

Care Finder Program

Progress towards program outcomes and needs assessment

Healthy North Coast

March 2025

Healthy North Coast acknowledges the Traditional Custodians of the lands across our region – the Birpai, Bundjalung, Dunghutti, Githabul, Gumbaynggirr and Yaegl Nations – and pays our respects to Elders past, present and on their journey. We recognise these lands were never ceded and acknowledge the contribution of culture and connection to the land, sky and sea. We acknowledge Aboriginal Peoples as the Land's First Peoples and honour the rich diversity of the oldest living cultures.

Please note, in this document, the term 'Aboriginal peoples' is used to refer to inclusively to individuals who identify as either Aboriginal, Torres Strait Islander, or both Aboriginal and Torres Strait Islander.

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1. Executive summary

A comprehensive and systematic **mixed-methods approach** was used to examine the progress towards intended program outcomes and needs of the potential care finder client cohort. The analysis includes findings from the core North Coast PHN 2025-2028 Health Needs Assessment (submitted to the Department of Health and Aged Care in November 2024), insights from current care finder service providers and secondary data.

The care finder program provides **additional support for eligible older Australians** to navigate the aged care system and use My Aged Care channels due to personal and social factors including:

- communication and language barriers
- difficulty processing information due to cognitive decline
- reluctance to engage with a need for support
- reluctance to engage with government services.

Recommendations for the care finder program include:

- i. Provide ongoing, in-depth training for care finders, particularly in the areas of mental health, addiction and trauma-informed care, as some care finder clients may be living with some of these challenges.
- ii. Clearly define eligibility for the care finder program and roles of individuals involved in the provision of care (including care finders, referrers and clients). This should be clear and accessible to all involved.
- iii. Create a centralised, up-to-date directory documenting the coverage, location, opening times and scope of services including free / low cost supports (e.g. Oz Harvest and soup kitchens), financial / hardship support, transport and travel services.
- iv. Identify solutions for the service gap between people living with early onset dementia and those who are prematurely aged.
- v. Emphasise the role of place-based, local providers as care finders, who have the benefit of relationships built with the local community and have local capacity and knowledge.
- vi. Streamline reporting requirements and review the reporting requirements to capture the true scope of the program.
- vii. Recognise and review costs associated with the program – the true cost of the program is a lot higher than initially expected (time, travel, face-to-face time).
- viii. There is an urgent need for further support and funding for people with hoarding disorders. Hoarding disorders often coincide with ageing and COVID-19 exacerbated hoarding and squalor issues. People with hoarding disorders can be evicted and then be homeless.
- ix. Explore options for clients who have low levels of digital literacy. Some clients do not have access to phones or computers.

2. Background

The care finder program aims to improve **outcomes for people** in the care finder target population, including:

- improved coordination of support when seeking to access aged care
- improved understanding of aged care services and how to access them
- improved openness to engage with the aged care system
- increased capability of the care finder workforce to meet client needs
- increased rates of access to aged care services and connections with other relevant supports
- increased rates of people staying connected to the services they need post service commencement.

Different communities across the North Coast region include older people who fit the eligibility of the care finder program. Compared to NSW and Australia wide, in general on the North Coast region, there are higher levels of social and economic disadvantage, lower levels of education, lower levels of internet access, higher levels of chronic disease and a larger Aboriginal population. An ageing population, increasing rates of older people experiencing or at risk of homelessness, along with an overrepresentation of people most at risk of low health literacy means there are many people across the North Coast region who would benefit from care finder support.

This needs assessment explores progress towards the intended outcomes of the care finder program, opportunities for improvement, along with data spanning the nine special needs groups.

3. Needs assessment approach and process

To identify local needs for implementation of the care finder program, a **comprehensive mixed-method approach** was used, combining quantitative data analysis with qualitative analysis of consultations held with service providers, Healthy North Coast subject matter experts and community members. Desktop review of the independent Care Finder evaluation by Australian Healthcare Associates was used to inform the question guide for consultation with current providers (held December 2024) of the care finder program on the North Coast region. Findings from the 2025-2028 Health Needs Assessment (including the Better Health Community Survey¹) have been incorporated into this needs assessment. This approach allows for **triangulation of quantitative and qualitative data**, providing a strong evidence base to identify needs of the care finder target population cohort, needs of Care Finder service providers and barriers and enablers of implementation of the care finder program.

¹ The Better Health Community Survey was created by Healthy North Coast in collaboration with Rooftop Social, with significant input from the Healthy North Coast Clinical Advisory Council, Community Advisory Council, Health Needs Assessment Reference Group and Working Group. The survey was open for three weeks in April 2024 and it was made available in both online and paper formats.

To support this needs assessment, a comprehensive **zoning exercise** was undertaken to inform the new zoning for the care finder program contracts, commencing in July 2025. The parameters used for zoning included:

- geographical area of local government area (LGA)
- population, percentage of population aged 65 and over and density of population of LGA
- projected population, projected percentage of population aged 65 and over and projected population density by 2030 of LGA
- number and rate of people living with dementia in 2024 in LGA
- projected number and rate of people living with dementia by 2054 in LGA
- proportion of people aged 65 and over with one, two, or three or more long-term health conditions in LGA
- number of people experiencing homelessness and at risk of homelessness in LGA
- number of people aged 60 and over experiencing homelessness and at risk of homelessness in LGA
- percentage of people from culturally and linguistically diverse (CALD) background in LGA
- index of relative socio-economic disadvantage (IRSD) in LGA.

Following analysis, the three key parameters determining the zones for contracting providers were:

1. population aged 65 and over
2. people living with dementia
3. geographical area.

Please note that the Elder Care Support Program, a program that aims to build a workforce to help support Aboriginal and Torres Strait Islander peoples, families and carers, to access aged care services to meet their needs is not included in this needs assessment.

4. Socio-demographics of the North Coast region

The North Coast PHN region covers a geographical area 32,767 square kilometres in the north-east of NSW ('the North Coast'). This extends from Port Macquarie in the south to Tweed Heads to the north and the Great Dividing Range to the west. The Traditional Custodians of the lands for the North Coast region are the Birpai, Bundjalung, Dunghutti, Githabul, Gumbaynggirr and Yaegl Nations.

Local health districts



Northern NSW Local Health District

The Northern NSW LHD spans from Tweed Heads in the north to Tabulam and Urbenville in the west, reaching Nymboida and Grafton in the south. This covers an area of 20,732 square kilometres and includes the LGAs of Tweed, Kyogle, Lismore, Ballina, Byron, Clarence Valley, Richmond Valley and the Urbenville section of the Tenterfield LGA. The Northern NSW LHD provides a range of public health care services through 8 hospitals and 4 multi-purpose services, 20 community health centres and other facilities (Northern NSW Local Health District, 2024).

Mid North Coast Local Health District

The Mid North Coast LHD extends from Port Macquarie in the south to Coffs Harbour in the north, spanning an area of 11,335 square kilometres. It comprises the LGAs of Coffs Harbour, Bellingen, Nambucca, Kempsey and Port Macquarie-Hastings. The Mid North Coast LHD provides a range of public healthcare through 2 base hospitals, 4 district hospitals, a multi-purpose service and 12 community health centres (Mid North Coast Local Health District, 2024).

Aboriginal Medical Services

Aboriginal Medical Services (AMS) provide a range of culturally appropriate health and wellbeing services to Aboriginal peoples living on the North Coast. Each AMS offers different services according to local needs. Services can include care for pregnancy, child health, diabetes, heart disease, mental health, counselling, nutrition and dental, as well as access to GPs and specialists. Many have community-based programs for men's and women's health, chronic disease management, drug and alcohol issues and mental health. Table 1 outlines the locations of the AMSs in the region.



Table 1: Location of Aboriginal Medical Services on the North Coast

Service	Location	Country
Bulgalwena GP Clinic	Tweed Heads	Bundjalung Nation
Bulgarr Ngaru Medical Aboriginal Corporation	Grafton Casino Outreach clinics: Baryulgil, Malabugilmah, Yamba and Maclean, Coraki, Box Ridge, Tabulam and Muli Muli communities.	Bundjalung & Yaegl Nations
Bullinah Aboriginal Health Service	Ballina	Bundjalung Nation
Darrimba Maara Aboriginal Health Clinic	Nambucca	Gumbaynggirr Nation
Durri Aboriginal Corporation Medical Service	Kempsey	Dunghutti Nation
Galambila Aboriginal Health Service	Coffs Harbour	Gumbaynggirr Nation
Jullums Aboriginal Medical Service (Rekindling the Spirit)	Lismore	Bundjalung Nation
Werin Aboriginal Corporation Medical Centre	Port Macquarie	Birpai Nation

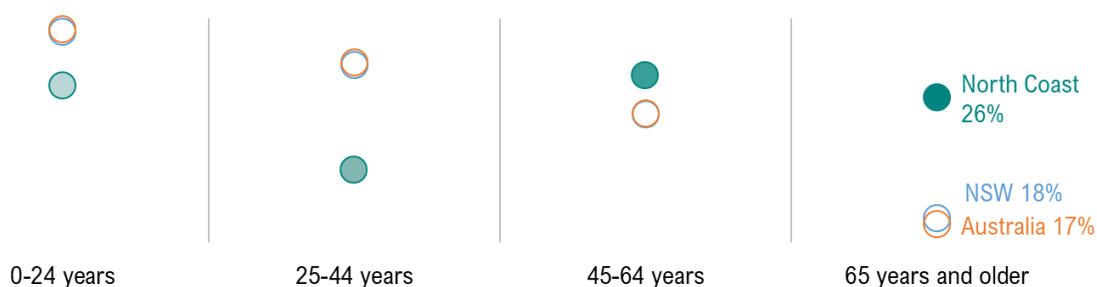
Population profile

In the 2021 Census, the population of the North Coast region was 540,976 residents, representing almost 7% of the NSW population (8,072,161). The North Coast LGAs with the largest populations were Tweed (97,386), Port Macquarie-Hastings (86,766) and Coffs Harbour (78,754), whilst Kyogle (9,346) and Bellingen (13,259) had the smallest populations on the North Coast. This is referred to as numerical population as it is based on absolute numbers (ABS, 2021).

