Australian Government
Department of Health

phn
An Australian Government Initiative

Care Finder Program

Once-off Report on Supplementary Needs Assessment Activities

WentWest
(Western Sydney Primary Health Network)

Section 1 Narrative

Actions to determine additional activities

This needs assessment aims to bring together health and wellbeing needs of Western Sydney's aged care population with a specific focus on the care finder target population. This document will be continuously reviewed and updated with an intent to identify new or emerging needs allowing us to develop tailored strategies to address them.

The primary focus of this needs assessment is highlighting the specific health and wellbeing needs of Western Sydney's community, identifying the priority areas that will guide planning, commissioning, and establishment of a care finder network over the next three years.

The development of this needs assessment was guided by the following course of action:

- A thorough review of our previous needs assessments and other internal reports
- Primary data collection utilising interactive discussions with stakeholders and existing aged care providers to identify the current unmet needs of the region
- Secondary data research to update and identify new or emerging issues to form the evidence base
- Data analysis of the gathered data to triangulate identified needs to ensure consistency across multiple data sources
- Identified final priority areas, including a review process and endorsement from key WentWest personnel

About WentWest - Western Sydney PHN

For 20 years WentWest has been part of the Western Sydney community, delivering support and education to primary care health professionals such as general practitioners (GPs), practice nurses and allied health providers, working with key partners to progress the region's health system.

In July 2015, WentWest became the Western Sydney Primary Health Network (WSPHN), allowing us to expand the work we do with our partners to deliver better health outcomes for the region.

The WSPHN boundaries match the boundaries of the Western Sydney Local Health District (WSLHD) which comprises four Local Government Areas (LGAs):

- Blacktown
- Cumberland
- Parramatta
- The Hills Shire

Western Sydney Primary Health Network expands across 766 square kilometres and is home to approximately 1.3 million people contributing 16% of the population of New South Wales (Australian Bureau of Statistics Census 2021).

Proportion of Senior Australians: According to ABS Census 2021, 223,903 (16%) of Western Sydney population is over the median age of 60 years and 38,148 (3%) are over 80 years old forming the target age group for the care finder program.

Additional activities undertaken

WSPHN followed the below methodology and conducted additional activities to identify local needs in relation to care finder support requirements:

Methodology

- **Data Scan**: to update data and identify new or emerging issues. A comprehensive scan of the existing data from the 2021 health needs assessment with an in-depth primary and secondary research at the regional and local government area levels was undertaken. The gathered data was analysed and validated using internal WSPHN reports, resources, and Subject Matter Experts (SME).

- **Consultation with existing ACH providers:** WSPHN conducted engagement activities with existing Assistance with Care and Housing (ACH) providers in the Western Sydney region to understand their existing service delivery knowledge and their perspective on future needs. The result was an understanding of their current reach, workforce capacity and capabilities, and current gaps across the region.

- **Interactive discussions with service providers:** WSPHN released a Registration of Interest (ROI) inviting potential providers to register their interest in delivering care finder activities. This was followed up with interactive discussions with the aged care service providers to validate the available evidence and understand the local needs in relation to care finder support. These discussions identified current gaps and helped identify key focus areas for prioritisation in the Western Sydney region.

- **Development of health gaps and validation by the WSPHN executive team**: Following on from the drafting of the needs assessment an initial validation exercise with the WSPHN Executive team was undertaken. This identified areas where further research was required.

- **Community and stakeholder consultations:**
  During our comprehensive needs assessment submitted to the Department in early 2022, WSPHN used a combination of a community survey, interviews, focus groups and workshops to engage with a variety of stakeholders including patients, community members, local government representatives'

and health service providers to validate the gaps and quality of service provision for a variety of population groups in the community.

- **Service Mapping**
  WSPHN completed its service mapping by accessing data sources including Department of Health and Aged Care workforce data, Medicare Benefits Scheme data, Practice Incentive Program data, NSW Health, Practice reporting, National Health Services Directory and WSPHN internal datasets. It then enriched the data by exploring the experiences of the people, communities, and services the data represented.

- **Prioritisation and Finalisation of needs assessment:**
  To synthesise and triangulate the findings of the care finder target population, WSPHN used an iterative mixed methods approach that included cycles of desktop research, interactive discussions, validation and continuous development of the needs assessment.
  WSPHN approached the prioritisation process by exploring the current available services relating to the aged care population, unmet needs and their potential solutions. To finalise the process, rigorous internal reviews across the internal subject matter experts and Senior Executive team were conducted.
  WSPHN will proactively continue to explore emerging needs and priorities for the care finder program with the help of community engagement and a co-design approach. The co-design process will play a key role in developing priorities and implementing an effective care finder program to address identified issues and improve outcomes over the coming years.

Demographic Data

- **Geographical distribution:**

  Western Sydney is home to over 1.3 million people, dispersed across 766 square metres. Parramatta (37%) and Blacktown (30%) regions have significantly higher populations than Cumberland (18%) and The Hills Shire (15%).

  According to Australian Bureau of Statistics Census 2021, across the four local government areas (LGAs) in Western Sydney 3% of their respective population is above the age of 80 years and 15-20% are above 60 years of age. The population is relatively young, with the median age across the LGAs ranging from 33.5 years to 37.9 years. When we look just at older Australians for the highest median age, we find that Parramatta LGA contributes 37% (136,688) of the Western Sydney population over the age of 50 years, 28% reside in Blacktown (104,559) and 17% each in the other 2 LGAs. Parramatta reports 15,762 people with an age of 80 years and above followed by Blacktown (9,200), Cumberland (7,087) and The Hills Shire (6,099), a total of 38,148 for Western Sydney.

