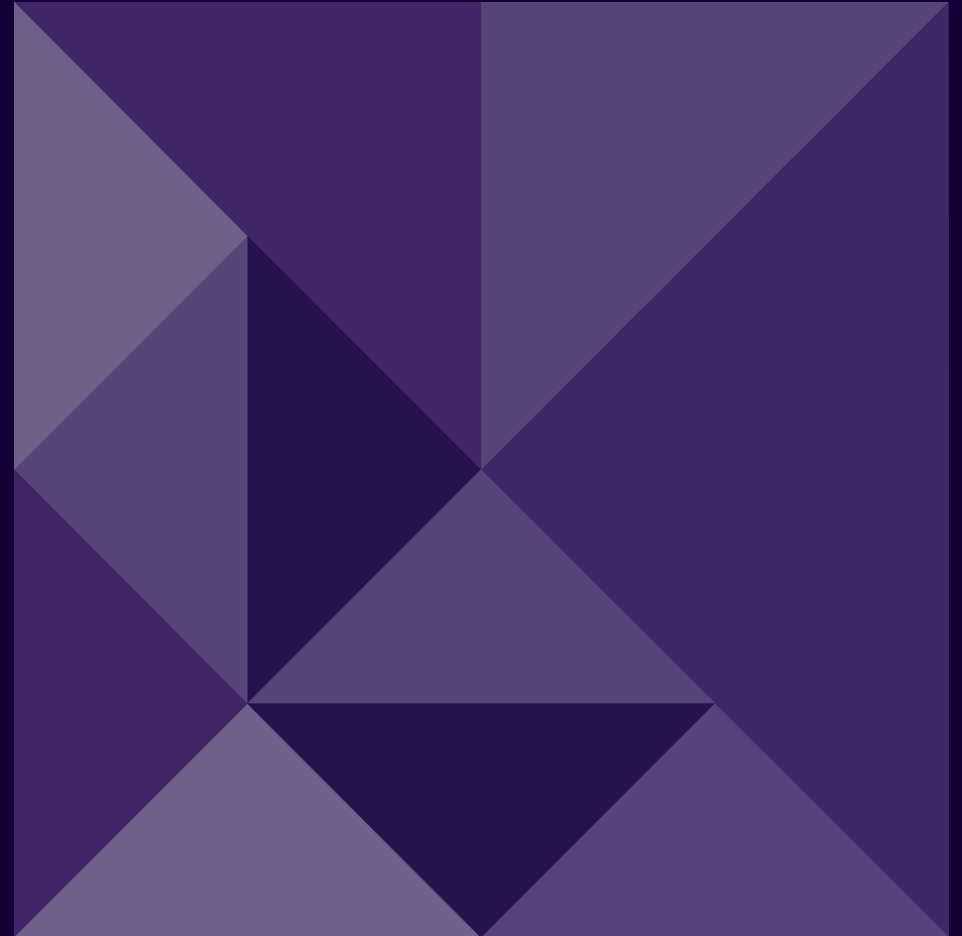


5 May 2023

Report to City of Karratha

Aged Care Needs Analysis and Action Plan



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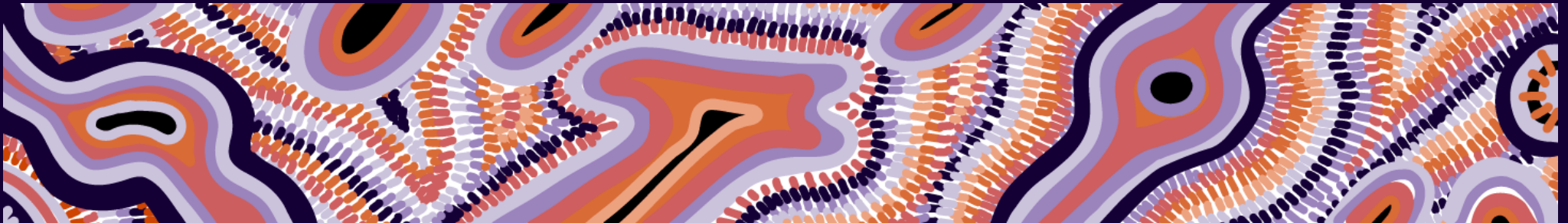
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ACIL Allen acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the land and its waters. We pay our respects to Elders, past and present, and to the youth, for the future. We extend this to all Aboriginal and Torres Strait Islander peoples reading this report.



Goomup, by Jarni McGuire

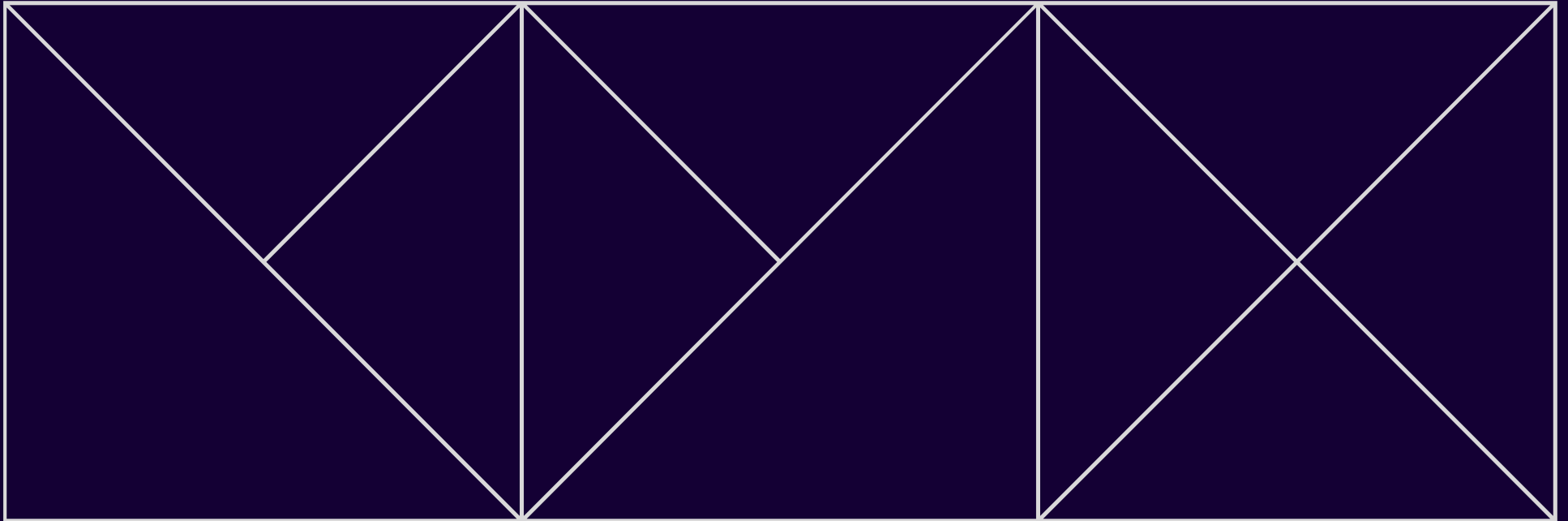
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Executive Summary



Introduction

ACIL Allen has been engaged by the City of Karratha to complete an Aged Care Needs Analysis and Action Plan, based on the current and future needs of the ageing community including aged care services, accommodation options and infrastructure.

The City of Karratha's aspiration to be Australia's most liveable regional city, means it is critically important to have a clear strategic direction for infrastructure and service provision for all residents, including the ageing community.

A common risk across some parts of regional Western Australia is older residents resorting to leaving a town prematurely, due to a lack of suitable aged care facilities. Older residents are an integral part of a town's history and ongoing development, with many still passionate to contribute via local volunteering and community group activity, and maintain well established social support networks.

Based on the recent 2021 Census, there are roughly 4,000 Karratha residents aged above 50 years, of whom roughly 1 in 5 (712 residents) are aged 65 and over. These populations are of relevance as the WA Department of Health's Age Friendly Strategy defines the ageing population as 50 for indigenous people and 65 for non-indigenous people.

This study follows the Age Friendly Strategy – a five-year roadmap developed in 2021 on how the City of Karratha will support and engage its older residents – and the WA Seniors Strategy – a 10-year whole-of-government strategy developed by the WA Department of Communities, to better support older Western Australians as they age. The strategy was officially released during the final drafting stages of this report.

The findings presented in this report represent an initial assessment of the aged care needs for the City of Karratha, reflecting the limitations in terms of data availability and time to complete the study. Notwithstanding these limitations, ACIL Allen has developed a series of potential actions for the City of Karratha to address the current and future needs of the ageing community. It is recommended that further work be undertaken to assess the viability of the more significant and longer-term options, particularly in relation to residential care and retirement living.

Aged Care Needs Analysis

ACIL Allen undertook desktop research and analysis into the aged care needs of the residents of Karratha. This includes analysis of the age distribution, population movements, Indigenous population, aged care workforce, and aged care places.

The key findings of this analysis were:

- **Age Distribution:** There is a significantly smaller proportion of the population over the age of 50 in Karratha, when compared to the age distribution of WA and peer LGAs (on a population density-basis) – a trend that increases in older age groups.
- **Population Movements:** Between 2016 and 2021, 993 residents over the age of 50 migrated away from Karratha, equivalent to 22 per cent of its over 50 population. This is a higher rate of migration compared to Irwin (- 4 per cent) and Manjimup (- 6 per cent). During this time, migration accounted for a 7 per cent increase in the over 50 population across the State.
- **Indigenous Population:** Looking at the over 50 population, Karratha is home to a higher proportion of Indigenous people, compared to the State average and peer LGAs. The Federal Government assess the needs of Indigenous people aged 50 and above (compared to 65 and above for the non-indigenous population), reflecting care needs at a younger age. The Royal Commission into Aged Care Quality and Safety made key recommendations regarding the delivery of culturally safe care, utilising trauma-informed approaches, provision of care on Country, and integrating aged care with existing Indigenous organisations. Government data also reveals Indigenous people aged between 65 – 74 are more likely to use home care.
- **People working in healthcare and social assistance:** Karratha is home to 27 residential care workers, 339 medical service workers and 75 allied health workers. Analysis benchmarking the rate of healthcare and social assistance workers to the above 70 population indicates Karratha is well serviced, ranging from equal to over ten times higher the comparable rates for the State and peer LGAs.
- **Aged Care Places:** Analysis benchmarking the availability of aged care places (based on the over 70 population) indicates the Pilbara performs well – the region has similar availability of Residential Care places to the State average, and more than 13 times the rate of Home Care places.

Stakeholder Themes

ACIL Allen worked collaboratively with the City of Karratha to undertake consultation with 16 stakeholders (see Appendix A.1 for list of stakeholders) to understand the current situation regarding the needs, availability and challenges associated with aged care in Karratha.

The key themes emerging from these discussions were:

- **Theme 1: Aged Care Workers:** This theme covers the challenges of attracting and retaining a suitably qualified aged care workforce in the City of Karratha. The aged care workforce refers to people employed by service providers delivering residential care, and home care, including allied health services and other supports.
- **Theme 2: Housing:** This theme covers the availability and cost of housing in City of Karratha. The housing market has experienced significant volatility in recent years, which has created challenges for investors, builders, and residents. The region is now experiencing a shortage of housing, accompanied by increases in housing prices, rental costs and building costs, which are having a direct impact on aged care services.
- **Theme 3: Residential Care:** This theme covers the availability and suitability of residential aged care services in the City of Karratha. Residential care involves providing personal care, domestic support and other supports for people in an approved aged care facility.
- **Theme 4: Home and Community Care:** This theme covers the breadth and availability of home and community care for elderly residents in the City of Karratha. Home and community care provides support to people as they age and allows people to remain living in their own home for longer, a situation many prefer, and may yield cost savings for the funders of aged care.
- **Theme 5: Retirement Living:** This theme covers the availability and demand for retirement living options for people as they age in the City of Karratha. Retirement living villages offer a range of lifestyle benefits to residents, including more proximate access to support services, and improved social connections, while enjoying a high degree of independence.

- **Theme 6: Medical and Allied Health Services:** This theme covers the availability of medical and allied health services in the City of Karratha. People generally face a higher incidence of chronic and acute illness as they age, which in turn requires greater levels of health care.
- **Theme 8: Navigating and Awareness of Aged Care Services:** This theme covers the challenges people have navigating access to aged care services in the City of Karratha. These navigational and awareness challenges mean people aren't accessing services where they might exist, and add to fear and uncertainty as people age and increasingly require assistance.
- **Theme 9: Infrastructure:** This theme covers the suitability of infrastructure for older people in the City of Karratha. Well-designed infrastructure can ensure services and locations are accessible and safe, not only for older people but for all users, and can yield amenity benefits for the community.
- **Theme 10: Culturally Safe Care for Indigenous People:** This theme covers some of the specific challenges and considerations Indigenous people face in accessing aged care services. These are important areas for the City of Karratha to be mindful of when advocating for aged care services in the region.

Overall, the stakeholder feedback highlighted a range of concerns in relation to the lack of available aged care services, support and infrastructure for older residents living in the City of Karratha. This feedback helps to explain the lower representation of people over the age of 50 living in the City of Karratha, and while people over the age of 50 leave the City to live in other parts of the State.

