



**Australian Government**

**Department of Health**

**phn**

An Australian Government Initiative

## **Care Finder Program**

# **Once-off Report on Supplementary Needs Assessment Activities**

## **Gold Coast PHN**

## **Background**

Prior to the initial commissioning of care finder services, PHN's were required to undertake additional activities, to supplement its existing Needs Assessment, to identify local needs in relation to care finder support. These additional activities provide the evidence base for the PHN's initial commissioning approach to care finder services and will therefore determine the services that the PHN will commission alongside the existing Assistance with Care and Housing (ACH) providers who will be offered a contract as care finders.

## **Purpose**

The Once-off Report on Supplementary Needs Assessment Activities:

- provides information on the additional activities undertaken by the PHN to identify local needs in relation to care finder support
- sets out the evidence base for the PHN's initial commissioning approach to care finder services
- is a stand-alone update to the PHN's existing Needs Assessment
- informs development of the PHN's amended Activity Work Plan due by 31 August 2022.

## **Guidance**

The Commonwealth template included guidance to support the PHN in undertaking the additional activities to identify local needs in relation to care finder support. This guidance should be read in conjunction with, and is intended to complement, the guidance provided in the PHN Program Needs Assessment Policy Guide.

## **Reporting period**

The Once-Off Report on Supplementary Needs Assessment Activities sets out the evidence base for the PHN's initial commissioning approach to care finder services and will therefore address the three-year period from 1 July 2022 to 30 June 2025. The PHN will review and, where relevant, update the information in this Report as part of its annual updated Needs Assessment.

## **Public reporting**

At a minimum, the PHN is required to make Section 2 of the Once-off Report on Supplementary Needs Assessment Activities publicly available on its website.

## Section 2 Outcomes

Identified need	Key issue	Evidence									
<i>Provide a summary of the identified need in relation to care finder support</i>	<i>Provide a summary of the key issue(s) relevant to the identified need</i>	<i>Include a summary of the evidence found to support the identified need</i>									
<b>2.1. Demography</b>											
There are key demographic indicators which identify the population at greater need of the care finder program	The population distribution of the older adult population varies across GCPHN with Gold Coast North SA3 and Ormeau – Oxenford SA3s having the highest population	<p>The estimated resident population for the Gold Coast Primary Health Network (GCPHN) region in 2020 was 650,996. The Gold Coast population has grown by 2.5% annually from 2015 to 2020 which is above the Queensland rate of 1.6%. The two SA3 regions with the highest annual population growth from 2015 to 2020 were Ormeau-Oxenford (6.1%) and Surfers Paradise (2.5%)<sup>1</sup>.</p> <p>Overall, the age profile of the Gold Coast population is becoming relatively older. The proportion of the population aged 65 years and over accounted for 13 % of the total population in the GCPHN region in 2019 (reduced from 14.6% in 2012). This is slightly higher than the proportion of people in this age group in total Queensland of (17%).<sup>2</sup></p> <p>In the 2021 census, Ormeau – Oxenford and Gold Coast North SA3 regions accounted for the largest size of the population aged 65 years and over in GCPHN (16% each SA3). Combined, these two regions account for almost a third (32%) of the target aged population<sup>3</sup>.</p> <p><i>Table 1. People aged 65+ years as a proportion of population, Gold Coast SA3 regions</i></p> <table border="1"> <thead> <tr> <th>SA3</th> <th>Population aged 65+</th> <th>Percentage of 65+ population</th> </tr> </thead> <tbody> <tr> <td>Queensland</td> <td>875,603</td> <td>17.0%</td> </tr> <tr> <td>Gold Coast SA4</td> <td>114,349</td> <td>13.1%</td> </tr> </tbody> </table>	SA3	Population aged 65+	Percentage of 65+ population	Queensland	875,603	17.0%	Gold Coast SA4	114,349	13.1%
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<sup>1</sup> ABS 3218.0, *Regional Population Growth, Australia, various editions*

<sup>2</sup> Gold Coast City Council, Social Planning and Research Reports, <http://www.goldcoast.qld.gov.au/thegoldcoast/gold-coast-seniors-statistics-888.html>

<sup>3</sup> ABS, Census of Population and Housing, 2021, General Community Profile - G01

Identified need	Key issue	Evidence						
		Broadbeach to Burleigh		13,047		11.4%		
		Coolangatta		11,653		10.2%		
		Gold Coast North		18,320		16.0%		
		Gold Coast Hinterland		4,159		3.6%		
		Mudgeeraba - Tallebudgera		5,240		4.6%		
		Nerang		11,439		10.0%		
		Ormeau - Oxenford		18,693		16.3%		
		Robina		9,887		8.6%		
		Southport		11,912		10.4%		
		Surfers Paradise		9,988		8.7%		
		Source: ABS, Census of Population and Housing, 2021, General Community Profile - G01						
		Ormeau – Oxenford and Gold Coast North also have the largest proportion of the population aged 65-74 years and 75-84 years, however, there is high variability of the distribution of the population aged 85 years and over across Gold Coast SA3 regions.						
		<i>Table 2. Number and proportion of population by broad age group, Gold Coast SA3 regions</i>						
			65-74		75-84		85 years or more	
			Number	%	Number	%	Number	%
		Queensland	480,147	19.5%	257,468	18.7%	94,266	0.1738128
		Gold Coast	62,596	13.0%	34,775	13.5%	13,161	14.0%
		Broadbeach - Burleigh	7,335	11.7%	4,286	12.3%	1,895	14.4%
		Coolangatta	6,442	10.3%	3,581	10.3%	1,752	13.3%
		Gold Coast - North	9,452	15.1%	5,870	16.9%	2,182	16.6%
		Gold Coast Hinterland	2,427	3.9%	1,318	3.8%	299	2.3%
		Mudgeeraba - Tallebudgera	3,267	5.2%	1,544	4.4%	441	3.4%

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	The number of older adults is growing and becoming a greater proportion of the Gold Coast population	<p>Between 2008 and 2018, the Gold Coast population aged 65 years and over has grown by 50%, which is the largest growth in any age group in this region. This age group is expected to continue to grow by 31% between 2018 and 2026<sup>4</sup>.</p> <p>While the Gold Coast local government area (LGA) has slightly different geographical boundaries than the GCPHN region, data from Gold Coast City Council forecasts the number of older people aged 65 years and over residing in the Gold Coast LGA to double by 2030 which will account for over 20.2% of the total Gold Coast LGA population<sup>5</sup>.</p>																																			
There are sub population groups in greater need of the care finder program	High estimated number of people in GCPHN region socially isolated	<p>Older people are at an increased risk of social isolation due to a number of environmental factors, primarily the loss of physical or mental capacity or the loss of friends and family members<sup>6</sup>.</p> <p>It is estimated that around 1 in 5 (19%) older Australians are socially isolated, with the highest rates occurring in the largest urban regions and in sparsely populated states and territories<sup>7</sup>.</p> <p>In absence of local social isolation data, we can use the national estimate to suggest over 21,700 Gold Coast residents aged 65 years and over are socially isolated.</p> <p>76% of respondents in the care finder stakeholder survey identified people who are socially isolated as being one of the top 3 sub population groups for the care finder program in GCPHN region. Furthermore, 67% of</p>																																			

<sup>4</sup> Queensland 2020 Chief Health Officer report

<sup>5</sup> Gold Coast City Council, Social Planning and Research Reports, <http://www.goldcoast.qld.gov.au/thegoldcoast/gold-coast-seniors-statistics-888.html>

<sup>6</sup> World Health Organisation 2016. Elder abuse: fact sheet. Geneva

<sup>7</sup> Beer A, Faulkner D, Law J, Lewin G, Tinker A, Buys L et al. 2016. Regional variation in social isolation amongst older Australians. *Regional Studies, Regional Science* 3:170–84.

Identified need	Key issue	Evidence																																				
		respondents raised it as one of the top two priority sub population groups in the GCPHN region for the care finder program.																																				
	Older adults living alone are at greater risk of social isolation	<p>In 2016, the number of older adult lone person households in the GCPHN region was 19,519. This represents around 9.1% of all household types, which is slightly higher when compared to the rate for South-East Queensland (8.5%). Table 3 outlines the number of older person households residing in self-contained retirement villages across the GCPHN region.</p> <p><i>Table 3. Households residing in self-contained retirement villages across GCPHN region.</i></p> <table border="1" data-bbox="728 598 1774 1209"> <thead> <tr> <th data-bbox="728 598 1115 703">SA3</th> <th data-bbox="1115 598 1469 703">Lone person dwellings 65+</th> <th data-bbox="1469 598 1774 703">Two or more person dwellings 65+</th> </tr> </thead> <tbody> <tr> <td data-bbox="728 703 1115 746">Gold Coast</td> <td data-bbox="1115 703 1469 746">2611</td> <td data-bbox="1469 703 1774 746">1833</td> </tr> <tr> <td data-bbox="728 746 1115 790">Broadbeach - Burleigh</td> <td data-bbox="1115 746 1469 790">110</td> <td data-bbox="1469 746 1774 790">42</td> </tr> <tr> <td data-bbox="728 790 1115 833">Coolangatta</td> <td data-bbox="1115 790 1469 833">183</td> <td data-bbox="1469 790 1774 833">54</td> </tr> <tr> <td data-bbox="728 833 1115 876">Gold Coast - North</td> <td data-bbox="1115 833 1469 876">712</td> <td data-bbox="1469 833 1774 876">635</td> </tr> <tr> <td data-bbox="728 876 1115 919">Gold Coast Hinterland</td> <td data-bbox="1115 876 1469 919">25</td> <td data-bbox="1469 876 1774 919">15</td> </tr> <tr> <td data-bbox="728 919 1115 962">Mudgeeraba - Tallebudgera</td> <td data-bbox="1115 919 1469 962">17</td> <td data-bbox="1469 919 1774 962">4</td> </tr> <tr> <td data-bbox="728 962 1115 1005">Nerang</td> <td data-bbox="1115 962 1469 1005">404</td> <td data-bbox="1469 962 1774 1005">175</td> </tr> <tr> <td data-bbox="728 1005 1115 1048">Ormeau - Oxenford</td> <td data-bbox="1115 1005 1469 1048">402</td> <td data-bbox="1469 1005 1774 1048">573</td> </tr> <tr> <td data-bbox="728 1048 1115 1091">Robina</td> <td data-bbox="1115 1048 1469 1091">169</td> <td data-bbox="1469 1048 1774 1091">56</td> </tr> <tr> <td data-bbox="728 1091 1115 1134">Southport</td> <td data-bbox="1115 1091 1469 1134">557</td> <td data-bbox="1469 1091 1774 1134">264</td> </tr> <tr> <td data-bbox="728 1134 1115 1209">Surfers Paradise</td> <td data-bbox="1115 1134 1469 1209">36</td> <td data-bbox="1469 1134 1774 1209">6</td> </tr> </tbody> </table> <p data-bbox="728 1252 1267 1273">Source: Census of Population and Housing, 2016, Table Builder</p>	SA3	Lone person dwellings 65+	Two or more person dwellings 65+	Gold Coast	2611	1833	Broadbeach - Burleigh	110	42	Coolangatta	183	54	Gold Coast - North	712	635	Gold Coast Hinterland	25	15	Mudgeeraba - Tallebudgera	17	4	Nerang	404	175	Ormeau - Oxenford	402	573	Robina	169	56	Southport	557	264	Surfers Paradise	36	6
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		<p>Further analysis of 2016 Census data shows there are areas in the Gold Coast with significant proportions of the population aged 65 years and over are living alone. Around one third of the persons aged 65 years and over living alone were in the following SA2 regions:</p> <ul style="list-style-type: none"> <li>▪ Labrador (34.9%) – Gold Coast North SA3</li> <li>▪ Southport (32.8%) – Southport SA3</li> <li>▪ Biggera Waters / Coombabah (32%) – Gold Coast North SA3</li> </ul>																											
	<p>Low participation in volunteering may indicate a level of social isolation</p>	<p>There is a well-established association between volunteer participation and positive health outcomes such as lower mortality and improved mental and physical health. A contributing indicator of social isolation may be participation in volunteering. Low participation in volunteering may indicate a higher level of social isolation in the community.</p> <p>Table 4 shows Gold Coast North and Southport had the lowest proportions of people aged 65 years and over participating in volunteering activities in the GCPHN region in the 2021 Census.</p> <p><i>Table 4. Number and proportion of people aged 65 years and over who participated in voluntary work for an organisation or group, 2021.</i></p> <table border="1" data-bbox="725 858 1951 1367"> <thead> <tr> <th data-bbox="725 858 1176 986">SA3</th> <th data-bbox="1176 858 1538 986">People who participated in voluntary work (n)</th> <th data-bbox="1538 858 1951 986">People who participated in voluntary work (%)</th> </tr> </thead> <tbody> <tr> <td data-bbox="725 986 1176 1034">Queensland</td> <td data-bbox="1176 986 1538 1034">134,001</td> <td data-bbox="1538 986 1951 1034">15.3%</td> </tr> <tr> <td data-bbox="725 1034 1176 1082">Gold Coast SA4</td> <td data-bbox="1176 1034 1538 1082">13,447</td> <td data-bbox="1538 1034 1951 1082">11.8%</td> </tr> <tr> <td data-bbox="725 1082 1176 1121">Broadbeach - Burleigh</td> <td data-bbox="1176 1082 1538 1121">1,472</td> <td data-bbox="1538 1082 1951 1121">11.3%</td> </tr> <tr> <td data-bbox="725 1121 1176 1169">Coolangatta</td> <td data-bbox="1176 1121 1538 1169">1,555</td> <td data-bbox="1538 1121 1951 1169">13.3%</td> </tr> <tr> <td data-bbox="725 1169 1176 1217">Gold Coast North</td> <td data-bbox="1176 1169 1538 1217">1,916</td> <td data-bbox="1538 1169 1951 1217">10.5%</td> </tr> <tr> <td data-bbox="725 1217 1176 1265">Gold Coast Hinterland</td> <td data-bbox="1176 1217 1538 1265">861</td> <td data-bbox="1538 1217 1951 1265">20.7%</td> </tr> <tr> <td data-bbox="725 1265 1176 1321">Mudgeeraba - Tallebudgera</td> <td data-bbox="1176 1265 1538 1321">790</td> <td data-bbox="1538 1265 1951 1321">15.1%</td> </tr> <tr> <td data-bbox="725 1321 1176 1367">Nerang</td> <td data-bbox="1176 1321 1538 1367">1,370</td> <td data-bbox="1538 1321 1951 1367">12.0%</td> </tr> </tbody> </table>	SA3	People who participated in voluntary work (n)	People who participated in voluntary work (%)	Queensland	134,001	15.3%	Gold Coast SA4	13,447	11.8%	Broadbeach - Burleigh	1,472	11.3%	Coolangatta	1,555	13.3%	Gold Coast North	1,916	10.5%	Gold Coast Hinterland	861	20.7%	Mudgeeraba - Tallebudgera	790	15.1%	Nerang	1,370	12.0%
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Identified need	Key issue	Evidence					
		Ormeau - Oxenford	2,018	10.8%			
		Robina	1,133	11.5%			
		Southport	1,235	10.4%			
		Surfers Paradise	1,107	11.1%			
		Source: ABS, Census of Population and Housing, 2021					
	Older adults experiencing socio-economic disadvantage	<p>Socio-Economic Indexes for Areas (SEIFA) measures the collective socio-economic status of the people living in an area, with a score of less than 1,00 indicating relative socio-economic disadvantage. In the GCPHN region, the following SA2 regions have been identified as experiencing relative socio-economic disadvantage:</p> <p>These SA2 regions include:</p> <ul style="list-style-type: none"> <li>▪ Biggera Waters / Coombabah (966) – Gold Coast North SA3</li> <li>▪ Labrador (931) – Gold Coast North SA3</li> <li>▪ Southport (952) – Southport SA3</li> <li>▪ Nerang – Mount Nathan (981) – Nerang SA3</li> <li>▪ Mainbeach / Surfers Paradise (991) – Surfers Paradise SA3</li> </ul> <p>According to 2016 Census data, 20% of the GCPHN population aged 65 years and over reside in these regions of relative socio-economic disadvantage<sup>8</sup>.</p> <p>The proportion of people aged 65 years and over receiving a government age pension provides a further indication of the socioeconomic status and financial vulnerability of older people in a region. As of June 2017, there were 61,243 Gold Coast residents receiving an age pension, which represents 62.5% of people aged 65 years and over, which is slightly lower than the national level of 63.6%. Table 5 outlines the absolute number and relative proportion of age pensioners within the GCPHN region.</p> <p><i>Table 5. Number and Proportion of age pensioners by SA3 region (June 2017)</i></p> <table border="1" data-bbox="719 1209 1736 1294"> <thead> <tr> <th data-bbox="719 1209 1144 1294">Region</th> <th data-bbox="1144 1209 1397 1294">Number of age pensioners</th> <th data-bbox="1397 1209 1736 1294">% of persons aged 65+ who are pensioners</th> </tr> </thead> </table>			Region	Number of age pensioners	% of persons aged 65+ who are pensioners
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<sup>8</sup> ABS 2033.0.55.001 Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016, (Queensland Treasury derived).