In structural terms (the proportion of people in each age group) [the North Coast region has an older population compared to NSW and Australia](#). In 2021, the proportion of people aged 0-24 and 25-44 years on the North Coast was lower than both the NSW and Australia averages. The proportion of people aged 45-64, and especially of people 65 years and older (*'older people'*) in the region was higher than both NSW and Australia (ABS, 2021).

Figure 1: Structural population on the North Coast

The proportion of younger people is lower in the North Coast than NSW and Australia, whereas the proportion of older people is higher in the North Coast, notably that of people aged 65 and older.

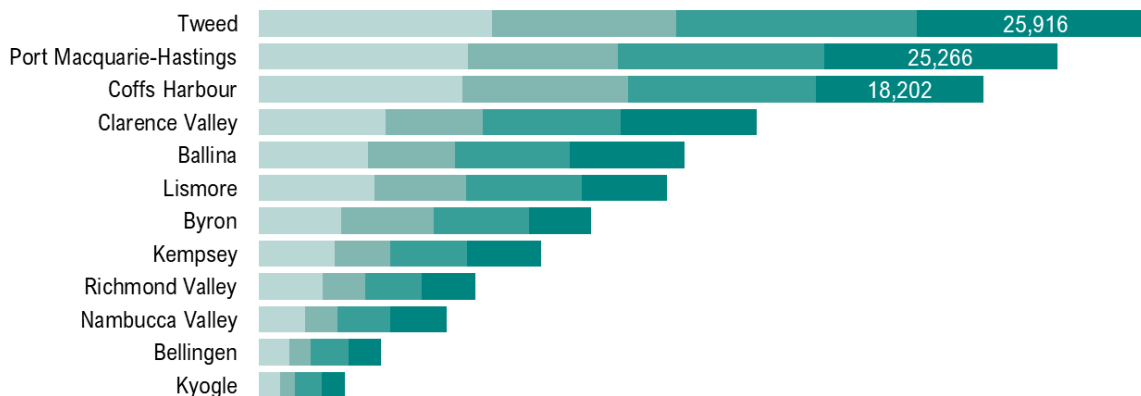


Source: Australian Bureau of Statistics

Tweed, Port Macquarie-Hastings and Coffs Harbour have the highest numerical population of people aged 65 years or older. The LGAs with the largest structural population of people aged 65 and over are Nambucca Valley (30%) and Port Macquarie-Hastings (29%), followed by Clarence Valley, Ballina, Bellingen and Tweed (all with 27% of people aged 65 and older). The lowest proportion of people aged 65 years and older are in Byron (19%), Lismore (21%) and Coffs Harbour LGAs (23%) (ABS, 2021).

Figure 2: Estimated resident population by LGA

Whilst Tweed, Port Macquarie-Hastings and Coffs Harbour have the largest numerical population on the North Coast and the largest number of people aged 65 and older, Nambucca Valley (30%) and Port Macquarie-Hastings (29%) have the largest structural population aged 65 and older.



Source: Australian Bureau of Statistics

The older population (in numerical terms) across the North Coast region will increase the need for services to address needs of this cohort. By 2041, the number of **people aged 65 and older on the North Coast is projected to increase by 28%** and the number of people aged 85 years and older to increase by 86% (NSW Government, 2024). This will result in ongoing challenges to meet the growing demands and require new and innovative ways to address this. This will be most prominent in those LGAs with the largest numerical ageing and large coastal cities of Tweed, Port Macquarie-Hastings and Coffs Harbour LGAs.

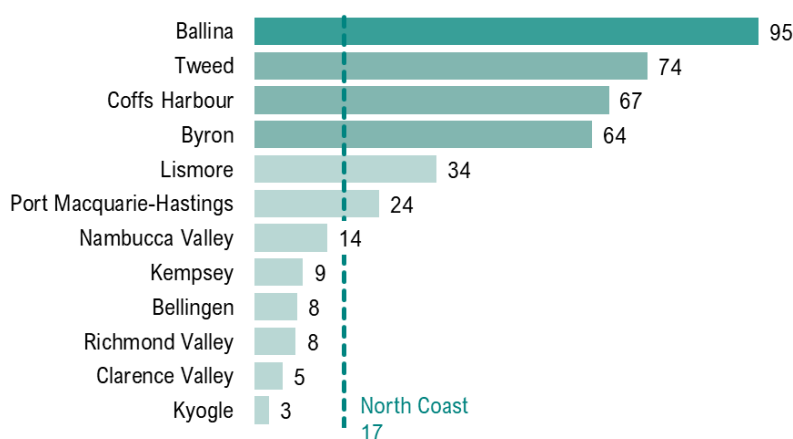
In terms of structural ageing, the LGAs with the highest proportion of people aged 65 years and over are likely to face difficulties in accessing services if the working age population is not large enough to fulfil the productivity requirements of the services needed. This will require new and innovative ways to address access issues such as digital and virtual health

and new models of care to adequately support the ageing population. The LGAs that are likely to be most affected are Nambucca and Port-Macquarie-Hastings.

Population density can indicate how rural an area is and the number of services available in an area. The average population density across all North Coast is 17 people per square kilometre.

Figure 3: Population density of North Coast LGAs

Population density across the North Coast varies, with Ballina LGA having the highest population density and Kyogle LGA the lowest population density



Source: Australian Bureau of Statistics

5. Outcomes of the care finder program

To identify progress against the outcomes of the care finder program, the four services providers at time of reporting (Carexcell Community Care, EACH Social and Community Health, Footprints Community, Lifetime Connect) highlighted key issues and future focus areas. These insights were gathered through stakeholder consultations held in December 2024.

The grant opportunity guidelines define the intended outcomes of the care finder program:

- improve outcomes for people in the care finder target population, including:
 - improved coordination of support when seeking to access aged care
 - improved understanding of aged care services and how to access them
 - improved openness or willingness to engage with the aged care system
 - increased care finder workforce capability to meet client needs
 - increased rates of access to aged care services and connections to other relevant services
 - increased rates of staying connected to the aged care services they need post service commencement and
- improve integration between the health and aged care systems at the local level, within the context of the care finder program.

Table 2: Key issues and future areas of focus to progress towards program outcomes

Outcome	Key issues and future focus areas
Improved coordination of support when seeking to access aged care	Eligibility and assessment: • There is a need for a clearer eligibility process for the care finder program. • To identify appropriate support for the client, care finder should ideally be at the assessment meeting between the client and My Aged Care assessor. • There are issues with some organisations not accepting clients unless they have a Commonwealth Home Support Package (CHSP) and also look to the level of package for acceptable. Homelessness support: • Homelessness should be integrated with existing categories (not separate). All providers have the ability and scope to assist all eligible for the care finder program. Homelessness often coincides with other issues a person is living with. Prematurely aged support: • Difficult to navigate, as it is up to the assessor to determine if they are eligible. Care Finder organisations often try determining if someone is eligible before an assessor meeting.
Improved understanding of aged care services and how to access them	Rapport: • Face-to-face time with clients is essential to build trust and respect. • Ideally, care finders should be at the assessment meeting with the client and assessor. • Clients sometimes aren't best placed to answer on their current ability. Care finders can assist with this. Communication and advertising: • There needs to be a broader marketing campaign. • There needs to be targeted advertising and promotion within vulnerable populations. • High staff turnover and movement in LHDs impacts the ability of information to be shared.
Improved openness or willingness to engage with the aged care system	Rapport: • Need face-to-face time with clients to build trust and respect. • Need time to be "present not pushy" and for allowing people to approach the care finder. • Proof of consistency and reliability of care finder built over time. Access: • Current providers identified Grafton and Port Macquarie as areas with issues in terms of access.
Increased care finder workforce capability to meet client needs	Beneficial skill sets: • Staff with backgrounds working in community services/social services, lived experience, psychology have made good recruits. • Care Finders who have completed a psychology degree can be skilled in navigating mental health issues. • Aged care / personal care can be an intimate role and care finders with these backgrounds can struggle sometimes with boundaries.