- **Socio-economic disadvantage:**

The latest data tells us that residents in Blacktown, Cumberland and Parramatta LGAs experience greater socioeconomic disadvantage when compared to the general NSW population, while those living in The Hills Shire LGA have relatively high socioeconomic advantage.

While socioeconomic disadvantage varies across the WSPHN region, the LGA of Cumberland has the most disadvantage with close to a full standard deviation lower than that of the standardised Australian score (929 compared to more than 1100). Cumberland LGA is our most socio-economically disadvantaged, 2nd lowest decile within NSW ranking 26 in the state and 118 within Australia[6].

Looking at economic resources index across the LGAs in Western Sydney region, Cumberland ranks 11 with the lowest decile of 1 within NSW and ranking 94 nationally with 2nd lowest decile[7]. Parramatta and Blacktown sit around the middle deciles, while The Hills Shire is placed within the top decile. WSPHN recognises these differences require different solutions in service design.

Overall, the homelessness rate in the WSPHN region is comparable with the state average. However, levels of homelessness are substantially higher in SA3s with high Aboriginal and Torres Strait Islander populations and higher levels of socioeconomic disadvantage (Auburn, Mount Druitt, Merrylands-Guildford).

Demographic Data

- **Housing arrangements:**

  Homelessness is not just the result of too few houses. Its causes are many and varied. Domestic violence, a shortage of affordable housing, unemployment, mental illness, family breakdown and drug and alcohol abuse all contribute to the level of homelessness in Australia (FaHCSIA, 2008). In Western Sydney, older people, particularly people with additional vulnerabilities, such as people from culturally and linguistically diverse communities, those living with disabilities, are at greater risk of homelessness and can face barriers to accessing affordable housing.

  Aboriginal and Torres Strait Islander people face significant barriers to accessing affordable housing and aged care services. Economic and social disadvantage, a lack of culturally safe care and the ongoing impacts of colonisation and discrimination are significant barriers. These community members suffer disproportionate impact from chronic and complex health conditions, disability and homelessness which further serves to impact their access to aged care services. These individuals often prefer to receive care from other Aboriginal and Torres Strait Islander people.

  The homelessness rate rose by 27% in New South Wales between 2011 and 2016 census; The number of homeless persons aged 55 years and above has steadily increased over the past three Census periods, from 12,461 in 2006, to 14,581 in 2011 and 18,625 in 2016 (a 28% increase between 2011 and 2016). The proportion of older people (aged 55 years and over) experiencing homelessness has also increased, from 26 persons per 10,000 of the population in 2011 up to 29 in 2016[8].

  The 2016 Census identified that 5,901 people were homeless in Western Sydney region with 3,129 (53%) of these based in Cumberland followed by 1,534 (26%) in Blacktown.

  Males accounted for 63% of older persons who were homeless on Census night in 2016, increasing by 26% (2,407 persons) to 11,757 in 2016 while there was a 31% increase (1,632 persons) to 6,866 for females[8]. The rate of female homelessness is increasing rapidly, with a 2019 report finding the rate of older women accessing homelessness services increased 63% in five years to 2019 [26]. The Retirement Living Council reports that the largest proportion of older women facing homelessness in Australia have led conventional lives, have been employed, had stable homes and families, so homelessness is forced upon them after critical life events, like a relationship breakdown, financial troubles, or the onset of illness.

  Total number of people above 65 years of age in private dwellings in 2016 reported by PHIDU 2021 was 33,746 in Blacktown, 25,871 in Parramatta, 22,884 in Cumberland and 20,651 in The Hills Shire local government areas. 21.4% of people aged 65 and over in private

Demographic Data

dwellings are living alone in Parramatta and the proportion is similar with 20.4% in Cumberland, 18.2% in Blacktown and least in The Hills Shire at 13.6%[20].

In developing this Needs Assessment, WSPHN encountered issues accessing relevant, comprehensive data for older people and specific health needs.

For example:

- **LGBTIQA+:** there's limited data available on the specific health needs of the LGBTIQA+ community, partly due to inadequate collection methods at the time of service delivery. Not all people who identify as LGBTIQA+ choose to declare their LGBTIQA+ status to their health service provider and, as a result, data on this priority group is often incomplete. While younger people are becoming more confident to declare their status, this is not always as easy for older people who may have experienced societal stigma and fear of discrimination over multiple decades.
- **Veterans:** the available data on veterans is incomplete as it only reflects veterans who choose to access veterans services. The number of veterans in the community is likely to be much higher than those reflected in the data, and their specific health needs may not be captured.
- **Aboriginal Health:** There are gaps in Aboriginal related health system data and Aboriginal and/or Torres Strait Islander heritage is not always captured. *Population Distribution, Aboriginal and Torres Strait Islander Australians 2001 from ABS notes "s*tatistics on Indigenous peoples are subject to a range of data quality issues. In addition to cultural considerations in relation to statistical matters (such as concepts, definitions, collection practices), data quality issues arise from the relatively small size of the Indigenous population in comparison with the total population… and the way in which Indigenous persons are identified in statistical collections."
- **Social engagement and family/community support:**

Many factors may affect people's ability to participate in society and social activities, such as their health, living arrangements and access to a licence or a vehicle. According to the 2018 SDAC, the majority of older people (aged 65 and over) who were living in households had participated in social activities at home (97%) or outside their home (94%) in the previous 3 months:

- almost 9 in 10 (87%) older people reported visiting relatives or friends away from home,
- 3 in 4 (74%) reported going out with relatives or friends,
- 1 in 3 (33%) reported participating in sport or physical recreation with others,

Demographic Data

- over 1 in 4 (28%) reported going on holiday or camping with others (ABS 2019a).