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	<p>Older Adults from culturally and linguistically diverse (CALD) backgrounds and with low English proficiency</p>	<p>Gold Coast is an identified area of settlement by the Department of Home Affairs for humanitarian entrants and it has migrants and international students residing in the area who may require additional support. Additional support is required to address the language and cultural barriers experienced by these populations to enable greater participation in patient centred care.</p> <p>Migrants often have disadvantages on several social and cultural determinants of health and mental health. Including language barriers, lower socio-economic status, lower education, and lower levels of mental health literacy which are factors that relate to an increased risk of mental illness.</p> <p>Australia’s Refugee and Humanitarian Program helps people in humanitarian need who are:</p> <ul style="list-style-type: none"> <li>▪ Outside Australia (offshore) and need to resettle to Australia when they do not have any other durable solution available.</li> <li>▪ Already in Australia (onshore) and who want to seek protection after arriving in Australia.</li> </ul> <p><i>Table 6. Number and proportion of people aged 65 years and over who were born overseas that do not speak English well or not at all</i></p>																																				

Identified need	Key issue	Evidence		
		SA3	People who were born overseas that do not speak English well or not at all (65+)	% of people born overseas who speak English not well or not at all (65+)
		Queensland	19,036	2.1%
		Gold Coast SA4	2656	2.3%
		Broadbeach - Burleigh	278	2.1%
		Coolangatta	58	0.5%
		Gold Coast North	440	2.4%
		Gold Coast Hinterland	17	0.4%
		Mudgeeraba - Tallebudgera	66	1.2%
		Nerang	268	2.3%
		Ormeau - Oxenford	417	2.2%
		Robina	380	3.8%
		Southport	477	4.0%
		Surfers Paradise	257	2.5%
		<p>Source: Australian Bureau of Statistics 2021 Census of Population and Housing</p> <p>When these results are further broken down to SA2 level, geographical clusters of people aged 65 years and over from culturally and linguistically diverse communities who speak English not well or at all can be identified. These include:</p> <ul style="list-style-type: none"> <li>▪ Varsity Lakes (3.8%) and Clear Island Waters / Merrimac (3.1%) in Robina SA3</li> <li>▪ Benowa / Bundall (3.7%) in Surfers Paradise SA3</li> <li>▪ Pacific Pines – Gaven (3.6%) in Nerang SA3</li> <li>▪ Southport (3.4%) in Southport SA3</li> <li>▪ Labrador (3.3%) in Gold Coast North SA3</li> <li>▪ Mermaid Waters / Miami (3.3%) in Broadbeach/Burleigh</li> </ul> <p>In the care finder stakeholder survey, 28% of respondents identified people who are socially isolated as one of the top 3 sub population groups in the Gold Coast region for the care finder program.</p>		

Identified need	Key issue	Evidence																																							
	Aboriginal and Torres Strait Islander people aged 50 years and over	<p>There are 2,431 people aged 50 years and over identifying as Aboriginal and Torres Strait Islander who reside on the Gold Coast, which is the age of eligibility for Aboriginal and Torres Strait Islander people to enter the public-funded aged care system in GCPHN region. This represents a proportion of 0.8% of all people aged 50 years, compared to a national rate of 1.4%.</p> <p>One fifth (21%) of the Aboriginal and Torres Strait Islander population aged 50 years and over resides in Ormeau – Oxenford SA3.</p> <p><i>Table 7. Number and proportion of Aboriginal and Torres Strait Islander people aged 50 years and over, 2021.</i></p> <table border="1" data-bbox="730 571 2040 1233"> <thead> <tr> <th></th> <th>Number of Aboriginal and Torres Strait Islander population aged 50 years and over</th> <th>Percentage of Aboriginal and Torres Strait Islander population aged 50 years and over</th> </tr> </thead> <tbody> <tr> <td>Queensland</td> <td>41,925</td> <td></td> </tr> <tr> <td>Gold Coast SA4</td> <td>2,431</td> <td>5.8%</td> </tr> <tr> <td>Broadbeach - Burleigh</td> <td>204</td> <td>8.4%</td> </tr> <tr> <td>Coolangatta</td> <td>323</td> <td>13.3%</td> </tr> <tr> <td>Gold Coast North</td> <td>296</td> <td>12.2%</td> </tr> <tr> <td>Gold Coast Hinterland</td> <td>79</td> <td>3.2%</td> </tr> <tr> <td>Mudgeeraba - Tallebudgera</td> <td>118</td> <td>4.9%</td> </tr> <tr> <td>Nerang</td> <td>321</td> <td>13.2%</td> </tr> <tr> <td>Ormeau - Oxenford</td> <td>507</td> <td>20.9%</td> </tr> <tr> <td>Robina</td> <td>157</td> <td>6.5%</td> </tr> <tr> <td>Southport</td> <td>277</td> <td>11.4%</td> </tr> <tr> <td>Surfers Paradise</td> <td>149</td> <td>6.1%</td> </tr> </tbody> </table> <p>Source: Australian Bureau of Statistics 2021 Census of Population and Housing (G07)</p>		Number of Aboriginal and Torres Strait Islander population aged 50 years and over	Percentage of Aboriginal and Torres Strait Islander population aged 50 years and over	Queensland	41,925		Gold Coast SA4	2,431	5.8%	Broadbeach - Burleigh	204	8.4%	Coolangatta	323	13.3%	Gold Coast North	296	12.2%	Gold Coast Hinterland	79	3.2%	Mudgeeraba - Tallebudgera	118	4.9%	Nerang	321	13.2%	Ormeau - Oxenford	507	20.9%	Robina	157	6.5%	Southport	277	11.4%	Surfers Paradise	149	6.1%
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Identified need	Key issue	Evidence
		26% of respondents in the care finder stakeholder survey identified people who are socially isolated as one of the top 3 sub population groups in the Gold Coast.
	People with a cognitive impairment	Mild cognitive impairment is typically defined as significant memory loss without the loss of other cognitive impairment. There are limited data available on the prevalence of mild cognitive impairment, however the AIHW has estimated a national prevalence of 13.7% <sup>9</sup> . In the Gold Coast, this translates to over 15,600 people aged 65 years and over with mild cognitive impairment. Furthermore, it is estimated that people with mild cognitive impairment are 3-5 times more likely to develop dementia, particularly Alzheimer's Disease <sup>10</sup> .
	People who are, or at risk of, homelessness	Data is not regularly collected in the Gold Coast region on the prevalence of people who are, or at risk of, homelessness. National data from the AIHW suggests 29.0 per 10,000 people aged 55 years and over are, or at risk of, homelessness <sup>11</sup> . Using this rate as an estimate for Gold Coast, there may be over 3,300 people aged 65 years and over who are, or at risk of, homelessness.
	People with low literacy levels	Data is not regularly collected in the Gold Coast on the prevalence of people with low literacy levels, however national estimates suggest low literacy is highly prevalent among Australian communities. The Australian Bureau of Statistics found 65% of people aged 60-74 years had low literacy levels (levels 1 and 2 out of 5) <sup>12</sup> . Applying this prevalence to the local Gold Coast older adult population, over 74,000 people are estimated to have low literacy skills.
	Forgotten Australians / Care leavers	The Forgotten Australians is a term to define a group of approximately 500,000 children who found themselves in institutional or other out-of-home care in the last century. The survivors of these children are likely aged 40 years and over. The Forgotten Australians experienced traumatic neglect, brutality and exploitation by institutional staff.  Additionally, these children suffered deep and lasting feelings of abandonment. The Forgotten Australians and Care Leavers tend to have low levels of trust for institutions, authorities and the government. For these reasons

<sup>9</sup> AIHW Dementia in Australia: National data analysis and development

<sup>10</sup> Dementia Australia, Mild Cognitive Impairment, 2022

<sup>11</sup> AIHW Older Australians, (2021), <https://www.aihw.gov.au/reports/older-people/older-australians/contents/housing-and-living-arrangements>

<sup>12</sup> Australian Bureau of Statistics (2013), Older Australians have lower levels of literacy and numeracy media release

Identified need	Key issue	Evidence
		<p>and more, there tends to be significantly lower utilisation of health and government services than the general population.</p> <p>There is no current available data that represents the number of Forgotten Australians / Care leavers residing in the GCPHN region.</p>
	<p>There are indications of areas with extreme need in the Care finder target population suggested by the quadruple jeopardy indicator</p>	<p>PHIDU reports on a quadruple jeopardy for older people which includes the following criteria:</p> <ul style="list-style-type: none"> <li>▪ Renting household</li> <li>▪ Living alone</li> <li>▪ Living with a disability</li> <li>▪ Low income</li> </ul> <p>The two SA2 regions in GCPHN with the highest prevalence of people meeting these criteria are Southport (N= 5,573) 1.6% (Southport SA3) and Labrador (N= 3,089) 1.6% (Gold Coast North SA3).</p>
	<p>Frailty</p>	<p>The data presented in Table 8 has been extracted from Primary Sense for 155 (of a total of 208) general practices in the GCPHN region. The table below outlines the number of active* patients with a frailty flag as determined by Adjusted Clinical Groups (ACG). The ACG frailty flag for older people is assigned based on age, sex, diagnostic codes, and pharmacy data if available. It does not, however, account for other factors such as socio-economic status.</p> <p>Postcode 4215 (Gold Coast North SA3) has the highest number of active patients with a frailty flag (N=595), followed by 4212 (Ormeau – Oxenford SA3) with N = 545. When aligning each postcode with SA3s the Ormeau – Oxenford SA3 has the highest overall number of patients with a frailty flag N= 1321 (note: some postcodes extend beyond more than one SA3 and some SA3s have more than one postcode).</p> <p>Please note that patients are attributed to the postcode of the general practice, not their residence, when reviewing data in Primary Sense.</p> <p><i>Table 8. Patients aged 65 years and over with a frailty flag by postcode, Gold Coast region, as of July 2022</i></p>

Identified need	Key issue	Evidence				
		Postcode	SA3 of the post codes	Number of patients aged 65 years and over with a frailty flag	Number of active patients aged 65 years and over	Proportion of patients aged 65 years and over with frailty flag
		4215	Gold Coast North	595	14972	3.9%
		4212	Ormeau - Oxenford	545	11120	4.9%
		4220	Broadbeach - Burleigh	474	13867	3.4%
		4216	Ormeau - Oxenford/Gold Coast North	472	9903	4.8%
		4211	Gold Coast Hinterland	420	10842	3.9%
		4221	Coolangatta	412	4862	8.5%
		4217	Surfers Paradise	365	9288	3.9%
		4218	Broadbeach - Burleigh	266	8975	3.0%
		4214	Southport	245	6095	4.0%
		4209	Ormeau - Oxenford	228	6268	3.6%
		4226	Robina	184	6144	3.0%
		4225	Coolangatta	178	4547	3.9%
		4227	Robina	168	3684	4.6%
		4210	Gold Coast Hinterland	140	4279	3.3%
		4272	Gold Coast Hinterland	137	1862	7.4%
		4223	Coolangatta/Mudgeeraba - Tallebudgera	128	2667	4.8%
		4224	Coolangatta	84	1811	4.6%
		4208	Ormeau - Oxenford	76	2540	3.0%

Identified need	Key issue	Evidence																								
		4271	Gold Coast Hinterland	72	1033	7.0%																				
		4213	Gold Coast Hinterland	54	2021	2.7%																				
		4230	Robina	51	1391	3.7%																				
		4270	Gold Coast Hinterland	31	634	4.9%																				
		4275	Gold Coast Hinterland	15	769	2.0%																				
	People living with a disability	<p>The care needs of the older adult population are generally higher than the rest of the population due to disability, illness, and injury. A person with profound or severe limitation is defined as someone that needs help or supervision to perform core activities of self-care, mobility and/or communication. Table 9 outlines the numbers and relative proportion of older people aged 65 years and over within the GCPHN region with a profound or severe disability.</p> <p>The data within Table 9 includes figures for all older people, and older people living in the community (excluding those in residential aged care facilities, non-self-contained residences, and psychiatric hospitals). The figures indicate that there are higher proportions of older people living with high care needs in Southport (both in the community and not) and Robina (not in the community), with high absolute numbers of older people living with high care needs in Gold Coast-North (both in the community and not).</p> <p><i>Table 9. People with a profound or severe disability aged 65 years and over within GCPHN region, 2016</i></p> <table border="1" data-bbox="719 1074 2063 1388"> <thead> <tr> <th data-bbox="719 1074 1113 1161">SA3 Region</th> <th colspan="2" data-bbox="1113 1074 1588 1161">Total population of persons aged 65+</th> <th colspan="2" data-bbox="1588 1074 2063 1161">Living in the community (self-contained accommodation)</th> </tr> <tr> <td data-bbox="719 1161 1113 1305"></td> <th data-bbox="1113 1161 1359 1305">Number of persons with a disability</th> <th data-bbox="1359 1161 1588 1305">% persons aged 65 years and over with a disability</th> <th data-bbox="1588 1161 1812 1305">Number of persons with a disability</th> <th data-bbox="1812 1161 2063 1305">% persons aged 65 years and over with a disability</th> </tr> </thead> <tbody> <tr> <td data-bbox="719 1305 1113 1348">Gold Coast</td> <td data-bbox="1113 1305 1359 1348">15753</td> <td data-bbox="1359 1305 1588 1348">16.6%</td> <td data-bbox="1588 1305 1812 1348">12282</td> <td data-bbox="1812 1305 2063 1348">13.0%</td> </tr> <tr> <td data-bbox="719 1348 1113 1388">Australia</td> <td data-bbox="1113 1348 1359 1388">-</td> <td data-bbox="1359 1348 1588 1388">18.4%</td> <td data-bbox="1588 1348 1812 1388">-</td> <td data-bbox="1812 1348 2063 1388">14.3%</td> </tr> </tbody> </table>					SA3 Region	Total population of persons aged 65+		Living in the community (self-contained accommodation)			Number of persons with a disability	% persons aged 65 years and over with a disability	Number of persons with a disability	% persons aged 65 years and over with a disability	Gold Coast	15753	16.6%	12282	13.0%	Australia	-	18.4%	-	14.3%
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		<b>Broadbeach - Burleigh</b>	1815	13.8%	1552	11.8%																					
		<b>Coolangatta</b>	1833	16.1%	1467	12.9%																					
		<b>Gold Coast - North</b>	2519	17.3%	1930	13.3%																					
		<b>Gold Coast Hinterland</b>	393	11.8%	363	10.9%																					
		<b>Mudgeeraba - Tallebudgera</b>	647	15.8%	550	13.4%																					
		<b>Nerang</b>	1570	17.0%	1384	15.0%																					
		<b>Ormeau - Oxenford</b>	2123	17.5%	1625	13.4%																					
		<b>Robina</b>	1670	20.7%	1001	12.4%																					
		<b>Southport</b>	2191	22.6%	1516	15.6%																					
		<b>Surfers Paradise</b>	992	10.9%	894	9.9%																					
		<p>Source: Public Health Information Development Unit (PHIDU) <a href="http://www.phidu.torrens.edu.au">www.phidu.torrens.edu.au</a>, based on the ABS Census of Population and Housing data, August 2016</p> <p>Furthermore, the 2021 Census shows the greatest proportion of GCPHN residents aged 65 years and over need assistance with core activities continue to live in Southport, Robina and Gold Coast North SA3s. At a population size, Ormeau – Oxenford and Gold Coast North have the largest number of people aged 65 years and over need assistance with core activities.</p> <p><i>Table 10. Number and proportion of people aged 65 years and over needing assistance for core activities, 2021</i></p> <table border="1"> <thead> <tr> <th>SA3</th> <th>Number of people aged 65 and over who need assistance for core activities (N)</th> <th>Proportion of population aged 65 and over needing assistance</th> </tr> </thead> <tbody> <tr> <td>Queensland</td> <td>156,209</td> <td>17.8%</td> </tr> <tr> <td>Gold Coast SA4</td> <td>19,113</td> <td>16.7%</td> </tr> <tr> <td>Broadbeach to Burleigh</td> <td>1,917</td> <td>14.7%</td> </tr> <tr> <td>Coolangatta</td> <td>1,866</td> <td>16.0%</td> </tr> <tr> <td>Gold Coast North</td> <td>3,294</td> <td>18.0%</td> </tr> <tr> <td>Gold Coast Hinterland</td> <td>510</td> <td>12.3%</td> </tr> </tbody> </table>					SA3	Number of people aged 65 and over who need assistance for core activities (N)	Proportion of population aged 65 and over needing assistance	Queensland	156,209	17.8%	Gold Coast SA4	19,113	16.7%	Broadbeach to Burleigh	1,917	14.7%	Coolangatta	1,866	16.0%	Gold Coast North	3,294	18.0%	Gold Coast Hinterland	510	12.3%
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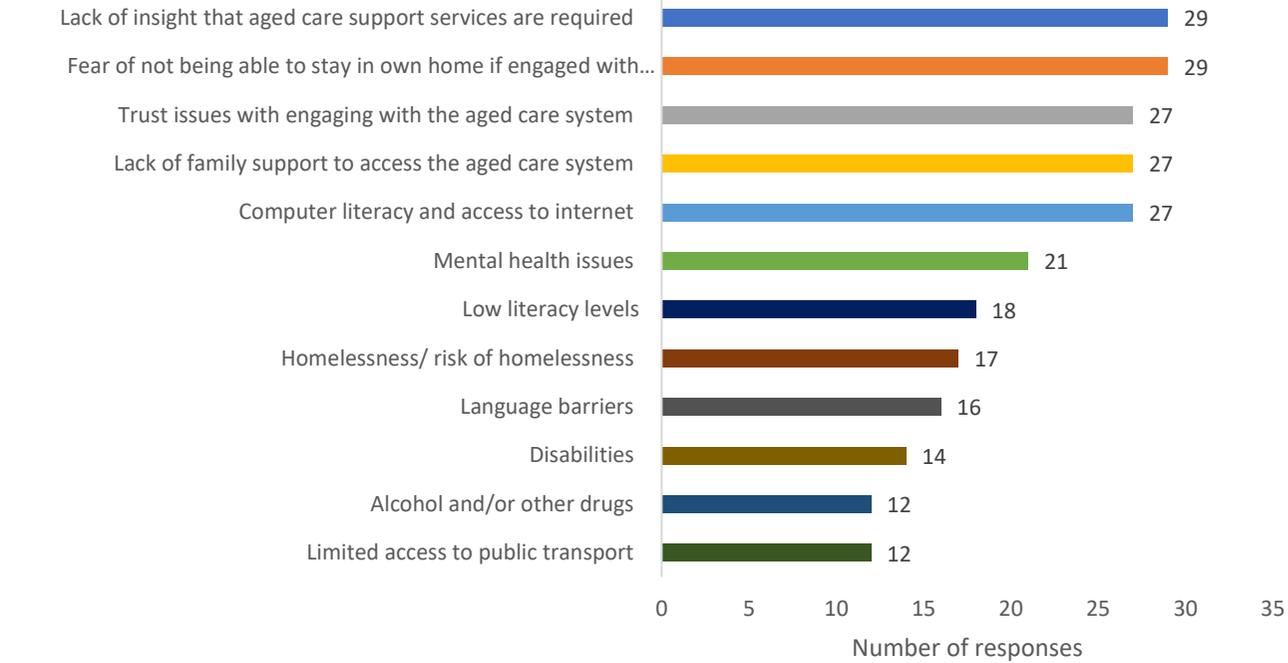
Identified need	Key issue	Evidence																		
		<table border="1"> <tr> <td><b>Mudgeeraba - Tallebudgera</b></td> <td>851</td> <td>16.2%</td> </tr> <tr> <td><b>Nerang</b></td> <td>1,936</td> <td>16.9%</td> </tr> <tr> <td><b>Ormeau - Oxenford</b></td> <td>3,243</td> <td>17.3%</td> </tr> <tr> <td><b>Robina</b></td> <td>1,870</td> <td>18.9%</td> </tr> <tr> <td><b>Southport</b></td> <td>2,467</td> <td>20.7%</td> </tr> <tr> <td><b>Surfers Paradise</b></td> <td>1,153</td> <td>11.5%</td> </tr> </table> <p>Source: Australian Bureau of Statistics 2021, Census of population and housing</p>	<b>Mudgeeraba - Tallebudgera</b>	851	16.2%	<b>Nerang</b>	1,936	16.9%	<b>Ormeau - Oxenford</b>	3,243	17.3%	<b>Robina</b>	1,870	18.9%	<b>Southport</b>	2,467	20.7%	<b>Surfers Paradise</b>	1,153	11.5%
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	Recent arrivals	A total of 6,572 older people aged 65 years and over who reside on the GCPHN region migrated from interstate or overseas within the last 5 years, accounting for 7% of the total population of older adults. Over 30% of these people migrated within the last 12 months <sup>13</sup> . This may provide an indirect indication of the group of older people who may not have strong informal caring and support networks such as family and friends.																		
<b>2.2. Population Sub-Groups</b>																				
Particular sub-groups of the population experience greater challenges in accessing and navigating necessary services.	<ul style="list-style-type: none"> <li>People who are socially isolated</li> <li>People with a cognitive impairment</li> <li>People who are homeless, or at risk of homelessness</li> </ul>	<i>Figure 1: Stakeholder considerations of priority sub-groups</i>																		