	- Care Finders need a specific set of skills in order to be effective. Needs to also be the right personality. Care Finders need to be diverse. Certain type of personality – emotional intelligence vital. Further support and training for care finder staff: - There is a need to learn how to provide feedback to people referring clients as to why they can't except referrals when someone isn't eligible. - Difficulties in closing clients out. There is a need for further training in setting boundaries. - Need to separate out community engagement / assertive outreach and care finder. Often different skillsets are required. - Danger of burn out for care finders. - Care finders also need to know how to manage other providers. Be a bit 'politically minded' and be able to manage different relationships. Safety risks: - Safety risks that care finders are faced with needs to be improved. - Information regarding safety risks needs to be shared during the referral process. Increased resourcing: - Some providers have minimal FTE available for care finders, this needs to be increased to meet the growing need for care finders. - Monthly reporting to the AHA needs overhaul, data in numbers, need hours and currently are looking at referrals, eligible and not eligible – high hours of support required even for ineligible client, this needs to be recorded.
Increased rates of staying connected to the aged care services they need post service commencement	Portal issues: - Assessors logging into the portal don't often read notes to explore that clients have relationships with care finder. An alert in the portal could work well. Referrals: - Can be difficult to get referrals. Assertive outreach is not always prioritised for the actual care finders, who want to look after the needs of current clients. Assertive outreach often falls into the 'admin' category. - Organisations have documented a list of services that are available / can be used by care finders to connect clients with services. Some organisations also use 'Ask Izzy' and word of mouth connections. Some councils have a PDF you can download but that is often out of date. - Issues with other organisations not accepting clients unless they have CHSP, also looking at level of package for acceptance.
Improve integration between the health and aged care systems at the local level, within the context of the care finder program	Referral process: - There is currently lots of assertive outreach – this can overwhelming / become burdensome for staff. - Most of the outreach is in mental health / AOD programs, previously was engaging with homelessness. - Need to have a warm referral where possible.

	• Possibility to have a 'wellness centre' / hub / drop in process. Good example is the Winsome Hotel in Lismore – consistent delivery. • Mobile services can proactively go into communities to see if they need care. • Clearly defining eligibility and what care finders do will assist with integration – at the beginning of a program become dumping ground for difficult clients from other places/services etc that don't know what to do. Service directories: • Service directories are useful but are often out of date. • Healthdirect is useful but doesn't include volunteer / community organisations.
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Recommendations for the care finder program include:

- i. Provide ongoing, in-depth training for care finders, particularly in the areas of mental health, addiction and trauma-informed care, as some care finder clients may be living with some of these challenges.
- ii. Clearly define eligibility for the care finder program and roles of individuals involved in the provision of care (including care finders, referrers and clients). This should be clear and accessible to all involved.
- iii. Create a centralised, up-to-date directory documenting the coverage, location, opening times and scope of services including free / low cost supports (e.g. Oz Harvest and soup kitchens), financial / hardship support, transport and travel services.
- iv. Identify solutions for the service gap between people living with early onset dementia and those who are prematurely aged.
- v. Emphasise the role of place-based, local providers as care finders, who have the benefit of relationships built with the local community and have local capacity and knowledge.
- vi. Streamline reporting requirements and review the reporting requirements to capture the true scope of the program.
- vii. Recognise and review costs associated with the program – the true cost of the program is a lot higher than initially expected (time, travel, face-to-face time).
- viii. There is an urgent need for further support and funding for people with hoarding disorders. Hoarding disorders often coincide with ageing and COVID-19 exacerbated hoarding and squalor issues. People with hoarding disorders can be evicted and then be homeless.
- ix. Explore options for clients who have low levels of digital literacy. Some clients do not have access to phones or computers.

6. The 9 special needs groups

The care finder needs assessment has been structured as per the nine special needs groups defined by the reporting requirements to support the evaluation of the care finder

program, being undertaken by Australian Healthcare Associates. It should be noted that [people will traverse each of these groups](#); they are not separate categories. The nine special needs groups are:

1. Financially and socially disadvantaged
2. People experiencing homelessness or at risk of homelessness
3. Living in a rural or remote area
4. People who identify as Aboriginal and Torres Strait Islander
5. People from a culturally and / or linguistically diverse background
6. Has been impacted by forced adoption or removal
7. Care leavers
8. Veterans
9. People who are LGBTQ+.

There are gaps in available data for people living on the North Coast region across some of these special needs groups, notably those who have been impacted by forced adoption or removal, care leavers, older people who are LGBTQ+ and those from a culturally and / or linguistically diverse background. Where relevant, considerations drawn from broader datasets and research have been included in each category.

Consultation with service providers also highlighted additional vulnerabilities that need to be considered to support older people to access aged care. This includes people living with a disability, people living with dementia, squalor and hoarding issues.

A key challenge that care finder service providers highlighted was working with people who have limited literacy and digital literacy skills. Some clients are unable to read or write, highlighting the importance of a care finder to work with the client to complete identified information. Digital forms and applications can be overwhelming for people and older people do not always have access to technology to complete the required forms.

To further support the care finder program, data from the 4 providers delivering the care finder program between 2022-2025 should inform the delivery of the new contract, commencing 2025.

6.1 Financially and socially disadvantaged

The North Coast region contains communities from the most socially and economically disadvantaged to the most advantaged. Some LGAs in the region are among the most advantaged in Australia in terms of education, employment and income, while others are among the most disadvantaged. This diversity can be witnessed both across and within LGAs.

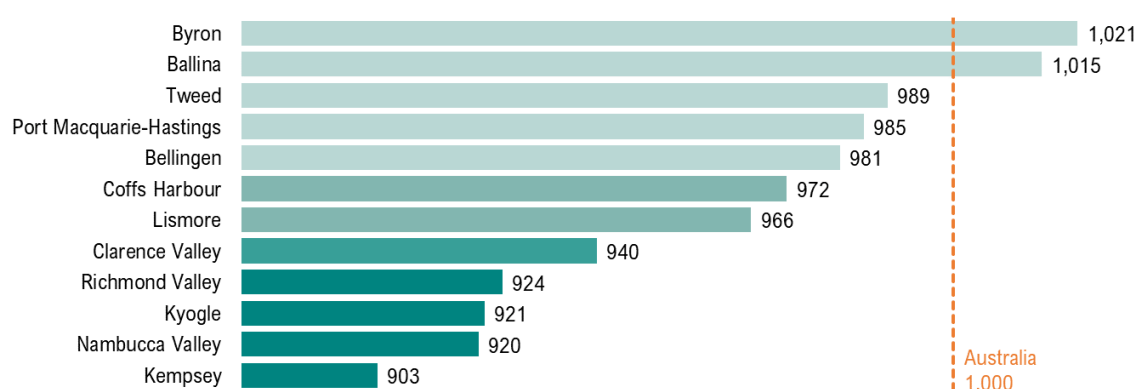
Socio-economic disadvantage

The socio-economic indexes for areas (SEIFA) include a suite of indexes derived from Census data to provide socio-economic status of the population. The [index of relative socio-economic disadvantage \(IRSD\)](#) represents the relative disadvantage faced within a geographical area based on indicators of income, family structure, workforce and employment characteristics, educational attainment, car ownership and English proficiency (ABS, 2023).

Except for Byron and Ballina, the other 10 LGAs on the North Coast region had IRSD scores below the national benchmark, placing them within the 50% most disadvantaged LGAs in Australia. **Kempsey** had the lowest score in the region and was ranked among the 20% most disadvantaged LGAs in Australia (second decile), which included **Nambucca Valley**, **Kyogle** and **Richmond Valley**. **Clarence Valley** was in the 30% most disadvantaged while Lismore and Coffs Harbour were in the 40% most socio-economically disadvantaged LGAs in Australia for IRSD (ABS, 2023) The IRSD does not account for age cohorts, so it is not possible to undertake IRSD analysis for people aged 65 years and over.

Figure 4: Index of relative socio-economic disadvantage

The index of relative socio-economic disadvantage (IRSD) places four North Coast LGAs in the second decile of most disadvantaged LGAs in Australia, one LGA in the third decile and two LGAs in the fifth decile. Only two LGAs on the North Coast have an IRSD higher than the national average.