If the City of Karratha has ambitions to realise the vision it set out in its Age Friendly Strategy, and become Australia's most liveable regional city, this will require urgent attention to address the issues and challenges that prevent older residents from continuing to live and recreate in the City of Karratha.

Action Plan

ACIL Allen developed an action plan as part of this project, comprising five actions to be pursued over the short-, medium- and longer-term.

These are introduced in brief below and in **Figure ES 1**:

- Action 1: Health and Aged Care Workforce Taskforce
- Action 2: Aged Care Community Group
- Action 3: Retirement Living Enhancements
- Action 4: Infrastructure Audit
- Action 5: Feasibility study for Aged Care options

The following commentary describes the logic underpinning our process to develop the Action Plan, based on the Key Findings in the needs analysis and stakeholder consultation.

ACIL Allen observed that **people increasingly leave the City of Karratha as they age**. It is currently a location preferred by younger people to work and raise families, but almost 1,000 people over the age of 50 departed town between 2016 and 2021 (**Finding 2**), and an additional 3,700 people over 50 would be required for the region to exhibit a similar population profile as the State (**Finding 1**). Despite this, older people are **expressing a desire to remain living in Karratha**, and needing to leave the region creates flow on effects for their family and the community (**Finding 12**). These findings support all actions, which aim to retain older people by making the region more liveable.

The research also demonstrated the **high proportion of indigenous people living in the City of Karratha (Finding 3)** and the many considerations that must be factored into ensuring **aged care is delivered in a culturally safe manner (Finding 15)**. Supporting equality of service access and outcomes should remain a key priority for decision makers and therefore these findings support all actions.

ACIL Allen heard about the challenges of recruiting and retaining healthcare and social assistance workers in the City of Karratha (**Finding 6**), but also that the region compares somewhat favourably to the State and peer LGAs in terms of the availability of staff (**Finding 4**). More broadly, challenges were raised regarding the availability of medical

and allied health services, which related closely to those regarding aged care workers, although service that were available were deemed to be of high quality (**Finding 11**). These findings support Actions 1 and 2, which encourage innovation and collaboration to address staff shortages where they exist (such as residential care workers at Yaandina) and supporting people as the age in the region.

We gathered **mixed perspectives regarding the availability of home care and residential care** in the region. Benchmark analysis indicates the Pilbara fares well for both categories of service (**Finding 5**). Silverchain, who provide home care in the region indicate there **isn't sufficient need** to increase care levels (**Finding 9**), and residential care provided by Yaandina is **constrained only by the availability of workers (Finding 8)**, which is largely caused by the constrained housing situation (**Finding 7**). Alternatively, the Aged Care Assessment Teams **expressed concerns regarding resident's ability to access home and residential care** due to a shortage of providers and allied health providers in the region **do see the need** and sometimes provide pro bono care to address this (**Finding 9**). Residents talked about the **challenges of navigating aged care services** and that it wasn't always clear what was available (**Finding 13**). These findings support a need for better collaboration between residents and providers (as suggested in Actions 1 and 2) and that more work is required to determine the feasibility of additional aged care infrastructure in the region (as suggested in Action 5).

Also underpinning Action 5 was the **availability and suitability of retirement living**. While currently available through Warrambie Estate, **opportunities exist to improve the accessibility and amenity of this infrastructure**, and further work is required to determine the level and nature of need for additional retirement living options.

We also heard about opportunities to **review and enhance the accessibility features of infrastructure** in the region (**Finding 14**), and this underpinned our recommendation for Action 4.

The below figure sets out the Aged Care Action Plan for the City of Karratha, including the five actions the City should consider to improve the availability and suitability of aged care support in the region.

Each action includes a description of the action, an indication of the timing and resourcing for implementation, some key considerations for implementation, stakeholders that need to be involved, and a definition of the action outcome.

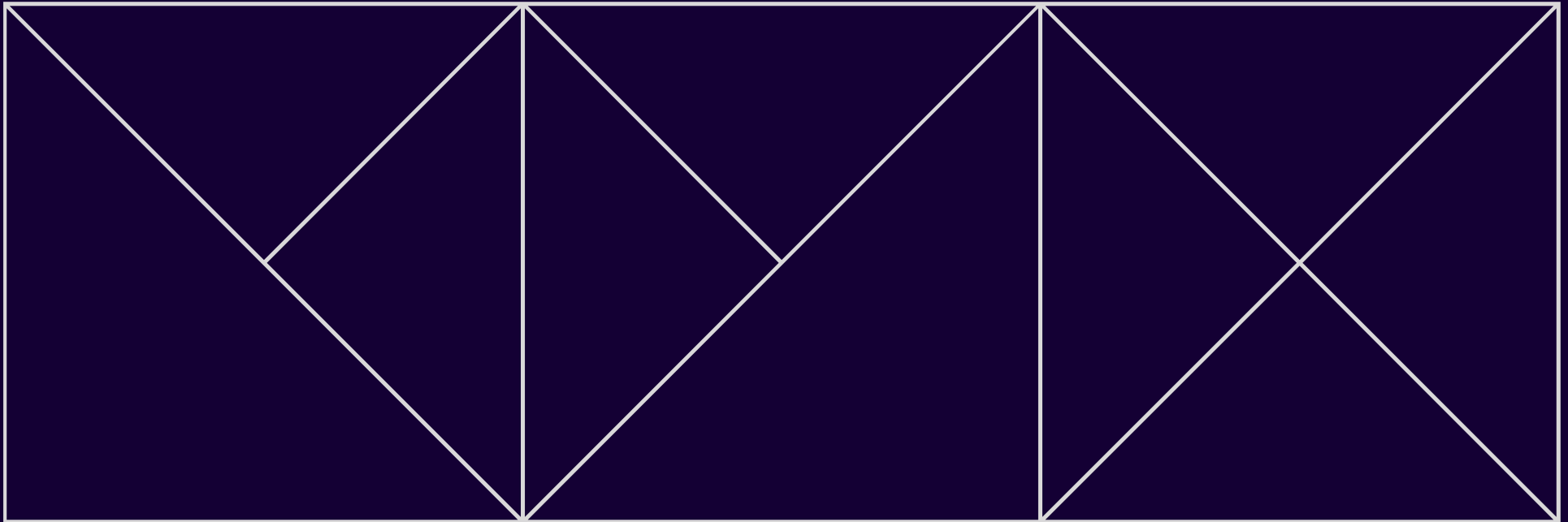
Figure ES 1 Summary of Action Plan

Action	Brief Description	Timing	Resourcing	Rationale
Action 1 Health and Aged Care Workforce Taskforce	Establish a Health and Aged Care Workforce Taskforce to support attracting, recruiting, retaining, and developing staff.	SHORT-TERM	LOW	Timing: Workforce challenges are a significant and ongoing challenge and require attention in the near term. Resourcing: This will require coordination, but not a significant time or financial commitment from the City.
Action 2 Aged Care Community Group	Establish an Aged Care Community Group to advocate for opportunities to improve the liveability of Karratha.	SHORT-TERM	MEDIUM	Timing: The Group will help residents make the most of what is available and support current needs. Resourcing: The City will be required to employ a Community Engagement Officer and resource the Group.
Action 3 Retirement Living Enhancements	Commence work to improve the desirability of existing retirement living options in the City of Karratha.	SHORT-TERM	MEDIUM	Timing: There is a current need for improvements to the only retirement living option in Karratha. Resourcing: The City may be required to work with DevelopmentWA and advocate for enhancements at Warrambie Estate.
Action 4 Infrastructure Audit	Commission an audit of the suitability of infrastructure owned by the City of Karratha.	MEDIUM-TERM	LOW	Timing: These changes should be identified and pursued over the medium term to improve the liveability of the City. Resourcing: The audit should be undertaken by an independent consultant, on a fixed fee basis.
Action 5 Feasibility study for Aged Care options	Commission a feasibility study into a new Residential Care and / or Retirement Living option within the City of Karratha	LONGER-TERM	HIGH	Timing: This requires some careful consideration and may require support from several parties. Resourcing: Beyond the study, the findings may require a significant investment to develop new infrastructure.

Source: ACIL Allen

Introduction and Overview

1



1.1 Introduction

Ensuring there is adequate infrastructure and service provision for the ageing community in the City of Karratha is central to resident's wellbeing and sense of inclusion. The City of Karratha's aspiration to be Australia's most liveable regional city means having a clear strategic direction and delivering targeted support for the ageing community is of even greater importance.

A common risk across some parts of regional Western Australia is older residents resorting to leaving a town prematurely, due to a lack of suitable aged care facilities. This is of particular concern when many of those prematurely departing may be long-time residents with a rich connection to a town. These residents are an integral part of a town's history and ongoing development, with many still passionate to contribute via local volunteering and community group activity, and maintain well established social support networks. In light of these circumstances, there are growing concerns that regional towns are at risk of forgoing significant socio-economic value provided by older residents.

Based on the recent 2021 Census, there are roughly 4,000 Karratha¹ residents aged above 50 years, of whom roughly 1 in 5 (712 residents) are aged 65 and over.

To be eligible for aged care services, individuals must be aged 50 and over for Aboriginal and Torres Strait Islander people, and above 65 years old for non-Indigenous Australians. Therefore, the analysis in this briefing focusses primarily on the over 50-year-old resident population.

In Karratha, Aboriginal and Torres Strait Islander people account for 11 per cent of the over 50 population, highlighting the importance of delivering culturally appropriate aged care services.

In August 2021, the City of Karratha adopted its Age Friendly Strategy 2021 – 2026. The release of this document presents a clear intent from the City of Karratha to enable a more proactive and inclusive approach to understanding the future needs of

the ageing community. It will assist the City in planning and developing services and facilities, inform the allocation of resources, and act as a conduit for collaborations and partnerships.

The design of the Strategy is aligned to Age-friendly Communities: A Western Australian Approach (the Toolkit), developed by the Department of Communities for adoption by all Western Australian local governments.

1.1.1 Age Friendly Strategy

In 2021, City of Karratha developed the Age Friendly Strategy – a five-year roadmap on how the City will support and engage its older residents.

This strategy was developed in recognition of the vital role that older residents play within the local community and is in alignment with the council's intention to become the Australia's most liveable regional city. To inform its strategy development, City of Karratha consulted extensively with a range of stakeholders. This includes older residents, industry stakeholders, as well as local clubs and groups.

The primary concern for Karratha seniors is the possibility of relocating from the region to access necessary healthcare and accommodation options. Most have a strong desire to remain in Karratha as they age.

Consultation with industry stakeholders revealed that staff recruitment and retention, coupled with the lack of resources were the key barriers affecting the delivery of aged care services in the region.

In addition to this, industry stakeholders were concerned about the reliance on external funding for aged care services, and the long waiting periods associated with Commonwealth-funded care packages.

Local clubs and groups shared their struggles recruiting older members, mostly due to the transportation issues and community perception that membership requires a certain level of fitness.

¹ **Important note to the reader:** throughout this report, the Local Government Area of Karratha is referred to as Karratha or the City of Karratha. This includes six towns: Dampier, Karratha, Roebourne, Wickham, Point Sampson and Cossack.

1.1.2 WA Seniors Strategy

The WA Seniors Strategy is a 10-year whole-of-government strategy developed by the WA Department of Communities, to better support older Western Australians as they age.

The strategy was officially released during the final drafting stages of this report.

Underpinning this strategy is consultation with older residents, including those from Karratha. These consultations identified four pillars of change, outlining the most important features of a good life for seniors.

In particular, these four pillars are:

- **Thriving physically, mentally and spiritually**, which highlights the importance of access to the right supports for their overall health and wellbeing. This includes the provision of appropriate, affordable and locally available housing and healthcare. It also means making sure that seniors are supported to be and stay well, and that carers, are appropriately supported and recognised.
- **Safe and friendly communities**, which calls for more accessible and affordable infrastructure and systems.
- **Staying connected and engaged**, which underscores the need for having ways to connect with loved ones, opportunities to participate in paid/unpaid work, and improving their ability to engage with relevant information.
- **Having views that are heard**, which provides agency and opportunities for older residents to advocate for themselves, or have effective representation.

1.2 Terms of reference

ACIL Allen has been engaged by the City of Karratha to complete an Aged Care Needs Analysis and Action Plan, based on the current and future needs of the ageing community including aged care services, accommodation options, and infrastructure.

The Aged Care Needs Analysis will form part of the City's Annual Operational Plan and will inform and guide short-, medium- and long-term actions for the City.

The findings presented in this report represent an initial assessment of the aged care needs for the City of Karratha, reflecting the limitations in terms of data availability and time to complete the study. Notwithstanding these limitations, ACIL Allen has developed a series of potential actions for the City of Karratha to address the current and future needs of the ageing community. It is recommended that further work be undertaken to assess the viability of the more significant and longer-term options, particularly in relation to residential care and retirement living.