<sup>13</sup> Gold Coast City Council Community Profile, Gold Coast City migration by age (2016), <https://profile.id.com.au/gold-coast/migration-by-age>

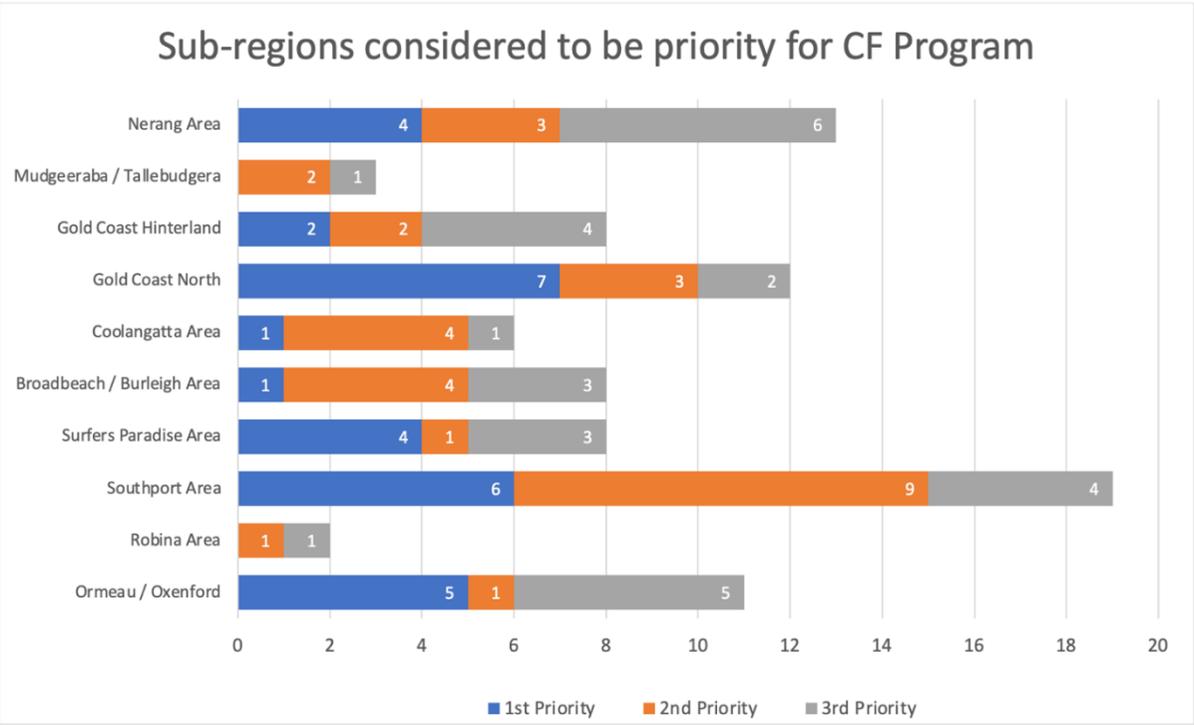
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	People from Culturally & Linguistically Diverse backgrounds People with low literacy levels Aboriginal and Torres Strait islander peoples People with mental health challenges Care Leavers / Forgotten Australians	<div data-bbox="730 280 1917 911"> <h3 style="text-align: center;">Sub-groups considered to be priority for CF Program</h3> <table border="1"> <caption>Data for Sub-groups considered to be priority for CF Program</caption> <thead> <tr> <th>Sub-group</th> <th>1st Priority</th> <th>2nd Priority</th> <th>3rd Priority</th> </tr> </thead> <tbody> <tr> <td>People with a vision/hearing impairment</td> <td>0</td> <td>0</td> <td>3</td> </tr> <tr> <td>People with low literacy levels</td> <td>0</td> <td>1</td> <td>9</td> </tr> <tr> <td>People who are, or are at risk of, homelessness</td> <td>8</td> <td>2</td> <td>4</td> </tr> <tr> <td>People with a cognitive impairment</td> <td>1</td> <td>11</td> <td>3</td> </tr> <tr> <td>People who are socially isolated</td> <td>11</td> <td>11</td> <td>4</td> </tr> <tr> <td>Forgotten Australians</td> <td>0</td> <td>3</td> <td>1</td> </tr> <tr> <td>Care Leavers</td> <td>0</td> <td>1</td> <td>0</td> </tr> <tr> <td>People within LGBTQI+ communities</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td>People from Culturally and Linguistically Diverse backgrounds</td> <td>2</td> <td>2</td> <td>7</td> </tr> <tr> <td>Aboriginal and Torres Strait Islander Peoples</td> <td>5</td> <td>2</td> <td>2</td> </tr> </tbody> </table> </div> <p>As part of the Targeted Care finder Stakeholder Survey, respondents were provided with background information about the care finder program, its target population, and the outcomes it hopes to achieve. They were then asked a series of questions to elicit insights that would be used to inform the supplementary needs assessment for the care finder program.</p> <p>A total of 39 stakeholders responded to the survey. Respondents were asked to consider the ‘care finder’ target population and identify three particular sub-groups they consider a priority, and why.</p> <p>When considering just the <b>highest priority</b>, the most commonly selected responses were:</p> <ul style="list-style-type: none"> <li>▪ People who are socially isolated</li> <li>▪ People who are, or are at risk of homelessness</li> <li>▪ Aboriginal and Torres Strait Islander peoples</li> </ul> <p>When considering just the <b>2<sup>nd</sup> highest priority</b>, the most commonly selected responses were:</p>	Sub-group	1st Priority	2nd Priority	3rd Priority	People with a vision/hearing impairment	0	0	3	People with low literacy levels	0	1	9	People who are, or are at risk of, homelessness	8	2	4	People with a cognitive impairment	1	11	3	People who are socially isolated	11	11	4	Forgotten Australians	0	3	1	Care Leavers	0	1	0	People within LGBTQI+ communities	1	0	0	People from Culturally and Linguistically Diverse backgrounds	2	2	7	Aboriginal and Torres Strait Islander Peoples	5	2	2
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		<ul style="list-style-type: none"> <li>▪ People who are socially isolated</li> <li>▪ People who have a cognitive impairment</li> <li>▪ Forgotten Australians</li> </ul> <p>When considering just the <b>3<sup>rd</sup> highest priority</b>, the most commonly selected responses were:</p> <ul style="list-style-type: none"> <li>▪ People with low literacy levels</li> <li>▪ People from Culturally and Linguistically Diverse Backgrounds</li> <li>▪ People who are socially isolated</li> <li>▪ People who have a cognitive impairment</li> </ul> <p>A small number of respondents selected ‘<b>other</b>’, for either their first, second and/or third priority. Where respondents entered free-text responses, they included:</p> <ul style="list-style-type: none"> <li>▪ People who are socially isolated</li> <li>▪ People with mental health concerns</li> <li>▪ People living on their own</li> <li>▪ People with cancer who don’t know where to get help</li> </ul> <p>Collectively, feedback from survey respondents suggests the following six sub-groups should be considered important target groups for the care finder program:</p> <ul style="list-style-type: none"> <li>▪ People who are <b>socially isolated</b> – identified by 76% of respondents</li> <li>▪ People with a <b>cognitive impairment</b> – identified by 44% of respondents</li> <li>▪ People who are <b>homeless</b>, or at risk of homelessness – identified by 41% of respondents</li> <li>▪ People from <b>Culturally &amp; Linguistically Diverse</b> backgrounds – identified by 32% of respondents</li> <li>▪ People with <b>low literacy</b> levels – identified by 32% of respondents</li> <li>▪ <b>Aboriginal and Torres Strait Islander</b> peoples – identified by 26% of respondents.</li> </ul> <p><b>People who are socially isolated</b> was the most commonly selected sub-group, with 76% of survey respondents selecting it. It should be noted however, in real life, the above groups are not mutually exclusive, and that being a member of one sub-group would increase the likelihood that a person would become a member of another. One survey responded aptly noted that often the reason for social isolation is likely due to one of the other vulnerabilities (e.g., homelessness, cognitive impairment, care leavers, Forgotten Australians...) and suggested</p>

Identified need	Key issue	Evidence
		<p>that targeting people who are socially isolated will cover many of the other sub-groups. Additional vulnerability would also be expected by someone in multiple sub-groups.</p> <p>When reviewing the sub-groups:</p> <ul style="list-style-type: none"> <li>▪ 100% of survey respondents included as least one sub-group in their top three;</li> <li>▪ 94% of survey respondents included at least two sub-groups in their top three; and</li> <li>▪ 62% of survey respondents included three of the sub-groups in their top three.</li> </ul> <p>A review of the reasons why particular sub-groups were selected suggests that people within each of these groups are well known and understood to require additional support to access necessary services. This cohort often live alone, have little to no family or social supports, and often lack capacity to advocate for themselves, either due to an impairment, or poor digital literacy. A lack of awareness of supports available, or a reluctance to engage with the Aged Care Service System also further exacerbate the issues of accessing care and support agencies. One respondent highlighted the complexity of the Aged Care System:</p> <p style="text-align: center;"><i>“Aged Care is complex and much of the Aged Care workforce does not understand the aged care system well enough to explain the details. Anyone who has an impairment to their capacity to understand, read, write, hear or see clearly, misses most of the “cues” needed to make any sense of aged care entitlements, costs, rights and responsibilities.”</i></p> <p style="text-align: right;">(Targeted Care finder Stakeholder Survey Respondent)</p> <p>Conversations with the two ACH providers in the region concurred with the above sub-groups being identified as important target groups.</p> <p>In addition, survey respondents were also asked to identify sub-groups of the population that they typically provide supports to. In line with the above results, people who are socially isolated were identified as the most common group, followed by people with mental health concerns, which ranked 2<sup>nd</sup> alongside care leavers / Forgotten Australians, and people from Culturally and Linguistically Diverse backgrounds.</p>
Specific barriers and challenges experienced by the care finder population	Fear of not being able to stay in own home if engaged with	<p>According to the Targeted Care finder Stakeholder Survey, the most commonly identified challenges people experience in navigating and accessing the Aged Care System were:</p> <ul style="list-style-type: none"> <li>▪ Fear of not being able to stay in own home if engaged with Aged Care Services</li> <li>▪ Lack of insight that aged care supports are required</li> <li>▪ Computer literacy and access to the internet</li> </ul>

Identified need	Key issue	Evidence																										
	<p>Aged Care Services</p> <p>Lack of insight that aged care supports are required</p> <p>Computer literacy and access to the internet</p> <p>Lack of family support to access the Aged Care System</p> <p>Trust issues with engaging with the Aged Care System.</p>	<ul style="list-style-type: none"> <li>▪ Lack of family support to access the Aged Care System</li> <li>▪ Trust issues with engaging with the Aged Care System</li> </ul> <p><i>Figure 2: Stakeholder considerations of most common challenges of engaging with aged care system</i></p> <div data-bbox="734 411 2049 1209" style="border: 1px solid black; padding: 10px;"> <h3 style="text-align: center;">Most common challenges people experience accessing and navigating the Aged Care System</h3>  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Challenge</th> <th>Number of responses</th> </tr> </thead> <tbody> <tr> <td>Lack of insight that aged care support services are required</td> <td>29</td> </tr> <tr> <td>Fear of not being able to stay in own home if engaged with...</td> <td>29</td> </tr> <tr> <td>Trust issues with engaging with the aged care system</td> <td>27</td> </tr> <tr> <td>Lack of family support to access the aged care system</td> <td>27</td> </tr> <tr> <td>Computer literacy and access to internet</td> <td>27</td> </tr> <tr> <td>Mental health issues</td> <td>21</td> </tr> <tr> <td>Low literacy levels</td> <td>18</td> </tr> <tr> <td>Homelessness/ risk of homelessness</td> <td>17</td> </tr> <tr> <td>Language barriers</td> <td>16</td> </tr> <tr> <td>Disabilities</td> <td>14</td> </tr> <tr> <td>Alcohol and/or other drugs</td> <td>12</td> </tr> <tr> <td>Limited access to public transport</td> <td>12</td> </tr> </tbody> </table> </div> <p>These issues align closely with issues raised by the GCPHN Community Advisory Committee:</p>	Challenge	Number of responses	Lack of insight that aged care support services are required	29	Fear of not being able to stay in own home if engaged with...	29	Trust issues with engaging with the aged care system	27	Lack of family support to access the aged care system	27	Computer literacy and access to internet	27	Mental health issues	21	Low literacy levels	18	Homelessness/ risk of homelessness	17	Language barriers	16	Disabilities	14	Alcohol and/or other drugs	12	Limited access to public transport	12
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Identified need	Key issue	Evidence	
		Stakeholder Survey (July 2022)	Community Advisory Committee – Consultation (May 2022)
		Fear of not being able to stay in own home if engaged with Aged Care Services.	Fear is dramatically underestimated as a reason why people don't engage with the Aged Care system.
		Lack of insight that aged care supports are required.	Health professionals don't always know what is available to offer patients, and patients don't know what to ask for.
		Computer literacy and access to the internet.	Accessing online resources and information can be difficult.
		Lack of family support to access the aged care system.	Committee members emphasized the challenges in reaching people who are socially isolated.
		Trust issues with engaging with the aged care system.	The Royal Commission has affected people's trust and makes the task of engaging people in aged care difficult.
<b>2.3. Regional Sub-Groups</b>			
Particular sub-regions of the GCPHN region experience greater challenges in accessing and navigating necessary services.	Southport Area Nerang Area Gold Coast North Area Ormeau / Oxenford Area	<i>Figure 3: Stakeholder considerations of priority sub-regions</i>	

Identified need	Key issue	Evidence																																												
		<p data-bbox="887 300 1765 341" style="text-align: center;"><b>Sub-regions considered to be priority for CF Program</b></p>  <table border="1" data-bbox="730 277 1924 1002"> <thead> <tr> <th>Sub-region</th> <th>1st Priority</th> <th>2nd Priority</th> <th>3rd Priority</th> </tr> </thead> <tbody> <tr> <td>Nerang Area</td> <td>4</td> <td>3</td> <td>6</td> </tr> <tr> <td>Mudgeeraba / Tallebudgera</td> <td>0</td> <td>2</td> <td>1</td> </tr> <tr> <td>Gold Coast Hinterland</td> <td>2</td> <td>2</td> <td>4</td> </tr> <tr> <td>Gold Coast North</td> <td>7</td> <td>3</td> <td>2</td> </tr> <tr> <td>Coolangatta Area</td> <td>1</td> <td>4</td> <td>1</td> </tr> <tr> <td>Broadbeach / Burleigh Area</td> <td>1</td> <td>4</td> <td>3</td> </tr> <tr> <td>Surfers Paradise Area</td> <td>4</td> <td>1</td> <td>3</td> </tr> <tr> <td>Southport Area</td> <td>6</td> <td>9</td> <td>4</td> </tr> <tr> <td>Robina Area</td> <td>0</td> <td>1</td> <td>1</td> </tr> <tr> <td>Ormeau / Oxenford</td> <td>5</td> <td>1</td> <td>5</td> </tr> </tbody> </table> <p data-bbox="719 1018 2016 1157">As part of the Targeted Care finder Stakeholder Survey, respondents were provided with background information about the care finder program, its target population, and the outcomes it hopes to achieve, and were then asked a series of questions to inform the supplementary needs assessment for the care finder program.</p> <p data-bbox="719 1173 1937 1241">39 stakeholders responded to the survey. Respondents were asked to consider the care finder target population and identify three sub-regions they would consider a priority, and why.</p> <p data-bbox="719 1300 1792 1332">When considering just the <b>highest priority</b>, the most commonly selected responses were:</p> <ul data-bbox="719 1348 1041 1380" style="list-style-type: none"> <li>• Gold Coast North Area</li> </ul>	Sub-region	1st Priority	2nd Priority	3rd Priority	Nerang Area	4	3	6	Mudgeeraba / Tallebudgera	0	2	1	Gold Coast Hinterland	2	2	4	Gold Coast North	7	3	2	Coolangatta Area	1	4	1	Broadbeach / Burleigh Area	1	4	3	Surfers Paradise Area	4	1	3	Southport Area	6	9	4	Robina Area	0	1	1	Ormeau / Oxenford	5	1	5
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Ormeau / Oxenford	5	1	5																																											

