services that affect them.

Responses from the hard copy survey were entered into a Qualtrics database by a Cartwright Consulting Research Assistant for analysis.

RESULTS/OUTCOMES

Analysis of Administrative Data: The Kyogle LGA demographic data reported below was prepared from relevant Australian and State government documents; a full list is provided in the Bibliography at the end of this section of the report.

Note 1: While the available administrative data is reported as it is presented in the relevant government documents, in some cases it does not match what the situation actually is in the LGA. Where this is the case, information has been added following the presented data, in most cases taken from interview transcripts of service providers in the LGA and confirmed by Cartwright Consulting. Additional information from interviews and surveys, relating to each type of service, has also been added in this section of the report.

Note 2: The Kyogle LGA borders several other LGAs in NSW and Queensland (Qld). Residents in the Kyogle LGA frequently access services outside this LGA, e.g., people living in the village of Bonalbo and its surrounding areas are closer to the town of Casino, in the Richmond Valley LGA, than they are to Kyogle and frequently access medical and other services there; those who live in the village of Woodenbong are closer to Urbenville, in the Tenterfield LGA, than they are to Kyogle and access medical and other services there, as well as in Warwick and Beaudesert in Qld. In particular, people from the Woodenbong area access the Urbenville Multi-Purpose Service (MPS – previously Hospital) for health care; this MPS also has 18 aged care beds, which some residents of the Kyogle LGA occupy. However, it is also noted that people from outside the Kyogle LGA access services within this LGA. As it is not possible to quantify the ‘flow’ between LGAs, this report will assume that there is a degree of balance between the ebb and flow across the LGAs and will report only on available data for Kyogle LGA.

KYOGLE LOCAL GOVERNMENT AREA – ADMINISTRATIVE DATA

Kyogle Council (est. 1906) services an area of 3,589 square kilometres and adjoins the Scenic Rim Regional Council in Queensland and the Northern Rivers shires of Tweed, Lismore, Richmond Valley, Clarence Valley and Tenterfield in New South Wales.

The Kyogle local government area (LGA) is one of the northern-most LGAs in New South Wales (Figure 2). In the 2011 Census of Population and Housing, there were 9,288 usual residents living in the Kyogle LGA (an increase from 9,256 in the 2006 Census). The current estimated total population (as at September 2014) is 9,531 persons, which is 0.001% of the New South Wales population. The population density is relatively sparse, with only 2.7 persons per square kilometre⁴.

Figure 2: Kyogle LGA is situated in northern New South Wales



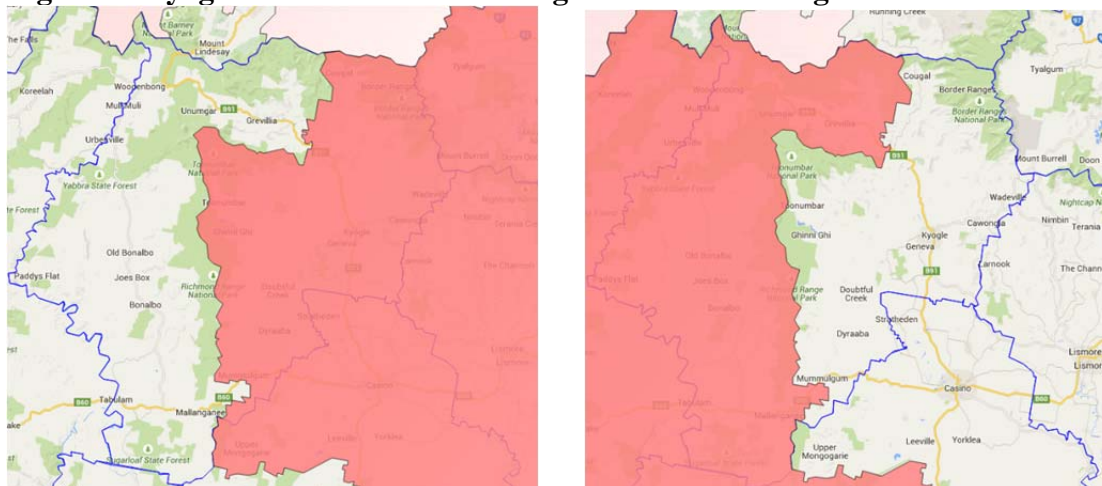
The major residential areas within the Kyogle LGA are the town of Kyogle itself plus six villages i.e., Bonalbo, Mallanganee, Old Bonalbo, Tabulam, Wiangaree and Woodenbong (Kyogle Council New Residents and Investors Guide, 2014).

⁴ ABS community profile data (from 2011 Census)

Remoteness Area Classification

Approximately half of Kyogle LGA is classified as ‘Inner regional’; this is comprised of the area surrounding Kyogle township, within one hour’s drive from Lismore. Three quarters (approximately 7,000 people) of the Kyogle LGA population live in this area. The remainder of the Kyogle LGA (approximately 2,300 people) is classified as ‘Outer regional’ (Figure 3)⁵.

Figure 3: Kyogle LGA includes inner regional and outer regional areas



Inner regional (highlighted)

Outer regional (highlighted)

Community Profile

In 2011, there were 9,288 usual residents living in the Kyogle LGA; of these, 4,642 (50.3%) were male and 4,586 (49.7%) were female. An estimated 5.3% of the Kyogle population identify as being of Aboriginal and/or Torres Strait Islander background, higher than New South Wales and Australia as a whole (both 2.5%).

In the 2011 Census, the median age of the population in Kyogle was 45 years, compared with 38 years in New South Wales and 37 years for Australia as a whole (Table 1). The size of the Kyogle LGA resident population has changed little over the past decade; however, the median age has increased, from 39 years in 2001 and 42 years in 2006. This reflects decreased numbers of residents in younger age groups (0-44 years) and increased numbers of residents in older age groups (≥ 45 years).

⁵ Remoteness area classification (map from doh.healthtool.com.au)

By age, 19.1% of the population was aged between 0 and 14 years, 63.6% were between 15 and 65 in 2011, and 17.4% were aged 65 years and older (an increase from 15.3% who were aged 65 years and older in the 2006 Census). In 2011, 1,092 residents were aged 70 years or over (12%)⁶.

Table 1: Distribution of age groups within the Kyogle community 2001-2011⁷

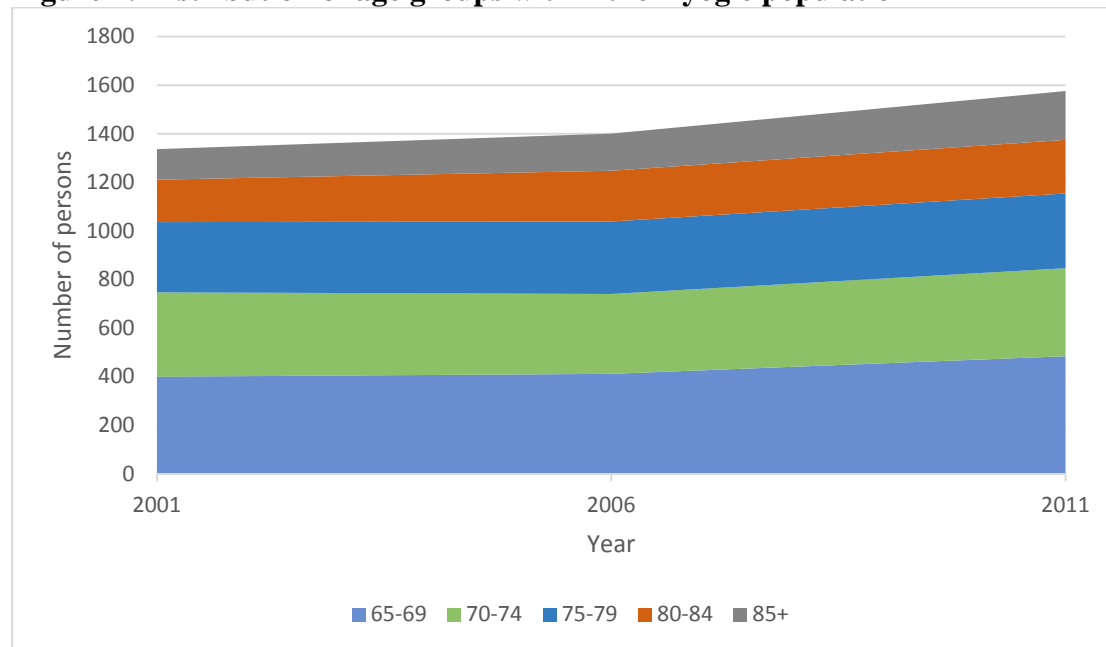
Age Group	Kyogle						NSW
	2001		2006		2011		2011
	N	%	n	%	n	%	%
0-4	569	6.2%	543	5.9%	551	6.1%	6.6%
5-9	803	8.8%	663	7.2%	588	6.5%	6.3%
10-14	899	9.8%	828	9.0%	627	6.9%	6.3%
0-14	2271	24.8%	2034	22.2%	1766	19.5%	19.3%
15-19	632	6.9%	614	6.7%	609	6.7%	6.4%
20-24	276	3.0%	322	3.5%	324	3.6%	6.5%
25-29	342	3.7%	305	3.3%	327	3.6%	6.8%
30-34	466	5.1%	401	4.4%	380	4.2%	6.8%
35-39	662	7.2%	523	5.7%	442	4.9%	7.1%
40-44	807	8.8%	679	7.4%	566	6.2%	7.0%
15-44	3185	34.7%	2844	31.0%	2648	29.2%	40.6%
45-49	773	8.4%	806	8.8%	668	7.4%	7.0%
50-54	668	7.3%	811	8.9%	807	8.9%	6.8%
55-59	502	5.5%	735	8.0%	827	9.1%	6.1%
60-64	423	4.6%	503	5.5%	758	8.4%	5.6%
45-64	2366	25.8%	2855	31.2%	3060	33.7%	25.5%
65-69	399	4.4%	411	4.5%	484	5.3%	4.4%
70-74	348	3.8%	329	3.6%	362	4.0%	3.4%
75-79	289	3.2%	299	3.3%	308	3.4%	2.7%
80-84	175	1.9%	209	2.3%	221	2.4%	2.2%
85+	126	1.4%	153	1.7%	201	2.2%	2.0%
65+	1337	14.6%	1401	15.3%	1576	17.4%	14.7%
50+	2930	32.0%	3450	37.7%	3968	43.7%	33.2%
Total	9169	100%	9163	100%	9073	100%	100%

⁶ ABS community profile data (from 2011 Census)

⁷ Data from Time Series Profile 14550 (T03), Basic Community Profile 1 (B04), Census 2011

Represented graphically, the proportion of the older population in the Kyogle LGA is increasing over time in the majority of age categories between 65 years and 85+ years (Figure 4).

Figure 4: Distribution of age groups within the Kyogle population⁸



Socio-Demographic Data

The majority of persons living in the Kyogle area are Australian Citizens. A total of 85% of residents were born in Australia, followed by England (3.0%), New Zealand (1.7%), Germany (0.7%), United States of America (0.5%) and the Netherlands (0.4%).

There were 46.6% of the population of the Kyogle LGA who were married at the time of the 2011 Census and 7.0% were widowed (Table 2).

⁸ ABS community profile data (from 2011 Census)

Table 2: ABS socio-demographic data from 2011 Census⁹

% of those aged 50 and above	Kyogle	NSW
Remoteness		
Major cities	-	68.5%
Inner regional	74.5%	23.0%
Outer regional	25.5%	7.7%
Remote/very remote	-	0.6%
Registered marital status		
Married	56.9%	61.6%
Separated	3.9%	3.6%
Divorced	16.3%	13.0%
Widowed	11.9%	13.6%
Never married	11.0%	8.1%
Social marital status		
Married (registered)	57.7%	64.1%
Married (de facto)	9.1%	5.4%
Not married	33.3%	30.5%
Work		
Full time	20.1%	24.6%
Part time	15.1%	12.4%
Unemployed	3.1%	1.6%
Not in the labour force	54.1%	52.7%
Not stated	5.2%	6.2%
Weekly personal income		
\$399 or less	53.4%	42.0%
*\$400 - \$999	30.7%	29.0%
\$1,000 - \$1,499	5.0%	9.8%
\$1,500 - \$1,999	2.3%	5.2%
\$2,000 or more	1.3%	5.6%
Highest year of school completed		
Year 12	22.8%	33.3%
Level of education		
Postgraduate degree	1.3%	3.4%
Graduate diploma/certificate	1.8%	1.6%
Bachelor degree	7.6%	10.0%
Advanced diploma/diploma	7.0%	7.8%
Certificate	17.0%	16.9%

* As median individual income is \$376/wk, the majority of this group is probably closest to \$400/wk

⁹ ABS community profile data from 2011 Census (Time Series Profiles (T04, T05, T32))

There were 3,777 people employed in 2011. Table 3 sets out the self-reported industry and employment role classification of 3,426 people who answered this question, of whom 57% were employed full-time and 37% part-time.

Table 3 highlights the fact that the highest number of employed people in the LGA work in the Agriculture, Forestry and Fishing industry (although given the geographic location of Kyogle LGA, there would not be many working in the fishing industry). It is also surprising that 432 (74%) of the 587 people working in that industry self-identified as Managers, whereas only 93 (16%) self-identified as Labourers.

That is also in stark contrast to the 475 people who work in the Health industry – only 15 (3%) selected Manager, 186 (39%) said Community/ Personal Care worker; 181 (38%) said Professional, 51 (11%) said Clerical/ Admin & 16 (3%) said Technical/Trade.

According to the 2011 Census, the median individual income was \$376 per week and the median household income was \$714 per week.

There are 3,604 dwellings in the LGA, of which over 95% are separate houses (3450), higher than New South Wales (70%) and Australia as a whole (76%); 2,349 dwellings have internet connection (2060 Broadband, some dial-up). The average number of people per household in the Kyogle LGA is 2.4¹⁰.

¹⁰ Data provided by Kyogle Council (2015)

Table 3: Self-identified industry and employment classification of Kyogle LGA residents from the 2011 Census

INDUSTRY	<i>Managers</i>	<i>Professionals</i>	<i>Technicians/ Trades</i>	<i>Community & personal service</i>	<i>Clerical & administration</i>	<i>Sales</i>	<i>Machinery operators</i>	<i>Labourers</i>	<i>Other</i>	TOTAL
Agriculture, forestry/ fishing	432	11	19	0	11	0	13	93	8	587
Mining	0	0	5	0	0	0	12	4	0	21
Manufacturing	39	10	73	3	26	12	50	122	6	341
Electricity/gas/water/waste services	4	3	13	0	3	0	3	4	0	30
Construction	24	5	97	0	19	4	56	54	0	259
Wholesale trade	29	9	17	0	10	30	17	22	0	134
Retail trade	61	6	27	0	17	188	9	37	0	345
Accommodation/ food services	29	0	24	57	6	6	3	27	0	152
Transport, postal and warehousing	15	3	3	3	19	4	77	8	3	135
Information media and telecommunications	3	5	3	0	7	0	0	0	0	18
Financial/ insurance services	6	6	0	0	28	0	0	0	0	40
Rental/real estate services	5	3	3	0	3	16	0	0	3	33
Professional, scientific and technical services	3	40	15	0	50	0	0	0	0	108
Administrative and support services	4	0	0	13	5	0	0	36	5	63
Public administration/safety	11	23	16	35	29	0	19	19	0	152
Education and training	22	175	8	63	37	0	0	16	0	321
Health care/social assistance	15	181	16	186	51	0	0	22	4	475
Arts and recreation services	3	12	4	4	3	0	0	11	0	37
Other services	10	4	66	6	5	5	3	8	0	107
Inadequately described	12	3	4	6	7	6	0	12	18	68
TOTAL	727	499	413	376	336	271	262	495	47	3,426

NSW Department of Planning and Environment Population Projections for Kyogle

According to data released by the New South Wales Department of Planning and Environment in 2014, there is no projected change in population size for Kyogle to 2031, but continued changes in age profile, with decreased numbers of residents aged 15-64 years and increased numbers of residents aged 65+ years (Table 4). The number of residents aged 70 years or over is projected to increase from approximately 1,100 in 2011, to approximately 1,450 in 2021, and approximately 1,950 by 2031¹¹.

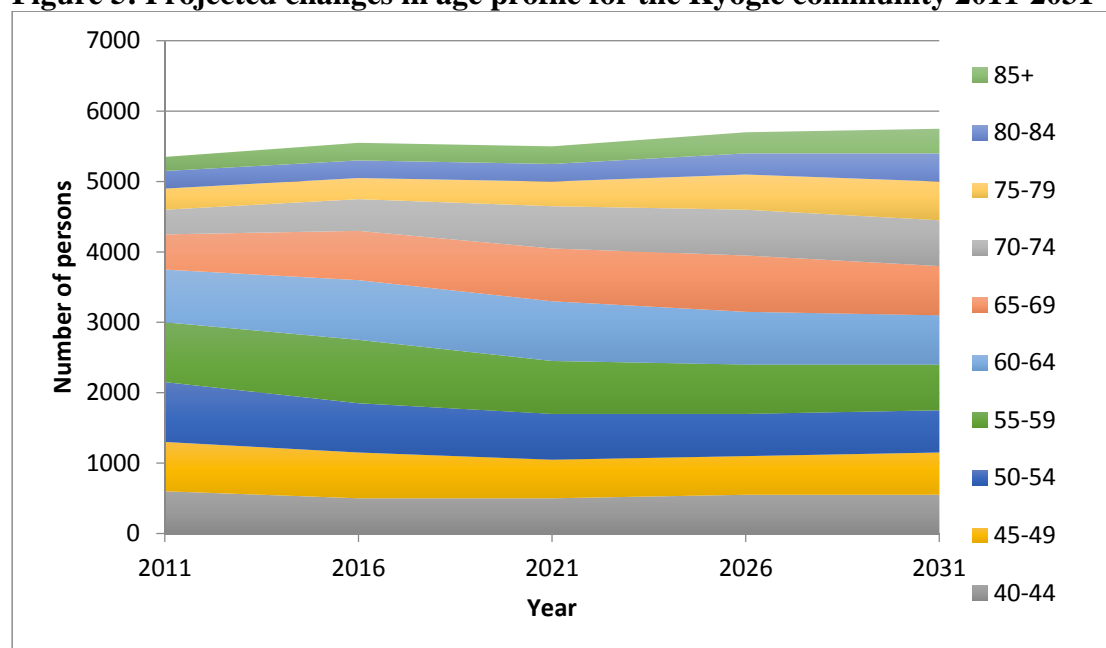
Table 4: Projected changes in age profile for the Kyogle community 2011-2031

Age group	2011	2016	2021	2026	2031
0-4	600	600	600	600	550
5-9	600	600	650	650	600
10-14	650	600	600	650	650
15-19	650	550	500	500	500
20-24	350	350	300	300	250
25-29	400	400	350	350	300
30-34	450	450	450	450	400
35-39	500	500	500	550	500
40-44	600	500	500	550	550
45-49	700	650	550	550	600
50-54	850	700	650	600	600
55-59	850	900	750	700	650
60-64	750	850	850	750	700
65-69	500	700	750	800	700
70-74	350	450	600	650	650
75-79	300	300	350	500	550
80-84	250	250	250	300	400
85+	200	250	250	300	350
Total	9,550	9,600	9,600	9,600	9,600

¹¹ NSW Department of Planning and Environment population projections 2014
(<http://www.planning.nsw.gov.au/enus/deliveringhomes/populationandhouseholdprojections/data.aspx>)

Represented graphically, the number of persons aged between 65 and 85+ years is expected to increase between 2011 and 2031 (Figure 5).

Figure 5: Projected changes in age profile for the Kyogle community 2011-2031¹²



Note: Despite the projected increases in numbers of people aged 65 and above, approximately 20% of people aged 65 and above moved out of the Kyogle LGA between the 2001 and 2006 Census and approximately 15% moved out between the 2006 and 2011 Census (see Appendix 2). There is some anecdotal evidence that one of the main reasons for people moving out of the area was the difficulty in time, cost and stress on frail older people in accessing services, especially health care service (see Transport below). As noted above, older people moving from the area also reduces the potential employment of younger people in the region.

¹² NSW Department of Planning and Environment population projections 2014
(<http://www.planning.nsw.gov.au/enus/deliveringhomes/populationandhouseholdprojections/data.aspx>)

Indigenous Profile in Kyogle

The median age of Indigenous residents in Kyogle in 2011 was 23 years, compared with 45 years for the non-Indigenous population.

In the 2011 census, 37 (7.6%) Indigenous residents in Kyogle reported a need for assistance to carry out core activities, and 64 (19.6%) of Indigenous residents aged 15 years and over reported providing unpaid assistance to a person with a disability¹³.

Table 5: Distribution of Indigenous population in Kyogle in 2011, by age group

Age group	Indigenous (N)	Indigenous (%)
0-4	50	9.2%
5-14	110	9.0%
15-24	97	10.1%
25-44	107	6.1%
45-64	98	3.1%
65+	25	1.6%
Total	487	5.3%

Socio-Economic Index for Kyogle

Socio-Economic Indexes for Areas (SEIFA) is a product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage. The indexes are based on information from the five-yearly Census.

SEIFA 2011 is the latest version of this product and consists of four indexes. The most common index used is the Index of Relative Socio-Economic Disadvantage (IRSD). Kyogle was ranked in the second most disadvantaged decile (bottom 20%) of local government areas in Australia according to the 2011 Census and was ranked in the most disadvantaged decile (bottom 10%) of local government areas in New South Wales.

Kyogle is No 11 of 152 in NSW and number 70 of 561 in Australia on the SEIFA Scale for “most disadvantage” (‘1’ is the most disadvantaged).

¹³ ABS Indigenous profile data (from 2011 Census)

DISABILITY SUPPORT SERVICES

In the 2011 Census, 6.6% of Kyogle residents reported a need for assistance to carry out core activities, compared with 4.9% for New South Wales as a whole. There were 14.8% of Kyogle residents aged 15 years and over who reported providing unpaid assistance to a person with a disability, compared with 11.4% of residents aged 15 years and over in the whole of New South Wales and 10.9% of the entire Australian population¹⁴. (Table 6)

Table 6: Residents in Kyogle requiring assistance and number of volunteers providing assistance

Age group	Require assistance for core activity		Number (%) of volunteers providing assistance	
	N	%	N	%
0-4	3	0.6%	-	-
5-14	37	3.0%	-	-
15-19	14	2.3%	46	7.4%
20-24	12	3.6%	40	11.8%
25-34	26	3.6%	83	11.3%
35-44	46	4.5%	162	15.8%
45-54	81	5.3%	293	19.1%
55-64	124	7.6%	308	19.0%
65-74	71	8.1%	123	14.1%
75-84	92	17.5%	46	8.8%
85+	101	49.3%	6	2.9%
Total	607	6.6%	1,107	14.8%

Figure 6 demonstrates the relative percentages of people with a profound or severe disability and Figure 7 demonstrates the relative percentages of people providing unpaid assistance in Kyogle compared with New South Wales as a whole. These data demonstrate that Kyogle LGA is in the highest quintile (i.e., top 20%) of LGAs for both the percentage of people with a profound or severe disability and for volunteers who provide assistance.

Data from interviews and the 2011 Census also indicate that there is a very high level of volunteering generally in the Kyogle LGA, with approximately 49% of the population providing volunteer services in some form.

¹⁴ ABS disability data (from 2011 Census)

Figure 6: Percentage of people with a profound or severe disability (includes people in long-term accommodation) in New South Wales, all ages, 2011¹⁵

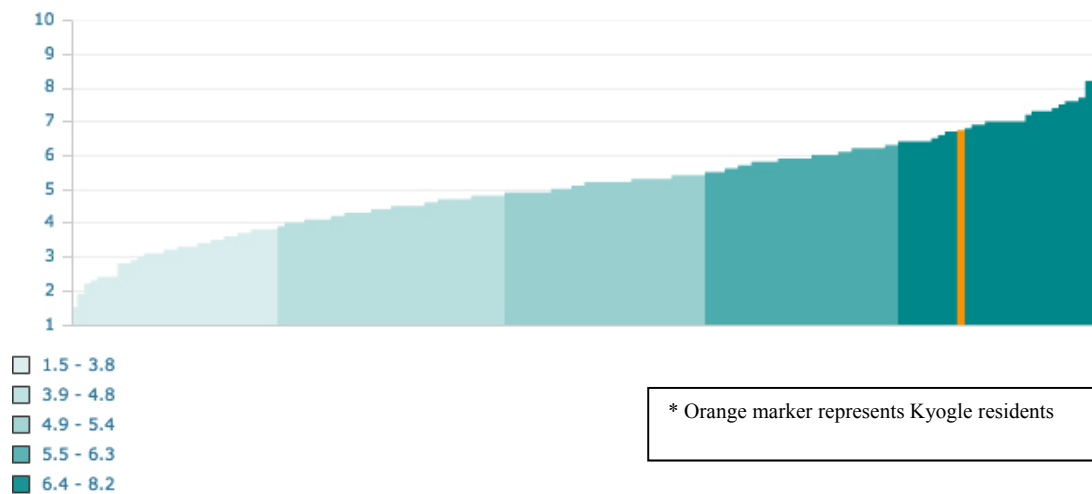
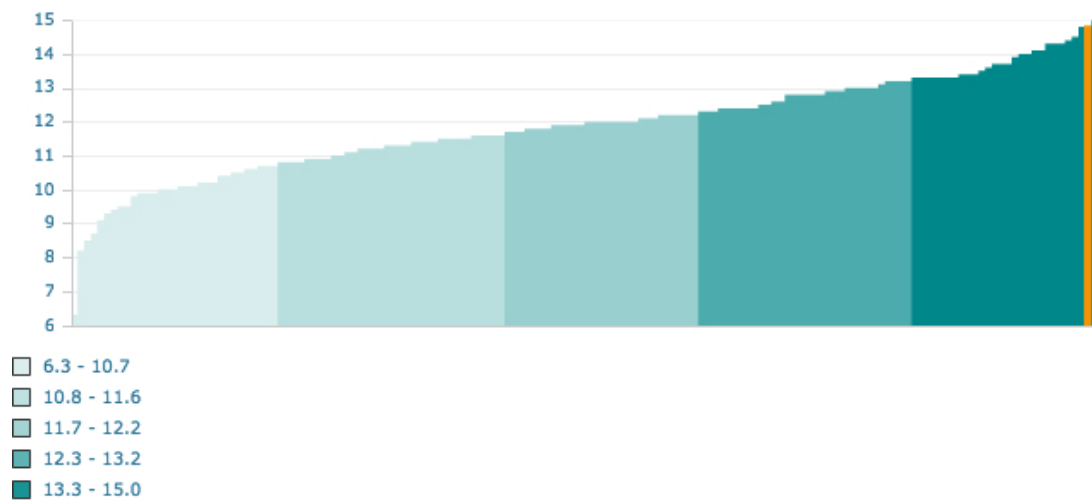


Figure 7: Percentage of persons who provided unpaid assistance to persons with a disability in New South Wales in 2011¹⁶



¹⁵ Information from PHIDU Social Health Atlas (2011)

¹⁶ ABS disability data (from 2011 Census)

In contrast, there are very few disability support services listed in the Department of Health National Health Services Directory in the Kyogle LGA¹⁷:

- 0 acquired brain injury information/referral services, disability case management services or disability advocacy services
- 0 providers of disability aids and equipment (3 in Lismore)
- 0 disability day programs and activities (4 in Lismore, 1 in Casino)
- 0 disability information/referral services (3 in Lismore, 1 in Casino)
- 0 disability support packages (2 in Lismore)
- 0 disability supported accommodation services
- 1 provider of hearing aids and equipment (plus 1 in Lismore, 1 in Casino)

Disability services in NSW are currently governed by the *Stronger Together: A New Direction for Disability Services in NSW 2006-2016* program and policies of the NSW Government. This 10-year plan aimed to provide greater assistance and long-term practical solutions for people with disability and their families, including increased access to specialist services. More than \$3 billion dollars has been invested in the program to date.

Stronger Together 2 commenced on 1 July 2011, with an additional focus on developing a person-centered approach that enables people with disability to be the key determiners of how support resources are used.