1.3 Project Approach

This project has involved three activities:

- **Desktop research and analysis:** This activity has involved collecting, analysing and reporting data and information on the supply and demand for aged care services in Karratha, and how this compares to peer LGAs and the State more broadly. This has involved collection of a number of datasets, primarily sourced from the ABS and AIHW.
- **Stakeholder consultation:** This activity has involved the development of a consultation guide, identification and recruitment of stakeholders, consultation and thematic analysis. ACIL Allen worked collaboratively with the City of Karratha throughout this activity to speak with 16 stakeholders (refer to Table A.1 for list of stakeholders).
- **Reporting:** This activity involved synthesising the insights and findings of the preceding two activities into this report. The report has been drafted by the project team, and reviewed by the project leadership as well as the City of Karratha.

The project was undertaken between December 2022 and May 2023.

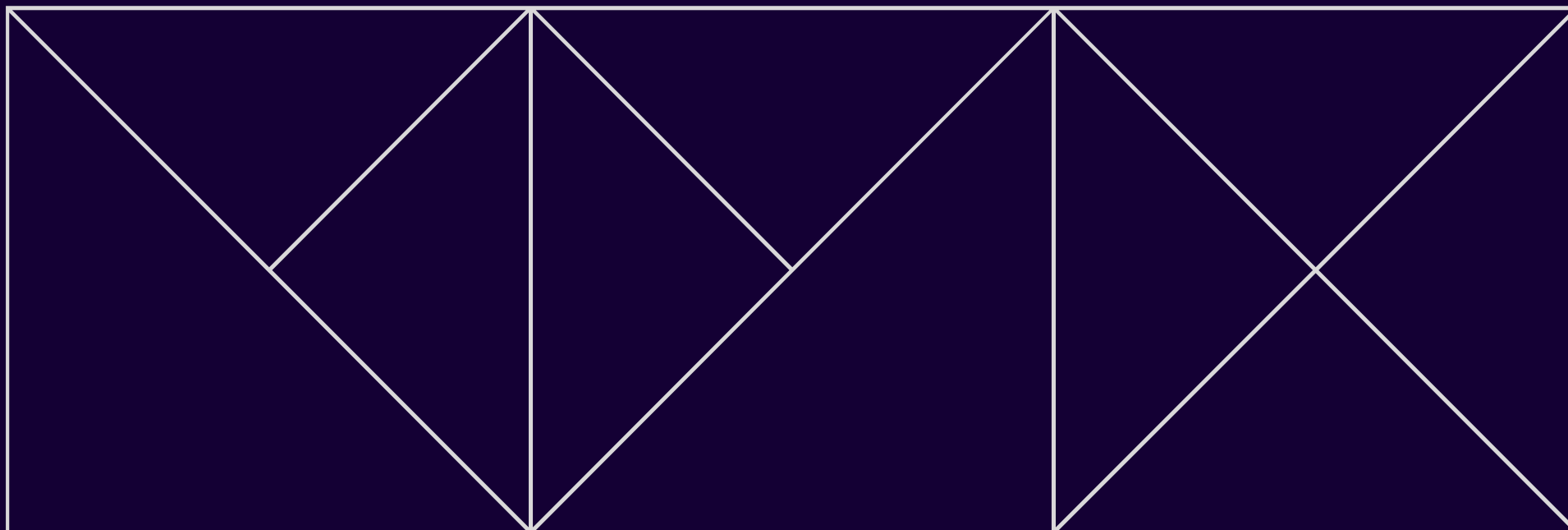
1.4 Report Structure

This report consists of four sections and an appendix, as follows:

- **Section 1: Introduction and overview** – This introductory section outlines the background to this project, including the Age Friendly Strategy and WA Seniors Strategy, as well as the terms of reference for the project and project approach.
- **Section 2: Aged Care Needs Analysis** – This section lays out the analysis and key findings of the desktop research into the aged care needs of the residents of Karratha. This includes analysis of the age distribution, population movements, Indigenous population, aged care workforce and aged care places.
- **Section 3: Consultation Findings** – This section presents the 10 themes emerging from the stakeholder consultation process. Each theme is presented according to what we heard – a summary of the key points raised by stakeholder during the consultation process and what we concluded – a synthesis of the key insights and directions under each theme.
- **Section 4: Action Plan** – This section sets out the Aged Care Action Plan for the City of Karratha, including the five initiatives the City should consider improving the availability and suitability of aged care support in the region. Each action includes a description of the action, an indication of the timing and resourcing required for implementation, some key considerations for implementation, stakeholders that need to be involved, and a definition of the action outcome.
- **Appendices:** This section includes additional resources relevant to the project, including the stakeholder list, document list and stakeholder questions.

Aged Care Needs Analysis

2



2.1 Introduction

This section of the report provides analysis of the aged care needs of the community of Karratha.

The analysis is presented in five parts, including:

- **Age Distribution:** analysis of the size and composition of the population in Karratha relative to the State and peer LGAs.
- **Population Movements:** analysis of the population movements in Karratha, and how these compare to the State and peer LGAs.
- **Indigenous Population:** analysis of the Aboriginal and Torres Strait Islander population in Karratha and the aged care needs of this group.
- **People working in healthcare and social assistance:** analysis of the availability and accessibility of workers in the region.
- **Aged Care Places:** analysis of the availability of aged care places in the region.

The remainder of this chapter presents our approach and key findings from the analysis.

2.2 Age Distribution

In this analysis, we compare the size and composition of the population in Karratha to the State and peer LGAs.

According to the 2021 Census, City of Karratha was home to 3,973 residents over the age of 50, of whom 20 per cent were over the age of 65 (712), and just 3 per cent were over the age of 75 (139).

As shown in **Figure 2.1**, the proportion of Karratha residents (green bars) in each age band over the age of 50 is significantly lower, when compared to the WA population (purple bars). The hatched green bars represent the 'missing' population – the additional population required in Karratha to match the population profile of the State.

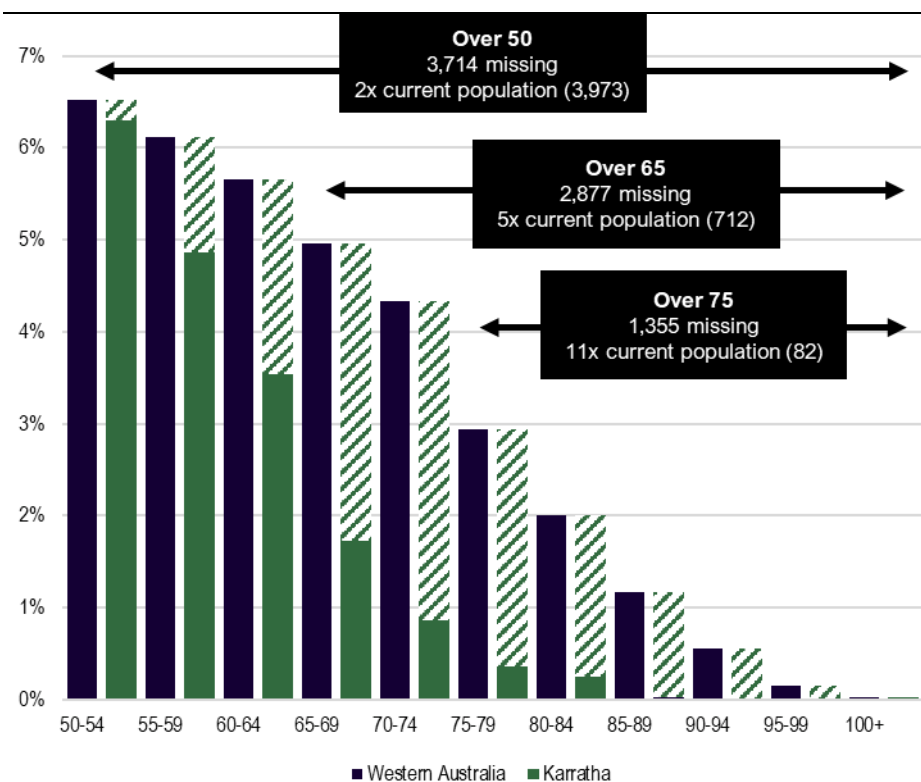
Those aged 50 and older account for 34 per cent of the WA population and just 18 per cent of the Karratha population. Karratha would require an additional 3,714 people

over the age of 50 to match the population profile of the State, equivalent to a 2-fold increase in the over 50 population.

This trend is more pronounced in older age segments – the over 65 population in Karratha would need to increase 5-fold (2,877 people) to be on parity with WA, and the over 75 population would need to increase 11-fold (1,355).

This trend is consistent for the Rest of the Pilbara (i.e., Ashburton and Port Hedland).

Figure 2.1 Over 50 Age distribution: Karratha vs Western Australia



Source: ACIL Allen analysis of census data from the ABS

Note: the hatched line represents the missing share of the population in Karratha, when compared to the state-wide population distribution

An analysis of peer LGAs (selected as they have very similar population density to Karratha) shows a more dramatic difference (**Table 2.1**).

Karratha would require an additional 5,500 and 6,900 people over 50 to match the population profile of Manjimup and Irwin, respectively.

These results reveal the extent to which Karratha is home to predominately younger population. The population profile shows that significantly fewer older people are

residing in the region, indicating people leave as they age and/or migrate to Karratha during their younger years.

Table 2.1 Peer LGA – by population density

Location	Density	≥50 years old	Difference
Karratha	1.2 / KM2	18%	-
Manjimup	1.2 / KM2	55%	5,500
Irwin	1.4 / KM2	47%	6,900

Source: ACIL Allen analysis of census data from the ABS

Key Finding 1 Age Distribution

There is a significantly smaller proportion of the population over the age of 50 in Karratha, when compared to the age distribution of WA and peer LGAs (on a population density-basis), a trend that increases in older age groups.

2.3 Population Movements

This analysis examines the extent to which there have been population movements in Karratha, and how these movements compare to the State and peer LGAs.

This analysis is presented in **Table 2.2** below.

Table 2.2 Population Movements: Census 2016 vs Census 2021

Location	# change	% change
Karratha	-993	-22%
Rest of the Pilbara	-2,956	-35%
Western Australia	63,649	7%
Irwin	-67	-4%
Manjimup	-268	-6%

Location	# change	% change
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Source: ACIL Allen analysis of census data from the ABS

This analysis shows that between 2016 and 2021, 993 residents aged 50 and above migrated out of Karratha. This is equivalent to 22 per cent of its older resident population in 2016 – far exceeding the migration rate of similar LGAs. The migration rate in older segments shows a fairly consistent trend, with 31 per cent of the over 65 and 11 per cent of the over 75 year old population migrating away from Karratha between these years.

This rate is lower than that over the Rest of the Pilbara (34 per cent – due primarily to Ashburton where 60 per cent of the over 50 year old population moved out of the region).

This exodus comes during a period where Western Australia experienced a net gain of 63,649 older people, equivalent to 7 per cent population growth for this cohort.

However, peer LGAs (on a population density basis) also experienced a net migration outflow of older residents – both Irwin and Manjimup saw a population decline of 4 per cent and 6 per cent respectively in the over 50 cohort. This is despite these locations having a higher proportion of people aged over 50 when compared to Karratha.

Key Finding 2 Population Movements

Between 2016 and 2021, 993 residents over the age of 50 migrated away from Karratha equivalent to 22 per cent of the over 50 population, and a higher rate of migration compared to Irwin (-4 per cent) and Manjimup (-6 per cent). During this time, migration accounted for a 7 per cent increase in the over 50 population across the State.

2.4 Indigenous population

This analysis focusses on Aboriginal and Torres Strait Islander people within Karratha and the specific needs of this group.

A significant proportion of Karratha's older population (11 per cent) is comprised of Aboriginal and Torres Strait Islander people, highlighting the need for culturally appropriate aged care within the township.

While this is significantly higher than the State average (2 per cent) and peer LGAs Irwin (2 per cent) and Manjimup (1 per cent), the rate is lower than for the rest of the Pilbara (18 per cent).

Table 2.3 Aboriginal Status of over 50 population – by location

Location	Indigenous	% of ≥50 population	Non-Indigenous
Karratha	377	11%	2,939
Rest of the Pilbara	955	18%	4,452
Western Australia	15,036	2%	691,246
Irwin	31	2%	1,763
Manjimup	53	1%	3,906

Source: ACIL Allen analysis of census data from the ABS

As per the Australian Department of Health and Aged Care's website, access to aged care services in Australia is determined by need, rather than age. Planning for aged care services considers the specific needs of the Indigenous population aged 50 and over and the non-Indigenous population aged 65 and over. A broader age group is used for Indigenous Australians because of their greater need for care at a younger age compared with non-Indigenous Australians.

In its Final Report, the Royal Commission into Aged Care Quality and Safety identified that Aboriginal and Torres Strait Islander people have specific needs in accessing aged care. The report makes recommendations regarding:

- the importance of culturally appropriate and safe care – including growing the Indigenous aged care workforce through targeted programs and providing interpreter services for Indigenous languages
- the requirement for trauma-informed approaches to providing care, particularly with members of the Stolen Generations

- the need to increase facilitation of provision of care on Country (or with options to return to Country where this is not possible)
- the potential to integrate aged care with existing Indigenous organisations such as healthcare providers, disability services and social service providers (RCACQS 2021).