Identified need	Key issue	Evidence
		<ul style="list-style-type: none"> <li>• Southport Area</li> <li>• Ormeau / Oxenford Area</li> </ul> <p>When considering just the <b>2<sup>nd</sup> highest priority</b>, the most commonly selected responses were:</p> <ul style="list-style-type: none"> <li>• Southport Area</li> <li>• Broadbeach / Burleigh Area</li> <li>• Coolangatta Area</li> </ul> <p>When considering just the <b>3<sup>rd</sup> highest priority</b>, the most commonly selected responses were:</p> <ul style="list-style-type: none"> <li>• Nerang Area</li> <li>• Ormeau / Oxenford Area</li> <li>• Southport Area</li> <li>• Gold Coast Hinterland</li> </ul> <p>Collectively, feedback from survey respondents suggests the following four sub-regions should be considered a priority:</p> <ul style="list-style-type: none"> <li>▪ <b>Southport Area</b> – identified by 56% of respondents</li> <li>▪ <b>Nerang Area</b> – identified by 38% of respondents</li> <li>▪ <b>Gold Coast North Area</b> – identified by 35% of respondents</li> <li>▪ <b>Ormeau / Oxenford Area</b> – identified by 32% of respondents</li> </ul> <p>Gold Coast Hinterland area ranked 5<sup>th</sup> (alongside Broadbeach / Burleigh Area and Surfers Paradise Area). It is worth noting that a survey respondents highlighted the limited access to services for people in that area, including no after-hours services.</p> <p>A review of the reasons why respondents selected the various priority sub-regions suggests that these regions offer more affordable housing options but are poorly serviced by transport infrastructure. A small number of respondents noted the significant growth in the northern parts of the GCPHN catchment, which encompass all four of these geographical areas, and include residents with lower socio-economic living standards, people of multicultural backgrounds, inter-generational families, and Aboriginal and Torres Strait Islander communities. One respondent added that many existing practices had already transitioned from bulkbilling to private billing, and that the area would be in crisis very soon.</p>

Identified need	Key issue	Evidence
<b>2.4. Insights from Existing ACH Services</b>		
The need for updated dedicated aged care resource detailing services for the GCPHN region	The lack of an updated service resource impacts access and timely referral to the most appropriate service provider options to give to their clients	<p>Footprints Community and Star Community Limited advised of the need for a GCPHN regional resource to be developed to assist providers to identify services available, referral pathway and eligibility criteria to support the care finder target population group. Also proposed were local networking meetings with providers that could support the target population in the Gold Coast region.</p> <p>(Note: The Australian Government Department of Health and Aged Care has advised they are developing care finder referral pathways and decision trees to identify the primary pathways for referral to aged care and other service from a national perspective, and to help ensure that people get the information and support they need.)</p>
Increased funding to meet current needs on Gold Coast	Additional funding would allow for more time and resources to be spent on a client	Footprints Community and Star Community Limited advised that current ACH funding limits service delivery which is an area needing improvement due to the time required to appropriately support the care finder target population at the time of consultation, Footprints Community had closed the MAC portal for ACH service referrals in the Gold Coast due to level of FTE funding, which currently is not sufficient to meet the demand.
<b>2.5. Insights from Existing Aged Care Navigation Supports</b>		
ACH providers are providing aged care navigation supports	ACH providers are already servicing some of the population who will be eligible for care finder services and have existing networks and relationships	Analysis of information provided by existing ACH providers Footprints Community and Star Community Limited showed both have a geographic footprint of 100% of the GCPHN region. Providers indicated in practice their service area is predominately north of Robina due to limited demand further south. Based on the provider's information an estimated 185 clients within the care finder target population who are serviced annually across both ACH providers. Gold Coast intermediaries and referrers identified by the ACH providers included local and state government bodies and local groups and networks, including My Aged Care, Gold Coast Hospital and Health Services and Department of Housing. Footprints Community and Star Community Limited currently provide clients with assistance to navigate the aged care sector and linkages to appropriate services. Areas of growth and development indicated were: access to translation services to support clients from the CALD community; capabilities to work with Forgotten Australians; and expanding referral channels within healthcare.

Identified need	Key issue	Evidence
	to support this work	<p>Both providers indicated current working relationships with support groups and networks, nurse navigators and social workers, and local and state government bodies within the GCPHN region.</p> <p>Additional information was elicited from informal navigation support services through surveys and broader consultation and is detailed in 2.7 and 2.8 below.</p>
<b>2.6. Broader Service Landscape</b>		
	The local aged care system should be easier to navigate	<p>Royal Commission into Aged Care Quality and Safety’s Report findings highlighted it should be easy for older people to access the aged care they need. Having easy access means a person can get the information, support, or care they need, when they need it. It also includes getting aged care appropriate to a person’s individual needs, including care that is culturally appropriate and safe.</p>
	The existing Primary healthcare services model is not adequate for people receiving aged care	<p>The Royal Commission into Aged Care Quality and Safety heard from many people that the level of service provision by general practitioners (GP) is not adequate to meet the needs of people receiving aged care. Primary healthcare practitioners are either not visiting people receiving aged care at their residences, or not visiting enough, or not spending enough time with them to provide the care required<sup>14</sup>.</p> <p>GPs are primarily funded via fee-for-service. The Royal Commission heard evidence about the problems with the fee-for-service funding model, particularly that it creates an incentive for care that responds to an episode of care of ill health, rather than encouraging care that proactively attempts to reduce the risk of ill health. The fee-for-service model is considered by some to be “in conflict with the proactive, coordinated and ongoing team-based approaches that are needed to support the prevention and optimal management of chronic and complex conditions”<sup>15</sup>. The Royal Commission into aged care identified that part of the access problem is the amount of funding available for GPs providing care to people receiving aged care.</p> <p>The Commission recommended the development of a new primary care model to encourage the provision of holistic, coordinated, and proactive healthcare for the growing complexity of the needs of people receiving aged care. Such a model would have the following characteristics:</p>

<sup>14</sup> Royal Commission into Aged Care Quality and Framework

<sup>15</sup> Report for the Primary Healthcare Advisory Group, Better Outcomes for People with Chronic and Complex Health Conditions, December 2015

Identified need	Key issue	Evidence
		<ul style="list-style-type: none"> <li>▪ General practices could apply to the Australian government to become accredited aged care general practices.</li> <li>▪ Each accredited general practice would enrol people receiving residential care or personal care at home who choose to be enrolled with that general practice.</li> <li>▪ The accredited general practice would be required to meet the primary healthcare needs of each enrolled older person, including through cooperative arrangement with other general practices to provide after-hours care.</li> <li>▪ Participation would be voluntary for general practices and patients.</li> </ul>
	Interim recommendations by the Royal Commission into Aged Care Quality and Safety are yet to be implemented	<p>The proposed improvements to access the primary healthcare, specialist, and mental and dental healthcare will take time to develop and implement. In the short term, the Royal Commission recommend the Australian Government should urgently amend the Medicare Benefits Schedule to provide benefits for:</p> <ul style="list-style-type: none"> <li>▪ Comprehensive health assessments when a person begins to receive residential aged care or personal care at home and at six-month intervals thereafter.</li> <li>▪ GP mental health treatment for patients at a residential aged care facility.</li> <li>▪ A mental health assessment and subsequent development of a treatment plan, by a GP or psychiatrist within two months of a person’s entry into residential aged care and subsequent reassessments.</li> <li>▪ Allied mental health practitioners providing services to people in residential aged care.</li> </ul> <p>These amendments are yet to be implemented.</p>
	There is a lack of a single location of all aged care services information for the local GCPHN region	<p>There are many supports available in GCPHN region to support older adults. A service system table which describes these supports has been extracted from the GCPHN 2022-25 Health Needs Assessment (Appendix A). This table provides great detail, however, there are many data items which were not collected about these services, as the collection of this information is resource intensive and add to other challenges to sustaining an ongoing service directory.</p>

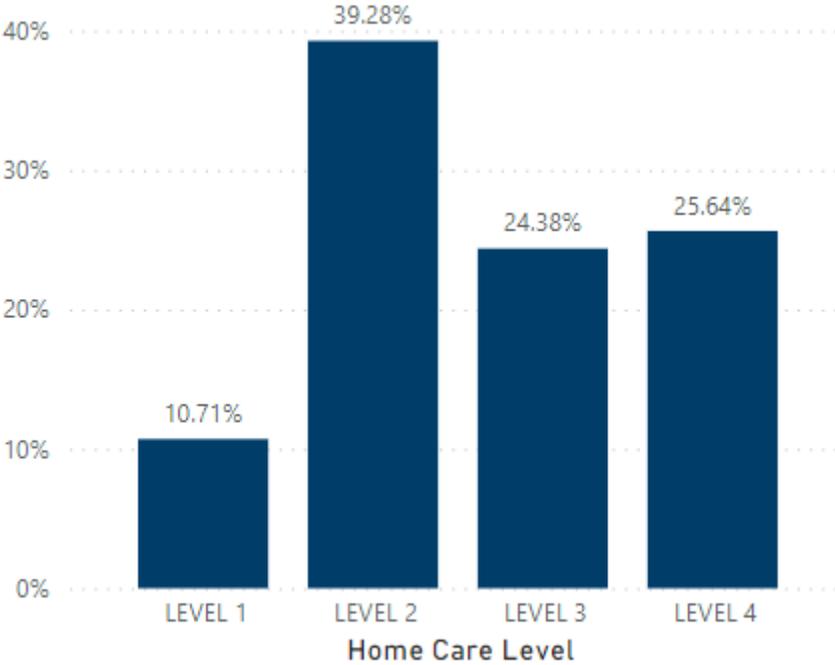
Identified need	Key issue	Evidence
	Uncertain impact of care finder funding on existing services	Market analyses identified concerns from existing service providers who were uncertain the impacts the injection of care finder funding would have on the funding of their existing services. The change from grant-based funding to fee-for-service payments for aged care services has further added to this uncertainty. Existing service providers have identified the difficulty in maintaining a skilled workforce, suggesting that under a fee-for-service structure, they will only be able to offer casual contracts rather than more secure employment opportunities.
	Smaller community-based organisations may require capacity building to support tender opportunities	Analysis of the local provider market identified larger non-government organisations tend to be more experienced in tender applications, thus presenting high quality tender submissions to secure funding. However, we acknowledge there may be smaller community-based organisations who support priority target population subgroups, such as Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities, who may benefit from tender writing capacity building.
Utilisation of Government subsidised residential and home care packages	Significant demand as evidenced by wait times for care packages may mean people not getting the services they need in a timely way	<p>The Australian aged care system provides subsidised care and support to older people. It is a large and complex system that includes a range of programs and policies.</p> <p>Aged care is not a single service. It is provided over a range of programs and services. The care ranges from low-level support to more intensive services. Aged care includes:</p> <ul style="list-style-type: none"> <li>▪ assistance with everyday living activities;</li> <li>▪ respite;</li> <li>▪ equipment and home modifications (e.g., handrails);</li> <li>▪ personal care, such as help getting dressed, eating, and going to the toilet;</li> <li>▪ health care, including nursing and allied healthcare; and</li> <li>▪ accommodation.</li> </ul> <p>Aged care is provided in people’s homes, in the community and in residential aged care settings. People commonly think of nursing homes, or residential care, when they think about aged care. However, while most of the aged care budget is spent on residential aged care, more than two-thirds of people using aged care services do so from home.</p>

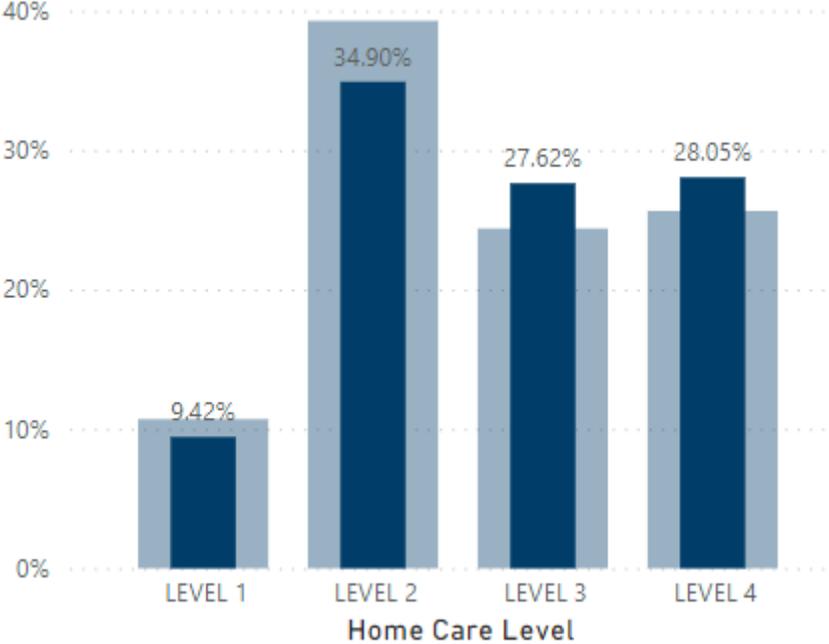
Identified need	Key issue	Evidence								
		<p>The aged care system offers care under three main types of service:</p> <ul style="list-style-type: none"> <li>▪ <b>Home Support:</b> Entry-level support for older people in their homes, consisting of the Commonwealth Home Support Program (CHSP).</li> <li>▪ <b>Home Care Services:</b> Support and care services given to older people in their own homes. Services are offered in packages of care, which can consist of personal care and domestic support, as well as clinical and allied health services. There are four levels of care to support those with basic (Level 1), low (Level 2), intermediate (Level 3), and high (Level 4) care needs. Home Care Packages started in 2013, combining previous programs, namely: Community Aged Care Package (CACP), Extended Aged Care at Home (EACH), and Extended Aged Care at Home Dementia (EACHD).</li> <li>▪ <b>Residential care services:</b> A facility that provides residential care, often referred to as ‘nursing home’. The service must meet specified standards in the quality of the built environment, care, and staffing levels in accordance with the Aged Care Act 1997.</li> </ul>								
		<p><i>Table 11. Number of users and allocated places for South Coast Aged Care Planning Region (which largely aligns with the GCPHN region excluding some of the most Northern suburbs) by care type and provider type, as at 30 June 2022</i></p> <table border="1" data-bbox="730 858 1536 1050"> <thead> <tr> <th>Care type</th> <th>Number of allocated places</th> </tr> </thead> <tbody> <tr> <td>Residential</td> <td>4,984</td> </tr> <tr> <td>Home care</td> <td>3,007</td> </tr> <tr> <td>Transition care</td> <td>93</td> </tr> </tbody> </table> <p>Source: AIHW, GEN Aged Care data portal, extracted from <a href="http://www.gen-agedcaredata.gov.au">www.gen-agedcaredata.gov.au</a> and home care packages program report, Department of Health</p> <p>Current waiting lists to access home care packages are extensive both within the GCPHN region and nationally, which is likely to impact the utilisation of other aged, community and health services. As of 31 December 2021, there were 746 people on the National Prioritisation Queue for a home care package residing in the South Coast Aged Care Planning Region (ACPR) who were not accessing or had not been assigned a care package<sup>16</sup>.</p>	Care type	Number of allocated places	Residential	4,984	Home care	3,007	Transition care	93
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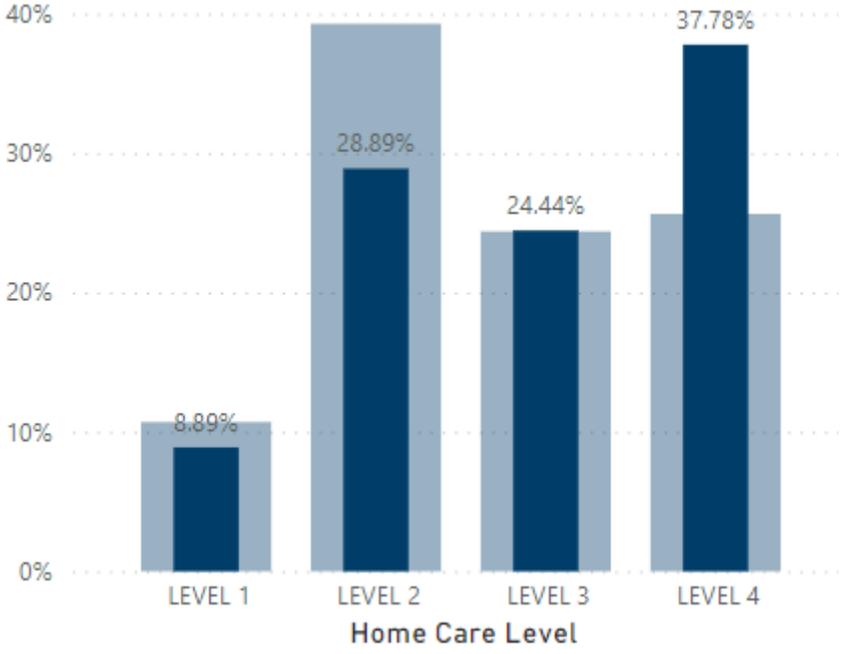
<sup>16</sup> Department of Health, Home care packages data report, 1 October -31 December 2021, [Home Care Packages Program Data Report \(gen-agedcaredata.gov.au\)](http://www.gen-agedcaredata.gov.au)

