# Care finder program: Supplementary needs assessment report

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# Executive summary

The Australian Government has funded Primary Health Networks (PHNs) to commission the care finder program nationally. This supplementary needs assessment report outlines the process Primary Health Tasmania has undertaken to identify the needs of the care finder target population, and to inform the design and commissioning of the care finder program in Tasmania. This report is guided by the template provided by the Australian Government and is intended to supplement Primary Health Tasmania's existing annual needs assessment.

In the first instance, Primary Health Tasmania reviewed the existing annual needs assessment. While this needs assessment presents useful information, it was deemed beneficial to expand the available information regarding older people and the care finder target population, including the potential to include 'older people' as a dedicated section, a stronger focus on information regarding older people living in the community, and information about older people within sub-groups.

Quantitative data sources were analysed to understand the geographic distribution of the target population's needs across Tasmania. Population datasets belonging to the Australian Bureau of Statistics (ABS) (2021 and 2016), Socio-Economic Index For Areas (SEIFA), Australian Institute for Health and Welfare (AIHW), and Social Health Atlas (among others) were analysed with reference to older populations by local government area (LGA), socio-economic disadvantage, Indigenous status, housing and homelessness, social engagement and family/community support, health and disability status, health literacy, and multiple disadvantages. The geographic mapping of this data found that, while socio-economic disadvantage mostly occurs in regional/remote areas, the highest incidence of many of these indicators occurs in Tasmania's urban hubs of greater Hobart, Launceston, and Burnie. This is attributable to the higher quantity of older people living in urban areas.

Primary Health Tasmania also assessed the literature for demographic characteristics of the target population. These reviews provide contextual background about a range of target population sub-groups such as Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse (CALD) communities, LGBTIQ+ peoples, Forgotten Australians, and people at risk of or experiencing homelessness.

Significant time and focus were given to investigating qualitative data sources, including numerous consultations with stakeholders, peak bodies, and notably the Aged Care System Navigator (ACSN) trial organisations. Further information is included in this needs assessment, including barriers to service access such as various fear-based reasons for hesitancy, confusion and a sense of being overwhelmed by information, digital literacy, and a lack of availability of services.

Feedback from consultations about delivering best-practice aged care navigation services involved keeping a flexible service model, commissioning specialist providers to engage with target population sub-groups and allowing time for indirect service activities such as networking. Feedback from all provider consultations suggested that specialist organisations could provide the best practice for engaging sub-groups using tacit knowledge and skills unique to such organisations. Consultations also provided rich information about the aged care sector, such as a lack of services to refer to in regional/remote areas and where services exist there can be long waitlists, leading to discouragement and further detachment from the aged care system.

Further analysis was undertaken to understand the local service landscape relevant to care finder support. This involved cataloguing providers across Tasmania as 'potential care finder organisations', analysing the provision and use of government aged care services by region, and an appraisal of the efficacy of providing care finder services to regional/remote areas.

Quantitative and qualitative data were synthesised into themes. A triangulation matrix was used to verify the themes for consistency and evidence. The results were processed a second time in *Section 2: Outcomes*, in the table provided in the supplementary needs assessment template, with clear reference to the evidence articulated in this report.

Finally, from the outcomes of the needs assessment activities, three priorities were identified:

1) Effective engagement with target population sub-groups.
2) Care finder service provision located close to, and in, the urban hubs of Tasmania to service the target population.
3) Addressing the needs of smaller target populations in regional/remote areas via alternative care finder activities where possible.

# Section one: Narrative

## Actions to determine additional activities

In late May 2022, Primary Health Tasmania reviewed its annual needs assessment report. The needs assessment has established that:

- older people are a priority population
- there is a lack of accessibility to services in rural and remote areas
- there is a low life expectancy and simultaneously an ageing population
- there is a substantial mental health and behavioural disease burden in older people living in residential aged care
- there is a growing rate of dementia in community-dwelling older people
- there is an increasing aged care service demand (aged care services mostly provide care to people in their home or in a community setting, including 25,000 Commonwealth Home Support Programme recipients)
- there is an increasing wait time to receive aged care services
- older Tasmanians have trouble accessing timely general practice and allied health care.

The review also identified several areas of improvement in the current report, including the following.

- The existing needs assessment's major sections cover areas of chronic conditions, mental health, alcohol and other drugs, and Indigenous people. There is opportunity to expand the focus on aged care or older persons. Aged care is a new funding area for Primary Health Tasmania and this supplementary needs assessment report will be the first major addition for older people to the annual needs assessment. A dedicated 'older persons' section in subsequent editions of the needs assessment will address gaps in information relevant to the care finder target population.
- Most of the existing needs assessment information regarding older people relates to residential aged care populations. There is an opportunity to increase focus on the specific needs of older people living in the community.
- Key care finder target demographic factors such as homelessness or risk of homelessness, low health literacy, social isolation, LGBTQI+, CALD communities, and people living with intellectual disabilities are included, but this would benefit from further information specific to older people and ageing.
- 21 out of the 29 Tasmanian LGAs are classified as outer regional or remote, yet the needs of the care finder target population in these areas is unknown.
- The percentage of Tasmania's population in the bottom two quintiles for socio-economic disadvantage is the highest of all states and territories, but there is no data specifically relating to older people and socio-economic disadvantage.
- There is insufficient data available about the health literacy status and needs of the general Tasmanian population, let alone older people.

## Existing data sources identified

Primary Health Tasmania's epidemiologist assessed the gaps above and listed several data sources where further information might be found. These data sources were confirmed by Council on the Ageing (COTA) Australia in its fortnightly care finder co-design working group meetings with PHNs. While these are expanded upon in a further section, the quantitative and qualitative data sources identified were:

- Index of Relative Socio-economic Disadvantage (IRSD) – SEIFA
- ABS Australian Census 2021 data for each LGA:
    - people over 65
    - Aboriginal and Torres Strait Islander population over 50/over 65
    - personal weekly income
    - at greatest risk of isolation based on marital status (widowed/divorced/separated)
    - live alone
    - need assistance with at least one core activity of daily living (self-care, communication, mobility)
    - two or more chronic conditions
    - dementia
- ABS Australian Census 2016 data for variables not yet released for the 2021 Census:
    - estimates of number with needs for assistance not fully met
    - estimates of homelessness
    - people living in rental accommodation
    - home internet access
    - multiple disadvantages
- Australian Institute of Health and Welfare data
- Social Health Atlas maps produced by Public Health Information Development Unit (PHIDU) from Census and other data sources
- Report on government services: aged care
- Consultation with Assistance with Care and Housing providers, COTA's ACSN program, and peak bodies.

Acknowledging that this data may also be present in other reports by Primary Health Tasmania, peak bodies, or universities, we set the task of scoping the sector for such information. This could be done on a national and state level.

## Qualitative data sources identified

It was acknowledged that quantitative data may not give a sufficiently accurate profile of the care finder target population who are, by definition, difficult to categorically record. In addition, quantitative data does not inform of the lived experience of these older people, who might have numerous barriers and whose demographics vary as much within the target population as across it[1]. For this reason,

[1] For example, one person might be a long-term homeless man who suffers significant mental health difficulties, avoids interaction with 'the system' and lives in the state's capital. Another might be a

consultations with peak bodies and ACSN trials were identified as a necessary part of the supplementary needs assessment to understand the thematic and systemic issues facing older people in Tasmania.

It was planned that the Aged Care System Navigators would provide in-depth insight into the target population through a structured 'round table' meeting. Primary Health Tasmania's aged care integration lead had already built beneficial working relationships with ACSN trial providers, COTA Tasmania, the Migrant Resource Centre, and Working It Out.

Collaborative partnerships with other PHNs with similar socio-geographic catchments were identified as potential sources of insight. It was also identified that the Victorian-Tasmanian Primary Health Network Alliance would be an integral network with which to collaborate to help refine the program and bolster the supplementary needs assessment.

Despite the inroads our aged care system integration lead had made since December 2021, Primary Health Tasmania is relatively new to working in the aged care sector and is still establishing the necessary information to insightfully understand the nuances of aged care in Tasmania. It was agreed that our service design consultant would investigate the various providers of services in the sector, simultaneously identifying potential care finder organisations. This would not only include scoping aged care providers, but also Home and Community Care (HACC), mental health providers, and aged care information or referral services.

## Additional activities undertaken

### Analysis of demographic data

The following section reports data from the ABS Australian Census 2021 unless otherwise noted.[2] Full data tables are included in the Appendices.

#### Geographical distribution of target population

Tasmania has the highest proportion of its total population aged 65 and over of any of the states and territories (20%). Most Tasmanians aged 65 and over live in and around the major population centres of Hobart and Launceston (See Figure 1a). The LGAs recorded as having the largest total numbers of people aged 65 and over in the 2021 Australian Census were Launceston (13,312), Clarence (12,895), Hobart (10,019), Glenorchy (8,822) and Kingborough (8,163). Substantial numbers of people aged 65 and over were also recorded in coastal LGAs of the state: Devonport (5,944), West Tamar (5,799), and Central Coast (5,637).

The LGAs with the highest proportion of their population aged 65 and over are Flinders Island (35.5% of the population aged 65+; 327 people) and the east coast LGAs of Glamorgan-Spring Bay (34.1%; 1,796), Break O'Day (31.6%; 2,137), and Tasman (32.9%; 852) (Figure 1b).

recently bereaved woman in her 80s in a remote area with no close relationships, three chronic conditions she is struggling to manage, now in a financially precarious situation, and who wants to access My Aged Care but can't use a computer.

[2] ABS Australian Census 2021 Geopackage for Tasmania by LGA https://www.abs.gov.au/census/find-census-data/geopackages

*Figure 1a: Total population aged 65+*

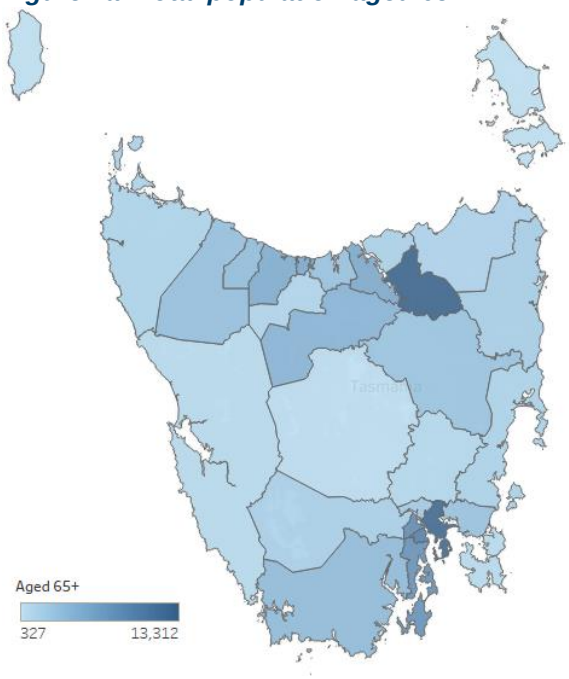
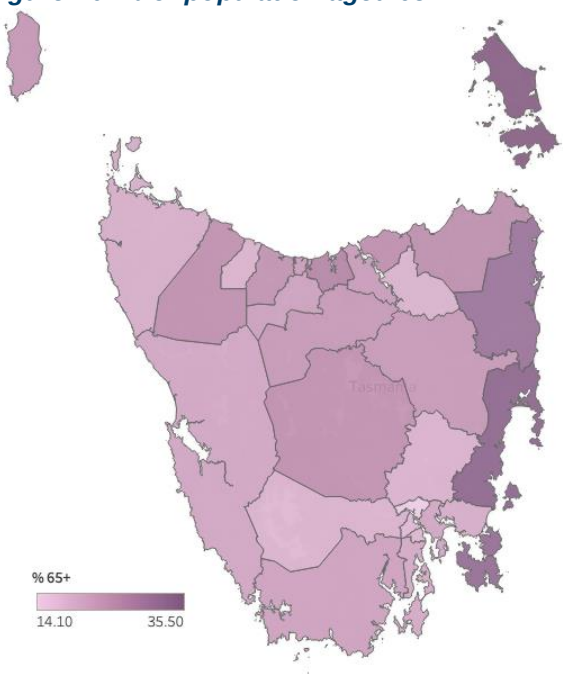



*Figure 1b: % of population aged 65+*

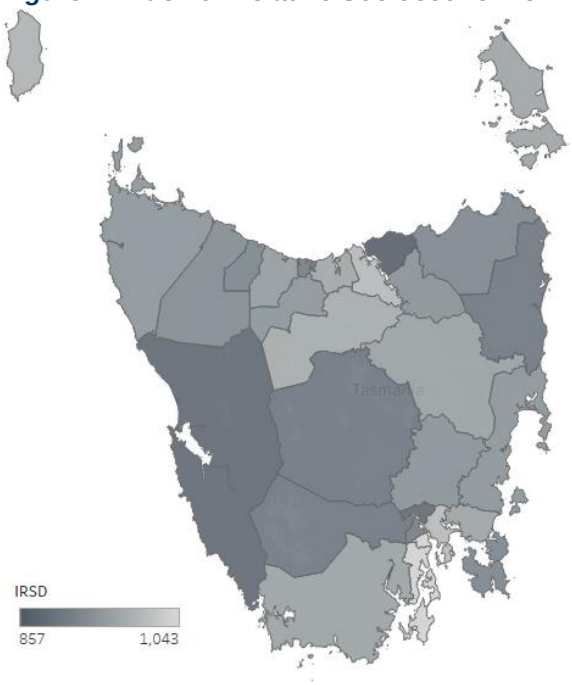



### *Socio-economic disadvantage*

When compared with the Australian population, 4.6% of Tasmanians are in the highest income quintile (the top 20% of Australians) and 37% are in the bottom income quintile (the bottom 20% of Australians). The percentage of Tasmania's population in the bottom two quintiles is the highest of all states and territories. This holds for older people as well.

There is variation in levels of socio-economic disadvantage across the state. The most socio-economically disadvantaged LGAs are George Town, West Coast, Brighton, Central Highlands, Derwent Valley and Break O'Day (Figure 2). To note, the Index of Relative Socioeconomic Disadvantage relates to a geographical area, not to individuals, and may conceal disparities between individuals and/or between smaller areas within the LGA.

***Figure 2: Index of Relative Socioeconomic Disadvantage (IRSD)***




The 2021 Australian Census data on reported personal weekly income was used as an indicator of individual socio-economic disadvantage in Tasmania. The highest numbers of older Tasmanians with low personal incomes (less than $400 per week) live in the major population centres: Launceston, Clarence/Glenorchy/Kingborough/Hobart, and Devonport/Central Coast (Figure 3a). The proportion of people aged 65 and over with personal incomes of less than $400 per week ranged from 20.7% in Hobart to 39.2% in Kentish (Figure 3b). There are limitations to note, however. Firstly, the reported income data is specific to the individual and does not consider additional resources that may be available to a person through pooled household/family incomes. Secondly, the raw income data does not consider variability in the portion of income considered discretionary due to differences in housing tenure expenses.