In 2018, over 3 in 4 older people (77%) living in households had participated in activities in the community in the last 12 months. In particular:

- Around half (49%) of older people had participated in physical activities for exercise or recreation,
- Around half (49%) had attended a movie, concert, theatre or other performing arts event,
- 3 in 10 (30%) had visited a public library,
- 1 in 4 (24%) had visited a museum or art gallery (ABS 2019a)[10]

It is identified that major barriers for older people in forming social connections arise from the restrictions of reduced physical mobility and chronic health issues, difficulties accessing appropriate transport, digital exclusion, reduced self-confidence and self-efficacy, financial concerns about the cost of activities, limited mental health literacy and the enduring stigma surrounding mental illness, loneliness and social isolation (reference 13) Further investigation of the rates of social engagement and family /community support across WS will be undertaken.

- **Health and disability status:**

The 2016 Australian Census identified that in Western Sydney, 12.9 % of the population required assistance in their day to day lives in one or more of the three core activity areas of self-care, mobility and communication because of: a long-term health condition (lasting six months or more) a disability (lasting six months or more); 18.6 % of the WS older population (65+) live alone[20]. This is higher than the Australian average.

According to the Survey of Disability, Ageing and Carers, Australia, released in February 2020, 17% of people over the age of 65 years of age living in a household in NSW needs assistance with core activities and does not receive any assistance while 26% (65+) needs more assistance than they are receiving at present. Nearly 7.7.% people with disability over 65 years of age in NSW living in households did not participate in any form of activities in the last three months (like visiting relatives or friends, went on holidays etc.).

Demographic Data
More than 22,450 persons over the age of 65 years in Western Sydney reported experiencing profound or severe disability in 2016. Cumberland LGA reported the highest proportion at 28% of the population over 65 years of age to have profound or severe disability followed by Blacktown (23.9%), Parramatta (20.2%), and The Hills Shire (13.7%). Over 2,500 people aged 65+ years in Western Sydney were experiencing the triple jeopardy of living alone, having a disability, and a low income – with the highest proportion living in Cumberland (3.8%). The proportion of older people living with the quadruple jeopardy, of being a renter, living alone, with disability, and a low income was highest in Cumberland (1.3% of people 65+ years), followed by Blacktown (0.9%), Parramatta (0.8%) and The Hills Shire (0.1%) forming a total number of 825 persons (65+ years of age) in Western Sydney.

- **Characteristics of target population:**

The defined care finder target population (as per the Program Guidance) is significantly represented in Western Sydney including the population of people who may be represented by the following scenarios:

- are uncomfortable engaging with government due to past discrimination and/or trauma as a result of experiencing homelessness, identifying as LGBTIQ+, as Aboriginal or Torres Strait Islander, a Forgotten Australian, a care leaver, or previous incarceration;
- are socially isolated and at significant risk of a fall but not engaging with aged care because they do not recognise the assistance they need, and also refusing help from their family to call My Aged Care to find out more about aged care and set up an assessment
- do not speak English and are cared for by a family member who speaks some English but does not feel confident to call My Aged Care to find out more about aged care and set up an assessment;
- has cognitive or communication impairments with no family or close friends who live nearby to help them through the screening and assessment process;
- are homeless or at risk of homelessness, with no family or close friends nearby to help them find and choose services;
- have low literacy and may have trouble understanding the information that providers are sending; while there may be a carer who wants to help them, the person does not give permission for the carer to be their representative due to not wanting to feel they are a burden, or perhaps, due to fear of elder abuse.

Issues experienced by target population:

Ongoing issues experienced by the target population in Western Sydney will be identified further through ongoing community and service provider mapping and consultation.

Previously identified issues include older people being more likely to experience a history of discrimination, stigma, isolation and trauma regarding their sexuality or gender identity, leading to challenges accessing safe and inclusive aged care services. Forgotten Australians, care leavers, former child migrants and the stolen generation's traumatic experience from childhood and related fears when needing to access information, health and aged care service. Challenges raised also include variances with older Australians from CALD backgrounds wanting to and understanding how to access health and aged care services, and the time and complexity it takes for people with cognitive impairment and their families to navigate health and aged care information and services.

Demographic Data
Barriers to engaging with target population: • Through WSPHN's experience in service design, delivery and commissioning across Western Sydney we know there are many significant and complex barriers in engaging with priority, vulnerable and hard to reach populations. This can range from fear and mistrust of government and health services, previous trauma, language barriers, geographical and transport barriers, low income, and lack of knowledge of how services can assist. **Potential solutions:** • A place-based approach can be an effective strategy to engage locally disadvantaged communities that typically have more limited access to services and facilities. Place based, co-designed approaches enable communities and partners, services providers and commissioners to design and implement local place-based solutions and share stewardship to impart a collaborative long-term approach to build thriving communities in a defined geographical location. This aims to create equitable solutions that respond to complex, interrelated challenges, a strength-based delivery model, and an underpinning value of enabling greater equity in access to aged care services across western Sydney. • Care finders will potentially be place based across all 4 LGAS, co-designed with the commissioned service provider, community and carers. WSPHN will progress with service delivery design best suited to the needs of the care finder population across different areas of Western Sydney.

