

**COMMUNITY DEVELOPMENT AND JUSTICE
STANDING COMMITTEE**

**INQUIRY INTO POLICY IMPLICATIONS OF
AN AGEING COMMUNITY**

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 20 AUGUST 2014**

SESSION ONE

Members

**Ms M.M. Quirk (Chair)
Mr M.P. Murray
Dr A.D. Buti**

Hearing commenced at 10.11 am**Ms WENDY NEWMAN****Chief Executive Officer, Wheatbelt Development Commission, examined:**

The CHAIR: On behalf of the Community Development and Justice Standing Committee, I would like to thank you for your attendance and appearance before us today. The purpose of this hearing is to assist the committee in gathering evidence for its inquiry into policy implications of an ageing community. You have been provided with a copy of the committee's specific terms of reference. I would like to begin by introducing myself: I am Margaret Quirk, the Chair; on my left is Mick Murray, the member for Collie–Preston; and on my right is Dr Tony Buti, the member for Armadale.

This committee is a committee of the Legislative Assembly of the Parliament of Western Australia, and this hearing is a formal proceeding of the Parliament and therefore commands the same respect given to proceedings in the house itself. Even though the committee is not asking witnesses to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing and Hansard will be making a transcript of the proceedings for the public record. If you refer to any documents during your evidence, it will assist Hansard if you could provide the full title for the record. Before we proceed to the questions we have for you today, I need to ask you a series of questions. Have you completed the "Details of Witness" form?

Ms Newman: Yes.

The CHAIR: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

Ms Newman: Yes.

The CHAIR: Did you receive and read the information for witnesses briefing sheet provided with the "Details of Witness" form?

Ms Newman: Yes.

The CHAIR: Do you have any questions in relation to being a witness at today's hearing?

Ms Newman: No.

The CHAIR: We have some questions to ask you today. Before we do that, do you want to make an opening statement to the committee?

Ms Newman: Thank you for the invitation. Obviously this is an issue that is very near and dear to our hearts. The tsunami of the ageing population is upon us and in regional WA more profoundly so. We have been very pleased to take some proactive action about that, to get the research and to develop some innovative solutions about what that looks like in regional WA.

The CHAIR: Thank you. Can you tell us a bit more about the statewide Ageing in the Bush project and why the Wheatbelt Development Commission has taken responsibility for overseeing it?

Ms Newman: The statewide Ageing in the Bush project has looked across the nine development commissions. The aim of the project is to examine the data, so the population predictions, to have a look at the service needs and where the gaps are and to develop an innovative model that will have applicability in regional WA. That project grew from work we had done in the wheatbelt starting in the central east with 11 local governments to deliver the central east aged-care solutions report. Given the success of that work, the other 32 local governments in the wheatbelt also wanted to get

on board with that work. We have since completed and are about to launch the whole of the wheatbelt aged-care solutions and support report. Because of that work and the fact that aged care had been a priority identified by the Regional Development Council, which comprises the chairs of the nine commissions, the council asked that the Wheatbelt Development Commission be the lead commission for the delivery of this aged-care project.

The CHAIR: Are the regional development commissions funded by the Department of Regional Development or —

Ms Newman: Correct. For the first time this year we are now funded from royalties for regions. We were prior to that —

The CHAIR: That was my next question. Was there specific funding allocated for that project?

Ms Newman: Yes, there was specific funding allocated. There was some across-region funding allocated and the statewide Ageing in the Bush project was funded by a contribution from each of the nine commissions.

The CHAIR: How much in total was that funding?

Ms Newman: I would have to —

The CHAIR: Perhaps if you could contact us later and tell us —

Ms Newman: Yes, I certainly can.

The CHAIR: You said the report is about to be released —

Ms Newman: The wheatbelt report is about to be released.

The CHAIR: When will it be released?

Ms Newman: We hope to have a soft launch of that in October and a full launch in November or December—whenever we can get the people to do the celebration.

The CHAIR: We might like to include some references to that in our report, which is due out in November. I understand that it is not your say as to when things get released, but to the extent that we would like to include a reference about what is happening in the wheatbelt —

Ms Newman: Certainly you will be able to refer to a draft report that is out and about and signed off on.

The CHAIR: Correct.