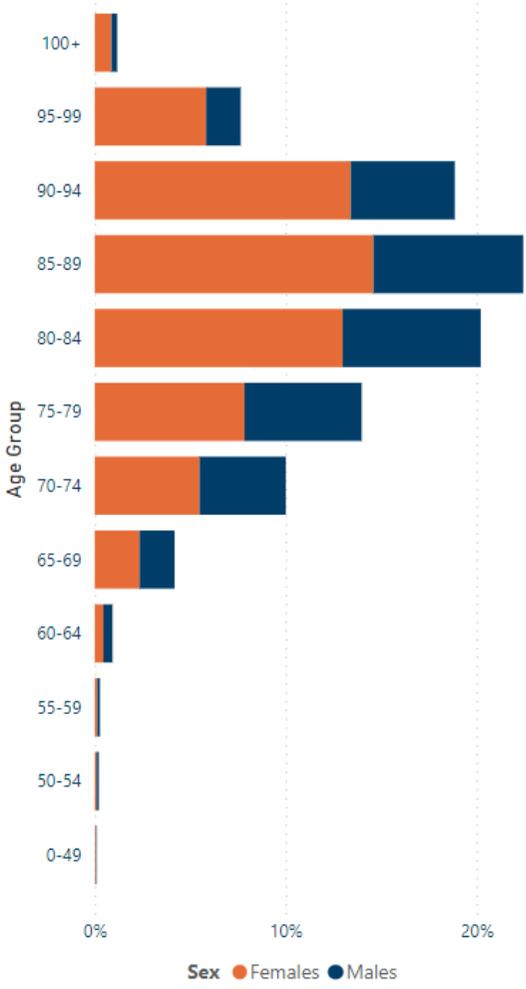
Identified need	Key issue	Evidence																				
		<p>These people are approved for:</p> <ul style="list-style-type: none"> <li>▪ level 1: 22</li> <li>▪ level 2: 245</li> <li>▪ level 3: 341</li> <li>▪ level 4: 138</li> </ul> <p>Estimated wait times for people entering the National Prioritisation Queue are outlined in Table 12.</p> <p><i>Table 12. Estimated waiting time for home care package on National Prioritisation Queue, as at December 2021</i></p> <table border="1" data-bbox="757 587 2029 775"> <thead> <tr> <th>Package level</th> <th>First package assignment</th> <th>Time to first package</th> <th>Time to approved package</th> </tr> </thead> <tbody> <tr> <td>Level 1</td> <td>Level 1</td> <td>3-6 months</td> <td>3-6 months</td> </tr> <tr> <td>Level 2</td> <td>Level 1</td> <td>3-6 months</td> <td>6-9 months</td> </tr> <tr> <td>Level 3</td> <td>Level 1</td> <td>3-6 months</td> <td>6-9 months</td> </tr> <tr> <td>Level 4</td> <td>Level 2</td> <td>6-9 months</td> <td>6-9 months</td> </tr> </tbody> </table> <p>Source: Department of Health, Home Care Packages Data Report, 2021.</p> <p>The Government has announced an additional 80,000 home care packages nationally (40,000 in 2021-22 and 40,000 in 2022-23)<sup>17</sup>.</p> <p>The time to approve packages has decreased for levels 3 and 4 from 12+ months in March 2018 to 6-9 months in December 2021. However, the first package assignment across all four package levels are being provided at a lower level of care than what is required, potentially increasing risk of hospitalisation or early admission to RACF.</p>	Package level	First package assignment	Time to first package	Time to approved package	Level 1	Level 1	3-6 months	3-6 months	Level 2	Level 1	3-6 months	6-9 months	Level 3	Level 1	3-6 months	6-9 months	Level 4	Level 2	6-9 months	6-9 months
Package level	First package assignment	Time to first package	Time to approved package																			
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Level 3	Level 1	3-6 months	6-9 months																			
Level 4	Level 2	6-9 months	6-9 months																			
Home Care utilisation varies by cultural background and country of birth	Higher utilisation of level 3 and 4 home care services by people born from non-English speaking countries	<p>Figure 4 shows there is a higher utilisation of Home Care Services for levels 2 to 4 in the South Coast aged care planning region, with the highest usage at level 2 (39.2%)</p> <p><i>Figure 4. Proportion of all people using Home Care Services by Level of Care</i></p>																				

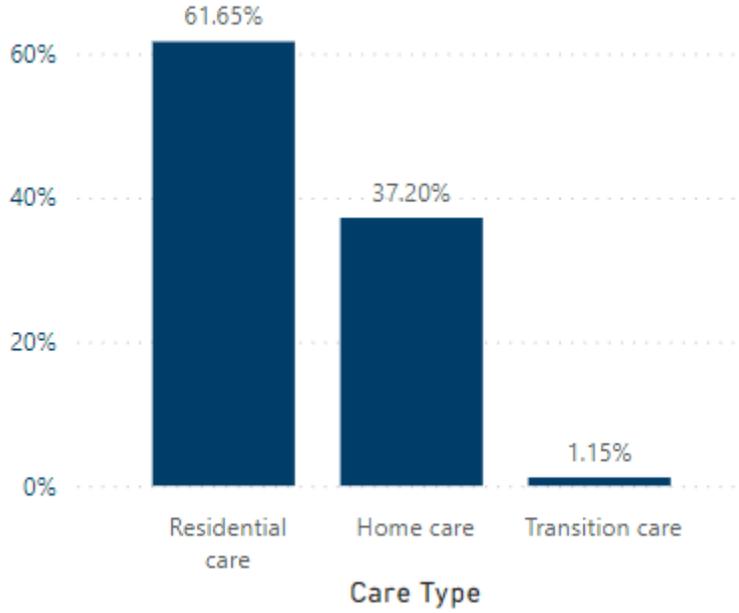
<sup>17</sup> Department of Health, Home care packages data report, 1 October -31 December 2021, [Home Care Packages Program Data Report \(gen-agedcaredata.gov.au\)](https://www.gen-agedcaredata.gov.au)

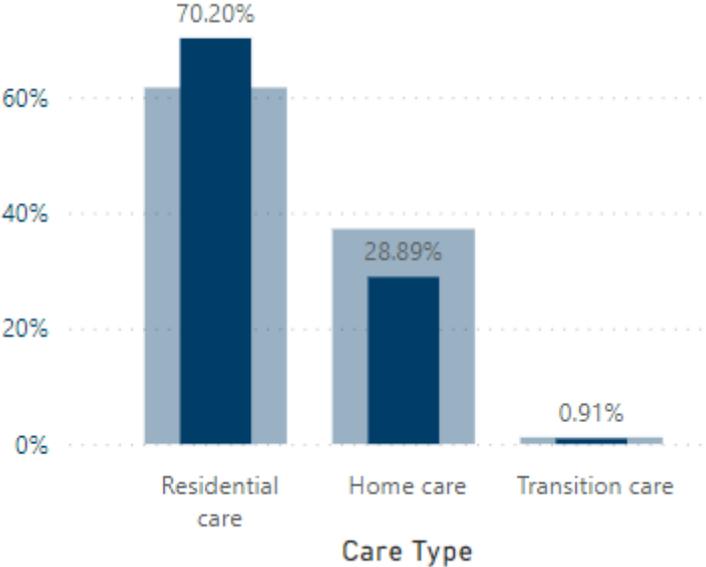
Identified need	Key issue	Evidence
	<p>compared to total GC population</p>	 <p>Source: GEN Aged Care Data, People Using Aged Care (2020-2021)</p> <p>Figure 5 shows that the proportion of people from non-English speaking countries are using the Home Care Service packages at a higher rate for level 3 (27%) and 4 (28%), compared to the utilisation by all people in the South Coast planning region (as represented by the shaded areas in the figure).</p> <p><i>Figure 5. Proportion of people born from non-English speaking countries using Home Care Services by Level of Care</i></p>

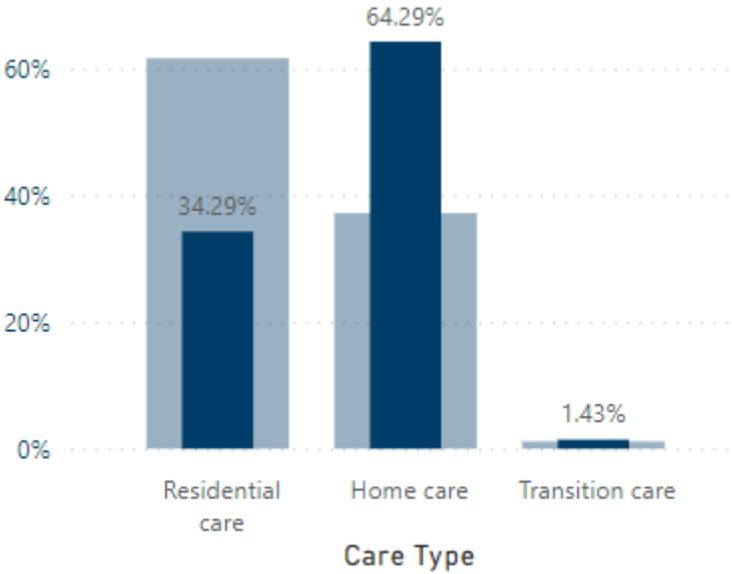
Identified need	Key issue	Evidence
		 <p data-bbox="734 986 2007 1040">Source: GEN Aged Care Data, People Using Aged Care (2020-2021). The shaded areas in the above graph represent proportion of all people using Home Care Services by Level of Care</p>
	<p data-bbox="481 1129 710 1342">Aboriginal and Torres Strait Islander people utilise higher level of home care support</p>	<p data-bbox="728 1121 2018 1150"><i>Figure 6. Proportion of Aboriginal and Torres Strait Islander People using Home Care Services by Level of Care</i></p>

Identified need	Key issue	Evidence
		 <p data-bbox="719 981 2065 1045">Source: GEN Aged Care Data, People Using Aged Care (2020-2021). The shaded areas in the above graph represent proportion of all people using Home Care Services by Level of Care</p> <p data-bbox="719 1093 2065 1236">The distribution of levels of care among Aboriginal and/or Torres Strait Islander people using home care services shows greater utilisation of Level 4 (high support needs), compared to 25.6% for the rest of the GC population. It needs to be noted, however, that for 29% of home care users, Indigenous status was not stated or adequately described.</p>
Other service utilisation	Age and gender profile of users of	<p data-bbox="719 1268 2065 1340"><i>Figure 7. Age and gender distribution of people using aged care services in South Coast Aged Care Planning Region</i></p>

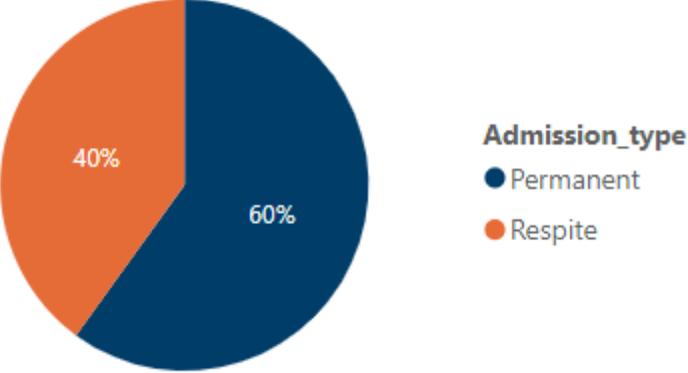
Identified need	Key issue	Evidence																																							
	aged care services in Gold Coast	 <p>The chart displays the percentage of people using aged care services across various age groups, categorized by sex. The y-axis represents the age group, and the x-axis represents the percentage of users, ranging from 0% to 20%. The bars are stacked, with Females represented in orange and Males in dark blue. The data shows that the proportion of people using aged care services increases significantly with age, particularly for those aged 80 and above. In all age groups, females represent a larger percentage of users than males, and this gender disparity becomes more pronounced in the oldest age groups.</p> <table border="1"> <caption>Approximate data from Figure 7: Age and gender distribution of people using aged care services</caption> <thead> <tr> <th>Age Group</th> <th>Females (%)</th> <th>Males (%)</th> </tr> </thead> <tbody> <tr><td>100+</td><td>~1.5</td><td>~0.5</td></tr> <tr><td>95-99</td><td>~6.5</td><td>~2.5</td></tr> <tr><td>90-94</td><td>~13.5</td><td>~5.5</td></tr> <tr><td>85-89</td><td>~14.5</td><td>~8.5</td></tr> <tr><td>80-84</td><td>~13.5</td><td>~7.5</td></tr> <tr><td>75-79</td><td>~8.5</td><td>~5.5</td></tr> <tr><td>70-74</td><td>~6.5</td><td>~4.5</td></tr> <tr><td>65-69</td><td>~3.5</td><td>~2.5</td></tr> <tr><td>60-64</td><td>~1.5</td><td>~0.5</td></tr> <tr><td>55-59</td><td>~0.5</td><td>~0.5</td></tr> <tr><td>50-54</td><td>~0.5</td><td>~0.5</td></tr> <tr><td>0-49</td><td>~0.5</td><td>~0.5</td></tr> </tbody> </table> <p>Source: GEN Aged Care Data, People Using Aged Care (2020-2021)</p> <p>Age and gender distribution in Figure 7 shows that women make up for a greater proportion of persons accessing aged care packages in the South Coast Aged Care Region, with this difference increasing with older</p>	Age Group	Females (%)	Males (%)	100+	~1.5	~0.5	95-99	~6.5	~2.5	90-94	~13.5	~5.5	85-89	~14.5	~8.5	80-84	~13.5	~7.5	75-79	~8.5	~5.5	70-74	~6.5	~4.5	65-69	~3.5	~2.5	60-64	~1.5	~0.5	55-59	~0.5	~0.5	50-54	~0.5	~0.5	0-49	~0.5	~0.5
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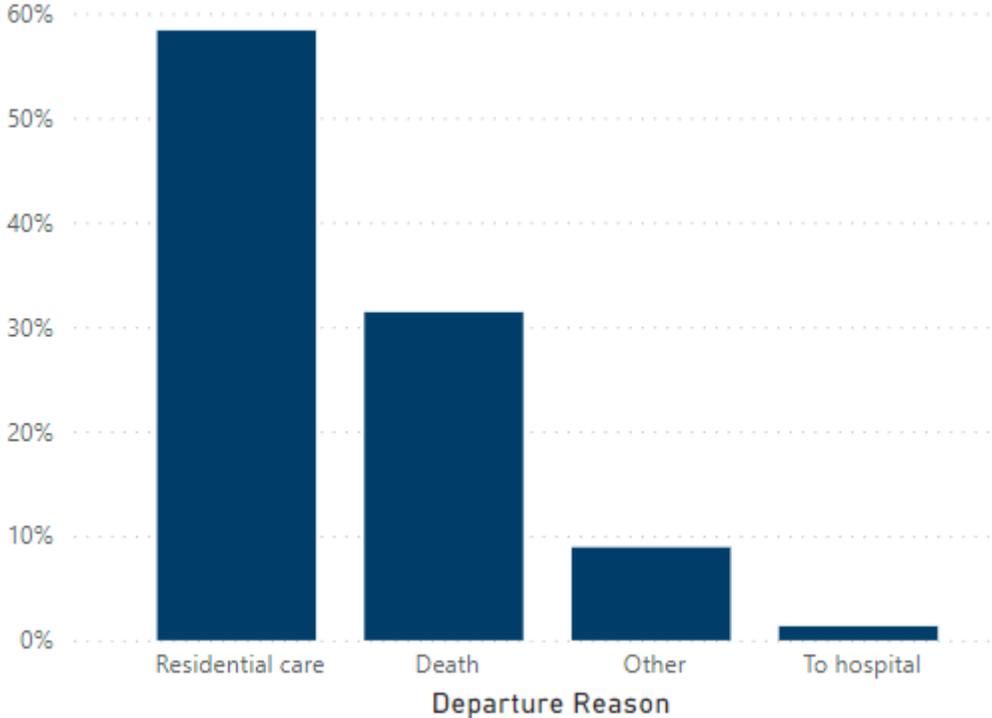
Identified need	Key issue	Evidence								
		age. This aligns with gender distribution patterns seen in the general population, with women generally living longer.								
Residential Aged Care service utilisation	If people are unable to access appropriate supports and or aged care services at home, they may require the higher level of care a residential aged care service provides sooner. Majority of people in Gold Coast using aged care services use residential aged care	<p data-bbox="725 368 2040 400"><i>Figure 8. Proportion of people using aged care services in South Coast Aged Care Planning Region, by care type.</i></p>  <table border="1" data-bbox="725 453 1464 1066"> <thead> <tr> <th>Care Type</th> <th>Proportion</th> </tr> </thead> <tbody> <tr> <td>Residential care</td> <td>61.65%</td> </tr> <tr> <td>Home care</td> <td>37.20%</td> </tr> <tr> <td>Transition care</td> <td>1.15%</td> </tr> </tbody> </table> <p data-bbox="725 1091 1368 1118">Source: GEN Aged Care Data, People Using Aged Care (2020-2021)</p> <p data-bbox="725 1182 2011 1283">The majority of people accessing aged care services in the South Coast Aged Care Planning Region access residential aged care rather than home care. This may indicate a limited ability for some to access the home care services they need.</p>	Care Type	Proportion	Residential care	61.65%	Home care	37.20%	Transition care	1.15%
Care Type	Proportion									
Residential care	61.65%									
Home care	37.20%									
Transition care	1.15%									

Identified need	Key issue	Evidence								
		<p data-bbox="725 280 2011 344"><i>Figure 9. Proportion of non-indigenous people born in Australia using aged care services in South Coast Aged Care Planning Region, by care type.</i></p>  <table border="1" data-bbox="741 392 1447 959"> <thead> <tr> <th>Care Type</th> <th>Proportion</th> </tr> </thead> <tbody> <tr> <td>Residential care</td> <td>70.20%</td> </tr> <tr> <td>Home care</td> <td>28.89%</td> </tr> <tr> <td>Transition care</td> <td>0.91%</td> </tr> </tbody> </table> <p data-bbox="725 991 2040 1046">Source: GEN Aged Care Data, People Using Aged Care (2020-2021). The shaded area represents the proportion of all people using aged care services in South Coast Aged Care Planning Region, by care type.</p> <p data-bbox="725 1062 2033 1158">70% of non-indigenous people born in Australia who are engaged with aged care services use residential aged care (Figure 9). As the largest population group, this skews the overall service utilisation of the Gold Coast population</p>	Care Type	Proportion	Residential care	70.20%	Home care	28.89%	Transition care	0.91%
Care Type	Proportion									
Residential care	70.20%									
Home care	28.89%									
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	Higher utilisation of home care services by Aboriginal and Torres Strait	<p data-bbox="725 1198 2002 1262"><i>Figure 10. Proportion of Aboriginal and Torres Strait Islander people using aged care services in South Coast Aged Care Planning Region, by care type.</i></p>								

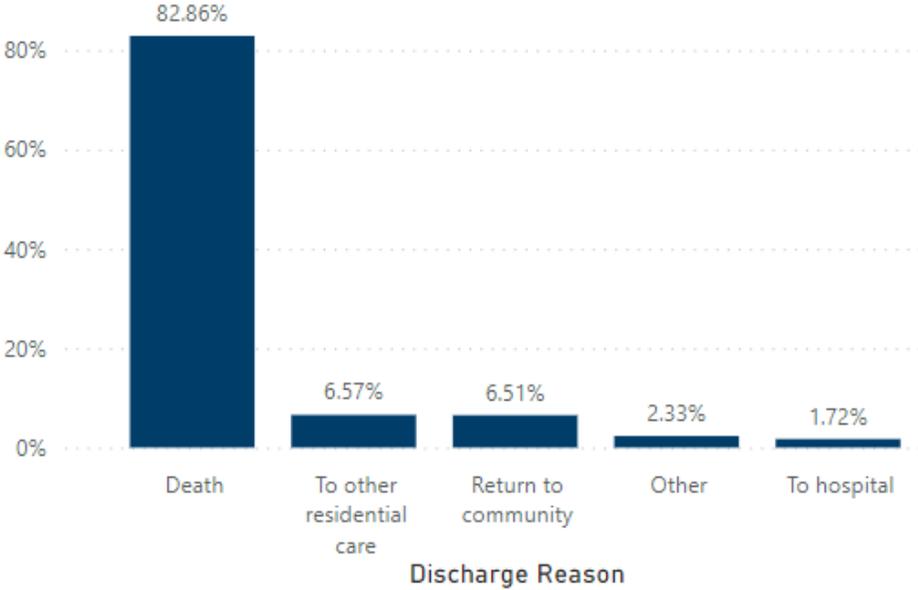
Identified need	Key issue	Evidence
	<p>Islander people than residential and transition care than the overall Gold Coast residents who use aged care services</p>	 <p>Source: GEN Aged Care Data, People Using Aged Care (2020-2021). The shaded area represents the proportion of all people using aged care services in South Coast Aged Care Planning Region, by care type.</p> <p>There is a higher utilisation of home care services and a lower utilisation of residential care services by Aboriginal and Torres Strait Islander people, compared to the distribution of types of care accessed across the total Gold Coast population.</p>
<p>High utilisation of residential aged care services in GCPHN region</p>	<p>There is a 50:50 split of admissions to residential aged care for respite and permanent services</p>	<p>If people are unable to access appropriate supports and or aged care services at home, they may require a higher level of care provided by a residential aged care service provides sooner.</p> <p><i>Figure 11. Proportion of residential aged care admissions in South Coast Aged Care Planning Region. by admission type</i></p>