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

WSPHN used a combination of interactive discussions and workshops with the service providers in the space of aged care to identify and validate gaps in the region. Some of the highlights from these discussions are as follows:

- One on one support for older population to go through the entire health care system is a gap currently
- Pride and dignity come up as a key barrier when it comes to people who are finding they need support for the first time
- The informal networking approach is one the most effective tools when trying to connect with hard-to-reach population cohorts
- It is important to establish a formal networking structure to complement the informal networking opportunities, looking separately at each vulnerable community
- Long wait times to access services is a key contributor of client dissatisfaction with services
- It is key to engage with people and help them to understand the benefits of various available services, focused on their unique circumstances not just a generic offering
- Older people with lower socioeconomic status can feel they do not deserve access to services, believing someone else might have higher needs
- Carers who do not identify as carers, like students taking care of a parent, need to be aware of services and how they can be accessed
- There is potential benefits in offering healthy ageing masterclasses to reach large population cohorts of CALD and other vulnerable cohorts, e.g considering offering in different locations and different languages.

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

Older people in Western Sydney, particularly vulnerable groups such as people from CALD backgrounds or those experiencing homelessness, can face barriers to accessing health services. Under the Commonwealth Home Support Programme (CHSP) in 2018–19, more than 50% of people received fewer than five allied health services per year. Older people, particularly those living alone, can be socially isolated - a risk factor for loneliness. Some other risk factors for loneliness can be unemployment and financial difficulties. Loneliness has been linked to premature deaths and poor physical and mental health (AIHW, 2021). In the past two years, COVID-19 related restrictions have increased the risk of social isolation and loneliness for older people across Australia.

Following aged care related services are currently operating in Western Sydney region:

Services	Numbers in Western Sydney Region

Aged care assessment services	8
Aged care case management services	11
Aged care Information/Referral services	22
Aged care planned activity group services	38
Personal care for older persons services	10
Permanent Residential Aged care services	64
Permanent Residential Aged care beds	6530

Data Analysis

Existing ACH providers in the Western Sydney region:

1. **Hammond Care** : Provide health, aged and dementia care expertise, palliative care, and research to people who are financially disadvantaged. Currently they have presence across 7 primary health network regions namely Central Eastern Sydney, Western Sydney, Nepean Blue Mountains, Southwestern Sydney, South-Eastern NSW, Western NSW, and The Hunter New England and Central Coast.

   Hammond care is a well-established provider with a large footprint, serving approximately 7,500 clients annually across Australia (NSW, VIC and QLD) (WSPHN Consultations 2022). The organisation specialises in Dementia Care and as a part of its mission, also works with isolated and homeless populations.

   The Organisation expressed interest in one-on-one discussions in expanding and helping people navigate and link them up with the system. In terms of staffing arrangements, they currently have a specialist manager associated with clients directly, have clinical care managers and 1 dedicated FTE under ACH funding in the Western Sydney region, and reflected on the need to leverage additional support. They also leverage bilingual managers for CALD and other expertise to cater to people with specific needs.

   Other Commonwealth Home Support Programme funded services offered by this organisation include Allied Health and Therapy Services, Assistance with Care and Housing, Centre Based Respite, CHSP Personal Care, CHSP Transport, Cottage Respite, Domestic

Data Analysis
Assistance, Flexible Respite, Home Maintenance, Home Modifications, Meals, Social Support - Group, Social Support - Individual, Specialised Support Service[12]. 2. **Uniting (NSW.ACT):** Covers all NSW and ACT regions offering home care services, including a few with ACH funding which ran successfully. They have a case management type model with no hoarding and squalor services operating in Central and Eastern Sydney, South-Eastern NSW, Western NSW, Hunter New England and Central Coast and Australian Capital Territory. The organisation supports individuals who are homeless or are at risk of homelessness, predominantly supporting people to find permanent accommodation and once they get that permanency, support to transition to their new home followed by getting them into an ACH service if needed. They work around navigation supports, liaise with clinical teams, and provide additional support that people may require like connecting with mental health services. Other Commonwealth Home Support Programme funded services offered by this organisation include Allied Health and Therapy Services, Assistance with Care and Housing, Centre Based Respite, CHSP Personal Care, CHSP Transport, Cottage Respite, Domestic Assistance, Flexible Respite, Home Maintenance, Home Modifications, Nursing Social Support - Group, Social Support - Individual and Specialised Support Services. The provider identified the gap created by delays in completing the aged care assessment, the person can be living without necessary items for a considerable time. Uniting has support staff workers to be able to help with population in the meantime[11]. Expressed an interest to transition to care finder as they believe this would not be a significant change and use their current service and experience as base to expand. 3. **Wesley Mission**: With identical services across Western Sydney, Nepean Blue Mountains, and The Hunter New England and Central Coast regions; the organisation has a range of services to support from children, families, and the elderly, to those struggling with homelessness, addiction, mental health, financial or domestic challenges. The organisation reflected they are keen to move forward in terms of transitioning and interested to upscale based on additional funding. In terms of staffing arrangements, currently have 1FTE serving Western Sydney region with an approach of out and about in the community and is based on referral model at the moment. They also have 0.8 FTE in Nepean and is same for all the other regions for them.

Data Analysis
Other Commonwealth Home Support Programme funded services offered by this organisation include Allied Health and Therapy Services, Assistance with Care and Housing, Centre Based Respite, CHSP Personal Care, CHSP Transport, Domestic Assistance, Flexible Respite, Goods, Equipment and Assistive Technology, Home Maintenance, Home Modifications, Meals, Service Systems Development, Social Support - Group, Social Support - Individual.

Analysis of existing aged care navigation supports in the PHN's region, which may involve looking at matters such as:
Service Models: Aged Care Navigation

COTA Western Sydney Blue Mountains and Nepean are part of the trial Aged Care Navigator service across.

Dementia Care Navigator service
WSPHN fund a commissioned dementia-specific service navigator model that is targeted to support people living with dementia, their families, and carers, primarily from CALD and special needs communities who reside in the Western Sydney PHN region.