Mr M.P. MURRAY: With respect to the parameters of your report—aged care is such a wide area—does it go down as far as footpaths and those sorts of things, or is it focused on mainly accommodation?

Ms Newman: In the wheatbelt we found that we needed to look at four key planks: the first is age-friendly communities, which is each community and what it has by way of age-friendly infrastructure and services. The second plank is around well-aged housing. The third plank is around home care and home-care packages, and the fourth plank is about residential care. We were surprised to find that only nine per cent of Australians need residential care but we tend to put our focus on that element of aged care. If we are to blunt the demand for that residential care, we need to look at those other three planks. The other thing that we found out with the federal funding reforms moving to ageing in place, with a de-emphasis of funding from residential care to higher funding for ageing in place and home care, is that the wheatbelt and indeed regional WA is not well set up to take advantage of those federal funding reforms. This is why having age-friendly communities and well-aged housing are key planks to enable us to get a better delivery of those home-care services across regional WA.

Mr M.P. MURRAY: In the research was there any evidence of people having to leave the district to be able to continue —

[10.20 am]

Ms Newman: Certainly, there was significant anecdotal evidence. I have just been reading a report this morning titled, “Forced into exile: the traumatising impact of rural aged care service inaccessibility.” It is a great report that concludes that the —

inaccessibility of residential aged care places caused many to experience loss, loneliness and a sense of social disconnectedness. The affected rural older person is exiled from their home community only to return to be buried. There are implications for the family and the rural community who are distanced by kilometres, transport and finances and, more significantly, by the emotional ties that bind families, friends and communities.

Certainly there is strong evidence of that. What we are also —

The CHAIR: Who are the authors of that report?

Ms Newman: The authors are Bernoth, Dietsch and Davies in 2012.

Certainly, the other anecdotal evidence we have is that the cohort of 75-plus and 85-plus are growing at a faster rate in regional WA than in metropolitan Perth because of the out migration of 65-plus year olds who retire for a tree change or a sea change, and then stay on. The growth of that age group is disproportionately high in regional WA than it is in the metropolitan area to the point where the growth rate of the 85-plus cohort in the metropolitan area is 74 per cent growth rate, and in each and every other region it is higher than that, and this is the growth rate between 2011 and 2027. We need to plan for that now because it takes time to put these things in place. The Gascoyne has a 249 per cent growth rate for that age cohort, the Goldfields has a 158 per cent growth rate, and Peel has a 132 per cent growth rate. They are the extreme examples of a huge exponential growth rate in that 85-plus cohort.

Mr M.P. MURRAY: Further to that, is it your experience, or is there any evidence, that some of these people are selling up in the inner city areas—cashing up is probably a better statement—and then they move to a cheaper country town, to be able to live out their lives with a few bob and a new caravan?

Ms Newman: Yes, certainly in the wheatbelt regional investment blueprint analysis and our population analysis we are finding evidence of the growth of that cohort. It is for those reasons we are pursuing—I can give evidence of my own community of Dowerin, where in the past 18 months about eight new families have arrived, and they are all in the 65-plus cohort, cashing up and settling in regional Western Australia because of the safety of the communities, the strong sense of community, relatively cheap housing and the good services—the good social infrastructure.

Dr A.D. BUTI: What about health services? Obviously, as you age you need more health services. I would have thought in some of these regions that might be a bit problematic.

Ms Newman: It is very mixed, but certainly when you look at the magic three hours from Perth, generally that area is very well served. In the more outlying communities, and if you are not a significant regional centre, then I think there are issues. Certainly, the models we are looking at are enabling. Local governments already invest heavily in primary health delivery through employment of GPs. One of the reasons local governments wanted to get involved in this work was to make sure that they did not bear the burden of having to supply a solution for aged care. They are very happy to work in the age-friendly place and to facilitate housing, but certainly they want to work in a different space when it comes to delivering home care packages more effectively and more efficiently across communities.

Dr A.D. BUTI: I suppose that maybe in the areas that you look after, accommodation probably is not such an issue because it is not as expensive as it may be in the city.

Ms Newman: The lack of universally designed age-appropriate housing—too often home carers are going into unsafe environments—and the fact that we have single people or couples living in the

family home, which is actually holding up the availability of those homes. We have a real mismatch, certainly in the wheatbelt, between our family profile and our housing profile. There is no more diverse and intensive housing, and certainly a real lack of good universally designed housing that will enable people. In this new model the housing must be of design quality so that these people can age up until high-care residential care level.