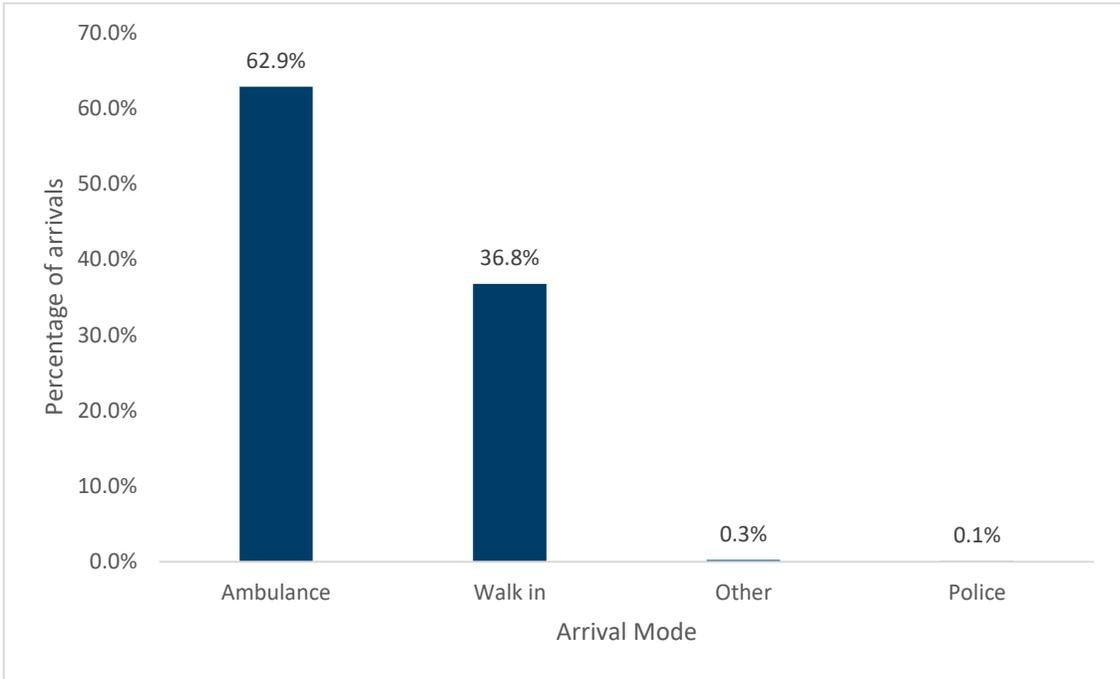
Identified need	Key issue	Evidence						
		<div data-bbox="770 320 1563 695" data-label="Figure"> <p>A pie chart titled 'Admission_type' showing a 50:50 split between two categories: 'Respite' (orange) and 'Permanent' (dark blue). Each slice is labeled with '50%' and a corresponding colored dot in the legend.</p> <table border="1"> <thead> <tr> <th>Admission Type</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Respite</td> <td>50%</td> </tr> <tr> <td>Permanent</td> <td>50%</td> </tr> </tbody> </table> </div> <p data-bbox="725 799 1370 823">Source: GEN Aged Care Data, People Using Aged Care (2020-2021)</p> <p data-bbox="725 887 2063 951">There is a 50:50 split of admissions to residential aged care for respite and permanent services. However, due to the short-term nature of respite there are more permanent residents in a facility at any given point.</p> <p data-bbox="725 967 2047 1031">There is no significant variation of admission type between countries of birth, however there is a 60:40 split for Aboriginal and Torres Strait Islander people towards permanent residency (Figure 12 below).</p>	Admission Type	Percentage	Respite	50%	Permanent	50%
Admission Type	Percentage							
Respite	50%							
Permanent	50%							

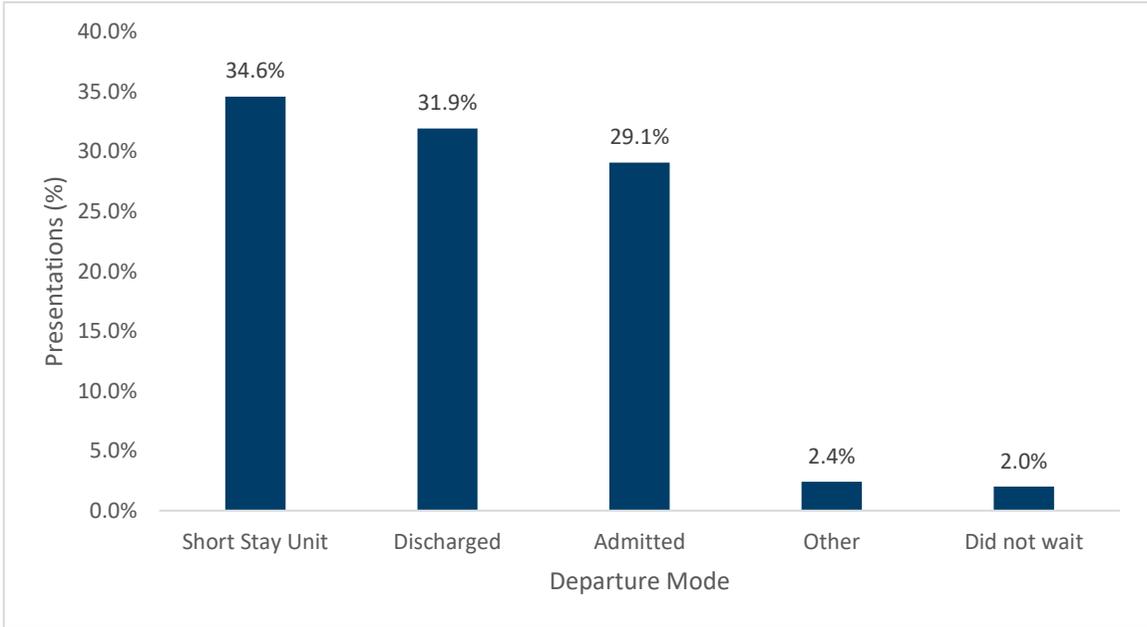
Identified need	Key issue	Evidence
		<p data-bbox="725 284 1951 347"><i>Figure 12. Proportion of Aboriginal and Torres Strait Islander people residential aged care admissions by admission type in South Coast Aged Care Planning Region, by admission type.</i></p>  <p data-bbox="725 820 1368 847">Source: GEN Aged Care Data, People Using Aged Care (2020-2021)</p>
Exiting Home care and residential care	Majority of people leave home care services for residential aged care	<p data-bbox="725 890 2040 954"><i>Figure 13. Proportion of exits from Home Care services in South Coast Aged Care Planning Region, by departure reason.</i></p>

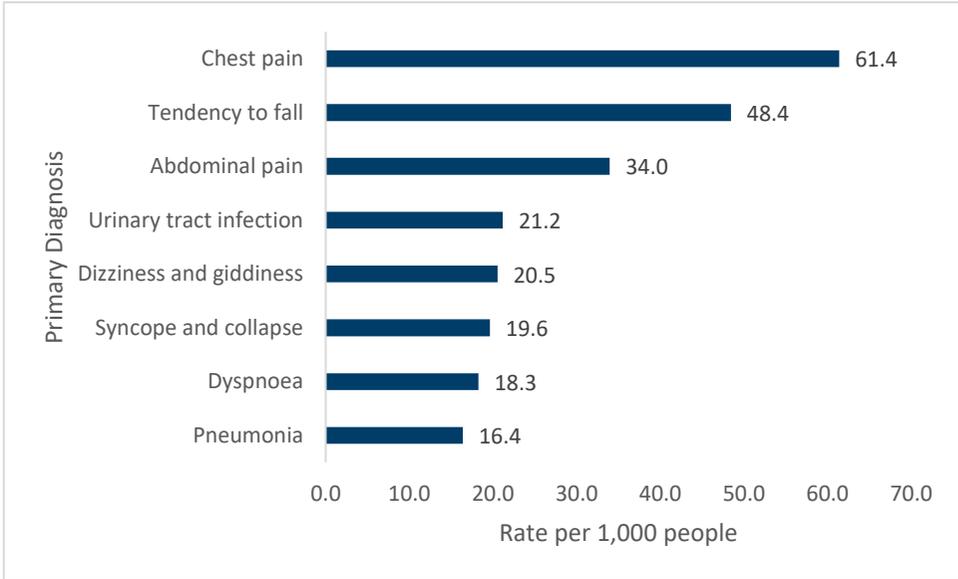
Identified need	Key issue	Evidence
		 <p>Source: GEN Aged Care Data, People Using Aged Care (2020-2021)</p> <p>Figure 13 shows almost 60% of people leaving home care services are moving into residential care facilities. However, it is unknown what proportion of people enter residential care from home care for respite or permanent services.</p>
	Length of stay in home care varies between Aboriginal and	<p><i>Figure 14. Median length of stay (months) for people using home care services, by Indigenous status.</i></p>

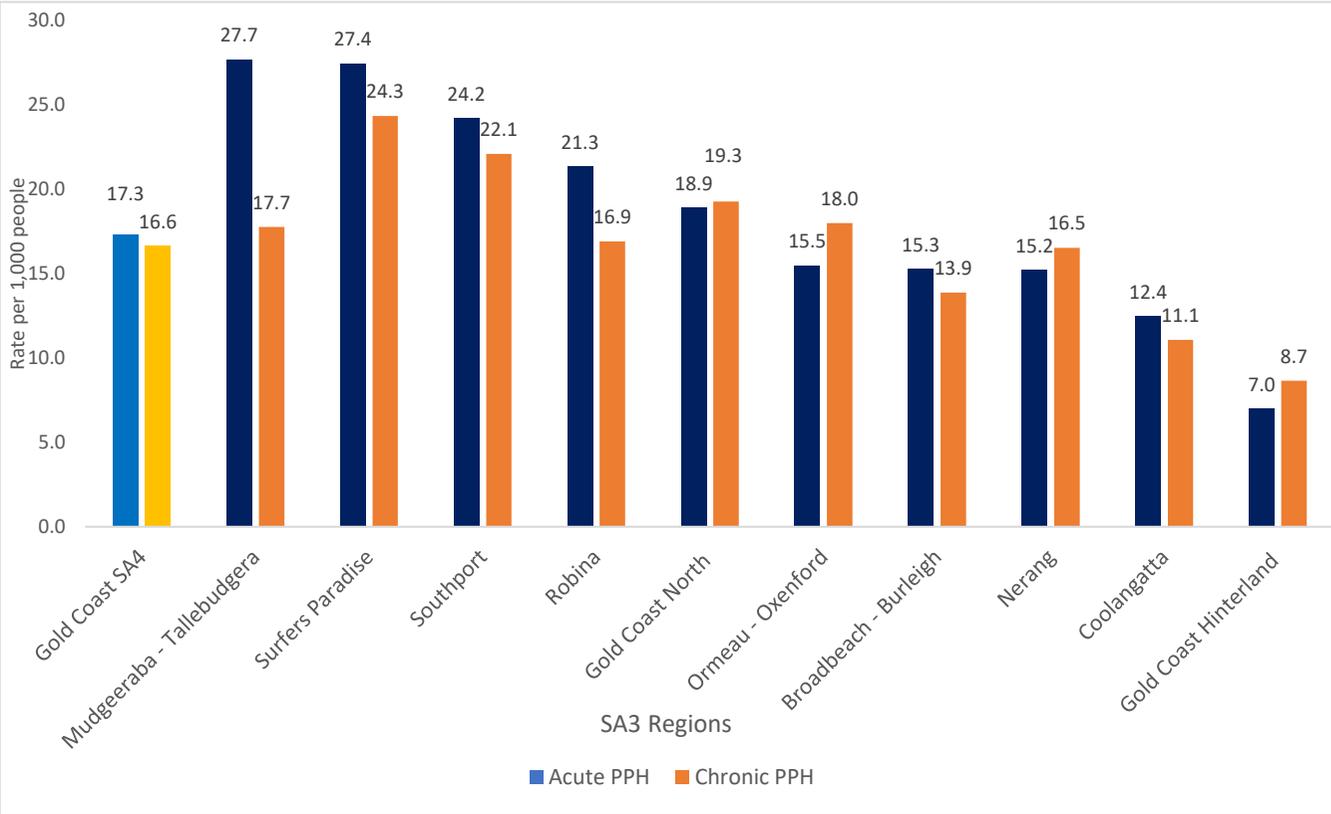
Identified need	Key issue	Evidence
	Torres Strait Islander and non-indigenous people	 <p data-bbox="728 901 1377 925">Source: GEN Aged Care Data, People Using Aged Care (2020-2021)</p> <p data-bbox="728 941 2065 1077">In 2020-21, the median length of stay in home care was 18 months. As the below figure suggests, Aboriginal and Torres Strait Islander people stayed in home care services for less time. However, these data may be difficult to interpret due to the small number of Aboriginal and Torres Strait Islander people exiting home aged care services in the reporting period.</p>
	The primary reason for leaving a residential aged care facility for permanent residents is death	<p data-bbox="728 1157 1937 1181"><i>Figure 15. Proportion of people exiting permanent residential aged care services, by discharge reason.</i></p>

Identified need	Key issue	Evidence
		 <p data-bbox="719 906 1368 935">Source: GEN Aged Care Data, People Using Aged Care (2020-2021)</p> <p data-bbox="719 948 2040 1015">Figure 13 shows that over 82% of people who exited permanent residential aged care in 2020-21 did so due to death.</p>
Utilisation patterns of the local Emergency Departments for older adults	The significant majority of older adults present to the Emergency Department via Ambulance	People who do not have appropriate supports or aged care services in place may utilise QAS and hospital services more frequently. While there is no direct data available for this particular group, general usage patterns align with this idea. The figure below demonstrates that the primary mode of arrival for older adults to ED is via ambulance (62.9%). The ambulance service is a valuable, yet expensive service to operate compared to other primary and community services. There may be opportunities to decrease reliance on these services.

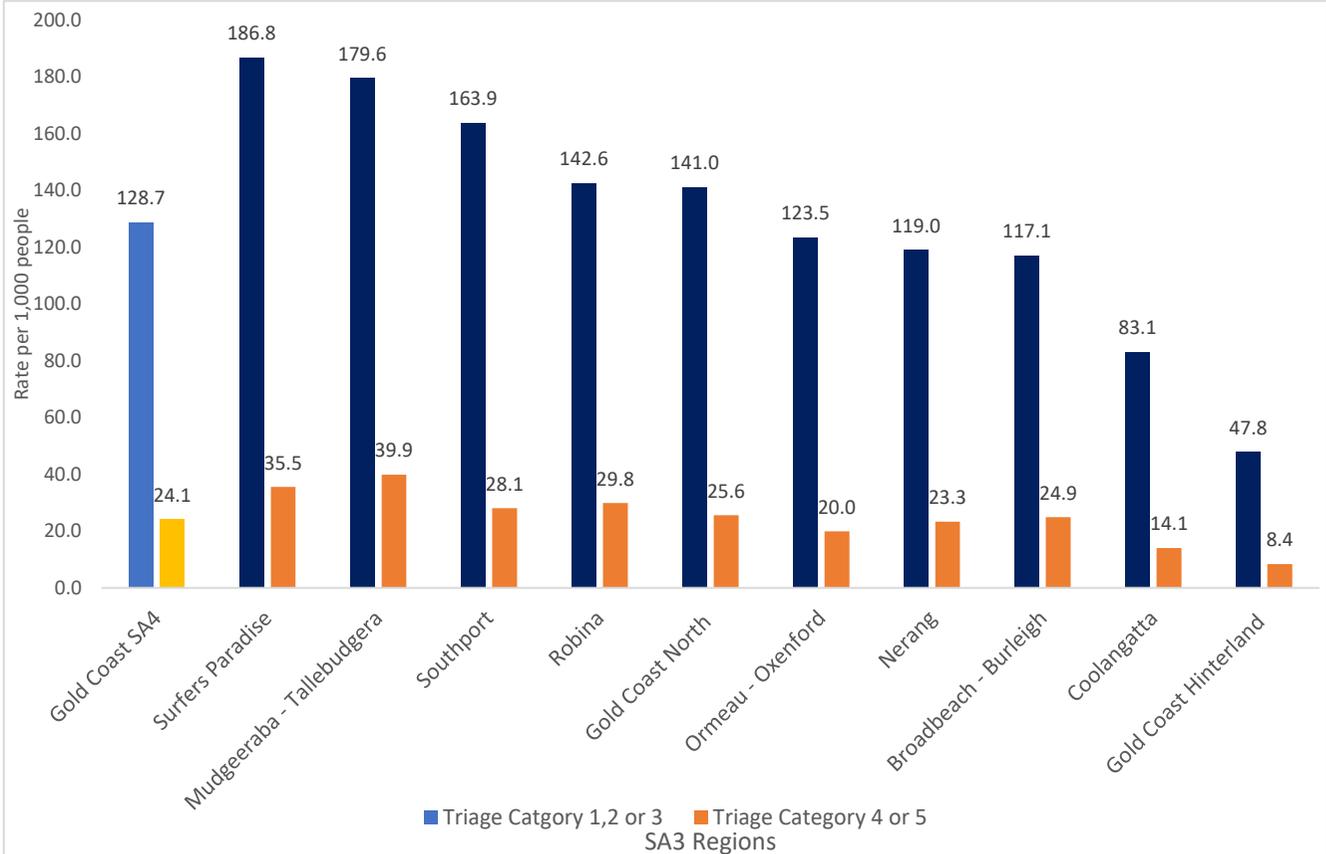
Identified need	Key issue	Evidence										
		<p data-bbox="730 272 1778 300"><i>Figure 16. Proportion of ED presentations for older adults in GCPHN, by departure mode.</i></p>  <table border="1" data-bbox="730 328 1850 1007"> <caption>Data for Figure 16: Proportion of ED presentations for older adults in GCPHN, by departure mode.</caption> <thead> <tr> <th>Arrival Mode</th> <th>Percentage of arrivals</th> </tr> </thead> <tbody> <tr> <td>Ambulance</td> <td>62.9%</td> </tr> <tr> <td>Walk in</td> <td>36.8%</td> </tr> <tr> <td>Other</td> <td>0.3%</td> </tr> <tr> <td>Police</td> <td>0.1%</td> </tr> </tbody> </table> <p data-bbox="730 1023 1547 1050">Source: Gold Coast Health, Emergency Department presentations, 2021-22</p>	Arrival Mode	Percentage of arrivals	Ambulance	62.9%	Walk in	36.8%	Other	0.3%	Police	0.1%
Arrival Mode	Percentage of arrivals											
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	<p data-bbox="483 1070 696 1318">Older adults are more likely to be admitted or attend the short stay unit than be discharged once they attend ED</p>	<p data-bbox="730 1070 2051 1206">Figure 17 shows that around one third (32%) of older adults who presented to ED were discharged directly from the Emergency Department. Most older adults were transferred to a short stay unit (35%) or admitted to hospital stay (29%). This highlights the opportunities in the local health system if we are able to manage older adults' health care prior to them presenting to ED.</p>										

