Draft Final Report

Review of aged Care in the Indian Ocean Territories

Department of Infrastructure and Regional Development

June 2014

AHA Australian Healthcare Associates
Australia's largest specialist health and community care consultancy

Contents

Abbreviations

AHA	Australian Healthcare Associates
IOT	Indian Ocean Territories
NUM	Nurse Unit Manager
IOTHS	Indian Ocean Territories Health Service
CI	Christmas Island
C(K)I	Cocos (Keeling) Islands
IOGTA	Indian Ocean Group Training Authority
MMSE	Mini Mental State Examination
IOT	Indian Ocean Territories
IOTHS	
CEO	
DON	

1. Introduction

1. Introduction

1 INTRODUCTION

The Christmas and Cocos Keeling Islands are diverse in terms of ethnicity, language, and religion. The population is predominantly Chinese, Australian/European, and Malay, and the main religions are Buddhism, Christianity, and Islam. The culture of the islands combines these influences, along with the influences of mainland Australian laws and culture.

1.1 Christmas Island

As of the 2011 Australian census, the estimated resident population is 2,072. This does not include the highly variable population at the Immigration Detention Centre.

The ethnic composition is 70% Chinese, 20% European/Australian, and 10% Malay. A 2011 report by the Australian government estimated that religions practised on Christmas Island include Buddhism 75%, Christianity 12%, Islam 10%, and other 3%.[1]

1.2 Cocos Keeling Islands

The Cocos Keeling Islands consists of two atolls and 27 coral islands, of which two, West Island and Home Island, are inhabited. The 2011 census recorded a total population of 550. Approximately 80 per cent of the population resides on Home Island.[2]

The population of Home Island is predominantly Cocos Malay, and the majority are Sunni Muslim.

"The population of West Island comprises employees of various government departments, contractors and their families. They are usually on short term postings of between one and three years. However, there is a growing number of people basing themselves permanently on West Island and operating a range of small businesses."[3]

1.3 Background to the Review of Aged Care in the Indian Ocean Territories

The Department of Infrastructure and Regional Development has contracted AHA to provide a comprehensive report that can be utilised to inform future decisions in regard to aged care services for the people of the IOT.

The stated objectives of the project were to:

- Evaluate the current services and facilities in the IOT
- Assess the aged care needs of the IOT community
- Engage stakeholders including the community to understand their expectations in relation to aged care services
- Evaluate the current capacity and feasibility of the Indian Ocean Territories Health Services (IOTHS) to deliver on the needs and expectations of the IOT community
- Evaluate the services and facilities provided in comparable remote communities
- Evaluate the potential for not-for-profit and private sectors to be involved and the incentives required to generate interest
- Evaluate current aged care/health programmes and grants and their applicability to the IOT
- Provide options or models of aged care service provision suitable for implementation in the IOT

[1] http://en.wikipedia.org/wiki/Christmas_Island
[2] http://en.wikipedia.org/wiki/Cocos_(Keeling)_Islands
[3] http://www.regional.gov.au/territories/cocos_keeling/enviro_herritage.aspx#pop

1. Introduction

1.4 Our understanding of your need

The Department requires AHA to:

- Assess the aged care needs and expectations of the IOT community. This will entail analysis of the population age structure data and projections into the future. Stakeholders will have the opportunity to explain their expectations about aged care in their community and provide the evaluators with a culturally informed perspective
- Review and evaluate the current services and facilities relating specifically to aged care in the IOT (but also, necessarily, other parts of the health system that interfaces with aged care)
- Evaluate the capacity and feasibility of IOTHS (or other not-for-profit or private providers) delivering the required aged care services
- Review and assess the services, facilities and models of provision of aged care services in comparable communities. This will include consideration of funding mechanisms, workforce, fabric, transport and applicability to the IOT
- Develop and provide a report to the Department that includes options or models of aged care service provision that would be suitable for implementation and sustainability in the IOT.

In late May 2014, AHA sent two highly qualified and experienced senior consultants to Christmas Island and the Cocos (Keeling) Islands to undertake the IOT aged care review. We note that the Department has undertaken preliminary work in reviewing aged care services and facilities in the IOT and this work is built upon in this report.

2. Methodology

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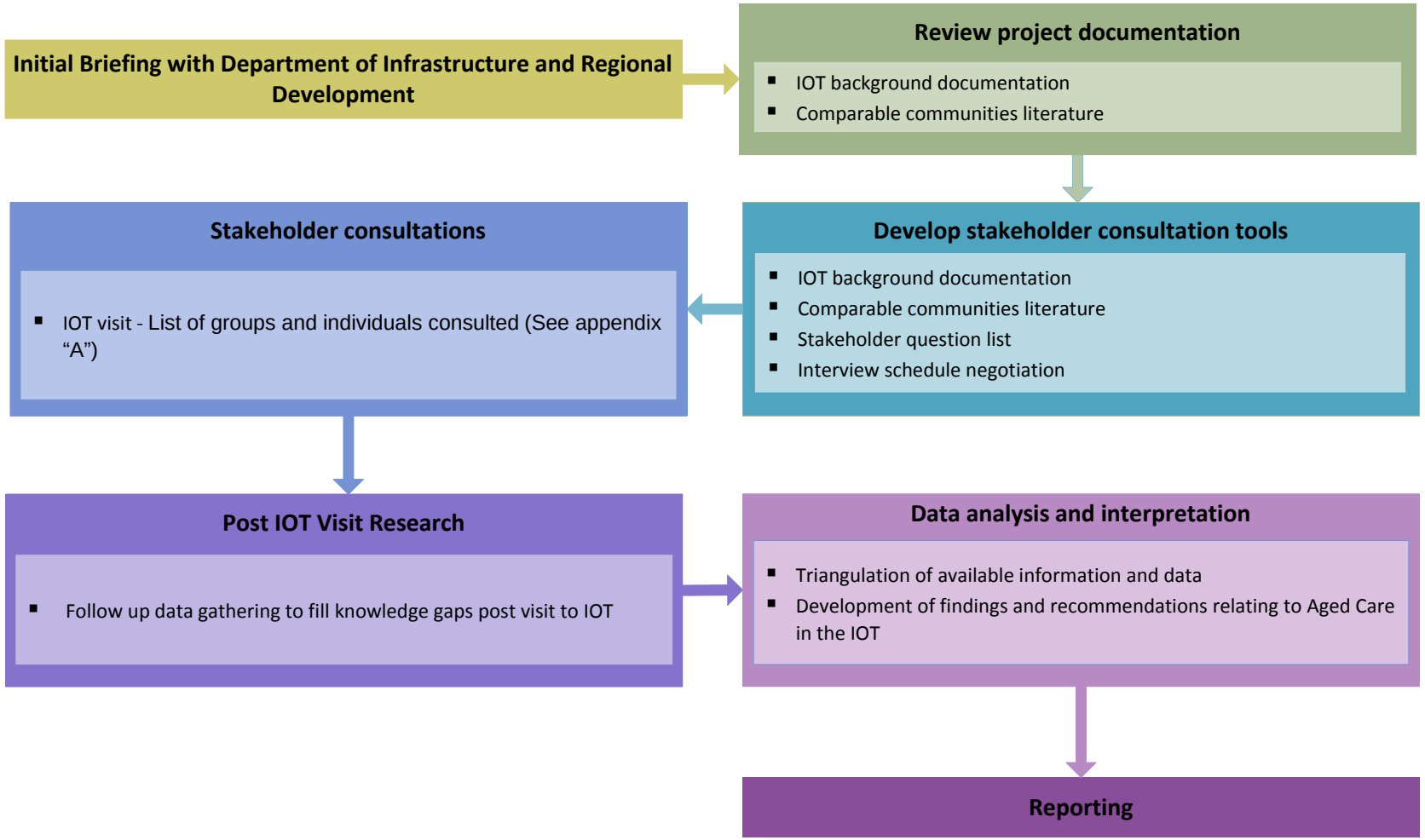
2. Methodology