It should be noted that Indigenous status was not stated for more than one-third (36%) of home care clients in June 2020, so home care data should be interpreted with caution.

At a national level, among people aged 65–74, compared with the rate among non-Indigenous Australians, Indigenous Australians were:

- 2.8x as likely to use home support
- 6.6x as likely to use home care
- 1.9x as likely to use residential aged care.

Between 30 June 2016 and 30 June 2020, the rate of home care use for Indigenous Australians aged 50 and over increased from 16 to 23 per 1,000, with numbers increasing from 1,982 to 3,411.

Key Finding 3 Indigenous Population

Looking at the over 50 population, Karratha is home to a higher proportion of Aboriginal people, compared to the State average and peer LGAs. The Federal Government assesses the needs of Aboriginal people aged 50 and above (compared to 65 and above for the non-indigenous population), reflecting care needs at a younger age. The Royal Commission into Aged Care Quality and Safety made key recommendations regarding the delivery of culturally safe care, utilising trauma-informed approaches, provision of care on Country, and integrating aged care with existing indigenous organisations. Government data also reveals Indigenous people aged between 65 – 74 are more likely to use home care.

2.5 People working in healthcare and social assistance

This section of the analysis examines the healthcare and social assistance workforce in Karratha, and compares this to the State and peer LGAs.

Table 2.4 presents the number of residential aged care workers, and the rate of workers per 100 residents over the age of 70. The over 70 age cohort has been chosen as a reference group given relatively older people tend to be when accessing residential care².

Estimates from the 2021 Census indicate that there are 27 people working in residential aged sector at Karratha. Note that this estimate may include both direct care workers, and those providing back of house support functions (such as administrative workers). On a population adjusted basis, Karratha has roughly the same rate of residential care workers per residents over the age of 70 (8 workers per 100 residents vs. 8 for the State average). This rate is also similar for the Rest of the Pilbara, and higher than available in Irwin (2 workers per 100 residents) and Manjimup (5 workers per 100 residents).

² This reference group has also been used in the following figures (Medical service workers and Allied Health workers). While these other occupations provider services to the broader population, health needs are typically greater among the older population and the approach provides a consistent lens through which to assess the available workforce.

Table 2.4 Residential aged care workers – count and rate per 100 residents >70

Location	Residential Aged Care Workers (count)	Residential Aged Care Workers (rate)
Karratha	27	8
Rest of the Pilbara	51	8
Western Australia	24,546	8
Irwin	12	2
Manjimup	67	5

Source: ACIL Allen analysis of census data from the ABS

Table 2.5 presents the number and rate of medical services workers. Notably, Karratha and the Rest of the Pilbara have a higher rate of medical services workers – equivalent to roughly four times the state-rate and ten times the rate of peer LGAs.

Table 2.5 Medical Service workers – count and rate per 100 residents >70

Location	Medical Service Workers (count)	Medical Service Workers (rate)
Karratha	339	103
Rest of the Pilbara	432	1068
Western Australia	73,216	25
Irwin	67	9
Manjimup	160	11

Source: ACIL Allen analysis of census data from the ABS

Note: Industries of employment for Medical Service workers include General Practice Medical Services, Hospitals (except Psychiatric Hospitals), Hospitals, Medical and Other Health Care Services, Medical Services, Psychiatric Hospitals, Specialist Medical Services

Table 2.6 presents similar analysis with a focus on the allied health workers. Karratha has almost double the rate compared to the Rest of the Pilbara, four times the state rate and over ten times the rate of peer LGAs (note that Irwin did not record any allied health workers).

Table 2.6 Allied Health workers – count and rate per 100 residents >70

Location	Allied Health Workers (count)	Allied Health Workers (rate)
Karratha	75	23
Rest of the Pilbara	52	13
Western Australia	18,578	6
Irwin	0	0
Manjimup	31	2

Source: ACIL Allen analysis of census data from the ABS

Note: Industries of employment for Allied Health workers include Allied Health Services, Chiropractic and Osteopathic Services, Dental Services, Optometry and Optical Dispensing, Pathology and Diagnostic Imaging Services, Physiotherapy Services

ACIL Allen acknowledges this analysis should be interpreted with care, given the reference group for the rate of workers per population focusses only on the over 70 population. The rates are driven in part by the small number of residents over the age of 70 in Karratha. The rates also do not reflect the size of the population under the age of 70 who also require healthcare and social assistance.

Notwithstanding these limitations, the analysis does provide some indication of the sufficiency and accessibility of these important workers in Karratha and how this compares to benchmark locations.

Key Finding 4 People working in healthcare and social assistance

Karratha is home to 27 residential care workers, 339 medical service workers and 75 allied health workers. Analysis benchmarking the rate of healthcare and social assistance workers to the above 70 population indicates Karratha is well serviced, ranging from equal to over ten times higher the comparable rates for the State and peer LGAs.

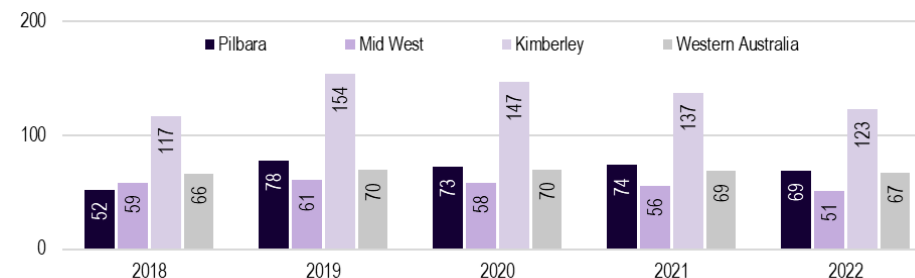
2.6 Aged Care Places

This section of the analysis examines the availability of aged care places in the Pilbara³, compared to benchmark regions.

Figure 2.2 shows that in 2022, the Pilbara had 69 residential care places per 1,000 people over 70, which is similar to the state-wide average (67), higher than the Mid West (51), but around half the rate of the Kimberley (123).

Over time, residential care places have fluctuated quite noticeably, from 52 per 1000 people over 70 years in 2018 to 69 in 2022 – a 32 per cent increase. However, since 2019, residential care places have gradually declined from a high of 78.

Figure 2.2 Residential Care Places per 1,000 people aged above 70

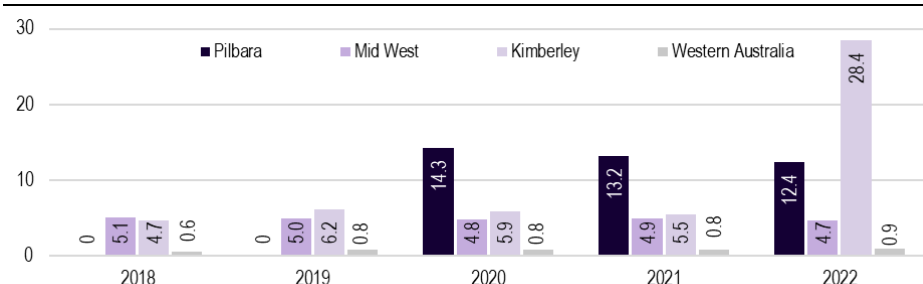


Source: ACIL Allen analysis of data from the Australian Institute of Health and Welfare

Figure 2.3 shows that in 2022, the Pilbara had almost 13 times the rate of home care places compared to the State average (12.4 vs. 0.9 places per 1,000 people over the age of 70) and also more than 1.5 times the rate in the Mid West. Conversely, the Pilbara had fewer than half the places compared to the Kimberley (28.4).

A similar gradual decline is observed for Home Care places, from 14.3 in 2020 and 13.2 in 2019. Note that this data indicates the Pilbara did not have any Home Care places in 2018 or 2019.

³ Note this data was not available at the LGA level, and has therefore been analysed at the regional level (i.e., Pilbara).

Figure 2.3 Home Care Places per 1,000 people aged above 70

Source: ACIL Allen analysis of data from the Australian Institute of Health and Welfare

While this analysis indicates Pilbara is well serviced in terms of Home Care and Residential Care place, the same caveat raised early also applies, specifically that Pilbara has much fewer older residents, as a proportion of its total population. This means that while the provision of aged care provision may seem sufficient, many residents are departing the City, leaving a smaller number of people eligible for care.

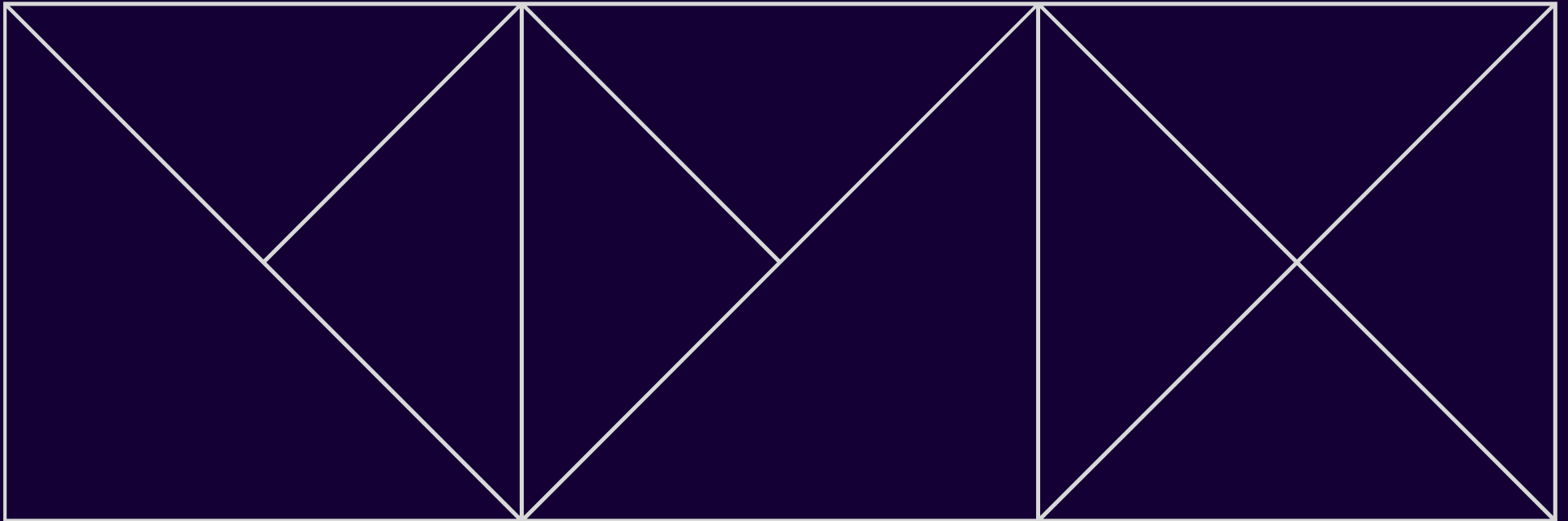
Furthermore, this analysis does not account for the geographic size and population density of the Pilbara, and it is likely some locations may be better serviced than others. The Pilbara⁴ extends over 500,000 km² and includes four Local Government Areas.

Key Finding 5 Aged Care Places

Analysis benchmarking the availability of aged care places (based on the over 70 population) indicates the Pilbara performs well – the region has similar availability of Residential Care places to the State average and more than 13 time the rate of Home Care places.

⁴ <https://infrastructure.wa.gov.au/state-infrastructure-strategy/was-regions/pilbara-region#:~:text=With%20a%20geographic%20area%20of,in%20Karratha%20and%20Port%20Hedland.>

Consultation Findings



Overview

This section sets out the **10 key themes** emerging from the stakeholder consultation.

Each theme is presented according to **what we heard** – a summary of the key points raised by stakeholder during the consultation process and **what we concluded** – a synthesis of the key insights and directions under each theme.

The themes include:

- Theme 1: Aged Care Workers
- Theme 2: Housing
- Theme 3: Residential Care
- Theme 4: Home and Community Care
- Theme 5: Independent / Retirement Living
- Theme 6: Medical and Allied Health Services
- Theme 7: Ageing in the City of Karratha
- Theme 8: Navigating and Awareness of Aged Care Services
- Theme 9: Infrastructure
- Theme 10: Culturally Safe Care for Indigenous People

A full list of the stakeholders interviewed, and written submissions received for this project is presented in **Appendix A**.

3.1 Theme 1: Aged Care Workers

This theme covers the challenges of attracting and retaining a suitably qualified aged care workforce in the City of Karratha. The aged care workforce refers to people employed by service providers delivering residential care and home care, including allied health services and other supports.