Source: Australian Bureau of Statistics

Social capital

Social capital describes the trust and connections between people that enable cooperation and mutual benefit. Social capital is associated with higher levels of health literacy. The Better Health Community Survey sought to measure the level of social capital within the North Coast community through the following question:

“If you were in urgent need, do you feel you could rely on a family member, friend or neighbour to help:

- *Provide me with financial assistance, if I needed it*
- *Provide me support with my mental health, if I needed it*
- *Look after me or someone who depends on me if I was sick or injured”*

Across the North Coast, older people reported similar levels of social capital when compared to younger population groups. Across all LGAs:

- **47%** of older people reported they could rely on a family, friend or neighbour to help with **financial assistance** if needed (lowest score of 40% observed in Nambucca Valley, highest score of 66% observed in Bellingen)

- 43% of older people reported they could rely on a family, friend or neighbour to provide support for their mental health if needed (lowest score of 33% observed in Nambucca Valley, highest score of 56% observed in Ballina)
- 47% of older people reported they could rely on a family, friend or neighbour to look after them or someone they depended on if they were sick or injured (lowest score of 38% observed in Kyogle, highest score of 53% observed in Bellingen).

The range observed across LGAs for social capital highlights where older people may be more vulnerable.

Income and housing

The rental landscape on the North Coast region has changed substantially since 2021. Housing availability has been impacted by multiple factors including environmental disasters and migration from other parts of the country. This has increased rents and rates of people experiencing homelessness.

Housing availability and cost of living were consistently reported as the two leading concerns in communities by participants in the Better Health Community Survey. This was echoed by participants in the community consultations, who identified factors such as the cost of living, housing availability, available schooling and leisure activities as issues impacting on recruiting and retaining workers in the health, community and service sectors.

Each year Anglicare North Coast explores the availability of rental properties on the private market and their affordability. Of the 924 private rentals advertised only 2 properties were deemed affordable for a single person on the age pension and 10 were deemed affordable for a couple on the aged pension (Anglicare Australia, 2024). These were across the regions² of: Casino, Clarence, Kempsey, Lismore and 3 across the 'other' category³. This highlights a lack of affordable housing (particularly for people on the aged pension) on the North Coast region.

Housing availability and affordability in conjunction with cost-of-living pressures is clouding health initiatives and needs. I am an older person who has some financial resources but at 74 years I am still working partly due to desire but also due to financial stress and an unclear future. The uncertainty in society and globally does impact on my wellbeing and my family's wellbeing

Older person from Coffs Harbour LGA

Whilst there are many older people who are homeowners, this number is decreasing, and more people are now ageing with a mortgage or in private rentals. This can increase financial pressures and stress to people at and post-retirement age (Housing for the Aged Action Group Inc., 2025). This increases risks of experiencing homelessness, with people engaging in activities such as going without food and heating to try and remain housed (Ageing on the Edge NSW Coalition, 2025).

The number of applicants 55 years and over on the NSW Housing Register waiting to be housed in public housing, community housing or Aboriginal Housing Office properties has increased considerably over recent years. In the Mid North Coast district this has risen from 732 households on 30 June 2020 to 1,025 households on 30 June 2023. For Northern NSW numbers have increased from 1,040 to 1,312 during the same time. At present, people need

² Anglicare has defined regions in this report as various townships within the North Coast area.

³ Includes towns of Kyogle, Woodenbong, Bellingen, Repton and Urunga

to be **80 years and over** to automatically **qualify for priority housing** in NSW. On 30 June 2023 there were 295 people 55 years and older (highest available age bracket) classified as priority applicants in Northern NSW and 142 in Mid North Coast. This is an increase from 90 and 71 respectively since 30 June 2020 (NSW Department of Communities and Justice, 2024). These figures highlight the growing need for affordable housing for older people on the North Coast.

The processes involved in applying for government housing can be a challenging and unapproachable task for many due to the level of paperwork required (Housing for the Aged Action Group Inc., 2025). This is challenging and can be exclusionary for cohorts who experienced forced adoption or removal, are care leavers or members of Stolen Generations who are less likely to have required documentation.

6.2 People experiencing homelessness or at risk of homelessness

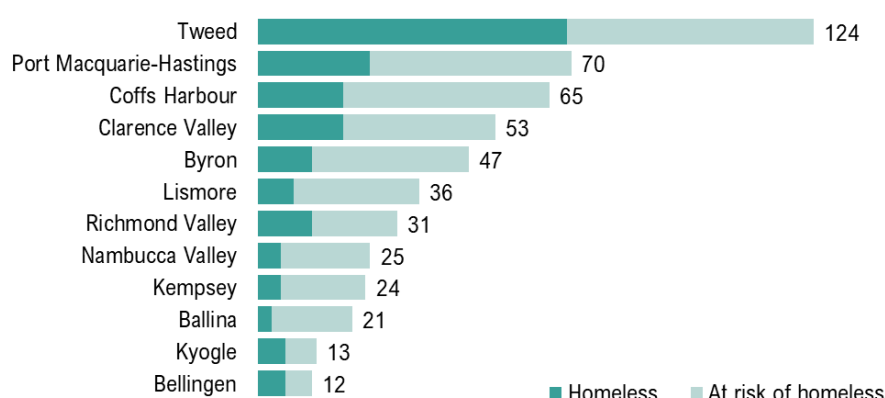
Older Australians are a national priority cohort for state, territory and national governments to reduce the incidence of homelessness. Older people may find themselves facing homelessness due to a variety of circumstances. Some may have had conventional housing circumstances earlier in life but have experienced social or financial difficulties that place them at risk of homelessness. Others may have experienced homelessness throughout life (ABS, 2023).

People who are experiencing homelessness or living in insecure housing are at risk of experiencing **poorer physical and mental health**. They can also experience earlier onset of health problems usually associated with older age.

Based on ABS 2021 Census data on homelessness, Tweed had the highest number of people aged 65 and older experiencing homelessness and at risk of homelessness.

Figure 5: People aged 65 and over experiencing homelessness or at risk of homelessness

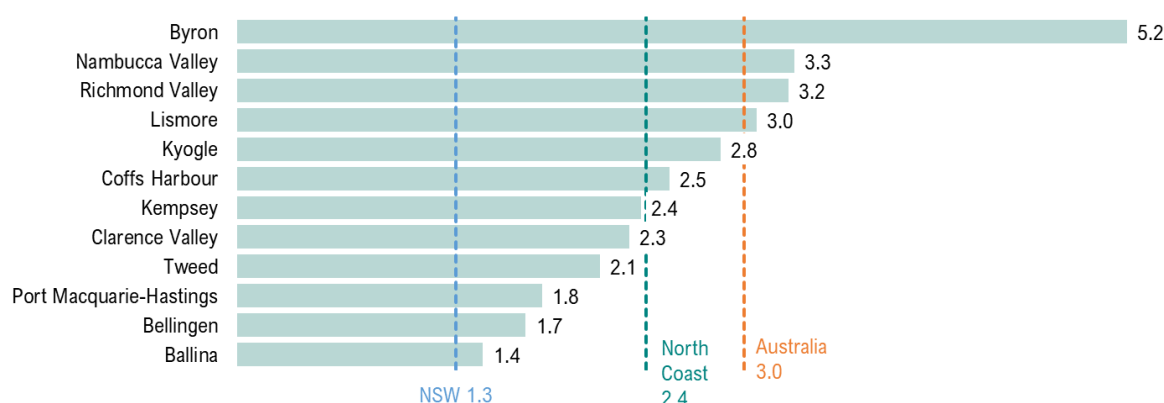
Tweed LGA has the highest number of people experiencing homelessness and at risk of homelessness aged 65 and over.



Source: Australian Bureau of Statistics

Figure 6: Rate of people aged 65 and over at risk of homelessness

Whilst Tweed LGA has the highest number of people over the age of 65 at risk of homelessness, Byron LGA has the highest rate per 1,000 people 65 years and over at risk of experiencing homelessness.



Source: Australian Bureau of Statistics

Of all the people aged 65 years and older experiencing homelessness in NSW, 9% live on the North Coast region. Of those aged 65 years and older at risk of homelessness in NSW, 18% live on the North Coast region.

6.3 Lives in a rural or remote area

There are 2 remoteness structure classification systems used by the Australian Institute of Health and Welfare (AIHW) (AIHW, 2024). The [Australian Statistical Geography Standard \(ASGS\) Remoteness Structure](#) (ABS, 2021) defines remoteness areas in 5 classes of relative remoteness:

- Major cities
- Inner regional
- Outer regional
- Remote
- Very remote.

The [Modified Monash Model \(MMM\)](#) (DoHAC, 2024) is based on the ASGS Remoteness Structure and considers town size. It classifies metropolitan, regional, rural and remote areas in Australia into 7 categories:

- MM1: Metropolitan areas
- MM2: Regional centres
- MM3: Large rural towns
- MM4: Medium rural towns
- MM5: Small rural towns
- MM6: Remote communities
- MM7: Very remote communities.

Areas classified MM2 to MM7 are considered to be rural or remote.

Across the North Coast region, there are areas of different classifications, ranging from MM1 (metropolitan areas) to MM5 (small rural towns). Data is not classified by MMM internally at

Healthy North Coast; however, the large majority of the region falls within the MM3 (large rural towns) to MM5 classifications (small rural towns).

Figure 7: Modified Monash Model on the North Coast

The majority of the North Coast population live in a MM3 – MM5 classified area.