*Figure 3a: Weekly personal income <$400 (65+)*

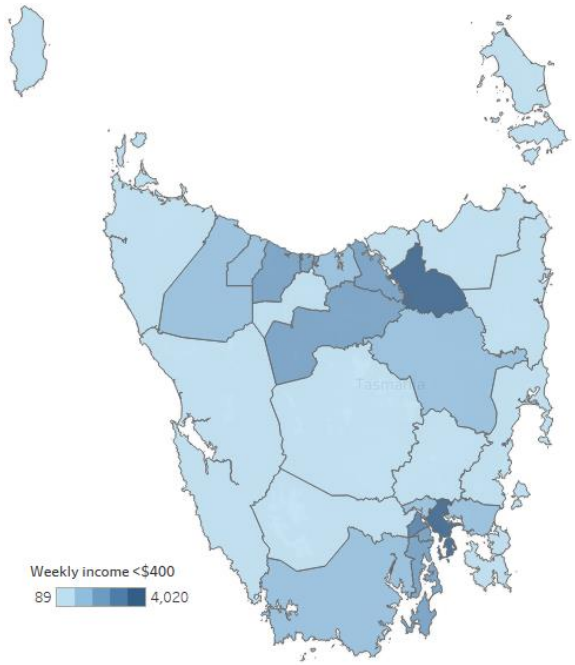
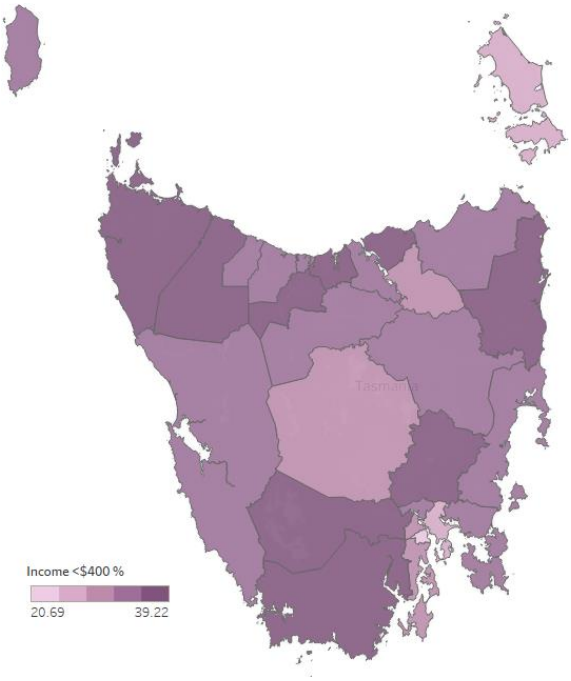



*Figure 3b: Weekly income <$400 (% of 65+)*




## Aboriginal and Torres Strait Islander health status

Older Tasmanians identifying as Aboriginal and/or Torres Strait Islander in the 2021 Census were concentrated in Launceston, Huon Valley, the urban LGAs around Hobart (Brighton, Clarence, Glenorchy, and Kingborough), and the coastal LGAs in the north west of the state: Waratah-Wynyard, Burnie, Central Coast, Circular Head and Devonport (Figures 4a and 4b).

*Figure 4a: Indigenous pop. aged 65+*

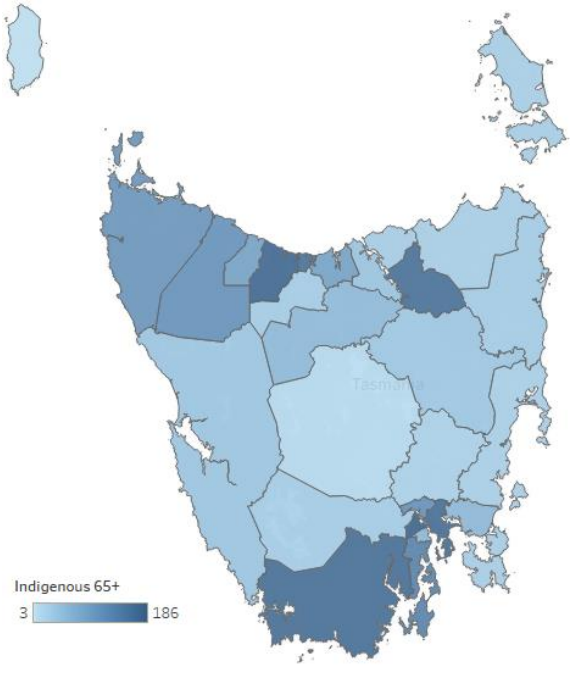
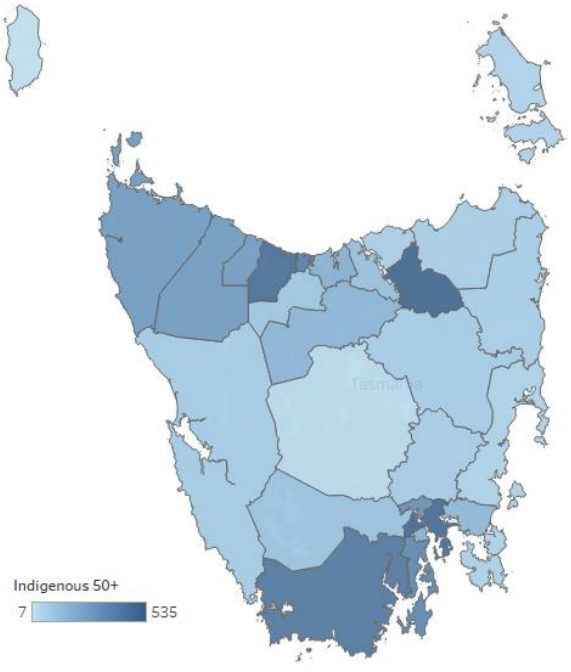



*Figure 4b: Indigenous pop. aged 50+*



## Housing and homelessness

Older people renting may be at increased risk of financial stress and insecure housing. Data is not yet available from the 2021 Census, but in 2016 the LGAs with the highest number of over 65s renting were Launceston (1,646), Glenorchy (1,292) and Clarence (888) (Figure 5a). The LGAs with the highest proportion of over 65s renting were Glenorchy, Flinders Island, Devonport and Brighton, followed by Launceston and George Town (Figure 5b).[3]

***Figure 5a: Renting (65+)***

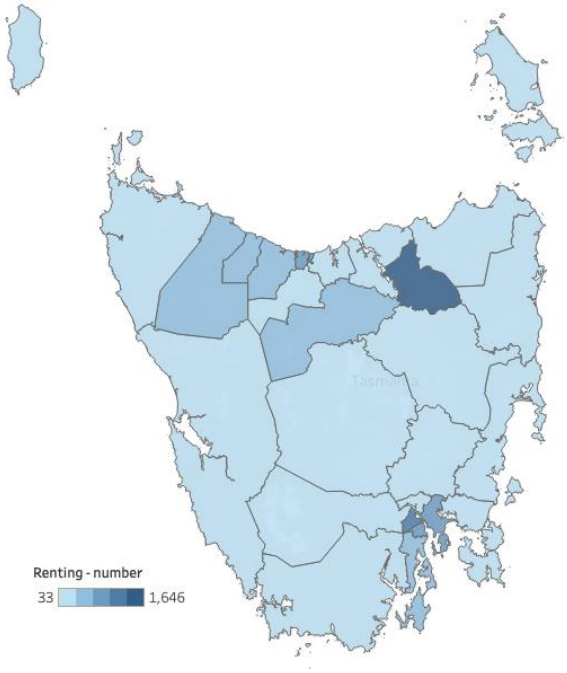
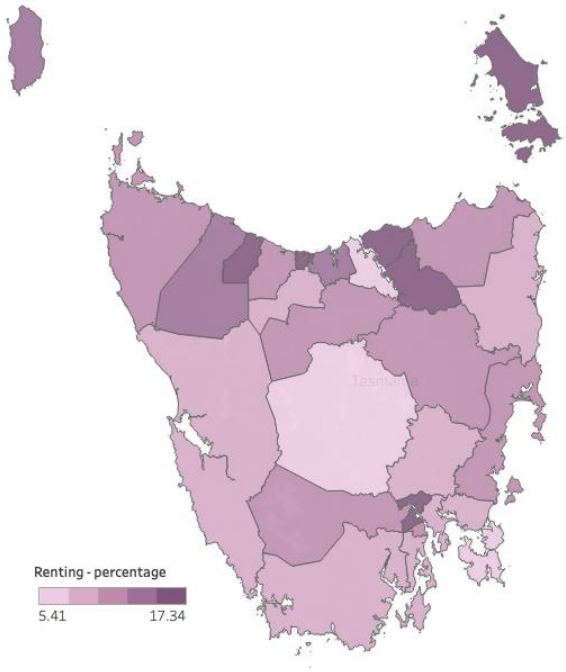



***Figure 5b: Renting (% of 65+)***




Homelessness figures have not yet been estimated from the 2021 Australian Census but are expected to have increased since they were last estimated from 2016 data. The rate of homeless people in Tasmania increased from 24.0 per 10,000 in 2006 to 31.8 per 10,000 in 2016, the lowest of any state or territory.[4] People aged 65 and over made up 7.7% of the total estimated homeless population of 1,622 in 2016. A majority of these older people were living in supported accommodation for the homeless (n=41) or staying temporarily with other households (n=41). The remainder were living in severely crowded dwellings (n=16), boarding houses (n=15), or improvised dwellings/tents/sleeping out (n=12). In addition, there were 37 older people marginally housed in caravan parks, 26 in other crowded dwellings, and 17 living in other improvised dwellings.

There is no geographical breakdown available for older people experiencing homelessness in Tasmania. The estimated homeless population as a whole is concentrated in the population centres of Launceston (16%), Hobart (17%)/Glenorchy (11%)/Clarence (10%), and Burnie (8%)/Devonport (6%).

[3] ABS Australian Census 2016, presented in PHIDU Social Health Atlas of Older People in Australia https://phidu.torrens.edu.au/current/maps/sha-topics/ageing/lga-single-map/atlas.html
[4] https://www.abs.gov.au/statistics/people/housing/census-population-and-housing-estimating-homelessness/latest-release

## Social engagement and family/community support

### Potential markers of increased risk of social isolation

The Australian Census 2021 included several variables which reflect potentially increased risk of social isolation: marital status (widowed/divorced/separated) and living alone. The highest numbers of older people with each of these characteristics were in 10 LGAs: Hobart, Clarence, Glenorchy, and Kingborough in the south; Launceston, Meander Valley, and West Tamar in the north; and Burnie, Central Coast, and Devonport in the north west (Figures 6a, 7a). Glenorchy had the highest proportions both of widowed/divorced/separated older people and of older people living alone (Figures 6b, 7b).

***Figure 6a: Widowed/divorced/separated (65+)***

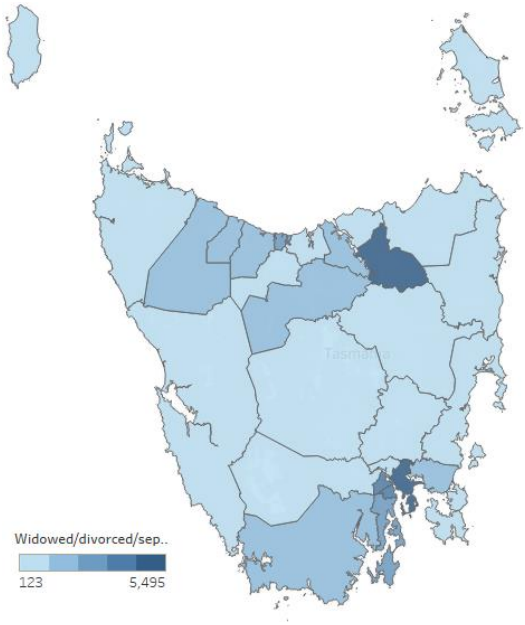



***Figure 6b: Widowed/divorced/separated (% 65+)***

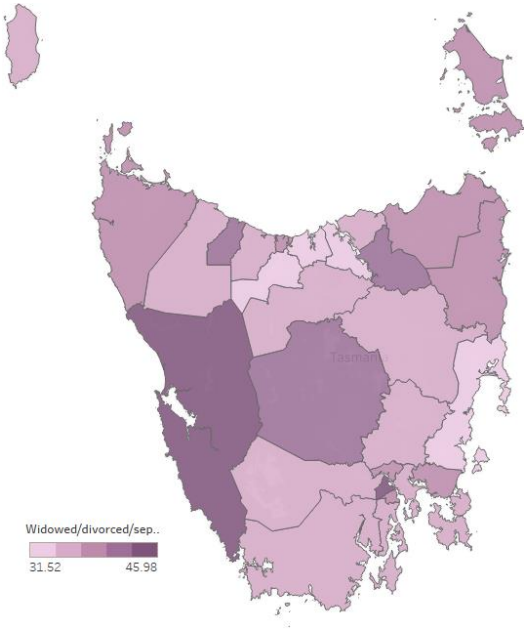


***Figure 7a: Lone person (65+)***

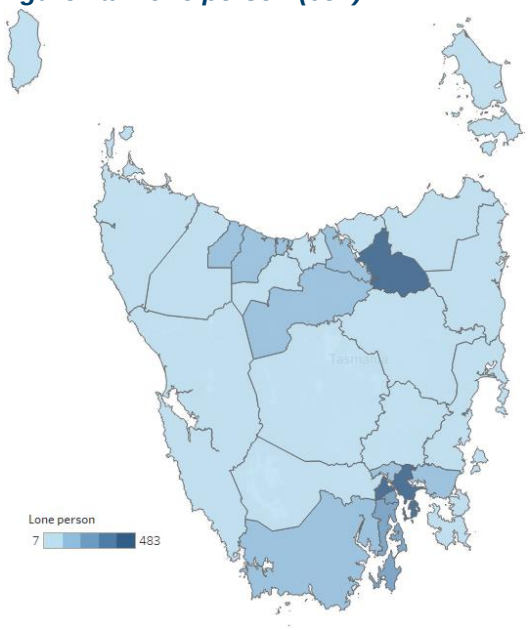
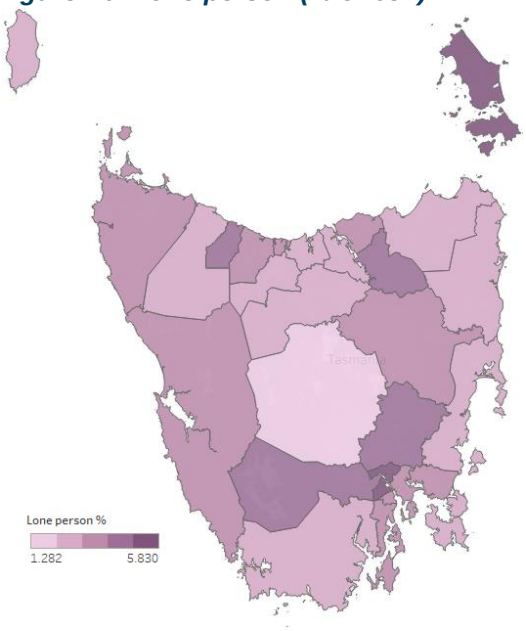
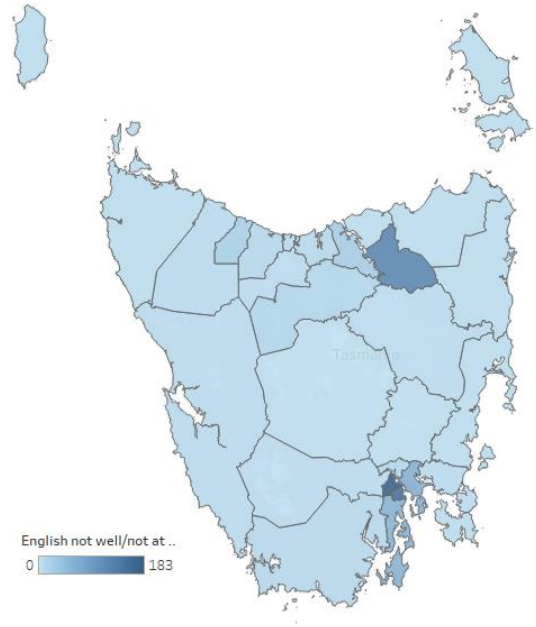



***Figure 7b: Lone person (% of 65+)***




In addition, Launceston and greater Hobart (Glenorchy, Hobart, Clarence, Kingborough) are home to a number of older people who speak English not well or not at all (Figure 8).

***Figure 8: English not well/at all***




### Potential markers of increased family/community engagement

Providing care to other people, either unpaid child care or assisting a person with disability, can be an indicator of engagement within families and communities. Engaging in volunteer work is associated with reduced social isolation. In 2021, 11% of Tasmanians aged 65 and over reported providing unpaid child care, 13% provided unpaid assistance to a person with a disability, and 19% reported volunteering for an organisation.