What we heard

- Stakeholders observed that health, aged care and social service providers are **often competing for labour from the same pool of workers**. This included NDIS service providers, WA Health hospitals (including Karratha Health Campus and Roebourne District Hospital, and the State-run aged care provider, Karlarra House.
- It was also noted that aged care providers are also **competing with the mining sector**, where workers can earn higher salaries.
- Other constraints included access to childcare services for workers with young children. **Child care places were limited and expensive**.
- It was also noted that some workers **preferred to live in Karratha, rather than Roebourne** and would therefore need to commute. To address this Roebourne-based service providers had offered some staff fuel subsidies.
- The workforce challenges of delivering care in the regions was also acknowledged by other Aged Care providers, and that they **are operating below built capacity** due to workforce shortages and had much **greater challenges backfilling absent staff**, compared to metropolitan operations.
- Reflecting on the challenges to attracting and retaining staff, some employers had implemented **innovative approaches to improve staff amenity**. This included **developing partnerships with universities** to market employment opportunities directly to students. One example was a connection with Rural Health West, where **scholarship funding was used to attract students to the region**.
- Providers reported investing heavily in **team culture and professional development** to attract and retain staff.
- Reflecting on future opportunities, it was suggested more could be done to employ **primary carers of school age children**, who were considering re-entering the

workforce. It was acknowledged these opportunities would need to allow for some flexibility, including flexibility outside of school hours.

- Other also shared the potential to better access **volunteers to deliver supports to the elderly**, such as high school students / other volunteer groups such as the Autumn Club to assist with home maintenance, domestic chores and other social inclusion programs. It was expressed that the region had an active volunteer base, with 28 volunteer groups and organisations currently operating in Karratha and that there was an awareness of *“if you want it, you need to do it yourself”*.
- While Karratha was noted to be one of the more desirable regional locations for service providers, it was acknowledged that appropriate services for older residents was also a consideration for **those relocating to the region**. In one example, a stakeholder shared an experience where a prospective medical professional enquired about the availability of aged care services in Karratha, as they would be relocating with their elderly parents and wanted to make sure care was available.

Key Finding 6 Aged Care Workers

ACIL Allen recognised the significant challenges to attracting and retaining staff in the region. Cost of living, limited access to child care, the home to work commute, housing shortages and the high level of competition from peer providers and the mining sector, make it challenging to recruit and retain an appropriately skilled aged care workforce.

Some service providers have responded with innovative approaches to address these challenges, including developing connections with universities to recruit staff and investing heavily in staff development and team culture.

Future opportunities exist to build the workforce, by employing parents of school-aged children looking to re-enter the workforce, and also creating volunteering opportunities.

The importance of aged care services was also evidenced by a story about a medical professional who required care for an elderly parent – reflecting the circular and interconnected nature of aged care, enabling people of all ages to live, work and age in the region

3.2 Theme 2: Housing

This theme covers the availability and cost of housing in City of Karratha. The housing market has experienced significant volatility in recent years, which has created challenges for investors, builders, and residents. The region is now experiencing a shortage of housing, accompanied by increases in housing prices, rental costs and building costs, which are having a direct impact on aged care services.

What we heard

- Aged care providers expressed the challenges attracting staff given the cost of living, including rentals which are **currently between \$800 - \$1,300 per week**. One expressed the housing situation is currently the “*worst they had ever experienced*”.
- Stakeholders talked about the **Service Worker Accommodation** initiative, which was designed to provide affordable dwelling options to those working in the service sector. It was expressed that the eligibility criteria – gross income of below \$90,000/year (for an individual) or \$130,000 (for a household), was too low for many who may reasonably be considered requiring assistance, given the current situation.
- It was also noted that some staff employed by **mining companies were eligible for subsidised housing**, offered at \$400 / week, and that this represented another attraction toward the mining sector and away from aged care services.
- Some noted the **cost of building in the region** represented a barrier to increasing the stock of housing. In general, building costs were 50 per cent higher in the City of Karratha, compared to the metro, and could be multiple times more expensive in some instances given the current strain on the construction sector across the State.
- Recent cost escalation was attributed as the reason for **delays to the Walgu Apartments**, which was identified as a possible solution to the current housing shortage and referenced as symptomatic of the challenges facing the region.
- Another related challenge was the **cost of housing insurance** for homeowners, with stakeholders facing premiums ranging from \$10,000 to \$18,000 per annum, and in some instances being unable to take out insurance given the companies had refused to offer policies in recognition of the risk of cyclone damage. It was felt that removing stamp duty on house insurance could ease the cost on home owners.

- It was suggested these costs meant some residents were **unable to afford medication**, which meant health conditions were poorly managed.
- Rapid and significant changes in housing prices in recent years has also meant **investors are cautious about investing in the region**. The region is experiencing another sharp rise; however, a volatile history has made private investors cautious.
- Stakeholder also talked about the current policy of the State Government to **enter into long-terms leases for Public Housing and government employees housing**, rather than building housing. This approach was thought to create more competition for housing, where the State Government would take out leases on existing housing, adding further pressure to the real estate market.
- Healthcare providers noted a lack of housing meant they were **unable to host more students**, which exacerbated workforce shortages (as students with regional placements are more likely to return for paid positions).
- Some reflected on the challenges securing **land releases** for new housing, and that this sometimes required coordination between multiple levels of government.
- Some examples of **current housing development across the City were cited**, including those funded by the City of Karratha and Aboriginal Corporations. This included Specialist Disability Accommodation (SDA) funded by the Aboriginal Corporations, and such activity as aligned to their organisational objectives.

Key Finding 7 Housing

ACIL Allen recognised the complex situation regarding the cost and availability of housing in the City of Karratha. While the Service Worker Accommodation appears to provide some relief for service workers, eligibility requirements for the scheme may be too restrictive and less generous than the support offered to employees of mining companies. There is no simple solution to the escalating cost of housing, given the cost of building, caution among investors given the volatility in recent years, State Government policy to lease rather than build housing, and poor availability of housing insurance.

While some relief may come from projects currently under development, housing is likely to remain a concern of relevance to the aged care workforce for some years to come

3.3 Theme 3: Residential Care

This theme covers the availability and suitability of residential aged care services in the City of Karratha. Residential care involves providing personal care, domestic support and other support for people in an approved aged care facility.

What we heard

- The City of Karratha currently only has **one residential care facility, Yaandina**. Yaandina is a community service provider who **specialises in providing residential aged care to Indigenous residents**. The facility has recently expanded from 20 to 30 beds. At this time of this report, only 16 beds are occupied. With **staffing shortages**, this means no additional residents can be cared for.
- Yaandina's service focus is on Indigenous people, and the organisation's funding relies on a **minimum 70% occupancy of Indigenous residents**. Given this focus, some non-Indigenous people feel the service may not cater to their needs.
- Some stakeholders also expressed concern that **Roebourne is located quite a distance away from Karratha and Dampier**. This was a barrier to family and friends being able to visit loved ones at Yaandina, and also for users accessing respite care.
- In addition to distance, some stakeholders talked about the **travel along the Dampier Highway**, and that the speeds and large trucks also intimidated and deterred some residents from visiting or accessing care.
- It was noted that residential care facilities need to operate at 60 beds or more to achieve any level of economies of scale. This means that **Yaandina will face relatively higher costs operating below this level**.
- It was noted Yaandina are **delivering a very challenging service** and that their strong reputation and performance should not disguise the fact that it requires a significant amount of hard work. This was further complicated by the **added governance requirements emanating from the Royal Commission**.
- Yaandina is proximate to Roebourne Regional Hospital and Aboriginal Medical service (Mawarnkarra), meaning there was a good opportunity for these services to coordinate care.

- It was noted some people **requiring disability care are occupying residential care beds** given the shortage of suitable care, and that this was **not an optimal care setting** for such residents.
- It was observed that the **decline in older residents could be quite dramatic**, and that people often had *"the capacity to persist until they suddenly didn't"*. Care requirements often fell to a spouse or children, and it was observed that **carer stress is very high**. When carers could no longer provide care, older people ended up in **hospital for a long stay**, meaning the cost for care was shifted from the Federal Government (who fund aged care) to the State Government (who primarily fund Hospital Care).
- Residential care providers operating in other locations acknowledged the challenges of delivering care in the regions and suggested **a government entity (such as WA Country Health Service) may be better placed to deliver aged care**, rather than a private or NFP provider. Another suggestion was that residential care could be delivered locally, with some **specialised expertise (such as clinical, accreditation and administrative functions) performed / resourced from other locations**.

Key Finding 8 Residential Care

ACIL Allen acknowledges the success of Yaandina in delivering high quality residential care to the residents of the City of Karratha. This is a challenging environment to deliver care, however the service has a good reputation and delivers an important service to its residents, who primarily identify as Aboriginal.

More work is required to enable Yaandina to attract and retain staff, particularly given the operating capacity currently only equates to roughly half the built capacity (16 beds vs. 30 beds).

Given the primary focus of the service is on Indigenous residents, there may be a need for a 'sister site' to be operated within Karratha, where the majority of the population reside. This may require further work to identify the preferred operator and service delivery model, considering a local focus with certain functions to be potentially outsourced.

3.4 Theme 4: Home and Community Care

This theme covers the breadth and availability of home and community care for elderly residents in the City of Karratha. Home and community care provides support to people as they age and allows people to remain living in their own home for longer, a situation many prefer, and may yield cost savings for the funders of aged care.

What we heard

- In general, stakeholders broadly expressed concern about the **lack of home and community care service** available in the City of Karratha.
- Stakeholders noted that a Federal Government portal designed to help users find home care providers (My Aged Care or MAC) **was not accurate** and while it indicated there were 19 providers in Karratha, there was in fact currently **only one registered provider – Silverchain – who weren't accepting any new clients**.
- Alternatively, Silverchain indicated they were **meeting community demand, as expressed through referrals from My Aged Care**, and had recently reduced its workforce in response to lower demand levels. The team currently have two staff providing home care in the region, delivering 20-24 hours of support a week each and the service had only received 4 referrals over the past year.
- Silverchain noted some clients **only need episodic care**, and typically state *"they are good at the moment and will let you know if that changes"*.
- By comparison, Silverchain noted **other locations in the Pilbara**, such as Hedland and Onslow were facing **challenges with unmet demand**.
- Some stakeholders were aware of **home care support offered by Yaandina**, who adopted a flexible model that also allowed service users to receive respite style care. This was **deemed to be more appropriate for some service users**, particularly Indigenous people who may be living in situations with overcrowding, drug and alcohol and other safety concerns for workers and service recipients.
- Some service providers reported **undertaking pro bono work to meet demand for care**, with an awareness *"if this work wasn't performed, people wouldn't get care"*.
- **Registered home care service providers had sub-contracted smaller providers to deliver care**, as a way to avoid the cost of registration (\$10,000).
- Specific services were raised by some stakeholders as **key gaps in home and community care**, including transport, podiatry and adult speech therapy. Services were either in very short supply (such as transport, with one or two wheelchair taxis in the entire region, and buses running twice daily, four days a week) or only available on a visitational basis or via telehealth (such as podiatry and adult speech therapy, respectively).
- It was suggested improved transport options, including a **bus route that included the hospital** would support older residents. A more innovative model included a **'Safe Travel'** sticker that businesses could add to their vehicle and indicated they are happy for seniors to request a lift home or to the shops.
- The Aged Care Assessment team acknowledged they would at times approve residents for care, but were aware **people wouldn't be able to access care given the shortage of providers in the region who weren't accepting new clients**.
- The ACAT team shared that *"there are people out there that we know were not capturing, they don't come to us because they know the (aged care) services aren't available"*. This sentiment reveals that the actual **extent of unmet need may not be fully understood** as people are discouraged from seeking help given the chronic service shortages in the region.
- It was also expressed that more could be done to facilitate the **loaning of Aid for Daily Living (ADL) devices** and that a library may improve access to equipment.

Key Finding 9 Home and Community Care

ACIL Allen identified a disconnect between perceptions of unmet demand between care providers and clients. Referrals through My Aged Care don't appear to capture the full demand for providers in Karratha (Silverchain) and Roebourne (Yaandina). This situation is concerning given the valuable contribution home and community care makes to enabling people to remain living at home for longer. This arrangement is typically more cost effective and desirable for service users. Some service providers are working to address service gaps, by entering into sub-contracting arrangements and undertaking pro bono work, and while these measures may somewhat ease demand pressures in the short-term, more must be done to ensure sustainable care is available over the longer term.

3.5 Theme 5: Retirement Living

This theme covers the availability and demand for retirement living options for people as they age in the City of Karratha. Retirement living villages offer a range of lifestyle benefits to residents, including more proximate access to support services, and improved social connections, while enjoying a high degree of independence.

What we heard

- Stakeholders were aware of **two current options for retirement living** within the City of Karratha – Warambie Estate located in Karratha and the Ngarluma Elders Village in Roebourne.
- **Warambie Estate** currently has 11 units occupied by older residents, however they are primarily used for Service Worker Accommodation.
- **The Ngarluma Elders Village** is owned and operated by the Ngarluma Aboriginal Corporation (NAC) and currently, 7 of the 9 units are occupied.
- In terms of current barriers, residents talked about the **inability to have pets** at Warambie, and that this should be reviewed. Residents talked about the high affection they have for their pets and that this restrictive policy was a key deterrent.
- Residents also pointed to **means testing as a barrier** that meant seniors who own their own home are unable to apply at Warambie. Residents were required to sell their property prior to joining the wait list, which posed a level of risk and uncertainty many were unable to accept.
- Residents expressed a desire for **more retirement living options**, particularly one located within Karratha that would enable them to downsize, and that demand for retirement living has increased significantly in recent years in the region.
- Over the longer term, **land adjacent to the Karratha Health Campus was identified as representing a logical location for a retirement living option**. This would overcome the current challenge of distance, particularly given the size of the region with six townships and transport barriers.
- It was also posited that a **retirement village may increase home care service provision**, enabling providers to establish centralised services and that this may

lead to a self-reinforcing improvement, based on more older residents, attracting more support services, which in turn attracts more older residents and so on.

