CHN care finder supplementary needs assessment

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Section 1 Narrative

1.1. Actions to determine additional activities

To provide an evidence base for care finder commissioning within the Australian Capital Territory (ACT), Capital Health Network (CHN; ACT's Primary Health Network) has reviewed and collated data from the existing ACT PHN needs assessment and census data from 2021, together with stakeholder and community consultations. Additional scoping of the service landscape for ACT's older persons has been undertaken to help inform the integration of care finder activities with local services. Co-design consultations with local stakeholders will also be employed to inform the delivery approach for care finders in the ACT.

1.2. Additional activities undertaken

The activities undertaken to inform this Needs Assessment include consultations with Assistance in Care and Housing (ACH) providers, Care Navigation Trials providers, homelessness services, cultural support groups and attendance at relevant networks for older people (e.g. Elder Abuse network, ACT Regional Aged Care Network, and Roundtable for Vulnerable Older People in the ACT).
The consultations have provided feedback to:

- build an understanding of the profile and needs of the local care finder target population/sub-groups
- assist in identifying potential solutions to best address local needs in relation to care finder support/priorities for care finder support
- build an understanding of existing services relevant to care finder support in the PHN's region
- assist in identifying opportunities to enhance integration between the health, aged care, and other systems within the context of the care finder program.

The co-design workshop undertaken in early September was attended by local stakeholders (e.g. service providers, advocacy groups and consumers) to further understand how best to integrate the care finder model into the local service landscape and identify additional support for care finders to perform their roles as intended.

1.2.1. Data analysis undertaken to understand the profile and needs of the local population in relation to care finder support

1.2.1.1. Analysis of demographic data

Geographical distribution

According to the 2021 Census data, the ACT population was at 454,449. Aboriginal and Torres Strait Islander population account for 2% of this total, with 15.4% (n=1379) of the Aboriginal and Torres Strait Islander population aged 50 years and over (1). There has been a three-fold increase of Elders in the ACT, as the proportion of Aboriginal and Torres Strait Islander people aged 75 years and over in 2021 increased from 0.4% in 2011 to 1.3% in 2021 (1). Non-First Nation people aged 65 years and over account for 13.7% (n=62,204) of the population (2). According to the ACT Healthy Aging Report Card 2018, it is expected that the ACT population will almost double in the next 40 years, with the greatest increase in people aged 85 and over (from 13% in 2017 to 22% in 2059) (3).

The highest proportion older people in ACT currently live on the south side of Canberra as per table below (4). Although, feedback received from CHN consultations with providers participating in the Aged Care Navigators Trial, indicated that older people at risk of poorer health outcomes live across all suburbs of Canberra (4).

Older persons in the ACT in 2021										
Suburb	Belco-nnen	Can East	Gung-ahlin	Molon-glo	Can North	Can South	Tugger.	Uriarra Namadji	Weston Creek	Woden Valley
Total pop	106061	1934	87682	11435	61188	31,592	89461	625	24630	39279
65+ - all	15987	278	6306	417	6919	5838	13953	51	5146	7269
Total indige n-ous	2207	136	1434	123	847	418	2728	21	433	549
50+	317	14	149	10	152	76	454	0	85	110
Percentages										
% 65+	15.1%	14.4%	7.2%	3.6%	11.3%	18.5%	15.6%	8.2%	20.9%	18.5%
% Indige n-ous 50+	14.4%	10.3%	10.4%	8.1%	17.9%	18.2%	16.6%	0.0%	19.6%	20.0%

* Please note that the total of the numbers in the Suburb breakdown does not equate the totals for the ACT as the latter contain all territories in addition to Canberra (notably Jervis Bay) - Census data 2021

In 2021, the Australian Capital Territory Indigenous Location (ILOC) with the most Aboriginal and Torres Strait Islander people was Tuggeranong, followed by Belconnen and Narrabundah-Weston (1). In the Tuggeranong ILOC Aboriginal and Torres Strait Islander people represented (1):

- 3.0% of the ILOC population
- 30.5% of the overall Australian Capital Territory population.