Source: Department of Health and Aged Care

Rural and remote areas encompass diverse locations and communities. People living in these areas often have poorer health outcomes than people living in metropolitan areas (AIHW, 2024). People living in **rural or remote areas** are more likely to face **challenges in accessing appropriate health or aged care services** due to factors such as:

- geographic spread
- low population density
- limited infrastructure
- higher costs of delivering rural and remote health care
- isolation from friends and family
- poorer internet connection influencing access to digital health services (AIHW, 2024).

These factors were present in responses to the Better Health Community Survey. Respondents highlighted challenges to accessing appropriate healthcare due to a lack of public transport and limitations with driving.

Accessibility - small regional town, unless you can drive it is not possible to access any services

Older person from Byron LGA

Finding help for someone with Parkinson's Disease has been difficult. We finally got onto the Aged Care people and got the codes, but now it seems we have to find a home care service that has enough Commonwealth funding before we can go any further. So until we get that we can't get the podiatry, physio assessment for PD Warriors, etc. Very slow process to get anywhere!

Older person from Port Macquarie LGA

I feel compromised as my GP of 30yrs has retired. I now have no choice but to see a Registrar who has left so my next appointment will be with another Registrar.....no continually of care with same GP available due to shortage in this area. Have to wait weeks for an appointment.

Older person from Kempsey LGA

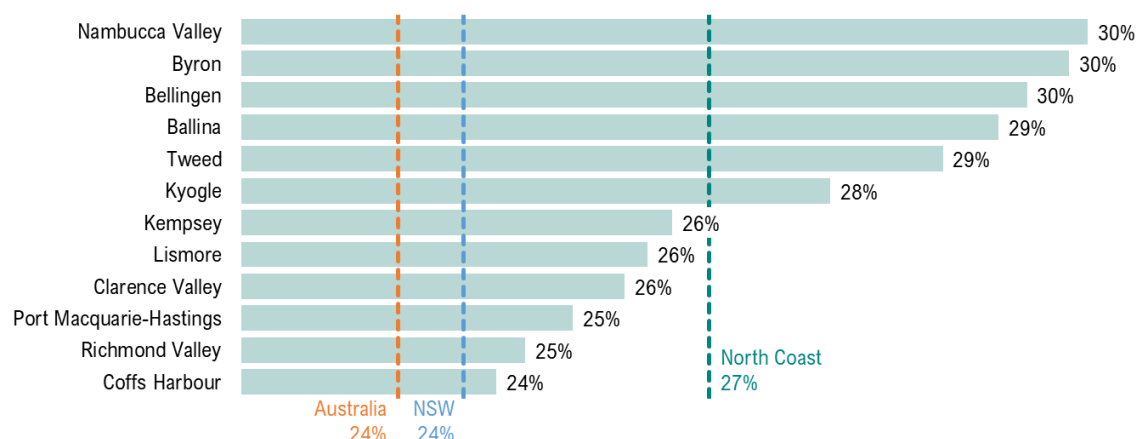
6.4 Aboriginal and Torres Strait Islander peoples

Aboriginal peoples continue to be adversely impacted from colonisation. Social dislocation and economic disadvantage contribute to poorer health outcomes for many Aboriginal communities. Aboriginal peoples have lower life expectancy than non-Aboriginal peoples and are more like to develop serious medical conditions earlier in life (AIHW, 2024). In recognition of this, in health planning Aboriginal peoples are considered 'older' when aged 45 years and older or 50 years and older.

On the North Coast, over 1 in 4 Aboriginal people is aged 45 years and older (27%), which is higher than NSW (24%) and Australia (24%) (ABS, 2021) .

Figure 8: Proportion of Aboriginal peoples aged 45 years and older

The LGAs of Nambucca Valley, Byron and Bellingen (30%) have the oldest Aboriginal population profiles on the North Coast. Ballina, Tweed and Kyogle also have Aboriginal population older than the North Coast average (27%).



Source: Australian Bureau of Statistics

Many Aboriginal Elders play a crucial role as cultural leaders, knowledge keepers and caregivers within their communities. As they age, the demand for culturally appropriate aged care services continues to rise, placing additional pressure on support systems. However, access to these services remains uneven, particularly in regional and remote areas where aged care facilities and home care options are limited.

A report from the Interim First Nations Aged Care Commissioner, *Transforming Aged Care for Aboriginal and Torres Strait Islander people*, explores the complex and connected issues that older Aboriginal peoples face in accessing aged care services. The ongoing effects of colonisation, institutional racism and policies such as the forced removal of children, known as the Stolen Generations, have led to deep-seated distrust in government-run services, including aged care. Many older Aboriginal peoples struggle with the idea of entering institutional care due to past trauma, with some comparing aged care facilities to the missions and institutions they were forcibly placed in as children.

A lack of cultural understanding among service providers further exacerbates these issues, leading to feelings of alienation, mistrust and inadequate support. In many cases, service providers may not be aware of or sensitive to the unique cultural needs and practices of Aboriginal communities. This lack of cultural safety can cause delays in receiving necessary care, or worse, discourage older Aboriginal peoples from seeking help altogether (Interim First Nations Aged Care Commissioner, 2024).

"Information about services provided by My Aged Care should be more accessible. Abuse of NDIS by service providers needs to be stopped. The elderly should be treated with respect, as thinking adults, & not patronized & treated like children as we are presently by many doctors & other health workers. Inter-generational trauma of Aboriginal people needs to be recognised & addressed appropriately through consultation with Aboriginal communities, ensuring that Aboriginal patients are culturally safe.."

Older Aboriginal survey respondent from Coffs Harbour

Current providers of the care finder program noted there is a high proportion of clients who identify as Aboriginal, highlighting the [importance of cultural safety and competency in care finder staff and providers](#). This emphasises a need to develop appropriate systems for information sharing across the new [Elder Care Support Program](#). The Elder Care Support program aims to bridge the gap by recruiting and training a skilled workforce that understands both the physical and cultural needs of older Aboriginal peoples. The program is designed to ensure that Aboriginal Elders, their families and carers have the support they need to navigate the aged care system, which can otherwise be complex and difficult to understand.

The proposed location of the Elder Care sites are:

- Galambila Aboriginal Medical Services (Coffs Harbour)
- Durri Aboriginal Corporation Medical Service (Kempsey)
- Bullinah Aboriginal Health Service (Ballina).

The impacts of the Stolen Generations continue to shape the experiences of many survivors, particularly when engaging with government services. The trauma of forced removal and institutionalisation has lasting effects and interactions with systems like aged care can be distressing. The assessment process, which often involves personal and invasive questions, can retraumatise those with lived experiences of separation from family and community.

Many survivors feel more comfortable with home and community-based care rather than residential aged care facilities, as institutional settings can evoke painful memories of past experiences (Interim First Nations Aged Care Commissioner, 2024).

6.5 People from a culturally and / or linguistically diverse background

On the North Coast region, the proportion of residents born in non-English speaking countries is lower (4%) than the NSW (19%) and Australia (16%) averages. The top-5 countries of birth for non-English-speaking residents are India, Germany, the Philippines, the Netherlands and Italy. Byron (7%), Coffs Harbour (7%) and Tweed (5%) LGAs have the highest proportion of residents born in non-English speaking countries. Additionally, fewer people on the North Coast region report very low English proficiency (1%) compared to NSW (4%) and Australia (3%), though language barriers still present challenges for some groups (ABS, 2021).

Older adults from culturally and linguistically diverse (CALD) backgrounds face [challenges in accessing healthcare and aged care services](#) due to language difficulties, lower health literacy, cultural differences and unfamiliarity with the Australian healthcare system. Limited English proficiency, low digital literacy, and a lack of knowledge about available support further hinder their ability to navigate care options. These barriers contribute to isolation, loneliness, depression and stigma, negatively impacting their well-being (Georgeou , Schismenos, Wali, Mackay , & Moraitakis, 2021; AIHW, 2025).

The [ageing CALD population](#) in Australia has unique care needs shaped by their cultural beliefs and values, which often differ from those of English-speaking and Anglo-Saxon communities. The 2021 Royal Commission report highlighted that CALD older adults face significant challenges in accessing aged care services due to [social and cultural differences](#) and the [lack of culturally sensitive care](#) (Aged Care Quality and Safety Commission, 2022). Older migrants are particularly vulnerable to poor health outcomes and require greater access to formal care services. However, many older adults from more recently established CALD communities are resistant to residential aged care, unlike those from communities with a longer history in Australia. Cultural expectations of family-led care, distrust in institutional settings and language barriers contribute to this reluctance. Without adequate access to formal support, many older CALD adults remain in the community without proper care, increasing their vulnerability to social isolation and unmet health needs (Obinna Iwuagwu, Weng Cheong Poon, & Fernandez, 2024).

Care finder providers have identified a particularly vulnerable group: [older women from non-English speaking countries who married Australian men and are now widowed](#). Many of these women relied on their husbands to manage interactions with institutions and now find themselves ageing with little to no family support and limited knowledge of how to seek assistance. Without targeted support, they risk falling through the gaps in the aged care system.