In addition, the NSW Government Disability Inclusion Act (2014) and Disability Inclusion Regulation (2014) commenced on 3 December 2014. The Act commits the NSW Government “to making communities more inclusive and accessible for people with disability now and into the future. These commitments will continue even when the National Disability Insurance Scheme (NDIS) is operating across NSW”¹⁸.

The Act also requires NSW government departments, local councils and some other public authorities to develop and implement a Disability Inclusion Action Plan. The plans must be consistent with the State Disability Inclusion Plan and include strategies to increase access

¹⁷ Availability of disability support services, 2015. NB Not all services in the Kyogle LGA may be captured in the National Health Services Directory

¹⁸ NSW Government Family and Community Services Fact Sheet, 2015

and participation. In developing and reviewing their plans, public authorities must consult with people with disability¹⁹.

It is expected that the State Plan will be completed by July 2016, with Local Councils to have their plans completed a year later. However, the timing of the latter will, of course, depend on when the State Plan is completed.

The National Disability Insurance Scheme is currently being trialed in various locations across Australia. In NSW, these include the Hunter and Nepean Blue Mountains areas. A progressive roll-out of the full scheme in NSW is expected to begin in July 2016 but there is no clear indication at this stage of when it will be available in each location. As is the case with the changes to aged care, there seems to be a great deal of confusion in both the Kyogle LGA and the wider community in relation to the NDIS. One care provider is concerned that it does not adequately provide for the needs of very young children; others are worried that, given that people will no longer qualify for services under the NDIS when they turn 65, if they have been receiving specific support for many years up to that point they may be very distressed when those services cease, even if they are replaced by something else.

Previous research in Northern NSW found that many people with disability have ageing parents as their primary carers, which means that, in addition to their own health and care needs, these older people have major concerns about the future care of their adult children with disability²⁰.

Disability in the Kyogle LGA

Approximately 12% of the funding received by Care Connections in Kyogle under the Home and Community Care (HACC) program is for people with disability; at current service rates, this means approximately 60 ‘current’ clients.

Casino and District Family Disability organisation currently provides assistance to three families in Kyogle who have a child aged between 5 and 18 with intellectual disability. This

¹⁹ NSW Government Family and Community Services Fact Sheet, 2015

²⁰ Cartwright C, Shaw K, Craig J. *Futures Planning for Older Carers of Adults with Disabilities: Phase 2*. Report to NSW Department of Human Services Ageing, Disability and Home Care (ADHC), 2011

consists of contact on one Saturday a month. The young person is collected from the family home and taken to the movies or to some other activity. During school holidays the frequency usually increases to two to four days in two weeks.

A service provider said, “I think there are a large number of kids with disabilities that we don’t even know. Some people with mental health problems have autistic children and no transport.”

Community access for people with disability in the Kyogle LGA is poor. A recent audit of the 60 buildings on either side of the main street of the Kyogle LGA by a team which included two people in manual wheelchairs and one in an electric wheelchair, found that only 30 of the 60 buildings were accessible for the most mobile (and strong) wheelchair-bound members of the team. A full report of the audit is appended (see Appendix 3). Council will be required to address such issues in its Disability Inclusion Plan (see p21/22).

There is a high level of mental health disability in the Kyogle LGA. There are two employment-related services in the LGA for people with disability; Tursa runs a program called Jobs in Jeopardy, which provides assistance to people with physical or mental health issues to help them stay in the workforce and the Louisa Johnston Support Services in Bonalbo is a support and employment service for people with disabilities. One of their disability employment enterprises is Louisa’s Fine Foods; Ability Links in Kyogle supports this project by selling the food at community markets and exploring options to increase links into the broader community.

Some of the supported employees at Louisa’s travel from (near Urbenville but within the Kyogle LGA*) to attend work but have to take time off each school holidays as the school bus is their only form of transport. This has a great impact on their social interaction and on business production. (Information supplied by Ability Links; * clarification by a Kyogle Councillor).

The school principal from one of the villages is very concerned about youth and mental health and the total lack of any preventative services.

Some children with major disability are assessed and programs put in place but it’s a tiny service and if it’s a really big disability then it’s too hard for the tiny service so they get nothing anyway. Interview 21

The problem is exacerbated at Kyogle Public School because inadequate funding is provided for teachers' aides to assist with children with disability.

Woodenbong High School was mentioned very favourably by several interviewees as providing good care in a special unit to children with disability, and as having very skilled teachers who try to integrate children with disability to their maximum potential.

So he got to be integrated and he got support. There's a big Aboriginal population up there and those boys were so good to him. They let him be on the football team, wear a jersey – and he still talks about it to this day, his football team. It is the highlight of his life and he will tell you now it was the best school he went to. IV 4

There is no special education unit in Kyogle, as there is in Woodenbong and also in Casino. Children with disability often have to go to the Goonellabah Community Health Centre to access the appropriate allied health people. A young man in Kyogle who has Prader-Willi Syndrome went to Grafton for respite because there was no suitable respite facility in Kyogle and Grafton was the closest Centre with a vacancy. "At the Grafton unit the staff have no medical training and he returned with deteriorating health problems." IV 4

Children who are autistic who need a special unit have to go to Casino. They have to use a taxi service to get there. Some people have behaviour issues as part of their disability. Taxi drivers do not have the skills to manage four children with mental health problems, one in the front seat and three in the back. The alternative is to chance putting your disabled child on a public bus and hope that the children are kind. And they almost never are. IV 4

Programs for teenagers with autism were identified as a major need in the LGA. One carer has a son who is very bright but lacks social skills and is not aware that things he says are inappropriate. This means that children his age do not relate to him and he has no friends. His carer said that he told her he is lonely. He does not need classes but, rather, support from someone "side-by-side" with him to help him socialise.

There is no age-appropriate respite in the LGA for people with disability such as Down Syndrome or cerebral palsy.

I know one family at the moment, the husband has died, the son has a disability, and the elderly mother is caring for him on her own. He's only 50 but where does he go for his respite? (The only option is an aged care unit). Their (disability) funding actually cuts out at 65. If they live long enough to become ineligible for disability funding, where do they go? IV 6

This is also the case for long-term care; a 40-year-old woman had to go into an aged care facility as there was nowhere else for her to go.

High levels of mental health problems, often undiagnosed, are also prevalent in the Aboriginal population in the Kyogle LGA and the LGAs which border it. It is also difficult to access services for people with mental health or drug problems.

They can't be transported by Northern Rivers Community Transport volunteer drivers because of the mental health issues (and) when they are incarcerated, that is the only time they get full services. IV 16

The problem is exacerbated if the Aboriginal Health Education Officer is not told that a member of the Aboriginal community who has mental health problems is being discharged from hospital and does not receive a referral to do a 48-hour follow-up, or notification that the person has appointments or if there is a need for agencies to go to the (Tabulam) Health Post to see the person. Lack of transport makes this problem even more difficult.

Mental health issues cause major problems for service providers throughout the LGA.

For people with mental illness, chronic users of alcohol – older person's mental health – there's an extreme gap in service. They come into our facilities and staff aren't adequately skilled up. We can't access older person's mental health through the acute care ward ... because it's only an outpatient-based service. (A Lismore-based Nurse Practitioner) will come if she can or we'll just discuss with her over the phone for some advice. Her specialty is specifically depression, dementia and delirium. IV 6

A very good community-based service for people with disability in Kyogle LGA is Ability Links, a NSW-wide program which was established 12 months ago in the Northern Rivers Area; it is delivered by the Northern Rivers Social Development Council and funded by the State government. This is a free service, available to people between 9 and 64 with mild to moderate disability but also has 'Early Linkers' who work with children from 0-15, particularly children who are on the autism spectrum.

Our program is aimed at promoting social/community inclusion for people with mental/physical disability, assisting families and carers of people with disability and supporting/encouraging people (undiagnosed) who are facing life challenges and unable to find their way through the maze of support groups and services that may be available in the region, though quite limited in Kyogle LGA. (Information supplied by Ability Links)

The service is not time limited; people can return for help/advice/support as often as they feel necessary. Staff report that the main issues that participants ask for assistance with are transport, Centrelink, housing, respite, mental health needs and social support. (See Accommodation and Transport below for further information from Ability Links). Kyogle Council June/July 2015 Community Newsletter, notes that “Ability Links promotes the rights of people living with disability, particularly the right to participation and individual outcomes” (p5).

Kyogle Youth Action also provides support to young people with disabilities, offering after-school programs, life skills groups, and recreational activities, as well as early intervention case management for young people aged 12 to 18.

The Bonalbo preschool can organise a range of services for families and children with special needs, from birth to eight years of age. However, if the closest service that can provide specific therapy required by someone with a disability is several hours away, this creates the same problem as services for older people being based outside the LGA.

Last year a little boy was accessing the HACC-funded Better Start program but he had to get someone out from Alstonville, so that’s over an hour’s worth just one way. And that’s taken directly from his pool of funding and his therapy, which is very, very important to this child, and that (travel time) was taken away from him. And because their (other) funding pool dropped as well, he just ceased the program. That was such a loss. IV 21

A participant in the Bonalbo Focus Group is a member of the Totally and Permanently Incapacitated (TPI) Veterans’ Association and is involved in a men’s health project that supports veterans and their families, and anyone suffering from mental health issues, including farmers, as well as supporting health care professionals who are under increasing pressure trying to care for such people.

In addition to services in the Kyogle LGA, those who can find transport to Lismore or other areas are sometimes able to access services outside the LGA. One example of an excellent service is Red Inc, a disability support provider in Lismore which tries to match the person with disability to an appropriate case manager who then assists the person with disability to develop a plan of what they want to do, within their allocated budget. The case worker also

tries to engage with the person's family, where possible and appropriate, so they can provide a team approach for the person with disability.

Red Inc has a strong creative arts focus, which attracts many people with disability, especially younger adults, to participate in the creative arts. The mother of a young man from Kyogle said that, throughout his childhood and early adult years in Kyogle, it was very difficult to find suitable services for him – and, in fact, he seems to have received very little support apart from that provided by his family. However, he was accepted into the Red Inc program, started attending music workshops and one-on-one music lessons and has now formed a band with several other young men in the Red Inc program. The Red Inc music coordinator assisted the band to successfully apply for a grant and they have since recorded an album.

They had a big launch and it was a sold-out event. Sold all their t-shirts, sold all their CDs on the night, performed. They've been on the news; absolutely sensational. His family brings him in and he continues to come. That's an example of people having an interest and doing something with it. Now, they're using the money they made on that to do another run of CDs. They perform all over the place and they have fun doing it. IV 12

Red Inc also provides visual arts opportunities for their clients, with a range of artwork and jewellery, and they hold exhibitions. They recently started an online gallery, which provides the clients with a chance to sell their works.

There is a strong focus on assisting clients to become independent; for example, they are encouraged to catch the bus and the staff do travel training with them so clients can get to the Centre independently. Red Inc also does a lot of 'transition to work', helping people go from school to open employment (i.e., not supported employment), to undertake TAFE courses, do work experience and obtain traineeships. The organisation does a lot of work with employers in the area. Under the National Disability Coordination Officer program, a staff member did a project to work with employers.

He recruited 30 employers and ran a training course around overcoming obstacles around employers' anxieties, physical work space, how to support them, how to help other staff feel comfortable. Then he got together a team of 10 people with a disability who had been through the process of getting a job, had a job and then became mentors of other people – so peer-to-peer kind of mentoring support. IV 12

This organisation has 10 clients from Kyogle and five from the Mulli Aboriginal community in Woodenbong. Because of the transport challenges from the Kyogle LGA, some clients rely on their family to bring them to Lismore; for others, Red Inc will try to find suitable accommodation in Lismore but, after travel training, the young man in the band is now able to come in by himself on the early morning school bus and another young woman now has her driver's licence, which increases her independence. As each client has their own individual budget allocation, Red Inc can also accommodate such things as a client wanting to attend a football match, which may include paying a carer to go with them.

The service coordinator expressed some concerns about the National Disability Insurance Scheme, primarily that it may limit choice and the option for people to change what they want to do (all possible under the Red Inc model). Although the NDIS is being promoted as providing more choice, it may not actually do that as "it seems to be quite bureaucratic and prescriptive". IV 12 (Details of the fee structure are not within the brief of this project but are held by the consultant if required.)

Kyogle is fortunate to have a very caring and supportive community, which provides a lot of voluntary support to disabled people, but is sadly lacking in most services that would enhance the lives of both carers and people living with disability. IV 28

HEALTH SERVICES FOR THE KYOGLE LGA

In 2011-13, 17.3% of Kyogle residents aged 15 years and over reported that their own health was fair or poor. In comparison, only 14.3% of all residents in New South Wales aged 15 years and over reported their own health was fair or poor²¹.

The National Health Services Directory reports that Kyogle LGA and surrounding LGAs have a dispersed hospital network. It states that all have Emergency Departments except the Campbell Hospital, Coraki (bottom right hand corner of Figure 8)²².

However, the situation 'on the ground' is somewhat different to that outlined in the National Directory; there are now no 'hospitals' designated as such in the Kyogle LGA (and Coraki is not in the LGA). The Kyogle Hospital has become a Multi-Purpose Service. It has a four-

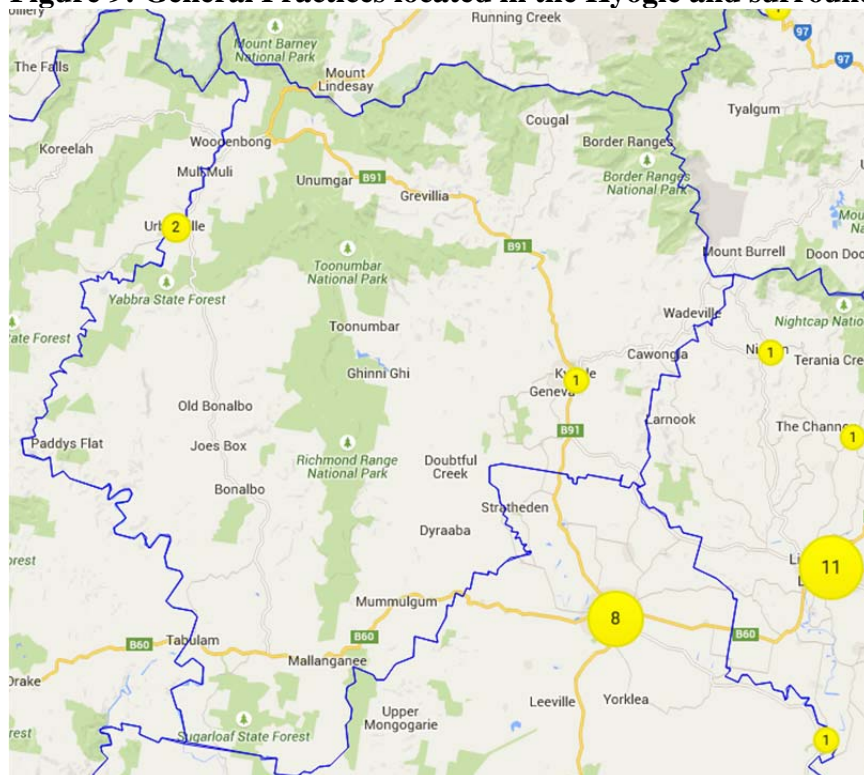
²¹ Self-assessed health: (Australian Health Survey, results from PHIDU)

²² Health services maps (from healthmap.com.au) 2015. NB Not all services in the Kyogle LGA may be captured in the National Health Services Directory

A number of hospitals on the borders of the Kyogle LGA, which are accessed by Kyogle LGA residents, have also become Multi-Purpose Services; these include the previous Urbenville and Nimbin hospitals. Residents from the Kyogle town area generally access hospitals in Lismore, Casino or Ballina, in addition to the Kyogle MPS; those in the Bonalbo area generally go to Casino Hospital for minor matters and to Lismore for other treatment; only a small number of residents in the LGA access Nimbin MPS, while those in the Woodenbong area access Urbenville MPS but may also access the hospital in Warwick in Queensland. Anyone requiring an ambulance in the LGA would usually be taken to Lismore Hospital, and for more serious matters most residents of the LGA would be referred to specialists in the Gold Coast or Brisbane (or in some cases, Sydney).

The National Health Services Directory shows that there is a comparatively more sparsely distributed network of general practices in Kyogle and the surrounding areas (Figure 9).

Figure 9: General Practices located in the Kyogle and surrounding areas²⁴



²⁴ Health services maps (from healthmap.com.au.), 2015

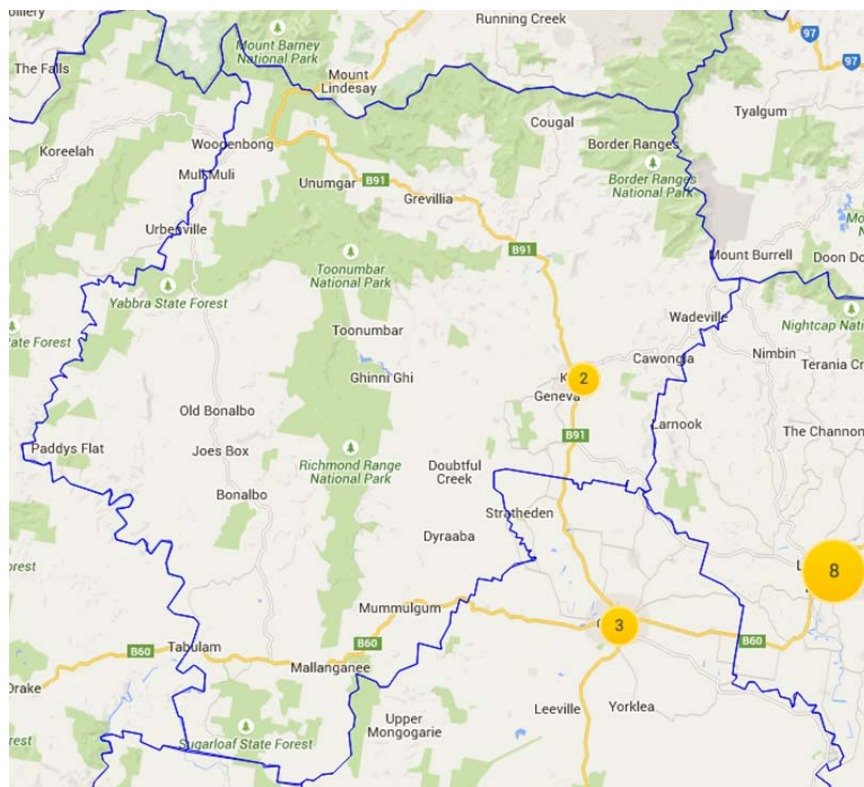
There is one main medical practice in the Kyogle LGA; this is based in the Kyogle town area and has six GPs, two registered nurses and three enrolled nurses. The GPs from this practice support the Kyogle MPS and Kyogle Court aged care facility. One of the enrolled nurses does home help assessments for all patients who are 75 and over, and discusses each assessment with one of the practice doctors to ensure that the patient is receiving the services they need. Currently, the practice has 560 patients aged 75 and over, 3,121 patients aged 50 and above, approximately 80 Aboriginal patients aged 40 and above, and 18 aged 60 and above in their database. The nurses' skills cover a broad range of areas, including care planning for patients with chronic conditions and Advance Care Planning.

While Bonalbo was without a GP for a number of years after the long-serving GP there retired, there is now a GP who has a clinic in Bonalbo but this seems to operate on a part-time basis as local people advise that the GP is often away from the area for weeks at a time.

Many residents in the Woodenbong area go to Urbenville for GP services, primarily at the High Country Medical Practice, which has two GPs who also support the Urbenville MPS. Others attend GP surgeries in Beaudesert or Warwick in Queensland. If their condition warrants visiting specialists they would usually go to the Gold Coast or Brisbane. (Note: The planned redevelopment of the Lismore Hospital may include additional specialist services which, in turn, may reduce the need for travel to the Gold Coast or Brisbane.)

There are few dental practices in the Kyogle and surrounding areas (Figure 10), with only one practice in the actual Kyogle LGA.

Figure 10: Dental practices located in the Kyogle area²⁵



AGED CARE

There is a continuum of support in aged care, with 3 different programs, each providing different levels of support. These are:

1. Home and Community Care (HACC) Program, which provides subsidised low level care and support services with a focus on increasing or maintaining a person's independence and preventing premature admission to residential care;
2. Home Care Packages Program, which supports a level of need above the HACC services but also focussed on maintaining independence and preventing premature admission to residential care; and
3. Residential Aged Care Program.

These 3 Programs are discussed below, starting with the highest level of need.

²⁵ Health services maps (from healthmap.com.au), 2015. NB. Not all services in the Kyogle LGA may be captured in the National Health Services Directory

Residential Aged Care

As noted above, in the 2011 Census there were 1,092 residents aged 70 or over in the Kyogle LGA. This number is projected to increase to approximately 1,450 by 2021.

In 2012-13, the Australian Government national target for the number of operational aged care places was 113 places per 1,000 persons aged 70 years and over (86 residential plus 27 community places) recorded in the Australian Institute of Health and Welfare's aged care services and places. Note that this target does not include places under the Transition Care Program, which is jointly funded by the Australian and State and Territory governments. For both residential and home care places for Kyogle LGA, working on 113/1,000 persons 70 and over, there should be 123 places now (94 residential beds plus 29 Community Aged Care Packages). At 30 June 2013, there were 111.7 operational places per 1,000 people aged 70 years and over in the Kyogle LGA (excluding transition care)²⁶.

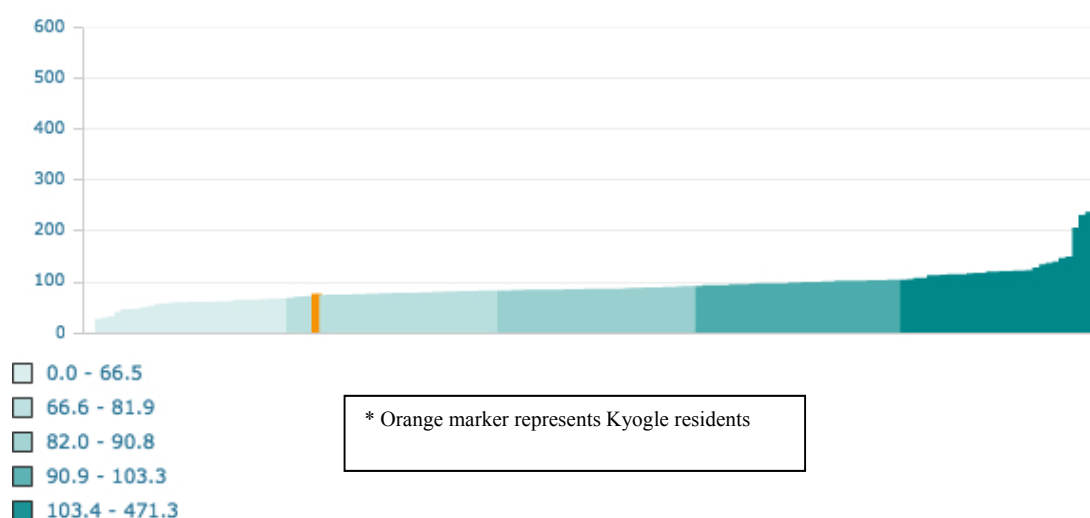
Under the needs-based planning framework (2015), the Government seeks to achieve a national provision level of 125 residential and home care places for every 1,000 people aged 70 years or over by 2021-22. This is known as the aged care provision ratio. These 125 places comprise a ratio of 80 places in a residential setting and 45 places in a home care setting (Figure 11)²⁷.

The Population Health Information Development Unit (PHIDU) confirms that the per capita provision of residential aged care places in the Kyogle LGA is lower than other LGAs nationally (Figure 11).

²⁶ Information from AIHW: Aged care (<http://www.aihw.gov.au/aged-care/residential-and-community-2012-13/services-and-places/>)

²⁷ Information from the Guide to Aged Care Law Version 1.04 release 11 May 2015 (<http://guides.dss.gov.au/guide-aged-care-law/4/2/2>)

Figure 11: Total residential aged care places 30 June 2011 (age-standardised rate per 1,000)²⁸



There are two residential aged care facilities in the Kyogle LGA listed in the Aged Care Guide; Uniting Care Caroonna Bonalbo Hostel (15 beds) and The Whiddon Group Kyogle Court (40 beds), a total of 55 beds for the area. In addition, the Kyogle MPS has a residential aged care section with 24 high care beds and one respite bed. This facility does not appear to be captured in the AIHW Aged Care Guide.

This is a total of 80 beds for the LGA, which represents a provision level of 73.3 beds for every 1,000 people aged 70 or over according to 2011 Census data, well below the national target for 2012-13 of 86 residential places per 1,000 people aged 70 and over. To achieve this national provision level by 2021 (when the Kyogle population aged 70 and over is projected to have increased to 1,450) will require 125 beds, i.e., an additional 45 places will need to be provided²⁹.

Kyogle Court provides full, holistic care for 40 clients aged 72 – 100, with varying degrees of care needs, from very low care to very high care. (Note: “very low” may change after July 1 because of new assessment requirements.)

Kyogle MPS aged care is a high-care facility. One permanent resident in the Kyogle MPS Aged Care Unit is a 50-year-old Aboriginal woman. Demand fluctuates; at the time of

²⁸ Information from PHIDU Social Health Atlas, 2011

²⁹ Information from www.agedcareguide.com.au, 2015

interview there had been three referrals for permanent placement in a week, with nine people on a waiting list, “which is fairly standard”. One staff member noted that “hospitals are not really suitable environments to be people’s homes – they’re hospitals – so the attitude of most of the staff that work there is acute emergency-focused”. The lack of a secure unit for people who are wandering was also raised as an issue because it resulted in the use of medication restraint.

If the MPS cannot accommodate a high-care patient they may have to be placed outside the LGA.

Then, where we can fit them back into our waiting list process, we try to get them back here to Kyogle, because, if all their family is here, they need to be back here [and sometimes family can’t get transport to visit the person if they have had to go out of town]. Then when we have the ability to offer a bed, we ring that facility or I’ll ring that family and say, “Look, are you still interested? We have a bed. Would you like it?” Sometimes they don’t want to come back because they’ve already settled in. IV 6

Some service providers said they usually did not have problems accessing permanent residential care beds in Kyogle for their clients; others reported problems where people had to move out of the LGA.

I know of a few people who have had to go out of town. And these are people that have been in Kyogle for years and years and years. A very close friend of mine had to leave a couple of years ago ... which was such a shame because all her friends were here. (She went to South East Queensland.) IV 26

There were also concerns about how difficult it can be for an older person to visit their husband or wife who has been sent out of the area for care.

While you can get a community transport to a medical appointment, a crisis situation can occur where we’ve not had any beds and some palliative care patient has been (sent to a facility) away from home and died, and the spouse and family were not with them when they died. IV 6

Service providers outside the LGA who confirmed that some of the current or former residents in their Aged Care facilities previously lived in the Kyogle LGA included: BaptistCare Coraki and Alstonville; St Joseph’s in Lismore; and UPA Richmond Lodge Casino.

For Kyogle Court, the waiting list can vary but if there are vacancies they liaise with the GP clinic and the staff in charge of the general ward at the MPS; they will know who in the community is most in need of residential care.

Access to specialists is a major issue for people in residential aged care in the LGA.

There's a resident in aged care who has Parkinson's and she needed to go and see the geriatrician (in Ballina). This lady had had a fall – I think she had a fracture – and she couldn't get in and out of a car. So she's in aged care and there's no way for her to access her booked appointment because she can't get in and out of the car. So I got a price on the disabled taxi, and it was going to be \$160 return to Casino; the family couldn't afford that, they are pensioners. People who can't get out of the facility to go to specialist appointments – physicians don't come here – if they can't do a standard transfer in a car, you can't take them and you're stuck. IV 6

The issue of access to specialists is addressed further below, under Telehealth.

Home Care Packages Program

There are two types of Home Care Packages available in the LGA, i.e., ComPacks and Community Home Care Packages.

ComPacks: (previously called Transition Care Packages – one service which provides some ComPacks in the Kyogle LGA is still called the Community Transition Care Program)

ComPacks are available to anyone (not just older people) recently discharged from hospital or aged over 70 and at risk of admission to residential care. This is usually of six weeks' duration but may be provided for up to 12 weeks.