Housing arrangements

In March 2021, of the 1,058 private rental properties in the ACT, only 32 were financially accessible for a couple on the age pension and 20 for a single person on the age pension (5).

Feedback from ACH providers and non- ACH providers was that there is an absence of timely support available for older residents at risk of or experiencing homelessness, and little to no available crisis accommodation for this cohort (6). The eligibility criteria for public and community housing prevent many older people from registering on financial grounds – the assets test rules out people with modest lifetime savings (5). This is creating a growing cohort of older people who are not eligible for social housing assistance but are not financially able to rent or buy on the private market (5). It is likely this trend will continue to grow given the ongoing shortage of affordable housing, the aging population, and the significant gap in wealth accumulation between men and women across their lifetimes (5).

The current housing supply in the ACT has been identified through stakeholder engagement as particularly challenging for older people, with wait times increasing. Houses available to older people are often located far from their familiar environments and social networks, which means they may experience social isolation. This may be particularly difficult for vulnerable population. ACH and non-ACH providers were concerned about public housing not able to meet the needs of the older population, particularly safety. Additionally, the layout of public housing may not accessible for people with disability (7).

Social engagement and family/community support

Social engagement decreased during the COVID-19 pandemic, notably the reduced capacity of public transport and support services further contributed to low social engagement. Anxiety associated with social distancing, vaccination and mask wearing also contributed to lack of social engagement. Vulnerable groups of older people in the ACT often experience limited social support due to (7):

- complex mental and/or behavioural issues,
- dementia/cognitive impairment,
- substance use issues,
- hoarding and/or squalor issues,
- engagement with the justice system,
- a diagnosis of HIV,
- discrimination associated with prior work e.g. sex-work,
- being a carer,
- belonging to the LGBTIQA+ community.

Health and disability status

Approximately 80.8% of older people in the ACT in 2018 had at least one or more long term physical health conditions. According to the ABS Disability, Aging and Carers Survey in 2018, around 24,500 older people in the ACT reported having a disability and around 11,400 had profound or severe core activity limitation. Around 22.2% older people in ACT need assistance with at least one activity. The highest areas of need were in property maintenance (12.5% of older ACT population), health care (11.2%), mobility (10%), and transport (9.7%) (8). With an increase in older population census 2021 figures, these needs are likely to have increased.

Preventable hospitalisations, ED presentations and hospital stays

Potentially preventable hospitalisations (PPHs) of older people in the ACT in 2017-18 was 3,795, equivalent to 7,351 PPHs per 100,000 people (9). The most common type of PPH was due to chronic conditions (57.9%), followed by acute conditions (30%) and vaccine preventable (12.8%) (9).

However, older people in North Canberra had the highest PPHs per 100,000 people (8,200 hospitalisations), followed by older people in Weston Creek (7694 hospitalisations), Belconnen (7,403 hospitalisations) and Tuggeranong (7,362 hospitalisations) (9).

There were 4,340 lower urgency ED presentations of older people in the ACT in 2018-19 (10). The rate for lower urgency ED presentation for older people in the ACT per 1,000 people was higher than the national average (80.9 compared to 79.8) (10). This figure was highest in Belconnen (91.8 presentations per 1,000 population), followed by Gungahlin (86.7 presentations per 1,000 population) (10). According to the Women's Centre for Health Matters, women aged 75+ advised that they went to the ED (for emergency purposes) at twice the rate of the other age groups but were least likely to attend the Walk-in Centres in the last 12 months (11).

The average length of stay under the clinical unit of Geriatric Medicine for the 2019–20 period at University of Canberra Hospital was 28.4 bed-days, compared to 8.9 bed-days for Canberra Health Services (The Canberra Hospital) and 7.0 bed-days for Canberra Public Hospital Bruce (12). The aging population is placing increasing pressure on hospital services, requiring strategies and supports that can work to reduce admission rates, preventable hospitalisations and the length of stay through provision of adequate preventative and management supports (12, 13). This is of particular importance, given the increased likelihood of loss of mobility, physical function, heightened frailty and other related complications, that can result from hospitalisations among this cohort (13).