- It was felt by some stakeholders that an innovative operating model should be explored, and that **traditional retirement living models that were operated by larger organisations with a focus on financial returns would not be appropriate**. Instead, a community fund, with contributions directly from residents was thought to be a more viable model.
- Stakeholders acknowledge that many **residents were in financially sound positions and that they have the means to pay for high quality accommodation**, and that work should be undertaken to explore the feasibility of this model.
- Stakeholders identified a number of retirement living villages that could be **explored as suitable models for Karratha**, including villages in Carnarvon, Wanneroo, and Kingsley.
- It was felt the village would need to be **at least consistent with a metro-based model in terms of cost and quality**, so that residents could make a decision that meant the options were largely comparable.

Key Finding 10 Retirement Living

ACIL Allen recognises some options do currently exist for retirement living in the region, however these are constrained by availability, means testing requirements and prohibited pet ownership.

There appears to exist a high level of interest in a dedicated and larger scale village within Karratha. More work may be required to examine the location, funding model, operator, adjacent services and quality, and this could include examination of similar villages operating around the State (particularly in regional areas).

3.6 Theme 6: Medical and Allied Health Services

This theme covers the availability of medical and allied health services in the City of Karratha. People generally face a higher incidence of chronic and acute illness as they age, which in turn require greater levels of health care.

What we heard

- Stakeholders felt a number of exemplar health and allied health services were **doing a good job to service the needs of the local population**. Service providers identified in these discussions included; EPIC (Empowering People In Communities), Connect Support Coordinators, Good Turn Disability Support Services, Sonic HealthPlus Karratha GP Super Clinic, and Panaceum Karratha
- A number of stakeholders talked about how valuable **Integrated Chronic Disease Care (ICDC) program** provided by Panaceum was for older residents.
- It was broadly acknowledged that **most high end, acute health services were required to be delivered under a FIFO model**. This required either patients or health professionals to travel between Karratha and Perth to provide care.
- The **lack of dialysis services** was raised by a number of health care providers – who noted it puts strain on the ambulance service, and also on more acute services.
- Some noted the **increased use of telehealth** to address gaps in medical services.
- A number of health care providers noted how rarely they saw older people with one noting that they “*were surprised to not see many elderly residents in their practice*” and also at “*how little they knew of about what was available for elderly people in the region*”. This highlights the **lack of services available for older people** and the relatively **small number of older people accessing GP care** in the region.

Key Finding 11 Medical and Allied Health Services

ACIL Allen recognises that people increasingly require medical and allied health care as they age, in addition to other aged care services. While the region is home to a number of high performing medical and allied health care providers, residents in the City of Karratha, face access challenges, which are common to those living in regional locations.

3.7 Theme 7: Ageing in the City of Karratha

This theme covers the desire of a growing number of residents to grow old in the City of Karratha. Many residents have lived most or all of their lives in the region, and have established deep family and friendship connections. People are also highly affectionate and familiar with the region and want to make sure they are able to age in the region.

What we heard

- It was noted there are a number of older residents who have **either grown up in Karratha or spent a significant portion of their life in the region** and who want to age in place, with dignity. It was felt “*people have a right to die where they’ve lived*”.
- It was acknowledged these residents bring **immense community value, and often economic value**, many of whom have acquired significant wealth working in the mining sector. It was expressed that this value should be retained in the region.
- Older residents often have **deep social and family connections to the region**. Many have adult children who want their **parents to age nearby** and, in some cases, also **support working parents with child caring duties**.
- Some stakeholders talked about the experience of **residents who had migrated from another country**, who are forced to return to their country of origin with their parents as they age given limited aged care services in the region.

Key Finding 12 Ageing in the City of Karratha

ACIL Allen recognises the desire of people to be able to choose where they live, age and die. These choices often have broader implications on families as older people often have deep bonds with their adult children and grandchildren. Therefore, a decision to leave a region may mean the broader family also follows.

In a separate project, ACIL Allen estimated the social and economic value of aged care in WA, and found that \$2.11 was returned for every \$1 invested in the sector. This work highlighted the important role the aged care sector provides in caring for older people as they age and the benefits that accrue to users, their family and the aged care workforce.

3.8 Theme 8: Navigating and Awareness of Aged Care Services

This theme covers the challenges people have navigating access to aged care services in the City of Karratha. These navigational and awareness challenges mean people aren't accessing services where they might exist and add to fear and uncertainty as people age and increasingly require assistance.

What we heard

- It was noted **many people have challenges navigating the aged care system**, and that more could be done to assist people in this regard.
- Some noted the challenges older residents have getting out and connecting with other residents, which can often be a way of **sharing information on services**.
- This disconnection was thought to be due to **older people living quite busy lives**, particularly during the day. It was noted some older people don't **feel comfortable driving**, particularly on busy regional roads, such as the Dampier Highway.
- Some stakeholders thought there was an opportunity for **service providers to direct older residents to resources and services**. A health provider noted they connect older residents to cleaning and home maintenance services during care.
- Others suggested an organised event, such as the well-attended Christmas Dinner, could be held to bring older residents together to discuss available services.
- ACIL Allen also observed **significant discussion between residents and service providers at the workshops** about the availability and features of aged care services, particularly the Aged Care Assessment Process. This suggested people required additional information about aged care services in the region.

Key Finding 13 Navigating and Awareness of Aged Care Services

ACIL Allen recognises that awareness is a critical requirement for the effective delivery of services. Notwithstanding other challenges including the shortage of aged care services in the region, efforts to improve the awareness of available services may help people in navigating the system and make better use of what is available.

3.9 Theme 9: Infrastructure

This theme covers the suitability of infrastructure for older people the City of Karratha. Well-designed infrastructure can ensure services and locations are accessible and safe, not only for older people but for all users, and can yield amenity benefits for the community.

What we heard

- Stakeholder talked about the need for **infrastructure improvements in some places** to make Karratha more accessible for older people.
- This included safer place for old people to walk around and **remove tripping hazards and disjointed footpaths**.
- Stakeholders also suggested **shade over car parks**, which was important in the hotter months to keep cars cool.
- It was also noted that **accessible toilets and wheelchair ramps** are often unavailable in many buildings and that this limited access for older people.
- It was observed that improved infrastructure and mobility options **enhanced the liveability of the region**, which benefits not just the elderly, but all those who use the infrastructure.

Key Finding 14 Infrastructure

ACIL Allen acknowledges there are opportunities for the City of Karratha to review and enhance the accessibility features of infrastructure in the region.

Stakeholders highlighted a number of concerns with footpaths, car parks and toilets and ramps in building.

There will always exist opportunities to improve the accessibility of infrastructure, and this work should be supported by an audit and prioritisation of needs and impact of enhancement options.

3.10 Theme 10: Culturally Safe Care for Indigenous People

This theme covers some of the specific challenges and considerations Indigenous people face in accessing aged care services. These are important areas for the City of Karratha to be mindful of when advocating for aged care services in the region.

What we heard

- A cultural protocol, referred to as 'Gullarah' means that **some skin groups are not permitted to interact**. An example of this is the relationship referred to as 'Nyidy' or 'mother in law'. This has created some complexities, where aged care workers and service users should not interact, and therefore an individual worker may restrict access to care for individual residents. It was also observed that residents were aware of such arrangement and are able to navigate those complexities.
- Some Indigenous people **don't feel comfortable allowing others into their home**, and that service providers sometimes meet outside the client's house.
- The population of the **Indigenous residents in the region increases significantly** during the lore time ceremony, which typically runs from October – April.
- It was also noted that **Census data was likely inaccurate** due to low response levels from Indigenous residents, and population changes (as described above).
- There exists a perception among the Indigenous residents that **aged care is a place where people go to die**, and where people are 'disposed of'. Indigenous people want to stay at home as they age and may live with family members to enable this.
- It was also observed that **senior women often become the leaders of the family**, as the men often die early. The role of the matriarch often meant caring for between 20 – 30 grandchildren, and this has created a barrier to accessing aged care.
- It was observed that **alcohol and other drug testing** can be a deterrent for some Indigenous workers, even those for who don't abuse such substances. This was because of the level of testing makes some people uncomfortable – although it was also acknowledged this policy is for the safety of workers and residents.
- It was noted Indigenous people are sometimes **reluctant to seek information and that it often takes a lot of contemplation before advice is sought**. As such, it is

important people are treated with respect and patience when they do seek assistance. It was noted that advertising of services is really important, and that fridge magnets were a good tool for distributing contact information.

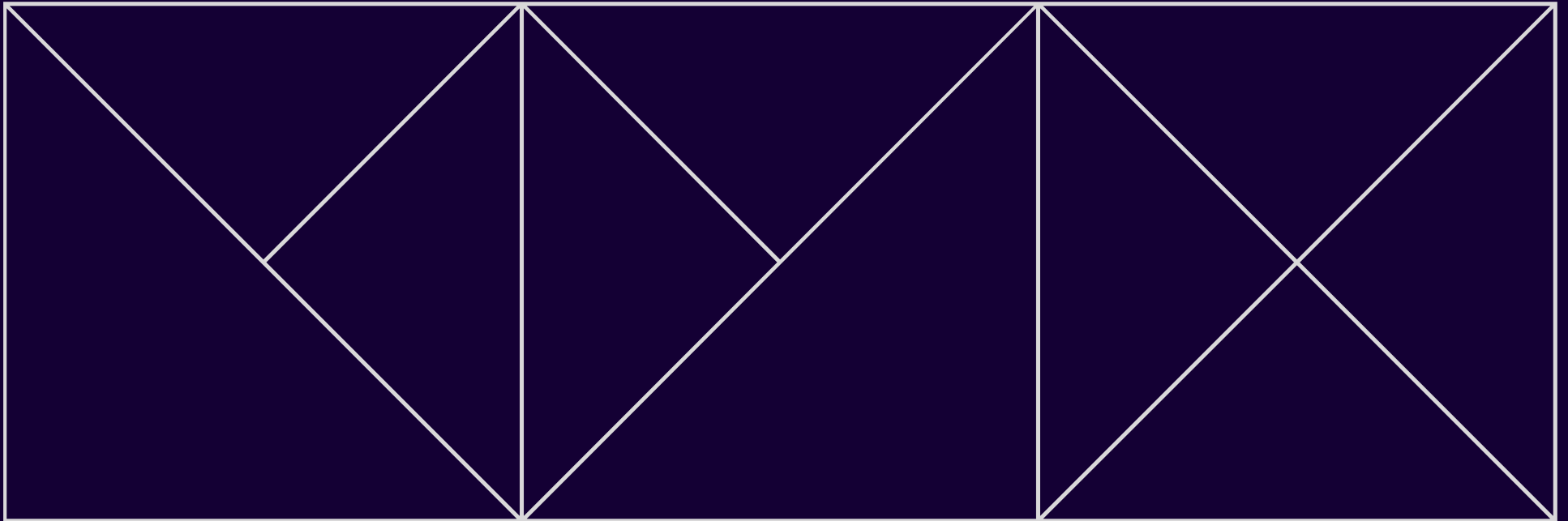
- Indigenous people colloquially referred to many **social services as 'seagulls' who fly in and fly out of the region**, but lack sound awareness of the region's needs.
- While some Indigenous residents expressed feeling fatigued by being consulted and not seeing outcomes, it was also noted that they weren't consulted sufficiently for important decisions. This reflects the need to **engage and consult with Indigenous people in meaningful ways**.
- Sadly, it was also observed that aged care was a lower priority for Indigenous people, **many of whom don't survive to an age where such care is required**.
- An aged care provider operating in another regional location reflected that some Indigenous people are **more likely to use residential care as a respite service** – such as those with health issues, who recover and then return to the community. The provider also talked about the challenges with **moving residents 'off-country'** and that this sometimes led to isolation and alienation for residents.
- It was also expressed that if '**Closing the Gap**' continues and is successful in its goals, the region will likely see increased numbers of older Indigenous residents.
- It was observed that many **Indigenous women have a nurturing interest, and that this quality would be valuable in an aged care worker**. While there are some employment programs in the region, many eligible candidates were identified and routed into the mining sector, such is the competition in the region.

Key Finding 15 Culturally Safe Care for Indigenous People

ACIL Allen observed the many considerations that must be factored into ensuring aged care is delivered in a culturally safe manner. We are also aware that the above listed areas likely only represent a sample snapshot of the ways in which aged care needs to be tailored to meet the needs and sensitivities of Indigenous people.

Given these requirements, it is essential that care delivery models incorporate ongoing input, codesign and governance arrangements that include local Indigenous people.

Action Plan



Overview

This section provides details on the action plan arising from this project, including the five actions to be pursued over the short-, medium- and longer-term.