Aged Care Supports and Services
There are a range of supports including community organisations, navigation services, primary health providers, Residential aged care facilities, Commonwealth Home Support Programme (CHSP), the Home Care Packages (HCP) Program, the Short-Term Restorative Care Programme (STRC), and residential respite care. These include (but are not limited to) NSW health services that provide aged care support and services.

In Western Sydney there are 64 residential aged care facilities and as 30 June 2020, 118 Home Care outlets and 88 Home Support outlets. The rate of home care participants in Western Sydney across 2019/2020 was 45.5 for home care and 243.6 for home support.
Health supports in Western Sydney include Community Based Response Teams (CBRTs), that will have access to, and act as referees and include:
Transitional Aged Care Program (TACP), jointly funded by the Australian Government (75%) and NSW government (25%). TACP bridged acute and community settings and is a flexible aged care program that provides short term, therapy focused care for older people following discharge from hospital, including low intensity therapy and nursing support or personal care, to optimise functioning and independence. TACP also supports patient bed flow and reduces hospital admissions and premature admissions to RACFs. This service is provided by WSLHD across the LGAs of Cumberland, Hills, Parramatta and Blacktown.

Rapid Access to Care and Evaluation (RACE) is a WSLHD geriatrician led multi-disciplinary 5 days post discharge acute community service to promote early and safe discharge of acute geriatric patients to their own homes, including independent living units for older patients that meet eligibility criteria.

RACE Extend is a sub-acute geriatric community outreach services provided by WSLHD. It provides community assessments, care and support that engage the patient, carer, and family. Service provided included:

Data Analysis
Comprehensive geriatric assessments, falls assessments, exercise programs, balance retraining, equipment, carer training and education, home environment and functional assessments, service coordination and streamlining into long term services, guardianship applications. **Geriatric Rapid Evaluation and Treatment** (GREAT) This is a WSLHD medical; and nursing outreach service to RACFs with the aim to assist RACFs to provide needed medical and nursing care **Community Aged Care Rapid Evaluation** (CARE) This WSLHD services aims to improve the quality of care provided to the older population by reducing unnecessary transfers to hospital from RACFs and facilitating earlier discharge to home/RACF and avoiding hospital admissions through early identification of patients in emergency departments and referral and follow up in the community. **Community Packages** (ComPacks) facilitate safe and early discharge from hospital by providing eligible patients with a short-term package of care designed to help them regain independence and prevent readmission to hospital. ComPacks is a non-clinical package of case management and home care service and in Western Sydney, delivered by Silverchain and Community Options. ComPacks is a State funded initiative and is managed in conjunction with LHDs by the NSW Ministry of Health Out of Hospital Care (OHC) Team. **Westmead HOPE ED** is the geriatrics ED admission and short stay services, providing initial rapid assessment, treatment, provision of aids and appliances and referral to outpatient services to facilitate discharge home. **WSLHD Integrated & Community Health Complex, Aged & Chronic Care Services** focus on restoring, improving, or maintaining people's health, independent functioning and wellbeing and independence. The focus of these services is to assist people to regain or maintain physical, functional and cognitive abilities which support them to either maintain or recover a level of independence, allowing them to remain living at home in the community. Services are provided within a multidisciplinary framework and are provided by a range of health professionals including nursing, dietetics, occupational therapy, physiotherapy, podiatry, social work, and speech pathology.

Data Analysis
Analysis of opportunities in the PHN's region to enhance integration between the health, aged care and other systems within the context of the care finder program: • Integration between systems is crucial to the optimal care outcomes for consumers. This has been identified and actioned via PHNs through initiatives such as Healthy Ageing, that support the Australian Government's response to the *Royal Commission into Aged Care Quality and Safety.* The Commission examined the complex issues being faced by senior Australians at the interface of Primary and Aged Care, all of which contribute to poorer outcomes for senior Australians, and pressure on the health care system. • WSPHN in partnership with WSLHD, RACFS , community, NFP/NGOs and primary care providers are undertaking a range of activities and initiatives to address the integration of health sectors and systems. The Care Finder Navigator service will complement the work already being undertaken to support vulnerable older populations in Western Sydney to have access and support to aged care services.

Processes for synthesis, triangulation and prioritisation

WSPHN undertook this Needs Assessment by building on, and learning from, the previous comprehensive Needs Assessments conducted across2021/2022 to understand the health and service needs in our region. We took a mixed methods approach using both quantitative and qualitative research, including data analysis, literature review and interactive meetings with potential providers, to analyse available data and information to inform our findings and generate insights into the needs of older people. To synthesise and triangulate the findings of the health and services needs analysis, WSPHN used an iterative mixed methods approach that included cycles of desktop research, meeting with current ACH providers, potential care finder providers and continuous development of the needs assessment. This enabled WSPHN to capture data from emergent reports and publications and leverage the knowledge of its experts and key partners across the region.

WSPHN approached the prioritisation process by exploring the health and service needs using a whole of population lens and a demographic lens. Underpinning WSPHN's development of priorities is the key role that community engagement and co-design will play in implementing an effective Care Finder program in Western Sydney. WSPHN's priorities will build on existing priorities, and address issues identified in the needs assessment, but will also give WSPHN the ability to proactively identify emerging issues, rapidly understand their impact, and co-design holistic solutions that improve older people health outcomes.

To ensure ongoing learning and improvement an annual review of this Needs Assessment process will be conducted to evaluate its effectiveness. WSPHN will review its internal processes and will invite feedback from new Care Finder providers and ACH providers, collaborators in the region, key community contacts, and internal SMEs. WSPHN will consider opportunities for continuous improvement of this process and will seek to incorporate these into the next iteration of the Needs Assessment.