6.6 Has been affected by forced adoption or removal

Forced adoption or removal of children refers to the unethical and often illegal removal of children and infants from their mothers. It was common practice during the mid- to late-twentieth century (1940s to 1980s) for babies of unwed mothers and others who did not fit the norm to be adopted by white married couples (Higgins, 2014; AIHW, 2023). The Stolen

Generations (1910 to 1970s) and continued removal of Aboriginal children from their families, also comprises people impacted by forced adoption or removal (see section 6.4).

Between the 1940's and 1975 it is estimated that 30-40% of unwed pregnant women in Australia spent time institutionalised to hide their pregnancy before having their baby forcibly removed (AIHW, 2023). Although not limited to this time, from 1951 to 1975 it is estimated that 150,000 forced adoptions occurred (Australian Department of Social Services, 2024).

Forced adoptions or removal had **significant and ongoing "ripple effects"**. Lifelong trauma and impacts experienced by the birth mother, child adopted, father, broader birth and adoptive families, as well as partners, other children of mothers and intergenerationally to adopted children's children (Kenny, 2012). Much secrecy and stigma surrounded these 'closed' adoptions. New identities and birth certificates were created for babies and many involved were strongly discouraged from sharing their experiences or ever speaking about their child. These practices have had lasting impacts and implications for people's health and service engagement throughout their lives (Australian Department of Social Services, 2024).

Whilst there is limited data on the number of people impacted by forced adoption or removal of children living on the North Coast, research conducted by the Australian Institute of Family Studies (AIFS) aims to improve understanding of the impacts of forced adoption practices. The scoping study (Higgins, 2014) identified that:

- effects of forced adoptions are often **long term**. Common physical, emotional and psychological impact include:
 - depression
 - anxiety
 - complex and/or pathological grief and loss
 - post-traumatic stress disorder (including complex PTSD)
 - identity and attachment disorders; and
 - personality disorders.
- **mental health care services and counselling** can assist those affected by forced adoptions by:
 - providing support with ongoing trauma
 - help clients deal with challenging emotions including loneliness, loss, guilt and grief caused by forced adoption
 - support clients to maintain healthy and positive relationships
 - support clients to construct a positive personal identity
- there is a need to improve and further develop **trauma-informed and trauma-aware approaches**
- Service providers and models of delivery should ensure services are:
 - accessible
 - equipped with staff who understand the ongoing impacts of forced adoption
 - foster continuity of care
 - reduce the risk of re-traumatisation among clients

Paramount in providing support and care is:

- validating experiences and understanding the involvement of medical practitioners in past trauma and how this can impact engagement in care

- understanding the importance of language and trauma associated with words like birth mother
- the importance of training for carers and anyone working with those impacted by forced adoptions or removal (Australian Department of Social Services, 2020).

The number of people on the North Coast affected by forced adoptions and removal is unknown but it is likely that there will be many.

6.7 Care leaver

A care leaver is a person who spent any time in care as a child (under the age of 18). This care may have been through foster care or residential care (for example, children's homes), in institutions such as orphanages, or through another arrangement outside their immediate or extended family. A care leaver may also have been affected by forced adoption or removal (see section 6.6). 'Forgotten Australians'⁴, 'Former Child Migrants'⁵, wards of the state or state wards are other terms used to describe care leavers; however, these terms can be re-traumatising for some people. The term care leaver is also disputed (Department of Social Services, 2024). Aboriginal and Torres Strait Islander peoples who are part of the Stolen Generations can also comprise part of the care leaver cohort (see section 6.4) (My Aged Care, 2024).

More than half a million children were placed in institutional and out-of-home care in Australia. Many more children continue to be placed in foster care or care through arrangements outside their immediate or extended family after this time. Many in this group experienced significant control, exploitation, abuse and removal of basic rights (DoHAC, 2016).

Many care leavers experience unique needs resulting from [long lasting effects of growing up in out of home environments](#). Among care leavers there is greater likelihood of social and economic disadvantage, lower levels of education and higher levels of poor health and chronic health conditions. Care leavers have a higher chance of less family and community connectedness and higher rates of having experienced homelessness and insecure housing. Much of this is due to the lifetime physical and psychological effects of abuse, lack of love, support and sense of belonging (DoHAC, 2016). Mistrust, fear and anxiety around authority figures, institutions and being 'cared' for affects many care leavers with the process of thinking of care needs as they age being re-traumatising.

Lifelong and ongoing impacts of childhood trauma across the lifespan experienced by care leavers and specific needs resulting from this should be paramount in the provision of aged care.

Independent support organisations such as Care Leavers Australasia Network (CLAN) conduct research and provide support and linking to support for care leavers and their close family. The Department of Health and Aged Care along with aged care organisations have developed information and training resources for those supporting and working with care

⁴ Forgotten Australians are people who as children spent time institutional and other out-of-home care up to the end of 1989.

⁵ Former Child Migrants are children who arrived in Australia through child migration schemes and were placed in Australian homes, orphanages and other out-of-home care. This was up to 1970.

leavers. The need for a **trauma-informed approach** that includes sensitivity and understanding, flexibility and personalised choice and involvement in decision making is vital (DoHAC, 2016). Care and support needs highlighted include:

- importance of choice (including choice of support worker, supports, counsellor, GP who knows their history)
- providers experienced in supporting people with effects of psychological trauma
- importance of care recipients' choice and independence where possible around daily activities and surrounds including eating, showering, control over their routine and variation to routine.
- need for providers to know about the context surrounding care leavers, have staff aware of a persons' history / story so they constantly don't have to retell / retraumatise
- need for providers to uphold rights to privacy
- need for autonomy over belongings and as much autonomy over space and movements as possible
- assistance and options with literacy, including accessing information and completing paperwork (My Aged Care, 2021; DoHAC, 2016).

Multiple institutions existed across the North Coast region, Kinchela Boys Home (for Aboriginal boys, Kinchela), The North Coast Children's Home (Lismore), Rathmore (Grafton) Rathgar (South Grafton), St Joseph's Orphanage (Cowper – Grafton) and Sunnyland Children's Home (Wollongbar).

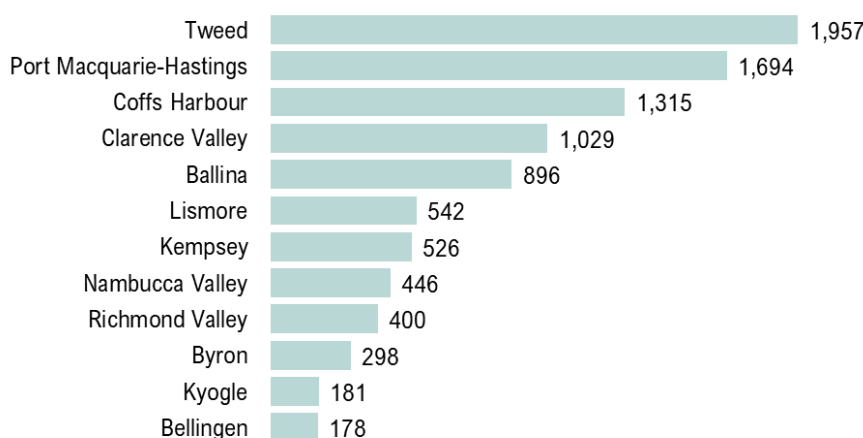
Whilst it is unknown how many care leavers are living in the North Coast region, it can be assumed from the number of people affected statewide and nationally that there could be many.

6.8 Veterans

Across the North Coast region, there are approximately 2,700 Department of Veteran Affairs (DVA) clients, with the majority residing in Tweed and Port Macquarie-Hastings LGA.

Figure 9: DVA clients living on the North Coast

The number of DVA clients living in North Coast LGAs varies across the region, with the majority living in Tweed LGA.



Source: Department of Veteran Affairs

As the veteran population ages, addressing the unique health needs of veterans becomes increasingly important. Veterans are at higher risk for **physical health issues** such as cardiovascular disease, respiratory conditions, hearing loss and tinnitus, as well as **mental health challenges** like post-traumatic stress disorder (PTSD), depression, anxiety and social isolation (Forbes & Metcalf, 2014). In 2017-18, males aged 65-74 years who had ever served in the Australian Defence Force (ADF) reported mental and behavioural conditions 10% higher than males aged 65-74 years who had never served in the ADF (27% and 17%, respectively) (AIHW, 2024).

Care finders can **connect veterans with aged care and community supports**, including:

- **Veterans' Home Care (VHC):** services to assist eligible veterans, war widows and other widowers in the home. The VHC is a low-level care program and people with more complex needs may need to be referred to other programs.
- **DVA Community Nursing Program:** The Community Nursing Program provides in-home clinical and personal care by qualified nurses and support staff. Services include medication management, wound care, hygiene assistance, dressing and palliative care.
- **My Aged care:** Veterans aged 65 and over are entitled to access all My Aged Care services; however, they cannot receive the same service from both My Aged Care and the VHC simultaneously.