*Figure 9a: Unpaid childcare (65+)*

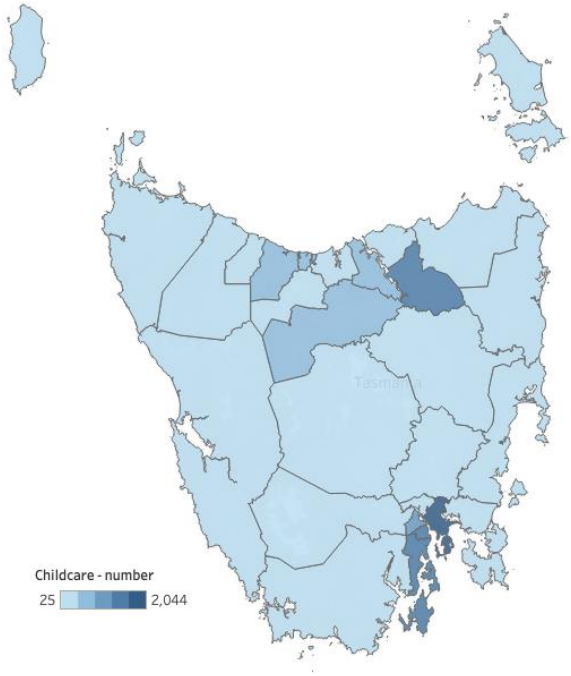



*Figure 9b: Unpaid childcare (% of 65+)*

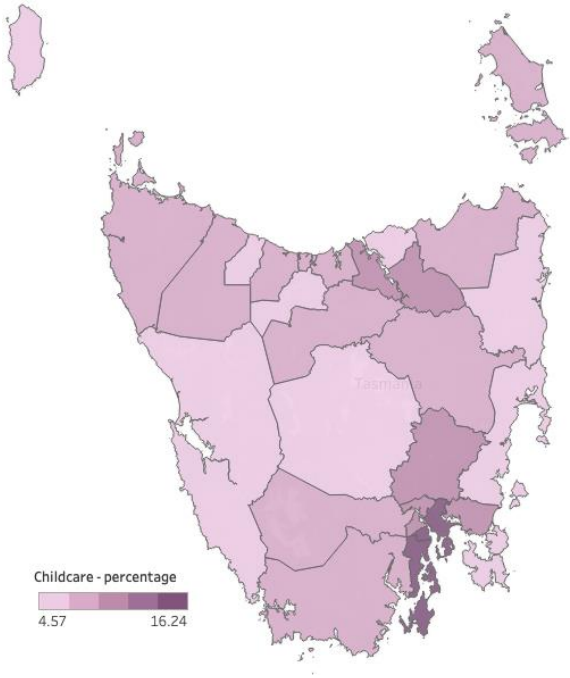



*Figure 10a: Assist person with disability (65+) of 65+)*

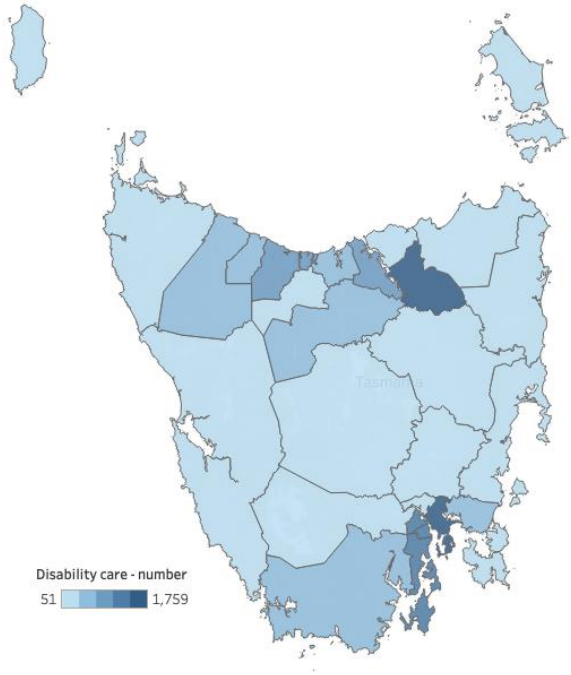



*Figure 10b: Assist person with disability (%*

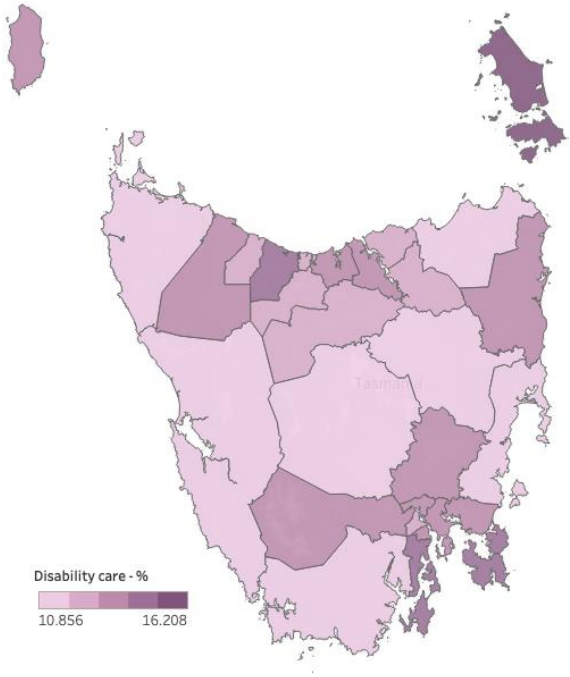


*Figure 11a: Volunteer (65+)*

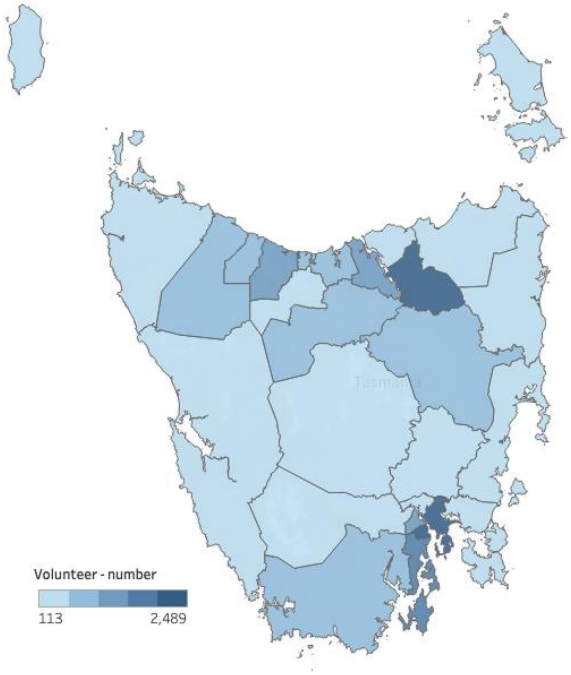
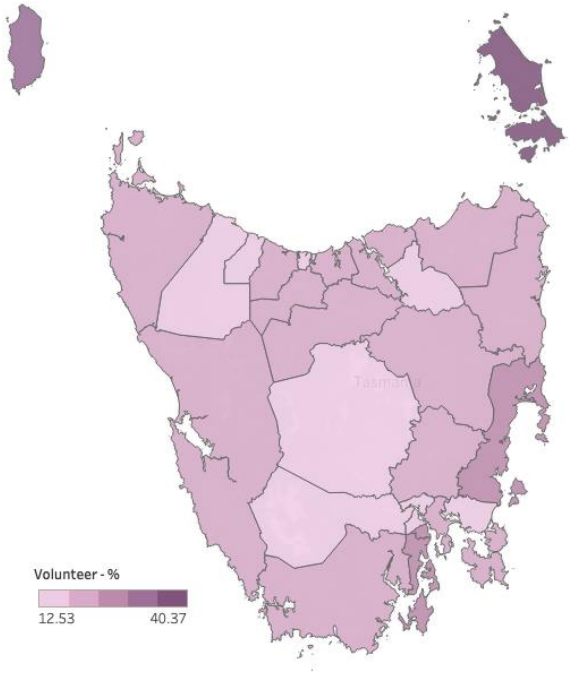



*Figure 11b: Volunteer (% of 65+)*




**Health and disability status**

Compared with other states and territories, Tasmania has the highest percentage of the population with a need for assistance with one or more of the core activities (self-care, communication, mobility): 6.8% of the population. Need for assistance increases with age and is highest among people aged 85 years and over, where nearly 50% require assistance.[5] The majority of people aged 65 and over who need assistance with core activities of daily living live in the major population centres: Launceston, and Clarence/Glenorchy/Hobart/ Kingborough (Figure 12a). There are also a number of LGAs with high proportions of their older population needing assistance with core activities of daily living. The highest proportions were in Glenorchy (21.5%), Brighton (19.8%), Derwent Valley (19.7%) and Launceston (19.2%) (Figure 12b).

[5] ABS Australian Census 2021

***Figure 12a: Need for assistance (core) (65+)***

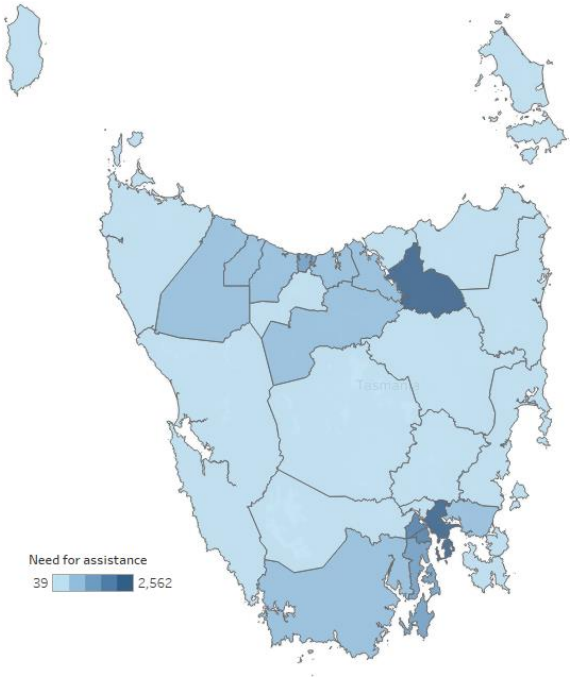
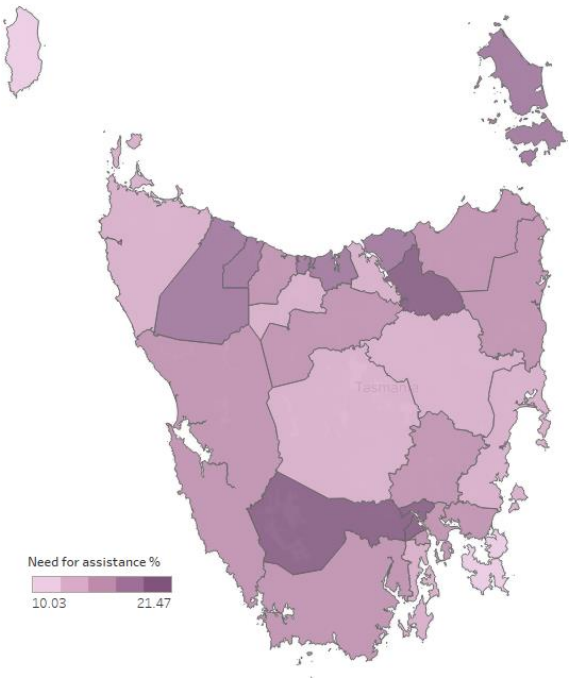



***Figure 12b: Need for assistance (core) (% of 65+)***




Older people with multimorbidity and/or with dementia may have increased support needs. A majority of people aged 65 and over who reported having two or more chronic conditions in the most recent Australian Census (2021) live in the major population centres: Launceston and Clarence/Glenorchy/Hobart/Kingborough (Figure 13a). There are also high numbers of older people with multiple chronic conditions in both the north/north west and south of the state: Waratah-Wynyard, Burnie, Central Coast, Devonport, Latrobe, West Tamar, Meander Valley, as well as Huon Valley and Sorell. Brighton (35.6%) and Glenorchy (34.3%) have more than one third of their population aged 65 and over living with two or more chronic conditions (Figure 13b). The prevalence for other LGAs ranges from 23.9% in Flinders Island to 32.1% in Sorell.

***Figure 13a: 2 or more chronic conditions (65+)***

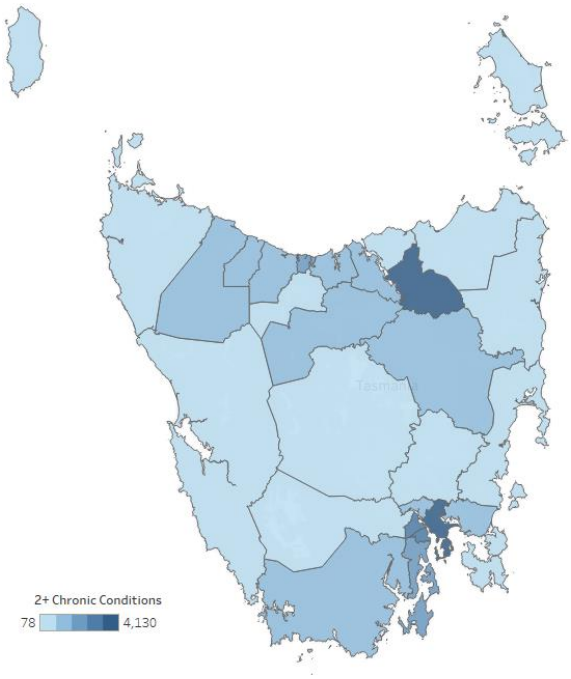
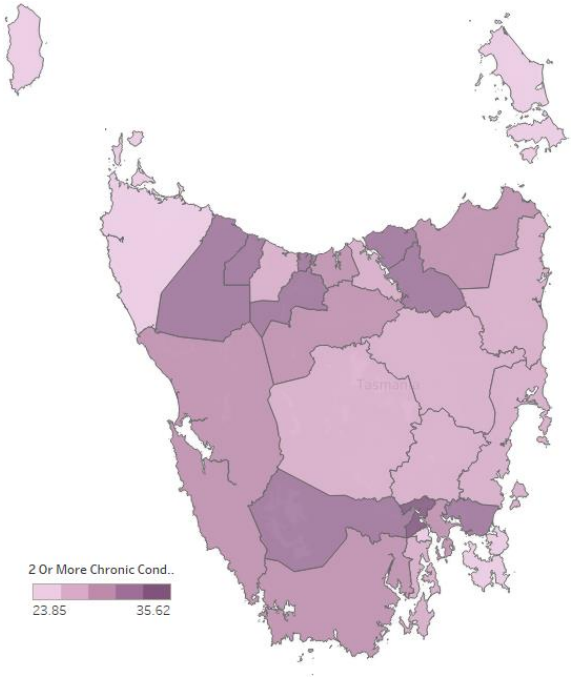



***Figure 13b: 2 or more chronic conditions (65+)***




A majority of older people with dementia live in Launceston, Clarence/Hobart/Glenorchy/Kingborough (200-600 people affected in each LGA), and between 100 and 200 live in each of the north west coastal LGAs of Waratah-Wynyard, Central Coast, Devonport, Latrobe, West Tamar, and Meander Valley (Figure 14a). The prevalence of dementia among people aged 65 and over was highest in Glenorchy (9.9%), Hobart (8.4%) and Clarence (8.1%) (Figure 14b).