2 METHODOLOGY

2.1 Key steps

The steps undertaken to complete this evaluation are shown in *Figure 2-1.*

Figure 2-1: Methodology



2. Methodology

AHA has completed the following steps to meet the objectives of the review:

1. *Initiation:* A teleconference was held with nominated Departmental representatives to discuss objectives, timelines, logistics and site visits.

2. *Off-site data and document review:* All available IOT background information and documentation was reviewed and the lack of available data was discussed with the Department. A demographic analysis of the population of the IOT was undertaken as was a review of cultural impacts on the provision of aged care services as preparation for the cultural diversity in the population of the IOT (Appendix B) and the possible impacts of the diversity on services.

An analysis of aged care models in comparable communities was conducted. We identified communities with similar population size to the IOTs and collated information on the models of aged care and level of service provided. Information on the possible comparable communities is included as Appendix C. Strengths and weaknesses of the models will be identified and reported for consideration in recommendations for IOT service model development.

A paper-based evaluation of the potential for not-for-profit and private sector involvement and evaluation of current grants and programs for aged care and health was undertaken to determine their applicability to the IOT. These reviews ensured that the consultants were appropriately prepared for the IOT site visits and informed the development of question sets to guide the on-island interviews and focus groups.

By reviewing the full range of documentation prior to visiting the IOT, AHA was able to ensure better use of onsite time, identify gaps in knowledge and design relevant questions to ascertain information in the areas where required to enable the review/evaluation activities to be completed.

3. *Development of tools for stakeholder consultation:* Four different sets of questions were developed for community members (general), carers, care provision management/administration, and staff delivering services. The Department had an opportunity to comment on the question sets prior to the site visits. As is often the case, the question sets needed significant modification for each group or individual interviewed but served as an overall guide to ensure all relevant areas were discussed in each interview.

4. *Plan and implement a range of information gathering strategies:* AHA employed a range of techniques to conduct the review, in order to meet the stated objectives, including stakeholder interviews interviews and a review of documentation to enable assessment and analysis of current systems and processes On each of the IOT islands, different methods were utilised to tailor the questioning for the individual or group. Interpreters were utilised where needed and questions modified appropriately for people with low levels of health literacy. The key focus of this stage of the review was to clearly identify the need and expectations relating to an aged care system for the IOT. This encompassed the views of IOT health management and workers and the general community (see Consultation List Appendix A).

5. *Report writing.* This report represents the culmination of the review and includes recommendations based on the review findings.

There was very little quantitative data available. An iterative thematic analysis of the qualitative data obtained from the stakeholder consultations were conducted to identify of key themes and issues articulated by stakeholders.

The draft final report (this document):

- Provides a complete assessment of the aged care needs and expectations of the IOT community

2. Methodology

- Identifies the current services and facilities available in the IOT and the capacity and feasibility of the IOTHS delivering aged care services in the future
- Provides information on the services, facilities and models of aged care service provision in comparable communities
- Includes options for models of aged care service provision that would be suitable for implementation in the IOT. If required, AHA will work with the Department on a short report suitable for public release.

Following feedback from the draft report, a final report, including a high-level implementation plan, will be developed and forwarded to the Department.

Project management

The project has gone smoothly to date with all milestones met in a timely manner. The tight timeframes associated with the project have been challenging, particularly in terms of scheduling team members to visit to the IOT.

Our extensive range of assignments encompassing disability, housing, families and children, Indigenous Australians, carers, age-related issues, mental health, alcohol and other drugs have prepared us well for the aged care review of the IOT.

A project manager (Tracey Higlett) and Project Director (Norma Currie) were appointed to ensure a strong and effective governance mechanism. The IOT site visit was conducted by Dr Jane Fyfield (a gerontologist) and Tracey Higlett (registered nurse (non-practising)). Both Tracey and Jane have master's degrees in public health and bring a depth of medical and public health experience that was particularly relevant and useful in conducting the review.

2.2 Methodological limitations

Although several of the stakeholders consulted thought we should have more time in the IOT, and particularly doing more home visits, we are confident that the consultation process was sufficiently thorough. On the Cocos (Keeling) Islands we spoke to 68 people which represents approximately 14 % of the Cocos population. On Christmas Island we spoke to 83 people which represented 4% of the Christmas Island population. Contribution to the focus groups and interviews by community members and other stakeholders allowed us to reach thematic saturation. We saw enough examples of carer/care recipient circumstances to reach well-considered, informed and thoughtful conclusions.

Although there was not a long lead time, the IOT is composed of small, close communities and we were conscious of meeting as many people as possible who wished to speak with us. Even the kiosk ladies at the Christmas Island airport asked if they could speak with us as we were leaving…most people seemed to know the aged care review was in progress.

3. Findings

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3 FINDINGS

3.1 Summary of findings

The following sections outline the findings of the review. Section 3.1.1 outlines general issues across the IOT. Subsequent sections discuss the issues relating to each of the IOT inhabited islands. Although many of the issues are the same on all three islands, population and geographical considerations mean that different solutions are needed for the different communities.

The findings presented in this report were obtained from the community members and staff consulted. The observations of the consultants are also included where applicable.

3.1.1 General Issues across the IOT

Lack of transparency

The consultation process revealed a general feeling of distrust of authority figures (including the administration, the Shire and the IOTHS) in the IOT community. The people consulted did not understand who the bosses or the decision-makers were, and they generally felt that things just happen around them. Although attempts to engage the community have been made over the past few years, things such as the lack of consultation over the building of a detention centre on Christmas Island have eroded much of the good will that may have been generated by other means.

The community often don't know why decisions are made and they often feel that the people in authority do not listen to their views, or, conversely, they may listen to, the community's views but not take them into account in making decisions.