Section 2 Outcomes

Identified need	Key issue	Evidence
Increasing social isolation and loneliness	The number of residents feeling isolated from the community are increasing. Older people, particularly those living alone, can be socially isolated - a risk factor for loneliness.	Older people in Western Sydney are at higher risk of experiencing social isolation and loneliness, especially during the periods of COVID-19 restrictions. This can have an adverse effect on their mental health. Older people living in aged care facilities experience depression but do not have equal access to mental health services. Older Australians, particularly in residential aged care facilities, continue to experience isolation and loneliness. They may not have community networks and can suffer from mental health issues including anxiety and depression. Older people, particularly those living alone, can be socially isolated - a risk factor for loneliness. Some other risk factors for loneliness can be unemployment and financial difficulties. Loneliness has been linked to premature deaths and poor physical and mental health (AIHW, 2021).
The intersectionality of vulnerabilities experienced by Aboriginal and Torres Strait Islander people	Many Aboriginal and Torres Strait Islander people have experienced discrimination and racism that can have a negative impact on physical and mental health outcomes. It can reduce access to social resources including employment, education, housing, health care and other services	Western Sydney is home to one of the largest urban Aboriginal and Torres Strait Islander populations in Australia. More than 16,550 people identify as Aboriginal or Torres Strait Islander[22]. The number of indigenous people over the age of 50 in Western Sydney is estimated to be more than 5,715. With 11,808 Aboriginal-heritage persons, Blacktown contributes to one of the highest Aboriginal population areas in New South Wales. Nearly 2,099 Aboriginal-heritage persons reside in Parramatta, over 1,692 in Cumberland and 951 in The Hills Shire area[22]. PHIDU 2021 older people atlas data suggests 6.3% (106 people) of total aboriginal-heritage

Identified need	Key issue	Evidence
		people in Cumberland are more than 65 years of age and the proportions are 3.7% in Blacktown, 5.5% in Hills Shire and 3.6% in Parramatta in 2016[22]. In a study conducted by Western Sydney University and ACON (ACON, 2020), Aboriginal and Torres Strait Islander community leaders identified limited access to culturally safe services and the absence of a holistic approach to wellbeing as critical issues impacting their community members in Western Sydney. Despite experiencing complex health needs and lower life expectancy, Aboriginal and Torres Strait Islander elders are not accessing aged care at the same rate as the general population. A small proportion of Aboriginal and Torres Strait Islander patients access telehealth services, citing issues with access to smart devices, data credit, and lack of confidence in the cultural appropriateness as reasons for this low uptake. Awareness of the 715-health check remains low, and in 2019-2020 only 20.4% of Aboriginal and Torres Strait islanders in Western Sydney had a face-to-face health check. Aboriginal and Torres Strait Islander people face significant barriers to accessing Aged Care services. Economic and social disadvantage, a lack of culturally safe care and the ongoing impacts of colonisation and discrimination are significant barriers. Additionally, these community members suffer disproportionate impacts from chronic and complex health conditions, disability and homelessness which further serves to affect their access to aged care services. These individuals often prefer to receive care from other Aboriginal and Torres Strait Islander peoples. (RCACQS 2021). Aboriginal and Torres Strait Islander individuals over the age of 55 are included in the category of older Australians, on the basis

Identified need	Key issue	Evidence
		that this population statistically tends to suffer from health issues earlier in life. People in aged care come from very diverse backgrounds and the Royal Commission into Aged Care found that needs of some groups were not being met. This includes Aboriginal and Torres Strait Islander people, who do not access aged care services at a rate that matches their level of need (Aged Care Royal Commission Final Report: Summary, 2021). Older Aboriginal and Torres Strait Islander people have higher rates of disability, comorbidities, homelessness, and dementia (Aged Care Royal Commission Final Report: Summary, 2021).
Culturally and linguistically diverse (CALD) population have difficulties navigating the health system	Research shows that people from CALD backgrounds face numerous barriers to access timely and appropriate health care[5].	Nearly 50% of the Western Sydney population were born overseas in comparison to the national Australian average of 33% (ABS, Census data 2021) If we look at the statistics at LGA levels, these proportions are highest in Cumberland (60%) and Parramatta (58%) followed by Blacktown (50%) and Hills Shire (43%). According to PHIDU census data 2021, 10% (105,451) of Western Sydney population was born in India, 5.4% (56,283) in China, 3.6% (37,145) in Philippines, 1.8% each in Sri Lanka, South Korea and Nepal. There are many areas in WSPHN region where English proficiency is very low and specifically in older people born overseas. A quarter (25.1%) of total people born overseas aged 65 years and over have low proficiency of English in Cumberland area, the proportions are 16.2% in Parramatta, 12.8% in Blacktown and 8% in Hills Shire. There are a large number of SA2s in the WSPHN region where English is not spoken at home. Less than 19% of residents speak English only at home in Parramatta-Rosehill (18.9%), Lidcombe (18.9%), Auburn-South

Identified need	Key issue	Evidence
		(18.3%), Auburn-Central (12.8%) and Auburn-North (9.1%). Health care systems can be intimidating for new immigrants. New immigrants have difficulties and stress around adapting to a new system. These can be language barriers and discrimination; poor health literacy and an absence of a support network of family (NSW Government Department of Health NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023). CALD populations in particular struggle to access health services due to: • A lack of awareness of available health service pathways • A lack of understanding due to language and cultural differences of what their symptoms may mean for underlying conditions. • Influences outside of their control, for example immigration status that lead to social isolation and family separation. • Cultural stigma and shame around health issues for instance disability, sexually transmitted disease and mental illness (NSW Government Department of Health NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019–2023).
Homelessness	There are many barriers that prevent people experiencing homelessness from accessing services including poor health, physical barriers to services, not having Medicare cards or other proof of identity, competing physiological or safety priorities,	Women aged 55 and over are the fastest growing cohort of homeless Australians, rising 31% between 2011-2016 and continuing to rise. Approximately 6,000 people in the WSPHN region were experiencing homelessness in 2016. Over half of these were in the Cumberland SA3s of Auburn (29% or 1,726 people), and Merrylands-Guildford (25% or 1,518 people). Overall, the homelessness rate in the WSPHN is comparable with the state average.