The Community Transition Care Program reported that, in the 2014-2015 financial year, 15 ComPacks Packages were provided to 14 separate individuals in the Kyogle LGA, with a total of 686 package days used for this process. The outcome of the 15 episodes of care was as follows:

- 3 returned to the community without support;
- 7 returned to the community with HACC support;
- 2 returned to the community with a level 1-2 Home Care Package;
- 3 returned to hospital.

Northern Rivers Care Connections in Kyogle also provides ComPacks in the Kyogle LGA, brokered to Care Connections in Casino.

Community Home Care Packages: (See Changes to Aged Care Services from 1 July 2015, below). A Home Care Package provides a coordinated package of services tailored to meet an individual's specific care needs and can include a range of services such as personal care, assistance with housework, nursing care and other allied health services.

Home Care Packages are funded by the Commonwealth Government. There are four levels of packages available; Level 1 and 2 packages generally cover personal care, social support, transport and domestic assistance, which is also what is currently available under the HACC program. There is a charge that each client pays for their package and, at present, few people are taking up the Level 1 and 2 packages because the charge is higher than they currently pay for HACC services. This issue is of major concern to service providers in the LGA. As it is very pertinent to availability of, and access to, aged care service in the LGA, a brief explanation is provided here. However, the coordinator of Northern Rivers Care Connections is very familiar with the problem and its implications for service provision in the LGA and can give Council a thorough briefing if required.

Problems with fee structure for Packages: Under the HACC/CHSP program, recipients of services relatively equivalent to a Level 1 or 2 Home Care Package currently pay the subsidised rate of \$10 per hour, so for a service of six hours per fortnight the recipient pays \$60. Under the Home Care Package program, all recipients are charged 17.5% of the pension; at the current rate that is \$136.78 per fortnight, regardless of the package level they receive. Those assessed as needing a Level 1 or 2 package, which in many cases would provide them with six hours a fortnight (or less if staff travel time consumes some of their hours, which it is likely to do for many care recipients in the Kyogle LGA*) would be approximately \$77 per fortnight worse off receiving a package than they are under the current arrangements. People currently receiving HACC/CHSP will be able to stay with the services they currently receive, under a 'grandfathering' clause but it is unclear if those newly-assessed for a Level 1 or 2 package will be able to refuse the package and opt to receive services under the HACC/CHSP program. If they are not able to do this it could mean that they have no services (or only those they may be able to buy from people in the community

for the \$60 per fortnight they would have paid under the HACC/CHSP program, such as a small amount of house cleaning or assistance with showering or meal preparation).

* The issue of travel time “eating into” time for service provision is an added imperative for the development of appropriate housing such as an Over 55s residential village Independent Living Units (ILUs) to be located in Kyogle and the major villages of the LGA, where services can be provided by local organisations without time being lost for travel. People who live in an Over 55s residential village or equivalent can apply for the same services that people can access if they live in their own homes.

Details of fee structures for both residential aged care and home care packages are available on the Australian government MyAgedCare website³⁰.

According to the MyAgedCare website, there are 35 approved Home Care Package providers in the Kyogle LGA. Between them, these providers have a total of 198 Level 1-2 packages and 53 Level 3-4 packages.

Unfortunately, being approved for provision of packages in the Kyogle LGA does not actually translate into packages being available in the LGA. This project has identified an anomaly in the way Home Care Packages have been allocated and delivered up to now. Allocation of packages is not done on an LGA basis, only on a regional basis. Anyone who holds Home Care Packages for the Far North Coast region can deliver them in the Kyogle LGA (but does not have to).

Major service providers in the wider area (e.g. Lismore- or Ballina-based, or even nationally-based) apply for beds/places and/or packages based on numbers of people aged 70 and above for a whole region; the Far North Coast region includes Kyogle. However, when an organisation receives their allocation and, for example, someone in the Kyogle LGA needs a package, local organisations are often told, “Oh, we don’t have a worker in that area, but we will put you on a waiting list”. Waiting lists are then used to justify the need for additional packages. Logistically, it is understandable that an organisation which does not have a person located in a specific area cannot provide the service because of funding constraints.

³⁰ www.myagedcare.gov.au

Under the funding mechanism, the organisation has to pay staff travel time and actual travel costs from the care recipient's budget. If that person has been allocated, for example, three hours per week, or twice per week, but they live 1½ hrs away from where the service is located, their entire budget is used up by the person travelling to them and back again.

However, it is problematic that large organisations are able to include areas such as Kyogle LGA in their applications if they know that they cannot service them. Some services do broker to local organisations, but it would be better if the local organisations were the budget holders. Small local services have very little chance of being allocated the packages under the current arrangements, if they were to apply for them.

This problem is likely to be remedied from February 2017. From that date, budgets will be allocated to an individual based on need and they will then be able to select a service provider – or more than one, including local providers – to provide the services that best meet their individual needs. (See below)

The following organisations are managing Home Care Packages in the Kyogle LGA:

- The Whiddon Group Community Care Service (based at Kyogle Court) has 10 packages, only Level 1 or 2. (The coordinator for that program manages 23 packages, 10 in Kyogle and 13 in Casino). If someone in the Kyogle LGA needs a Level 3 or 4 package, the coordinator said that they would have to go into residential care. If no beds are available in Kyogle Court they could go to the Whiddon facility in Casino. The furthest person out of the main Kyogle town area to whom they are currently delivering services to is 10 kilometres. There is no one on the waiting list at present. In addition to their own allocated packages, they offer private services and also do brokerage for other services.
- Kyogle MPS manages six packages; these are not currently designated at a particular level but services are provided to meet client needs, where possible.
- Uniting Care Aging Uniting Care currently has a number of Veterans Affairs Home Care Packages in Kyogle and has other Home Care Packages in the Bonalbo-Tabulam area.

Changes to Home Care Packages means that from 1 July 2015 all packages are Consumer Directed Care Packages. While the service provider is the budget holder, the client should now have much more say – and control – over what services they receive.

In the Aged Care Approvals Round (ACAR) funding round at the end of 2014, five organisations won Consumer Directed Care packages for the Far North Coast region. Each organisation was contacted and asked what they are able to provide in the Kyogle LGA. The packages they received, and their responses to the above question, are as follows:

- integratedliving (no capital letter at beginning of name); Address: Far North Coast, Ballina (received 3 x Level 1; 5 x 2, 5 x 3 and 3 x 4 = 16 packages)

Response from integratedliving 29/6/15: “Our Far North Coast Team covers from Tweed to Grafton and as far west as necessary (including Kyogle). We have CDC packages (all levels) and HACC (CHSP), telehealth and meals services available. We currently have vacancies.” The organisation indicated that they would be happy to receive referrals for people in Kyogle.

- Royal District Nursing Service Limited: Address: RDNS Home Care Packages Far North Coast, Port Macquarie (received 4 x Level 1, 5 x 2, 3 x 3 and 4 x 4 = 16 packages)

Response from RDNS: “We are not currently providing any packages in the Kyogle LGA. We have a big contract with Department of Veterans’ Affairs for nursing level care (Level 3 and 4 packages) and with Veterans Home Care for domestic and personal care (Level 1 and 2 packages) but because these contracts have a very small profit margin it is not possible to broker them to other organisations.” RDNS would be prepared to employ two people in the Kyogle LGA and provide packages if referrals are received but could not guarantee a minimum number of hours per week as this would depend on demand and referrals. (See further on this in Discussion and Recommendations section below).

- Southern Cross Care (NSW and ACT): Address: Casino (received 3 x Level 1, 6 x 2, 3 x 3 and 6 x 4 = 18 packages)

Response from Southern Cross Care: “None of our packages are being filled in the Kyogle region. We have no Level 3/4s vacant for that region currently but some may become available in the next month or so. I’m happy to talk to somebody about the possibility of a Level 2 – there are options for someone with higher approval to access

additional services while on the Level 2 and while it may not be as preferable as a higher level it is better than no support at all and in the meantime those clients could be wait-listed with all organisations who provide services in the region. The reason I have no clients in the Kyogle region is simply because I have not received any referrals.”

- The Uniting Church in Australia Property Trust (NSW): Address: UnitingCare Ageing – North Coast Region, Banora Point (received 0 x Level 1, 11 x 2, 4 x 3 and 3 x 4 = 18 packages)

Response from UCA North Coast: “Uniting Care does not currently provide any home care services in Kyogle. (Note: Given below, this probably means under HACC) Under the previous regulated system there was some form of ‘agreement’ that UC would not apply for services in Kyogle. However, under the deregulation this has changed and we are now able to apply and will be doing this. Uniting Care currently has a number of Veterans’ Affairs Home Care Packages in Kyogle and certainly services these. We have other Home Care Packages in the Bonalbo-Tabulam area; these have come about because of our facility at Bonalbo.

Uniting Care through its Innovation Grants program has provided funding to the Kyogle Uniting Church to enable it to set up several programs for ageing residents in Kyogle. Reports indicate that these have been well supported by the Kyogle community.

Uniting Care does have a number of unused Level 2 packages currently available and certainly has an interest in using these at Kyogle. As you will probably be aware, Level 2 packages have been hard to fill since the progression to a deregulated system.

In conclusion, I would add that Uniting Care is very interested in speaking with Council if that opportunity arose. Our staff are working on several new and quite innovative programs to assist people who live in more isolated rural communities to remain in their own homes. Some of these people have great difficulty with regular shopping as their allocated home care hours will not cover housework as well as shopping because of the travel hours involved. I would be happy to field any inquiries and direct them to the right area and key personnel.”

- United Protestant Association of NSW Limited: Address: UPA North Coast Region Tweed Heads South (received 0 x Level 1, 6 x 2, 5 x 3 and 4 x 4 = 15 packages)

Response from UPA: “UPA provides all four levels of Home Care Packages but are not currently providing any in the Kyogle LGA. It is proposed in the next ACAR to apply for more Level 3 and Level 4 packages so hopefully this might allow us to provide some packages in the Kyogle LGA. We (currently) provide limited service (less than 10 clients) to residents of the Kyogle LGA under the HACC and DVA Programs. These are mostly domestic assistance and some personal care. Some of these are located in more remote areas of the LGA (i.e., between Kyogle and Murwillumbah).” (Consultant’s note: It is possible that not all of these are in Kyogle LGA.)

(Note: In the ACAR Round at the beginning of 2013, BaptistCare Mid North Coast were allocated 40 Consumer-Directed Care (CDC) packages which had an aged care focus, and Life Without Barriers, based in Alstonville (between Lismore and Ballina), were allocated 44 CDC packages which had a disability focus, but it does not appear that any of these packages were provided in the Kyogle LGA).

Home Care Casino has some Kyogle-based staff. They are currently providing one package in the Kyogle LGA, in Mallanganee. (Note: The service said they were providing two packages in Kyogle LGA but the second one is in Jiggi, which is in the Lismore LGA).

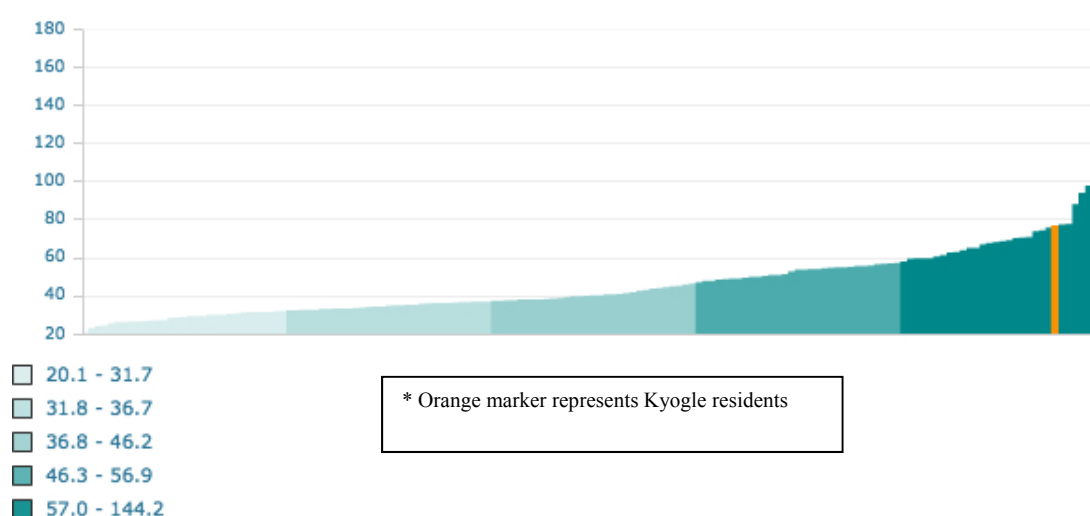
From 1 July 2015, assessment for eligibility for packages will be undertaken by specifically-appointed assessment services. Assessment will include determining if clients are suitable for a reablement approach in which the aim is to assist clients to regain as much independence as possible. (Note: Whiddon Group run yearly ‘Home Independence Program enabling clients’ staff training.)

Home and Community Care (HACC) Program/Community Home Support Services:
(As this data was sourced in both June and July 2015, it will be referred to as the HACC program unless changes to the program are being discussed.)

As of July 2012 the NSW Government program funding people with a disability became the Community Care Support Program, and the Commonwealth funded Aged Care Program became the Commonwealth HACC program (see Figure 13, below).

The Population Health Information Development Unit (PHIDU) data shows that the percentage of people in the Kyogle LGA receiving Home and Community Care services is proportionally higher than other LGAs nationally (Figure 12). However, although Figure 12 indicates a high level of home care in the LGA, this relates only to the *number* of people receiving services of some kind, rather than any indication that the services provided are actually meeting the existing needs in the LGA.

Figure 12: Total clients in the Home and Community Care program in New South Wales 2012/13 (age-standardised rate per 1,000) (From 1 July 2015, Community Home Support Services)³¹



A major provider of HACC-funded support in the Kyogle LGA is Northern Rivers Care Connections, based in the Kyogle CBD but providing services and support throughout the LGA. This service has 660 clients on their database for the Kyogle LGA. Table 7 outlines types of services provided by Care Connections.

³¹ Information from PHIDU Social Health Atlas, 2011

Table 7: Range of services provided by Care Connections in Kyogle LGA

SERVICE	HOW MUCH?	HOW OFTEN?
Domestic Assistance	1,927 hours/year	1-2 hours/fortnight depending on need
Personal Care	1,500 hours/year	From twice/week to daily, as needed
Respite Care	962 hours/year	
Social Support	9,887 hours/year	Outings, local programs, 1 hour home visits
Centre-based Day Care	7,792 hours/year	Once/week
Home Maintenance	594 hours/year	
Home Modifications	\$122,930/year	Usually one-off
Meals-on-Wheels	7,266 meals/year	
Transport	1,337 trips/year	

Note: The quality of care and support provided by Care Connections was mentioned in several interviews, both for care provided in the home and in the broader community. “They do a great job of looking after the social needs of older people by taking them on bus trips etc. and attending to tasks around their homes.” IV 10/11

Meal Provision: In addition to the well-known Meals-on-Wheels service provided by Care Connections, there is some provision under Department of Veterans’ Affairs funding for people to pay neighbours to provide them with meals for a small fee.

In Woodenbong, many of the older residents visit the local café once a week to enjoy social interaction with friends and the café proprietor makes reasonably-priced meals available for people to take home with them.

One of the service providers in Bonalbo also “keeps an eye on” older local residents and will cook them a meal from time to time, and the Upper Clarence Valley Health and Welfare Council has a Good Neighbour food service.

Other HACC service providers in the LGA include:

- Home Care Casino, a program operated by the Aged, Disability and Home Care division of the NSW Government Family and Community Services (ADHC/FACS) provides domestic and personal care services to approximately 200 clients in the Kyogle LGA. A staff member of the service said that this amounts to “500 hours per month of personal

care, domestic assistance, shopping/social support and respite to clients in Kyogle, Bonalbo, Old Bonalbo, Tabulam, Woodenbong, Urbenville and areas in-between”. (Although some of these services would be provided outside the Kyogle LGA, it was not possible to obtain more precise information.)

- The Upper Clarence Valley Health and Welfare Council Inc (a not-for-profit organisation) provides HACC services in the Upper Clarence Valley, including community and medical transport. (Note: This service also provides centre-based day care in Urbenville and Tabulam; it is unclear if the Tabulam service is inside or outside Kyogle LGA). The coordinator of this program also facilitates aged care day activities at the Bonalbo Community Health Service once a week.
- Casino Aboriginal Home Care currently provides domestic and some personal services to approximately 10 clients in the Kyogle LGA.

While HACC service provision does meet the needs of many residents, it is not designed to be a Consumer Directed Care program, which only applies to individualised packages, as it is block-funded and provides services on a priority basis by assessed need. This sometimes means that a client cannot be provided with precisely what s/he wants.

For example, one Focus Group participant said that a person was sent to do some home modification for him, which included putting railings on the front steps and in the bathroom and toilet. However, his condition is such that when he is unwell he loses the use of his arms in relation to grabbing rails, so the home modifications are not really of any use to him. He would have liked some dispensers attached to the walls in his kitchen, bathroom and toilet to dispense antiseptic hand wash (he said he would like “what they have in hospitals, where you put it on your hands before you go inside”) and to dispense shampoo and conditioner in his bathroom, but the person who installed the handrails did not know anything about such dispensers.

When there is no funding available for HACC services, some private providers offer domestic assistance and personal care but “instead of paying \$10 an hour – which you’d get through the HACC-funded services or something like that – you’re going to be paying 25-30 bucks.” IV 6

All of the HACC funding for older people comes from the Commonwealth Department of Social Services. There is demonstrated need for additional services but all available government funding is currently going to redevelopment of HACC into the Community Home Support Program. The Manager of the North Coast Silver Chain end-of-life support project noted that “there is an extreme shortage of personal care and domestic care support in this region.” IV 27. There is capacity to increase private/brokerage services (fee-for-service) if clients are willing/able to pay.

Availability of Trained Staff: While there does not seem to be any difficulty finding personal and domestic care staff, there is some difficulty finding trained staff at the higher employment levels, such as registered nurses. “I’ve had quite a bit of trouble getting registered staff to come and work in an aged care facility”. IV 3 Part of this is due to the perception in the wider community about aged care.

For a long time the perception in nursing has been that when people aren’t capable of doing real nursing they go to aged care. (The perception is that) their clinical skills are poor; their assessment skills are poor; they can’t cut it in a real environment and so they end up in aged care. IV 4

The reality, of course, is just the opposite.

They have to both be able to do person-centred care but they also have to be able to manage systems ... When (student nurses) come to Kyogle they see how valuable that training is. They get a lot of mentorship, which they desperately need ... They get to spend time in the emergency, in clinical care, in aged care. I think they usually walk away feeling as if they’ve had, finally, the opportunity to get their skills in good order. And they don’t feel like that when they leave university. IV 2

Aged and disability services in the LGA employ a small number of full-time staff, some part-time staff and a high number of casual staff. A challenge in relation to the latter is providing enough hours of work to avoid constant staff turnover. Some services will allow casual staff to work for more than one service, others will not. Almost all have at least Level III Aged or Community Care qualifications.

Kyogle MPS employs approximately 90 staff, including domestic services, with 60-70% of staff having some nursing skills, including Registered Nurses, Enrolled Nurses and Assistants in Nursing. All staff in the Aged Care Unit have at least AIN qualifications. It took many months to recruit a physiotherapist. Allied health practitioners in an area like Kyogle LGA

need to be generalists as they are often the only qualified therapist in their discipline in the LGA.

A lot of older people and people with disability are being supported by their families and community networks and are not receiving services. Newcomers to the area often do not have those networks. There might be opportunity for private providers to do fee-for-service work for older people.

There is a large pool of unemployed people in the LGA. Relevant courses to meet the needs of an ageing population are offered by TAFE, which is located in Lismore and Casino and also runs courses online.

TAFE has done a few outreach Aged Care Cert III courses (in Kyogle) over the years but ... they need eight or 10 people to run it (and) you might only have six people identified as wanting to do it within Kyogle. KCFG1

It is possible that unemployed people do not pursue these training options at present as there is no guarantee of full-time work at the end of the training. This may change in the next few years if more service providers are located in the LGA (see Discussion below).

RESPITE CARE

As noted above, there is one Respite Care bed at the Kyogle MPS. There is also in-home respite provided by local organisations, including 962 hours per year provided by Care Connections (see above), which provides respite for both older people and people with disability. In addition to the HACC-funded respite, the respite coordinator assists carers to apply for funding every four months through Lifebridge, a not-for-profit, Tweed Heads-based community organisation that funds in-home respite, provided by paid support workers, for people 65 and over or people with a disability who have medical needs (note: it does not provide respite for people with mental health problems). Usually it is daytime respite; overnight respite is possible but, as the cost for that is higher, the person's funds can be quickly exhausted. The coordinator tries to match the support worker and the person needing respite, where possible. (One family in Kyogle has a number of children with special needs and as they are boys the respite service tries to provide a male support worker.) Support workers for children have to have a Working with Children Check and a Criminal Record Check.

Care Connections also have Day Centre Programs which could be considered as respite in some cases. Respite, including overnight respite, is also available on a private basis through The Whiddon Group.

Information from Far North Coast Commonwealth Respite and Carelink Centre (CRCC): (Note: As this project relates to both older people and people with disability, information provided relating to respite for children and young people with disability and young carers has been included.) The CRCC is a coordination and referral centre for carers; it organises short-term planned respite, as well as emergency interventions on occasion, including residential respite beds. Referrals can be made by a service provider or by the carer themselves. It does not normally provide respite for people living on their own (as it is a carer service) but will, if required, book such recipients into residential respite. CRCC brokers to a wide range of services that actually provide the support, from Grafton to Tweed Heads, and will usually be able to find respite when needed.

Over the last financial year, 205 hours of both in-home and out-of-home respite was provided to 37 carers in the Kyogle LGA, and the service also organised residential respite in Casino, Tweed and in Kyogle itself. (Note from interviews: If a patient goes into respite away from where they live, often the carer cannot visit as transport is too difficult).

Aboriginal Home Care: While Aboriginal Home Care can provide in-home respite for people in the Kyogle LGA they do not currently have any clients receiving that care.

Respite at Kyogle MPS: There is only one respite bed at the MPS.

Historically, there's been huge demand for respite. This year, a lot of our regular users have died, so we have a few gaps, not a lot. Some people that may need some services to go home for the next two weeks but don't have any, they will come in for that respite period so we can get them back home. Or there's some carer fatigue and they just need a bit of extra time. With respite, we also plan ahead. So, if we've got people in the community that have got full-time carers then we really encourage them to book themselves in for the 12 months. We look at a calendar for them and get them to pick out what suits them, whether it be school holidays, birthdays or weddings coming up – whatever – we get them to think about that. IV 6

The minimum length of respite at the MPS is one week, with the average being two weeks.

But I've got a lady in for 10 weeks because her husband's had cardiac surgery. She's actually in a permanent bed that was empty that we've converted into respite for that period. We have a lot more flexibility, being an MPS. IV 6

Cases such as that above cause a problem if emergency respite is required.

In general, the respite bed is pretty much booked out. If there's no respite bed, then we'll keep them in the acute ward until we find a bed. IV 6

Carers and service providers said that more in-home respite is needed for emergencies. For one Kyogle carer, the only respite available for her husband in an emergency was in Tweed Heads. The mother of a young man with a disability reported the following:

A couple of months ago, I had a back injury and it was awful. I remember lying in bed one night and thinking, "I need to call the ambulance." But all I could think of was, "If I call the ambulance, how am I going to wake (her son) up?" I was in too much pain and (he would have been scared), "Are you going to die?" I needed a pain injection and I thought, "There is no emergency respite that you can call." I lay there for hours, just until morning when I could call somebody who could stay at the house, because I know nobody here in Kyogle, if I had to go to hospital. IV 20

Commonwealth Carers Respite do provide emergency respite but there would be no one to take a phone call at night and, even in the daytime, there may not be anyone immediately available to come to the person's home. Emergency respite can also sometimes be sourced through Centrelink.

St Michael's Residential Aged Care Facility in Casino (run by Southern Cross Community Care in Alstonville) also provide respite for Kyogle residents, e.g., for someone with dementia who requires residential respite. Carers speak highly of the care received there. Department of Veterans' Affairs provide some in-home respite but funding is dwindling. As well as in-home respite, there is a need for more day respite with activities.

When I worked for Centacare and we had a day respite centre, we also had it set up for overnight respite so that, if a carer wanted to take off for a weekend or they got sick and had to go to hospital, there was somewhere safe. Then that person could also join in to the daily activities of the day respite. So there was something happening; they weren't just sitting in an unfamiliar place. And then we'd employ a worker to stay overnight. That sort of thing was brilliant. There's nothing like that in this area. IV 4

There is also infrastructure available at Kyogle Court to do more day respite activities but there is no funding available to provide that.

The Manager of the North Coast Silver Chain end-of-life support project (see Palliative Care below) noted that increased carer respite would be extremely beneficial to ease the carer burden on those caring for a person who is close to death, but carer burden related to long-term care of an older person or a person with disability also takes a great toll on carers.

The cost of in-home respite care is prohibitive for some people, although it is usually \$10/hour through Care Connections. The carer of a young man with disability organises regular residential respite for him through Lifebridge, at Pottsville House.

Carers of people with disability who live out of the main Kyogle town area have said that they would love to have a respite facility available in the Kyogle town area where a person with disability could be cared for on a short term basis (hours), allowing the carers freedom to do shopping, attend medical appointments etc., on their own. There are limited options for in-home respite and many people miss out on extended personalised support due to their funding being used up on transport costs.

CHANGES TO AGED CARE SERVICES

Significant changes to aged care (and disability) services occurred from 1 July 2015, including to fee structures.

Referrals: (From My Aged Care Fact Sheet) In NSW from 1 July, hospitals (or MPSs) will use their existing processes to refer patients who need access to comprehensive assessments (completed by the Aged Care Assessment (ACAT) teams) and urgent Commonwealth Home Support Programme (CHSP) services. Acceptance of the referral will be based on the provider's capacity to take on new clients and the relative needs of clients awaiting service.

Urgent CHSP services may include home modifications, meals, nursing and transport and should meet the following criteria:

- (1) required to be in place to discharge patient safely to their home;
- (2) required to be in place within an urgent timeframe (i.e., within 3 days);
- (3) not covered by post-acute care; and
- (4) short term and/or episodic in nature (<6 weeks).

My Aged Care as a referral option should be considered as part of the discharge planning process for patients who have non-urgent needs, are able to be safely discharged home and would benefit from a home support assessment or require longer term services. In this scenario, My Aged Care Contact Centre staff can also refer directly to the service provider to manage the patient's short term needs.

From 1 July 2015 there have also been changes to aged care services and funding, with a second round of changes to occur from February 2017. From interviews with service providers, it is apparent that most people know what the 1 July 2015 changes mean, i.e., Home Care Packages will now be provided on a Consumer-Directed Care basis, with a budget being allocated for each client who is in receipt of a package, but managed by the service provider. Service providers will have to be very transparent about how the money is spent and the client will be much more in control of the level and type of services they can receive. While this is a positive change, it will reduce the flexibility of some services to judge client need on a day-to-day basis.

However, there appears to be confusion about what will actually happen from February 2017. Some providers believe that budgets will be given directly to the client, who can then purchase services wherever they wish and from more than one service provider, if necessary, to meet their needs; others are saying that, while clients will be able to negotiate with various service providers for what they want/need, it will still be the service providers who are the budget holders. The latter is correct (see below).