The communities on Home Island and Christmas Island feel powerless and isolated from the decisions made about services that affect their lives. For example, a new wing of the CI hospital is currently being built (and is nearing completion), which many people in the Christmas Island community thought would be a nursing home. In fact, the new building houses two dental chairs, two small meeting rooms and one large meeting room/open space that is earmarked for programs for the elderly. IOTHS management is not clear how the 'aged care' room will be utilised so there is an observed lack of planning. Shire representatives seemed unfamiliar with the reasons this facility was being built when the Shire is planning to build a seniors centre in the Poon Saan area.

There is no strategic health plan which contributes to the community's feeling of powerlessness and isolation. There is no budget publically available budget with sufficient detail so people can understand where money is being spent. The Shire and the IOTHS seem not to be communicating with each other about the future of aged care, and both are building new facilities without a clear view of the need for the facilities or a plan for how they will be used and who will be responsible for the programs that may be run there.

Key finding 1

The communities on Home Island and Christmas Island feel powerless and isolated from the decisions made about services that affect their lives.

Findings

Key finding 2

Budgetary arrangements are unclear and no one seems to understand how money is allocated, which contributes to an overall feeling of powerlessness.

Key finding 3

The Shire and the IOTHS seem not to be communicating with each other about the future of aged care, and both are building new facilities without a clear view of the need for the facilities or a plan for how they will be used.

Consultation fatigue & frustration

There was a clear sense of consultation fatigue evident in some of the groups consulted. Many people told us that they are happy to talk to us but they do not expect anything to happen as a result of our report - that it will be 'filed away with the rest of them'. There is significant community anxiety about aged care and the future of older people in the IOT. The communities feel there has been much talk over many years but no real change has occurred, except the community has continued to age and suffer from an increased health burden due to their advancing age.

Key finding 4

Notwithstanding an obvious level of consultation fatigue, there is community anxiety about aged care and a feeling that nothing will be done by the government to address the issue.

Indian Ocean Group Training Authority

We met with a total of three representatives of the Indian Ocean Group Training Authority (IOGTA). It was evident from our discussions and pre - reading in preparation for the review visit that there is a significant issue relating to employment in the IOT particularly for young people and especially young women. This issue is most pronounced on Home Island. Many people are under-employed or 'hidden' unemployed, i.e. they have not been able to find work despite looking for a considerable length of time and have consequently assumed other roles such as caring for family or other community members.

The job seekers on the islands are keen to work and happy to do further study. There is a reluctance to go to the mainland for training as the accommodation costs are prohibitive but several job-seekers would be willing to do this if required.

The IOGTA ran a 'work for the dole' pilot program on Home Island to train young women in health assistant type work (people on Newstart need to work in order to claim benefits). The program commenced with six women who were being trained by IOTHS RNs to visit community members at home and assist them to do Otago strength and balance exercises to help ensure continued mobility and good health. The program ran for several months and then ceased due to a perceived insurance issue and the fact there were no paid positions available at the end of the training. It is worth noting that the program did not include any provision for additional staff and the RNs had to provide training to the women in the program on top of their usual daily tasks. The nurses have been able to continue the home exercise program to a lesser extent than was being carried out by the health workers.

Findings

Feedback on this program (provided to AHA by the IOGTA) suggests that this was a worthwhile activity that was well-received by the community on Home Island. It assisted older citizens to socialise, do strength-building exercise, and go for walks accompanied by a young worker, and was able to break through barriers to accepting assistance from outside the family created by traditional values.

The Imam (who is also the Centrelink agent on Home Island) reported that many of the women on the Island are keen to work and happy to do further study. There is some reluctance to go to the mainland for training as the accommodation costs are prohibitive but there would be several students willing to do this if required.

One of the young women who had participated in the pilot program approached the AHA consultants at the end of one of the consultation forums and said:

I really loved working with the older people; it gave me something to do, which was good for me and for the old people. I would really love to do more training as long as I can get employment in that area at the end of the training. I would even go to Perth to train if needed.

Two of the interviewees expressed concern about their communities 'missing out' on care services compared to the mainland. They see a role for the IOGTA in training people in personal care type roles.

The IOGTA is federally funded to provide access to vocational and group training, and part of its remit is to provide skills development and work opportunities for unemployed people.

AHA met with the IOGTA general manager to explore ways to conduct training in aged and community care. These discussions identified the possibility that the IOGTA could provide training that could lead to a Certificate III in aged or home and community care. The training authority has established links with other mainland training organisations and it would not be difficult to establish the training program, even if a trainer needed to be brought in from Perth.

The discussion also identified the possibility of health services providing traineeships to young workers. The final model would need to be discussed with the provider but it appears there are few barriers to training small numbers of home and community/aged care workers.

Key finding 5

There are significant issues relating to unemployment, particularly on Home Island, and the IOTGA have the willingness and capacity to train home and community care workers.

Key finding 6

A pilot program on Home Island provided a good first step in addressing the need for community-based assistance for older people.

Communication issues

Community members reported that there are issues associated with awareness of the health services available to them. While the populations on Home and Christmas Islands have a number of demographic differences,

they face some similar barriers to accessing health services such as low literacy.

English a second or third language for many members of the community, and they may only be able read in their primary language. Additionally, in the past, it was common for children to leave school at a young age (e.g. 12 years old) in order to work. As a result, many of the older residents of the islands are illiterate in any language. Despite this, there are virtually no translated materials available.

On Home Island, ensuring everyone knows about a planned activity relies on going door-to-door and personally notifying everyone (as has happened for many years). There is no internet of general utility on Home Island and limited services on Christmas and West Islands. There is a blackboard wall at the roundabout on Christmas Island where community organisations can advertise events, and there is also a Christmas Island Community Newsletter that contains information about activities in community languages.

Key finding 7

Although health service workers feel the community has sufficient information about health-related issues, observation suggests this is not the case and more could be done to find effective ways to communicate with older people. There are very few (translated) pamphlets available, and electronic media is not utilised.

Health Service Culture

We were surprised by the lack of will to ensure that residents of the IOT were well informed about health issues, services and opportunities to be involved. There seems to be a predominant culture of 'don't tell the community members and they won't be demanding of our time'. We were told several times by health professionals that there is 'no unmet need' for care in the IOT. This was despite a very clear observation of the consultants that there is in fact a high need for assistance for a small proportion of the aged community.

It was stated that the very generous wages offered to health staff was a contributing factor to the lack of drive to improve the health of community members. 'The medical staff get their money whether they see 4 or 400 patients so why would they generate work?'