Identified need	Key issue	Evidence
	affordability, and stigma.	However, levels of homelessness are substantially higher in SA3s with high Aboriginal and Torres Strait Islander populations and higher levels of socioeconomic disadvantage (Auburn, Mount Druitt, Merrylands-Guildford). Access to appropriate and affordable housing can reduce adverse outcomes, such as social exclusion, and poor health and wellbeing outcomes.
Immigrants and Refugees	Older people, particularly vulnerable refugees can face barriers in accessing health services.	Consultations with the Western Sydney Refugee Health Coalition indicates that refugees in the region experience various chronic and complex health issues, older refugees often arrive with poorly managed health conditions. 5,000 refugees settled in Western Sydney between 2009-14. From 2015-17, more than 2,000 people were granted humanitarian visas in the WSPHN region, with the majority of people settling in Blacktown (32%) and Parramatta (29%). It is acknowledged that the health care system can be intimidating for new immigrants due to language barriers and the confusion caused by differences in how the Australian health system is compared to their country of origin.
Improving health and digital literacy in older Australians	Older people have limited engagement with digital health due to lower rates of digital literacy. They are less comfortable using digital technology and may not understand the value of digital participation particularly to access health services.	Research into the digital behaviours of older Australians (aged 50+) identified: • Many older Australians have real concerns about the safety of the internet and want to understand how digital participation can improve their lives[5]. • There is a strong relationship between age and digital literacy levels: three-quarters of the digitally disengaged group were aged 70 years. • 11% of the population aged 50 years and over did not have any form of internet access. They were likely to be older (aged 70 years and above) .

Identified need	Key issue	Evidence
		• The most common way older Australians connected to the internet was through a home internet connection, with four-in-five doing so. Over 22,827 people of more than 65 years of age in private dwellings do not have access to internet in Western Sydney. The proportion of older people (65+) in private dwellings with no access to internet is highest in Cumberland 30% (6,825 people), Blacktown 24.9% (8,392), Parramatta 20% (5,177 people) and 11.5% in Hills Shire (2,383 people).
Difficulties navigating the aged care system	Older people struggle to navigate the complexities of the Aged Care system	The current Aged Care system is difficult to access and navigate for older people. It does not offer personalised information and support making it more difficult for older people to make decisions about their care. (RCACQS Final Report 2021) Service provider discussions conducted by WSPHN identified that one-on-one support for older population to go through the entire system is a gap currently in the community.
Low rates of follow up service access	Those who did access health checks had low rates of attending follow up services	Of the Aboriginal and Torres Strait Islander peoples in Western Sydney who accessed a health check in 2018-19 only 25% accessed a follow up service within 12 months of the health check (Qliksense 2021)
LGBTIQ+, Veterans and people from other diverse backgrounds face issues in accessing appropriate care	Many older people from diverse backgrounds including veterans, people experiencing homelessness and LGBTIQ+ individuals struggle to access non-discriminatory, culturally appropriate care	Older Australians who identify as LGBTIQA+ grew up during a time when it could be very unsafe to be their authentic selves. While attitudes across society continue to change, there are new challenges for older Australians, where assumptions are made about their sexuality and gender identity, that create new experiences of feeling invisible or new challenges to how personal care support is offered. LGBTIQA+ individuals can face discrimination from their families and community leading to isolation and, in some cases, increased rates of suicidal ideation and other health risks. LGBTIQ+ people need to feel safe accessing support (Writing Themselves In 3, 2010). It is

Identified need	Key issue	Evidence
		important to understand individual stories of those experiencing homelessness because some people who have severe and persistent mental illness have disengaged from the system and are now homeless as a result. The total number of veterans reported by the Department of Veterans Affairs residing in the WSPHN region is 5,215, with almost a third of these residing in the Blacktown LGA. The unique physical and mental health issues veterans experience, and their reluctance to access help, can leave them vulnerable to isolation, difficulties in society and in their relationships. Many veterans do not engage with the Department of Veterans Affairs until they need serious or intensive care. Many veterans are unaware of the breadth of services available or how to access them (AIHW, 2018). Veteran health has been identified as an emerging need in the WSPHN region by stakeholders, including health professionals and service organisations. For example, men aged 55-64 years who have served in the Australian Defence Force (ADF), have significantly higher rates of arthritis and behavioural problems compared to non-service men (Australian Institute of Health and Welfare 2018. Australia's health 2018. Australia's health series no. 16. AUS 221. Canberra: AIHW) In Western Sydney, older people, particularly vulnerable people such as people from a CALD background or those experiencing homelessness, can face barriers to accessing health services. Community engagement revealed some barriers to accessing services in Western Sydney for older people include: • Language and cultural barriers for culturally and linguistically diverse older people. • Services are not marketed well for the Western Sydney population.