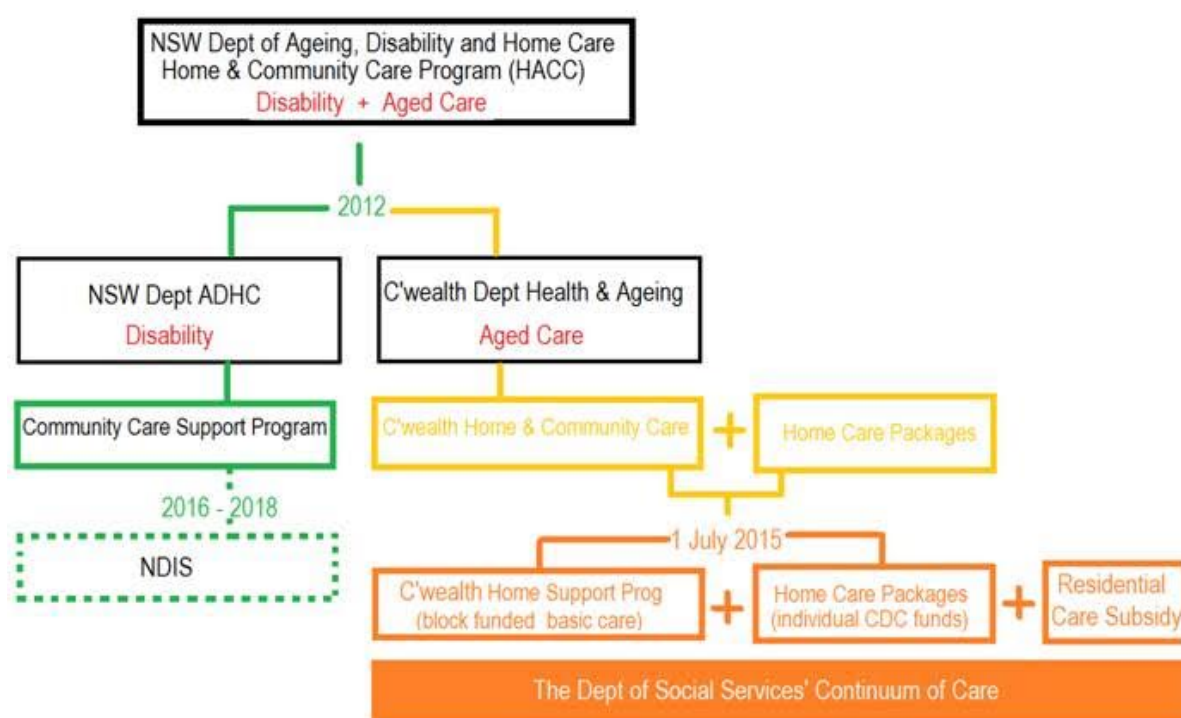
The Australian Government MyAgedCare website sets out the forthcoming changes.³²

Increasing Choice for Older Australians Receiving Care at Home: From February 2017, funding for Home Care Packages will follow eligible consumers who will be able to select any provider to deliver their care, with funding for the package paid to the provider selected by the consumer. Packages will be portable, allowing consumers to change their service provider, including when the consumer moves to another location. These changes will give older Australians greater choice in deciding who provides their care, and will establish a consistent national approach to prioritising access to care.

³² www.myagedcare.gov.au/news/more-choice-and-better-care-older-australians

Importantly, there will be increased competition leading to enhanced quality and innovation in service delivery, and reduced regulation and red tape for providers. These changes are a key step in moving to a less regulated, more consumer-driven and market-based aged care system. Home Care Providers will also benefit from reduced red tape as they will not have to apply for Home Care Packages through the annual Aged Care Approvals Round after 2015, (see Figure 13).

Figure 13: The Department of Social Services' Continuum of Care



From July 2018, the Government intends to combine Home Care Packages and the Commonwealth Home Support Programme into a single integrated care-at-home program

(All the above) changes represent a significant shift in how care and support is delivered to older people and will involve consultation with stakeholders on the implementation and transitional arrangements. It may also provide more equity for people in rural and regional areas and increase employment opportunities in those areas (see Discussion below).

OTHER HEALTH CARE SERVICES

Palliative Care:

- A Kyogle Community Health nurse provides in-home palliative care and also offers advice about and assistance with Advance Care Planning, including organising solicitors and other relevant professionals to present at Advance Care Planning seminars.
- North Coast Silver Chain Project provides palliative care and end-of-life support under the NSW Ministry of Health Last-Days-of-Life Home Support Packages, in partnership with the Northern NSW Local Health District. There is no restriction by age or diagnosis and the service covers last days-to-weeks of life for people who want to die at home or at least to stay at home as long as possible. The Far North Coast service has one full-time Clinical Nurse Consultant Manager, five part-time registered nurses and three part-time Assistants-in-Nursing who all have specific skills relating to Palliative and End-of-Life Care. Since March 2014, this service has provided end-of-life care to 10 residents in the Kyogle LGA.
- Care Connections provides office space for the coordinator of Caring Circle, a volunteer service providing free social/spiritual support for terminally ill people and their carers in Kyogle. The service has no paid staff and does not provide nursing or medication support or counselling as the volunteers are not qualified to do that. The volunteers in this service will soon be working as palliative care volunteers in the Kyogle MPS.
- Kyogle MPS has a staff member with very good skills in, and understanding of, palliative care, and she is providing education to other staff using a well-developed and tested palliative care toolkit. She has set up working groups to involve all staff.

It's about the three different trajectories of care. In trajectory 1, it's on enhancing life until the day that they move into the next trajectory, then having your palliative care conferences. Advance Care Planning conferences when they first come in to start the conversation. Then, as they move to a different trajectory, using an end-of-life pathway when they move into it. A palliative care specialist in Lismore Hospital is contacted if additional advice required, and/or a palliative care CNC in Lismore. IV 6

- One service provider said:

A lot of people are now dying in (the MPS) because of inadequate family support. A 24-hour service of care is very hard to find unless you've got a network of people who aren't also elderly and frail. IV 2

Note: Some poorly-worded Advance Care Directives are being used in some services in the LGA.

Their printout that they send to us says, “Is the patient for resuscitation? Yes.” And then it says, “What type of resuscitation?” And it says, “Passive. Oxygen therapy.” So the doctor just looked at it and said, “The patient’s for resuscitation.” And I said, “No, it says ‘Passive’.” So then there were conversations between me and the doctor. This man is in the resuscitation bay and they’re about to jump on his chest. ‘Passive’ should not be written there as a form of resuscitation, because it’s not (passive). So I’m going to try and get our language on the same level. (Interview number withheld)

Dementia Care: A Dementia Outreach Registered Nurse from Northern New South Wales Local Health District visits the Kyogle LGA regularly to provide support to people with dementia and their carers. She provided an introduction to three carers of people with dementia in Kyogle. The carers ranged in age from 63 to 80 and the person cared for from 68 to 84. The following outlines some of the issues they found challenging or helpful:

- The person being cared for, who does not live with the carer, refusing to accept services that have been organised, causing the carer to be concerned about hygiene, nutrition and safety; the carer has also been subjected to some criticism from family members and others, because of these issues.
- All the carers had organised Advance Care Planning for both the person with dementia and themselves but were sometimes unsure if they had completed the correct documents.
- A carer and her husband who has dementia had several years of investigations and trials of medication before he was properly diagnosed by a psychiatrist in Sydney with whom they have regular Skype interviews. Originally, the Skype interviews were done in Lismore but now they are done at Kyogle Community Health. The Dementia Outreach RN said:

It’s a new telehealth service and she (the psychiatrist) is working with older person’s mental health. I’ve just had five new referrals of frontotemporal diagnoses and different dementia diagnoses. She does the big picture. She’s a geropsychiatrist.

(Note: The carer thought that the patient “would not sit still” for the interview but he was more comfortable with the telehealth interview than with his “normal” doctor’s appointments and was less agitated. He is also aware of, and seemingly accepting of, his diagnosis and the potential need for long-term care.)

- The carers were happy with services they are receiving in Kyogle. One carer receives nine weeks of respite per year, attends a carers' group in Casino and the RN is organising some counselling for her.
- Support from family and friends plays a major role in how carers cope.
- If a person's only relatives live overseas, Skype may be an option to maintain the relationship.
- An issue discussed was that a person with dementia in long-term care might form a relationship with someone in the facility, not remembering that s/he is already married. Some carers are okay with that, if the person they love is happy; others may not be.
- Loss of companionship after a long-term marriage is difficult when the person is still at home.
- On a practical level, some carers find incontinence the most difficult thing to deal with.
- A delayed diagnosis/incorrect diagnosis meant one carer did not receive support services for several years.

Some RNs at the Kyogle MPS have a good understanding of, and some training in, caring for people with dementia. However, in more outlying parts of the LGA "people don't get referred to our service (Dementia Outreach) because we're not known. So that's about information sharing." IV 19

Community Health: The Community Health nurse, based at the Kyogle MPS, provides services at Kyogle, Urbenville and Nimbin MPS, both in the aged care and general wards and also provides services in the community. There is a part-time Community Health nurse at Bonalbo.

A Community nurse review across the whole Local Health District is causing some concern.

There is very little information about what this review (called the Integrated Care Model) is going to entail but I feel as if it's possibly going to push forward a case-worker model of care for community nurses. MPSs aren't like that. It's okay in a Community Health building in Lismore where that's all they do but here, for instance, one of the community nurses is not only the Aboriginal infant maternal health midwife, she is also the diabetes educator, community nurse and audiometrist. If they change this model of care for

community, it's not going to meet this community's needs in the Kyogle LGA.
IV 6

Allied Health: (Note: With the changes to funding for Home Care Packages it is possible that some people may choose to use their funding to purchase allied health services which are not currently available to them. This may provide additional employment opportunities in regional areas like Kyogle LGA).

There is one private dental surgery and a private physiotherapy practice with two physiotherapists in the Kyogle CBD.

Dentist: Approximately 30% of the patient load at the Kyogle dental surgery is people aged over 65; in addition, there is a small number of patients with severe disabilities. For older patients, the main problem is ill-fitting dentures and, because there is no dental service provided under the Local Health District, the cost of regular dental care for many older people is prohibitive. Dental hygiene is also a problem for many older people, especially if they live alone and have health problems such as arthritis that makes brushing difficult and perhaps do not have family close by who could assist with that. For those in residential care, the people providing personal care often have not had any training in providing oral hygiene, which results in tooth decay for those residents who still have their own teeth. An additional problem is that people with dementia will often vigorously resist having anyone provide the oral hygiene. (Note: The CEO of the North Coast Primary Health Network advises that "we are in the process of developing a strategy to improve the oral hygiene health of aged care residents": email communication).

Some dental services can be provided in care facilities but most of it requires proper lighting and chair angles and needs to be done in the dental surgery. Some people from outlying areas are brought to the dental surgery by ambulance. The dentists in the private practice are very much part of the community; they generally know their patients and their circumstances well and try to take account of their patients' financial constraints in relation to fees.

Physiotherapist: The Kyogle physiotherapy practice has two full-time physiotherapists; around 50-60% of the patient load is older people or people with disability. The practice provides services to Kyogle Court. (Note: The MPS has its own physiotherapist) Time

constraints mean that the practice does not do many home visits but would like to be able to offer that service. Some people are able to access the service through the Enhanced Primary Care program, which allows people to claim up to five physiotherapy visits through Medicare. In many physiotherapy practices in other communities, service providers charge the standard fee and the patient claims the Medicare rebate (which is almost always a lot less than the standard fee). However, the Kyogle physiotherapists bulk bill the EPC patients, which means they accept just the Medicare rebate amount and the patient is not out of pocket at all. The focus of the practice is on reablement and helping people regain skills or function they have lost. Patients access the service from across the LGA and even from Urbenville. Bonalbo people usually go to Casino, although some come in to the Kyogle practice. There is also a private physiotherapist who lives and works in Woodenbong and also provides services in Warwick and at the Urbenville MPS.

Diversional Therapist: Kyogle Court has a Diversional Therapist but only for their residents. There is a possibility for their community clients to come to activities if funding was available.

Allied Health Staff at Kyogle MPS: (Note: Most allied health staff are part-time and do outreach to Kyogle LGA from Lismore or Casino). Services include:

- podiatry at a Foot Clinic at the Kyogle MPS (this is an outreach service and the hours are insufficient for the podiatrist to provide services in the aged care unit);
- a diversional therapist in the aged care unit;
- a full-time physiotherapist across three sites (Kyogle, Urbenville and Nimbin MPS);
- a speech therapist two days a week (mostly outpatients and children but does do assessments in aged care and the general ward);
- a drug and alcohol psychologist (mostly for acute care or as outpatients);
- a dietician one day a week;
- a social worker one day a week;
- a chronic and complex care practitioner across four sites, including Bonalbo;
- an Aboriginal chronic and complex care health worker/educator four days a week across the three MPSs;

- a Community Health nurse (only one of two positions currently filled and approval has not yet been received to recruit for the second position);
- a diabetes educator one day a week, who will come into aged care.

Allied Health Staff at Mckid GP Medical Practice in Kyogle:

- two psychologists (one three days per week and one 1½ days per week);
- a dietician twice a month; and
- Australian Hearing every Friday for older patients.

They would like to have a diabetic educator; patients who need palliative care are referred to the palliative care nurse at Kyogle MPS. Patients with dementia are referred to the geriatrician in Ballina, the Clinical Nurse Consultant in Lismore and/or to ACAT).

Other Allied Health Services: There is no publically-funded Occupational Therapist (OT) in the LGA. A young man with disability was assigned an OT when he first came to the Kyogle LGA but he waited almost three months to see her because she came from Murwillumbah. OT services for Bonalbo have to come from Casino. Northcott disability services can provide access to an OT or other allied health practitioners but as these are also private practitioners most people with disability in the Kyogle area could not afford to pay them.

A private OT is available to assess homes for Home Modifications; there is sometimes an OT (and sometimes OT students on placement) at the Kyogle MPS but lack of a community OT, and a community speech therapist and podiatrist, have been noted as a problem in some of the interviews with service providers, e.g., sending people home from acute care or transition care when there is no OT available.

We send them home at risk. We don't know what their house environment looks like. Transition care comes from an acute perspective. They've already failed at home, they've come into hospital and then they go home with transition care. But people on CAPS packages that are still in their home – maybe have not come in and bounced out, maybe they have – lack of OT is huge, criminal. IV 6

The added problem is that, unless someone has had an OT assessment, some services will not accept them for home care.

I was doing discharge planning up at the hospital and my difficulty was that there was a huge barrier to discharge. It often said, even on the referral forms for the home care providers in other areas: "Has this person had an OT

assessment?” Often, we were sending people to the rehab unit in Ballina simply so they could get an OT assessment. IV 6

Service Provider Cooperation: There is strong cooperation among health care providers in the Kyogle community to ensure that at-risk patients or members of the community are identified and plans put in place for their care. A group of service providers meets regularly.

We quickly look at who is on CAPS packages in both areas, if they’ve got increased need, and who’s going to be responsible for doing something about it. And 28-day readmissions – if someone’s coming three times in a month. If they come in in the evening and get sent back home again and then they come in the evening, unless you’re looking at the paperwork you wouldn’t see that that person’s at risk because they’re not actually admitted to the ward (e.g., if) it’s anxiety or a mental health issue, the person may just stay until they feel well enough to go home). IV 6

Pharmacy: There are three pharmacies in the Kyogle LGA; one each in Kyogle, Bonalbo and Woodenbong.

- Kyogle Pharmacy has seen an increase in the percentage of their customers/patients who are older people. Interviews conducted with the senior pharmacists and another staff member in the Kyogle Pharmacy illustrate the major role that pharmacies play in rural communities, including reducing pressure on GP services. Benefits include: ease of access for community members, who can just walk in and ask for advice; and screening people who come to the pharmacy, to identify what’s important to send to the GP and what can be managed by the pharmacist, thereby reducing pressure on the health system. They also provide employment and training for their staff.

However, pharmacies have a difficult ‘balancing act’ in providing services in a financially-sustainable way. Services that GPs charge for, pharmacists do for free as part of their service but, as remuneration from medication dispensing has reduced, the challenge of providing free services is increasing. Reduced income results in fewer staff to provide the services.

We want to be able to make our services accessible as much as possible and that’s why it’s free, especially in a lower socioeconomic area. People won’t come and get their blood pressure monitored or their glucose monitored if it’s going to cost them. IV 10

There is a room in the Kyogle pharmacy for private consultations. Service provided include:

- blood pressure (BP) monitoring (often more than 10 per day). GPs advise patients to have their BP checked at the pharmacy regularly, especially if they have prescribed a new BP medication, and come back to the GP in a month. The pharmacy keeps a record card for each patient, which they can take to the GP as required.

We've got staff trained in being able to do it accurately. All of the equipment is kept calibrated. We send it away and make sure it's all accurate. IV 10

- blood glucose monitoring;
- cholesterol monitoring;
- diabetes and foot care;
- medication review (in pharmacy):

If someone's having trouble with their medications, we sit down with them and go through them all with them, print them out a big sheet of all the medications, what they're for, what their names are and also what their other names are, which can be confusing. It can be 12 or more patients in a day for this service. We have funding for 10 a month. The government will pay that for a rural service. IV 10

- home medication reviews (referrals from the Medical Centre); one of the senior pharmacists will do 20 a month (maximum allowed by government).

I'll sit down in their homes and do it there and that's where you can pick up a lot and where you're able to do reports to the doctors. It's often just a good chance for them to sit down and ask all those questions. Sometimes, they might not feel like they want to be a burden when the pharmacy's busy. So, a lot of the time when you go there, it's just them asking all these questions that they might have thought were silly and didn't want to ask, but when you're sitting down with them at home and they're more comfortable, they're better to talk to. It's amazing what things I pick up in that simple consult, and that's something that's supported by the government; that's funded. IV 10

- preparing Webster-paks of medications (i.e., medications sorted into sections of the pack with time and day marked); if the patient cannot collect this from

the pharmacy it is delivered to their home, within about 10 kilometres from the pharmacy. Beyond that, the school bus will take parcels for people;

- sleep apnoea testing and advice. Patients can be taught in the pharmacy, to do the testing at home instead of going to the sleep laboratory at the Gold Coast.

It's not quite as extensive as the full test in the lab, but it's very good for obstructive apnoeas, which are about 90 percent of sleep apnoeas. We have special days to try to promote (awareness of) sleep apnoea and the doctors have obviously been educated, so they're referring a lot of people to have these studies. Once the study's done, it's amazing how many people have been battling it without knowing it. Then we're able to offer the trials of the machines. Probably the main thing is the service, the consults and the help they need when they're getting used to it. We offer them a month to trial it, see if they tolerate it and then for them to experience the benefit of it. IV 10

(Note: A point raised was that, in rural communities, all the health professionals and others can keep a check on local people and alert someone if assistance is required.)

- Bonalbo Pharmacy: This pharmacy operates Monday to Friday 10am-5pm. Approximately 98% of clients/customers are aged 65 and above. The pharmacy provides the following services:
 - blood pressure checks;
 - supplies of blood glucose testing strips (although testing blood glucose levels is not part of the service) and also provides advice on diabetes and foot care;
 - medication reviews are conducted in the pharmacy and also in people's homes and Webster-paks are prepared for older patients/consumers;
 - equipment and other supplies can be provided as required for older people and people with disabilities, as ordered by health care providers.
- Woodenbong Pharmacy: This is a full-time pharmacy which residents report offers a very good service to people in the local area. As most Woodenbong residents attend the High Country GP practice in Urbenville, the Woodenbong Pharmacy's opening hours cover the times the GP surgery is open. In an emergency, the pharmacy will open in the evening or on Saturday. Approximately 55% of the patients/customers of this pharmacy are aged 65 or above. Service provided include:
 - blood pressure monitoring and education;
 - blood glucose, cholesterol, diabetes and foot care education;

- preparation of Webster-paks for medications of older patients;
- no medication reviews are currently undertaken in the pharmacy or in people's homes but the pharmacy does sometimes arrange home delivery of medication.

Ambulance Services: Ambulance services in Kyogle operate from the Kyogle MPS. Kyogle, Woodenbong and Bonalbo each have two ambulances based in those locations but only one in each place is in service at any given time. When necessary, if no ambulance is available within the LGA, including for the outlying villages, ambulances may come from Casino, Lismore or Urbenville.

OTHER COMMUNITY SERVICES

A very valuable community service organisation is Kyogle Family Support Services (KFSS), located in Grove House, an easily accessible building opposite a car park and public toilets. KFSS provides a range of services to individuals and families, runs the Kyogle Centrelink office and the Kyogle base for Northern Rivers Community Transport (a service of major importance to this project) and assists people with referrals and information. Projects for people with disability include links to Kyogle's Ability Links and a new program called SNAP (Special Needs Activity Program) for children and their carers.

Community Services are also better utilised in Aboriginal communities when service providers make contact with the Aboriginal Health Education Officer for the specific community; the AHEO can coordinate service provision within the community, help to ensure that the client is home when service providers come to the community and may also be able to reduce the need for community members to travel long distances to receive services. One family was told that they could not have a service come out to visit them and had to go to Casino to receive it. The AHEO found out that there was a mobile service "but it was only on a referral basis ... through a GP, and GPs don't know what's out there". IV 16

There is also a need for improved communication with Aboriginal community members in the specific location where initiatives are being proposed. Consultations for services for Indigenous people in the region tend to be held only with Indigenous representatives in Lismore, who often do not know the actual situation in the other LGAs.

Fitness and Recreational Activities for the Target Group

Golf Courses: For many older people, including those looking for a place to retire to, a good golf course may be a major incentive. Kyogle and Woodenbong both have 9-hole, 18-tee golf courses; each has a club house with a bistro and other amenities, and very reasonable fees. Bonalbo has a combined golf and bowling club and club house, and also within the LGA, Tabulam has a 9-hole golf course, although no club house.

Bowling Clubs: Bowling clubs also offer a point of social contact for older people and within the LGA there are clubs in Kyogle, Bonalbo (as above) and one near Urbenville (but within the Kyogle LGA). The Kyogle Club also offers activities such as regular card games, as well as meals and catering for functions.

Gym: The Kyogle gym is open six days a week with general sessions supervised by volunteers each morning and most afternoons; professionals supervise three general sessions per week, as well as two Move It or Lost It classes for beginners and active seniors. Concessions are available, including to Seniors Card holders and Health Care Card holders.

There's a community gym down at the showground that was basically provided as part of the Active Kyogle program a couple of years ago. It's a nice little facility. It's now been taken over by the community. I think they run it through volunteers through the day, which can be a bit tricky for some people. (Issues of Duty of Care and insurance for volunteers.) IV 26

A notice in the Kyogle Council June/July 2015 Community Newsletter advises that the Ability Links service in Kyogle has linked up with the gym to offer three-month gym memberships to six people. Memberships are offered under a pilot project, *Enabling Kyogle Community Gym*, funded by Northern Rivers Social Development Council in conjunction with Kyogle Together. It is open to people who have felt unable to use the gym due to disability, mental health issues or life skills challenges. People who take up this option will have a one-hour supported session at the gym for 13 weeks and, where required, can include the care of the person taking up the membership.

There is also an open-air gym in Woodenbong, co-located with the pool, a sports oval, skateboard park and half-court basketball venue.

Pool: Kyogle Council operates swimming pools in Kyogle, Bonalbo and Woodenbong. Entry fees are very reasonable and pensioner discounts and season tickets are available. The pools close in April for the winter months. The pools have equipment to help older people and people with disability access the pools but in some cases the equipment needs to be booked ahead. (Note: There may be capacity for age- and disability-appropriate aqua aerobics to be conducted at the pools but this would need to be negotiated with Council.)

Gentle Exercise Classes: Gentle exercise and falls prevention classes are run through Community Health at Kyogle MPS. The Department of Veterans' Affairs also provides exercise classes for older ex-service people and their families; one of the Kyogle physiotherapists assists with that program.

I help with a veterans' class that do a gym-type program. We call it a gym class but we don't do it in the gym; we do it in a big hall. Sometimes for over 60s that's probably more practical and more functional, because we do things like squats and stretching, walking over unusual paths and stuff that stimulates their system to be less likely to fall, which, in a lot of cases, is the big thing. I really enjoy it and they love it. IV 26

Library: The Kyogle/Richmond Valley Library in Kyogle has disability access and also runs a volunteer-driven service where people can have books delivered to their homes. The Senior Librarian was keen to assist older people and people with disabilities to use the Library services as much as possible. The Library service also provides a mobile library which services the villages; this service includes large-print and talking books. The Library also allows community groups and service providers to use space in the Library for meetings without charge for the space.

Seniors Clubs/Groups: There are several seniors' clubs in the LGA; they mostly meet weekly in Kyogle and provide social activities for their members, including bus trips and guest speakers.

COMMUNITY SURVEY

Survey Results

Completed surveys were returned by 123 people (83 from the Council newsletter and 40 from the Care Connections newsletter). As there is no way of accurately determining the denominator for this survey (as explained in the Methods section), a response rate cannot be calculated. A total of 71 respondents (60%) were aged 65 years and over and 76 respondents (72%) were female.

Respondent characteristics relating to need for aged or disability services (101 responses*) are reported in Table 8.

Table 8: Characteristics reported by respondents

	Number of respondents	Percentage of respondents*
I provide regular care for a family member or friend aged 65 or above	29	28%
I am over 65 and I need assistance to stay living in the community	25	25%
I am aged less than 65 and I have a disability which means I need help with daily activities	14	14%
I provide regular care for a family member or friend who has a disability	11	11%

* Some respondents ticked more than one category, others ticked none. % shown relates to 101 total responses.

The majority (67%) of respondents reported they regularly use a computer.

Service Needs: Respondent feedback regarding perceived service needs in the Kyogle LGA is provided at Table 9. In summary, the needs identified by the greatest number of respondents were for accommodation and transport options, particularly Independent Living Units, an Over 55s village and respite care beds.

Table 9: Service needs in the Kyogle LGA

Service needs	Number of respondents	Percentage of respondents
Kyogle needs Independent Living Units with support	109	92%
Kyogle needs more accommodation options for people with disability, including crisis accommodation	96	83%
There is not enough suitable, affordable transport for people in this region to attend specialist appointments in the Gold Coast or Brisbane	87	81%
Kyogle needs an Over 55s Village	94	78%
There is not enough suitable, affordable transport for people in this region to attend specialist appointments in Lismore or Ballina	93	77%
There are not enough Respite Care beds in Kyogle	86	74%
I would be happy to have consultations with specialists by Skype or other Telehealth equipment, in a special office with someone to help me, if that means I don't have to travel (e.g., to Ballina or Brisbane)	63	56%
I would like more lessons in using my computer	59	56%
There is enough Residential Aged Care in Kyogle	16	14%

Accessing Information: Respondents receive information about available services in numerous ways (Table 10). The most common sources of information are articles in the local paper and brochures at local GP surgeries and/or community health centres.

Table 10: Sources of information about available services

Information source	Number of respondents	Percentage of respondents
Articles in the local paper	99	83%
Brochures at local GP surgery and/or Community Health Centres	71	60%
From local home care service providers	45	38%
Local radio	34	29%
Websites	26	22%
Presentations to seniors clubs and groups	21	18%
Kyogle Library	20	17%
Word of mouth	15	12%
Kyogle Council foyer	7	6%

How can Kyogle Council help? Respondents provided the following feedback regarding how Kyogle Council could enhance the quality of life of older people and people with disabilities (Table 11). Broadly, this feedback related to transport, accommodation, facilities and infrastructure, care and support and other support services.

Table 11: Actions to improve quality of life for older people and people with disabilities

Transport related	<ul style="list-style-type: none"> • Improve country roads and roadside grounds so residents can walk, cycle, ride horses with safety in mind for them • Put the local trains on • More disability parking in the main street and a pedestrian crossing in the middle of town • Disability car parking to be improved at supermarket. Distinct exit and entry signs in this car park to be improved. Parking at pharmacy and banks. Crossing in centre of town • Daily return rail (passenger service) to Brisbane • Handicapped taxi services • An hourly bus run throughout town • Regular bus services to various towns
Accommodation related	<ul style="list-style-type: none"> • Units in walking distance of town • Aged care and disability facility in Woodenbong • An Over 60s Retirement Village • Over 55s villages together with independent living units • Quality, easy-care units within walkable distance from shops, doctors, hospital • Additional aged and disability transitional housing • Townhouses close to the centre of town • More accommodation options for people with intellectual disabilities • Gay independent lifestyle living
Facilities and infrastructure	<ul style="list-style-type: none"> • A small heated swimming pool so that older people and ones with disabilities can exercise all year • More ramps and access to buildings • Improve pedestrian access - footpaths • Footpath access to important venues for people with scooters • Even surfaces footpaths with safe access from all parts of town • Wheelchair access to banks • Computer access • Seating in the main street under awnings, not at kerb side • Public toilets for people with a disability • Declutter CBD - trip hazards, signs, outdoor dining
Care and support services	<ul style="list-style-type: none"> • More home care services • Provide residents with information about available services • More help with daily activities • More respite care and long-term living for the elderly

	<ul style="list-style-type: none"> • Employ younger people with a clean licence to take the elderly or people with disabilities to their appointments • Delivery of goods from shop to home with shopping • More in-home care providers • Hospital takes patients on a 24-hour basis • More respite beds
Other services and supports	<ul style="list-style-type: none"> • Computer lessons • Local radio • Reduce rates for people with a disability • Make submissions to State government to allow subdivision less than 100 acres. We'd be happy to remain in our own home (rural) with five acres • Regular sessions in physical activity for older people and people with a disability • Reduced fees at landfill • Bins for green waste • Free general waste collections each year • Exercise equipment stations along walkways/park areas

SERVICE PROVIDER SURVEY

Survey Results

From the 52 surveys distributed, 37 service providers completed the survey; a response rate of 71%. A total of 30 respondents (81%) were aged 45-64 years and over and 32 respondents (86%) were female. There were 21 respondents (57%) who live in the Kyogle area. The majority of these (16 respondents; 76%) had done so for over 10 years.