People with young relatives or someone to advocate for them appear to be much more involved and likely to access services than those who do not. There was a lack of understanding of contemporary community care practice demonstrated with staff feeling that clients would come to them if there was a problem and there was no need for home visiting by doctors (and only rarely by nursing staff from the hospital). Despite a website claiming the IOTHS offers a broad range of acute and community based health programs through a Primary Health Care model4 we observed no evidence of such a model in any of the visited islands. We concur with findings from 2004 which states 'there are shortcomings, especially in community nursing resources and public health generally'.5 The short

[4] https://crana.org.au/members/corporate-members/indian-ocean-territories-health-service/ accessed 10 June 2014

[5] The parliament of the Commonwealth of Australia. Indian Ocean Territories. Review of the Annual Reports of the Department of Transport and Regional Services and the Department of the Environment and heritage. Joint Standing Committee on the National Capital and External Territories. August 2004 Canberra.Chapter 6 (section 6.22)http://www.google.com.au/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=10&ved=0CFYQFjAJ&url=http%3A%2F%2Fwww.aph.gov.au%2Fparliamentary_business%2Fcommittees%2Fhouse_of_representatives_committees%3Furl%3Dncet%2Fannualreports%2Freport%2Fchap6.pdf&ei=7pmWU8eeGorykQXRrIBw&usg=AFQjCNFS_1wFkD0xaKYspf2IP-NR61uewA

comings are exacerbated and will continue to be in the future as the resident population ages.

It seems that no services are offered unless deemed absolutely necessary and even then, there needs to be strong advocacy on the care recipient's part with information only being provided to those 'in the know'. One health worker stated 'if we advertise they might want something!' The paternalistic history of the IOT seems to pervade and strong leadership will be needed to effect cultural and attitudinal change.

Key finding 8

Despite health service personnel reporting there is 'no unmet need' in the community of older people, there is an observed high need for assistance for a small proportion of the aged community

Key finding 9

Although statistics are not available to support this contention, the consultants involved in the visit to the IOT (a registered nurse – non practising and gerontologist) it appears that older people in the community may not be receiving adequate, appropriate medical and nursing services

accessed 10 June

Key finding 10

The current service model for the older citizens of the IOT is very medico centric. It is hospital based and there is the expressed view that all sick people must come to the hospital to see a doctor. There is no evidence of a community based health or wellness focus (aside from the provision of exercise classes for older people who can attend a community centre).

Accessing services that are not usually provided on Island
Visiting professionals

We have not been able to obtain figures on the activity of visiting health professionals and how many people they see each year. The provision of these services however appears to be woefully inadequate. A 4 day visit each 3-4 months is not adequate for ongoing care. We observed many people who had not had access to podiatry services and although mobility is addressed by nursing staff using the Otago program, there is no opportunity for people to complete rehabilitation nor adequate care for people with disabilities. We were told that glasses take months to be organised and dentures are problematic also with stories of some people flying to Malaysia to get dental work done.

Key finding 11

The services provided by visiting professionals are inadequate to support good care for IOT residents

Findings

Visiting Perth

Although figures are not available, there seems to be a reasonably frequent transfer of patients to Perth for medical and surgical care and specialist opinion and review (The woman who books the flights and is the liaison person in CI said that there were around 30 per month at the moment). The GPs on island refer patients to Perth city hospitals on a seemingly ad hoc basis from the perspective there is no evidence of formalised relationships between the IOTHS and mainland health services. This is potentially problematic as there is a lack of consistency and the relationships seem reliant on personal relationships so new medical staff may not know how to obtain the care they need to source for their patient. There are also barriers related to the lack of a relationship relating to telehealth. Telephone seems to be rarely utilised to obtain advice and there are no dedicated telehealth facilities (this may be in part due to the poor internet service available particularly in the Cocos Islands).

Patients who are 'Medivaced' to Perth for acute illness and those who are flown to Perth for planned appointments (by commercial aeroplane services) have to stay in Perth for the duration of their treatment as there are no follow up services such as physiotherapy, dietetics or OT on the islands. This causes considerable financial stress as accommodation costs on the mainland are high and the government subsidy provided under these circumstances does not cover the cost ($60 per day is provided). Although a patient may be hospitalised, the accompanying person may have to pay for motel accommodation if they do not have friends or relatives to stay with. If people cannot afford the accommodation costs, they cannot go. In one recent case this meant an elderly man died alone in Perth as his family was not able to accompany him.

Key finding 12

Patients are sent to Perth frequently. Although no data is available to allow examinations of the reasons for transfer to Perth, it seems that given the existence of the 'state of the art' hospital facilities and the availability of a full complement of medical and nursing staff, the hospital (particularly on Christmas Island) could be better utilised

Mental health

There was virtually no discussion about mental health during our IOT visit. Although on the Cocos Islands the health service staff have started doing Mini Mental State Examination testing (MMSE)[6]testing and depression scores as they feel as people age and become more dependent, they have increased levels of depression. Aside from the issues associated with the fact these tests are of questionable validity from a cultural perspective in a population of Cocos Malay (predominately illiterate older people) when asked what they would do with the findings and results, it became apparent there was no plan except to 'use the results as a baseline'.

We were told by health service staff that dementia is not a big issue in the Cocos Keeling Islands however we did hear stories of confused elderly people and the difficulties associated with their management both home

[6] http://www.fightdementia.org.au/research-publications/information-about-diagnosing-dementia.aspx

care management by carers and in hospital care. When discussing dementia, one community member said…'hmmm people do get to a certain age and then get locked away – maybe they have dementia.'

On Christmas Island, there is a perception in the community that many of the older people who don't get out much are really depressed. This is compounded by the uncertainty that clouds their final years and the potential of having to go to the mainland for aged care.

Key finding 13

Measurement of mental health utilising the mini mental and depression scores is inappropriate in the Home Island community

Key finding 14

Dementia is poorly understood in the community and there is anecdotal evidence that health service staff could be trained in the areas of mental health in the elderly and dementia care.

Depression, although not officially reported is anecdotally a problem among the older people on Christmas Island.

HACC services

There are currently no HACC services provided in the IOT. The community is not knowledgeable about these types of services and the assistance that could be provided. Carers were very receptive to the idea of assistance and did express a need for respite services. There appears to be high levels of carer stress and fatigue. Although from a cultural perspective there is a tradition and hence an expectation that younger family members will care for the older relatives, this is becoming more unrealistic with small family size (partly historical reasons) and more young people leaving the IOT to pursue a working life on the mainland.

A minimal amount of 'HACC like' services are provided from time to time but it seems ad hoc, poorly assessed, sporadic and unreliable. There is a transport service (a small sedan car that is about to be replaced by a van that can also carry a person in a wheelchair) that operates to assist people getting to appointments etc on Christmas Island.