***Figure 14a: Dementia (65+)***

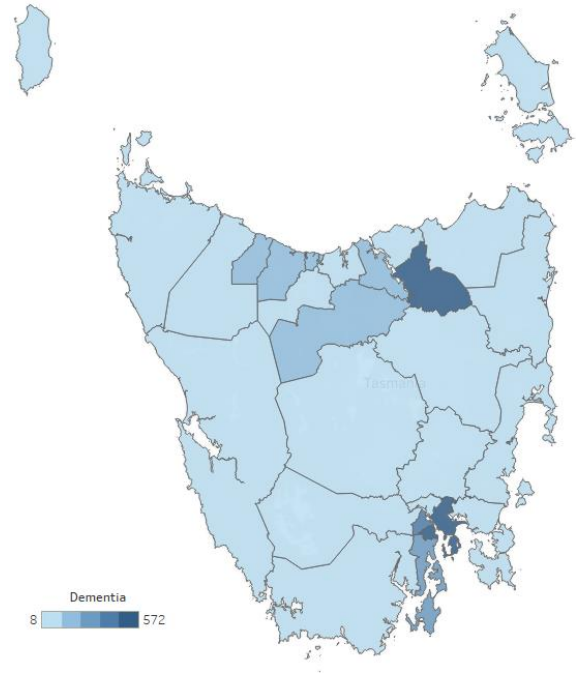
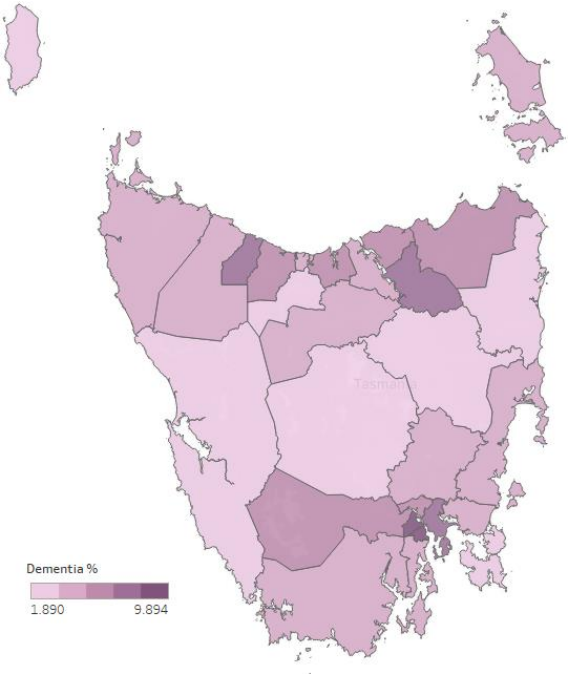



***Figure 14b: Dementia (% of 65+)***



## Health literacy

Health literacy is associated with the social determinants of health such as education and employment[6] and was determined to be a factor for identifying the care finder target population. There are no current regional literacy statistics for Australia and no breakdown by age.

The 2011-12 Programme for the International Assessment of Adult Competencies (among 18-74 year olds) found that average literacy levels declined with increasing age from the late 40s and were lowest in the 65-74 age group. The 2018 Health Literacy Survey found that for Tasmanians overall, a substantial minority reported having issues with some domains of health literacy. In particular, 17.0% disagreed or strongly disagreed that they could appraise health information, 15.4% found it difficult to navigate the healthcare system, and 16.9% reported it was difficult to find good health information (Table 1).

***Table 1: 2018 Health Literacy Survey results***

| | **Tasmania overall** | **Australia, aged 65+** |
|---|---|---|
| Disagree with: | | |
| *Feeling understood and supported by healthcare providers* | 4.2% | 1.7% |
| *Having sufficient information to manage my health* | 3.4% | 2.2% |
| *Actively managing my health* | 8.2% | 5.5% |
| *Social support for health* | 6.8% | 5.4% |
| *Appraisal of health information* | 17.0% | 18.2% |
| Perceived as difficult: | | |
| *Ability to actively engage with healthcare providers* | 10.9% | 7.8% |
| *Navigating the healthcare system* | 15.4% | 7.9% |
| *Ability to find good health information* | 16.9% | 12.5% |
| *Understand health information well enough to know what to do* | 11.4% | 7.6% |

In May 2022, Primary Health Tasmania corresponded with the Tasmanian Council of Social Services (TasCOSS), Swinburne University, and the State Government about a developing health literacy profile of Tasmania's older people. In 2018, the ABS conducted the National Health Literacy Survey[7] and Swinburne is using this data in a cluster analysis, which will provide detailed vignettes of the types of health literacy experienced by the population. Unfortunately, due to Tasmania's small regional populations, the small cell data from this survey is not available for Primary Health Tasmania use due to privacy concerns. Swinburne assured Primary Health Tasmania that the final report will be

[6] https://www.health.tas.gov.au/sites/default/files/2021-11/Health_Literacy_Action_Plan_DoHTasmania2019.pdf

[7] https://www.abs.gov.au/statistics/health/health-conditions-and-risks/national-health-survey-health-literacy/latest-release

available at the end of 2022 and may be a useful tool for care finders to understand the barriers for some older people.

Access to health information and services is in many cases predicated on ability to access and competently use the internet. Data from the 2021 Census is not yet available for this variable, but in 2016 there were a number of Tasmanian LGAs with high numbers of people aged over 65 who had no access to the internet from their homes (Figure 15a).[8] Burnie, Central Coast, Devonport, Glenorchy, Clarence, Hobart, Kingborough, Launceston, Meander Valley and West Tamar all had more than 1000 older people with no access to the internet from their home. Proportions ranged from 19.9% of older people living in Kingborough to 43.5% of those living in the Central Highlands with no access to the internet from their home (Figure 15b). While most of the areas with high proportions of the older population with no access to the internet from their home were in rural and remote areas, urban Glenorchy also had over 40% with no home internet, and Burnie, Devonport and Brighton all had more than one third of their older population with no home internet.

***Figure 15a: No home internet access (65+).***

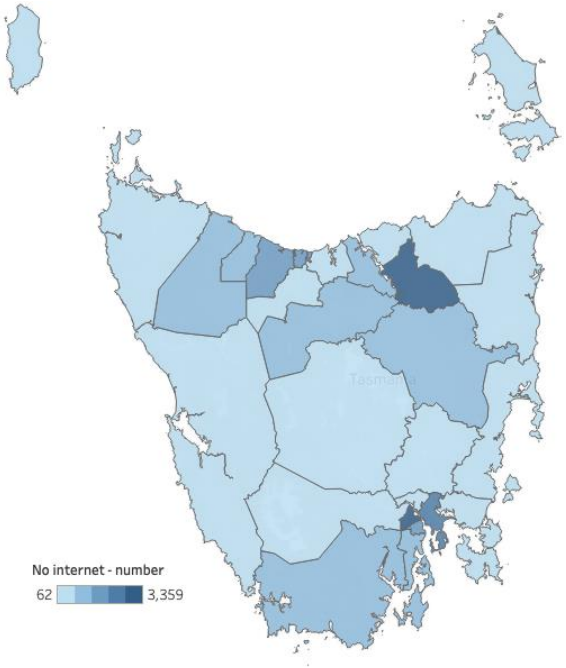
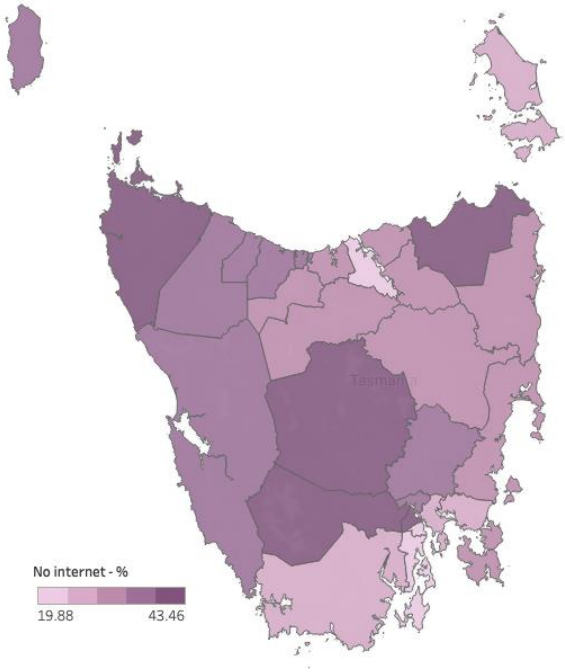



***Figure 15b: No home internet access (% 65+).***




## Multiple disadvantages/barriers

Some older people experience disadvantage in multiple domains, for example housing situation, health and income. These combined data are not yet available from the 2021 Census, but in 2016 there were a number of LGAs with a high number of over 65s experiencing 'triple jeopardy': living alone *or* renting, with disability, and low income (Figure 16a-b, 17a-b), or 'quadruple jeopardy': living alone *and* renting, with disability, and low income (Figure 18a-b).[9] Launceston and Glenorchy in particular had higher numbers of older people experiencing multiple disadvantages. A number of LGAs also had a high proportion of over 65s experiencing 'triple jeopardy': Launceston, Glenorchy, Devonport, Waratah-Wynyard, Burnie, Derwent Valley, Brighton and George Town. The highest

8 ABS Australian Census 2016, presented in PHIDU Social Health Atlas of Older People in Australia https://phidu.torrens.edu.au/current/maps/sha-topics/ageing/lga-single-map/atlas.html

9 ABS Australian Census 2016, presented in PHIDU Social Health Atlas of Older People in Australia https://phidu.torrens.edu.au/current/maps/sha-topics/ageing/lga-single-map/atlas.html

proportions of over 65s experiencing ‘quadruple jeopardy’ were in Glenorchy and Devonport, followed by King Island, Waratah-Wynyard, Launceston and George Town.

***Figure 16a: Triple jeopardy (living alone) (65+).***

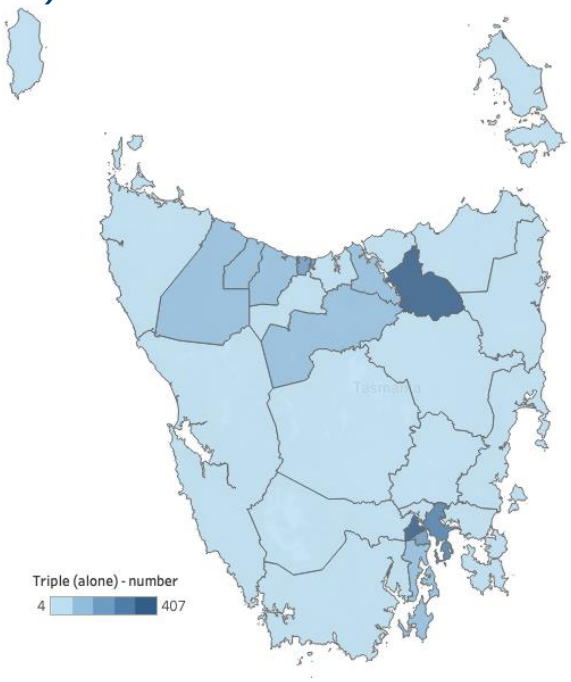



***Figure 16b: Triple jeopardy (living alone) (% 65+)***

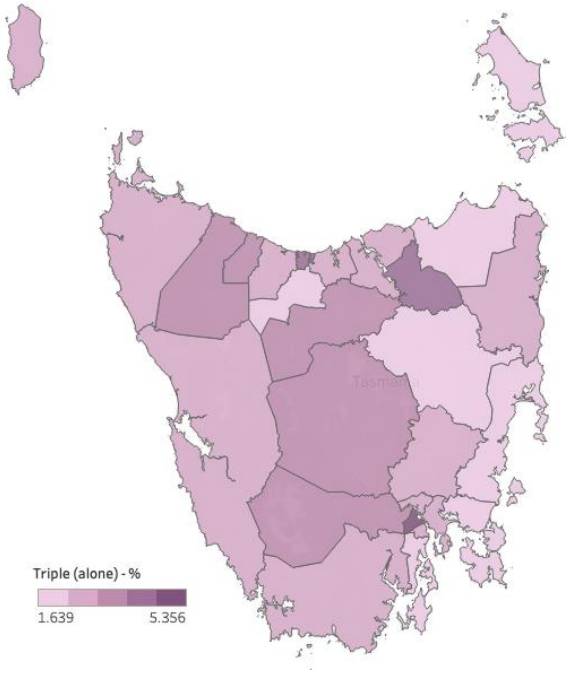



***Figure 17a: Triple jeopardy (renting) (% 65+).***

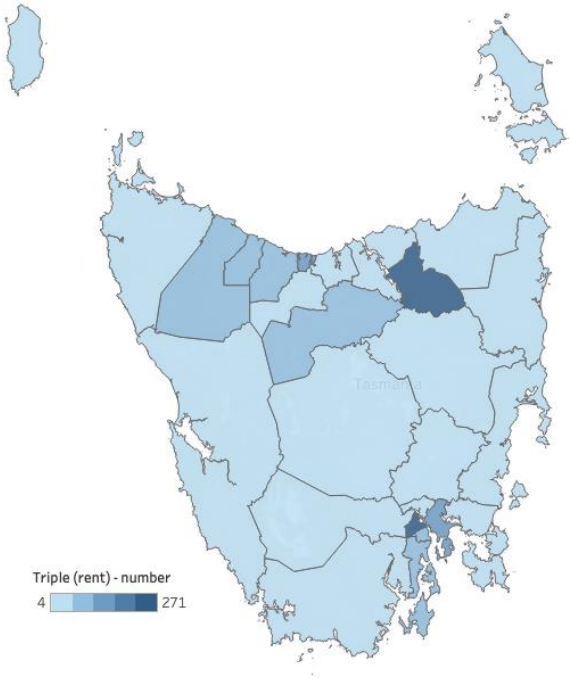



***Figure 17b: Triple jeopardy (renting) (% 65+)***

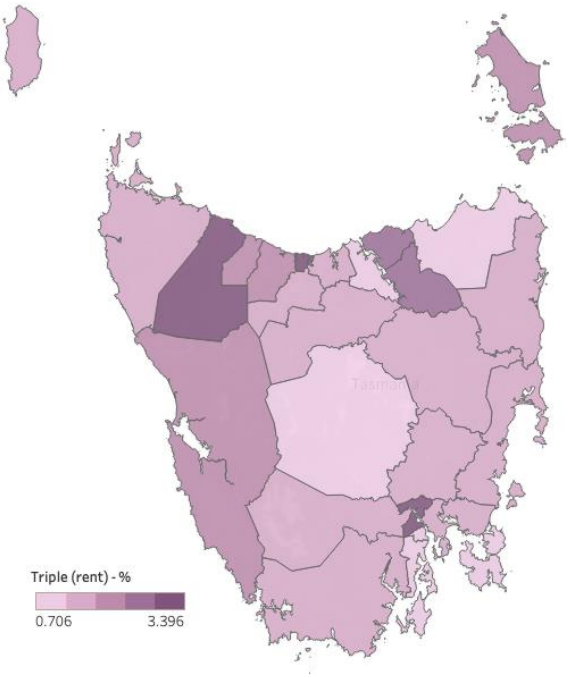


*Figure 18a: Quadruple jeopardy (65+).*

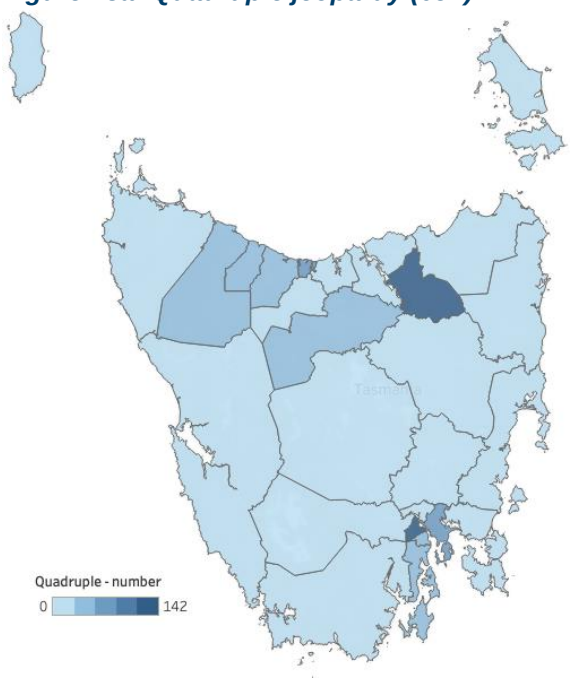
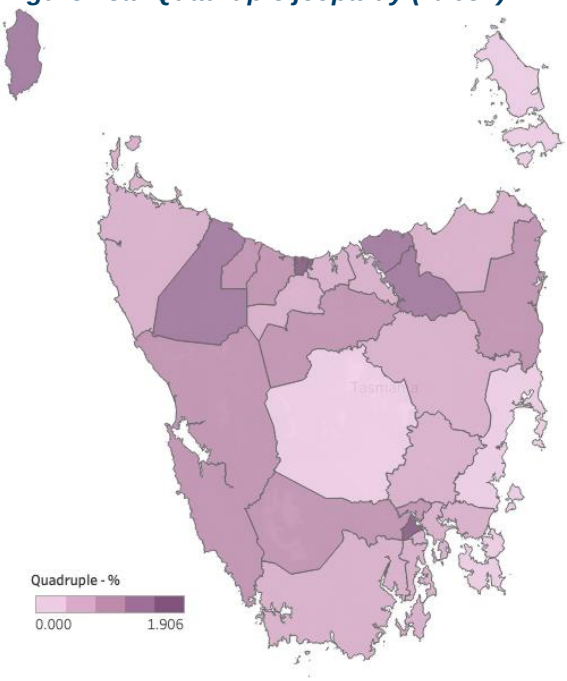



*Figure 18a: Quadruple jeopardy (% 65+).*



## Projected changes

Previous population projections prepared by the Tasmanian Department of Treasury and Finance anticipated relatively slow population growth overall but increases in the proportion of Tasmanians in older age groups. However, since these projections were prepared, the ABS has released population data that have been rebased with the ABS 2021 Census of Population and Housing. This has led to a significant upward revision to the previous population estimates, with much stronger growth recorded than under any of the population projection scenarios. As such, previous projections have been withdrawn, pending the release of an interim update.