Work characteristics of respondents are reported in Table 12. The majority of respondents working in the Kyogle area had done so for more than 10 years and were from the health care or disability care sectors.

Table 12: Work characteristics of respondents

	Number of respondents	Percentage of valid respondents
Respondents who work in the Kyogle area	32	86%
Length of time working in the Kyogle area		
- Less than 5 years	4	13%
- Between 5 and 10 years	10	31%
- More than 10 years	18	56%
Areas where respondents currently work*		
- Health care	15	56%
- Aged care	13	48%
- Disability care	8	30%
- Respite care	5	19%

* More than one response was possible so percentages do not add to 100%

Types of services provided by respondents are reported in Table 13. ‘Other’ services were the most commonly reported service type. These include:

- health care (medical services, palliative care, chronic disease assessment and treatment services, community nursing services);
- other aged services (assessment of older people for Commonwealth-funded aged care services, residential aged care);
- disability employment services;
- transport services; and

- other care and support services (support to people who wish to die or remain at home for as long as possible, support for older people in hospital, family support services, education and advocacy for family members).

Table 13: Types of services provided by respondents

Type of service	Number of respondents	Percentage of respondents
Other (please describe)	16	46%
Support to older people in their homes	10	29%
Support to older people in residential care	9	26%
Respite care service	8	23%
Transport for older people to attend medical appointments	7	20%
Transport for people with disability to attend medical appointments	7	20%
Support to people with disability in their homes	5	14%
General community support to people with disability	5	14%
Day activities for older people	3	9%
General community support to older people	3	9%
Support to people with disability in residential care	2	6%
Day activities for people with disabilities	2	6%

Respondents reported that they use a variety of methods to provide information about their services to potential customers. The most common methods used include information days, articles or advertisements in the Kyogle newspaper and brochures in local settings (Table 14).

Table 14: Methods used by providers to inform consumers about their services

Communication method	Number of respondents	Percentage of respondents
Information days	17	50%
Articles or advertisements in the Kyogle newspaper	16	47%
Brochures e.g., at local medical centres, GP surgeries, community centres, shops	16	47%
Presentations to seniors clubs and groups	12	35%
Other (please describe)	7	21%
We do not get information about our services out to potential consumers	5	15%
Libraries	3	9%
Promotion on local radio	1	3%
Kyogle Shire Council foyer	1	3%

‘Other’ methods of communication include:

- Attendance at local forums;
- Annual service visits to providers;
- Word of mouth;
- Facebook; and
- Interagency meetings / meetings with employers.

Respondents identified the following ageing, disability or respite services as “missing entirely” for people in the Kyogle area (Table 15). The largest number of gaps in services were in the transport and accommodation service groupings.

Table 15: Ageing, disability and respite services that are “missing entirely” in the Kyogle area

Service grouping	Service
Transport related	<ul style="list-style-type: none"> • Disability-specific transport services • Better, more frequent bus services • Fuel vouchers instead of reliance on volunteer drivers • Transport for people with mental health problems
Accommodation related	<ul style="list-style-type: none"> • Supported living services • Crisis accommodation locally • Over 55s accommodation • Independent living services for people with a disability • Transitional accommodation for older people • Affordable housing for people with a disability
Facilities and infrastructure	<ul style="list-style-type: none"> • Footpaths in residential areas • Telehealth infrastructure
Clinical services	<ul style="list-style-type: none"> • Aboriginal Medical Service • Occupational therapy services • Psychology services • Home visits by HACC providers • Psychogeriatric services • Alcohol/addiction services
Care and support services	<ul style="list-style-type: none"> • Dementia-specific carer support • Day programs for people with a disability • Respite services for people with a disability
Other services and supports	<ul style="list-style-type: none"> • Supported work options for people with a disability

Similar service groupings were identified for services that are present but are currently insufficient to meet people’s needs (Table 16). Transport services and respite services were most frequently nominated by respondents as areas where there is some provision of services but where significantly more service is required to meet people’s needs.

Table 16: Ageing, disability and respite services that are present in the Kyogle area but are insufficient to meet people's needs

Service grouping	Service
Transport related	<ul style="list-style-type: none"> • Transport to medical and other specialised services • Bus services for shopping • Community drivers • Aboriginal clinical transport services • Community transport • Wheelchair accessible vehicles
Clinical services	<ul style="list-style-type: none"> • Allied health services (speech therapy, social work, physiotherapy) • Mental health services (based in Lismore) • Community outreach services • Referral based outreach drug and alcohol services
Care and support services	<ul style="list-style-type: none"> • Residential respite • Home respite • All forms of respite
Other services and supports	<ul style="list-style-type: none"> • Subsidised housekeeping and lawn care • Inter-agency collaboration

Respondents were asked to prioritise which services are most urgently needed in the Kyogle area. The type of service most urgently needed, according to respondents, is Independent Living Units for people with disability, followed by Independent Living Units for older people (Table 17).

Table 17: Types of services most urgently needed in the Kyogle area

Type of service	Number of respondents	Percentage of respondents
Independent Living Units for people with disability in the Kyogle CBD, with support services available	9	32%
Independent Living Units for older people in the Kyogle CBD, with support services available	6	21%
More respite care	5	18%
Crisis accommodation for people with mental health problems	4	14%
Other (please describe)	2	7%
Another residential aged care facility (previously called nursing home)	1	4%
An Over 55s residential village	1	4%

Respondents nominated transport to medical appointments, access to respite care and supports to decrease loneliness and isolation as the top issues impacting on the quality of life of older residents and residents with disability in the Kyogle LGA.

Solutions to these issues were identified by respondents as: the provision of affordable and appropriate accommodation and transport services; addressing local service gaps; and providing residents with opportunities for social interaction and the ability to participate in daily life within the local community.

A number of emerging trends and issues were identified by respondents as being of increasing importance over the next decade. These included: growing numbers of older people needing assistance; increasing rates of dementia, chronic disease and disability; and declining access by older people and people with disability to formal and informal sources of support. Informally, respondents reported that Kyogle LGA residents are less likely in the coming years to have family members within the community who can provide informal care for them. The availability of formal care and support is also expected to decrease, due to larger numbers of people needing to access available care and support services and static or declining resources to provide these services. In some cases, residents will experience growing financial pressure as they will be expected to pay for more of their own care.

User-pays systems in disability and aged care are expected to reduce access to services because of financial constraints. As the cost of living increases, many older people and people with disabilities will be unable to afford both their costs of living and the costs of their care.

Finally, the size of the ageing and disability workforce is problematic. The workforce itself is ageing and there are proportionately fewer people entering the workforce who are able to provide care and support for the growing numbers of older people and people with disability.

Respondents recognised that many of these issues are outside the scope of local councils to address. However, respondents did suggest the following short- and long-term strategies that could be incorporated into Kyogle Council planning to enhance the quality of life of older residents and residents with disability:

- Provision of information and advice to Kyogle LGA residents to enable them to find out about services and providers;
- Supporting the development of affordable and appropriate housing for older people and people with disability:
 - Make land available and pursue public/private partnerships to create affordable transitional aged accommodation;
 - Attract investment in appropriate small scale residential projects;
 - Encourage Community Housing projects;
 - Reduce barriers to new businesses and developers;
- Better, more affordable community transport services;
- Improve community infrastructure for wheelchair access and access for people with functional disabilities;
- Convening interagency meetings across government and non-government services to promote sustainable service delivery; and
- Investment in telehealth services.

CHALLENGES TO SERVICE PROVISION

Unsuitable Housing – see Accommodation

Cost of Staff Travel to Clients' Homes

Wages and travel costs have to come out of clients' allocation. If they are a long way out of town (e.g., Bonalbo or Woodenbong), the travel would use all of their funds.

In order to decrease the cost of delivering services remotely we employ local staff and try to provide all services in that area on the same day. This does not work for clients who require daily personal care. IV 1

(Clients needing this level of care are usually assessed by ACAT for a Home Care Package; many rely on existing networks and family).

Lack of Information and Communication

This is an issue that is not unique to Kyogle LGA, or to health or disability services (see Transport, below). However, there are a number of changes occurring in the aged care area that may make information provision and clear communication even more important than it usually is, both for older people currently living in the LGA and for others who may be considering moving to the area. Knowing what services are available and how to access them is extremely important, and there may be a role for Council to play in relation to this.

For anyone needing aged care, where do I go for services? ... Who advocates for these older people? They may have capacity to make decisions but how do they get through: "What am I going to choose?" "How do I even think about choosing what services I want?" IV 19

One service provider identified that the changes are causing great concern to many older people, who are aware that charges for services may increase and they fear that, if they can't afford to pay, they will not receive services. Although this is not really the case, i.e., if people really can't afford to pay they will still receive services, clear communication and information is needed in order to relieve stress and anxiety.

They can apply for funding from the government but where do you find that information out? Who's going to tell them that? Where does that information come from? Could Council be a part of that information-giving, someone who knows the situation locally? Because they've taken the information away from the local carer respite centres, who used to give local information, and given it to people who sit somewhere on an 1800 call line, who have no idea about local services (just information in a book). IV 19

This service provider explained the benefits of being able to phone staff at Care Connections in Kyogle, with whom she has developed a good relationship, and they work together to access services for local people. She recently had to call a 1800 number when she was trying to arrange services for a 60-year-old Aboriginal woman.

It was eight weeks and about five phone calls from me before I got someone even to see her to start a service. That's not okay. The need is for communication and local information from local people. Kyogle is really blessed with a lovely Care Connections program – and I hope it stays like that – where they have a local service that employ local people in a local environment. IV 19

One possible solution to the need for increased provision of local information could be to expand the current Tourist Information Centre into a Community Information Centre, and make it the focal point for both current residents and newcomers to the LGA. Although it

may be difficult to expand the existing building horizontally because it is located in a 1-in-10-year flood prone area, a second level could be added, with stock and office equipment moved into the upper area and/or a ramp provided for public access. Some State government funding may be available for this purpose (see Discussion below).

Several service providers also noted the challenges to adequate service provision caused by minimal availability of allied health staff across all disciplines, GPs not available to do home visits and limited personal and domestic services available (with local providers of the latter now being at capacity).

MAJOR ISSUES IDENTIFIED BY THIS PROJECT

KYOGLE LGA LEVEL OF ECONOMIC DISADVANTAGE

The current Socio-Economic Indexes for Areas (SEIFA) ranking of the Kyogle LGA as 11th most disadvantaged area in NSW and the Index of Relative Socio-Economic Disadvantage IRSD ranking of second most disadvantaged decile (bottom 20%) of LGAs in Australia and most disadvantaged decile (bottom 10%) of LGAs in NSW may be a deterrent to attracting business opportunities to the LGA. Council requires the development of innovative strategies to address this problem.

As noted below in the Discussion section, under Business Opportunities, changes to Aged Care funding may be one lever that can be used to attract employment opportunities and help to address the level of disadvantage.

INADEQUATE SERVICE PROVISION

Aged Care

As noted above under Residential Aged Care (see p34), there are only 80 Residential Aged Care places in the Kyogle LGA whereas according to the Australian Government national target there should be 94 for the 1092 people aged 70 and above (as at the 2011 Census). Given that the number of people 70 and above is projected to rise to 1,450 by 2021 (i.e. only 6 years away), requiring 125 places, strategies must be implemented now to increase the number of residential aged care places in the LGA.

At 2011 population numbers there should also be 29 Community Aged Care Packages for people 70 and above in the LGA. It was very difficult to find out accurate numbers relating to Home Care Packages being provided in the LGA but what was very clear was that there were not enough to meet demonstrated need and of those that are available, many are only Level 1 and 2 whereas a number of Home Care clients have been assessed as needing Level 3 or 4, and are thus being inadequately serviced.

Very good personal and domestic services are being provided to older people under the Commonwealth Home and Community Care (HACC) Program but that service in the LGA is

already stretched to capacity and cannot meet current demand, let alone the projected increased demand.

Disability Services

There are very few services for the 607 people (as at 2011) in the LGA with a disability that results in their needing assistance to carry out core activities. For 6 of the 7 categories of disability services listed in the Department of Health National Health Services Directory, no services were available in the Kyogle LGA and for the 7th, there is provider of hearing aids and equipment. One not-for-profit organisation in Kyogle, Ability Links, provides some support, as does Northern Rivers Care Connections but there are major service shortages and access issues (see p25 and Appendix 3).

Respite Care

A major shortage of day or longer-term respite for older people and people with disability, either in the person's home or in a community facility, not only negatively impacts on the quality of life of the person themselves but also places additional burdens on carers. It may also mean that individuals and families have to relocate out of the LGA to obtain services. (As major changes currently happening in the aged and disability area, in particular around care funding, are likely to impact service provision in the LGA, no specific recommendation is made at this time but the situation should be kept under review).

HOUSING/ACCOMMODATION

Lack of suitable housing for older people and/or people with disabilities was one of the major issues identified by both service providers and members of the general community in the interviews, focus groups and surveys. There is almost nothing available throughout the whole LGA between people being in their own homes (often large family homes with only one person now living there and/or a single person or couple living on a property away from the main town or villages) or residential aged or disability care. There are a small number of individual units in Kyogle and the LGA villages; the benefit of such accommodation is that it requires less maintenance than a house and if it is in the town or village area there is also better access to services, but it is not as good a solution as a cluster of units, which would not only make the logistics of service provision better but would potentially help to address social isolation.

(There is a need to) provide transitional accommodation in the towns and villages to enable us to attract people in and grow those industries (to support people in that housing). KCFG Meeting 1

Lack of suitable housing was also identified as being a challenge to provision of adequate home care and support services. Some clients are “living in housing which is no longer suitable for them but their only other option is to go into residential care as there are no supported units in the region” (e.g., Independent Living Units with services from local service providers). IV 1

One significant gap is, we need a retirement facility where widows – particularly who’ve lived on farms, who live out of town, who are ageing and don’t want to live alone any longer and who need somewhere to go that isn’t an aged care home, that is a facility that is safer than where they live now, low maintenance, all those things – can go. In Kyogle there’s nothing like that available. Kyogle Court, in years gone by, was like that but now there’s an ACAT barrier. So they’re faced with having to leave the town or go and live near family, because they’re a bit isolated. I think that’s a sad fact of ageing in a small town, in a rural community. IV 2

Some older people are living alone in fairly risky situations, e.g., out on farms.

They won’t shift until something happens and then they have no choice. A lot of the time they love where they live. I can think of a few that have had their partners pass away but that’s their life, to be on the farm, even though they’re quite isolated. When they lose their licence that all becomes tricky but I think the whole idea of coming into town, to someone like that, is really daunting. IV 26

This service provider thought that, if there were independent living units in a number of areas of the LGA, e.g., Woodenbong, Bonalbo and Kyogle, people who are currently reluctant to move off the farm would be more likely to do so than if they had to move into residential care.

(At present) to get them to the point where they actually, say, move into (an aged care) home, it’s usually a tragic reason – like, they’ve had a fall and fractured a hip or something dangerous has happened or they’ve had a big fright. It would be nice to think that if little things happened prior to a big thing, like a fractured hip, they would be able to come to terms and say, “I’d be far better off there. I don’t want to go to a home but I can buy that little unit. I’ve got support and my family can come over and see me. I can still cook them afternoon tea and I’ll still feel like a normal person. IV 26

From Disability Focus Group:

- One man with disability moved into the Kyogle CBD area from “way out in the mountains” and now has better access to services and more social connections. He had to look for the right accommodation, e.g., a level block, as he has difficulty walking, and has had ramps put at the front and back of his house.
- Moving into town or from another community can be difficult if you don’t know people in the area or know about services. Younger people with disability may need assistance with life skills and socialisation. All new residents would benefit from a Community Information Directory provided by Council; one issue is that it would need to stay updated.

Another interviewee thought that it should be possible to provide cheaper accommodation for people with mental health issues.

Examples of the local housing situation raised during interviews and focus groups included the following:

- People can camp in the showground – it’s an RV village.
- Three domestic violence cases – all homeless with kids.
- There are only four houses for rent in Kyogle.
- Older homeless people – nowhere for them to go; no temporary accommodation.
- Care Connect (sic) can provide services for people who are sleeping rough.
- The Kyogle Seventh-day Adventist pastor is thinking about crisis accommodation.

(Note: The consultants followed up this latter point but at this stage the response from this church group has been to set up a Foodbank in Kyogle for people who are having difficulty feeding their families or themselves).

There was strong support in almost all of the interviews and focus groups for the concept of Independent Living Units (ILUs) with support from community services.

I think that that would be really taken up in this community. Out in the peripheries, up in the hills, they’re isolated; they do need assistance, they’re highly at risk. I think there’s even people on the MPS Aged Care Unit waiting list, for instance, that have put themselves down there just in case; they’ve been on there for 5, 8, 10 years. They’re still driving. You can see the progression and the trajectory they’re on, but an independent living unit with services would be very strongly supported. IV 6

(People in the most remote areas) are the forgotten part of our LGA and they are places where a lot of people who are aged and disabled can afford to be. They are isolated there with lack of services and transport. A lot of elderly women are still living on properties on their own. Some women in their 80s and 90s, living on properties, are still driving. IV 24

The Home and Community Care Program is exactly about that, keeping them in their homes because that is where they want to be. And they can cope. It's when they can't cope, what they do in-between? It's not a problem that they're there. The problem is only when something happens to them and they have to move. Do they have a plan in place? Do they have somewhere to go to? Do they have options to go to? IV 24

A potential problem identified in relation to this concept was that, for people to move into the town area, they would have to sell or rent their properties, which means needing to attract more people to the LGA. That, in turn, means improving employment opportunities (which may be a by-product of services needed to support the ILUs). It was noted that the selling process is currently long and slow but some people may be prepared to pack up their things and move into a rental ILU until their property sold.

(They might think) I don't really have to worry about the property this week, next week or next month, but I can go into the supported living and rent a room, rent that service, if it's manageable within their income. IV 6

The issue of appropriate housing was explored with the senior Council officer responsible for this issue. He saw the main challenge as attracting private investment, as Council does not have the resources to fund such development. Council is aware that older people are moving away from the area and that, in turn, means that employment opportunities for younger people diminish, so they also are leaving. As a first step in helping to address this problem, Council has made some changes in relation to multiple dwellings on rural properties.

In the rural areas we now allow (additional) dwellings so that the kids can look after the farm. There were rules in place previously, under the previous environmental planning policies, that didn't allow that, or only allowed a second dwelling for a worker and you had to prove that they the farm needed a full-time worker to justify the second dwelling. That doesn't exist now, so there is that capacity for that intergenerational transition. Yes, the granny flat or a separate house, so (older people) might still want to stay in their old house but the kids are close by and can come over and check on them. IV 25

Several interviewees stressed that, while an Over 55s residential village in Kyogle would be a positive development, many older people in the LGA have a very close connection to the rural village where they currently live and would prefer to stay there.

Someone from Bonalbo doesn't necessarily want to be in transitional housing in Woodenbong or Kyogle. IV 25

One interviewee suggested that having some Independent Living Units in some of the rural villages would increase employment potential.

The smaller towns are dying and even four or five full-time jobs in those towns would make a big difference. IV 25

It was noted that some current residents of Kyogle Court may not have high healthcare needs but need social interaction; one of the main problems is loneliness, especially if younger family members have left the area and the spouse/partner has died. Given that loneliness and social isolation are major drivers of the need for more appropriate housing, a cluster of Independent Living Units or an Over 55s residential village would seem to address this problem better than individual units.

Our most recent client who has come into care, was at home and managing but she said, over the Christmas period, home care services were interrupted [and] her family went away on holidays. She went 14 days without speaking to another person, except on the phone. She said that about did her head in, the isolation of it. At that point, she'd made the decision that next time she had the opportunity to come into care she would. So, pure loneliness and isolation drove that. IV 3

A woman who expressed loneliness but was otherwise healthy said:

My sister was in Kyogle Court and I can't wait to go there because it was so good. IV 22

(She said that she would need a second bedroom for her sewing and craft room, with a sofa bed for visitors.)

A woman who is caring for her mother, who still lives by herself, said that, while the availability of Seniors' Clubs helps to address social isolation in the daytime, it does not address support needs at night. Her mother is considering moving to Kyogle Court, as she knows it is a pleasant location and she knows a number of the residents "but she would prefer to remain independent for a while longer". IV 11

Pharmacy staff reported that older people want a small unit close to town and to other older people, where external maintenance is provided but where they can do their own cooking and remain independent.

A discussion with a real estate agent in Kyogle indicated that there are frequent enquiries, averaging one or more per month, from people investigating the option of retiring in Kyogle (most enquiries are for Kyogle itself, rather than elsewhere in the LGA). These enquiries range from people looking for a three-bedroom, two-bathroom house without large grounds to maintain, to a two-bedroom, one-bathroom unit. Both the quality of the local countryside and the relatively low cost of buying a property in a regional area compared to many metropolitan areas, which are becoming prohibitively expensive, are attracting potential retirees. However, he confirmed that there are almost no units available in the area. He was aware that a developer recently had plans approved by Council to build four units in the Kyogle CBD and knows of other people locally who are thinking of doing something similar. He suggested that Council might need to look at how to streamline Development Applications in order to encourage such development.

A current service provider in the Kyogle LGA, which has a retirement complex of Independent Living Units in Maclean, was contacted and “sounded out” about the potential possibility of building something similar in the Kyogle area. Given that this organisation already has infrastructure in the region, there was some interest expressed. The CEO would be interested in seeing the project report when it is available, and of having discussions with Kyogle Council about the possibility of building, e.g., a small Over 55s village, if suitable land could be found. (Note: The consultants have been told that there is land available near the Kyogle MPS that may be suitable. If this is the case it would be ideal, given that the MPS, the medical practice and Kyogle Court are all co-located in this part of the town.) Another business owner in Kyogle also expressed interest in potentially converting some property to retirement units. These details will be provided to Council on a ‘commercial-in-confidence’ basis.

Some time ago, Council rezoned land close to the existing villages to make it possible to subdivide and build housing on what is currently farming land. However, the extremely high cost to redevelop such property is very prohibitive so, to date, no one has done that.

One area over which Council may have some flexibility to encourage private development of independent units, either for rental or sale, is in relation to the fees charged to developers. In interviews with local residents and business operators, the issue of Council fees for unit

development was raised by three interviewees. All three would potentially be interested in building some units suitable for older people but were not prepared to do so under the current fee structure. For example, one developer who saw the gap in unit dwelling availability in the Kyogle town area did build three units. This person knew what the Council regulations were and met with all of those; in addition, the units were designed for low environmental impact. Concern was expressed in this interview about the fact that total Council fees for the three units were much higher than for a large house, of a similar overall footprint to the units, on a nearby block. As the units are strata-titled, all three owners will be paying rates, which will benefit the Council, whereas for one larger house there will only be one lot of rates. Council currently has a sliding scale of fees for such development, which seems to be reasonable but a close consideration of the current fees does suggest that there is little incentive to build units instead of a large house. (Note: This issue has been discussed with the relevant Council officer who expressed willingness to review the developer fee structure; further details are not provided here but we return to this issue again in the Recommendations section.)

There was also information provided that suggests that banks and other financial institutions do not see Kyogle as particularly viable in terms of funding development. One person who applied to a bank for finance to build units said that the interview was progressing well until he said that the units would be built in Kyogle; his application was subsequently refused. However, there is currently a resurgence in agricultural development in Australia, including in the dairy industry, so this situation may change.

Council LEP and NSW Government Planning Policies

NSW Government Planning and Environment information on the NSW Government website provides the following information:

In March 2004, the NSW State Planning Department replaced SEPP 5 (the planning policy that previously dealt with housing for older people and people with a disability) with a new policy focused on balancing growing demand for accommodation with maintaining the character and feel of local neighbourhoods – State Environmental Planning Policy (Senior Living) 2004. This was amended in September 2007, with changes commencing 12 October 2007. The policy is now called the State Environmental Planning Policy (Housing for

Seniors or People with a Disability) 2004. (See Appendix 4) Under this policy, Council has some flexibility relating to place and type of construction for housing for older people and people with disability. This includes setting aside local planning controls that would prevent the development of housing for seniors or people with a disability that meets the development criteria and standards specified in the Policy (see Appendix 5).

Some areas within the LGA that are suitable for unit development currently have houses on them. In addition, a development such as an Independent Living Unit village requires a reasonably large amount of land. Ideally, it should be within walking distance of the CBD, but that may not be possible in Kyogle.

There are some blocks of land within the Kyogle town area that could potentially have clusters of units built on them. IV 25

There are also problems with much of the land that Council holds, including Crown reserves. It's either on the side of the hill and therefore not flood prone (but not suitable for units for older people), or it's on flat country and goes under water or it's got a sports field on it. IV 25

An old sawmill site, identified by a Woodenbong resident, appears to lend itself well to unit development. A developer did approach Council about building on that site and discussion ensued about serviced apartments built in a U-shape around a courtyard but, to date, this has not progressed. Although the reason that it has not progressed is not known, it is important to ensure that unnecessary barriers to such development are identified and removed.

For disability housing in the region, consideration could be given to group homes or independent units which are disability-friendly. Some participants with disability in this project said that they could live independently if they were just “given the chance”. A young man with disability moved into the Kyogle CBD area and it took him six months to find suitable housing, which then needed modifications.

Ideally, all new buildings should meet Universal Design standards; they would then be suitable for all ages and accommodate most levels of disability (e.g., grab rails in a shower are common sense at any age – anyone can slip in the shower; hallways that are wide enough for a wheelchair are also wide enough for a pram; bench tops that can be lowered if a person is in a wheelchair are also useful if an older person needs to sit to prepare meals). If such

features are incorporated into the original design, they do not cost very much more than a standard design³³.

Although Universal Design is not mandatory for every new dwelling,

...builders are increasingly tailoring their design for their markets and the market for dwellings is undoubtedly moving more towards the older bracket. (In particular) the larger companies are increasingly looking at those universal design principles for their general design. IV 21

Ability Links in Kyogle made the following comment:

Supported accommodation would also be a much utilised service as there is nothing available in Kyogle LGA for people with disability who want to live independently and rental properties are very expensive, in short supply and very few are accessible to people with limited mobility. IV 28

Focus Groups in Bonalbo and Woodenbong found strong support for a cluster of six to eight Independent Living Units in each location.

I know of four people who have left our community and gone to independent living-type arrangements in Casino, because that's the only place that has it. And we've had about six people leave here and go to higher level nursing home care because it became so dangerous for them at home. They could have had a better quality of life (if some form of transition accommodation had been available). IV 21

However, several participants in Woodenbong said that if, e.g., an Over 55s residential village was built in Kyogle, they would be prepared to move there.

You'd go where you'd have to go. Circumstances could change and you'd have to go where suited you best. If you had a bit more of that type of thing together where the one staff could spend their day going around those, it would be a save. IV 24

Some participants said that they would want a two-bedroom unit; others said a one-bedroom unit would be okay if it had a big living area (which could include a fold-out couch) and "a decent-sized bathroom" (but most wanted a shower, not a bathtub) and "user-friendly power points and taps and all that sort of stuff" (all consistent with Universal Design principles). Adequate storage and/or a shed was also important (including with space and power points where you can charge your scooter). Walking distance to the library and other services was also deemed to be important.

³³ Cartwright CM. *Investigating Models of Affordable Housing for Older People and People with Disabilities in the Mid North Coast Region of New South Wales*. Commissioned report to NSW Department of Housing and Enterprise and Training Company Coffs Harbour Ltd. 2006.