Mental health, cognitive ability, and dementia

The ABS reports that there were 49,200 people aged 65+ in the ACT in 2017-18 suffering from psychological distress (54% female), and 8,300 (16.9%) people aged 65+ had mental and behavioural conditions. Males aged 65+ had higher levels of psychological distress than females. Older people in the ACT are over-represented in community mental health and hospital out-patient services with depression and anxiety being most common

(14). The mental health of older people in residential aged care facilities is further impacted as they have to transition into a new environment, potentially isolated from their social network (7).

There were 21,420 mental health services contacts of people aged 65+ in the ACT in 2017-18 (14). Mental health for older people remains a strong theme in our consultations. It was noted that people with a dual diagnosis of dementia and mental health issues were less likely to be able to access services, or unable to receive the right level of care and support due to the complexity of their conditions (7). In 2022, there are an estimated 6,600 people living with dementia in the Australian Capital Territory (15). Without a medical breakthrough, the number of people living with dementia is expected to increase to an estimated 18,900 people by 2058 (15).

1.2.1.2. Analysis of qualitative data

Characteristics of target population

Older people who have lost their financial means and/or who are at-risk of or are experiencing homelessness

According to the Australian Institute of Health and Welfare (AIHW) in 2021, there were 1763 people aged 65 and over receiving Commonwealth Rent Assistance in the ACT (16). There was 324 people aged 75 and over still experienced rental stress even after receiving Commonwalth Rent Assistance in the ACT in 2021, and 535 older people aged 75+ experienced rental stress without the support (16). The Australian Capital Territory had the highest proportion of income units in receipt of Age Pension (44%) in rental stress (16). Older women was the fastest growing cohort of homeless Australians between 2011 and 2016, increasing by over 30% (5). Housing may be difficult for single, older women due to potential financial losses from marriage separation or loss of spouse and lower superannuation.

The areas with high concentration of social housing in the ACT are Inner North Canberra – North, Belconnen West with more than 1000 social housing dwellings (17). These two areas are followed by Weston Creek, Tuggeranong South, and Inner South Canberra (17). Dwellings with no vehicles concentrate in Inner North Canberra and Belconnen West (17).

Stakeholders have informed us that there has been an increase in older people, women and men in the demographic of their homeless clients (5). The population size of disadvantaged older women and/or women at-risk of homelessness can be underestimated, as they tend to utilise friend's abodes or 'couch surf' (7). Other groups of people who are at risk of homelessness are those who are renting with limited financial resources and who may experience the following (7):

- suddenly experiencing an incident that leads to the need for hospitalisation, which would cost them a significant amount of money and make it hard for them to retain tenancy, or who have lost their tenancy during the time they are in the hospital
- having substance use issues, mental health issues, cognitive decline and/or dementia that impacts their ability to maintain tenancy
- having hoarding or squalor issues.

Older people from Culturally and Linguistically Diverse Backgrounds

Culturally and Linguistically Diverse (CALD) communities may have varied levels of health literacy and ability to communicate symptoms and treatment preferences that may impact on their health needs. CALD communities may also experience exposure to risk factors prior to arriving in Australia and lack of community support (14).

According to the 2021 Census, 22.4% of ACT residents are people born in predominantly non-English speaking countries. This population concentrated in Belconnen and Gungahlin areas.

Stakeholders informed us that older CALD people require additional support to access services such as transport and communication support. Navigating the health system here is challenging, especially with the language barrier and a different health system from their home country (5). Older CALD people are less likely to use services and supports than other Australians (84). Residential aged care options may be viewed negatively by this population, with home care options preferred (84).

It was reported that culturally appropriate and age-appropriate health literacy and education for CALD people in their own language is needed. Understanding diverse cultural approaches to health and illness is important when seeking to provide health advice and support to CALD groups (5).