Many veterans are unaware of the full range of services available to them or struggle with understanding eligibility requirements, application processes and service coordination. Navigating aged care and community support systems can be particularly complex for older veterans, especially those managing physical or mental health challenges (AIFS, 2024). Ensuring services do not overlap is also essential, as veterans cannot receive duplicate services through both My Aged Care and DVA-funded programs. Without support, this complexity can result in veterans missing out on essential care or experiencing delays in accessing services.

6.9 LGBTQ+

LGBTQ+ individuals on the North Coast region face significant health disparities, particularly in mental health, substance use and access to inclusive healthcare. Barriers such as a lack of culturally competent care, discrimination and limited service availability in regional and rural areas further compound these challenges.

Many older LGBTQ+ individuals lived through periods of significant social stigma and discrimination, leading to isolation and compounded mental health struggles. Older LGBTQ+ individuals may also face unique challenges in accessing services that are inclusive of their needs, further exacerbating their vulnerability. Participants in subject matter expert and service provider consultations echoed these concerns for LGBTQ+ communities.

"The Queer community in Healthy North Coast is an ageing population. Phobias are more prevalent in the older population."

Subject Matter Expert Consultation participant

Collecting comprehensive data on LGBTQ+ health needs is challenging, given the diversity of the community and small sample sizes in regional areas. Ongoing consultation with LGBTQ+ individuals and organisations is critical to understanding their specific needs. This collaboration will ensure that healthcare services, policies and resources are better tailored to support the wellbeing of LGBTQ+ people across the North Coast.

The Better Health Community Survey had 297 participants (9%) who identified as gay, lesbian and/or bisexual, or "I use a different term". At LGA level, **mental health** was in the top 2 health issues for 10 of the 12 LGAs on the North Coast region, ranking third in Bellingen and fourth in Nambucca Valley. The **ageing population** was the biggest health concern in Bellingen, Kyogle and Port Macquarie. Participants in subject matter expert and service provider consultations echoed these concerns for LGBTQ+ communities.

"Regarding aged care facilities there is concern about lack of cultural safety. People are sometime isolated from family, they choose to live in this region. There exists concern about the lens that providers look through."

Subject Matter Expert Consultation participant

"Dementia and gay men. The impacts of the first round of HIV meds and other drugs, dementia rates are higher."

Subject Matter Expert Consultation participant

Participants in subject matter expert and service provider consultations identified several key areas impacting experiences of and engagement with the health system for people identifying as LGBTQ+. Access to appropriate services and adequately trained practitioners within regional areas was recognised by participants as a barrier on multiple levels and across age cohorts. A **lack of access to health care** was the third most serious community health concern identified by LGBTQ+ Better Health Community survey participants.

Consultation participants identified the need for increased training and understanding at a service and community level around the specific health and service needs of LGBTQ+ communities and persons. Participants identified poor experiences and perceptions of

services as impacting engagement and health seeking behaviours of consumers with a lack of knowledge of available services and how to access them compounding this.

This information is consistent and supported by literature suggesting members of LGBTQ+ communities experience healthcare provider discrimination and variable access to identity affirming experiences within the healthcare context even within reputable LGBTQ+ inclusive or specific services (Amos N, 2023) . The importance of enhancing experiences in accessing healthcare for LGBTQ+ communities is crucial given the current health disparities faced. These disparities encompass social determinants of health, mental and physical health issues, including reproductive and sexual health challenges and wellbeing (Lampe N, 2023).

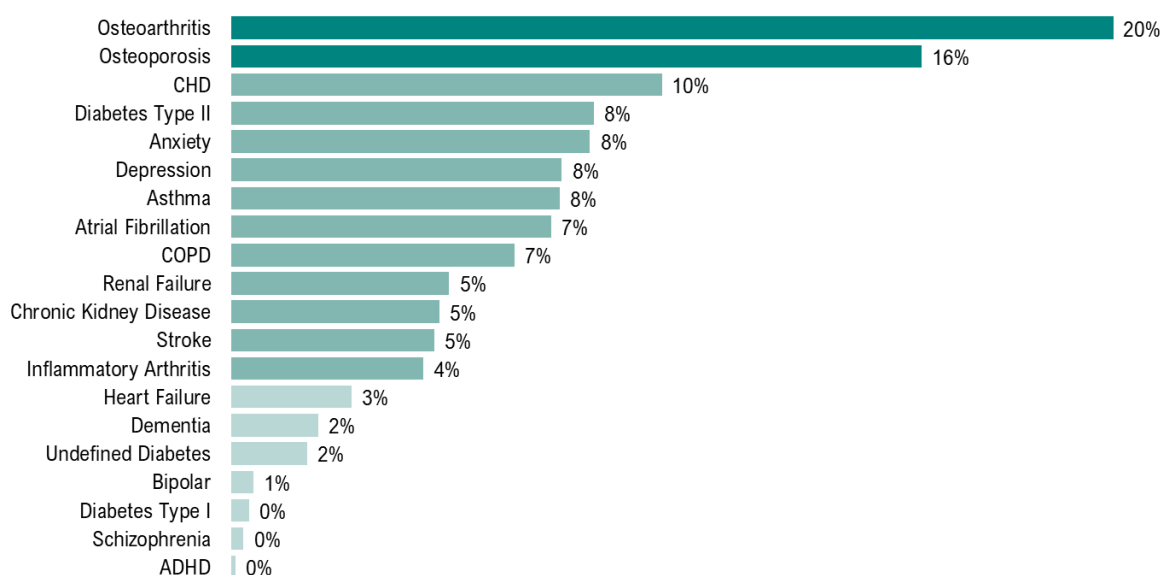
7. Additional vulnerabilities

7.1 Chronic conditions

Chronic conditions are more common in older people and the number of chronic conditions a person is living with often increases with age. On the North Coast, the most common chronic conditions for people aged 65 years and over in general practice patients are osteoarthritis (20%) and osteoporosis (16%), followed by chronic heart disease (CHC) (10%). (PATCAT, 2024).

Figure 10: Prevalence of chronic conditions in North Coast general practices

Osteoarthritis and osteoporosis are the most common chronic conditions for general practice patients 65 years and over across the North Coast.



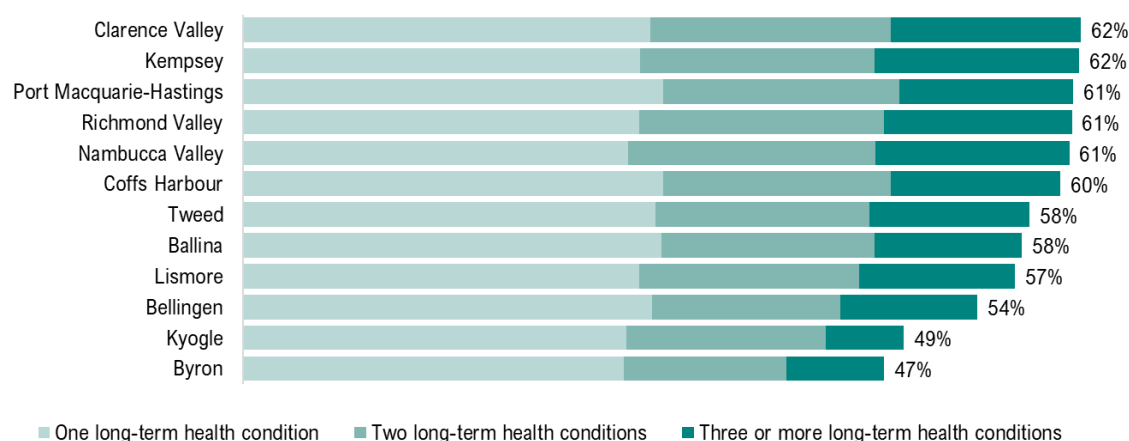
Source: PATCAT

The 2021 Census revealed that 59% of people on the North Coast experience chronic disease. 30% of people had only 1 chronic condition, while 17% had 2 conditions and 12% had 3 or more conditions. While the prevalence of 1 condition is slightly lower on the North Coast than NSW and Australia (both 31%), the **prevalence of multimorbidity (29%) is higher than NSW and Australia (27% and 28%, respectively).**

Over 3 in 10 people (30%) in Nambucca Valley, Kempsey, Richmond Valley, Clarence Valley and Port Macquarie-Hastings LGAs experience multimorbidity (more than 1 condition).

Figure 11: Population aged 65 years and over with 1, 2 and 3 or more chronic conditions

Clarence Valley and Kempsey LGAs have the highest proportion of people aged 65 years with chronic disease, while Byron and Kyogle have the lowest.