Some concern was expressed about the need to ensure that a village or cluster of units would include both rental and ‘for purchase’ properties.

A lot of the elderly ladies are living in farmhouses which are part of the farm. If and when they get to that stage, they don’t just sell their farmhouse and buy their unit, because the farmhouse is part of the farm that the family are still running, so is there going to be some rentals or something like that? Until the day they pass, they’re entitled to live in their homes but, if anything happens, they don’t have a nest egg of \$200,000 to buy a unit. IV 24

The Aboriginal community also wants to keep the elders in the community as long as possible until they need high level care. This requires coordination of services, something that the Aboriginal Health Education Officer in Tabulam is working to achieve. Since she has organised a number of meetings with government and non-government organisations “a lot of agencies now are working together to stop over-servicing and to work out who does what, and it’s working now”. Accommodation for older Aboriginal people has also improved. However, there is no crisis accommodation in the LGA and people who need that level of support go to crisis centres in Lismore, Casino, Grafton “or wherever they are willing to go”.

It was noted that there is no crisis accommodation for anyone in the Kyogle LGA and people either have to go to Casino or are admitted to the MPS.

Concern was expressed about how government funding for housing is provided in the region and it seems that the problems identified above in relation to Home Care Packages is also an issue for housing, i.e., large providers use the statistics for the whole Northern Region to demonstrate that funding is needed but, when they receive the funding, none of it is provided to Kyogle to assist people to obtain adequate housing.

Casino has that lovely big resort for mobile homes. They do beautiful community things. The other thing about them having that place there is that, yes, a lot of older people live there and they have a lot of activities just there, but they open it up to the community often and they do lots of community stuff. They’ll have special shows there and invite the community in – and the services and stuff like that – so it’s really good. Kyogle needs something like that here. IV 19

An additional reason for developing an Over 55s village, or a sizeable cluster of Independent Living Units, is to address some of the problems of social isolation and social connectedness outlined above. Most people who have lived in the area for many years have strong

community networks and said they were not lonely but circumstances can constrain opportunity for social interaction; one younger woman who is caring for her brother who has disability in one of the outer villages said she was lonely and has recently joined the golf club “so I’ve got people my own age to talk to”. IV 24

Another Focus Group participant, physically healthy, grew up in Kyogle, went to Sydney after high school, married and had a family there. As she had several family members in Kyogle and a daughter in Brisbane, she sold her home in Sydney and moved back to Kyogle after her husband died. Unfortunately, several family members died a few years after she came back. Her closest friends are in Sydney but she can’t afford to buy back there now. She has found it difficult to establish new relationships with like-minded people of a similar age (noting that she is not ready to play bingo yet!). She found people in some local groups quite unfriendly but noted the benefit of being involved in a craft group.

The best thing that’s happened in this town is the patchwork shop. I patchwork; I stitch – and that’s my salvation. Its cheap therapy and you’re with like-minded people. But they go home to their husbands, their friends, and most of them have lived there all their life. So when people get together, they’re talking about other people – not necessarily gossiping... and I don’t have a clue what they’re talking about. IV 22

A service provider at this Focus Group advised the participant that the CWA had just started a new night-time group in Kyogle.

Over 40 women that have signed up for the night group. We range in age from 20 to 70. It was very successful. It comes with food and wine. That’s great, getting women (of all ages) together in a group. But there’s that gap there of people meeting each other, and how do you do it? How do you set up a structure? There are lots of beautiful things about small country towns that work really well, but then there’s that other – and I know – the clique thing. I come in, I’m not a local; I don’t know the local people; I can’t chatter about things. Where do you sit? IV 22

If Kyogle LGA is to be an attractive retirement option, long-standing community members will need to be encouraged to make newcomers feel welcome. Even someone with family in the area may need to be welcomed by local people of a similar age.

Note: There is anecdotal evidence that there are high numbers of homeless people in the Kyogle LGA but it was not possible to verify this. A Vietnam veteran in Bonalbo said:

There are a lot out here; young fellows who are homeless... I was homeless for 10 years with my condition. If you get caught up with any of these guys ... just let me know; the Vietnam Veterans' Counselling Service will take control of it and get them into accommodation and stuff like that. There is an expectation of a mini tsunami of veterans. IV 21

TRANSPORT

Lack of suitable and/or available transport was raised repeatedly in interviews. This related to all forms of available transport in the LGA and for all purposes, including travel to medical appointments, travel from outside the Kyogle CBD into the town to access services and travel within the LGA for social and other purposes. This increases the risk of social isolation, which is a risk factor for depression and depression is a risk factor for dementia³⁴. Problems identified included:

Access to transport information

The project consultant found that local information about buses and other transport was not readily accessible and this problem was confirmed in several interviews. Although there is a Northern Rivers Transport Guide, it includes information about the whole Northern Rivers area and has very limited information e.g., for Kyogle there is a half-page which mostly lists school bus information and does not say if other people can catch those buses. Some bus companies do allow this and others don't (see below). The Kyogle Council Transport Working Group has been notified about the issue of lack of information and they have agreed to develop a resource kit for community members to address this problem. This will be distributed within the LGA, including in bus shelters, and provided to local services.

Trains

Changes to train times has had a major negative impact on people in the Kyogle LGA being able to travel to Brisbane for specialist medical appointments. Some years ago the train left Kyogle at 6am, arriving in Brisbane at 8am; commuters could attend appointments and catch the return train which left Brisbane at 6pm, arriving back in Kyogle at 8pm. The train now leaves Kyogle at 2am, arrives in Brisbane at 4am (dangerous for anyone, especially older people and those with physical and mental disability, to be on a lonely railways station at 4am) and returns at 8am. That means it is no longer possible to attend appointments or do

³⁴ Crooks V, Lubben J, Petitti DB, Little D, Chiu V. Social Network, Cognitive Function, and Dementia Incidence among Elderly Women. *Am J Public Health*. 2008 July; 98(7): 1221–1227

anything else without staying overnight, adding both extra expense and inconvenience to patients and their families. Investigation into why this had occurred indicated that Queensland Rail did not want country trains arriving in Brisbane Central Station during peak hour for other commuters. It is unclear if other alternatives were explored at the time, e.g., could the trains have terminated at South Brisbane or another station which was not subject to peak time and connect with buses into the Brisbane CBD? Or could the trains have been scheduled to arrive later in the morning, e.g., 10am when the peak commuter flow would no longer be an issue? (Note: This issue was recently raised in an email to the NSW Government member for the Kyogle LGA but, to date, no response has been received).

When people in the LGA have to go to Sydney, for medical appointments or family reasons, those who are able to will sometimes drive to Macksville.

I drive to Macksville, leave my car at a friend's. Macksville has better train times and the choice of three trains, so that's much more doable. IV 22

Buses

There is a major problem with the regional transport network, with no apparent over-arching plan for the region. Bus timetables in major centres such as Lismore and Ballina do not appear to take any account of the times buses from outlying areas arrive in those locations and "we're missing connecting services by 8, 14 and 30 minutes." IV 23. Options for travel by community members on school buses are also severely limited. The response from a local bus company to an email asking if the general public can travel on the school bus was that they did not want that to happen; three of their four buses are at maximum capacity with school students and all four contracts with NSW Transport are for school students only. They do not have a commercial contract.

The Council-auspiced Transport Working Group applied for funding for a Community Bus under a NSW Government transport scheme and were successful, receiving \$45,000. The scheme began in 2014 and involved one of the local bus companies allowing eligible people to travel from Woodenbong and surrounding areas into Kyogle on the school bus. The bus would drop people at the Kyogle medical practice or MPS and be available at 12 noon to take people back to Woodenbong. If they needed to stay later than that they could again catch the school bus at 3pm. Eligible passengers (i.e., those with a current pension card – Centrelink or DVA, a NSW Seniors card or a War Widows card) were able to use their Regional Excursion

Daily (Red) Ticket, which allows them to travel by bus for a cost of \$2.50 per day. The service functioned for a year, then there was a break of about a month but, as some funds were remaining, it started again and is expected to continue to February 2016. It is anticipated that at that time the bus company will be able to apply to the NSW government to have this service added to their contract (which is currently for school transport), with extra government funding. However, while a welcome initiative, this service improved access for only one part of the LGA, and only into Kyogle CBD.

Planes

The closest airports are Lismore and Casino which have regional propeller-based regular passenger transport (RPT) services, with Ballina or Coolangatta providing RPT jet services (see distances and times below). All airports link to Sydney and some other regional locations within NSW. There are no direct flights to Brisbane.

Cars

Private car travel (self, family/friends): Distances frequently travelled by residents in the LGA include:

From Kyogle to: Lismore – 43 kms each way (approx. 40 mins); Ballina – 76 kms each way (1 hr 10 mins); Coolangatta – 100 kms each way (1 hr 40 mins); Brisbane – 164 kms each way (2½ hrs); Bonalbo – 100 kms each way (1 hr 20 mins); Woodenbong – 60 kms each way (1 hr).

From Woodenbong to: Brisbane – 141 kms each way (approx. 2 hrs); Lismore – 103 kms each way (1 hr 25 mins); Ballina – 135 kms each way (2 hrs); Warwick – 87 kms each way (1 hr 10 mins); Beaudesert – 72 kms each way (<1 hr); Urbenville – 13 kms each way (15 mins).

From Bonalbo to: Urbenville – 36 kms (31 mins); Casino – 69 kms (1 hr); Lismore – 100 kms each way (1½ - 2 hrs); Ballina – 132 kms each way (2 hrs); Coolangatta – 200 kms each way (2 hrs 40 mins); Brisbane – 190 kms (2 hrs 45 mins).

It's a big effort for people trying to get to those appointments, with access to cars and accommodation. We do hear people talk about how big a strain it is on them, trying to get to a specialist's appointment. IV 10

Taxis:

Kyogle Taxis (which is really a hire car company) does not have facilities to transport people in wheelchairs and apparently will not accept Northern Rivers Community Transport taxi vouchers. IV 28

Community Transport: (see distances above)

Kyogle Family Support Service (KFSS) brokers transport-related services for Northern Rivers Community Transport (NRCT). KFSS receives HACC funding and employs a transport coordinator who organises medical journeys for people who are frail, aged and/or have a disability, within the LGA and out of the LGA to Casino, Lismore, Ballina and, if necessary, to Grafton, as well as to Bangalow, Mullumbimby and Murwillumbah. Within the LGA, people are asked for a contribution but it's always negotiable; the transport is not dependent on the contribution. Transport can also be provided to the Gold Coast and Brisbane but, where possible, that has to be on a cost-recovery basis (i.e., \$200 return to Brisbane and \$120 return to the Gold Coast). Some negotiation is possible for the Gold Coast but not for Brisbane.

All drivers are volunteers (16 in Kyogle – most only do one trip per week; others more – and two in Woodenbong) who undergo regular assessment at the NRCT head office, plus a police check, fitness to drive check, including driving record from the RTA (now called RMS). They have to retire from the service when they turn 80. Most needs are met. Where possible, the coordinator tries to match the client with a volunteer driver with whom they will be comfortable. There is one car in Woodenbong (the bank allows it to be kept in the bank garage) and two in Kyogle, supplied by NRCT but, if required, some volunteers will use their own cars.

But not many people want to use their own cars and that's where the service falls down. Any trip I can't do is almost always because I don't have a vehicle. The vehicles are the weak spot. IV 7

There are approximately 150 trips per month outside the LGA. Kyogle volunteers pick up people in Kyogle and Woodenbong areas; Casino volunteers pick up people in the Bonalbo area. The coordinator frequently has to "juggle" car spaces and try to change doctors' appointments to a time when a car is going to that location.

We put several people in a car, so this one will be a nine o'clock appointment, this one will be a ten o'clock, so this one has to go an hour or two early and that one has to wait while the other one's finished. IV 7

As there is only one car at Woodenbong, and they allow two hours (one way) for a trip to Lismore, if one Woodenbong person has booked a trip and someone else needs to go on the same day "...unless one of them goes very early and the other one stays very late – and some of them are too frail and can't do that anyway – we have to say, "I'm sorry, I can't do it on that day." IV 7

A man with a disability reported that he has found his life much better since he moved in to the Kyogle CBD area, where he can access services without needing to travel. When he needs to go somewhere by bus he needs to arrange in advance if he wants to take his motorised scooter. He is also still driving. (Note: He had to take his car to Brisbane to get a compliance certificate for the modifications to his car). Another young man with disability has to be driven to Tweed Heads by his mother to access the specialist services he needs.

Community Transport car maintenance is undertaken locally and charged to NRCT head office. Although the number of requests for transport are increasing daily, the transport coordinator is confident more volunteers could be found if demand grows – provided there are sufficient vehicles. More staff to assist her would be wonderful "but that's not going to happen". Some people need transport for shopping or social connection but this service is limited to medical appointments, with some funding for Aboriginal funeral transport. Care Connections tries to meet social and other transport needs but their funding is also limited.

One gentleman rang last week and wanted to visit his wife who's in the nursing home in Murwillumbah. I can take him if I'm going to the coast but then he's got to wait. I've got to drop him, we go to the coast and we pick him up. People need social support. They need to be taken places. That's the gap. (Note: This is allowed as part of another trip but not just for that purpose.) IV 7

Other issues: There is also a need for transport generally from the outer areas of Kyogle into the CBD, not just for older people but also for people with disability or others who do not have a car.

Some of them walk from the caravan park and they walk to the post office, the ones who can; but the ones who can't don't get to go. IV 7

People who are supported by Department of Veterans' Affairs (DVA) are usually well provided for. A Bonalbo resident is a WWII veteran and if he requires transport for medical appointments, including in Brisbane, DVA sends a car for him. (This man uses a scooter

locally, and has a carer and a friend who drive him if there is any distance involved). Another Vietnam Veteran experienced difficulty getting to a medical appointment.

I suffer from sleep apnoea and a lot of other things. I had to get a referral from the doctor here to go into Ballina to get the equipment – and the appointment was at four o'clock in the afternoon – and then I had to drive all the way back, use the equipment overnight and then have it back by eleven o'clock the next morning. That's just not possible. I just cancelled the appointment. IV 21

He has since found out that DVA will cover costs for such appointments, including for overnight accommodation and the cost of driving in. (Note: A lot of the specialists are now in Ballina, including the geriatrician, eye specialist and day surgery appointments.) One of the service providers experienced a similar problem when she needed to organise for a woman to be in Ballina by 11am, return home and go back in the next day, three days running.

The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) is available for eligible patients travelling at least 100 kilometres one way or 200 kilometres cumulatively per week; reimbursement is usually about 80% of the cost. Carers/escorts of patients whose medical practitioner says that they require this support can also claim reimbursement of costs. However:

You have to do quite a deal of planning IPTAAS (it's a quagmire). You have to know that it's available. You have to have a letter from your doctor saying that you need to go to whomever. It has to be signed off by the doctor when you get there that you actually needed to attend, from the specialist's point of view, and then you can ask for reimbursement. IV 21

The Aboriginal Health Education Officer from Tabulam noted that, if a member of her community needs to go to hospital, she usually contacts the Aboriginal Health worker in that hospital and arranges for them to meet the person at the door, if they can, and guide them through the steps "otherwise it just won't get done because they get all confused and just leave". IV 21

Having had no in-patient facilities in Bonalbo for a number of years has exacerbated the transport problem.

So you've got an 85-year-old woman that's got an overnight condition that, given 24-36 hours in a ward, she'd be right. "No! Send them to Lismore." By the time they've had the trip in and the trip out, they're three times worse than they were. These people aren't stupid; they're country people. They say, "I'm too sick to go to hospital." IV 7

Children with disability in the Bonalbo area are also very disadvantaged in relation to transport.

As far as transport's concerned, to get to Bonalbo Preschool – for any children, no matter what – it relies solely on the families. There's no transport whatsoever. Last year, I had a child with a disability – very, very low-functioning autism – and he really needed to go into our main centre in Casino once a week to an early intervention disability service. There was no transport. It was very difficult for his mum to take him there, and, because of his needs, she wasn't comfortable with any other form of transport. As a result, his attendance at early intervention ceased and he wasn't able to access those services anymore. A lot of my families live in the town so they can walk but we're trying to broaden our service area to bring in more families, and that's where transport may become an issue. IV 21

A major transport-related challenge for the Aboriginal Health Education Officer when she started her position was to work out how to get people to appointments, because they weren't attending.

Only about five homes have functioning telephones (and) there was an issue of communication: they'd go to the doctors, the doctors would say, "You've got to be there at this time." They'd make the appointment for them and they'd just tell them to jump the bus. Well, you can't just jump the community bus because the community bus is HACC funded – there's a criteria with that – and while it does have a priority for medical appointments now it didn't back then. It has set hours. It leaves at nine o'clock from the reserve; it gets to Casino at 10. If it had to go to Lismore for community members, it has to leave there at 1.30pm to be back in Casino for two o'clock and to be back at Tabulam by three. They were giving them times outside of the bus hours; the doctor's surgeries have no idea of the distances involved ... so we had multiple meetings with all the services involved with transport. IV 21

The meetings provided a lot of information on transport, including the Red Ticket concessions and the fact that there are taxi subsidies for eligible people. She also found out about the shuttle that was starting up from Ballina, going to Brisbane and coming back. She noted that the Indigenous arm of Northern Rivers Community Transport "was a godsend". Accessing IPTAAS was also problematic because of the paperwork involved, and having to pay first and then be reimbursed.

Northern Rivers Community Transport came on board and gave them fuel cards for their own cars. And you get the patient to the hospital and then they have to stay overnight, there's no transport to get them home. There is nothing from Lismore Base to Casino, where they can get the community bus home. There's a Casino church group that will pick up patients from Lismore and get them back to Casino for a gold coin donation or something to help with transport. IV 21

Even transport by ambulance can be challenging.

I've waited at that Health Post for up to six hours for an ambulance to turn up for someone, because they deemed it non-emergency transport but that adult had to get to Lismore. By the time they got there, it was six o'clock. They took the person through, they were looked at and let go at 12 o'clock at night (with no way of getting home). IV 21

The Upper Clarence Health and Welfare Council has a small partly-HACC-funded bus that provides some service in the Kyogle LGA, including transporting people from Bonalbo to Casino or Lismore on Tuesdays and from Woodenbong to Lismore or Warwick (depending on medical appointments) on Thursdays and Fridays, primarily for medical appointments but sometimes for shopping if there are spare seats. Passengers pay a contribution to use the bus but it doesn't cover the cost of running the bus. Carers also use the bus and that requires justification for the respite component.

Medical appointments determine the destination as well as the priority seating. So, if it's just for shoppers that want to go to Warwick and have no transport, that's where it will go, but if there's one person that has a Lismore medical, that's where it goes. That's not every week because we can't justify just sending shoppers, even though they have no other transport. IV 21

The Upper Clarence Valley service also has a small amount of funding to provide cars with a volunteer driver for people whose appointments don't fit with the bus times or who are too frail or disabled to go by bus. The demand for this is increasing a great deal.

Another woman, next Tuesday, they want her in Royal Brisbane at 8am, so I've got to get a driver that's willing to leave here at 4am. They want her to stay a week. IV 21

One person who moved to Bonalbo from a big town noted that he could not afford rent in the town but he can't afford transport in Bonalbo. Having had no in-patient services in Bonalbo for many years has added greatly to transport problems in the area.

One time we had a policy with our transport that we didn't transport people home after admission to hospital. Because we have no in-patient services here now, we've had to loosen that a bit. I had a lady, 84 years old, taken by helicopter from Ewingar, 70 kilometres to hospital, and then they discharged her on a Sunday and she's ringing me up, "I'm out. They've discharged me. How can I get home?" I tried to find somebody. I did have a driver up that way but could not get hold of him. (Because it was Sunday the discharge planner was not on duty at the hospital.) IV 21

When Bonalbo hospital closed, the GP retired and they waited for the MPS to be built, the community put a lot of temporary measures in place, based on volunteer support.

So that people would not be thrown out on the street at 11 o'clock at night; people would not be discharged over the weekend; and people would be transported out here back home, assistance was given. What's happened is its three years down the track and the temporary situation has become permanent and the goodwill's been used up. IV 21

That was the assertion that we got here, as a community, that no one would be turfed out (of hospital) but what we have is a whole pile of disadvantaged people who actually can't say, "Now, look here. Three years ago, you promised such and such," because they're just so unwell. They get, "You can go home now," and that's when they get a blank look on their face and they think, "How am I going to do this?" and then frantically call people that they know might be able to help. IV 21

A young man who is in a wheelchair relies on his mother to drive him everywhere. He wants to be independent but for that he would have to buy a car, have it modified at a cost of \$2,500, have eight mandatory driving lessons and pay \$2,000 for a special licence. "For people in a wheelchair, transport's pretty impossible." IV 21 He also needs a new wheelchair but has been waiting for that for a long time. This young man actually lives in the Tenterfield LGA but it is closer and less driving time for him to come to Bonalbo and one of the service providers explained that "...they don't help them. It's left to us here to help them." IV 21 He also is not able to access the spinal unit in Brisbane.

For me to go to hospitals and see a spinal specialist, they're all down in Sydney, which is ages away, and you've got other ones in Brisbane and the Gold Coast, which I can't see because it's a different state and you're not allowed to see them doctors at all. It's stupid... and you just give up. IV21

The participants at the Bonalbo Focus Group expressed concerns about transport funding that reflected the situation with Home Care Packages, outlined above.

A big fear here is if they were to decide to give whatever funding we get now to a bigger bucket 100 kilometres away, which would be really scary. We'd have no services or even less services out here. IV 21

They explained that that had happened with some transport funding.

Northern Rivers Community Transport took over the funding that was destined for the Upper Clarence Valley. Then it was too difficult for them to provide a service that left Lismore or Casino and came out here, picked someone up, took them back in and then came back with them and then went back in a day. The Upper Clarence Valley Health and Welfare Council, can broker the dollars for volunteers to do that journey to halve the cost. If you think of removing the

services out here from the local provider, not only will it be twice as expensive to provide but it means that only half the people will get service; already lots of people are missing out. IV 21

The condition of some of the roads in the LGA also increases travel time and distance.

Just for the record, we have a road from Bonalbo to Kyogle but not even Kyogle Council use it. They come via Casino. IV 21

Current conditions in the Bonalbo area can actually be life-threatening.

Last November, I took a bad turn at nine o'clock in the morning. In the finish, they identified it as a TIA – a slight stroke. My carer rang the ambulance. By the time you talk to Newcastle, wherever you get through, it took him a quarter of an hour, 20 minutes, before they said, "Where do we send the ambulance to?" Finally, the ambulance came. There was no doctor on duty here but the nursing staff here were phenomenal. They couldn't take me in and treat me but they said I would have to go to Lismore. They got me into the ambulance and the ambulance rang Lismore. They told them to take me to Kyogle. They took me round to Urbenville, Woodenbong, down to Kyogle. I took this turn about nine o'clock; it was half past one when I got to Kyogle. The doctor immediately saw me at Kyogle and she said, "Mr X, you shouldn't be here. You should be in Lismore. We can't treat you. We'll do what we can until I can get you to Lismore." At five o'clock that afternoon, an ambulance came from Casino and took me to Lismore Base Hospital. I got into a bed in the ward at half-past one the next morning. At about 9am a doctor came and saw me and I had to go and have all these tests done. The next morning I had to go back and have another ultrasound. I was there two days and then they sent me home. IV 21

Another participant said:

When we had in-patient service here, it supported the whole health of the people. We had people that didn't make it through the next winter once it stopped here, whereas, through the winter months of the years prior, they were cared for in the hospital and then supported to go home but they just didn't make it because we didn't have that service here. IV 21

It is apparent that many community members give a great deal of their time to assist others in the community, but not everyone does this and volunteer burnout is becoming a big issue. A Focus Group participant was a volunteer driver for the Carroona Hostel in Bonalbo but he was doing up to three trips to Lismore a week and it became too much. Another participant who is a volunteer driver gets paid per kilometre but may have to sit and wait for the patient for up to five hours. His wife, a retired nurse, is also a volunteer driver and can drive for someone who needs care as well as transport. It is also often difficult to convince people making the appointments that, e.g., a 4pm appointment is just not possible. Sometimes it means the

patient has to stay overnight and the volunteer drives home, then in and back again the next day.

The following is feedback received from community members who attended a Transport Stall held 4 June 2015 in Kyogle by the Kyogle Council Transport Working Group. People were invited to leave a comment: "Write your transport wish for Kyogle here ...". Responses included:

- Direct transport to Brisbane x 2
- More convenient train timetable to travel to Brisbane
- A decent, normal bus service, i.e., greater frequency to Lismore and Casino
- To be able to link up with the Byron Easybus to Brisbane at Lismore or Casino
- Better connection to Ballina – no buses from Lismore to Ballina between 9.45am and 1.10pm makes it impossible to link up with Kyogle/Lismore buses
- Need a bus and taxi drop-off zone at IGA supermarket in Kyogle

Taxi fares are too expensive; fares are basically doubled on a Sunday when people want to get to church. IV 10/11

Transport issues identified by Focus Group participants in Woodenbong mostly reflected those outlined above but also included:

- Some people can only drive in their local village
- Some people who are not on restricted licences would nevertheless not be prepared to drive to Brisbane
- More local volunteers are needed to drive Community Transport cars; it is also possible to drive your own car, as a volunteer, and be reimbursed for fuel
- It is possible to get the school bus into Kyogle and connect with another one for Lismore
- Many people said they could not go to Brisbane or Sydney by themselves
- Community Transport was often preferred even if bus travel was possible

The community car takes you right to the door and sees you in. The bus drops you off and you have to make your own way and explain to the people at the desk, and everybody can't do that. IV 24

- Watson's bus service has a new bus, with a ramp at the back for disability access, that goes from Woodenbong to Kyogle.

An excellent report in relation to transport in the Kyogle LGA was developed by Council's Economic Development Officer in 2012; it is titled Kyogle Railway Station Transit Centre Project and contains many innovative and strategic ideas. The report covers many of the issues outlined above and notes that "public transport options available are expensive and have inconvenient scheduling as buses do not meet train timetables, and shuttle services on the Northern Rivers do not service Kyogle directly". (*Report Executive Summary*) The report states that: "This project is necessary to meet NSW Government's Goals 7, 8 and 9 of the *NSW 2021 Plan* and the Strategic Imperatives outlined in the *Visitor Economy Taskforce – Final Report*." (ibid)

COMMUNITY ACCESS

(Although the following issues arose at the Disability Focus Group [IV 25], they were also raised in interviews in relation to older people.)

Lack of pedestrian crossings in some high-traffic areas (e.g., near BP service station where several roads converge and people need to cross Kyogle Road several times to get to the supermarket; and at Geneva footpath on Anzac Road); Council has a plan for a roundabout at that intersection but that will not assist people trying to cross the road, particularly if someone's on a mobile scooter or, even, there's one person who walks with a walking stick and has to walk through grass and broken stuff. IV 25

They've got to come down Kyogle Road on one side and then cross Kyogle Road to get across Irwin Street. If you're going to the supermarket that means you've actually got to go across three times when all you really want to do is go across there. There's not a crossing but there's a refuge where the path continues but it takes you away from that intersection so you don't have to cross the main highway there. But then you've got to walk up the hill, use the crossing at the top and come back down again. (This is a major problem for someone using a walking stick or in a wheelchair.) IV 25

The area identified by participants was:

At the end of Roxy Street, in Ettrick Street from the Geneva and Ettrick Street corner round past the Smash Repairs, out onto that road. We've got the footpaths going to the IGA and down there and then it stops and it doesn't continue until you get more or less on the corner. IV 25

One Focus Group participant said that the Highway Patrol were pulling people up near this 'black spot' just on school time one morning (presumably to enforce the 40km road rules) but that just added to the congestion and made it harder for children to cross the road.

Council has a Pedestrian Mobility Access Plan but this location was not raised as an issue during Council consultations for that Plan, although it was raised several times in interviews and focus groups for this project. The responsible Council officer said that “there’s probably an opportunity to address that problem”.