Aboriginal and Torres Strait Islander Elders

The gap in life expectancy between Indigenous and non-Indigenous Australians is around 10 years. Aboriginal and Torres Strait Islander peoples are 1.7 times more likely to have a disability or restrictive long-term health condition and 2.7 times as likely to experience high levels of psychological distress (2).

The Aboriginal and/or Torres Strait Islander communities are most concentrated in the Tuggeranong areas, followed by Belconnen, Inner North Canberra and Weston Creek (17).

In 2017-18, Aboriginal and/or Torres Strait Islander peoples in the ACT were overrepresented in specialist homelessness services (13). Stakeholders reported that lack of access to healthy and nutritional foods remains a significant issue for Aboriginal and/or Torres Strait Islander in the ACT (5).

Transport to access health services is an issue reported by most stakeholders. Although community transport for Aboriginal and Torres Strait Islander communities is available to some, there is not sufficient capacity (5). Stakeholders suggested that there needs to be appropriate community-based in-reach services into the community instead of people having to travel, as Elders tend to have caring responsibilities for their family, and they prefer to age within their community (7).

Stakeholders also informed us that there is a lack of social inclusion support for Aboriginal and Torres Strait Islander Elders. Additionally, the systemic racism present in many health services has led to a strong distrust to access mainstream services, resulting in lower access and a gap in health and wellbeing (5).

Older people living with blood-borne diseases

For older individuals living with blood-borne diseases such as HIV, the chances of developing long-term, life-threatening health conditions are significantly higher. These conditions include higher risk of cardiovascular disease, higher risk of diabetes, bone and joint disorders, hypertension, kidney disease, dementia, and other neuro-cognitive impairment (5).

Older people experiencing domestic and family violence/ elder abuse

According to our stakeholder consultation, abuse of older people and enduring power of attorney issues are increasing. It is estimated that between 2% and 14% of older Australians experience abuse in any given year (5). An older person may not have support to report elder abuse due to fear of undesirable legal consequences, and/or having no financial means to fund their search for support (7).

Other issues experienced:

Issues with My Aged Care

The current process to navigate services is difficult, often leading to confusion. Clients and/or their carers often receive inconsistent messaging from My Aged Care. From the perspective of health professionals, it was reported that many of the people they interact with avoid My Aged Care and acquire their own services privately (16).

Poor prior experience engaged with the system

The target population have a history of trauma when engaging with the system, especially when they feel their identity and cultural needs are not included in their care, or have not been respected (7, 18).

Complexity and lack of integration within the health system, and between the health and social care system

Supports may be fragmented and are provided based on what the service can do, not what the clients need. Although the care finder target population often have complex needs, existing support services are often focused on one need and do not consider co-occurring or intersectional needs. The handover process between services varies from one to another, and services often have long waitlists (18).

Insufficient knowledge of rights, empowerment, and health literacy

Often, the target cohort do not know how to communicate their needs, experiences, or issues to services. They often feel isolated in the process and do not know how to access the right care for their needs, leading to avoidance of care (7, 13, 18).

Services are not safe and inclusive

Older people living in the ACT are diverse in terms of cultural backgrounds, gender identity and health capacity. In some cases, clients do not feel that the support person understands the importance or seriousness of the matter at hand, whether it is the level of pain that they are feeling, or how important a simple action can be to their mental health. (7, 13, 18).

Financial constraints

Services within the ACT PHN had the highest average out-of-pocket charge for Allied Health (13). Bulk-billing is very low in the ACT compared to other regions. This may increase the societal burden of health care provision without improving health outcomes and averting future health care costs (13). Additionally, living costs in the ACT are high compared to other places across Australia, which may further exacerbates these issues (13).

No consistency in the support and/or information they received

There is little consistency in the support and/or information that clients receive from the system and services they are accessing (18). This leads to confusion for clients in navigating the system. It can disempower the clients in the process of advocating for themselves, as they do not know what they can expect from each encounter with the service (18).

Transport

Older people are among those demographic groups most likely to experience transport disadvantage due to reduced physical health (5).