## Analysis of qualitative data

### Characteristics of target population

To qualitatively understand the care finder target population, Primary Health Tasmania undertook a series of focused reviews of public information into specific target population sub-groups. This investigation highlighted best-practice approaches to working with specific sub-groups and would help inform Primary Health Tasmania's engagement with stakeholders.

### Working with CALD communities

Australia is a successful multicultural country. Over one third (37%) of Australians aged over 65 years were born overseas and one in five (20%) were born in non-English speaking countries[10]. Yet the number of people accessing aged care services does not reflect this diversity. As of 30 June 2021, across all mainstream aged care services, 33% of people were born overseas and of those, 66% were born in non-English speaking countries[11]. According to the Federation of Ethnic Communities' Councils of Australia, many people from CALD backgrounds do not want to move into residential aged care facilities. This reluctance may be due various factors, such as language barriers, a desire to stay close to family and communities, and facilities not being culturally safe.[12] As this is the first generation of the CALD community to be ageing in Australia, there is a lack of understanding and knowledge of how aged care services work. The CALD community is also not one homogenous group - that is, within the categorical term 'culturally and linguistically diverse' are significant cultural and language differences, as well as historical differences and experiences within Australia.

In 2021, over 15,000 Tasmanians aged over 65 years (28% of this age group) were born in a country other than Australia.[13] Most older Tasmanians born in a country other than Australia were born in English-speaking countries and 86 per cent of those who spoke a language other than English at home, also spoke English very well or well.[14] The majority of those who spoke a language other than English, spoke a European language.[15] As indicated in Figure 8 above, populations that 'cannot speak English well or at all' are concentrated in a small number of LGAs, which are predominately suburbs of Hobart and Launceston.

There were differences in cultural and language diversity within this cohort - for example, those who did not speak English very well, tended to speak European languages, while those who did not speak English at all tended to speak Asian languages.[16] Many Tasmanians from CALD communities are

10 AIHW (Australian Institute of Health and Welfare). Older Australians: Culturally and linguistically diverse older people. 30 November 2021.
11 AIHW (Australian Institute of Health and Welfare). GEN aged care data. People from culturally and linguistically diverse backgrounds using aged care. April 2022.
12 FECCA (Federation of Ethnic Communities' Councils of Australia). Aged Care Workforce Strategy. March 2018.
13 ABS Australian Census 2021
14 ibid.
15 COTA (Council on the Ageing Tasmania). Embracing the future. Tasmania's ageing profile part two. 2019.
16 ibid.

concerned about being able to access culturally appropriate aged care, and while some LGAs have larger CALD communities, others have much smaller and less diverse CALD communities with great concern about isolation as they age.[17]

Older people from CALD backgrounds in aged care might be more likely to experience elder abuse due to language barriers, social isolation, family dependency and an unwillingness to disclose abuse due to stigma.[18] The Australian Government published a guide for service providers to support CALD communities with a list of actions based on better outcomes for consumers. The actions include:

- providing information in an appropriate format and language
- engaging consumers in culturally safe and supportive environments
- collaborating with stakeholders to identify and overcome barriers
- engaging with local community and stakeholders to identify emerging needs
- seaking out, developing and using tools
- training and information that support delivery of care that is inclusive
- and providing inclusive service models to address the needs of the most vulnerable.[19]

### LGBTIQ+ people

Tasmania was the last Australian state to decriminalise homosexuality and consequently, many older Tasmanians, and Australians more broadly, are reluctant to disclose their LGBTIQ+ status when accessing aged care services for fear of discrimination. Estimates suggest that one in 10 people aged over 65 years identify as LGBTIQ+ but the number of LGBTIQ+ older Australians accessing aged care services is unknown as there is almost no data collected.[20] Older LGBTIQ+ people have higher rates of depression, anxiety, loneliness, suicidal ideation, and are more likely to live alone and have less contact with their biological families.[21] There are also reports of people accessing aged care services feeling the need to hide their LGBTIQ+ identity for fear of discrimination and to receive the care they need.[22]

In Tasmania, older lesbians are more likely to live in rural and regional areas than gay males.[23] In addition, older lesbians have lower incomes and less financial support than gay men and heterosexual women. Lesbians also experience more housing insecurity and are less likely than heterosexual women to have close relationships with family.[24] Every individual has their own specific

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17 ibid.
18 Westacott, R. & Karras, M. Abuse of Older People of CALD Background and Aged Care Submission to Royal Commission into Aged Care Quality and Safety. 2019. https://agedcare.royalcommission.gov.au/system/files/2020-07/AWF.001.04258.pdf
19 Australian Department of Health. Actions to support older Culturally and Linguistically Diverse people: A guide for aged care providers. February 2019. aged care sector committee diversity sub-group.
20 Australian Department of Health and Aged Care. LGBTI: inclusion and awareness in the aged care, an educational video for the aged care sector and LGBTI communities. May 2017. LGBTI: Inclusion and Awareness in the aged care - YouTube
21 Crameri, P., Barratt, C., Latham, J.R. & Whyte, C.. It is more than sex and clothes: Culturally safe services for older lesbian, gay, bisexual, transgender and intersex people. 2015. Australasian Journal on Ageing, Vol 34, 21-25. DOI: 10.1111/ajag.12270
22 Grant, R. Older lesbians' experiences of ageing in rural Tasmania. Webinar. 2022. LGBTIQ+ Health Australia.
23 Grant, R. Older lesbians' experiences of ageing in rural Tasmania. Webinar. 2022. LGBTIQ+ Health Australia.

24 Grant, R. Older lesbians' experiences of ageing in rural Tasmania. Webinar. 2022. LGBTIQ+ Health Australia.

needs, including within the LGBTIQ+ community; treating everyone the same can further marginalise an already isolated and apprehensive group of people. One exploratory study conducted in Tasmania found that, at the time of publication in 2019, no residential aged care facilities had formal accreditation for inclusive LGBTIQ+ practices[25], and this remains the case at the time of writing in 2022[26]. Culturally safe services can develop an understanding of the histories of LGBTIQ+ people and their lasting impact; they can understand LGBTIQ+ people's safety needs, and demonstrate leadership by developing inclusive action plans; have guidelines on inclusive practices including the ongoing education of all staff members; and consult with LGBTIQ+ people when planning services.[27]

Some older LGBTIQ+ Australians have suggested that the perceived lack of inclusivity within aged care services has resulted in an avoidance of thinking about their needs for their future aged care.[28] However, while much of this may be based on perceptions rather than actual experiences with aged care services, strategies can also be put into practice to demonstrate inclusivity and welcoming care.[29] For example, services can consider accreditation programs, training workers for inclusivity practices and language, enabling environments where people feel safe to be open, and addressing fears of abuse or loss of community connections.[30] The Australian Government's guide for aged care providers suggests a list of actions to support inclusive care to support LGBTIQ+ elders. The suggestions relate to the outcomes for LGBTIQ+ Australians accessing aged care and include:

- making informed choices
- adopting systemic approaches to planning and implementation
- accessible care and support
- a proactive and flexible aged care system
- respectful and inclusive services
- and meeting the needs of the most vulnerable.[31]

When providers are unaware of LGBTIQ+ people using their service, it should be assumed that LGBTIQ+ people are indeed using the service and do not wish to disclose. It is also essential that a same-sex partner has the same rights as any spouse and that staff are supported to protect the safety and rights of LGBTIQ+ older people in their care.[32]

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25 Nicholas Petrie & Peta S. Cook (2019) Catering to sex, sexual, and gender diversity: An exploratory study on the effects of LGBTI awareness training on aged care staff in Tasmania, Australia, Journal of Gay & Lesbian Social Services, 31:1, 19-34, DOI: 10.1080/10538720.2018.1548329

26 Rainbow Tick Standards | QIP accreditation

27 Crameri, P., Barratt, C., Latham, J.R. & Whyte, C. It is more than sex and clothes: Culturally safe services for older lesbian, gay, bisexual, transgender and intersex people. 2015. Australasian Journal on Ageing, Vol 34, 21-25. DOI: 10.1111/ajag.12270

28 Waling A, Lyons A, Alba B, et al. Experiences and perceptions of residential and home care services among older lesbian women and gay men in Australia. Health Soc Care Community. 2019;00:1–9. https://doi.org/10.1111/hsc.12760

29 ibid.

30 ibid.

31 Australian Department of Health – Actions to support Lesbian, Gay, Bisexual, Trans and Gender Diverse and Intersex elders: A guide for aged care providers. 2019. https://www.health.gov.au/resources/publications/actions-to-support-lgbti-elders-a-guide-for-aged-care-providers

32 Peisah C., et al. Rendering visible the previously invisible in health care: the ageing LGBTI communities. 2018. 10.5694/mja17.00896.

### Forgotten Australians

'Forgotten Australians' is the term used to identify those who were raised in orphanages, children's homes, or state care. This group consists of approximately 500,000 Australians, most of whom are now between the ages of 50 and 80 years and may be beginning to require aged care supports. An evaluation of the Find and Connect service, a free and confidential service provided by Relationships Australia Tasmania, suggested that Tasmania's dispersed population created challenges for the promotion of services and service delivery.[33]

One study conducted by the University of New South Wales examining the long-term outcomes for Forgotten Australians suggested that the adult experience has been associated with myriad negative outcomes including insecure housing, negative physical and mental health outcomes, difficulty forming lasting and trusting relationships, low literacy levels, loss of identity, and barriers accessing services.[34] Many Forgotten Australians are fearful of entering aged care services due to a deep and justified mistrust of institutions and fear of being retraumatised, as well as anxiety of disclosing their Forgotten Australian status and financial barriers to accessing care.

In engaging with Forgotten Australians, trauma-informed care is imperative, as well as holistic care catered to individual needs; an ability to maintain independence; relationships based on trust; improved information-sharing between agencies; availability of ongoing counselling; and incremental home-based care.[35]

### Homelessness

According to the 2016 Census, in Australia 7,940 people aged over 65 years and 18,625 people aged 55 years and over were estimated to be experiencing homelessness.[36] This number has continued to steadily increase over the past three censuses. These figures also do not include estimates of those at risk of homelessness. In Tasmania, the 65–74-year-old age group experienced the greatest change of all age groups at 31% over the 2011–16 period.[37]

The situation is particularly precarious in Tasmania given the ageing population, worsening housing affordability, and declining availability of social housing.[38] The number older Tasmanians struggling in the private rental market is increasing, as is the number of older Tasmanians accessing specialist housing services. The housing crisis, affordability, inadequate and inappropriate dwellings, and domestic violence were the main reasons Tasmanians sought help from homelessness services. [39]

The stigma related to people experiencing or at risk of homelessness means many people may not disclose their housing status.

The Australian Housing and Urban Research Institute conducted research into supporting older Australians experiencing homelessness. Their research suggests the importance of empathetic and

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33 Australian Healthcare Associates. Evaluation of the Find and Connect Services. Final Report. July 2014.

34 Fernandez, E., Lee, J.-S.,Blunden, H., McNamara, P., Kovacs, S. and Cornefert, P.A. No Child Should Grow Up Like This: Identifying Long Term Outcomes of Forgotten Australians, Child Migrants and the Stolen Generations. Kensington: University of New South Wales. 2016.

35 Browne-Yung K, O'Neil D, Walker R, et al. 'I'd rather die in the middle of a street': Perceptions and expectations of aged care among Forgotten Australians. Australas J Ageing. 2021;40:168–176. https://doi.org/10.1111/ajag.12851

36 Australian Bureau of Statistics. Census of Population and Housing: Estimating Homelessness. March 2018.

37 Faulkner, D. Heading south: older people at risk of homelessness in Tasmania. September 2020.
38 ibid.
39 ibid.

supportive staff given not only the complexity of the situation itself, but also the complexity of navigating the aged care and homelessness service providers.[40] A more coordinated approach between aged care and homelessness services is also suggested.

#### Older Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people will be partly engaged by the Trusted Indigenous Facilitators program. This program is set to provide services nationally from 2023. Primary Health Tasmania, along with other PHNs, met with the Australian Government and the National Aboriginal Community Controlled Health Organisation in September 2022 to hear about the rollout of the Trusted Indigenous Facilitators program.

Primary Healthy Tasmania will coordinate commissioned organisations to work with Trusted Indigenous Facilitator provider organisations for older people who choose to be supported by a care finder organisation rather than a Trusted Indigenous Facilitator.

## Stakeholder and community consultations undertaken to identify local needs in relation to care finder support

### Victorian-Tasmanian Primary Health Network Alliance

At the beginning of July 2022, PHN representatives met face-to-face in Melbourne as part of the Victorian-Tasmanian Primary Health Network Alliance to discuss all areas of the care finder project. This resulted in many points of collaboration during the rest of the year.

Primary Health Tasmania met with Gippsland PHN in June to discuss the needs of older people in rural and remote contexts. Both Primary Health Tasmania and Gippsland PHN span large geographical areas covering rural and remote areas, and it was agreed that the care finder roles in these areas would vary considerably from urban counterparts. While we have seen above that the majority of older people are concentrated around the urban hubs, many of the areas with a high percentage of their population aged 65 and over are rural and regional, so Primary Health Tasmania would have to consider rural need and flexibility in service models.

### Stakeholder consultations

While establishing the care finders program, Primary Health Tasmania met with a series of stakeholders in Tasmania. These stakeholders were identified as either peak bodies in the aged care sector, or knowledge-holders about the needs of target population sub-groups. A list of stakeholders met with can be found in Appendix 3.

### Community consultations

#### Aged Care System Navigators

Tasmania was one of the trial sites as part of the ACSN trial program delivered by COTA. Due to Primary Health Tasmania's good working relationship with COTA Tasmania, the organisation volunteered its navigator workers for consultation. Primary Health Tasmania facilitated a round table consultation in August 2022 with participation from five Aged Care System Navigators to gain insight into the needs and barriers of the target population, as well as best-practice advice. Aged Care System Navigators help older people navigate the aged care system and choose the most appropriate services. The trial's target population was much broader than the care finder target population and, as such, the latter can be thought of as a sub-group with the highest needs. It is noted that care finder organisations will need to do additional activities to reach the higher needs target

[40] AHURI (Australian Housing and Urban Research Institute. Supporting older Australians experiencing homelessness. Policy evidence summary. November 2019.

population and that the two services do differ, but that Aged Care System Navigators could nonetheless provide insight into the systemic challenges some older people experience.

Four navigators attended from across the state, as well as a navigator from the LGBTIQ+ organisation Working It Out. COTA Tasmania's CEO was also present to provide a high level of contextual understanding and iterative history of the navigator program.