Another access problem identified was the need for a pedestrian crossing at the Kyogle railway station on Anzac Drive. One Focus Group participant said the area was used by a lot of older people using scooters and “cars come screeching round the corner”. IV 20

Other community access issues in the Kyogle town included:

- The slope of the road at the bottom end of town means shops have steps up into them;
- Public toilets:
 - in Stratheden Street (near Council Chambers) – have high steps;
 - in the car park near CLC/Old Roxy Theatre – access is okay but there are concerns regarding safety at night;
 - at the Visitors’ Information Centre – there is a toilet which people with disability can access using a mobility access key (MLAK) but it is locked at night;
- Seating around the streets of Kyogle is not good. The seats already in place are situated in the sun or rain – out near the kerbs and not under the awnings. IV 10/11

Focus Group attendees in Woodenbong were also concerned about access and public amenity issues:

If you build the little houses in cluster groups, people need to be able to walk around on good footpaths and, if they’ve got a scooter, they need to be able to come down to the road and come up and down the footpaths easily. In town here, we don’t have many of those, really good footpaths that older people can walk around on. The ones we have, some of them are a bit dodgy; people have had falls. So that’s something that the Council would have to put in around these buildings. IV 24

[For] people with motor scooters around here, it can be really hairy. [It’s] heart-stopping watching some of them crossing the roads. It’s really dangerous. IV 24

I nearly ran over a woman the other day. She was coming down the lane – lucky I drive slowly – and she just shot out. I had to come to a complete stop. IV 24

A major issue that arose in relation to community access was knowing where to go for information about transport (discussed above), community services, social groups, anything people might want to know about their community, especially people who are new to an area.

One possibility is to change the focus of the Tourist Information Centre to a Community Information Centre. This was discussed with the current Tourist Centre Manager, who is the Council's Economic Development Officer. He thought it was possible and that two things would be needed to do that: one was to educate people in the community to see the Centre as more than for tourists; the second was to ensure that the Centre databases had up-to-date community information. He noted:

People have got to travel all over town to get what they want; government assistance at the Court House, Grove House provides other community facilities and the other ones are spread out. Family Support's here, Care Connections is there and our information for new residents is in the Visitors Centre or in the Council Chambers at opposite ends of the town. So it would be good to consolidate a lot of that information into a simple package. IV 23

One interviewee also asked: Could there be equipment to hire in Kyogle?

If I go into Kyogle I'd like to take my wheelie chair. To fold it up and put it in my car is hard work and to get it out is hard. It fills the boot of my car up and so you've got no room to put anything else in. I'm wondering whether there could be some wheelie chairs there available for people to rent when they get to Kyogle. We used to do it with our babies at one time; we used to hire the strollers. IV 24

A positive for the LGA is the support community members give to one another.

Community neighbourhood watch is alive and well in this town, and was long before it was ever given a name. You know, the people who watch out for one another is quite remarkable. And I know, for me, following up with people after someone's died, people will say, "You know X whose husband died? She's not doing very well. You'd better go and see her," because they know what I do. The network is amazing. IV 2

Nurses are part of the "caring community" and actually perform community watch; nurses are the eyes of the community. I say who I see in the street, who I don't see in the street. Who do we see when we go and get a café lunch? The interventions that we will do in the café is incredible. IV 2

TELEHEALTH AND COMMUNICATION INFRASTRUCTURE

One way to reduce the transport problems in an area such as the Kyogle LGA is to think strategically and find alternatives to people having to travel, especially for medical appointments. One such alternative is telehealth, which can allow people to monitor their health and/or have specialist consultation in their own homes or at a local GP or community health centre. Although using NBN or 4G is ideal, telehealth for home monitoring of vital signs can be provided through dial-up phone lines, although that does not work well for online consultations or for sending images to specialists.

Recent Commonwealth Government projects have demonstrated the benefits of telehealth to improve the health of older people, including older Aboriginal and Torres Strait Islander people, by in-home monitoring of vital signs, health education and increasing online social interaction. The equipment used in these projects was primarily based in participants' homes, using NBN, 4G or 3G³⁵.

Current telehealth use in the Kyogle LGA

Telehealth is now being used in a number of places in the Kyogle LGA:

- **Mckid Medical** (GP Clinic) uses telehealth for patients who have specialist consultations and for whom travel is very difficult.

We have a few specialists that are happy to do that. We set it up in one of the doctor's rooms with our doctor and the patient and get it up on the screen. IV 9

One very unwell patient who needed to consult an endocrinologist, but had both transport and financial difficulties to do that, had a telehealth consultation with the specialist in Brisbane. The medical practice will be looking at using telehealth more.

- **Kyogle MPS:** There are two cameras at the MPS, a telehealth room with a screen and Connecting Critical Care in the Emergency Unit. To date, they have not experienced connection problems with telehealth. The main problem "is the specialists at Lismore Base, but that's a different problem – just an education thing". IV 6

³⁵ Cartwright C, Shaw K. *Staying Strong: NBN-Enabled Telehealth Pilot Project*. Evaluation Report for integratedliving Australia Ltd. June 2014

- The new **Silver Chain** end-of-life care program is using telehealth throughout the North Coast area (but noted that connectivity can be an issue around Kyogle).

All our clients receive a client device which can provide support via video call 24/7. All staff have the ability to connect with each other via video call on their phones and tablets. We are soon to pilot providing GPs of our clients with a device – a 10inch tablet so they can phone and review a client from their surgery or home if required. IV 27

- **integratedliving** have telehealth available as part of their packages.
- The **Dementia Outreach** service links patients in the Kyogle LGA to a geropsychiatrist in Sydney through telehealth.
- **Bonalbo Health Service** also have telehealth for Connecting Critical Care but Health Service said that specialists generally were not prepared to use it “because they want to be paid”. This should not be a deterrent because the MBS now pays both the specialist and the healthcare provider who is with the patient during the consultation.

(The following information is from MBS Online, accessed 6 July 2015): The Australian Government Medical Benefits Schedule has 11 items which provide for video consultations in telehealth eligible areas (includes regional, rural and remote areas) across a range of specialities. These items allow a range of existing MBS attendance items to be provided by specialists and consultant physicians. The patient and specialist are required to be located a minimum of 15 kilometres apart at the time of the consultation.

Specialists must still meet all the requirements set out in the specialist item in order for it to be provided as a video consultation. If any of the requirements are not met, the item cannot be claimed. For example, item 141 for a comprehensive geriatric assessment requires the provider to spend more than 60 minutes with the patient. This requirement remains unchanged when provided by video consultation.

Twenty-three MBS items are available for patient-end services provided to patients during their video consultation with a specialist, consultant physician or consultant psychiatrist. These items are for face-to-face consultations when patient-end practitioners provide clinical

support to patients during their video consultation. Patient-end services can only be billed when it is necessary for the provision of the specialist service and the specialist service is a MBS rebateable video consultation. (Note: Practitioners who can charge for these services, under specified conditions, include GPs, a practice nurse or Aboriginal Health Worker for a telehealth attendance provided on behalf of a medical practitioner, and participating nurse practitioners. The items include such services provided at a residential aged care facility.)

An Aboriginal Health Education Officer interviewed for this project was told about the success of the Staying Strong project with older Aboriginal people and that, as a result of the project, one of the Aboriginal Medical Services in Queensland is now using it with their patients. She noted that “the AMS scope of practice (in this region) would just boom if we had that.”

We’re relying just on regular clinics, like the super clinics, whatever you call them. They come out and they do a day on... They’ll do respiratory, cardiac, diabetes – and all the complications that come with that – and all the specialists come to those clinics. That’s the only way we can get the mob done because we can’t get them all to appointments or have them booked in at the surgeries, so they come to us. IV 21

It was reported that a 4G tower has already been erected in Woodenbong and it is hoped that it will be connected soon. That may increase the possibility of using telehealth in that area so that older residents do not have to travel so far for medical appointments. Other interviewees also expressed support for the concept of telehealth:

I think (telehealth) would be very good. Anything we can do to encourage people living at home to be healthy at home, I think we have to do [it]. We can’t just see someone struggling to get to hospital and put them in a home. At the moment, our home medication reviews, I’ll be an hour driving up to someone out in the valley to sit down and have a chat with them. If there’s an opportunity to be able to do that (by telehealth) where they’re still comfortable (at home) ... IV 10

The issue of telehealth access was also raised with the CEO of the North Coast Primary Health Network, who advised that a number of new organisations, including Always Health and Anytime Health, are now providing specialist telehealth services, mostly at no cost to the client. It would be useful to investigate this option further.

Lack of Mobile Phone Reception in the LGA

Another communication problem in the region is the poor mobile phone reception in many parts of the LGA, with no reception at all in some areas. This means that Home Care staff travelling to someone's home may be faced with an emergency and no phone contact with anyone.

And it's a huge issue with the ambulance because they need to be able to contact Control or Lismore Base. They have to take the patient from the house, cannulate them, stabilise them, do what they've got to do and get them out to the road where the turnoff is to make phone contact and ask whether they should bring the person in or not, based on their diagnosis. IV 21

Council paid for an extensive investigation that identified the major problem areas in the region and there is government funding available to address these problems but the funding is not available to Councils.

You need a telco provider to be taking the lead role. The government has a State telco who's there for that purpose [and] they're looking for people who can provide sites for free, power, road access so that the telco just has to build a tower... plug the tower in, put their equipment on it and off they go. So we said to them: "We want to be seen as the facilitator." Same message as we gave the NBN: "We've got a few towers – we own a few towers already; we share a few towers with other people. Get in here and co-locate. We want you here. Whatever we've got to do, we'll make it as easy as we can in terms of planning and meeting statutory planning requirements." IV 25

Community resistance to the installation of mobile phone and NBN towers is also a barrier to improving communication in the region. Council had agreement from one landowner to locate a Telstra tower on his property in a major communication black spot but the landowner received so many complaints from people in that area that he withdrew permission for Council to erect it.

The issue of poor mobile phone reception was discussed with the construction company which is undertaking the redevelopment of the Bonalbo Hospital/MPS site. It is possible that a tower may be part of the MPS redevelopment project.

Improved technology access can also be used in some services for people with disability, from playing computer games to linking with others online. One young man with disability attended a centre in Goonellabah where the computers and other games were set up and where parents could stay and socialise as well.

Lack of adequate communication infrastructure is very frustrating for Council as it is creating barriers not only for service delivery but also for the development of home-based businesses. It may require a concerted campaign to lobby government ministers and raise community awareness.

Task 6 – Draft Report

Task 6 in the agreed Task List was to write a Draft Report of the project; this was delivered to the KCFG on 23 July 2015. Feedback received on the Draft Report was incorporated into this Final Project Report.

CONCLUSIONS AND RECOMMENDATIONS

In the 2011 Census, 17.4% of the Kyogle LGA population was aged 65+, compared with 14.7% for NSW as a whole, with a median age five years older than the median age of Australians generally. A higher median population age is generally associated with a greater chronic disease and disability burden within local communities. This, in turn, results in greater need for ageing, disability and health services within the population and places additional demands for relevant infrastructure on local Councils. In addition, in 2011, 6.6% of residents in the LGA had some form of disability, again higher than for NSW as a whole, but very few disability support services. Local Councils will be required to develop Disability Inclusion Plans, consistent with a State Disability Inclusion Plan, by July 2017 at current projections.

There were 9,288 usual residents living in the Kyogle LGA in the 2011 Census, of whom 5.3% identify as Aboriginal or Torres Strait Islanders. The current estimated total population (as at September 2014) is 9,531 persons. Between 2013 and 2031, the largest total increase in the population is expected to be in persons aged 65+ years. Despite this, out-migration of people aged 65+ from the LGA was 20% between 2001 and 2006, with a further 15% between 2006 and 2011. Access to health services is reported as a major cause of such out-migration and, in 2011-2013, 17.3% of Kyogle residents aged 15 years and over reported their health as fair or poor. If the numbers of young people with disability were included, this percentage could be higher. In addition, current projections show no overall increase in total population between now and 2031 but an increase in the number of people aged 70 and above.

Residential aged care places in the LGA are well below the Australian Government-recommended number; they are only just meeting demand but will be severely stretched unless additional places become available in the next 5-10 years. However, aged care in the home and disability services are already inadequate and families and community volunteers are stretched to capacity to support older people and people with disability in the LGA. (As major changes currently happening in the aged and disability area, in particular around care funding, are likely to impact service provision in the LGA, no specific recommendation is made at this time but the situation should be kept under review.)

With the added challenges of low median income and high levels of unemployment, opportunities for economic stimulus are needed to allow the community to thrive. Strategies to attract more people to the LGA need to include consideration of employment opportunities for younger people, to both retain young people already living in the LGA and to attract others to the region. However, the current SEIFA ranking of the Kyogle LGA as 11th most disadvantaged area in NSW and the IRSD ranking of second most disadvantaged decile (bottom 20%) of LGAs in Australia and most disadvantaged decile (bottom 10%) of LGAs in NSW may be a deterrent to attracting such opportunities to the LGA. This could put the LGA in a “Catch 22” position, where current levels of disadvantage can lead to even greater levels of disadvantage. Council requires innovative strategies to develop solutions to this problem.

Recommendation 1

That Council makes addressing the issue of the LGA State and national ranking of economic disadvantage a priority for action in the Council Strategic Plan, including exploring what assistance is available from Regional Development Australia, local Universities and/or other government departments. This should also include looking at what other regional Councils have done to improve their economic situation.

We note that severely disadvantaged States of Australia receive Commonwealth government compensation for being in the lowest SEIFA levels; e.g., Tasmania is ranked in the lowest SEIFA level and is compensated by a greater proportion of GST revenue. However, NSW does not compensate individual regions or LGAs accordingly.

Recommendation 2

That Council lobbies the Minister for Local Government, The Hon Paul Toole MP, and the local State Government member, The Hon Thomas George MP, to take whatever actions are possible to compensate severely disadvantaged LGAs, either from GST revenue or from specific grant allocations.

As noted below, under Business Opportunities, changes to Aged Care funding may be one lever that can be used to attract employment opportunities and help to address the level of disadvantage.

Other major issues identified in this project mainly relate to appropriate and affordable housing, transport availability and coordination, communication infrastructure and business/employment opportunities.

APPROPRIATE AND AFFORDABLE HOUSING

The Kyogle LGA currently has almost no appropriate and affordable housing for older people and/or people with disability. Residential aged care in the LGA, while not completely adequate, is nevertheless not a major concern at present (although current provision is unlikely to meet projected need in 10 years, even when the Bonalbo MPS eventually comes on board). In fact, if better housing options can be provided for older people in the LGA, some residents who now choose to go to Kyogle Court may prefer to remain independent in the community, thereby freeing up places for others whose care needs are higher.

If people remain independent in a village or units co-located with others in a similar age-group, that would also reduce the demands on the health and aged care workforce, as services could be delivered without extensive travel that currently reduces the time available for actual care provision.

Interviews, focus groups and survey responses indicated very strong support for an Over 55s village in Kyogle, within walking distance of the town; respondents also said that clusters of Independent Living Units in villages such as Bonalbo and Woodenbong would allow people to remain close to where they had always lived but reduce maintenance and social isolation. While most people would probably want to buy a unit in a village or cluster, others may need the option of renting. The option of renting or buying will need to be included in any negotiations with developers, although some local people might consider buying a unit for their own use at a later date and, in the meantime, rent it to someone else.

While the brief of this project did not extend to identifying actual unit design, as a minimum such units should be built on flat land, to Universal Design standards, be close to the town or village to ensure that older people can remain integrated into their community and have the appropriate infrastructure to enable easy access and mobility (e.g., well-maintained footpaths wide enough for wheelchairs or wheelie walkers; low kerbing with regular wheelchair access points; and good lighting).

It is also useful to note that a number of very attractive Over 55s residential villages in NSW and Qld have been built using demountable housing, which, if well designed and located, are indistinguishable from ‘constructed on site’ housing. One of the benefits of such villages is that residents who are on a pension qualify for rent assistance from the Commonwealth Government for the weekly or fortnightly maintenance fees charged, even if they have purchased the dwelling itself.

For people with disability, a range of options need to be explored, from group housing to individual independent living accommodation. Crisis accommodation is also needed in the LGA.

The major challenge is finding the resources to build the required accommodation. It may be possible to attract private developers if a business case can demonstrate that there is sufficient demand, but it is likely that a public/private partnership will be required. Council may be able to identify land, which could be leased to a developer for a long period at a minimal lease cost or offer other incentives to make undertaking such a project more attractive. Several current residents indicated interest in building age-friendly units and this possibility should also be explored. Council has acknowledged the need for a review of its application fees and developer contribution provisions to better discern between unit and single dwelling house development so as to not unduly disadvantage denser forms of development.

Another option may be to hold discussions with aged care providers who may consider the possibility of building an Over 55s or a retirement village that includes a range of aged care services as ‘optional extras’. Changes to funding structures for Home Care Packages, outlined above, have already seen a number of aged care providers demonstrating an interest in service provision in the LGA. A good business case could be made to make such a development more attractive.

Recommendation 3

That a Working Party be set up to: (a) investigate how much land would be needed for a small Over 55s village and/or clusters of six to eight units, and what the characteristics of such land would need to be (i.e., topography, location, existing infrastructure); (b) identify potential suitable land in Kyogle, Bonalbo and Woodenbong; and (c) identify what changes (if any) Council would need to make to planning provisions that apply to the land so that it could be used for the identified purpose (e.g., rezoning or amending building requirements, under the provisions of the *NSW State Environmental Planning Policy [Housing for Seniors or People with a Disability]* 2004).

Recommendation 4

That the Working Party investigate what incentives Council could offer to attract developers/providers of seniors housing, including possible application fee and developer contribution concessions.

Recommendation 5

That Council liaise with local residents, aged care providers and commercial developers for the supply of age-and-disability-friendly housing in the Kyogle LGA.

TRANSPORT

Transport challenges in the LGA are multifaceted. Findings from the interviews, focus groups and surveys relating to lack of transport information has been provided to the Kyogle Council Transport Working Group and they have agreed to develop a resource kit for community members to address this problem. This will be distributed within the LGA, including in bus shelters, and provided to local services.

Recommendation 6

That Kyogle Council Transport Working Group develop a transport information resource kit for distribution within the LGA.

Bus transport, both within the LGA and from the LGA to major centres, in particular those providing health services to LGA residents, needs urgent attention to identify the current challenges to such provision and to develop strategies to address these. Such strategies may include lobbying the State government to change the way bus contracts are funded and/or requesting assistance from the Regional Development Australia Northern Rivers branch to find an equitable solution for all age groups in the LGA.

Train travel, which many people find the most comfortable form of travel to Brisbane for specialist appointments, is now out of reach for most residents who are older or have disability. It is unclear if this problem can be addressed, as any changes to train times in Kyogle will have a corresponding impact both north and south of the region, but further investigation of this issue is warranted.

More resources are also required to support Community Transport in the LGA. The existing service, which has a small number of vehicles and a willing but increasingly burdened group of volunteers, provides the main access option to health services for LGA residents, including those who are older or have disability. Without this service it is difficult to see how the LGA could continue to meet the health and social care needs of its residents.

A range of potential strategies were identified through this project to improve bus transport services in the Kyogle LGA. The Kyogle Council Transport Working Group is well placed to

- (a) investigate what changes are required to bus company contracts (including remuneration) to enable school buses to be used out of school hours for carriage of the public;
- (b) lobby the State government to investigate the issue of bus transport across the Northern Rivers in terms of time-tabling and connections; and
- (c) request a meeting with RDA Northern Rivers to explore what support, if any, they can give to the LGA relating to this given that the RDA Northern Rivers has acknowledged the issues facing the regions.

Recommendation 7

That the Working Group identifies and recommends to Kyogle Council options and implementation strategies to improve bus transport service within the Kyogle LGA and lobbies for a regional bus plan.

Community Transport plays an important role in enabling local community members to access services and supports both within and outside the Kyogle LGA. Kyogle Council is well placed to contribute to increasing the capacity of Community Transport services to better meet people's needs. Strategies Council may wish to consider include leasing Council vehicles to Community Transport at a minimum lease cost once these vehicles reach a specific kilometre usage, and Council supporting an approach to car dealers or other commercial businesses in the LGA to loan cars to Kyogle Community transport in return for rates relief and /or having their business advertised on the car.

Recommendation 8

That Council supports increasing the capacity of Community Transport to deliver additional services.

COMMUNITY ACCESS

Major factors for older people and people with disability to enjoy good quality of life include feeling safe and being able to participate in their community. This includes having infrastructure that supports mobility, such as unbroken footpaths and adequate pedestrian crossings, and removal of barriers to entering public buildings or retail outlets. A number of obstacles to access and participation for older people and people with disability have been identified in this project, and in the access audit conducted by the Ability Links, Council staff and others. Action is now required to address these, where possible. (It is noted that the Kyogle Council Ageing in Place Focus Group agreed that the starting point for this is to be a letter from Council to the three banks in the Kyogle CBD, none of which have adequate access for older people and people with disability, requesting them to take action to remedy this situation.)

Recommendation 9

That Council reviews and up-dates its Pedestrian Access and Mobility Plan, with particular attention to problem areas identified in this project, and also reviews the findings from the recently-conducted Disability Access Audit, establishing an *order of priority for action* to address the issues identified in both investigations.

COMMUNICATION

Health-Related Communication

There is increasing acceptance of online options to improve the health of older people and people with disabilities (and reduce the need for health-related travel). This includes telehealth activities such as: home or health hub monitoring of vital signs; group health education; online face-to-face social interactions through Skype and/or NBN/4G to help address social isolation and depression. Standard telephone dial-up is sufficient for some of these activities. However, more complex videoconferencing interactions, such as specialist appointments and fast medical data transmission, requires NBN or at least 4G for satisfactory services. The infrastructure to use telehealth is already available in some parts of the LGA but more comprehensive coverage is needed; uptake of this option is also being impacted on, to some extent, by the attitude of many healthcare specialists.

Lack of adequate mobile phone coverage is also a major barrier to good health and care services for older people and people with disability. Information from interviews and focus groups demonstrated that service providers such as community nurses and ambulance officers encounter major problems in service provision when they do not have mobile phone access.

While it is acknowledged that Council is limited in what actions can be taken to improve communication infrastructure, such as the erection of mobile phone and/or NBN/4G towers, continued lobbying of local State and Federal Members, requesting them to make representation to the relevant Ministers, for the provision and/or expansion of these services is essential. Council also needs to engage in discussion with relevant senior staff of the Northern NSW Local Health District, and professional medical colleges, to promote the increased use of telehealth consultations.

(Note: While not the focus of this project, lack of this infrastructure will also be a significant barrier to broader economic development in the region.)

Recommendation 10

That Council continues to lobby local State and Federal Members to make representation to relevant Ministers for improved telecommunication infrastructure in the region.

Information from several interviews also indicated that there is a deeply entrenched resistance in some parts of the community to changes that they interpret as impacting on the rural/village amenity of the LGA. However, it may be that better provision of information relating to the health and social inclusion risks for older people and people with disability inherent in lack of appropriate infrastructure may help to overcome this resistance.

Recommendation 11

That Council conducts a well-designed information campaign to inform residents of the LGA about the need for a range of communication towers to be erected and the need for improved telecommunications infrastructure, such as exchange facilities and cabling that currently limit mobile phone and internet connections. Providing such data should assist residents to understand and relate to the impact on health, aged and disability services, and the concomitant health risks, if such towers are not erected. Close attention must be paid in such a campaign not only

Local Information and Communication

There is a strong need for a Community Information Centre that can meet the needs not only of tourists, prospective residents and others looking for new business opportunities but also of current residents, including older people and people with disability. One possible option is for the Council-run Tourist Information Centre, currently staffed by a Council officer, to expand and become the Community Information Centre. This would require an up-to-date database of local services and well-trained and welcoming staff (potentially including young trainees). Such an expansion may require extending the current building but it may be possible to secure State government funding to assist with that, as the most recent State budget included provision for increased infrastructure in rural areas. If it proves to not be feasible for the Tourist Information Centre to be expanded, other suitable buildings in Kyogle CBD, such as Grove, could be alternative options.

Recommendation 12

That Council conducts a feasibility study to assess the cost and any other considerations involved in developing a Community Information Centre, potentially by broadening the services currently provided by the Tourist Information Centre and/or identifying other suitable community buildings for the purpose. (Note: if a building other than the Tourist Information Centre is considered, care must be taken that it is not seen by the wider community as a venue only for people in need of welfare and support services.)

Council also needs to consider how it currently provides information to the community, both format and content; for example, the recent Council Newsletter was totally unsuitable in style, font size and grey-on-grey colour for community-wide distribution. Any document intended for the wider community should be a minimum font size equivalent to Times New Roman 12, the print should be black on white – or, if colour is used, it is essential that the

print stands out well from the background – and the layout should not be too crowded. We understand that a new format is proposed for the newsletter and hopefully it will address some of the problems with the current version.

In the community survey for this project, a very large majority of respondents said that they obtain most of their information from the local paper. GP surgeries, Community Health centres and local service providers also were rated well for information provision, followed by local radio.

Recommendation 13

That Council designate a specific staff member to be responsible for the production of community-relevant information, with particular attention to format, and that a community information and education campaign be conducted through the local newspaper to assist local residents to understand some of the findings from this project, proposed actions to address the findings and what the outcome for many people will be if changes are not made. We understand that the Mayor has a regular column in the local paper; this may be one option for the above or a separate column may be needed. Posters and/or brochures in GP surgeries and Community Health centres could also be utilised.

BUSINESS OPPORTUNITIES

While the focus of this report was not business opportunities *per se*, older people and people with disability may be the reason for new business developments in the LGA and may also benefit if employment opportunities mean younger family members don't have to leave the region to find rewarding work opportunities.

Changes to the way funding is allocated for care and support of older people and people with disability from February 2017, and changes related to the National Disability Insurance Scheme, will provide a more 'open market' for service providers. In the aged care area, each person assessed as needing care and support will be allocated a specific budget; they can then purchase the services they want/need, including from local service providers (as opposed to the current system where service providers are allocated a certain number of packages for an entire region, rather than for individual/identified clients). There is already recent evidence that a number of service providers are seeking to establish a presence in the LGA, presumably with a view to becoming a Provider of Choice when the major change happens. To do that they will need to have staff based in the LGA as care/support recipients are

unlikely to choose a provider whose staff have to travel from outside the LGA, because the recipient will lose the staff travel time, which in turn means that the recipient will receive less care time. This should increase employment opportunities, for both TAFE-qualified and university-qualified local people.

It is also possible that specific gaps in currently available aged care and disability services, such as occupational therapy and adequate in-home respite, will be filled by service providers relocating to the region or by local residents undertaking some training to meet the need. Under the current funding arrangements, a care recipient is told what is available and really has to 'take it or leave it'. Under the new arrangements, a person may choose to buy some service from one provider, some from another and more from a third provider. Several providers offer a range of technology and telehealth options as part of their 'menu' and a recipient may choose to have reduced hours of housework or personal care and more options for technology assisted health, security or social interactions.

The changes should also increase the attraction of the Kyogle LGA as a potential retirement destination, given that the funding will be portable and 'follow the consumer'; i.e., if someone from outside the LGA has been assessed to receive a particular level of care, and has been receiving that care where they currently live, they will have the security of knowing that they will not lose that funding if they move to, for example, Kyogle but can choose to purchase services from local providers. In turn, if the numbers of eligible consumers increase, that should make the business case much stronger for attracting more services to the region with a concomitant increase in employment opportunities.

With increasing numbers of older people, including in-migrating retirees, in the region, there should be increased small business opportunities. By assessing what goods and services older people are sourcing outside the LGA, including food, recreation and other consumer goods, local people may have opportunities to provide those goods and services locally.

Another business opportunity which is worth investigating is the potential reinvigoration of the dairy industry, possibly with share-farming arrangements with younger people (see Appendix 7). Norco, based in Lismore, cannot currently keep up with demand from China for fresh Australian milk, which is selling in China for \$9 a litre. However, as with many

potentially very profitable industries, there is a risk of corporatisation in the dairy industry, with Gina Rinehart and Gerry Harvey both having recently purchased a number of dairy properties in the Mary Valley in Queensland. Nevertheless, Kyogle LGA's proximity to Norco in Lismore may provide opportunities for farmers. If the share-farming option is taken up, it is possible that the younger farmers may also develop non-traditional, value-adding products, such as niche market gourmet crops. Northern Rivers produce already has a very good reputation, which could be capitalised on.