Key finding 15

There are no HACC services and very minimal community support services provided in the IOT

Key finding 16

Family caring, although predominant in the community, cannot be solely utilised or relied upon as the only method of care provision for older people in the IOT

Living conditions

It is traditional for three generations of a family to live in the one house. This was seen as being acceptable for some, but increasingly, older people would like an alternative to the noise and 'business' of extended family life. There is no suitable housing stock available at the moment on any of the IOT islands to support older people (or people with a disability) living

independently as they age. Many times during the course of the consultations, people expressed the need for a 'nursing home' on their Island. On further exploration, this phrase was a proxy for things such as 'I have lived all my life on this island, I want to die here and how will that happen if I have no family to care for me?' A sample of comments illustrates the degree of community concern:

'I am scared I will not be cared for in my old age'

'I don't want to have to go to a nursing home in Perth away from my community'

'We need help and we only know about a nursing home way of providing that help'

'I would rather be fed to the sharks (pointing to the lagoon) than have to go to Perth'...

Source: Cocos (Keeling) Island elders

These views have been reinforced by a number of recent cases that were oft cited where people have been transferred to Perth to die (in the eyes of the community).

There is a need for a small number of alternative housing options currently in the IOT and this is expected to grow as the population ages.

Key finding 17

Although family carers currently provide almost all of the aged care in the IOT, this cannot be relied upon solely in the future.

Key finding 18

Although people in the IOT often say 'we need a nursing home' this phrase was found to be a proxy for 'I want someone to care for me when I am not able to care for myself'.

Indian Ocean Territories Price Index

'The Indian Ocean territories price index is a way to compare the price of a basket of goods and services between two places.'7 The comparison in this case is between each of C(K)I and CI and Perth. A range of goods and services (517 in total) make up the comparative 'basket' in the following categories of household expenditure:

- Food
- Cigarettes, tobacco and alcohol
- Clothing
- Housing
- Household equipment and operations
- Transportation
- Health and personal care
- Recreation and education

[7] October 2012. Indian Ocean Territories Price Index. Comparison of commodity prices on CI and C(K)I. A report provided by the WA Government Department of Regional Development and Lands for the Australian Government, Department of Regional Australia, Local Government, Arts and Sport.

Findings

The work was conducted between May and July 2012. A process of weighting is undertaken to reflect the relative importance of the 517 items. As the decision to purchase an item is dependent on both the price of that item and its importance to the consumer, weighting is necessary to compensate for the relative importance of the items. For example, fresh food, a dietary staple will be given high priority in household expenditure and therefore carries a higher weighting. Perth is assigned the index of 100 being the 'reference' city. A figure higher than 1090 means a place is more expensive than Perth; a lower figure would mean that place is cheaper than Perth.
The following results were reported.

Table 3-1: Price index figures for the IOTs

	Index
Christmas Island overall index	148.9
Cocos (Keeling) Islands overall index	145.5
West Island overall index	144.3
Home Island overall index	128.0*
Christmas Island food index	182.1
Cocos (Keeling) Islands food index	181.1
West Island food index	182.5
Home Island food index	183.3

**The Home Island overall index is influenced by lower housing and transport costs than elsewhere*

Accommodation Needs Assessment
As we were not tasked with looking specifically at housing needs, we will confine our discussion in this area to information obtained from:

- the comprehensive report completed by Calmy in 20118
- community consultation on Christmas, Home and West Islands in the IOT
- consultation with health professionals, Shire Council representatives and the IOT Administration
- interpretation of the information obtained above combined with the 2011 ABS census data.

Cocos (Keeling) Islands Accommodation Needs Assessment

In their 2011 report, Calmy provided a synopsis of accommodation needs for the senior Cocos Malay population which is paraphrased below.

Based on 2006 Census data there were 26 people aged over 65 on the Island. It is reported that there has been a tradition of youngest daughters caring for ageing parents but it is noted this trend is diminishing and older people are increasingly happy to live alone if their family lives close by. Interestingly, Calmy also reports that 'Home Islanders may move to CI or the mainland when specific aged care is required'.9 It is explicitly stated that there is no need for an 'old age home or retirement units' within a 2 year timeframe of the review. Calmy reported no evidence of need for

[8] Calmy Planning & Design Pty Ltd Accommodation Needs Assessment Christmas Island and Cocos (Keeling) Islands June 2011.
[9] Calmy Planning & Design Pty Ltd Accommodation Needs Assessment Christmas Island and Cocos (Keeling) Islands June 2011. P. App. B-03.

alternative accommodation to be provided for this group but at the time of the review but did recommend this be reviewed in the future (2016).

We have examined the 2011 Census data which shows there were 49 people over 65 on the Cocos (Keeling) Islands. During our visit to the Cocos (Keeling) Islands we were told on several occasions that this figure is closer to 75 in 2014 and we posit that the Census data should be regarded with caution and may not necessarily reflect the true population exactly as there are high levels of illiteracy in the community which may have effected completion of census data.

Our community consultations (Appendix A) with approximately 70 people in the Cocos (Keeling) Islands community most of whom were people over 65 leads us to disagree with Calmy's 2011 findings in two main areas.

Although we acknowledge the tradition of youngest children caring for ageing parents and the predominance of three generation households this is increasingly not acceptable to members of the aged care community nor the younger generation.

Older people expressed a wish for 'a bit of peace', citing televisions and noisy games being played by their grandchildren as negatively impacting their quality of life.

Younger people, have a desire for greater autonomy. 'Societal progress' means that young married couples having families of their own or singles who have employment may stay on the island but they are not as willing to take on the carer role for elderly parents or live in three generational households as their parents were. Many young people also move to the mainland to pursue studies or work opportunities. They are no longer so drawn to the 'caring for elders' role as past generations have been.

Key finding 19

Accommodation options for Home Islanders are needed. Small independent living units or small flats would be appropriate with options for care provision to be undertaken to meet community based respite needs.

Christmas Island Accommodation Needs Assessment

Calmy's 2011 report also provided a synopsis of accommodation needs for the older Christmas Island population. Information of particular relevance is summarised below.10

Between 2001 and 2006, retirees (55-69) demonstrated the most growth as a proportion of the Christmas Island population.

The Calmy report indicates that many retirees intend to remain on the island (and this may be an increasing trend). Future marketing to off-island retirees is also being proposed as a means to support the Christmas Island economy. It was estimated that a total of 26 dwellings will be required in the next 5 years to account for current and projected demand.

While there are relatively few residents in the 'oldest' age category on Christmas Island (an estimated 80 people aged 70 years and over in 2011), these numbers are expected to increase in coming years based on current demographic data. While there is a cultural history of families caring for

[10] Calmy Planning & Design Pty Ltd Accommodation Needs Assessment Christmas Island and Cocos (Keeling) Islands June 2011. P. App. B-03.

older members in their own homes, Calmy's report identified aged accommodation as an immediate need, noting that 'leaving the Island is not an option'.

Accommodation types for this population subgroup will differ to those required for younger retirees, including 'granny flats' on existing properties and 'Independent Living Units' (ILUs) that can accommodate an overnight carer for those whose families are unable to meet their care needs.