The findings of this community consultation are listed below.

- Engaging with specific sub-groups requires service model flexibility.
- Navigators spend significant amounts of time in indirect activities (e.g. networking, promotion).
- Navigators perceived there to be far more demand for services and community need than they could provide (for the broader navigator service target group).
- Home visits are supplemented by phone and email modes of engagement where possible.
- There is higher than average demand for navigator support during holiday periods; possibly because this is when interstate family visits and may become aware of their relative's increasing need for assistance.
- Clients come from diverse backgrounds and often have complex life circumstances.
- Some referrals relate to immediate need for care, other enquiries are pre-planning future care.
- Clients are overwhelmed by 'the system', even those who don't fit the target population.
- Many clients get stuck in the 'merry-go-round' of lacking service availability and become discouraged.
- Clients often don't ask for help until they're in crisis.
- Some clients may be concerned or fearful of the potential direction the care will take, i.e., not wanting to end up in a residential aged care facility (RACF).
- Common barriers to clients are:
    - literacy
    - digital literacy
    - emotional/psychological considerations
    - fear/concern around quality and safety of care
    - fear/concern around potential persecution due to identity
    - support persons fear/concern around connecting with services
    - unavailability of care/support.
- Rural and remote areas often have no services available.
- Service shortages are statewide – some services are not accessible even to clients within 30 minutes of the cities.

Primary Health Tasmania also participated in the COTA Australia co-design working group. Here, COTA Australia provided PHNs with examples of several service models used around the country as part of the ACSN trial, along with the advantages and disadvantages of each. The models presented were:

- network referral model
- active outreach model
- collaborative outreach model
- specialist organisation/targeted sub-group.

During this consultation it became clear that over the years of the trial, the delivery iteratively changed to better fit the needs of the community. One major shift occurred where COTA Tasmania sub-

contracted other organisations to reach sub-groups that weren't being adequately engaged by the generalist navigators. Working It Out was contracted to engage with LGBTIQ+ people, a sub-group who are at high risk of needing support. This shift was seen by all navigators to be more effective in reaching these sub-groups.

Navigators also raised concerns that with the end of the ACSN trial and the adjustments of the care finder program, such specialist organisations would no longer be able to reach their communities and that people currently receiving services will 'fall through the cracks'.

The importance of the specialist model in meeting the needs of sub-groups was evidenced by Working It Out's ability to use its in-depth knowledge and understanding of the barriers facing LGBTIQ+ people to adapt its service model to include less intrusive forms of navigator support. This involved leaning on community networks unavailable to organisations that have not built up significant rapport, and who might not be approachable for inherent reasons.

### The Migrant Resource Centre Tasmania and Federation of Ethnic Communities' Councils of Australia

In early May 2022, Primary Health Tasmania visited the Hobart offices of the Migrant Resource Centre Tasmania to meet with the EnCOMPASS multicultural aged care connectors. The Migrant Resource Centre Tasmania has been contracted by the Federation of Ethnic Communities' Councils of Australia to deliver navigation services to members of the CALD community in Hobart and Launceston. It is noted that both the target population and navigation activities for the EnCOMPASS program are broader than the care finder program.

Echoing the recommendation from Working It Out above, these multicultural connectors highlighted the effectiveness of specialist organisations working with the CALD community that is beyond the ability of other organisations. Organisations such as the Migrant Resource Centre has a reputation of being a common and accessible resource for practical support for its community with many other programs of support, such as mental health support, aged care services, and new humanitarian entrant support. While being from one CALD group does not necessarily mean you can connect with someone from a different CALD group on a cultural or linguistic level, each connector having their own experience and knowledge of navigating the system from outside the norm creates a unique social ability and skillset for meeting the needs of the target population.

Interestingly, connectors in the north have had referrals from remote regions and emphasised that while it is easy to assume the CALD community's need for support is condensed in the cities, other areas should not be overlooked.

After meeting with the Migrant Resource Centre, Primary Health Tasmania also met with the Federation of Ethnic Communities' Councils in June to further discuss working with older people of CALD backgrounds. We were informed of five key components for engaging CALD communities broadly:

- co-designed and in-language materials
- bilingual and bicultural workers
- trust and rapport
- one size does not fit all
- building community capacity.

The Migrant Resource Centre, Working It Out and COTA are the major providers of aged care navigation services in Tasmania and all work collaboratively in the community to meet the needs of their clients. We note these navigation services, and their clientele are broader than the care finder target population and do not specifically focus on people who need intensive support. Consultation proved useful, however, because of their experience working with a portion of older people who are within the care finder target population.

### Aged care specialist officers

In August 2022, Primary Health Tasmania held a consultation meeting with the aged care specialist officers in Tasmania. Aged care specialist officers are face-to-face officers based in Services Tasmania and Centrelink offices, whose role aims to increase the accessibility of My Aged Care and Centrelink services. Like care finders, aged care specialist officer roles were created in response to the findings of the Royal Commission into Aged Care Quality and Safety. They provide broad access support to the Tasmanian population, as opposed to focussing on the care finder target population. 'Access support' also differs from the 'intensive support' care finders will provide. Regardless, as a key link in the pathway for older people to the aged care system they were a useful consultation resource.

Unique aged care specialist outreach officers exist in some states across Australia. A large function of this role is to be the same face-to-face interaction with My Aged Care as regular aged care specialist officers, but to deliver this function in the community. The aged care specialist officers acknowledged the barriers of the regular officers only providing face-to-face interactions within the walls of Services Australia or Centrelink buildings and that outreach was an important part of the national program. It was not indicated whether Tasmania will receive funding for an outreach officer in the future. With or without the existence of this outreach role, care finders' function in the community and aged care specialist officer function as a key My Aged Care touchpoint creates an important network for future collaboration. Indeed, a similar program integration between the aged care specialist officers and the ACSN trial was reported by both parties to be beneficial for both program and client outcomes.

### Aboriginal Community Controlled Health Organisations

It is important to state that due to several factors, Primary Health Tasmania was not able to formally consult with any ACCHOs about the challenges that face older Aboriginal and Torres Strait Islanders. Primary Health Tasmania will endeavour to work with the local ACCHOs appointed to deliver the Trusted Indigenous Facilitator program.

## Consumer consultations

Primary Health Tasmania met to discuss the feasibility and appropriateness of conducting a consultation with consumers to inform this supplementary needs assessment and care finder program. Due to competing deadlines and the risks and sensitivities with the target population, it was decided that it would be inappropriate to conduct a direct consumer consultation with such haste. Risks of a rushed consumer consultation include spreading a negative image of the program to the public and target population. Consumer insight is a rich and valuable source of knowledge that can inform significant changes and improvements to services, when properly undertaken.

Primary Health Tasmania deemed it in our (and the consumer's) best interest to undertake this process carefully and with respect. It was agreed that consumer consultations would be conducted in the future, and as such they are not included in this report.

For the purpose of this supplementary needs assessment, consumer perspectives have been drawn from peak bodies and provider organisations.

### Consultations conducted previously

Consultations for various purposes are conducted throughout the Tasmanian aged care sector on an ongoing basis, and as a key partner in the sector Primary Health Tasmania participates where appropriate. These consultations often result in published reports.

## Report: *COVID-19: A mental health response for older Tasmanians*

In 2021, the Mental Health Council of Tasmania released a report from consumer consultation undertaken with older isolated people and other key stakeholders. The report "presents the concerns raised by older Tasmanians, and the services that support them, as well as a series of opportunities

to support better mental health and wellbeing outcomes for older Tasmanians"[41]. While this consultation was with older people more broadly and was primarily designed to explore the impacts of the COVID-19 pandemic on their lives, it nonetheless has useful insights for the purpose of care finders. Applicable findings of the report include:

- older people are at significant risk of social isolation and the harmful health conditions associated with it
- recommended investment in 'identity-based supports', such as services specific to LGBTIQ+ and CALD people
- older people want more opportunities to co-design their services – particularly important for organising care finder consumer consultations
- promotion of social prescribing.

## Analysis undertaken to understand the local service landscape as relevant to care finder support

Regarding the care finder target population and support, Primary Health Tasmania's existing annual needs assessment outlines:

- a lack of accessibility to services in rural and remote areas
- a growing rate of dementia in community-dwelling older people
- an increasing demand for non-RACF based aged care support
- an increasing wait time to receive aged care services
- older Tasmanians have trouble accessing timely general practice and allied health care.

### Identifying potential care finder organisations

Primary Health Tasmania's process of identifying potential organisations to deliver the care finder program in Tasmania organisations began with a desktop search to catalogue providers who are already working with community-dwelling older people, already providing aged care navigation services, or may be willing to expand into this sector. Searches were made in Healthmap.com by various service types[42], and also in the Findhelptas.com online directory. Data available from the Australian Institute of Health and Welfare[43] was compiled to list aged care providers, and this was amalgamated with Tasmanian Commonwealth Home Support Programme (CHSP) and Home Care Package provider lists. Primary Health Tasmania also assessed internal customer relationship management data.

There were limitations to this desktop search because while it did scan the service landscape, due to limited service information it was not able to comprehensively map the coverage of these providers or their catchment areas - only their business addresses. It was apparent that provider lists included some businesses which had a single business address but delivered services in various areas around the state. Mapping this data would have provided misleading service distribution assumptions. With more time to prepare this report, Primary Health Tasmania could have undertaken more detailed data gathering. As such, much of the analysis of the service landscape came out of qualitative discussions with providers, peak bodies and other stakeholders.

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[41] https://mhct.org/wp-content/uploads/2021/05/COVID-19-A-mental-health-response-for-Older-Tasmanians-May-2021.pdf
[42] E.g. 'Aged Care Information/Referral', 'Social Work', and 'Aged Care Management'.
[43] https://www.gen-agedcaredata.gov.au/Resources/Access-data/2021/October/Aged-care-service-list-30-June-2021

## Provision and use of government aged care services

At the end of 2021, there were 4,596 people with a home care package in Tasmania.[44] Half of these were in the south of Tasmania, and approximately one quarter in each of the north and north west regions.

***Table 2: Number of people in a Home Care Package (HCP) at 31 December 2021, by region***

| | Level 1 | Level 2 | Level 3 | Level 4 | Total |
|---|---|---|---|---|---|
| North western | 137 | 447 | 317 | 230 | 1,131 |
| Northern | 72 | 524 | 362 | 287 | 1,245 |
| Southern | 109 | 834 | 823 | 454 | 2,220 |
| Total | 318 | 1,805 | 1,502 | 971 | 4,596 |

There were 1,828 people approved for a home care package who were waiting to be allocated one at the end of 2021; of these, a majority (1,267) had not been offered a lower level package in the interim.

***Table 3: Number of people waiting on an HCP at their approved level at 31 December 2021 who had yet to be offered a lower level HCP, by region***

| | Level 1 | Level 2 | Level 3 | Level 4 | Total |
|---|---|---|---|---|---|
| North western | 10 | 92 | 123 | 16 | 241 |
| Northern | 15 | 123 | 136 | 50 | 324 |
| Southern | 17 | 212 | 382 | 91 | 702 |
| Total | 42 | 427 | 641 | 157 | 1,267 |

***Table 4: Number of people waiting on an HCP at their approved level at 31 December 2021, by region***

| | Level 1 | Level 2 | Level 3 | Level 4 | Total |
|---|---|---|---|---|---|
| North western | 10 | 170 | 198 | 32 | 410 |
| Northern | 15 | 151 | 194 | 79 | 439 |
| Southern | 17 | 292 | 479 | 191 | 979 |
| Total | 42 | 613 | 871 | 302 | 1,828 |

At 31 December 2021, there were 64 approved HCP providers that had indicated in My Aged Care that they could provide services at each of the four HCP levels (14 north western, 15 northern, 35 southern).

[44] Report on government services, aged care services. Part F, Section 14: Release on 25 January 2022. https://www.pc.gov.au/research/ongoing/report-on-government-services/2022/community-services/aged-care-services

### Priority groups

Older people from CALD backgrounds made up 8.0% of the target population for aged care in June 2016. They were overrepresented for Aged Care Assessment Team (ACAT) assessments (8.6% for 2018-19), Home Care levels 1-2 (11.0% at 30 June 2019), and Transition Care (10.5% at 30 June 2019) and slightly underrepresented for residential aged care (7.3% at 30 June 2019) and Home Care levels 3-4 (7.4% at 30 June 2019). Use of the CHSP was in line with their representation in the population (8.0% for 2018-19).

Older people in rural and remote areas made up 36.4% of the target population for aged care in June 2016. They were underrepresented for all aged care services: ACAT assessments (30.1% for 2018-19), residential aged care (24.0% at 30 June 2019), CHSP (34.6%) for 2018-19), Home Care levels 1-4 (13.6% at 30 June 2019), and Transition Care (20.9% at 30 June 2019).

### Rural and remote service landscape

Service landscape analysis outlined previously indicates that all services providing care finder-type support to the target population are located in the urban hubs. While the quantitative data also presented in this report suggests there is need in the rural and remote areas, there are considerable logistical hurdles to servicing these areas, such as workforce, travel expense, and risks of 'referring to nowhere'. Regional areas of Tasmania have limited workforce with which to staff care finders. If Primary Health Tasmania planned to commission activities to target rural areas, it would be necessary to develop a plan to meet workforce requirements. Further, often such intensive community-based roles are most effective if staffed by local people with knowledge of the local community and culture.

Another challenge for servicing rural and remote areas is the time and funds required for significant travel. The possibility of allocating potentially large amounts for travel (and thus reducing allocations toward wages and direct support) is a difficult utilitarian argument, especially when care finder supports in rural and remote areas must also overcome gaps in the service landscape and risk 'referring to nowhere'.

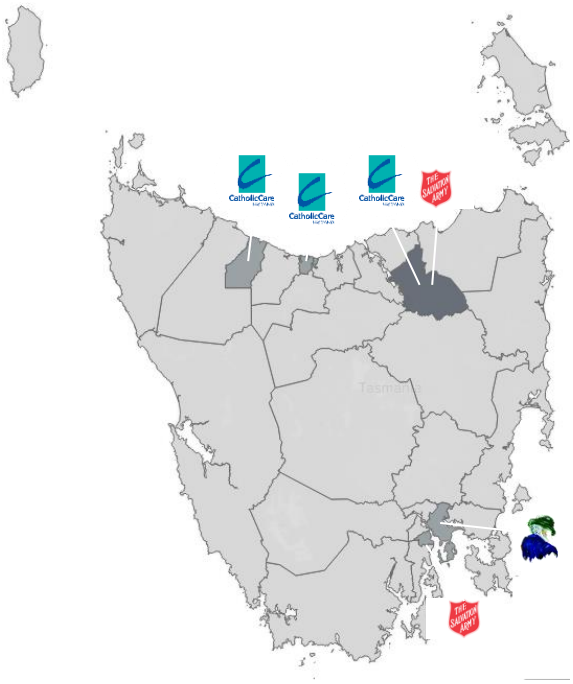
## Analysis of existing Assistance with Care and Housing (ACH) providers who will be offered a contract as care finders

### Service description

Primary Health Tasmania first contacted ACH providers operating in Tasmania in early 2022, with subsequent meetings throughout the year as we were provided with more information about the care finders program. From these meetings, Primary Health Tasmania learned the practical service details of each ACH program.

All ACH providers currently use a targeted service model to work primarily with people experiencing or at high risk of experiencing homelessness - a sub-group of the care finders target population. The statewide distribution of ACH service appears here:

*Figure 20: Locations of ACH provider offices*



Each ACH provider delivers important services to their target sub-group. ACH providers are based in the major urban centres around Tasmania's south, north, and north west regions.

## Analysis of existing aged care navigation supports in the region

At the time of writing, there are several organisations providing aged care navigation services:

- aged care specialist officers
- COTA's ACSN trial
- Working It Out
- EnCOMPASS trial
- Advocacy Tasmania.

These existing navigation supports have been consulted and analysed in other sections of this report to inform planning for services to best meet the needs of the refined care finder target group.