Dr A.D. BUTI: What about your Indigenous populations?

Ms Newman: It was really interesting in doing this report, and we have since commissioned a separate piece of work for both the wheatbelt and the whole of regional WA because we were not finding much evidence of any particular care being shown because of the family situation. Again, we are working with the Wheatbelt Aboriginal Health Advisory Group, and they are very keen on pursuing what we are calling our cluster housing model, which sets up a critical mass of universally designed housing that then becomes viable for a home care service delivery to come in and deliver services into that model. For Aboriginal families there is an extra layer—we are calling it the concierge model—so that there is some sort of ability to manage family situations, so that that housing is not used for the purpose that it is not built for, and to help Aboriginal families manage family expectations about what the purpose of the housing is and what it is there to deliver. There are some great models in the eastern states that we are looking at in early September.

The CHAIR: Was there any feedback from local governments that they would like to have the capacity to develop more of this housing themselves?

Ms Newman: Yes, it was very strong. The 11 local governments in the central east have developed a very strong business case. They have indicated that their demand is in excess of 200 houses. We have yet to get that verified about what might be needed and wanted, but certainly the scope of that housing need across regional WA is significant.

The CHAIR: We are actually examining the seniors strategic planning framework. From what I can gather, your work has really proceeded independently of that and has not been informed by it, or is there any crossover?

Ms Newman: Yes, we are certainly very aligned to it, so that we see this as the skeleton and that we are putting the muscles on the skeleton. It has been very useful. Certainly the vision for that work is absolutely the vision for our work, “That all Western Australians age well in communities where they matter, belong and contribute.” That is really the underpinning philosophy behind our work. The other live philosophy in our work is that this is an issue for communities, and our work has been community driven, so we have purposely not worked with the funders and providers in the first instance. We have worked with communities, but we have had funders and providers at the table being part of the solution, not part of the problem. Certainly, as I go through this, and we have had it sitting next to our work all along, but we were really keen to make sure that our work was informed by a strong community engagement process that would work for them. Our four planks fit very nicely within this kind of broader framework. Certainly the only things that are missing for me are the importance of technology. Transport is there: transport and technology are key enablers in regional WA, and the other profound thing that we found was a general lack of understanding and information about aged care, the aged care system, and aged care services. Many people in the wheatbelt, for example, see our small hospitals as the aged care provider, and moving forward it is not necessarily the right solution for ageing in place because we have not got the housing. People are moving into this residential care way too early, and because we cannot get a handle, and the aged care packages are devolved to a region, they do not have a postcode attached to them. We are worried that the home care packages are not being delivered where they need to be delivered. In other words, they are being delivered where it is convenient, not necessarily where it happens. The other thing we are worried about in relation to home care funding is individual service providers. We have a situation where we have a lack of coordination across that. You have an anecdotal situation of two people, one travelling from Northam and one travelling from Toodyay

out to Beacon, which is a two-and-a-half-hour drive, to service two people independently. What we want to move for is a geographic footprint of service delivery that says, “You win the contract for servicing this area.” You get critical mass, you get good service delivery across communities. You get good local employment and you get a much better solution when you look at that geographic footprint rather than a service provider. Service providers would be funded, but they must be delivering to that geographic footprint, so there is not competition.

The CHAIR: A number of regional shires were funded through the Department of Communities between 2006 and 2011 to conduct age-friendly community consultation research. That included a number from the wheatbelt, as I understand it. Do you know what impact this project had on shires like Moora, West Arthur, Wagin, Woodanilling, Williams and Dumbleyung, in terms of being prepared for the ageing population?