Source: Australian Bureau of Statistics

7.2 People living with a disability

Need for assistance

The number of people requiring assistance with daily activities due to profound or severe activity limitations is growing on the North Coast region. According to the 2021 Census, the rate of people with need for assistance among those aged 65 and older on the North Coast region (164 per 1,000 people) is lower than NSW (184 per 1,000) and Australia (181 per 1,000). However, this rate has **increased by 4% since 2016**, aligning with the national trend but exceeding the 1% increase observed in NSW (ABS, 2024). This rise may be linked to the region's ageing population and is likely to continue. This **growing demand for assistance** will likely impact people living with disability, who already face significant barriers in accessing essential services.

Kempsey LGA has the highest rate of people 65 years and over with need for assistance (198 per 1,000), followed by Nambucca Valley (182 per 1,000) and Clarence Valley (177 per 1,000). These areas also experience higher levels of disadvantage than other LGAs in the region, including elevated unemployment rates, lower educational attainment and reduced access to private health insurance. Limited financial resources and lower health literacy can make it more difficult for individuals to access appropriate care, further increasing their vulnerability (ABS, 2023; ABS, 2021; ABS, 2022; Jobs and Skills Australia, 2023).

National Disability Insurance Scheme (NDIS)

Navigating the National Disability Insurance Scheme (NDIS) and My Aged Care systems can be complex due to differences in eligibility, funding and service models. People transitioning from the NDIS into aged care at 65 are at risk of facing reduced access to personalised support, leading to gaps in care. The lack of integration between these 2 systems can create confusion, duplicated assessments and challenges in accessing appropriate services.

People aged 65 years and over cannot join the NDIS. Those already receiving NDIS support before turning 65 can continue their services. If someone was over 65 when the NDIS was introduced in their area, they may have been placed in the Continuity of Support (CoS) Program, which ensures continued access to essential services for those not eligible for the NDIS (My Aged Care, 2025).

People who develop a disability after 65 are particularly disadvantaged because they must rely on the aged care system, which has stricter funding limits compared to the NDIS. While the NDIS provides flexible and tailored support, aged care funding is capped, making it less responsive to the needs of individuals particularly those with progressive conditions (MND Australia, 2022).

To prevent a decline in care, it is essential that those transitioning between systems receive equivalent support. Care finders play a crucial role in helping people over 65 navigate the aged care system and access the services they need to maintain independence and well-being.

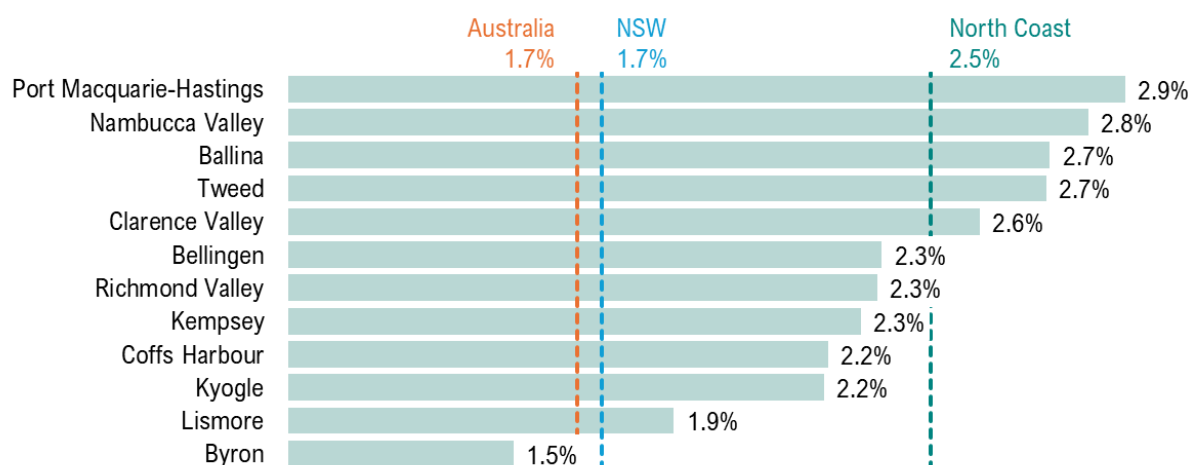
7.3 People living with dementia

Living with dementia comes with considerable health, social and economic costs on individuals, families and society (Aranda MP, 2021). In Australia, more than 1.6 million people are involved in the care of someone living with dementia. It is estimated that 2 out of 3 individuals living with dementia are living in the community. In 2022, over half (55%) of residents in residential aged care homes along the North Coast were diagnosed with dementia (Dementia Australia, 2024).

In 2024, 13,287 people on the North Coast are estimated to be living with dementia, which represents 2.5% of the total population, a higher rate than NSW and Australia (both 1.7%). The North Coast LGAs with the highest number of residents living with dementia in 2024 are Tweed (2,648) and Port Macquarie-Hastings (2,514), though the highest proportion of residents living with dementia are in Port-Macquarie-Hastings (2.9%), Nambucca Valley (2.8%), Ballina (2.7%), Tweed (2.7%) and Clarence Valley (2.6%) (Dementia Australia, 2024).

Figure 12: Proportion of the population living with dementia

The proportion of the population estimated living with dementia in 2024 is highest in Port-Macquarie and Nambucca Valley, with most LGAs on the North Coast above NSW and Australia



Source: Dementia Australia, 2024

Younger onset dementia describes any form of dementia diagnosed in people under the age of 65 (Dementia Australia, 2020). People who are diagnosed with early onset dementia are required to navigate multiple service systems as their dementia progresses. While people living with younger onset dementia are generally eligible to access support through the NDIS, the progressive nature of their condition and need for increasing supports – which may not be available in the disability system – means many people with younger onset dementia also require support from aged care services. As such, people with younger onset dementia are typically required to connect with both the aged care and disability systems – neither of which is fully equipped to respond to the needs of people with younger onset dementia.

Changes to the eligibility criteria for the My Aged Care system in June 2025 will impact individuals with younger onset dementia, as they may no longer be eligible for care in residential aged care homes. As a result, they will need to rely on support from the NDIS or explore alternative home, living and support options through programs such as Ability First Australia's Younger People in Residential Aged Care System Coordinator Program (YPIRAC). However, individuals with younger onset dementia will still be eligible for Home Care Packages (HCPs) if their needs are not adequately met through other specialist services.

7.4 People living in a situation of squalor and hoarding

Domestic squalor and hoarding in older people can occur due to age, cognitive impairment and an overwhelming inability to maintain their homes. It is often linked to various health conditions in older adults, including mild cognitive impairment, dementia, psychiatric disorders, organic mental disorders, intellectual disabilities, personality disorders and alcohol dependence (Matsuoka, et al., 2020).

It is estimated that between 600,000 to 1.2 million Australians face issues with hoarding, yet the full extent of the issue remains poorly understood (Catholic Healthcare, 2021). Care finder consultation participants suggested people living in squalor worsened during the

COVID-19 pandemic, when many individuals were unable to access support. Without intervention, those living in squalor, particularly in rental properties and public housing, are at risk of facing eviction and homelessness.

The challenges posed by hoarding and squalor are significant, both physically and emotionally. These conditions create safety risks, including increased fall hazards, blocked emergency access and unsanitary living environments. Despite these risks, support for older adults affected by hoarding and squalor remains severely limited. Participants in care finder consultations highlighted that **funding under the Community Home Support Program (CHSP) is insufficient to meet the growing demand** for assistance, particularly since general domestic cleaning funding does not extend to homes impacted by hoarding or squalor. In Coffs Harbour alone, around 45 people are on the waitlist for urgent cleaning services, at time of reporting. Without intervention, individuals with hoarding tendencies or those at risk of squalor may experience further deterioration, making future interventions even more difficult.

Private cleaning services that specialise in hoarding and squalor are often prohibitively expensive, leaving many who desperately need help unable to access support. Additionally, if a one-off cleaning service is arranged, it is not usually a sustainable solution. Such services can cause significant distress to individuals with hoarding behaviours, especially when they are not involved in the process (Catholic Healthcare, 2013).

People with hoarding behaviours or those living in squalid environments often have complex needs, requiring multidisciplinary interventions and a cross-sector approach to achieve stability and improved outcomes. Effective support includes connecting individuals with their communities and ensuring collaborative service delivery. Currently, various services respond to hoarding and squalor cases, but often in isolation from one another. A coordinated, flexible and creative approach to service provision is essential (Gleason, Perkes, & Wand, 2021).

8. Next steps

From the population needs assessment

Healthy North Coast is committed to further understanding the needs of older people living in our communities. Following the 2025-2028 Health Needs Assessment completed in 2024, Healthy North Coast will be undertaking a series of deep dives on the health needs of population cohorts during 2025, 2026 and 2027.

The 5 priority areas for deep dives are:

- Aboriginal health and wellbeing
- mental health outcomes
- children and younger persons' health
- **older persons' health**
- chronic disease prevention and management.

In addition, there are 3 areas identified for exploratory analysis on the role of the PHN in collaboration with partnering organisations and agencies. These are:

- health workforce

- social and environmental determinants of health
- digital health.

Findings of these deep dives and exploratory analyses will contribute to a greater understanding of the needs of older people who may benefit from care finder services.

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