## Analysis of how Primary Health Tasmania's boundaries may impact care finder services in the region

Primary Health Tasmania is the only PHN in Tasmania.

## Analysis of opportunities in the PHN's region to enhance integration between the health, aged care and other systems within the context of the care finder program

### Existing landscape

The aged care sector in Tasmania operates in a siloed fashion, with minimal communication between various parts of the sector. At Primary Health Tasmania, the aged care sector integration lead's main role within the organisation is to ensure that the care finder program, as well as the other aged care

projects, integrate into the Tasmanian aged care sector. In addition, the role aims to ensure that these initiatives are a value-add, not a duplication of existing initiatives. As such, the aged care sector integration lead regularly meets with stakeholders from across the Tasmanian aged care sector to obtain a thorough understanding of where care finders will fit in the wider sector. Stakeholders include COTA Tasmania, the Aged and Community Care Providers Association, the Migrant Resource Centre, Working It Out, Tasmanian Department of Health, Tasmanian office of the Australian Department of Health and Aged Care, Tasmanian Health Service's aged services and discharge teams, residential aged care facility staff, allied health, GPs, and others.

Primary Health Tasmania is developing an aged care advisory group whose function is to provide input and advice on how Primary Health Tasmania can best integrate the care finders program and other initiatives into the aged care sector and broader health system.

### Future opportunities

Primary Health Tasmania and the care finder program in Tasmania will regularly promote the program to local community health services, acute hospital settings, service providers and other appropriate intermediaries to raise awareness of their role within the sector. Care finders will be encouraged to build local partnerships and relationships with the aged care sector and broader health system to ensure they are not duplicating existing services. This will also help to develop and embed referral pathways, ensuring that care finders integrate into the health sector. In addition, Primary Health Tasmania will facilitate a Communities of Practice which will allow organisations delivering the care finders program the ability to communicate with one another.

In addition, opportunities exist for care finders to refer the target population to other services such as mental health support or financial support services, which will assist with integration, care coordination, and achieving strong health outcomes for the target population.

Further opportunities exist in Tasmania to enhance integration between the health, aged care and other systems by continuing the open communication channels between the various players in the sector. This will continue to be facilitated by the Tasmanian Department of Health which has established a Tasmanian Aged Care Collaborative.

Finally, Primary Health Tasmania will be preparing a paper to highlight gaps in the aged care system in Tasmania based on learnings from implementing aged care programs. This paper will then be sent to the Australian Government Department of Health and Aged Care to inform further funding to implement new projects and models of care to better integrate the care finders program into the Tasmanian aged care sector.

## Processes for synthesis, triangulation and prioritisation

Primary Health Tasmania used the Primary Health Network Program *Needs Assessment Policy Guide* as the primary guidance document for the process of synthesising, triangulating and prioritising the information in Section 1 above. The triangulation matrix template below was retrieved from this policy guide as recommended by the Department's *Needs Assessment Completion Guide*.

The triangulation matrix was populated with identified and recurring themes, and synthesised from the quantitative and qualitative data above. Reference was made to supporting evidence from the following areas: Community Feedback, Service Provider Feedback, Health Needs Analysis, and Service Needs Analysis. A triangulation result was concluded for each issue. This rigorous process ensured cross-checked and evidenced themes.

The triangulation matrix was then consolidated and verified by the table supplied in the supplementary needs assessment template in the outcomes section. These outcomes were further collated into a smaller number of directed and achievable priorities. It is intended that should care finders target these priorities, the outcomes should be achieved.

**Triangulation matrix**

| Issue/theme | Community feedback | Service provider feedback | Health needs analysis | Service needs analysis | Triangulation result |
|---|---|---|---|---|---|
| Complexity of health need for target population | | Not all only need My Aged Care support | Target population has complex health needs (such as housing) | No one-size-fits-all approach to target population | Use of different service models to meet target population and sub-groups |
| The highest number of older people needing support are located in urban hubs | | Older people everywhere need support navigating services | • Qualitative maps<br>• Older people struggle to navigate services | Older people need support navigating services | A high quantity of target population in the cities need care finder support |
| Older people needing support in condensed areas have various needs | | • Consistent from all providers<br>• Client confusion in navigating services | Urban areas rate as high needs on multiple factors for target population | | Various needs require complex navigation support |
| Very few navigation-type services in rural/remote areas | | Consistent from all providers | • Several rural/remote areas with high proportion of population aged over 65<br>• Fewer older people (i.e. total number of people) in rural areas | Future care finders placed in rural/remote areas may not effectively support target population due to next issue | Need is high but services are ineffective - innovative model required |
| Few appropriate services for care finders to refer to in rural/remote areas | This can result in disconnection with system | Common occurrence<br><br>Can result in long waiting lists | Contributes to health needs being unmet and system inefficiencies | Preliminary analysis of service distribution supports this | Potentially ineffective rural care finder service |
| Risk of service loss to clients engaged with Working It Out program | | ACSN employ an LGBTIQ+ specialist worker | LGBTIQ+ people have greater risk of poor health outcomes and require specialist engagement | LGBTIQ+ navigator is effectively engaging with sub-group | • LGBTIQ+ people require specialist engagement |

| Issue/theme | Community feedback | Service provider feedback | Health needs analysis | Service needs analysis | Triangulation result |
|---|---|---|---|---|---|
| Risk of service loss to clients when ACSN discontinued | | Shared concern | | Service continuity can be supplied in any case | • Primary Health Tasmania and care finder provider must have client-continuity plan |
| Risk of service loss to clients engaged with EnCOMPASS program | | ACSN trial evolved to have separate funding for CALD groups; service has been much more effective since | CALD people have greater risk of poor health outcomes | Program is filling an important service gap | CALD people require specialist engagement |
| Need for targeted identity-based supports for sub-groups | Report – 'COVID-19: A mental health response for older Tasmanians' | ACSN trial evolved to have separate funding for CALD groups; service has been much more effective since | CALD and LGBTIQ+ people have greater risk of poor health outcomes | Specialist service delivery models are more effective at reaching target population | Specialist care finder model encouraged for sub-groups with Primary Health Tasmania approval |
| COVID-19 has increased difficulties for older people | Report – 'COVID-19: A mental health response for older Tasmanians' | ACSN consultation | Population health data supports this | | People in the target population have greater difficulty accessing support than prior to pandemic |

## Issues encountered and reflections/lessons learned

### Data issues

The care finders target populations are hard-to-reach minorities. This presents several data issues:

- population data/estimates for several example target groups do not exist, e.g. LGBTQI+, Forgotten Australians, care leavers
- where population data exist, these are frequently not broken down by age and/or smaller geographic area – this may be due to insufficiently high sample sizes in representative population surveys, or due to privacy concerns when reporting data from small sub-groups of the population, or both.

It is unlikely that these limitations can be overcome, so qualitative data from stakeholder consultation will remain an important basis for planning and evaluating care finder implementation.

There are also a number of data sources which are out of date, some of which are likely to be updated in the coming months/years. For example, while there is no known plan to remedy the lack of (health) literacy data for Tasmania, updated estimates of homelessness will be generated from the 2021 Census by 2024, and additional data releases from the Census are planned for 2022-24.

### Additional issues and lessons learned/reflections

The following factors were identified which limit the scope of this report.

- Not enough time for appropriately planned and conducted consumer consultation.
- Not enough funds to reach entire state with care finder support.
- Service landscape mapping is not comprehensive due to fragmentation of system and insufficient provider data.
- Care finder target population is inherently difficult to capture in quantitative data.
- Service landscape analysis requires further detailed information about service coverage, not just provider addresses.
- Due to time constraints, Primary Health Tasmania did not investigate the literature about working with older Aboriginal and Torres Strait Islander people.
- Due to lack of information from the Australian Government regarding the Trusted Indigenous Facilitator program, Primary Health Tasmania did not consult with ACCHOs prior to submitting this report to the Australian Government.
- Further research is required to understand and quantify the need of people experiencing homelessness.

# Section two: Outcomes

This section presents a summary of the outcomes of the analysis undertaken to identify and understand local needs in relation to care finder support. The findings are synthesised from the triangulation matrix above and linked to evidence in corresponding sections.

| Identified need | Key issue | Evidence |
|---|---|---|
| **Data analysis to understand the profile and needs of the local population** | | |
| High care finder target population need in urban hubs due to population concentration | The high needs of the care finder target population in the urban hubs are at odds with the higher individual and location-based socio-economic disadvantage in rural areas | The highest number of people with one or more of the below risk factors are in urban hubs (section *'Additional activities undertaken'*):<br>• income under $400/week<br>• living alone<br>• widowed/divorced/separated<br>• not speaking English well/at all |
| Most sub-groups are in, or close to, the urban hubs | Sub-groups have high needs and require specialist care finder skills | • Distribution data (section *'Additional activities undertaken'*)<br>• Provider feedback (section *'Stakeholder and community consultations…'*) |
| Indigenous sub-groups of the target population | Uncertain of Trusted Indigenous Facilitator future scope and location (at the time of writing this report) | People on one of the below indicators are most numerous in (or within two hours drive of) urban hubs (section *'Additional activities undertaken'*):<br>• Indigenous 65+<br>• Indigenous 50+ |
| High need of small remote populations | Expensive to service rural areas/smaller populations<br>Risk of 'referring to nowhere' and loss of credibility | • Highest prevalence of relative socio-economic disadvantage occurs mostly in remote areas (section *'Additional activities undertaken'*)<br>• Existing needs assessment and background research (section *'Additional activities undertaken'*) |

| Identified need | Key issue | Evidence |
|---|---|---|
| | | • Feedback from Vic-Tas PHN Alliance (section *'Stakeholder and community consultations…'*)<br>• Provider feedback (section *'Stakeholder and community consultations…'*) |
| **Stakeholder and community consultations** | | |
| LGBTIQ+ sub-group needs | Sub-group requires specialist engagement and care finder model | • Provider feedback (section *'Stakeholder and community consultations…'*)<br>• Background research (section '*Analysis of qualitative data'*) |
| CALD sub-group needs | Sub-group requires specialist engagement and care finder model | • Provider feedback (section *'Stakeholder and community consultations…'*)<br>• Background research (section '*Analysis of qualitative data'*) |
| Need for targeted identity-based supports for sub-groups | Practical considerations for probity during commissioning | Provider feedback (section *'Stakeholder and community consultations…'*) |
| **Analysis undertaken to understand the local service** | | |
| Increase capacity of ACH providers to meet demand | Any additional funds allocated to ACH will be taken from non-homelessness target population | Provider feedback (section '*Analysis of existing ACH providers…*') |
| Clients currently receiving ACSN support who are within the care finder target population | Continuity of care as funding and program change | Provider and ACSN feedback (section *'Stakeholder and community consultations…'*) |
| Increased engagement with regional/remote target populations | Expensive and smaller population. High risk of care finders 'referring to nowhere'<br>Thorough market-warming process to increase innovative service practice | Provider feedback (section *'Stakeholder and community consultations…'*) |

# Section three: Priorities

Priorities have not been numbered in order of importance. The care finder program should address the priorities listed below.

## Target population sub-groups

Some target population sub-groups need more support compared with others. Qualitative and quantitative data analysis contained within this report indicates that LGBTQI+ people, members of CALD communities, Aboriginal and Torres Strait Islander people, and people experiencing (or at risk of) homelessness, are at greater risk of falling through the cracks regarding aged care support. These groups also require working practices known and demonstrated by organisations with proven experience at effectively engaging these sub-groups.

As per the care finder policy guidance, the transition of ACH providers to become care finders will provide continuing support to people experiencing (or at risk of) homelessness.

It is a priority that LGBTIQ+ and CALD people are effectively supported by care finders, particularly in the areas with the highest number of these sub-groups.

Possible options to address this priority:

- work closely with providers of the Trusted Indigenous Facilitators program to ensure integrated engagement with Aboriginal and Torres Strait Islander people
- adopt a commissioning approach that ensures the engagement of the sub-groups identified in this report. Depending on the range and quality of provider applications received, this may include commissioning organisations with specialist skills, or working closely with organisations (e.g. through quality improvement processes or training) to engage sub-groups.

## Highest numbers of target population in urban areas

Due to the high number of people within the broader care finder target population being in Tasmania's urban hubs, it is necessary that servicing these locations be a priority. Specifically, the greater Hobart, Launceston, and north west coast areas. Care finders in these areas should have the resources to support people in the surrounding areas where appropriate.

Possible options to address this priority:

- collaborate with care finder organisations to target locations
- commission providers to adequately cover these target locations
- a regional commissioning approach.

## Highest need in remote areas

The care finders program must not find itself restricted to the urban areas where so many services are already located. In the absence of a realistic ability for care finders to support rural and remote areas effectively, a plan must be developed for increasing awareness in rural and remote areas for aged care support as part of the care finder Community of Practice, as well as the integration activities of the Tasmanian Aged Care Collaborative and Primary Health Tasmania's aged care advisory group.

Possible options to address this priority:

- participate in sector integration activities outlined in this report to bridge between care finders and regional/remote service landscape

- facilitate the Community of Practice to develop methods to engage with regional/remote areas
- require care finders to be accessible via digital means
- facilitate Primary Health Tasmania's aged care advisory group, whose function will be to provide input and advice on how to best integrate the care finders program and other initiatives into the aged care sector and broader health system
- encourage innovative service models that address rural/remote areas in provider tender applications.

# Appendix one: Shorthand reference

| SHORTHAND | LONGHAND |
|---|---|
| **ABS** | Australian Bureau of Statistics |
| **ACCHO** | Aboriginal Community Controlled Health Organisation |
| **ACH** | Assistance with Care and Housing |
| **ACSN** | Aged Care System Navigators |
| **ACSO** | Aged care specialist officer |
| **AIHW** | Australian Institute of Health and Welfare |
| **CHSP** | Commonwealth Home Support Programme |
| **CLAN** | Care Leavers Australia Network |
| **COMRRS** | Community Rapid Response Service |
| **COTA** | Council on the Ageing |
| **CRM** | Customer relationship management |
| **FTE** | Full-time equivalent |
| **HACC** | Home and Community Care |
| **HALT** | Hospital Aged Care Liaison Team |
| **HCP** | Home Care Package |
| **MRC** | Migrant Resource Centre Tasmania |
| **NACCHO** | National Aboriginal Community Controlled Health Organisation |
| **RACF** | Residential aged care facility |
| **TASCOSS** | Tasmanian Council of Social Services |
| **THE COMMISSION** | The Royal Commission into Aged Care Quality and Safety |
| **THE DEPARTMENT** | The Department of Health and Aged Care |
| **VTPHNA** | Victorian-Tasmanian Primary Health Network Alliance |