[10.30 am]

Ms Newman: In terms of Woodanilling, Wagin, Dumbleyung et cetera, there is great group in the wheatbelt south called the Four-Wheel Drive Lakes Group. They actually did age-friendly community planning, so they have a really good strategy across the four planks of age-friendly communities, housing et cetera. It has already invested \$10 million in housing. That is a great example of where you do it looking at the whole issue and not any one part of the issue. You get a really good strong outcome for your community. Those grants are pretty small, so you can only do little bits, but word on the ground is that they have a really positive and good impact. They are often for things like Gopher tracks and footpaths, which also benefit young families, so it has multiple benefits. They have done things like ramps to access public buildings and retail outlets et cetera. There has been some great work done, and that is the work we want to try to replicate with our age-friendly communities small grants program that we are working on. Immediately arising out of our work is the need to get an audit tool that is simple to use for small local governments with limited capacity, an audit tool that is easy to use and has a regional and rural element to it. We have looked extensively at the Department of Communities, the City of Melville, and even work done by the Four-Wheel Drive Lakes Group, and we want to get something not just for the wheatbelt, but for the whole of regional Western Australia that is a really simple digital tool that identifies your need, prioritises your need and helps you work out what your investment is, for age-friendly communities. The second part of that work is to run a small grants program to assist and facilitate that kind of outcome that is experienced by those grants from the Department of Communities. The third key element of that work is coming up with a transport solution. We have amazing transport infrastructure out there. There is no public transport, but a lot of transport infrastructure—buses, cars, volunteers—and we need a mechanism to connect that to get a better coordination to get a good and effective transport system, because that is a major inhibitor for accessing services and social engagement.

The CHAIR: I think you have already talked a bit about challenges of planning for an ageing population in regional areas compared with metropolitan. Can you expand on that a bit more?

Ms Newman: The thing is, the metropolitan services, particularly residential care, have high need. They already have demand in excess of places. We are currently placing a further burden on that system because regional people come to Perth or to a regional centre because there is no alternative. So part of this work is about taking the burden off metropolitan care, but also understanding there are some real assets in regional WA that provide a good solution already. The nature of our community is that they are safe, that we know our people in our communities and that there is a strong sense of identity to that community—a really strong social infrastructure, mostly across the state, perhaps not in the north, and not so much in parts of Goldfields-Esperance. But there are significant assets already there that provide a really good base to grow an aged-care industry, and it is a very cost-effective industry development compared to a metropolitan one.

The CHAIR: Mainly because of the cost of the land?

Ms Newman: Yes, cost of land; the high rate of volunteering cuts your costs; the fact that there is a lot of social infrastructure already in place there that you do not need to pay for; the fact that there are underutilised health services, so maximising the investment in health services. There are lots of benefits there to support a pretty strong argument that investing in aged care in regional WA is actually a good economic approach for government to take because of the assets that are already there. Then in terms of metropolitan versus rural, it comes back to that critical mass: how do we bundle things up to get critical mass? How do we have the critical mass, for example, that the WA Country Health Service does not have to be an aged-care provider? We can attract the private or not-for profit providers. In the wheatbelt study, for example, we found that in Avon and the central coast we have the demand there already where a not-for-profit private provider could walk in tomorrow because the critical mass numbers are there for them to make that work. We just need to get the information out to people so they know that. Then there will be other places though where there is not critical mass and it is not sustainable. So that is where the bundling of services becomes critical; you cannot just be a residential provider, or a home care provider, or a home and community care provider, or a transport provider. We actually have to bundle all of those services together in regional WA so we get critical mass and so across the spectrum of well-aged needs you have the full service delivery but you have fewer organisations delivering across that—economies of scale and the sustainable model.

The CHAIR: One of the issues in aged care is the commonwealth–state issue, which makes things more cumbersome. In the course of your inquiries has there been feedback about that?

Ms Newman: We certainly found in our analysis that in the wheatbelt or the central east report, which is published, it is very clear that when the state runs aged care it is high cost and yet the grants or subsidies they get from the federal government is actually less than not-for-profit and private providers. So the gap the state has to deliver when it delivers through a state service is very high. When we can deliver it through a not-for-profit or non-government sector, we are going to get a better bang for our buck. Having said that, the aged-care element of many of our small hospitals is a critical element of a broader health service, so there is a bit of cross-subsidisation going on. When you take out the aged-care element, do you have a viable health service? That is what we need to be mindful of. In Pingelly and Cunderdin, as part of the Southern Inland Health Initiative, there is investment going on to look at how you unpack those small MPSs—multiple-purpose services. You unpack those services to provide primary health care which much better matches the population health needs, but to do that you have to unpack the residential aged care. So how do you provide a different residential care model that is not in a hospital setting? That is what we are proving up at the moment; working up a feasibility around this cluster housing model as an alternative, where you have the housing, home care through to high care delivered in that cluster, rather than in a hospital setting.