Potential solutions

Care finder services should be in areas where a significant population of the identified target populations reside or co-located at a location that the target populations frequent. This may include homelessness services, GP outreach services and community services for disadvantaged groups. Care finders can do assertive outreach and relationship building with local charities, local councils and other social/community organisations (7).

The organisations to deliver the care finder services should have:

- significant exposure to, or relationships with, the targeted populations;
- capacity for outreach;
- the ability to deliver safe and inclusive services;
- sufficient understanding of the complexity of needs and ability to flexibly adapt to them; and
- the capability to build rapport with clients and other service providers.

It is noted that four of the care finder service providers from January 2023 will be existing ACH providers (as at 2022), as has been mandated by the Department of Health. CHN will conduct a co-design session with services and other stakeholders to localise and integrate the care finder service model into the local landscape, and identify supports needed regarding resourcing and capacity building to help care finders perform their roles as intended.

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

Analysis has been conducted to understand the current local service landscape in relation to care finder support, local workforce considerations, the impacts of PHN boundaries and the opportunities to enhance integration. The sources of data for this analysis comes from consultations and network meetings relating to vulnerable older people in the ACT.

1.2.2.1. Analysis of existing ACH providers

It is noted that the ACH program is being transitioned to the care finder program in recognition of:

- similarities between the roles and functions of ACH providers and care finders
- alignment of ACH clients with the care finder target population

The current support provided through current ACH providers are varied in terms if scope and depth. Some can provide wrap-around supports, like mental health support and social connections, but some just can provide housing navigation support. They are most likely to work with older people who are financially disadvantaged and/or at risk or experiencing homelessness. Their intermediaries include homelessness services, hospitals, local churches, and charity pantries.

All ACH providers in the ACT are providing other support services beside the navigation support that will be transitioning to the care finder programs. Local stakeholders have raised concerns over conflict of interests. It is noted in section 6.1 of the care finder policy guidance that, while it is not generally expected that providers will deliver care finder services, this may be appropriate in some circumstances (e.g. where a provider has specialist skills and experience in understanding the needs of specific sub-groups within the care finder target population or trusted links with these communities). ACH providers have specialist skills and experience in understanding the needs of people who are homeless or at risk of homelessness links with this cohort, and there would be requirements and arrangements put in place in relation to conflicts of interest as set out in section 10.1 of the policy document.

The gaps in support identified by local ACH providers include hoarding and squalor supports, gardening, housing, and mental health. It is important to note that while care finders can refer clients to these supports, it is not within the scope of the care finder program for care finders to deliver these supports.

Most ACH service providers report challenges working with older people with cognitive decline, behavioural, mental health and substance use conditions. These are the common complexities among the care finder target groups, who are at the same time experiencing homelessness, or at risk of homelessness. There has been limited integration across different supports, mostly due to other service capacity (e.g. housing and long wait times to receive My Aged Care assessment outcomes) and lack of shared understanding of the local resources and service landscape. Although ACH providers can continue to provide a specialist focus on clients who are homeless or at-risk of homelessness, there will still need to be further capacity building beside housing (e.g. cognitive decline, cultural safety, behavioural and mental health conditions) for ACH providers to be able to provide navigation supports and build relationship with the target populations, to help the clients achieve general wellbeing and maintain their tenancy.

Existing ACH service providers have also noted challenges with service access and long wait times, which have led to ACH providers needing to close their books. This may reduce their capacity to conduct outreach and to

expand their service models and scopes of practice. The opportunity for ACH providers to broaden their focus through transition to the care finder program may help to mitigate this challenge.

Workforce recruitment is also highlighted as a potential challenge in the ACT. There may be skill shortages for the skills required for care finders. Common reported skill shortages include trauma-informed, patient-centred, culturally appropriate and safe care, mental health, dementia, cognitive decline, and behavioural management supports.