These are introduced in brief below and described further later in this section:

- Action 1: Health and Aged Care Workforce Taskforce
- Action 2: Aged Care Community Group
- Action 3: Retirement Living Enhancements
- Action 4: Infrastructure Audit
- Action 5: Feasibility study for Aged Care options

The following commentary describes the logic underpinning our process to develop the Action Plan, based on the Key Findings in the needs analysis and stakeholder consultation.

ACIL Allen observed that **people increasingly leave the City of Karratha as they age**. It is currently a location preferred by younger people to work and raise families, but almost 1,000 people over the age of 50 departed town between 2016 and 2021 (**Finding 2**), and an additional 3,700 people over 50 would be required for the region to exhibit a similar population profile as the State (**Finding 1**). Despite this, older people are **expressing a desire to remain living in Karratha**, and needing to leave the region creates flow on effects for their family and the community (**Finding 12**). These findings support all actions, which aim to retain older people by making the region more liveable.

The research also demonstrated the **high proportion of indigenous people living in the City of Karratha (Finding 3)** and the many considerations that must be factored into ensuring **aged care is delivered in a culturally safe manner (Finding 15)**. Supporting equality of service access and outcomes should remain a key priority for decision makers and therefore these findings support all actions.

ACIL Allen heard about the challenges of recruiting and retaining healthcare and social assistance workers in the City of Karratha (**Finding 6**), but also that the region compares somewhat favourably to the State and peer LGAs in terms of the availability of staff (**Finding 4**). More broadly, challenges were raised regarding the availability of medical

and allied health services, which related closely to those regarding aged care workers, although service that were available were deemed to be of high quality (**Finding 11**). These findings support Actions 1 and 2, which encourage innovation and collaboration to address staff shortages where they exist (such as residential care workers at Yaandina) and supporting people as the age in the region.

We gathered **mixed perspectives regarding the availability of home care and residential care** in the region. Benchmark analysis indicates the Pilbara fares well for both categories of service (**Finding 5**). Silverchain, who provide home care in the region indicate there **isn't sufficient need** to increase care levels (**Finding 9**), and residential care provided by Yaandina is **constrained only by the availability of workers (Finding 8)**, which is largely cause by the constrained housing situation (**Finding 7**). Alternatively, the Aged Care Assessment Teams **expressed concerns regarding resident's ability to access care** due to a shortage of providers and allied health providers in the region **do see the need** and sometimes provide pro bono care to address this (**Finding 9**). Residents talked about the **challenges of navigating aged care services** and that it wasn't always clear what was available (**Finding 13**). These findings support a need for better collaboration between residents and providers (as suggested in Actions 1 and 2) and that more work is required to determine the feasibility of additional residential care in the region (as suggested in Action 5).

Also underpinning Action 5 was the **availability and suitability of retirement living**. While currently available through Warrambie Estate, **opportunities exist to improve the accessibility and amenity of this infrastructure**, and further work is required to determine the level and nature of need for additional retirement living options.

We also heard about opportunities to **review and enhance the accessibility features of infrastructure** in the region (**Finding 14**), and this underpinned our recommendation for Action 4.

The action plan is summarised in **Figure 4.1** below.

Each action includes:

- a description of the action,
- an indication⁵ of the timing and resourcing required for implementation,
- some key considerations for implementation,
- stakeholders that need to be involved during implementation, and
- a definition of the action outcome.

Figure 4.1 Summary of Action Plan

Action	Brief Description	Timing	Resourcing	Rationale
Action 1 Health and Aged Care Workforce Taskforce	Establish a Health and Aged Care Workforce Taskforce to support attracting, recruiting, retaining, and developing staff.	SHORT-TERM	LOW	Timing: Workforce challenges are a significant and ongoing challenge and require attention in the near term. Resourcing: This will require coordination, but not a significant time or financial commitment from the City.
Action 2 Aged Care Community Group	Establish an Aged Care Community Group to advocate for opportunities to improve the liveability of Karratha.	SHORT-TERM	MEDIUM	Timing: The Group will help residents make the most of what is available and support current needs. Resourcing: The City will be required to employ a Community Engagement Office and resource the Group.
Action 3 Retirement Living Enhancements	Commence work to improve the desirability of existing retirement living options in the City of Karratha.	SHORT-TERM	MEDIUM	Timing: There is a current need for improvements to the only retirement living option in Karratha. Resourcing: The City may be required to work with DevelopmentWA and advocate for enhancements at Warrambie Estate.
Action 4 Infrastructure Audit	Commission an audit of the suitability of infrastructure owned by the City of Karratha.	MEDIUM-TERM	LOW	Timing: These changes should be identified and pursued over the medium term to improve the liveability of the City. Resourcing: The audit should be undertaken by an independent consultant, on a fixed fee basis.
Action 5 Feasibility study for Aged Care options	Commission feasibility study into a new Residential Care and / or Retirement Living option within the City of Karratha	LONGER-TERM	HIGH	Timing: This requires some careful consideration and may require support from several parties. Resourcing: Beyond the study, the findings may require a significant investment to develop new infrastructure.

Source: ACIL Allen

⁵ **Timing:** Short-Term: 0 – 2 years, Medium-Term 2 – 4 years, Longer-Term: +4 Years. **Resourcing:** Low Resourcing: <\$50,000, Medium Resourcing \$50,000 – \$200,000, High Resource: >\$200,000

4.1 Action 1: Health and Aged Care Workforce Taskforce

Brief Description: Establish a Health and Aged Care Workforce Taskforce to support attracting, recruiting, retaining and developing staff.	Timing <table border="1"> <tr> <td>S</td> <td>M</td> <td>L</td> </tr> <tr> <td>L</td> <td>M</td> <td>H</td> </tr> </table>	S	M	L	L	M	H
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Resourcing <table border="1"> <tr> <td>L</td> <td>M</td> <td>H</td> </tr> </table>		L	M	H			
L	M	H					
<p>Action Description: The City of Karratha should develop a Health and Aged Care Workforce Taskforce, with membership to include representatives from local service providers, WACHS, and the City. The objective of the Taskforce should be to improve opportunities and reduce barriers to attracting, recruiting, retaining and developing staff in the health and aged care sector. The Taskforce should commence investigations into the following areas:</p> <ul style="list-style-type: none"> • Competition: consider the feasibility of a 'pooled workforce' arrangement, where staff may be deployed to different organisations to better manage demand, increase variety of duties and reduce duration and costs of recruitment. • Training: consider ways in which training and education opportunities may be expanded and made available to staff working for different organisations. This may reduce the cost of training (on a per-staff member basis) and improve the quality of care. • Recruitment: consider ways to attract and retain staff, including developing new (and expanding existing) relationships with universities and attracting people back into the workforce (such as parents and older people). • Service Worker Accommodation: consider the feasibility of adopting a graduated system for co-contributions (similar to income tax brackets), rather than an income threshold eligibility criteria. 							
<p>Key Considerations:</p> <ul style="list-style-type: none"> • Taskforce recruitment: The City of Karratha should lead the Taskforce, and highlight the value of participation to encourage recruitment of players in the sector. • Legal employment condition: The Taskforce may need to seek legal advice to ensure any proposed arrangements comply with legislative and regulatory requirements. 							
<p>Key Stakeholders: This action will require a high level of support from key players in the health and aged care sector in Karratha. This will include aged care providers, allied health care providers, medical care providers, hospital providers, and other non-health employers such as the mining companies.</p>							
<p>Action Outcome: Create more attractive, sustainable, and fulfilling employment opportunities for people working in the health and aged care sector in Karratha and improve the accessibility and quality of care in the region.</p>							

4.2 Action 2: Aged Care Community Group

Brief Description: Establish an Aged Care Community Group to advocate for opportunities to improve the liveability of Karratha.	Timing <table border="1"> <tr> <td>S</td> <td>M</td> <td>L</td> </tr> <tr> <td>L</td> <td>M</td> <td>H</td> </tr> </table>	S	M	L	L	M	H
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Resourcing <table border="1"> <tr> <td>L</td> <td>M</td> <td>H</td> </tr> </table>		L	M	H			
L	M	H					
<p>Action Description: The City of Karratha should establish an Aged Care Community Group. The Group should consist of community members and a City of Karratha Community Engagement Officer. The Officer should be responsible for facilitating Group activities, which may include:</p> <ul style="list-style-type: none"> • Education: share information on available services for older residents, including home care pathways involving aged care assessment and other government funded care. • Social Groups: consider establishing groups aimed at improving the physical and mental health of older residents. This could include exercise classes, and art and craft workshops. • Recognition of carers: Promote and recognise the role of a carers through a Carer Award Ceremony. • Cost of Living: consider initiatives to reduce the cost of living for older residents, such as greater acceptance of WA Senior card at businesses, subsidies for utilities and rates. • State Government Seniors Strategy: Review the strategy to consider opportunities for the City to partner with lead State government agencies. • Volunteering: consider opportunities to enhance volunteering opportunities or a 'concierge' system, such as a volunteer-operated mini-bus service and a 'Safe-Travel' scheme*. Other opportunities may include a lawn mowing service, meals on wheels, and a visitation scheme. 							
<p>Key Considerations:</p> <ul style="list-style-type: none"> • Role designation: The Community Engagement Officer role may be a part-time role, which may make the position more appealing to eligible candidates, such as older people and carers with young children. • Funding: The City of Karratha may also consider allocating an annual budget to provide the Aged Care Community Group with sufficient resourcing to deliver identified initiatives. 							
<p>Key Stakeholders: This action will require a high level of engagement with community members volunteering as part of the Aged Care Community Group. It is envisaged this engagement will be facilitated primarily by the Community Engagement Officer.</p>							
<p>Action Outcome: Support better connection, information sharing and community engagement in relation to matters relevant to older residents living within the City of Karratha.</p>							

*Safe-travel scheme involves people displaying a sticker on their vehicle as an offer to transport older residents.

4.3 Action 3: Retirement Living Enhancements

Brief Description: Commence work to improve the desirability of existing retirement living options in the City of Karratha.

Timing

S M L

Resourcing

H M L

Action Description: The City of Karratha should work with DevelopmentWA to improve the desirability of existing retirement living options within the region. The current location, Warambie Estate, is owned by the State Government through DevelopmentWA, and managed under contract by Trend 55. While the estate currently has 11 units occupied by older residents, the location is primarily used for Service Worker Accommodation.

- **Pets:** it was raised that a key deterrent for some residents was the ban on pet ownership at the Warambie Estate. This policy should be reviewed and potentially amended for low-risk pets.
- **Availability of units:** demand for

housing at Warambie Estate currently exceeds supply – a situation that extends to housing across the Pilbara. More units, including those dedicated for older residents would help alleviate housing pressure.

- **Advocate for home supports:** advocacy should be directed to supporting older residents at Warambie Estate to access home care supports.

- **Revise eligibility criteria:** Warambie Estate is currently means tested, meaning some residents have no retirement living option in the region. The criteria should be reviewed and potentially amended, with those above the threshold required to pay more to subsidise further development.

Key Considerations:

- **Unit designation:** Warambie Estate provides accommodation for critical service workers – who service the entire community, including older residents. Therefore, improvements should seek to increase the stock of units, rather than reassign housing from workers to older residents.
- **Current needs:** While Action 5 will support residents over the longer-term, this initiative is based on what can be achieved to assist residents in the near-term.

Key Stakeholders: This action will require close collaboration with DevelopmentWA as the State Government agency is responsible for the management of Warambie Estate. The City may be required to invest some effort into prosecuting a case for enhancements to Warambie Estate, including consultation with current occupants.

Action Outcome: Increase the desirability and accessibility of existing retirement living options in the City of Karratha and through this, support residents to remain connected to their community.

4.4 Action 4: Infrastructure Audit

Brief Description: Commission an audit of the suitability of infrastructure owned by the City of Karratha.

Timing

S M L

Resourcing

L M H

Action Description: The City of Karratha should commission an audit, or audits, of the suitability of its infrastructure. The audit should identify opportunities to reduce risks, and increase amenity experienced by people using the City's infrastructure.

The scope should include all infrastructure owned and operated by the City, and may be segmented into separate audits, based on locations within the city, or infrastructure classes to enable the City to take a staged approach to making improvements.

The audit may examine the extent to which the following conditions are met by infrastructure:

- **Accessible Pedestrian Infrastructure:** including the availability of connected

footpaths, road crossings, and shade.

- **Accessible Transportation:** including the availability of seniors parking and public transport.

- **Accessible Building Features:** including the availability of toilets, handrails, and ramps.

- **Accessible Outdoor spaces:** including the availability of benches, seating and shade in open spaces.

The outcomes of the audit should identify a priority list of infrastructure investments, including improvements to existing infrastructure and proposals for new infrastructure.

The priority list should be supported with an investment budget and managed by the City's infrastructure team.

Key Considerations:

- **Non-city Infrastructure:** The City of Karratha is one of numerous stakeholders responsible for infrastructure in the region. The City should work with other stakeholders, such as the State Government and business owners to improve the condition of non-City owned infrastructure.
- **Affordability:** As a regional town, with a particularly hot summer, investments should meet efficiency and effectiveness criteria and be affordable for the City.