In the longer term (10 years), development of a small aged care facility of 16-20 beds was recommended. Our observations and assessment of the situation lead us to conclude that unless there is a significant and dramatic influx of people requiring aged care on Christmas Island, there is no foreseeable need for a nursing home. We are now 3 years into the 10 year period discussed by Calmy and there is currently no identified need for an aged care facility. Our observation is that the distinct lack of community based care is influencing in a negative way, the presumed need for a nursing home. The community needs and should have excellent community care support. Perhaps in future, the addition of a small number of Home Care Packages of care would most suit the people of Christmas Island. It would be difficult to promote a need for a nursing home in the environment where there is a new, fully staffed hospital with an exceedingly small number of overnight patients and a policy of 2 RNs on each shift.

Key finding 20

We concur with Calmy's approach: Accommodation types including 'granny flats' on existing properties and 'Independent Living Units' (ILUs) that can accommodate an overnight carer for those whose families are unable to meet their care needs are required to assist people living in third floor flats with mobility issues and those who are not able to stay in an intergenerational living situation.

3.2 Potential not-for-profit and private sector involvement in Aged Care in the Indian Ocean Territories

It is noteworthy that the provision of nursing home services would be a very unattractive proposition for the private sector as it would often be empty as it is estimated that only around 10% of aged people require nursing home care. In this case, these people should be managed in the hospital perhaps under a Multi Purpose Service arrangement as operates elsewhere.

The major issue with the involvement of not-for-profit or private entities in aged care in the Indian Ocean Territories is the small numbers of people who will require care at any particular point in time.

It would simply not be profitable for a private enterprise and hence, it is unlikely this would be a viable solution. It is possible however that a not-for-profit organisation would provide services in the IOT.

In order to test some ideas about the involvement of NFP organisations in provision of community care to the people of IOTs we wanted to speak to

someone well known and respected in the area of Aged Care in WA. We consulted with Dr Penny Flett AO, who has a long and distinguished career in the not for profit sector in WA. She has an excellent knowledge of the Aged and Community Care sector in WA and was able to provide overall views and not just views on behalf of one organisation. Dr Flett agreed that the idea of having a NFP from the mainland involved in the community care provision, organisation, quality control, etc in the IOT would be entirely feasible. There are at least three organisations in WA which would potentially be interested in this work. Brightwater (Dr Flett is CEO) and Silver Chain which does much of the aged and community care work in the rural and remote areas of WA is another. An organisation such as an NFPs would provide effective governance, links to the Shire and the Health Service, working with them and providing coordination and continuity and the expertise and experience in service provision, which they are lacking. Dr Flett also spoke of the importance of assisting people to feel safe in their communities so they could continue to live there.

Tracey – write about the need for structure, embedding in the community and help with unemployment

A committee formed of IOTGA, a university partner and the selected NFP could work with the Shire, the IOTHS and the Administration to sort out suitable governance, accountability and integration and coordination at arms-length. A big part will be change management

Key finding 21

It is feasible that a NFP would be interested in providing home and community care services in the IOT.

3.3 Findings from Cocos (Keeling) Islands

3.3.1 Introduction

Most of our observations about the aged population of Cocos (Keeling) Islands relate to Home Island. Although the ABS data do not discriminate or differentiate between the islands, it was obvious that the populations are very different. Home Island has a tightly held small community of Cocos Malay people with a history of being indentured workers, deprived of information and education, with poor health and living conditions and for whom English is not their first language. The West Island community is smaller and English speaking, mostly government workers who are well educated and who return to the mainland at the end of their work.

The sex ratio (males per 100 females) in the general Australian population reduces after the age 65 to 81.6, but on Cocos (Keeling) Islands this has increased to 167, which may impact upon housing needs in future as single men will have no one to care for them and will be reliant on community aged care.

The population of Cocos (Keeling) Islands been more stable than Christmas Island between 2001 and 2011, although distinct increases are seen in the over 65 population.

The actual numbers of people are very small, making predictions very difficult

Personal income for people on Cocos (Keeling) Islands is lower that the Australian average.

For residents of Cocos (Keeling) Islands, the highest proportions of workers are employed in the Retail Trade, Public Administration and Safety, and Education and Training sectors, with each of these employing a greater proportion of residents than the national average. It is interesting to note that no one in the Indian Ocean Territories indicates they work in Agriculture, Forestry and Fishing.

Table 3-2 Cocos (Keeling) Islands 2011 – Aged population 65 year and over

Age range	Males	Females	Total
65-69	12	6	18
70-74	7	7	14
75-79	8	1	9
80-84	1	3	4
85 and over	3	1	4
Total population	31	18	49
%	63%	37%	100%

Although the 2011 ABS data indicate there are 49 people of 65 and over on Cocos (Keeling) Islands, we were told consistently, by many groups, that there were 73 people in this age group on Home Island.

The history of Home Island provides insights into the problems of communication, education, and health and other services provision, particularly for older people who experienced life under the oppressive regime of the Clunies-Ross family. The mostly Malay population, currently numbering about 450, first came to the Islands in the 19th century, brought there as indentured workers by the Clunies-Ross family to work on the coconut plantations. All their living and social arrangements were prescribed for them, including housing, where to live, how many children

they could have, when they would work, and what sort of limited education there was available. This has led to the older population being illiterate and innumerate in any language, having low expectations of self-worth and usefulness and reliant on others to direct their lives. Most older people speak only Cocos Malay.

People in the community worry about what will happen to them as they age. Most are scared of having to be Medivaced to Perth where many would be alone or face huge costs to accommodate a family member close to the hospital or nursing home. One woman told me (through an interpreter), 'they can throw me in there, to the sharks – gesturing towards the sea…rather than send me to Perth. This echoed the very strong sentiment of many of the people we spoke to on Home Island. It was common to hear 'I was born here, worked here, raised a family here and I want to die here.'

Today there are only 100 houses on Home Island and these were built in the early 20th century. Some of these dwellings accommodate three generations in the one house, with the expectation that the non-working women will do all the caring of the elderly populations and any people with disabilities. There are no specific services available for people with disabilities and the same lack of information applies to disability services as does to aged care services. Recommendations relating to the aged care services could easily encompass any needs younger people with disabilities may have.

3.4 Findings from the community consultations, observation and discussions with Health Service and administrative staff

3.4.1 General observations of the Home Island community

The overwhelming sense from the individuals and groups interviewed was one of social inertia and boredom. There were few meaningful activities. There was the feeling of lack of effective leadership or that the community leaders controlled much of the information flow to and from the government and shire to the seniors community. Many of the older people intimated that there was lack of direction and leadership and an inability to make a difference for themselves.

There are very few organised, meaningful and purposeful activities for the seniors – the exercise group operates for about 30 people 4 days a week and an arts and crafts group on 1 day a week. The other older people are not engaged at all and there are concerns these people are being "locked away". Communication with these people is problematic, because of language and technology barriers.