# Appendix two: Quantitative data tables

## Table 5: Population aged 65 and over, socio-economic disadvantage, and older Aboriginal and Torres Strait Islander population, by LGA

| | Location category | Region | % of population aged 65 years and over 2021* | People aged 65 years and over 2021* | Index of Relative Socio-economic Disadvantage 2016 (IRSD) *(lower numbers=more disadvantaged)* | People 65+ with weekly personal income <$400* | | Aboriginal and/or Torres Strait Islander | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Number | % | 65+ 2021* | 50+ 2021* |
| Break O`Day | Regional/remote larger | North | 31.6 | 2137 | 894 | 779 | 36.5 | 33 | 88 |
| Brighton | Urban | South | 14.1 | 2673 | 871 | 942 | 35.2 | 117 | 350 |
| Burnie | Peri-urban | North west | 18.9 | 3770 | 915 | 1280 | 34.0 | 93 | 295 |
| Central Coast | Regional/remote larger | North west | 24.8 | 5637 | 952 | 2001 | 35.5 | 182 | 501 |
| Central Highlands | Regional/remote small | South | 25.2 | 635 | 891 | 201 | 31.7 | 14 | 33 |
| Circular Head | Regional/remote larger | North west | 19.9 | 1612 | 940 | 594 | 36.8 | 110 | 304 |
| Clarence | Urban | South | 21.0 | 12895 | 1,002 | 3605 | 28.0 | 174 | 516 |
| Derwent Valley | Peri-urban | South | 18.9 | 2066 | 893 | 747 | 36.2 | 33 | 136 |
| Devonport | Peri-urban | North west | 22.7 | 5944 | 902 | 2011 | 33.8 | 167 | 417 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Dorset | Regional/remote larger | North | 25.6 | 1749 | 918 | 596 | 34.1 | 28 | 84 |
| Flinders | Regional/remote small | North | 35.5 | 327 | 967 | 89 | 27.2 | 28 | 65 |
| George Town | Regional/remote larger | North | 25.5 | 1796 | 857 | 682 | 38.0 | 30 | 80 |
| Glamorgan-Spring Bay | Regional/remote larger | South | 34.1 | 1709 | 939 | 582 | 34.1 | 27 | 69 |
| Glenorchy | Urban | South | 17.5 | 8822 | 906 | 2787 | 31.6 | 186 | 526 |
| Hobart | Urban | South | 18.2 | 10019 | 1,043 | 2073 | 20.7 | 58 | 198 |
| Huon Valley | Regional/remote larger | South | 22.0 | 4018 | 962 | 1449 | 36.1 | 172 | 458 |
| Kentish | Regional/remote larger | North west | 22.1 | 1456 | 939 | 571 | 39.2 | 33 | 116 |
| King Island | Regional/remote small | North west | 24.1 | 389 | 988 | 130 | 33.4 | 3 | 7 |
| Kingborough | Peri-urban | South | 20.4 | 8163 | 1,038 | 2321 | 28.4 | 140 | 387 |
| Latrobe | Regional/remote larger | North | 27.3 | 3394 | 970 | 1292 | 38.1 | 92 | 209 |
| Launceston | Urban | North | 19.0 | 13312 | 936 | 4020 | 30.2 | 170 | 535 |
| Meander Valley | Regional/remote larger | North | 23.7 | 4906 | 976 | 1735 | 35.4 | 59 | 190 |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Northern Midlands | Regional/remote larger | North | 23.7 | 3251 | 959 | 1127 | 34.7 | 40 | 97 |
| Sorell | Peri-urban | South | 20.0 | 3344 | 965 | 1148 | 34.3 | 60 | 177 |
| Southern Midlands | Regional/remote larger | South | 19.1 | 1273 | 934 | 467 | 36.7 | 26 | 94 |
| Tasman | Regional/remote small | South | 32.9 | 852 | 917 | 293 | 34.4 | 29 | 66 |
| Waratah-Wynyard | Regional/remote larger | North west | 25.2 | 3598 | 925 | 1282 | 35.6 | 116 | 303 |
| West Coast | Regional/remote small | North west | 21.0 | 895 | 869 | 308 | 34.4 | 41 | 97 |
| West Tamar | Regional/remote larger | North | 23.1 | 5799 | 1,000 | 1998 | 34.5 | 43 | 146 |

*ABS Census 2021; Blue highlights are for 10 LGAs most in need for each variable (out of 29 LGAs statewide)

## Table 6: 65+ renting, marital status, living alone, English not well/not at all, provide unpaid childcare, assist person with disability, volunteer, by LGA

| | Renting (65+) 2016[a] | | Widowed/ divorced/ separated 2021* | | Lone person 2021* | | English not well/not at all 2021* | Unpaid childcare 2021* | | Assist person with disability 2021* | | Volunteer 2021* | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | | No. | % | No. | % | | |
| Break O`Day | 129 | 8.3 | 801 | 37.5 | 57 | 3.0 | 0 | 102 | 4.8 | 290 | 13.6 | 445 | 20.8 |
| Brighton | 303 | 16.7 | 1051 | 39.3 | 135 | 5.5 | 12 | 267 | 10.0 | 350 | 13.1 | 335 | 12.5 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Burnie | 486 | 15.6 | 1554 | 41.2 | 139 | 4.1 | 21 | 244 | 6.5 | 480 | 12.7 | 634 | 16.8 |
| Central Coast | 499 | 11.9 | 2033 | 36.1 | 161 | 3.2 | 8 | 432 | 7.7 | 798 | 14.2 | 1125 | 20.0 |
| Central Highlands | 36 | 7.2 | 262 | 41.3 | 7 | 1.3 | 0 | 29 | 4.6 | 69 | 10.9 | 113 | 17.8 |
| Circular Head | 137 | 11.7 | 603 | 37.4 | 53 | 3.8 | 0 | 117 | 7.3 | 175 | 10.9 | 331 | 20.5 |
| Clarence | 888 | 9.2 | 4806 | 37.3 | 437 | 3.8 | 66 | 2044 | 15.9 | 1759 | 13.6 | 2489 | 19.3 |
| Derwent Valley | 206 | 12.0 | 764 | 37.0 | 88 | 4.7 | 4 | 179 | 8.7 | 275 | 13.3 | 274 | 13.3 |
| Devonport | 775 | 16.8 | 2341 | 39.4 | 185 | 3.5 | 4 | 494 | 8.3 | 752 | 12.7 | 999 | 16.8 |
| Dorset | 159 | 11.4 | 655 | 37.4 | 44 | 2.9 | 0 | 130 | 7.4 | 198 | 11.3 | 378 | 21.6 |
| Flinders | 36 | 16.9 | 123 | 37.6 | 15 | 5.1 | 0 | 26 | 8.0 | 53 | 16.2 | 132 | 40.4 |
| George Town | 203 | 15.7 | 667 | 37.1 | 54 | 3.3 | 0 | 95 | 5.3 | 217 | 12.1 | 387 | 21.5 |
| Glamorgan-Spring Bay | 127 | 10.7 | 545 | 31.9 | 33 | 2.3 | 0 | 114 | 6.7 | 194 | 11.4 | 467 | 27.3 |
| Glenorchy | 1,292 | 17.3 | 4056 | 46.0 | 460 | 5.8 | 183 | 931 | 10.6 | 1091 | 12.4 | 1185 | 13.4 |
| Hobart | 781 | 10.6 | 3870 | 38.6 | 283 | 3.2 | 158 | 1627 | 16.2 | 1401 | 14.0 | 2440 | 24.4 |
| Huon Valley | 235 | 7.8 | 1497 | 37.3 | 105 | 2.9 | 6 | 334 | 8.3 | 457 | 11.4 | 757 | 18.8 |
| Kentish | 104 | 9.4 | 459 | 31.5 | 39 | 3.0 | 3 | 94 | 6.5 | 181 | 12.4 | 318 | 21.8 |
| King Island | 36 | 12.6 | 136 | 35.0 | 10 | 3.1 | 0 | 25 | 6.4 | 51 | 13.1 | 134 | 34.4 |
| Kingborough | 547 | 9.3 | 2814 | 34.5 | 245 | 3.3 | 61 | 1313 | 16.1 | 1188 | 14.6 | 1957 | 24.0 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Latrobe | 315 | 14.1 | 1106 | 32.6 | 82 | 2.8 | 7 | 244 | 7.2 | 448 | 13.2 | 619 | 18.2 |
| Launceston | 1,646 | 16.0 | 5495 | 41.3 | 483 | 4.2 | 125 | 1322 | 9.9 | 1597 | 12.0 | 2163 | 16.2 |
| Meander Valley | 443 | 12.4 | 1799 | 36.7 | 133 | 3.0 | 12 | 444 | 9.1 | 612 | 12.5 | 957 | 19.5 |
| Northern Midlands | 309 | 12.4 | 1148 | 35.3 | 99 | 3.3 | 3 | 256 | 7.9 | 380 | 11.7 | 606 | 18.6 |
| Sorell | 203 | 8.6 | 1275 | 38.1 | 120 | 4.0 | 4 | 365 | 10.9 | 468 | 14.0 | 541 | 16.2 |
| Southern Midlands | 85 | 8.6 | 462 | 36.3 | 53 | 4.6 | 0 | 122 | 9.6 | 169 | 13.3 | 235 | 18.5 |
| Tasman | 33 | 5.4 | 303 | 35.6 | 17 | 2.2 | 0 | 40 | 4.7 | 126 | 14.8 | 196 | 23.0 |
| Waratah-Wynyard | 384 | 14.3 | 1309 | 36.4 | 101 | 3.1 | 3 | 291 | 8.1 | 476 | 13.2 | 613 | 17.0 |
| West Coast | 60 | 9.3 | 387 | 43.2 | 32 | 4.0 | 3 | 44 | 4.9 | 104 | 11.6 | 185 | 20.7 |
| West Tamar | 329 | 7.7 | 1912 | 33.0 | 149 | 2.9 | 24 | 565 | 9.7 | 754 | 13.0 | 1156 | 19.9 |

*ABS Census 2021; [a]ABS Census 2016. Blue highlights are for 10 most in need for each variable (5 most in need for English difficulties) (out of 29 LGAs statewide)

## Table 7: 65+ need assistance with core activities, chronic conditions, dementia, home internet, multiple disadvantage, by LGA

| | Need for assistance with core activities 2021* | 2 or more chronic conditions 2021* | Dementia 2021* | No home internet 2021* | Triple jeopardy (live alone, with disability, low income) 2016[a] | Triple jeopardy (renting, with disability, low income) 2016[a] | Quadruple jeopardy (live alone, renting, with disability, low income) 2016[a] |
|---|---|---|---|---|---|---|---|

| | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Break O`Day | 340 | 15.9 | 601 | 28.1 | 28 | 2.1 | 478 | 30.9 | 46 | 3.0 | 24 | 1.6 | 14 | 0.9 |
| Brighton | 528 | 19.8 | 952 | 35.6 | 94 | 5.4 | 666 | 36.7 | 52 | 2.9 | 54 | 3.0 | 16 | 0.9 |
| Burnie | 712 | 18.9 | 1180 | 31.3 | 142 | 6.8 | 1,182 | 38.0 | 113 | 3.6 | 72 | 2.3 | 32 | 1.0 |
| Central Coast | 925 | 16.4 | 1592 | 28.2 | 172 | 5.4 | 1,528 | 36.4 | 127 | 3.0 | 88 | 2.1 | 38 | 0.9 |
| Central Highlands | 83 | 13.1 | 172 | 27.1 | 9 | 2.1 | 216 | 43.5 | 17 | 3.4 | 4 | 0.8 | 0 | 0.0 |
| Circular Head | 233 | 14.5 | 412 | 25.6 | 49 | 5.1 | 471 | 40.1 | 31 | 2.6 | 15 | 1.3 | 7 | 0.6 |
| Clarence | 2139 | 16.6 | 3750 | 29.1 | 572 | 8.1 | 2,479 | 25.6 | 279 | 2.9 | 122 | 1.3 | 58 | 0.6 |
| Derwent Valley | 406 | 19.7 | 650 | 31.5 | 78 | 6.3 | 676 | 39.5 | 60 | 3.5 | 27 | 1.6 | 14 | 0.8 |
| Devonport | 1071 | 18.0 | 1860 | 31.3 | 152 | 4.7 | 1,708 | 37.0 | 194 | 4.2 | 152 | 3.3 | 82 | 1.8 |
| Dorset | 290 | 16.6 | 534 | 30.5 | 54 | 5.4 | 582 | 41.9 | 30 | 2.2 | 14 | 1.0 | 9 | 0.6 |
| Flinders | 56 | 17.1 | 78 | 23.9 | 9 | 4.5 | 62 | 29.1 | 4 | 1.9 | 4 | 1.9 | 0 | 0.0 |
| George Town | 328 | 18.3 | 574 | 32.0 | 61 | 5.6 | 391 | 30.3 | 38 | 2.9 | 32 | 2.5 | 15 | 1.2 |
| Glamorgan-Spring Bay | 236 | 13.8 | 451 | 26.4 | 53 | 5.0 | 385 | 32.3 | 25 | 2.1 | 15 | 1.3 | 3 | 0.3 |
| Glenorchy | 1894 | 21.5 | 3023 | 34.3 | 457 | 9.9 | 3,038 | 40.8 | 399 | 5.4 | 253 | 3.4 | 142 | 1.9 |
| Hobart | 1571 | 15.7 | 2535 | 25.3 | 474 | 8.4 | 1,528 | 20.7 | 220 | 3.0 | 81 | 1.1 | 54 | 0.7 |
| Huon Valley | 590 | 14.7 | 1162 | 28.9 | 99 | 3.9 | 812 | 27.1 | 79 | 2.6 | 41 | 1.4 | 14 | 0.5 |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Kentish | 204 | 14.0 | 452 | 31.0 | 31 | 3.3 | 334 | 30.1 | 19 | 1.7 | 15 | 1.4 | 8 | 0.7 |
| King Island | 39 | 10.0 | 97 | 24.9 | 8 | 3.4 | 98 | 34.4 | 7 | 2.5 | 4 | 1.4 | 4 | 1.4 |
| Kingborough | 1160 | 14.2 | 2151 | 26.4 | 241 | 5.0 | 1,174 | 19.9 | 134 | 2.3 | 65 | 1.1 | 37 | 0.6 |
| Latrobe | 588 | 17.3 | 1033 | 30.4 | 107 | 5.4 | 665 | 29.8 | 58 | 2.6 | 38 | 1.7 | 12 | 0.5 |
| Launceston | 2562 | 19.2 | 4130 | 31.0 | 564 | 7.9 | 3,359 | 32.7 | 407 | 4.0 | 271 | 2.6 | 129 | 1.3 |
| Meander Valley | 761 | 15.5 | 1483 | 30.2 | 128 | 4.6 | 1,201 | 33.7 | 122 | 3.4 | 62 | 1.7 | 30 | 0.8 |
| Northern Midlands | 459 | 14.1 | 924 | 28.4 | 60 | 3.1 | 839 | 33.6 | 45 | 1.8 | 36 | 1.4 | 10 | 0.4 |
| Sorell | 563 | 16.8 | 1073 | 32.1 | 97 | 4.6 | 686 | 29.2 | 50 | 2.1 | 33 | 1.4 | 9 | 0.4 |
| Southern Midlands | 199 | 15.6 | 349 | 27.4 | 35 | 4.3 | 382 | 38.7 | 28 | 2.8 | 17 | 1.7 | 7 | 0.7 |
| Tasman | 101 | 11.9 | 218 | 25.6 | 19 | 3.4 | 188 | 30.8 | 10 | 1.6 | 5 | 0.8 | 0 | 0.0 |
| Waratah-Wynyard | 645 | 17.9 | 1115 | 31.0 | 102 | 5.0 | 976 | 36.4 | 98 | 3.7 | 80 | 3.0 | 36 | 1.3 |
| West Coast | 151 | 16.9 | 268 | 29.9 | 11 | 1.9 | 247 | 38.3 | 16 | 2.5 | 13 | 2.0 | 6 | 0.9 |
| West Tamar | 794 | 13.7 | 1608 | 27.7 | 144 | 4.3 | 1,037 | 24.4 | 109 | 2.6 | 30 | 0.7 | 22 | 0.5 |

*ABS Census 2021; [a]ABS Census 2016. Blue highlights are for 10 most in need for each variable (5 most in need for English difficulties) (out of 29 LGAs statewide) [b]Core: Self-care, mobility, communication; Additional: cognitive/emotional tasks, healthcare, reading/writing, transport, chores, maintenance, meals

# Appendix three

Stakeholders consulted

- COTA (Council on the Ageing) Tasmania
- Working It Out (LGBTIQ+ peak body)
- The Migrant Resource Centre Tasmania (CALD peak body)
- Requested to meet with Shelter Tas (homelessness peak body)
- Requested to meet with CLAN (care leavers peak body)
- Correspondence with Relationships Australia Tasmania (who work with Forgotten Australians)
- Tasmanian Department of Health - aged care team
- Australian Government Department of Health and Aged Care - Regional Stewards Tasmania (Australian Government employees)
- Aged Care Services Australia
- Aged care specialist officers
- Leading Aged Services Australia
- Ambulance Tasmania
- Wicking Dementia Research - University of Tasmania
- CatholicCare Tasmania
- Salvation Army Tasmania
- Wintringham