Recommendation 14

That Council establish a Working Party to: (a) become familiar with the proposed aged and disability funding changes, in order to be ready to respond to opportunities resulting from the changes; and (b) prepare a document calling for Expressions of Interest in developing an Over 55s village in Kyogle and/or clusters of Independent Living Units in Bonalbo and/or Woodenbong, with the potential for provision of aged care and/or disability services in the village/units.

POTENTIAL INTERGENERATIONAL ACTIVITIES

Younger and older people in the LGA could all benefit from sharing their respective skills and experiences. In 2013, Kyogle Council and Kyogle High School conducted a joint venture project called Adopt a Business in which Kyogle High School tech-savvy students taught local businesses how to use social media to market and promote their commercial enterprises. It is possible that something similar could occur between the high school students and older people and/or people with disability in the LGA, e.g., teaching people to use computers, or providing some assistance in the home. Students can earn valuable Community Hours for the NSW Premier's Volunteering program by such service but may also develop skills which they could then turn into small business ventures, such as IT support or providing home care services.

Older people could also contribute to increasing the knowledge of younger community members about the LGA; the students could interview older people, record their stories about the region in a joint "Kyogle History Project". One interviewee said "Our history stopped in 1988, did you know that? No-one's recorded anything since then." IV 23

SUMMARY

Kyogle Local Government Area faces many challenges over the next decade to meet the needs of its residents, including older people and people with disabilities. However, it also has many opportunities and assets, including a beautiful location and ideal climate that can attract retirees, prime agricultural land, a caring community and dedicated service providers, and a Council that is committed to making the community the best it can be.

APPENDIX 1 – Information Sheets and Consent Forms

CARTWRIGHT CONSULTING AUSTRALIA PTY LTD

PO Box 98 Miami Qld 4220

cartwrightconsultingaust@gmail.com

KYOGLE COUNCIL PROJECT

INFORMATION SHEET (slight wording change for carers)

Title of Project: Analysis of the need for Aged Care, Disability Services and Respite Care in the Kyogle Council Local Government Area.

The ageing of the Australian population presents numerous challenges to governments, particularly to local government. The local government area (LGA) of Kyogle in the Northern Rivers region of New South Wales is a community with a high proportion of older residents. The median age of persons residing within the Kyogle LGA is approximately five years older than the median age of Australians generally.

A higher median population age is generally associated with a greater chronic disease and disability burden within local communities. This, in turn, results in greater need for health, disability and ageing services within the population.

Kyogle Council has engaged Cartwright Consulting to assess current provision of aged, disability and respite services in the Kyogle LGA, to identify any gaps in services and to undertake projections of the extent of need for such services in the foreseeable future. This analysis will inform Council's review of the Community Strategic Plan that will guide priority setting and action by the Council over the next ten to twenty years.

The Cartwright Consulting Australia team brings to this assignment all of the skills necessary to undertake this assessment. These include an in-depth knowledge of the aged care and disability service system within Australia, experience in conducting needs assessments within local communities and strong research skills and exceptional consultation skills, with both older people and younger people with disabilities. We have been asked to conduct the analysis in eight weeks. At the end of that time we will present Kyogle Council with a report of our findings, including recommendations for possible actions Council may choose to undertake to address identified issues.

You have been identified as a person with expertise and knowledge in the focus area of the analysis and we invite you to share your views and ideas with us, to help us to understand the situation from the perspective of someone living and/or working in the Kyogle LGA. This Information Sheet is to help you to decide if you would like to participate in either a one-on-one interview with Professor Cartwright or a focus group. You are, of course, free to say yes or no. With your permission the discussions will be tape-recorded to ensure that we do not miss any important information. However, you may ask for the tape-recorder to be turned off at any time.

The information you provide will be incorporated into the final report but neither you nor any other individual will be identified. Any information that you provide that specifically names organisations will be de-identified unless it is critical to the study to identify them and the organisation has given their consent.

If you agree to participate we will ask you to sign a Consent Form before you participate in an interview or focus group. All signed Consent Forms and other records from the project will be stored securely in Professor Cartwright's office.

If you choose not to participate you will not be asked for an explanation. You may also choose to terminate the discussion at any time and, if you request it, the recording of your discussion will be destroyed, if it was an interview. It will not be possible to destroy focus group recordings as other people may wish the information they provide to be included in the report of the analysis.

The report from this analysis will be the property of Kyogle Council.

Should you wish to discuss this Project further, please do not hesitate to contact me (see below).

Yours sincerely

A handwritten signature in blue ink that reads "Colleen Cartwright". The signature is written in a cursive style with a large, stylized 'C' at the beginning.

Principal Director, Cartwright Consulting Australia Pty Ltd
Emeritus Professor, Southern Cross University
PO Box 98, Miami, QLD 4220
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CARTWRIGHT CONSULTING AUSTRALIA PTY LTD

KYOGLE COUNCIL

AGED CARE, DISABILITY SERVICES AND RESPITE CARE PROJECT

FOCUS GROUP AND INTERVIEW PARTICIPANT CONSENT FORM

Please tick the box that applies for each statement, then sign and date the form and give to the consultant, Professor Cartwright

	Yes	No
I agree to take part in the project specified above.	<input type="checkbox"/>	<input type="checkbox"/>
I have been provided with information at my level of comprehension about the purpose, methods and possible outcomes of this project, including any likelihood and form of publication of findings.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to participate in an interview or Focus Group discussion	<input type="checkbox"/>	<input type="checkbox"/>
I agree to have the interview or discussion audio-recorded.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my participation is completely voluntary.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that I can choose <u>not</u> to participate in part or all of this project at any time, without negative consequence to me.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that any information that may identify me will be <u>de-identified</u> at the time of analysis of any data. Therefore, any information I have provided cannot be linked to me.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that neither my name nor any identifying information will be disclosed or published.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that all information gathered in this research is confidential. It will be kept securely and confidentially in Professor Cartwright's office.	<input type="checkbox"/>	<input type="checkbox"/>
I am aware that I can contact Professor Cartwright at any time with any queries.	<input type="checkbox"/>	<input type="checkbox"/>

Participant: *I have read the information above and agree to participate in this study. I am over the age of 18 years.*

Name of Participant:

Signature of Participant:

Date:

APPENDIX 2 – IN & OUT MIGRATION OF PEOPLE 65+ 2001 – 2006; 2006-2011

Table 1 – Kyogle Population 65+ in 2011 (based on 60+ in 2006)

Kyogle	2006 Census	In Migration	Total	Less Deaths	2011 Totals	2011 Census	Diff.	% Loss	Out Migration	Diff.2
			2006 + In- Migration		Should be	Is				
Age Group										
60-64	503									
(65-69)		81	584	31	553	499	-54	9.7	93	39
65-69	410									
(70-74)		66	476	31	445	374	-71	16.0	69	-2
70-74	329									
(75-79)		53	382	50	332	305	-27	8.1	57	30
75-79	299									
(80-84)		48	347	86	261	222	-39	14.9	41	2
80-84 & 85+	366									
(85+)		59	425	135	290	202	-88	30.3	38	-50
TOTAL	1,907	307	2,214	333	1,881	1,602	-279	14.8%	297	18

Table 2 - Kyogle Population 65+ in 2006 (based on 60+ in 2001)

Kyogle	2001 Census	In Migration	Total	Less Deaths	2006 Totals	2006 Census	Diff.	% Loss	Out Migration	Diff.2
			2001 + In- Migration		Should be	Is				
Age Group										
60-64	426									
(65-69)		84	510	19	491	407	-84	17.1	83	-1
65-69	398									
(70-74)		46	444	26	418	334	-84	20.1	60	-24
70-74	344									
(75-79)		50	394	32	362	306	-56	15.5	40	-16
75-79	285									
(80-84)		35	320	46	274	208	-66	24.1	27	-39
80-84 & 85+	291									
(85+)		24	315	86	229	157	-72	31.5	22	-50
TOTAL	1,744	239	1,983	209	1,774	1,412	-362	20.4%	232	-130

APPENDIX 3 – INFORMATION FROM KYOGLE ABILITY LINKS

Kyogle (main street) Business's Front Entrance Accessibility Scoring Monday 22nd June 2015 DRAFT1

This Ability Links sponsored assessment was led by Gordon Cox (Ability Links Peer Linker Ballina and a user of a manual wheelchair), and supported by Sandy Kelly & Robert Baldwin (Ability Links Kyogle), Nicola Mercer (Kyogle Council) and two local community members (one a user of a manual wheelchair and one a user of an electric wheelchair). The assessment was carried out on Monday 22nd June 2015 and is the subjective consensus opinion of those involved. The assessment only involved looking at the front (street) entrance accessibility of businesses that were operating on both sides of the Kyogle CBD main street (Summerland Way). We have deliberately not identified individual businesses. Some additional comments are listed after the table below.

We hope our assessment and comments will contribute to the ongoing discussions around making Kyogle as assessable and welcoming as possible to all people. We are pleased to note that 70% of businesses appeared to have either no major or only minor impediments to access for people using wheelchairs to their front entrances. Ability Links would look forward to being involved in any discussions, and offering our expertise to any future activities, about improving accessibility.

No.	1. ³⁶	2. ³⁷	3. ³⁸	4. ³⁹	Comments
1				X	Signed accessible toilet
2				X	
3	X				
4				X	
5	X				
6		X			
7				X	
8				X	
9		X			
10				X	
11			X		
12				X	
13			X		
14				X	
15				X	
16			X		
17		X			
18			X		
19				X	
20				X	

³⁶ Accessibility: Not possible.

³⁷ Accessibility: Very difficult, would require assistance.

³⁸ Accessibility: Challenging but possible, may require some minor assistance.

³⁹ Accessibility: OK (this does not mean perfect accessibility i.e. perhaps the slight step lip of <3cm did not present a significant barrier to independent access by our wheelchair assessors).

21				X	
22			X		
23	X				Told good ramp access at rear of building but not obvious or signed, and that there is an accessible toilet inside
24	X				
25		X			
26				X	
27			X		
28				X	
29		X			
30		X			
31				X	
32			X		
33				X	
34				X	
35				X	
36				X	
37			X		
38				X	
39				X	
40				X	
41	X				Ramp access at rear of building but not obvious or signed
42	X				Ramp access at rear of building but not obvious or signed
43				X	
44		X			
45				X	
46		X			
47				X	
48	X				
49	X				
50	X				
51			X		
52		X			
53			X		Told has portable ramp to minimize small step lip
54				X	
55			X		
56				X	
57			X		Signed ramp access at side of building
58				X	
59				X	
60				X	
Totals	9 (15%)	9 (15%)	12 (20%)	30 (50%)	

Additional Comments:

- Access for an electric wheelchair often more difficult than for a manual wheelchair i.e. less manoeuvrability, wider (will not fit through narrow doorways), less stable;
- Both manual wheelchair users involved in the assessment were relatively young and had good upper body strength i.e. able to use their arms to lift and steady themselves over small ledges using walls/doorways;
- Some doorways we viewed were quite narrow and doors difficult to open while also negotiating small steps. Also some doors had glass panels at the base that could be damaged by coming into contact with the footplates of the wheelchairs. Electrically operating doors with sensors are the ideal;
- We noted that several of the buildings that were not accessible were probably heritage buildings and so there was probably limited opportunity to alter front entrances.
- Camber on footpaths was seen as relatively steep i.e. slope from buildings to the gutter, so added an additional difficulty especially for manual wheelchair users;
- We feel our findings would be broadly applicable to other people who have mobility issues e.g. people who have difficulty with negotiating steps, users of 'wheely walkers' & crutches/walking sticks;
- While we did not assess accessibility inside businesses we did note that several seemed to have quite narrow aisles and other hindrances that may impede wheelchair manoeuvrability;
- While we did not specifically assess accessible toilets we did note that there were several located in the CBD area, including inside commercial businesses, which is good. It was noted that some people with disabilities may require either a mechanical hoist or assistance to use a toilet;
- While we did not specifically assess disability parking we did note that there were several in the CBD area, which is good. It was commented on that several seemed quite narrow (same width as a 'normal car space') i.e. so could be difficult to manoeuvre a wheelchair from the drivers or passenger seat, and some had limited rear access i.e. for using a lifter on the rear of a vehicle;
- It was commented on by a local person in the team that it would be good to have a street crossing at the northern end of the street near the service station/IGA to allow for easy crossing of the street, especially to get to the park & cultural events held there.

APPENDIX 4 – DEFINITION OF SENIORS HOUSING, which includes residential aged care facilities and hostels, in the Kyogle Council’s Local Environmental Plan 2012.

Seniors housing means a building or place that is:

- (a) a residential aged care facility, or
 - (b) a hostel within the meaning of clause 12 of the State Environmental Planning Policy (Housing for Seniors or People with a Disability) 2004; or
 - (c) a group of self-contained dwellings; or
 - (d) a combination of any of the buildings or places referred to in paragraphs (a) – (c); and that is, or is intended to be, used permanently for:
 - (e) seniors or people who have a disability, or
 - (f) people who live in the same household as seniors or people who have a disability, or
 - (g) staff employed to assist in the administration of the building or place or in provision of services to persons living in the building or place,
- but does not include a hospital.

APPENDIX 5: KYOGLE COUNCIL LAND USE ZONES: (As per the State Environmental Planning Policy [Housing for Seniors or People with a Disability] 2004)

Summary of land use Zones that the Kyogle Local Environmental Plan 2012 (LEP) applies to Kyogle town and the villages of Woodenbong, Bonalbo, Tabulam, Old Bonalbo, Wiangaree and Mallanganee, and the relevant land uses that are permissible with consent (i.e. require development consent).

Kyogle town

- The main CBD area is in the B2 Local centre Zone- no residential or seniors housing uses are permissible in this Zone as it is generally intended to accommodate commercial uses. 'Respite day care centres' are permissible in this Zone.
- Land along Bloore Street and the northern part of the town centre is in the B4 Mixed use Zone- 'Seniors housing', 'Residential flat buildings' and 'Respite day care centres' are permissible in this Zone.
- The majority of other land in Kyogle is in the R1 General residential Zone- a range of residential development types are permissible in this Zone, including; 'Seniors housing', 'Semi-detached dwellings', 'Attached dwellings', 'Dual occupancies', 'Multi-dwelling housing', 'Secondary dwellings' (granny flats) and 'Residential flat buildings'. 'Respite day care centres' are also permissible.

Villages

- The majority of land in the villages is in Zone RU5 Village- all types of residential development are permissible with consent including 'Seniors housing'. 'Respite day care centres' are also permissible.

The LEP Zone mapping can be viewed through the NSW Department of Planning web portal at <https://maps.planningportal.nsw.gov.au/Map>

APPENDIX 6: INFORMATION FROM NSW RDA AND RDA NORTHERN RIVERS WEBSITES, ACCESSED 19/7/15

NSW RDA Committees work to drive regional economic development and unlock the economic potential of their regions. They are comprised of local leaders with broad and diverse skills and experience, as well as demonstrated networks within their region. Committee members are individuals who understand the challenges, opportunities and priorities within their local community.

RDA Northern Rivers is located in Lismore and appointed a new CEO on 14 July 2015

An initiative of RDA Northern Rivers is a Future Home Expo Tweed Heads. The website provides the following information:

Innovative and creative designs for adaptable, comfortable and cost-effective homes will be on show at this year's annual Living for the Future Home Expo at Tweed Heads. The Expo will be held at Tweed Heads Civic Centre auditorium on Saturday 12 September from 9am – 2pm. The Tweed event will display entries to the regional Sustainable Housing for Life Design Competition, which is open to designs from youth, community and professional entrants from the Tweed, Byron and Lismore local council areas, as well as hands on workshops and local stall holders with innovative sustainable living products and services.

Other relevant information from RDA Northern Rivers Website:

It is projected that the majority of the Northern Rivers population will be aged between 50 and 90 years of age in 2027 compared to a majority of people aged between 20 and 45 years of age for NSW as a whole.

[O]ur community will be seriously challenged to meet the demand for services and places in Residential Care Facilities. As a result health planners are increasing the range of services delivered in homes and programs that support people to age well in their own homes will increasingly be funded. A very fast growing sector on the north coast is, as a result, that of aged care in the community. There will also increasingly be emphasis on managing very frail older people at home through programs like 'Hospital at Home'.

One of the challenges facing this region will be that of retaining sufficient numbers of appropriately skilled workers to service residential care facilities for older Australians and the rapidly expanding community care sectors. It is also anticipated that ancillary and Allied Health Services will have great difficulty developing the capacity to meet the needs of this ageing population. Services such as Home Modification and Maintenance will also need to be greatly expanded to meet the needs of a sector which seeks to support frail aged people to live in their own homes.

There will be far reaching economic and social implications arising from this trend, and it brings with it many opportunities for business development and investment and many challenges as systems become stretched beyond capacity.

APPENDIX 7: AFFORDABLE FARMING ARTICLE

Article in Macleay Argus (Kempsey Newspaper) June 29 2015.

Affordable farming may now be a reality.

The Mid North Coast has vast quantities of unused agricultural land, yet many young would-be farmers are leaving agriculture, or the region, because they don't have the funds to buy their own farms. These people have the skills and the passion to farm but that initial investment is simply out of their reach.

So what is "Affordable Farming"?

It's a project being launched by Regional Development Australia Mid North Coast to help connect the landowners of unused agricultural land with willing young farmers, via a sharefarming or leasing agreement.

Sharefarming is a system where farmers make use of agricultural assets they don't own in return for a percentage of the profits. Leasing occurs when a tenant farmer pays the landowners an agreed amount to run the business on the property and retain all the profits.

Both options provide and investment income to the landowner and an agricultural opportunity to the farmer.

In the Nambucca Valley's macadamia industry, where the average farmer is 68 years of age, trials of the concept have already begun. A farm leasing program by the Australian Macadamia Society is allowing retired or semi-retired landowners to lease their land and infrastructure to younger farmers.

Elsewhere, similar arrangements have also been undertaken in the sugar and dairy industries.

RDA's Affordable Farming project is about exploring these opportunities on a wider scale across all agricultural industries. It involves creating an on-line platform to connect landowners and agricultural professionals.

People will soon be able to register their interest through a website, or by contacting the RDA office, and receive a list of farms and farmers who are willing to connect.

One crucial and potentially daunting step in this process is the legal aspect. What many farmers don't realise is there are free legal services available through organisations like NSW Farmers and the NSW Business Chamber that can help them understand this process.

Both these organisations will play a key role in the project.

Our challenge is to support our younger farmers with the opportunity to follow their passion, instead of losing them to other regions and industries. At the same time, we need to allow landowners to unlock their farming assets as a business investment.

The RDA Affordable Farming project is about facilitating those connections so that everyone benefits and our agricultural industries can start to realise their full potential.

APPENDIX 8: BACKGROUND READING

(Article in Australian Financial Review 11-12/7/15)

The aged-care funding crisis

DUNCAN HUGHES

When Alex Downes was told he might have to move into an aged-care home he was confused and angry – as well as frightened he might be separated from his beloved one-eyed Jack Russell-cross Barney.

Alison Hudson, his daughter, knew her proud and independent 75-year-old father was becoming forgetful and finding it increasingly difficult to look after himself and the dog.

"I was suddenly confronted with one of the toughest, most emotional, financially difficult decisions in my life – knowing it would affect the health and security of my dad," Hudson says about selling his unit and moving him into aged care.

A rapidly ageing community means an increasing number of siblings, close relatives and even friends are under huge pressure to make quick, confronting decisions about complex issues such as whether to sell the family home to finance old age accommodation.

For Hudson, it meant navigating her way through a maze of government agencies, age care rules and bond requirements to find somewhere her dad and Barney could live.

"When things happen, like a room becoming available at an aged-care facility, they happen quickly and you have to try and be ready to make the right decision. It's tough," she says.

Around 90 per cent of older people live in their own homes until death, says Ian Yates, chief executive officer of Council of the Aged.

Numbers increasing

But the number moving into retirement villages or aged care homes is rapidly increasing as the number of the population aged 65 or older increases from about 3 million to around one in four Australians over the next 30 years.

That will often mean heart-rending and financially important decisions for family members about whether community care in the home is only postponing the inevitable decision to sell the family home to fund aged-care accommodation.

"Financially confusing and emotionally difficult decisions are regularly demanded of this vulnerable group," says Derek McMillan, chief executive of retirement living for Australian Unity.

McMillan, who says recent federal government changes have further complicated a daunting experience for many older people, says initial financial issues include:

Looking at eligibility for government co-contributions to fund accommodation and living expenses; paying lump sum or daily payments if the next step is to an aged-care facility; whether to sell or keep the family home; and how to generate income from the remaining savings.

Many older Australians are considering retirement villages, which is often a lifestyle decision, and residential aged-care facilities.

Not for everyone

Villages are becoming an increasingly popular – and attractive – for those aged over 55 who are downsizing and like the security and company of a "campus" lifestyle with health, leisure and support facilities.

"It's not for everybody," says Yates. "Some really lap it up but a lot of others says they feel trapped," he says.

Bryan Twyford, 72, who worked in banking for 40 years before retiring, moved into a retirement village in Melbourne's south-eastern suburbs with his wife, Heather, 70, because they wanted to downsize and spend more time "getting around".

Twyford's years as a banker helped him understand the complex funding and legal structure.

"But the average punter does not understand how it works," Yates says. "It's also very rare to find a lawyer that understands a retirement village contract," he says.

To enter a retirement village, a prospective resident enters into a contract with an operator covering tenure and costs associated with moving into, living and leaving the village.

It's comparable to a lease with a tenure agreement, initial and ongoing fees, and charges that are back-ended, or deferred, until departure.

"Most are set up on a deferred fees basis," Yates says. "People do not understand that they do not own their residence, that they have a licence to occupy, like a lease but with different legal structure," he says.

Tenure

The operator can offer different types of tenure (from strata titles to leases); an ongoing fee based on the unit's age, quality and location; and ongoing costs to cover communal facilities (such as gardens, or security).

An exit fee is payable to the operator when a resident leaves based on a percentage of the fee, or sale price, and is agreed in the contract upfront.

To finance the move to a retirement village, most people sell their houses.

Moving to residential aged care, however, is more complex. If people wish to retain their home, a reverse mortgage allows them to unlock the equity in their property and free up cash. The average borrower draws down a loan of about \$84,000, according to industry statistics.

The schemes are effectively loans against the borrower's home providing a lump sum, line of credit, or regular payments, which can be paid upon permanently leaving the property.

They are attractive to financial advisers and brokers because they re-considered a banking mortgage product, rather than an investment, and pay commission. They are potentially complex products, because of the longevity risk, to those considering the need to clearly understand charges and impact of long-term compounding interest rates on the eventual value of the property.

Family members who agree to foot the parents' bill for residential care or retirement village accommodation should remember the property becomes part of their parents' estate, which could create problems if their contribution is not acknowledged in the will.

'Typical' contract

The Australian Financial Review obtained a "typical" contract for a unit in a prosperous south-east Melbourne suburb and asked a financial adviser experienced in this area to give a breakdown of fees and charges.

The 25-year-old unit cost \$500,000 up front. Other initial fees include stamp duty, \$1400 for preparing sale contracts, three months advance management payments of several hundred dollars, a \$140 settlement fee to the agent, a \$1500 caveat lodgement and outlays for rates, insurance and utilities.

A service fee and an owners' corporation fee add another \$1000 a quarter.

There is also a deferred management fee that is eventually deducted off the sale price when the owner leaves of 7 per cent a year, although this is capped at 35 per cent of the resale value.

There is also a "make good" clause requiring the owner to restore the unit to its original condition.

In this contract the operator was under no obligation to sell the property quickly. Legally it had until six years after the death of the resident to do so.

Residents' rights are protected under state and territory standards for disclosure of information in the contract and calculation of entitlement upon departure, says Mary Wood, executive director of the Retirement Living Council. Even so, specialists say the contracts are often technical and confusing for the elderly.

Bankruptcy

The legal status of people in manufactured home parks, which are often converted caravan parks, is less clear. Tenants buy the house, which is nominally moveable, and the operator owns the land.

Security of tenure could be an issue if there is a change of owner, or bankruptcy, warns Yates.

A new set of emotional and financial problems are confronted with age-care facilities, which offer supported living for older people who need daily personal medical and physical assistance and cannot live alone.

Six months ago Deborah Cochran's mother, Helen, 77, was diagnosed with breast cancer and had to leave the family home against her wishes and move into palliative care, which is for people with an advancing condition.

"There was just no time to prepare," says Cochran, a mother of two grown children, about the scramble to find and finance her mother's new accommodation.

"She always said she wanted to stay at home but could no longer look after herself particularly well," she says.

She and her siblings had to raise a temporary deposit to secure the place until the family home is sold to raise \$565,000 for her mother's refundable accommodation deposit. The alternative was a daily payment or combination of both.

Cochran knew the decision to sell the family home will have knock-on effects for asset and income tests, which impact on her mother's daily care fees, pension and what other assets need to be sold to make up any funding shortfall.

Complex

Aged-care places and services are tightly controlled and subsidised by the federal government. Last year there were more than 19,000 applications for just over 9300 advertised residential places.

Entry is restricted by need and applicants must be assessed by a government-appointed Aged Care Assessment Team.

Most applicants have to complete a Centrelink income and assets' assessment that will determine how much the government will contribute to care.

The family home can be exempted from the test in certain scenarios, such as the spouse remaining, says Bina Brown, director of Third Age Matters, an aged-care placement service.

Australian Unity's McMillan describes the process as "extraordinarily complex".

"The consequences of getting it wrong are high, whether financially or in quality of life," he says.

There are likely to be more than 20 financial decisions involved in finding somewhere suitable, paying for bonds and services, considering the potential impact on other assets and preparing for an income and assets test.

These are made more difficult if the applicant was previously in a retirement village and refunding of the lump sum bond is delayed.

Australian Unity estimates a professional adviser would need about six hours to make an informed residential aged-care decision. This would cost between \$1500 and \$2000 in advice fees.

Myagedcare, which is a government-sponsored website, provides details on fees, services, contributions and aged-care services near an applicant's postcode.

Planned government changes driven by Living Longer Living Better aged-care reforms are expected to provide consumers with more choice about services on offer.

Retirement village living adds up for former banker

Former banker Bryan Twyford, 72, and his wife, Heather, 70, moved into a retirement village because its fees were comparable to maintaining their large home in Melbourne's south-eastern suburbs where they raised their three sons.

They chose a retirement village near their former family home, close to public transport and shops and within a community they have lived for more than 35 years.

"We wanted to downsize but still get around a bit," says Bryan, who retired about 10 years ago.

"Position, position, position and security were the four criteria for choosing where we did," he adds.

A retirement village is a community for seniors – typically those aged over 55 – that offers a different lifestyle to general real estate. It is not necessary to be retired.

The couple have five grandchildren and paid about \$635,000 for their 140-square-metre house.

"It's bigger than the house we had when we first married," says Bryan.

A monthly fee of about \$550 covers security, property insurance, maintenance of common gardens, hobby sheds and sporting facilities, which include a gym, pool and bowling green. It does not include rates.

Retirement villages can also offer apartments, studio apartments, units, villas, cottages and bungalows. Some offer serviced apartments.

The Twyford's retirement village also has community buses for recreational outings.

Twyford, who worked in banking for nearly 40 years, has a greenhouse for his hobby, growing orchids.

“A lot of the things here we have set up ourselves,” he says.

He is secretary of the residents’ committee, bus committee, finance committee and convenor of the garden club.

The village also has a 100-bed aged care facility (locally called “hotel on the hill”) for those who can no longer look after themselves.

Aged care is provided when ageing, illness or disability mean a person can no longer live in their home.

Moving to the “hotel on the hill” would require an accommodation payment of more than \$250,000. This is either a fully refundable lump sum, a daily accommodation payment, or combination of both.

Retirement village residents – or their estates – are often charged a departure fee, which is also known as a deferred management fee.

This is payable from the proceeds of the sale of the retirement village. It is a capped amount that is usually worked out as a percentage of the home’s value multiplied by the years lived in the village.

It can be calculated in a range of ways. For example, fees at retirement villages run by Australian Unity are capped after six years based on 5 per cent of the original purchase price for the first two years and 4 per cent a year for years three to six.

Many villages also have “make-good clauses”, which means the accommodation must be reinstated to its original standard.

“You must keep fit, keep your brain active and continue socialising to ensure your well-being and living longer and happier,” says Twyford.