Key Stakeholders: This action can be implemented primarily by the City, who needs to engage an independent advisor to undertake the infrastructure audit. The City should also work with other infrastructure owners to improve the liveability of the region.

Action Outcome: Improve the experience of using infrastructure owned and operated by the City of Karratha and create a more liveable environment for all residents in the region.

4.5 Action 5: Feasibility study for Aged Care options

Brief Description: Commission feasibility study into a new Residential Care and / or Retirement Living option within the City of Karratha

Timing

S M L

Resourcing

L M H

Action Description: The City of Karratha should commission a feasibility study to examine options for the ownership and operation of new Residential Care and/or Retirement Living options in the region. The study should expand upon this Needs Analysis and consider innovative and locally relevant options for residents. The study should provide directions on the following items:

- **Site location:** Options may include a site located near the Karratha Health Campus, Warambie Village, unused FIFO camps, the Comfort Inn, Latitude 20 Karratha Apartments and Balmoral Caravan Park.
- **Funding:** Options may include State and Federal Government grants, community / industry donations (such

as local mining companies), private investors / shareholders, user pay fees and/or government contract funding.

Operator: Operator options may include NFP (such as a Yaandina, or another local provider with support from a metro-based head office), State government (such as Karlarra House), a private operator, or a model operated by the City of Karratha.

Co-location: Options for the co-location of support services, such as home care, medical and allied health care and pharmacy.

Staged approach: options for a staged approach to the development of infrastructure, to scale and add options over time.

Key Considerations:

- **Outcomes-based:** The scope of the feasibility study should be designed to ensure the City of Karratha is able to progress options for new infrastructure.
- **Local and innovative approach:** The aged care sector is facing significant funding and workforce challenges nationally. Any feasible option in Karratha will need to address the challenges in an innovate manner that meets the needs of local residents.

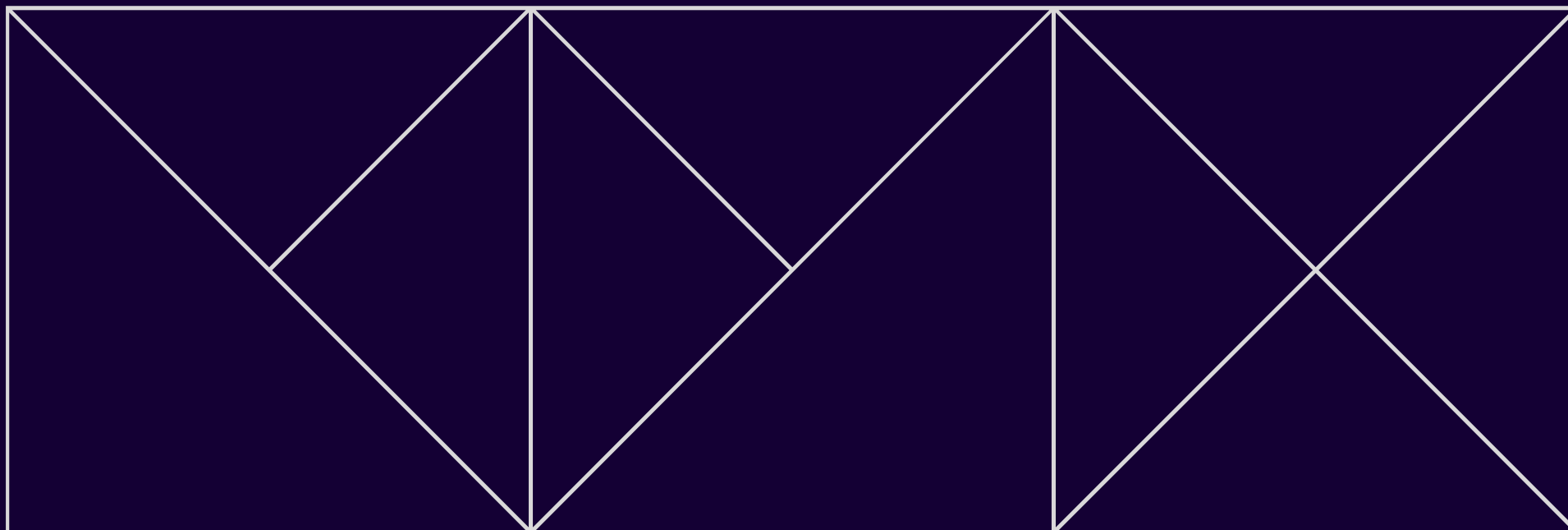
Key Stakeholders: This action can be directly implemented by the City. The feasibility study should be undertaken by an independent advisor, who will need to consult widely to inform the work.

Action Outcome: Deliver a clear and actionable roadmap for retirement living and residential care infrastructure options for the City of Karratha over the near-, medium- and long-term.

Please note that the site locations listed in Action 5 (i.e., site near Karratha Health Campus, Warambie Village, unused FIFO camps, the Comfort Inn, Latitude 20 Karratha Apartments and Balmoral Caravan Park) were raised as potential suitable sites by community during consultation. ACIL Allen has not consulted with the owners of these site on the feasibility of using these sites to support this action.

Additional Material

A



A.1 Stakeholder List

Table A.1 Stakeholders consulted for this project.

#	Stakeholder Organisation and Primary Representative	Date
1	Yaandina Community Services, Sue Leonard (Chief Executive Officer)	13 March 2023
2	Ngarluma Yindjibarndi Foundation Limited (NYFL), Sean-Paul Stephens (Chief Executive Officer)	13 March 2023
3	Pilbara Physiotherapy, Hayley Rigby (Director)	13 March 2023
4	6718 Leadership Table, Community and Housing Forum, Josie Sampson (Ngarluma Elder)	14 March 2023
5	Community Representative, Gillian Furlong (City of Karratha Council Member)	14 March 2023
6	Pilbara Community and Aged Care Services, WACHS, Glenn Kirkman (A/Regional Aged Care Manager)	14 March 2023
7	Sonic HealthPlus, Tamsin Jay (Practice Manager)	14 March 2023
8	City of Karratha, Cr Peter Long (Mayor)	14 March 2023
9	Karratha Health Campus, Liam Avery (Operations Manager)	23 March 2023
10	WA Department of Communities, Simone Fountain (Manager, Pilbara Reform)	24 March 2023
11	Empowering People in Communities (EPIC), Steph Soter (Chief Executive Officer)	27 March 2023
12	St John WA, Karratha Branch, Mike Booth (Assistant Regional Manager)	29 March 2023
13	Western Australian Council of Social Service (WACOSS), Celeste Stephens (Pilbara Manager)	6 April 2023
14	Amana Living, Stephanie Buckland (Chief Executive Officer)	19 April 2023
15	Brightwater, Kim Adamson (Manager Quality Compliance and Information)	28 April 2023
16	Silverchain, Sarah Moss (Manager, Allied Health Services)	2 May 2023

Source: ACIL Allen

Note: Stakeholders 9,11,12 & 13 were interviewed directly by the City of Karratha and notes of the interview were provided to ACIL Allen.

A.2 Document List

Table A.2 Written Submissions / Documents provided for this project.

#	Document	Description
1	WA Seniors Strategy 2023-2033 Consultation: draft vision, pillars and key focus areas. Government of Western Australia, Department of Communities	This document was a consultation paper that was released as part of the development of the WA Seniors Strategy 2023-2033. The paper highlighted the groups of marginalised communities and seniors covered by the strategy, and also outlined the vision, four pillars of change and 14 key focus areas that underpin the strategy.
2	Age Friendly Strategy 2021-2026 City of Karratha	This document outlines an overarching guide on how the City of Karratha will ensure adequate infrastructure and service provision is available to advance the aspirations and wellbeing of the City's ageing community.
3	North West Ageing and Aged Care Strategy, August 2017 Regional Development Australia	This document is an outline of Regional Development Australia's (Pilbara and Kimberley) framework to guide stakeholders and aged care providers with an interest and commitment to build, support and maintain age-friendly communities that support older regional residents to age with dignity, amenity and security in the North West Region.
4	Email Submission to inform the project. Nanette Williams, Resident of Karratha	This email outlined the lived experience of long-time city resident and made a number of recommendations to inform the project, broadly in four areas including: a village offering a number of aged care options, Rehabilitation Services in the Home (RITH), community nursing, and a community health bus service.
5	ACIL Allen Aged Care Needs Analysis on behalf of City of Karratha WA Country Health Service	This document included a detailed written response from Pilbara Community and Aged Care Services, Western Australian County Health Service (WACHS) on the consultation questions posed by ACIL Allen as part of this project. The response, outlined in 12 pages, provided detailed qualitative and quantitative information into the current state of aged care in the region.
6	Email Submission to inform the project. Peter Long, City of Karratha Mayor	This email and document attachment outlined the key issues, barriers and opportunities for the City in advancing the liveability of the region for older people. The submission highlighted the lack of services, cost of living, lack of public transport, and cost of travel to Perth and key barriers, and made some targeted suggestions regarding funding, land, and regulations to further investigate as part of a feasibility study into an aged care facility in Karratha.
7	Email Submission to inform the project. Jo Leo, Dampier Community Associate Administration Officer	This email outlined the feedback from a number of seniors to inform the project. Feedback broadly identified a number of challenges and opportunities for the City to consider including a seniors village, home care, housing, cost of living, care closer to home, specialist hospital care, welfare checks and home maintenance.
8	Email Submission to inform the project. Rae Wright, Resident of Karratha	This email outlined the suggestions from a city resident, including next stage accommodation (such as seniors village units, hostel living with carers, and frail aged hospices / nursing home accommodation), respite beds at the hospital, a dedicated community nurse, need for residential care in Karratha (acknowledging Yaandina only provides care in Roebourne).
9	Email Submission to inform the project. Gary Long, Resident of Karratha	This email outlined the reasons a local resident will be departing the region post-retirement, including an absence of family in the region, lack of services such as aged care homes, cost of living, poor availability of hospital and medical services. The submission also acknowledges the provision of aged care services should be a State and Federal government responsibility, rather than local government obligation.

#	Document	Description
10	Email Submission to inform the project. Gary Slee, Resident of Karratha	This email and document attachment outlines the observations shared by a City resident. The submission provides some reflections on trends and recent history of the region and makes five suggestions regarding Community Ecosystem, Community Core Values (i.e., Respect, Contribution, Personal Responsibility and Freedom of Speech), Community Well-Being, Community Volunteerism and Community Affordability
11	An Age-Friendly WA State Seniors Strategy 2023 – 2033 Government of Western Australia, Department of Communities	This document outlines the State Government's current strategy to support older people in WA to enhance their quality of life. The Strategy will guide how the State Government will support and empower all seniors across WA over the next 10 years.
12	An Age-Friendly WA Action Plan (2023 – 2027) Government of Western Australia, Department of Communities	This document is the first Action Plan (to accompany the WA Seniors Strategy 2023-2033) and will guide the State Government's approach to delivering the Strategy over its first five years.
13	Annual Reports 2021-2022 and 2020-2021 Yaandina Community Services	These documents are the annual reports for Yaandina, the only accredited residential aged care provider operating within the City of Karratha.
Source: ACIL Allen		

A.3 Consultation Questions

Table A.3 Consultation Questions

Key Question	Sub Questions
1. Please introduce yourself	Can you please introduce yourself, your organisation, and your role and linkages within the aged care service provision ecosystem in the City of Karratha?
2. Where are we now?	<p>To what extent do you believe current aged care services, accommodation options and infrastructure in the City of Karratha meet community needs?</p> <p>What aspects to aged care service provision are working well in the region?</p> <p>What are the challenges and are there any barriers to providing services? If so, who is impacted by these barriers?</p> <p>Can you describe the ways in which aged care services are culturally appropriate? Could more be done in this regard?</p>
3. Where should we be?	<p>To what extent do the current aged care services, accommodation options and infrastructure in the City of Karratha align to that which is available in other regional local government areas across Western Australia?</p> <p>Do you have any specific examples of high-quality aged care service provision in regional Western Australia?</p> <p>What are the barriers and enablers to delivering high-quality aged care services in regional Western Australia?</p> <p>What are the impacts of not delivering high-quality aged care services in regional Western Australia?</p>
4. Where are we going to need to be in 5, 10, 15+ years?	<p>What type of aged care services, accommodation options and infrastructure are required to meet the future needs of elderly residents in the City of Karratha?</p> <p>What are the critical opportunities and risks for you / your organisation over the short, medium and long term, and what impact will this have on the elderly residents in the City of Karratha?</p> <p>What are the barriers and enablers relevant to meeting future needs of elderly residents in the City of Karratha?</p>
5. How do we get there?	<p>What needs to be done in the near term to ensure the City of Karratha is able to meet the future needs of its elderly residents?</p> <p>Who needs to be involved and what other requirements are there (e.g., funding, workforce, policies / strategies) to support these initiatives?</p>
6. Is there anything else you wish to raise?	Are there any additional matters you wish to raise with ACIL Allen regarding this engagement, which are outside of the scope of the questions contained within this Consultation Guide?
Source: ACIL Allen	

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