Identified need	Key issue	Evidence
		• A lack of awareness regarding services and service pathways for older Australians. (WSPHN Community Engagement 2021)
Negative healthcare experiences and barriers to accessing healthcare	Some residents, particularly vulnerable cohorts in Blacktown LGA, have had negative healthcare experiences and encounter barriers to accessing care.	Priority health populations including Aboriginal and Torres Strait Islander people, CALD populations, those experiencing homelessness, former prisoners, and those living with disability are some vulnerable groups where previous negative healthcare encounters have become a barrier to their accessing care, and negatively impacting their health. (WSPHN Community consultations 2021). Those transitioning from life in prison can encounter barriers to accessing appropriate health care in the community, including stigma, resulting in the worsening of their existing health conditions. People newly released from prison are also at risk of developing new health conditions, as the transition to life in the community can cause trauma, psychological distress, increased use of alcohol and other drugs and other risky behaviours. Many people newly released from prison do not have secure housing or accommodation and expect to be homeless on their release (The health of Australia's prisoners, 2018).

Section 3 Priorities

A summary of the priorities

- ***locations to be prioritised for care finder support***

Each of the four WS LGA's will be appropriate for Care Finder services, ideally place-based to support the needs of those communities, that vary across Western Sydney. For example, the Cumberland and Parramatta LGAs may have a need for care finders able to offer engagement in community languages.

- ***target population sub-groups to be prioritised for care finder support***

All target populations, as outlined in the program guidance, are represented in communities across Western Sydney. Future co-design will highlight which target populations will be prioritised across each of the LGAs.

- ***approaches to be prioritised for meeting the needs of all diverse groups that will form part of the care finder target population***

Co-design and further consultation with consumers, carers and service provider (including ACH's and successfully commissioned care finder providers) will guide the most appropriate approaches and prioritisation of activities to ensure that the needs of all diverse groups are met.

- ***activities to be prioritised to enhance integration between the health, aged care and other systems within the context of the care finder program.***

WSPHN has existing long standing and robust formal and informal collaborative partnerships and networks with primary care providers (General Practice, Allied Health, Pharmacy and specialists), community organisations/service providers, RACFS and the Western Sydney LHD, which includes referral and assessment services (ACTAT) acute, subacute, in and outpatient and community health services and programs. Through these pre-existing pathways, governance structures and networks, WSPHN will prioritise and facilitate cross collaboration, communication and information campaigns, pathways for referral and other mechanisms to ensure there is integration between health, aged care and other systems.

References

1. https://www.abs.gov.au/census/find-census-data/quickstats/2021/116
2. https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA12380
3. https://www.abs.gov.au/census/find-census-data/quickstats/2021/LGA17420
4. https://www.abs.gov.au/census/find-census-data/quickstats/2021/125
5. Needs assessment WSPHN: https://wentwest.com.au/wp-content/uploads/planning_resources/Reports_WSPHN_Needs-Assessment_201921.pdf
6. ABS, LGA Socio economic Indexed of Australia (SEIFA) 2016, Table 2
7. ABS, LGA economic- resources Indexed of Australia (SEIFA) 2016, Table 4
8. https://www.abs.gov.au/statistics/people/housing/census-population-and-housing-estimating-homelessness/2016
9. 20490DO006_2016 Census of Population and Housing: Estimating homelessness, 2016

10. https://www.aihw.gov.au/reports/older-people/older-australians/contents/social-support
11. WSPHN Consultations 2022
12. Department of health document for quarantine funding
13. Thompson C, Morris D and Bird S (2022) Evaluation of the Improving Social Connectedness of Older Australians project pilot: Informing future policy considerations. Centre for Health Service Development, Australian Health Services Research Institute, University of Wollongong Evaluation of the Improving Social Connectedness of Older Australians project pilot: Informing future policy considerations (uow.edu.au)
14. (The Australian Human Rights Commission – Older Women and Homelessness (2019).
15. https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/older-clients
16. Table 15.1, 44300D001_2018 Disability , ageing and carers, Australia: New South Wales 2018 (ABS https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release#data-download)
17. Table 18.3, 44300D001_2018 Disability , ageing and carers, Australia: New South Wales 2018; (ABS https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release#data-download)
18. https://phidu.torrens.edu.au/social-health-atlases/data#2021-census-primary-health-networks- 2021 Census data by Primary health networks with component LGAs
19. PHIDU_older_people_atlas_data_lga_Australia (LGA workbook(Disability)- https://phidu.torrens.edu.au/social-health-atlases/topic-atlas/ageing-atlas#data-workbooks
20. PHIDU_older_people_atlas_data_lga_Australia (LGA workbook(Housing 65+)- https://phidu.torrens.edu.au/social-health-atlases/topic-atlas/ageing-atlas#data-workbooks
21. NHSD- National Health Services Directory- https://studio.healthmap.com.au/ (Aged Care Services by PHNs- Western Sydney)
22. PHIDU 2021, Older people atlas lga_Australia (LGA Workbook(Aboriginals_persons)- https://phidu.torrens.edu.au/social-health-atlases/topic-atlas/ageing-atlas#data-workbooks
23. PHIDU 2021, Older people atlas lga_Australia (LGA Workbook(internet_access)- https://phidu.torrens.edu.au/social-health-atlases/topic-atlas/ageing-atlas#data-workbooks
24. PHIDU 2021, Older people atlas lga_Australia (LGA Workbook(Birthplace_English_proficiency)- https://phidu.torrens.edu.au/social-health-atlases/topic-atlas/ageing-atlas#data-workbooks
25. . Crimeen, A., Bernstein, M., Zapart, S., Haigh, F., (2017) Place-based Interventions : A Realist Informed Literature. https://chetre.org/wp-content/uploads/2018/06/Place-based-Interventions-Literature-Review.pdf
26. https://humanrights.gov.au/sites/default/files/document/publication/ahrc_ow_homelessness2019.pdf and or The Australian Human Rights Commission – Older Women and Homelessness (2019) and or Specialist homelessness services annual report 2020–21, Older clients - Australian Institute of Health and Welfare (aihw.gov.au)