Mr M.P. MURRAY: Under the home and community care funding model, you say you involve the community very much so. I had an extraordinary case, to be quite honest: the people were wanting a new car, and because of the age group of the people who were running HACC, they were really squirrels; they were chasing money around everywhere, yet they had \$800 000 in the bank, and still did not want to spend it either. You have that problem because they are from a different era, thinking they must save the money, yet they were jeopardising extra funding coming in. My second point is the review of the PAT scheme. Have you taken part in any of the patient assisted travel scheme? I refer especially to people from my region, which is right on the border. They say we are close to Bunbury, but it does not matter how close you are if you do not have a bus service, because you still cannot get to the specialist, yet you do not get subsidised for that. I have received quite a few complaints along that area.

It is great to see an ageing-in-place model taking place in conjunction with the governments. But my experience is that they go for so far and then they tend to drop off, the local governments,

because they have done that, and something else becomes more important; it is about how you tag a yearly event, not an occasional event.

Ms Newman: The small organisations running HACC, running well-aged housing, the variability of those small well-intentioned passionate groups is really variable. What we would want to see in the wheatbelt is an aggregating up to a subregional level of work so that you can get quality staff and some really good government systems across the process. Yes, we certainly came across that. Certainly, when we are looking at this grants funding and housing funding, we will only look to fund stuff that has a footprint across communities so we are getting that economy of scale and that really good solution where you have a bit more control over standards and quality across communities. That is recognised and noted, and we are looking for innovative governance solutions to get a better level playing field.

In terms of PATS, it is an ongoing perennial issue. I understand that there is a committee inquiry into PATS at the moment and certainly the wheatbelt continues to contribute to those. Likewise, we have communities in the wheatbelt right next door to each other where one gets PATS and one does not. So some more support around that is important. But equally, is PATS the only solution? No, we think this transport solution and public transport are equally important to enable people to get there. Certainly the Country Age Pension Fuel Card has been really important for people to access services and social events.

The third point about age-friendly local governments, I agree with you. With small local governments particularly, they can only work on one thing at a time; they only have the capacity to do that. We are really pleased that our focus is setting up those fundamentals: Have you got a really good precinct in place? Is the aged-care stuff happening in the right place in your community? And then, are you establishing an interest group or a mechanism by which you can continually talk to well-aged people in your community to make sure that things are being delivered, and encourage local governments for that work to be both in their strategic community plans and in their asset management plans when they have identified priority investments?

[10.40 am]

The CHAIR: As we are looking ahead to an ageing population, there is going to be a lot more focus on employment, with older people staying in the workforce, and there are obviously additional compounding issues in regional WA. What sorts of things have you been looking at in that context?

Ms Newman: Workforce is a key element in this planning. We are quietly confident in the wheatbelt that because of the under-participation of certain sectors of the workforce—for example, women—we think there is a ready dormant workforce there for the sake of prompting and promotion. We are also looking at some innovative solutions in the eastern states. That workforce becomes better again when you have a different governance model that looks across communities and is not looking at service providers and employers all being in the one place but in fact out in satellites providing a really good spread across communities. That is certainly an issue and we are looking at strategies to address it. The C.Y. O'Connor Institute is looking at establishing a fairly comprehensive training program from certificate I through to certificate III because, in the new model, family carers with the appropriate qualification can become paid carers. We are looking at all these avenues to get the capacity up around the aged-care workforce.

The CHAIR: You have already mentioned technology. Obviously, there are some infrastructure issues in the bush in terms of technology. What do you believe needs to happen there?

Ms Newman: Obviously, we are starting to move on the mobile tower and the emergency telecommunications, which is really important. But there will still be some communities where the notion of safety—alarms and being able to link up through video to get a diagnosis, for example—will be a problem because the basic telecommunications infrastructure is not there. In our wheatbelt

regional investment blueprint, that issue of telecommunications as a key economic and social enabler is just that critical foundation you need in every community to have a functioning community that is connected globally.

The CHAIR: I am not sure if it would have come up, but the committee has certainly had some submissions from the gay, lesbian, bisexual, transgender and intersex community that there was little consideration of their needs. Is that something you came across in your inquiry?