The number of clients supported varies across providers, due to workforce capacity and skill mix. Different providers experience different issues that impact their capacity to deliver services, including but not limited to:

- COVID-19 impacting the ability to conduct outreach
- housing shortages impacting on wait times
- shortage of health and support services that improve people's ability to retain tenancy
- varied knowledge in terms of interim support for people on waitlists
- workforce shortage
- cross-border issues when a service spans across two states and barriers to access interstate services due to residency requirements
- delays in getting the assessment outcomes from My Aged Care.

1.2.2.2. Analysis of existing aged care navigation supports

The current organisations delivering existing aged care navigation supports can potentially become care finder organisations due to the network, relationships and experience they have built through the aged care navigation trial. They have the capability to conduct assertive outreach and rapport building to a range of vulnerable groups with intersecting vulnerabilities but may need more investment to improve capacity. The navigators also advocate for service mapping to support referrals for people with different needs and vulnerabilities. The current search tool on the My Aged Care portal does not provide complete information about service availability.

1.2.2.3. Analysis of broader service landscape in the PHN's region

Consultation with current aged care navigators revealed that there are a wide range of supports for older people in the ACT with various needs, but there has not been any service mapping to support navigation between these supports. There are aged care support services for older people with diverse needs and backgrounds (e.g. older people with disability or from CALD backgrounds), but there is insufficient information about support for Aboriginal and Torres Strait Islander Elders. Staff changes in the current home care support system may lead to the older person receiving unstable support.

Social, cultural, and religious groups can be contact points for care finders to partner with. Local pantries, homelessness services and domestic violence services are potential sources of referrals.

There are community mental health and chronic condition management services available in the ACT. However, the barriers previously identified may impact on access to and awareness of these services. The arrangement of some community services is vast for people with intersecting vulnerabilities, prompting a need for a staged approach and more tailored assistance to help people integrate to their community life.

1.2.2.4. Workforce

The analysis of local workforce for care finder has been incorporated in the service analysis above.

1.2.2.5. Analysis of how PHN boundaries may impact care finder service in the region

As Canberra is a regional centre, there are many people coming from rural NSW to access services in the ACT. Residency requirements for services can be inflexible, which leads to challenges for care finders to refer to cross-border services. Stakeholders mentioned that there should be a list of shared services across the border. Another issue mentioned by ACH providers working cross-border is the different reporting templates and requirements that they must submit for different PHNs, which is a challenge.

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

Involvement of aged care across health and social services has been limited, the capacity issues and challenges that each service faces to facilitate smooth integration and collaboration is required. Additional activities such as networking among care providers within the care finder context, clearer communications about how different services are involved in the client journey and the scope of their services are needed to facilitate integration.

1.3. Processes for synthesis, triangulation, and prioritisation

The process for synthesis, triangulation and prioritisation for this Supplementary Needs Assessment involved:

- Secondary data collection through revision of public reports and the 2021-2024 ACT PHN Needs Assessment
- Identification of gaps in this secondary data, based on the guidance provided by the Supplementary Needs Assessment for Care Finder program guide
- Development of consultation questions to fill the remaining data gaps and understand the relevant needs of the care finder program
- Consultations with service providers (including ACH and aged care navigators) and other relevant stakeholders to validate the secondary data and provide additional input
- Record preliminary findings and analyse data after each consultation to inform more precise questions for subsequent consultations
- Receive feedback and validation on the accumulated data from stakeholder consultations.

1.4. Issues encountered and reflections/lesson learned

The short time frame allocated to complete this report has limited our capacity to conduct deeper engagement with other vulnerable groups, especially Aboriginal and Torres Strait Islander communities. Additional time to complete this Needs Assessment would allow the opportunity to build rapport and collaborate with the vulnerable groups, at the pace they feel comfortable with.