Identified need	Key issue	Evidence												
		<p data-bbox="730 392 1771 421"><i>Figure 17. Proportion of ED presentations for older adults in GCPHN, by departure mode.</i></p>  <table border="1" data-bbox="730 448 1877 1075"> <thead> <tr> <th>Departure Mode</th> <th>Presentations (%)</th> </tr> </thead> <tbody> <tr> <td>Short Stay Unit</td> <td>34.6%</td> </tr> <tr> <td>Discharged</td> <td>31.9%</td> </tr> <tr> <td>Admitted</td> <td>29.1%</td> </tr> <tr> <td>Other</td> <td>2.4%</td> </tr> <tr> <td>Did not wait</td> <td>2.0%</td> </tr> </tbody> </table> <p data-bbox="730 1091 1547 1120">Source: Gold Coast Health, Emergency Department presentations, 2021-22</p>	Departure Mode	Presentations (%)	Short Stay Unit	34.6%	Discharged	31.9%	Admitted	29.1%	Other	2.4%	Did not wait	2.0%
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	<p data-bbox="483 1150 707 1321">The primary reasons older adults present to ED include chest pain, tendency to</p>	<p data-bbox="730 1150 2051 1214">The figure below highlights the three most common reasons for people aged 65 years and over presenting to ED in GCPHN were chest pain, tendency to fall, and abdominal pain.</p>												

Identified need	Key issue	Evidence																		
	fall and abdominal pain	<p data-bbox="730 392 1832 421"><i>Figure 18. Top primary diagnoses of ED presentations for older adults (rate per 1,000 people)</i></p>  <table border="1" data-bbox="730 448 1688 1027"> <thead> <tr> <th>Primary Diagnosis</th> <th>Rate per 1,000 people</th> </tr> </thead> <tbody> <tr> <td>Chest pain</td> <td>61.4</td> </tr> <tr> <td>Tendency to fall</td> <td>48.4</td> </tr> <tr> <td>Abdominal pain</td> <td>34.0</td> </tr> <tr> <td>Urinary tract infection</td> <td>21.2</td> </tr> <tr> <td>Dizziness and giddiness</td> <td>20.5</td> </tr> <tr> <td>Syncope and collapse</td> <td>19.6</td> </tr> <tr> <td>Dyspnoea</td> <td>18.3</td> </tr> <tr> <td>Pneumonia</td> <td>16.4</td> </tr> </tbody> </table> <p data-bbox="730 1043 1554 1072">Source: Gold Coast Health, Emergency Department presentations, 2021-22</p>	Primary Diagnosis	Rate per 1,000 people	Chest pain	61.4	Tendency to fall	48.4	Abdominal pain	34.0	Urinary tract infection	21.2	Dizziness and giddiness	20.5	Syncope and collapse	19.6	Dyspnoea	18.3	Pneumonia	16.4
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	Variation of rates of potentially preventable hospitalisations between SA3 regions	<p data-bbox="730 1098 1991 1165">The below figure shows the variation of potentially preventable hospitalisations (PPHs) for people aged 65 years and over across SA3 regions and compared to the overall GCPHN region.</p> <p data-bbox="730 1181 1543 1209">The SA3s with the highest rates of acute PPHs in Gold Coast include:</p> <ul data-bbox="730 1225 1411 1331" style="list-style-type: none"> <li>▪ Mudgeeraba – Tallebudgera (27.7 per 1,000 people)</li> <li>▪ Surfers Paradise (27.4 per 1,000 people)</li> <li>▪ Southport (24.2 per 1,000 people)</li> </ul> <p data-bbox="730 1347 1565 1375">The SA3s with the highest rates of chronic PPHs in Gold Coast include:</p>																		

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		<ul style="list-style-type: none"> <li>▪ Surfers Paradise (24.3 per 1,000 people)</li> <li>▪ Southport (22.1 per 1,000 people)</li> <li>▪ Gold Coast North (19.3 per 1,000 people)</li> </ul> <p><i>Figure 19. Rate of potential preventable hospitalisations by SA3 (rate per 1,000 people)</i></p>  <table border="1" data-bbox="734 448 2065 1262"> <caption>Data for Figure 19: Rate of potential preventable hospitalisations by SA3 (rate per 1,000 people)</caption> <thead> <tr> <th>SA3 Region</th> <th>Acute PPH</th> <th>Chronic PPH</th> </tr> </thead> <tbody> <tr> <td>Gold Coast SA4</td> <td>17.3</td> <td>16.6</td> </tr> <tr> <td>Mudgeeraba - Tallebudgera</td> <td>27.7</td> <td>17.7</td> </tr> <tr> <td>Surfers Paradise</td> <td>27.4</td> <td>24.3</td> </tr> <tr> <td>Southport</td> <td>24.2</td> <td>22.1</td> </tr> <tr> <td>Robina</td> <td>21.3</td> <td>16.9</td> </tr> <tr> <td>Gold Coast North</td> <td>18.9</td> <td>19.3</td> </tr> <tr> <td>Ormeau - Oxenford</td> <td>15.5</td> <td>18.0</td> </tr> <tr> <td>Broadbeach - Burleigh</td> <td>15.3</td> <td>13.9</td> </tr> <tr> <td>Nerang</td> <td>15.2</td> <td>16.5</td> </tr> <tr> <td>Coolangatta</td> <td>12.4</td> <td>11.1</td> </tr> <tr> <td>Gold Coast Hinterland</td> <td>7.0</td> <td>8.7</td> </tr> </tbody> </table> <p>Source: Gold Coast Health, Emergency Department presentations, 2021-22</p>	SA3 Region	Acute PPH	Chronic PPH	Gold Coast SA4	17.3	16.6	Mudgeeraba - Tallebudgera	27.7	17.7	Surfers Paradise	27.4	24.3	Southport	24.2	22.1	Robina	21.3	16.9	Gold Coast North	18.9	19.3	Ormeau - Oxenford	15.5	18.0	Broadbeach - Burleigh	15.3	13.9	Nerang	15.2	16.5	Coolangatta	12.4	11.1	Gold Coast Hinterland	7.0	8.7
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Southport	24.2	22.1																																				
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Identified need	Key issue	Evidence												
	High variations in Urgency of care needs in ED for older adults across Gold Coast	<p>People who present to ED are triaged based on the level of urgency of the care needed.</p> <p>The Gold Coast Emergency Departments Australian Triage Scale, which has 5 triage categories:</p> <table border="1" data-bbox="734 419 1915 922"> <thead> <tr> <th data-bbox="734 419 943 480">Triage Category</th> <th data-bbox="943 419 1915 480">Definition</th> </tr> </thead> <tbody> <tr> <td data-bbox="734 480 943 568">1</td> <td data-bbox="943 480 1915 568">Immediately life-threatening. Patient should be seen by a treating doctor or nurse within 2 minutes of arriving.</td> </tr> <tr> <td data-bbox="734 568 943 655">2</td> <td data-bbox="943 568 1915 655">Imminently life-threatening. Patient should be seen by a treating doctor or nurse within 10 minutes of arriving.</td> </tr> <tr> <td data-bbox="734 655 943 743">3</td> <td data-bbox="943 655 1915 743">Potentially life-threatening. Patient should be seen by a treating doctor or nurse within 30 minutes of arriving.</td> </tr> <tr> <td data-bbox="734 743 943 831">4</td> <td data-bbox="943 743 1915 831">Potentially serious. Patient should be seen by a treating doctor or nurse within 60 minutes of arriving.</td> </tr> <tr> <td data-bbox="734 831 943 922">5</td> <td data-bbox="943 831 1915 922">Less urgent. Patient should be seen by a treating doctor or nurse within 120 minutes of arriving.</td> </tr> </tbody> </table> <p>In 2021-22 high demand for more urgent presentations (Triage 1, 2 or 3) for older adults is in the following SA3 regions:</p> <ul style="list-style-type: none"> <li>▪ Surfers Paradise (186.8 per 1,000 people)</li> <li>▪ Mudgeeraba – Tallebudgera (179.6 per 1,000 people)</li> <li>▪ Southport (163.9 per 1,000 people)</li> </ul> <p>The highest rates of less urgent ED presentations (Triage 4 or 5) for older adults were in:</p> <ul style="list-style-type: none"> <li>▪ Mudgeeraba – Tallebudgera (39.9 per 1,000 people)</li> <li>▪ Surfers Paradise (35.5 per 1,000 people)</li> <li>▪ Robina (29.8 per 1,000 people)</li> </ul>	Triage Category	Definition	1	Immediately life-threatening. Patient should be seen by a treating doctor or nurse within 2 minutes of arriving.	2	Imminently life-threatening. Patient should be seen by a treating doctor or nurse within 10 minutes of arriving.	3	Potentially life-threatening. Patient should be seen by a treating doctor or nurse within 30 minutes of arriving.	4	Potentially serious. Patient should be seen by a treating doctor or nurse within 60 minutes of arriving.	5	Less urgent. Patient should be seen by a treating doctor or nurse within 120 minutes of arriving.
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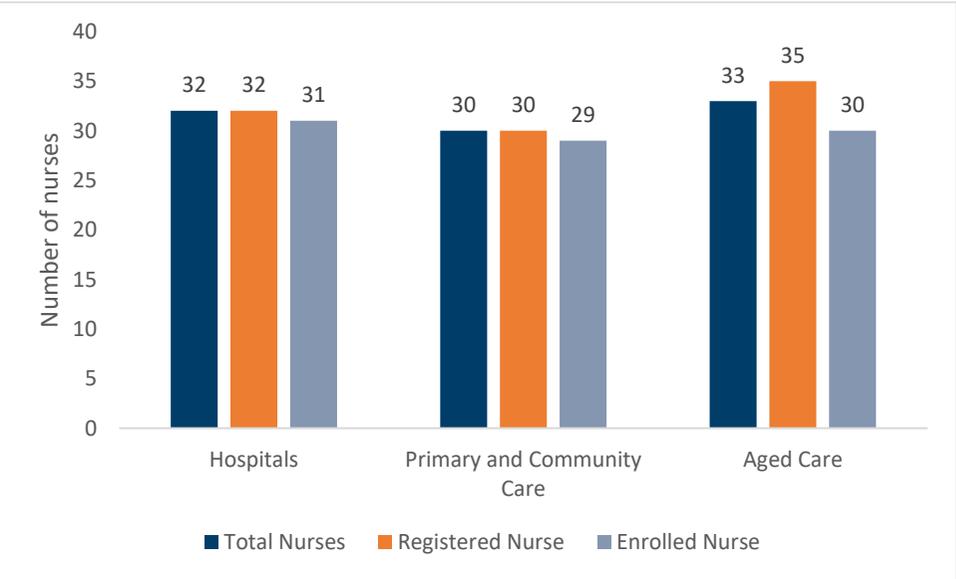
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		<p data-bbox="730 395 1794 427"><i>Figure 20. Rate of older adult ED presentations by triage category (rate per 1,000 people).</i></p>  <table border="1" data-bbox="730 456 2056 1310"> <thead> <tr> <th>SA3 Region</th> <th>Triage Category 1,2 or 3 (Rate per 1,000 people)</th> <th>Triage Category 4 or 5 (Rate per 1,000 people)</th> </tr> </thead> <tbody> <tr> <td>Gold Coast SA4</td> <td>128.7</td> <td>24.1</td> </tr> <tr> <td>Surfers Paradise</td> <td>186.8</td> <td>35.5</td> </tr> <tr> <td>Mudgeeraba - Tallebudgera</td> <td>179.6</td> <td>39.9</td> </tr> <tr> <td>Southport</td> <td>163.9</td> <td>28.1</td> </tr> <tr> <td>Robina</td> <td>142.6</td> <td>29.8</td> </tr> <tr> <td>Gold Coast North</td> <td>141.0</td> <td>25.6</td> </tr> <tr> <td>Ormeau - Oxenford</td> <td>123.5</td> <td>20.0</td> </tr> <tr> <td>Nerang</td> <td>119.0</td> <td>23.3</td> </tr> <tr> <td>Broadbeach - Burleigh</td> <td>117.1</td> <td>24.9</td> </tr> <tr> <td>Coolangatta</td> <td>83.1</td> <td>14.1</td> </tr> <tr> <td>Gold Coast Hinterland</td> <td>47.8</td> <td>8.4</td> </tr> </tbody> </table>	SA3 Region	Triage Category 1,2 or 3 (Rate per 1,000 people)	Triage Category 4 or 5 (Rate per 1,000 people)	Gold Coast SA4	128.7	24.1	Surfers Paradise	186.8	35.5	Mudgeeraba - Tallebudgera	179.6	39.9	Southport	163.9	28.1	Robina	142.6	29.8	Gold Coast North	141.0	25.6	Ormeau - Oxenford	123.5	20.0	Nerang	119.0	23.3	Broadbeach - Burleigh	117.1	24.9	Coolangatta	83.1	14.1	Gold Coast Hinterland	47.8	8.4
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Identified need	Key issue	Evidence
		Source: Gold Coast Health, Emergency Department presentations, 2021-22
<b>2.7. Workforce Considerations</b>		
For successful implementation of the Care finder program there are many workforce issues to consider	Changing demographics and size of population and the workforce to deliver aged care services	<p>In 2019, there were 4.2 people of working age (15-64 years) for every Australian aged 65 years or over. By 2058, this will have decreased to 3.1. This decline has implications not only for the financing of the aged care sector but also for the aged care workforce.</p> <p>These changing demographics, together with changes in the patterns of disease and dependency, are predicted to have an impact on future demand for aged care in several ways. These include the increase in the number of people with complex care needs and greater demand for residential aged care, increasing demand for a variety of care choices, and the growing desire of older people to remain in their own homes for as long as possible.</p>
	Workforce shortages	<p>Challenges with recruitment and retention of trained staff was raised as an ongoing issue by many stakeholders, including representatives from the GCPHN Clinical Council and the Primary Care Partnerships Council, as well as via the Targeted Care finder Stakeholder Survey. A number of stakeholders noted the frustration of supporting people who are eligible for support and care packages, but not having the workforce to deliver the care.</p> <p><i>“The current biggest problem is staff recruitment and retention within the aged care sector. Staff are moving away from the sector to jobs that pay as well or better but are less physical and provide greater job security. Additionally, workers are moving from the Gold Coast Region as affordable housing is becoming less available.”</i></p> <p style="text-align: right;">(Targeted Care finder Stakeholder Survey Respondent)</p>
	There are minimum expectations of training and qualifications of	The targeted care finder stakeholder survey provided clear recommendations regarding minimum specifications for the care finder workforce. Some respondents suggested tertiary qualifications would be desirable, however, minimum specifications included a Certificate IV in Aged Care or Community Services, alongside training in trauma-informed care and Mental Health First Aid.