Ms Newman: In the wheatbelt, those kinds of issues just do not emerge. We know they are there, but they certainly were never raised.

The CHAIR: What about older people with a disability?

Ms Newman: That arose only in terms of appropriate respite care and support services. Again, it is more about information. The services are there, but it is more about information and accessing those services through transport or technology.

The CHAIR: I think you have already answered my colleague's question about Aboriginal communities.

Ms Newman: Yes.

The CHAIR: Obviously, you are concentrating on the wheatbelt, but overall it will be the whole region of WA. Are there any distinctions between, say, the north of the state and the south of the state in terms of responses to this policy change?

Ms Newman: Overall, the four planks remain critical; in any region those four planks are critical. Where the investment needs to be in relation to those four planks varies from region to region. Obviously, the Kimberley is around Aboriginal well-aged communities, and particularly residential care. If the Pilbara population is going to be redistributed, then whereas aged care was not an issue in the past because people left, there actually needs to be an industry almost developed there. In the Gascoyne there are significant issues around shortages of infrastructure and services. Its services area is doing an amazing job in a very difficult circumstance. The need varies from region to region. Obviously, those growth rates for the Gascoyne, the Peel and Goldfields–Esperance areas indicate that these are the priority areas, and perhaps we need to understand where the growth is most prominent and where we need to be looking at solutions in the shorter term.

Dr A.D. BUTI: You mentioned people moving to have a tree change—or a cheaper change, maybe. Is there an age at which it becomes unmanageable to still stay in the country, perhaps if people are over 90 or 95?

Ms Newman: Again I can talk about the wheatbelt. While we have the 23 MPSs that we have, the small hospitals that deliver that aged-care service, people are pretty able to stay in their community, although we do have anecdotal evidence for that high care of people leaving. I think the shift has changed quite remarkably. Not only do we have these people coming in, but whereas people used to retire to the coastal or metro area, they are not doing that anymore. So that is why this need to find a different solution to that high-cost residential issue is really, really important.

Dr A.D. BUTI: They are all going to Beverley.

Ms Newman: They are going to Beverley, yes.

Dr A.D. BUTI: Where I live in Armadale, I know a few older people who have gone to live in Beverley.

Ms Newman: Yes.

Dr A.D. BUTI: It is up the road, really.

Ms Newman: It is.

Mr M.P. MURRAY: One of the issues that I see personally is the competition between the aged-care providers: “I’ll cut your throat if I can get four more people because it’s about my job.” Have you been dealing with that, and how do you deal with it?

Ms Newman: Certainly, our report says very strongly that where there is collaboration and cooperation—for example, in the wheatbelt’s south, the service providers down there, because of their personal and strategic relationships, do a great job of flexibly moving packages and services about according to that organisation’s particular capacity. That is a great model and that is why we think this regional governance model will stop that nonsense. You are dead right about the competition. The other side of that for the service provider is: how can you make a viable model when you have a person in a car for an hour and a half to deliver an hour’s service? We must get a bit cleverer about how we do that. The need for collaboration across those service providers is critical.

Mr M.P. MURRAY: The other point to that is about how some of those providers are “keeping”, in my words, people in their own homes when quite possibly it is time for them to move to the next phase. I have some concerns about that; the next phase will be proper full-time aged care. The other issue is about the funding for low care versus high care. In some cases people cannot get in on low care because the provider will not take them because there is not enough money around.

Ms Newman: Certainly, in the new funding model, that low care—what we call hostels—no longer exists in that funding model, so that is why it is either ageing-in-home or high care. In regional WA, anecdotally we think people are spending years in that residential care instead of months or weeks. It really should be an absolute end-of-life move to that high-end residential care, and we think that we need better systems back here to blunt the demand for that high care, and certainly having people in there. We are putting people in those environments way too early because of the lack of other appropriate support services.

Mr M.P. MURRAY: My understanding is that after a person has been in care, it is a very short period of time—I think 12 or 14 days—when you become dependent on care. If that goes on a bit further, then you are totally dependent. I have seen it personally with friends who have gone in there. They look at the clock and it is 10 o’clock: “Can you move on, because I want to have my cup of tea and my biscuit?” Then at 12 o’clock it is lunchtime. I suppose it is when they are in respite that they become very comfortable very quickly. How is that managed to get them back into their own community?