People don't know what to ask for or in fact what they are missing out on, except they are feeling powerless and worried about what will happen to them in the future. But many did say, "We need to have changes".

Table 3-3 English proficiency – how many people speak English and another language[11]

	Cocos (Keeling) Islands
English only	23.6%
Another language and English very well	24.1%
Another language and English well	16.3%
Bilingual	40.4%
No English	15.2%

These figures do not distinguish between Home and West Islands.

The bilingual population has been calculated from the proportions of people speaking another language plus English at a "well" or better level. Although more people from Cocos (Keeling) Islands identify as Australian, there is a high proportion of non-English speakers. 73.3% of people on Cocos (Keeling) Islands speak Malay at home compared with only 23.8% who speak English at home and a large percentage (15.2%) do not speak English at all.

There is a lack of appropriate communications with the community. There is a need to investigate ways information can be disseminated, like short videos at the HS, graphics on brochures, small group information sessions etc

Nutrition and exercise

We were shown community gardens but there was almost nothing growing in them; chickens roam free over Home and West Islands, but almost none were penned and used for egg or meat production. We were told it was too expensive to keep chickens. (the grain to feed them having to be shipped in). When asked about food production, it was reported that there were too many pests and vegetables were difficult to grow, although bananas grow well.

Fresh food can be in short supply if there are disruptions to the freight flight schedule. Fresh food in particular is very expensive. These costs add stress to the limited family budget (often only pensions). Comments were, "Very difficult to be healthy" and "Curry puffs are currency". We noted obesity among the women in particular and this may be correlated to the high female unemployment on the Island.

The following table shows some of the prices of fresh food on Home Island on the day we visited (2nd June 2014).

Food Item	Cost
Fresh milk	$8 per litre
Celery ½	$9.75
Carrots x 4	$8.50
Cheese	$20 per kg
Tomatoes	$10.50 per kg
Lettuce	$15 each
Potatoes	$10-11 per kg
Apples	$10 per kg
Eggs	$10 per dozen
Bread mix	$12 per packet
Chicken (frozen, 1.4kg)	$12

[11] http://www.censusdata.abs.gov.au

Many of these items were noted to be of much lesser quality than would be acceptable on the mainland – the carrots and celery were limp, the lettuce was brown, the apples were spotted and bruised. It is very common for residents returning to the Cocos (Keeling) Islands to bring with them vast quantities of provisions, in case the freight flights are unable to fly and to take advantage of more reasonable mainland prices.

The seniors' exercise group was well attended with about 30 people and people spoke enthusiastically about this as a good social activity as well as good for health.

The Indian Ocean Territories Administration reported that there is a Health Care worker employed by IOTA on Home Island. There is also an assistant. The assistant drives the bus and assists with Seniors' Group, translating and other things as necessary. The health worker and the assistant run the exercise group and the arts and crafts. The assistant would like to see more opportunities for socialisation and worries about the older people not involved in the exercise group and the occasional walking group which goes to West Island for the day.

Carer stress

On Home Island, most families who provide the care for seniors are stressed with the workload. Many carers look after a number of different generations at the same time. Some women have had to relinquish well-paid work to look after elderly family members and some frail older people are also engaged in looking after young children.

Many Home Island residents go to the mainland for education and work and some don't return unless the family needs them for caring roles. Secondary schooling takes place on West Island, which now goes to Year 12, so Cocos (Keeling) Island children can finish their schooling without going to the mainland.

Physical facilities

The public buildings on Home Island are set out a short distance from the jetty. These house the Shire offices, the Indian Ocean Group Training Authority, a small café, and Centrelink. The Cyclone Centre is across the pathway/road from the rest of the public buildings. The cyclone centre is accessed via a ramp and stairs. This ramp was the only one we saw during our visit to the IOT. The new Mosque is only partially completed and has been this way for a number of years. The Health Service is located a considerable distance from the town centre, which reduces easy access for the frail elderly. There is no purpose built Seniors Centre. The seniors exercise group takes place in the Cyclone Centre.

Housing

The Shire of Cocos (Keeling) Island reported there are 100 houses on Home Island that were built in the 1920s and the Shire owns them all. Sixty seven houses are subject to long-term lease and the remaining 37 are rented. The Shire CEO reported that maintenance for the rented houses is the responsibility of the Shire and is done on an ad hoc basis. Lessees are meant to do the maintenance on their houses. Our observation was that little is done. The responsibility for the maintenance of houses may need clarifying

with the residents of Home Island, because this conflicts with information gathered in the consultations.

The residents have added to the houses as the needs and size of the families accommodated increase. They are all single storey and arranged in about five streets around the centre of the town where the public buildings are located. Sanitation and running water have been available to residents since 1980s. There are seven further house lots available for lease at the current time. The home lessees will have to take responsibility for building the homes. Because insurance in this part of the world is either not available or too expensive, this will cause some problems with finding people to take on this responsibility.

Many of the residents reported that housing is a potential problem for older people. There are too many households of multiple generations in one house, which is not what the older residents desire as there is no peace from the life of the families and despite frailty, the older people are sometimes used as carers. Another area of potential conflict is unemployment of the younger generations and their reliance for income from the elders. Many residents feel that purpose built retirement village like accommodation for elders is needed for safety, security and quality of life.

General observations about the health of the community

The Women's Group reported that the main diseases and health problems for the elderly population on the Island were; dental health, dementia (not acknowledged), gout, diabetes, heart disease and arthritis. These all have implications for care needs and well-being. This group was also concerned about the possibility of hidden elder abuse and the difficulty in uncovering it and reporting it without alienating the affected families in such a small community.

Many health concerns were also raised in the meetings with carers and the recipients of care. These included the variability of and lack of clarity about costs of care, access to information, access to assessments for aids and appliances in the home, best practice for chronic disease management (including eye and foot care for people with diabetes), what to do in an emergency (like a fall in the home), poor dental care, and the dread of a Medivac or commercial airline flight to Perth. Many people expressed the concern that this event would leave them isolated in an city where they could not communicate with health professionals, there would be out of pocket expenses for carer accommodation and the likelihood that they would not be able to return to Home Island because of the paucity of care options available. These groups would like to see HACC services available, reliable and timely information produced for this population of mostly illiterate and innumerate people in a manner they can understand and some clarity about costs of care and how these are different in different situations. Many people expressed the desire for more information and choice in their services and where they could have their care. The social aspects of care were a constant theme in the consultations, meaning that their community provides their meaning for living, their culture and the place they want to die.

Special mention was made of the dearth of services from a dental technician, physiotherapist, podiatrist and occupational therapist.

The fitting of rails and ramps in the home and the provision of aids and appliances were available but the people were not sure how they were

arranged and there was some perceived discrepancy about payments. Some people reported that they had had to pay for items, where others had not.