Identified need	Key issue	Evidence
	the Care finder workforce	<p><i>“Training is essential to ensure they are culturally safe and language matched where possible. Minimum Certificate IV level training in Aged Care or Community Services. Mental health first aid training and experience working with seniors or lived experience of navigating my aged care or supporting their own community with one on one or group sessions. They need to be local to the participants they are supporting and have knowledge of existing services within their geographic region. Ability to travel across north and south Gold Coast. Ability or training on how to engage with GPs, Hospitals and reach target groups or resourcing role to engage not only with participants but also services and key stakeholders. Flexibility in working with low and higher intensity need participants and KPIs should reflect the number of participants/services engaged per staff member per year.”</i></p> <p>(Targeted Care finder Stakeholder Survey Respondent)</p> <p>(Note - as per the policy guidance the characteristics of the care finder workforce have been detailed extensively including, relevant qualifications, local community connections and knowledge of the aged care system and local services, ability to communicate with a broad range of people, commitment to support the needs of diverse populations, and implement a person centre approach to care for the care finder target population)</p>
	The Care finder workforce and organisations should provide culturally appropriate care	<p>The targeted care finder stakeholder survey provided clear recommendations to ensure all care finder services were culturally safe and appropriate for people from Culturally and Linguistically Diverse communities, and Aboriginal and Torres Strait Islander people. These recommendations were further contextualised by other recommendations noting the importance of connection with the particular cohort, through common language or cultural background, but also stressing the importance of also understanding the aged care system</p> <p><i>“One on one navigation support with culturally matched staff where available or cultural safe and competent in using interpreters when going through registration for My Aged Care is essential. Skilled workforce and flexibility in meeting people where they are at a time that suits.”</i></p> <p>(Targeted Care finder Stakeholder Survey Respondent)</p>
	There should be a diversified workforce to	<p>The targeted care finder stakeholder survey provided clear recommendations to ensure a diversified workforce should be engaged for the care finder program. In particular, this included people with experience of working with LGBTIQ+ communities, as well as demonstrable experience working with older adults, such as volunteers.</p>

Identified need	Key issue	Evidence
	deliver the Care finder program	This recommendation should also be considered together with the recommendation to ensure culturally appropriate services (see above).
	There are professional development expectations of the Care finder workforce to know the language of the aged care system and be able to navigate the local service system	<p>The targeted care finder stakeholder survey provided clear recommendations to ensure recruitment of care finders who know the language of the system and have familiarity and experience with the local services and systems they will need to navigate (i.e., Centrelink, aged care network). If recruitment of this workforce is not possible, training to upskill in this area will be necessary.</p> <p><i>“Care finders language skills must include speaking Centrelink and Aged Care. If they are not fluent in those languages too much time will be wasted in care finders’ education.”</i></p> <p>(Targeted Care finder Stakeholder Survey Respondent)</p>
	The Care finder workforce should be caring and compassionate	<p>The targeted care finder stakeholder survey provided clear recommendations to ensure that the care finder workforce be comprised of individuals who are caring, compassionate, empathetic and <i>really want to do the work</i>. People who will take the time, engage, and really hear people’s story. This strong theme of ‘softer skills’ was also echoed in responses provided to people sharing their most positive experiences of interacting with the aged care sector over the past 12 months.</p> <p><i>“A knowledgeable and empathetic person who has the time to engage and hear their story. The care finder needs to understand the available services and, in general terms, the costs. Then the care finder needs to make the phone calls and attend the meetings to ensure it all goes well, which is less than a 50% chance. If an offer of services is made, managing the acceptance and implementation process is very important. Final phase of support is likely to be managing the first 3 to 6 months, complaints, issues etc to settle the client into their new circumstances.”</i></p> <p>(Targeted Care finder Stakeholder Survey Respondent)</p>

Identified need	Key issue	Evidence																
	Case Management approach	<p>Consultation with the Primary Care Partnerships Council also identified the value of a case management skillset and case management approach to supporting older Australians as part of the care finder program. This skillset, which incorporates assessment and planning, understanding people’s needs whilst acknowledging and leveraging off people’s strengths, liaising and coordinating services to address identified needs, and then monitoring progress and adjusting as needed, would suit the care finder program, and would serve to minimise clients needing to build relationships with new care finders each time they require support.</p>																
	Number of nurses working in Aged Care	<p>A review of HeaDS UPP shows the numbers and FTE of nurses across hospitals, primary and community care, and residential aged care. Hospitals employ more than five-times the number of nurses in primary and community care, and aged care.</p> <p><i>Table 13. Number and FTE of Nurses working in Gold Coast in Hospitals, Primary and Community Care and Aged Care</i></p> <table border="1" data-bbox="730 743 2045 951"> <thead> <tr> <th></th> <th>Hospitals (number of nurses, FTE)</th> <th>Primary and Community Care (number of nurses, FTE)</th> <th>Aged Care (number of nurses, FTE)</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>6,401 (5,451.9)</td> <td>1,383 (1,096.8)</td> <td>1,186 (1,051.5)</td> </tr> <tr> <td>Registered Nurse</td> <td>5,389 (4,618.8)</td> <td>1,168 (931.4)</td> <td>763 (708.4)</td> </tr> <tr> <td>Enrolled Nurse</td> <td>1,012 (833.1)</td> <td>215 (165.4)</td> <td>423 (343.1)</td> </tr> </tbody> </table> <p>Source: HeaDS UPP, 2021-2022</p> <p>RNs make up 64% of the nursing workforce in aged care, but account for 84% of nurses in hospitals and primary and community care. This highlights a significant need for more registered nurses in aged care.</p> <p><i>Figure 21. Average weekly hours worked of nurses in Gold Coast in Hospitals, Primary and Community Care and Aged Care</i></p>		Hospitals (number of nurses, FTE)	Primary and Community Care (number of nurses, FTE)	Aged Care (number of nurses, FTE)	Total	6,401 (5,451.9)	1,383 (1,096.8)	1,186 (1,051.5)	Registered Nurse	5,389 (4,618.8)	1,168 (931.4)	763 (708.4)	Enrolled Nurse	1,012 (833.1)	215 (165.4)	423 (343.1)
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		 <p>The bar chart displays the number of nurses across three care settings: Hospitals, Primary and Community Care, and Aged Care. For each setting, three categories are shown: Total Nurses (dark blue), Registered Nurse (orange), and Enrolled Nurse (light blue). The y-axis represents the number of nurses, ranging from 0 to 40. The data points are: Hospitals (Total: 32, Registered: 32, Enrolled: 31); Primary and Community Care (Total: 30, Registered: 30, Enrolled: 29); Aged Care (Total: 33, Registered: 35, Enrolled: 30).</p> <table border="1"> <thead> <tr> <th>Care Setting</th> <th>Total Nurses</th> <th>Registered Nurse</th> <th>Enrolled Nurse</th> </tr> </thead> <tbody> <tr> <td>Hospitals</td> <td>32</td> <td>32</td> <td>31</td> </tr> <tr> <td>Primary and Community Care</td> <td>30</td> <td>30</td> <td>29</td> </tr> <tr> <td>Aged Care</td> <td>33</td> <td>35</td> <td>30</td> </tr> </tbody> </table> <p>Source: HeaDS UPP, 2021-2022</p> <p>There is a heavy reliance of the RNs which are working in aged care which is demonstrated in Figure 21. On average, RNs in aged care work 5 hours more each week than RNs in primary and community care, and 3 hours more than RNs in hospitals.</p>	Care Setting	Total Nurses	Registered Nurse	Enrolled Nurse	Hospitals	32	32	31	Primary and Community Care	30	30	29	Aged Care	33	35	30
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<b>2.8. Opportunities for Integration</b>																		
<p>There must be greater integration with existing services, utilising strengths and removing barriers to integration</p>	<p>Lack of an organisation to lead interagency engagement and share service and</p>	<p>The targeted care finder stakeholder survey asked respondents to:</p> <ul style="list-style-type: none"> <li>▪ identify areas of the aged care service system that were in most need of enhanced integration;</li> <li>▪ suggest activities or structures that would enhance integration;</li> <li>▪ recall and describe their biggest frustration from interactions with the aged care system over the past 12 months; and</li> </ul>																

Identified need	Key issue	Evidence
	<p>referral pathway knowledge</p> <p>Lack of formal local referral pathways and understanding of resources/ capacity in other organisations</p>	<ul style="list-style-type: none"> <li>▪ recall and describe their most positive experience from interactions with the aged care system over the past 12 months.</li> </ul> <p>Responses indicated that the care finder organisation should:</p> <ul style="list-style-type: none"> <li>▪ Facilitate interagency operation functions and coordinate meetings to enhance service and referral pathway knowledge; and</li> <li>▪ Develop referral pathways and define capacity or availability of services (to prevent navigation to nowhere).</li> </ul> <p>These sentiments were shared in a number of ways but underpinning a number of comments was the need to improve awareness, communication, and relationships across providers, to improve and strengthen referral pathways, and ensure that service availability information is also available.</p> <p>(Note: This finding will be addressed as the department with the development of care finder referral pathways and decision trees to identify the primary pathways for a referral to aged care and other services from a national perspective, and to help ensure that people get the information and support they need.)</p>
	<p>The lack of a physical support to guide a person through the complex aged care system</p>	<p>The targeted care finder stakeholder survey asked respondents to:</p> <ul style="list-style-type: none"> <li>▪ identify areas of the aged care service system that were in most need of enhanced integration;</li> <li>▪ suggest activities or structures that would enhance integration;</li> <li>▪ recall and describe their biggest frustration from interactions with the aged care system over the past 12 months; and</li> <li>▪ recall and describe their most positive experience from interactions with the aged care system over the past 12 months.</li> </ul> <p>Responses indicated that the care finder program should, where possible, be structured to allow care finders to work face-to-face with clients and attend appointments (physically) with clients. Respondents noted the challenges that have resulted when an older person has to navigate appointments on their own and may not understand information that is provided to them, and/or do not share relevant information about their needs.</p>

Identified need	Key issue	Evidence
	There needs to be a single link and central point of the aged care system	<p>The targeted care finder stakeholder survey asked respondents to:</p> <ul style="list-style-type: none"> <li>▪ identify areas of the aged care service system that were in most need of enhanced integration;</li> <li>▪ suggest activities or structures that would enhance integration;</li> <li>▪ recall and describe their biggest frustration from interactions with the aged care system over the past 12 months; and</li> <li>▪ recall and describe their most positive experience from interactions with the aged care system over the past 12 months.</li> </ul> <p>Responses suggested that the current system lacked a single and central point of contact and suggested that care finders could act as a 'link' between service providers.</p> <p>(Note - As per policy guidance this should be in relation to the care finder program only)</p>
	The need for established relationships with priority sub population groups and the services they currently utilise	<p>The targeted care finder stakeholder survey asked respondents to:</p> <ul style="list-style-type: none"> <li>▪ identify areas of the aged care service system that were in most need of enhanced integration;</li> <li>▪ suggest activities or structures that would enhance integration;</li> <li>▪ recall and describe their biggest frustration from interactions with the aged care system over the past 12 months; and</li> <li>▪ recall and describe their most positive experience from interactions with the aged care system over the past 12 months.</li> </ul> <p>Responses highlighted the importance of established relationships with priority sub-groups or establishing relationships with agencies who are well-connected to priority sub-groups.</p> <p style="text-align: center;">“Important to link in with the existing sector/agencies. These services have already done the hard yards of building rapport with these clients who are hard to reach, mistrustful, vulnerable, homeless.”</p> <p style="text-align: right;">(Targeted Care finder Stakeholder Survey Respondent)</p>
	Increased communication	<p>The targeted care finder stakeholder survey asked respondents to:</p> <ul style="list-style-type: none"> <li>▪ identify areas of the aged care service system that were in most need of enhanced integration;</li> </ul>

Identified need	Key issue	Evidence
	needed between referral and service organisations and personnel	<ul style="list-style-type: none"> <li>▪ suggest activities or structures that would enhance integration;</li> <li>▪ recall and describe their biggest frustration from interactions with the aged care system over the past 12 months; and</li> <li>▪ recall and describe their most positive experience from interactions with the aged care system over the past 12 months.</li> </ul> <p>Responses highlighted the importance of improved communication between providers when making referrals, with the suggestion to develop and agree minimum requirements for referrals, as well as agree turn-around times for responding to referrals.</p>
	Lack of support for people transitioning to home care services	<p>The targeted care finder stakeholder survey asked respondents to:</p> <ul style="list-style-type: none"> <li>▪ identify areas of the aged care service system that were in most need of enhanced integration;</li> <li>▪ suggest activities or structures that would enhance integration;</li> <li>▪ recall and describe their biggest frustration from interactions with the aged care system over the past 12 months; and</li> <li>▪ recall and describe their most positive experience from interactions with the aged care system over the past 12 months.</li> </ul> <p>Responses suggested that transitions into and out of hospital could be improved with a stronger commitment to communication, including post-discharge to home/facility, as well as recognising the need for a supported return to home/facility.</p> <p>The feedback provided below summarises this, as well as a range of other issues already identified:</p> <p><i>“Health care systems provide support to older people when required ie broken hips, strokes, dementia, heart issues etc which does not intersect well with aged care when the older person requires an aged care placement directly from hospital for either respite or a long term placement as they might not be able to return home due to their health issue. They may end up waiting in hospital because there are no aged care facility beds anywhere.</i></p> <p><i>On the other hand, if they are able to return home from hospital to successfully remain independent, they may require in home care services which on paper they are eligible for but due to a shortage in the</i></p>

Identified need	Key issue	Evidence
		<p><i>aged care workforce are unable to attain. Often these older people end up in an aged care facility because there are no services available for in home support when they would prefer to be at home and remain independent.</i></p> <p><i>Health care systems and the Aged Care System work independently from each other. Carers, family members or general support workers are often the ones who are trying to work out what an older person is eligible for and what assessments, processes and forms they need to fill in to get the ball rolling from health care to aged care. It is a long and laborious and frustrating process that can put undue stress on all involved."</i></p> <p style="text-align: right;">(Targeted Care finder Stakeholder Survey Respondent)</p>
	<p>Care finders funding needs to be flexible to meet the needs of the individual</p>	<p>The targeted care finder stakeholder survey asked respondents to:</p> <ul style="list-style-type: none"> <li>▪ identify areas of the aged care service system that were in most need of enhanced integration;</li> <li>▪ suggest activities or structures that would enhance integration;</li> <li>▪ recall and describe their biggest frustration from interactions with the aged care system over the past 12 months; and</li> <li>▪ recall and describe their most positive experience from interactions with the aged care system over the past 12 months.</li> </ul> <p>Responses suggested the need for care finders funding to be flexible, enabling person-centred plans and approaches to better meet the needs of individuals, rather than a cookie-cutter approach.</p> <p style="text-align: center;">"I do think people need to understand that each person with dementia has different needs."</p> <p style="text-align: right;">(Community Advisory Committee Member)</p>
	<p>Existing services lack the flexibility in funding models to support the</p>	<p>The targeted care finder stakeholder survey asked respondents to:</p> <ul style="list-style-type: none"> <li>▪ identify areas of the aged care service system that were in most need of enhanced integration;</li> <li>▪ suggest activities or structures that would enhance integration;</li> <li>▪ recall and describe their biggest frustration from interactions with the aged care system over the past 12 months; and</li> </ul>

Identified need	Key issue	Evidence
	individual person's needs	<ul style="list-style-type: none"> <li>▪ recall and describe their most positive experience from interactions with the aged care system over the past 12 months.</li> </ul> <p>Responses suggested that flexibility of existing service funding was needed to facilitate integration and ensure a person-centred approach.</p> <p><i>“Much of our work is unpaid case management or just general services that fall outside the scope of the funding... (but it’s necessary otherwise) people fall between the cracks.”</i></p> <p>(Targeted Care finder Stakeholder Survey Respondent)</p>
	<p>General Practice engagement with aged care system low, however is critically needed</p> <p>Lack of phone line for health professionals to access</p>	<p>The targeted care finder stakeholder survey asked respondents to:</p> <ul style="list-style-type: none"> <li>▪ identify areas of the aged care service system that were in most need of enhanced integration;</li> <li>▪ suggest activities or structures that would enhance integration;</li> <li>▪ recall and describe their biggest frustration from interactions with the aged care system over the past 12 months; and</li> <li>▪ recall and describe their most positive experience from interactions with the aged care system over the past 12 months.</li> </ul> <p>Responses flagged the need for a GP-specific response to support referrals from general practice, as well as a dedicated phone line to support referral and handover of care finder clients from health professionals, preferably with a same-day response from the care finder organisation.</p> <p><i>“More discharge planners in hospitals, a commonly accessible service vacancy website so we know who has vacancies for all types of home care, transition care, RACFs, rehabilitation... Direct telephone contact line for GPs to support telephone referral/handover of care finder target group person to a care finder...”</i></p> <p>(Targeted Care finder Stakeholder Survey Respondent)</p>
	The high dependency on a congested My Aged Care phone	<p>The targeted care finder stakeholder survey asked respondents to:</p> <ul style="list-style-type: none"> <li>▪ identify areas of the aged care service system that were in most need of enhanced integration;</li> <li>▪ suggest activities or structures that would enhance integration;</li> </ul>

Identified need	Key issue	Evidence
	line for services to gain necessary information about a client which increases timelines unnecessarily	<ul style="list-style-type: none"> <li>▪ recall and describe their biggest frustration from interactions with the aged care system over the past 12 months; and</li> <li>▪ recall and describe their most positive experience from interactions with the aged care system over the past 12 months.</li> </ul> <p>Numerous responses flagged the frustration with the My Aged Care system, and the challenges that providers, working to support older Australians, have in sourcing necessary information. A suggestion for this information to be made available online was echoed by many.</p> <p><i>“...making the client my aged care information more visible to health care providers online and removing the need to call MAC to make enquiries.”</i></p> <p><i>“make the system easier... MAC is so confusing for professionals and so many hoops to jump through.”</i></p> <p><i>“Being unable to access patient approval codes via My Aged Care in order to link them with service providers time efficiently. It is extremely difficult for a cognitively impaired person to identify themselves to My Aged Care and liaise with this service over the phone. Health professionals should have access to the approvals and codes to assist.”</i></p> <p><i>“My Aged Care - needs to provide access to client approvals and approval codes online for healthcare providers. This will make referral pathways easier and more time efficient.”</i></p> <p style="text-align: right;">(various Targeted Care finder Stakeholder Survey Respondents)</p> <p>(Note - As per policy guidance – from October 2022, care finders will be able to access, update and act on the client’s behalf (with their consent) within the My Aged Care organisation portal, or by speaking with the My Aged Care contact centre. Care finders will be required to have an ongoing relationship with the client and seek permission to create an “agent” relationship within the My Aged Care portal. An “agent” does not have decision-making power.)</p>
	Limited accessibility of Centrelink and My Aged Care services	<p>The targeted care finder stakeholder survey asked respondents to:</p> <ul style="list-style-type: none"> <li>▪ identify areas of the aged care service system that were in most need of enhanced integration;</li> <li>▪ suggest activities or structures that would enhance integration;</li> </ul>

Identified need	Key issue	Evidence
		<ul style="list-style-type: none"> <li>▪ recall and describe their biggest frustration from interactions with the aged care system over the past 12 months; and</li> <li>▪ recall and describe their most positive experience from interactions with the aged care system over the past 12 months.</li> </ul> <p>Responses noted the limited accessibility of services such as Centrelink and My Aged Care where people need them and suggested that more of an outreach-type service, resourced and supported by appropriate IT connectivity, would be beneficial.</p>
	Lack of support available for people who present to acute hospital services	<p>The targeted care finder stakeholder survey asked respondents to:</p> <ul style="list-style-type: none"> <li>▪ identify areas of the aged care service system that were in most need of enhanced integration;</li> <li>▪ suggest activities or structures that would enhance integration;</li> <li>▪ recall and describe their biggest frustration from interactions with the aged care system over the past 12 months; and</li> <li>▪ recall and describe their most positive experience from interactions with the aged care system over the past 12 months.</li> </ul> <p>Responses noted the lack of support available for people who present to acute hospital services and offered the potential solution of co-locating care finders services in hospitals as an opportunity for integration.</p> <p>(Note - As per policy guidance, the support offered should only be to the care finder target population, and care finders should promote their service to Aged Care Assessment Teams for timely referrals for care finder program support where eligible clients are identified.)</p>