Section 2 Outcomes

Below is a summary of the outcomes of the additional activities undertaken to identify the needs of the local population and the local service landscape:

Identified needs	Key issue	Evidence
Service issues, including supply and availability	• Long wait times to receive My Aged Care assessment outcomes • Service eligibility for those with no fixed abode	Evidence is collected via: • Consultations with ACH providers • Consultations with aged care navigators

	• Limited accessibility of health and social services that impact housing • Limited referral options and service capacity issues can lead to relationship breakdown between clients and navigators	• Consultations with other key stakeholders • Local aged care network meetings
Information to support navigation	• My Aged Care portal is limited in reflecting the services available in the area • Service mapping eligibility criteria is unclear • Information on service availability is difficult to access. This should be updated to support providers to build referral databases and make appropriate referrals	Evidence is collected via: • Consultations with ACH providers • Consultations with aged care navigators • Consultations with other key stakeholders • Local aged care network meetings
Workforce capability and capacity	• Potential care finder providers may have varied levels of capacity and capability to support clients. • Ongoing training and development will be required for all care finders to support the transition to the care finder role and build their knowledge and skills in relation to care finder support. This may include building understanding of the health and social care support system and recognition of barriers to accessing these types of care. • Potential care finder providers may benefit from support to set up working	Evidence is collected via: • Consultations with ACH providers • Consultations with aged care navigators • Consultations with other key stakeholders • Local aged care network meetings Concerns regarding capacity and capability to deliver care finder services expressed by both ACH and non-ACH providers. Details as follow: - For both ACH and non-ACH providers, services currently have issues recruiting due to local workforce shortage. - COVID has an impact on turnover of the local outreach functions of the services and many staff

	relationships with identified intermediaries	members have moved on. This results in a loss of local expertise and relationship with intermediaries. Coupled with the current workforce issue mentioned previously, providers stated concerns about their ability to expand their services beyond the current level. - The lack of available support to refer people on is reported to be a barrier for providers to expand their services. The providers fully understand that they are to deliver navigation support, but as there is a rapport and relationship building component of their work, they cannot expand their service capacity if there is no resource available for their clients. - Services expressed their difficulties in working with older people with complex mental health and dementia needs. They identified further support and training to understand how to recognise the issues and develop appropriate communication strategies to work with the clients.

Section 3 Priorities

Target population for care finder support is people who are eligible for aged care services and have one or more reasons for requiring intensive support This may include:

- Older people who have lost their financial means and/or who are at-risk of or are experiencing homelessness
- Older people from Culturally and Linguistically Diverse Backgrounds, including refugees
- Aboriginal and Torres Strait Islander Elders
- Older people living with blood-borne diseases

- Older people experiencing domestic and family violence and/or elder abuse
- Gender-diverse older people
- People with complex health needs and/or with (significant) disabilities, who have been discouraged by previous engagement with the system
- Older people with (complex) AOD issues
- Older people coming out of prison
- Older people who had traumatic experience dealing with the system
- Older people with disability, who may no longer have support from NDIS
- Single older people, or older people who live alone and/or without a carer
- Older people who are former sex-workers.

Not everyone in these groups will be within the care finder target population. Care finders specifically target senior Australians who need intensive support who could otherwise fall through the cracks, and should not duplicate the access support provided through My Aged Care. Supports for people outside the target population may include My Aged Care face-to-face services, the Carer Gateway, the Trusted Indigenous Facilitators program and OPAN. PHN and care finder organisations will work on arrangements to monitor whether care finders are focusing on the target population, and process to manage enquiries and supports for people who are not within the target population.

There is no specific location to be prioritised, as Canberra is a small geographical area, and stakeholders have informed us that target clients come from various areas.

The approach for meeting the needs of diverse groups involves:

- Shared understanding among care finders and other relevant services of the scope of practice, expertise and resources available to support the target population
- Intensive capacity building for the local workforce to deliver appropriate, safe, inclusive, and patient-centred care/ engagement for different target populations
- Intensive capacity building for the local workforce to support older people with intersecting vulnerabilities and needs

Activities to be prioritised to enhance integration between the health, aged care, and other systems within the context of the care finder program include:

- Conducting service mapping, including information about eligibility criteria, to support care finders to make appropriate referrals and strengthen navigation
- Identifying intermediaries and support care finders to set up formal relationships with those intermediaries.

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