[10.50 am]

Ms Newman: That integration with primary health is really important. For example, we know that people come out of a hospital situation into a transition situation, and if that is left too long, then that dependency and the downward decline happen. So that transition, and why aged care needs to sit so strongly alongside the primary health model, is really important to ensure we get back through that transition process, back into the home—as in your own home with your own care—as soon as possible to prevent that downward decline.

Dr A.D. BUTI: The wheatbelt is very large.

Ms Newman: It is!

Dr A.D. BUTI: But I gather from what you have been saying that you are looking to localise—it is not like it is a generic-type scenario.

Ms Newman: No, definitely.

Dr A.D. BUTI: Is that very hard, though, to try to coordinate?

Ms Newman: Because we are so used to it, we do not think it is. We talk about having a regional solution with local impact. So the regional solution is the four planks and what those four planks look like in a local context is different. Not every community will have some residential care.

But within a subregion, and certainly within an hour and a half, you will have that high-quality residential care. They are the kinds of principles we put in place. For example, in the central east you would think that that residential care would occur in the regional centre of Merredin. It actually does not; it occurs in Kellerberrin, half an hour down the road, because there are great not-for-profit facilities there and we are much better off growing those not-for-profit community-based facilities than we are continuing to grow the government sector because of the cost parity. So the solutions are definitely local. Not all communities will have up to high care, but certainly we need to keep people in their communities for as long as possible through good housing, good home care package delivery.

The CHAIR: If you were Premier for the day, or Minister for Regional Development, what would be the one recommendation you would make for our ageing population?

Ms Newman: Support local governments to get aged-friendly communities and well-aged housing in place, and advocate very strongly to the commonwealth to be flexible in their funding models that have a geographic emphasis, not a service provider emphasis.

The CHAIR: So that tackles the problem you are talking about.

I think that is everything. Is there anything else you would like to comment on?

Ms Newman: I do not think so—just that this work has been really rewarding for us. Obviously, as an economic development agency, it is not a place we go to, but because of the wheatbelt and its population distribution and the actual tsunami that was happening at a bigger, faster rate than elsewhere, it has been really exciting to think outside the box and develop a community response, not a bureaucratic or funding-provider response.

The CHAIR: In your inquiries have you found any gaps in research that you think could be usefully addressed?

Ms Newman: Probably a few. We are using emerging dementia design, for example, in the design of this cluster housing, so we can keep dementia people at home. That is emerging research. There needs to be more research and modelling on that workforce issue—how we can create innovative approaches to workforce delivery. And I think the research just about best practice—who is doing great stuff and how we can replicate that great stuff, because we have spent a lot of time researching that, and information is not readily available, so if we can more readily put that stuff out there so that it is easy for people to replicate and not duplicate, that would be great.

Mr M.P. MURRAY: One thing I have seen as a positive is that the bowling club survives when they go there from the city. The age group that goes there looks for somewhere to recreate, and generally the bowling club is one of the places they go. The bowling club in Collie got down to very low numbers and just about folded, and then about a dozen people came to town, and they all came to the bowling club.

Ms Newman: It is great if we can get that 65-plus population for those 15 years before they become really elderly. In my own community, the Dowerin field day is next week, and the volunteer capacity of that organisation, through those few people coming to town, has been fantastic. The positive side of this is that we need to seize those skills and that capacity to grow our community.

The CHAIR: Thanks, Wendy. That has been terrific. A transcript of this hearing will be forwarded to you for the correction of any minor errors. Any such corrections must be made to the transcript and returned within 10 days from the date that you receive it. If the transcript is not returned within this period, it will be deemed to be correct.

Ms Newman: Do you have a time frame for that? It is just that I am off on a month's leave, so I will have to make arrangements. Do you know when the transcript would normally come?

The CHAIR: No—probably a week. We can email it to you if that would be easier.

Ms Newman: Yes, if it could be emailed, that would be fantastic. I leave next week, but if it can be emailed, I will look at it while I am travelling.

The CHAIR: The corrections cannot alter the sense of your evidence, but just correct minor errors. If you want to provide any additional information or elaborate on particular points, you will need to provide a supplementary submission. Thank you very much for your time.

Ms Newman: Thank you all very much.

Hearing concluded at 10.57 am