Observations of the Health Service

Health planning seems to be left to the doctor and the nurses on CKI. The health professionals we met with did not describe a developed process for planning, reporting, or data collection that would contribute to improved health outcomes for the Island's older residents (or any other residents). There are no reports produced by CKI HS for the IOTHS hierarchy on Christmas Island. It seems that the CKI Health Service lacks leadership as evidenced by the lack of:

- plans for a coordinated approach to health promotion and chronic disease management
- budgeting for the Health service
- accountability for the services offered
- data collection and reporting,
- planned (and targeted) professional development.

There are huge gaps in available data on the operation of the Health Service on CKI, including a complete lack of data that could be provided to the consultants as any data that had been collected was seen to be to unreliable and inconsistent for meaningful conclusions to be drawn. Health Providers did not seem to have a good grasp of the services they could provide to assist the community. There was no regular or planned communication with professionals on the mainland or Christmas Island for support or mentoring.

The doctor works on both Home and West Island. No home visits are performed. On 3rd June when we visited West Island Clinic there were six patients booked in for the day. Little else was planned.

There are two registered nurses for CKI who provide a 24-hour service, being on call on alternate nights and weekends. Nurses have started doing some regular health checks for the elderly – over 75 health checks, MMSE and depression scale. Examinations have been done for 6 people so far. These last two tests are not validated for this ethnically rich community and are therefore not useful or appropriate. Also results are not reported anywhere, they are used as "baseline".

Nurses do some occasional home visits to do exercise with frail older people. There is no palliative care or respite care. Social isolation is a problem. There is no professional development in aged care and no nurses have ever seen a health services budget.

There are two health workers who have worked in this capacity for many years having been taught the 'craft' by their father who was a health worker before them. They do some pathology tests and translating. They were trained in Broome for one month in 1994.

The doctor and the nurses thought that HACC services would improve the health and well-being of older and/or disabled residents, but said they were doing as much as possible for the people, however, most of the in home services provided were for exercises or falls prevention which would be better provided by appropriately trained personal care workers.

There are few (if any) pathways of care or protocols to follow. Telehealth and regular formalised links to other services on the mainland are non-existent. There are significant problems with information technology on the Cocos Islands with intermittent and limited internet and no access to mobile phones except for a small area around the public building on West Island.

West Island

Aged care is not an issue on West Island, because most of the population comprise government workers who leave when their contracts come to an end. The few people who are permanent residents have sufficient personal resources, that assure information and services are more accessible to them than the residents of Home Island. However, even these residents are not keen on the idea of being "medivaced" off the Island for emergencies, but do see as a necessity attending specialists and hospitals in Perth as appropriated at times. Most of these people have some knowledge of the health system in WA and do not experience the same communication and language problems as the Home Islanders. Most assume that 'when the time comes' ….for aged care, they will go to the mainland and return to family and friends and in many cases a mainland home.

Employment and Social Security

There is a very high unemployment rate on Home Island, particularly among young women. The IOGTA introduced a training opportunity twelve months ago that involved training young women to provide an exercise program for elderly people isolated in their homes. This became untenable when issues around insurance became problematic and there were no ongoing employment opportunities for the trainees. The nurses from the Health Service implemented the training and they have made some attempts to continue the program after its cessation. At least one of the trainees would like to be properly trained to do HACC work on the Island. The IOTGA recognises the lack of opportunities for employment as well as the lack of services for older people on the Island. Bringing them together seemed like a good idea, which still has currency today.

Most people 65 and over are in receipt of the pension. A very small number of people continue to work past 65. The Centrelink officer, who is also an Imam, helps Home Islanders to arrange pensions, allowances and payments. Communication is challenging for this community as many of the older people are illiterate, so the Imam provides significant amounts of help to the Islanders where completion of forms is required. The Imam is also an important community figure who provides funeral and pastoral care according to the Muslim faith primarily in times of bereavement.

The Imam feels there are many gaps in service for the older population. He mentioned that night-time care, help with medication, purpose-built accommodation for 4-5 older people is necessary. He also thinks that older people would accept care from outsiders, denying the tightly held belief (by service providers) that Cocos Islanders will always look after their own family members.

3.5 Findings from Christmas Island

3.5.1 Introduction

The data presented is based on usual residents of Christmas Island, and does not include those in immigration detention centres. It is important to note that the numbers involved, especially in the older age brackets, are very small, so that minor alterations may result in large shifts in ratios and percentages and making predictions based on these data difficult.

Table 3-4 Christmas Island 2011 – Aged population 65 years and over

Age range	Males	Females	Total
65-69	24	16	40
70-74	28	8	36
75-79	2	7	9
80-84	1	2	3
85 and over	2	1	3
Total population	57	34	91
%	63%	37%	100%

Between 2001 and 2011 In Christmas Island there has been growth in all cohorts over the age of 15 with the exception of the 45-49 and 80-84 age groups. Significant increases have been seen in the over 65s, and there has been large growth in the 15-34 age bracket, driven primarily by large increases in numbers of men.

According to census data, residents of Christmas Island generally have higher personal incomes than those of Cocos Islands, and the proportion of residents of Christmas Island earning more than $600 per week is higher than in the general Australian population.

In Christmas Island the unemployment rate is lower, and the participation rate higher than the Australian average. In Cocos Islands, the reverse is true. Levels of education follow the same trends, with higher rates of school completion and post-school qualifications for residents of Christmas Island compared with Cocos Islands.

Public Administration and Safety roles account for the highest proportion of employment on Christmas Island, representing about four times the national average. The mining sector is the second highest employer. The proportion of the Christmas Island population involved in Health Care and Social Assistance is about half the national average.

English is spoken at home for 37.2% of people on Christmas Island; 20.3% speak Malay, 17.4 % speak Mandarin and 10.3% speak Cantonese at home.

The small population of IOT is subject to three forms of administration. On Christmas Island, the Shire has a CEO and large staff with responsibilities for the provision of local Government services to the island and its people. The IOT administration (through the Department of Infrastructure and Regional Development) has the overall responsibility for the provision of state-type services. The IOTA also manages the Service Delivery Arrangements between the WA state and federal agencies and administers the Health Service. An Administrator is appointed by the Governor-General and is responsible for law, order and good governance of the CI and C(K)I. The

Administrator is responsible to the Minister with responsibility for the territories. There are several consultative committees made up of many representatives of these levels of government that meet regularly

There is a feeling that the aged population are 'being short-changed' and in some cases being taken advantage of due to their lack of understanding of the aged care system on the Australian mainland, their cultural and their work-life background (many of the older workers were indentured plantation workers until the latter quarter of last century).

3.6 Findings from the community consultations, observation and discussions with Health Service and administrative staff

General observations of the Christmas Island community

In general the Christmas Island anglo population seems relatively well informed about aged care services on the mainland and what they should be receiving but are not. Several focus group participants expressed frustration and anger over the lack of community based services and the transportation off island that is expected towards the end of the life cycle.

There is frustration about the lack of response to community concerns by the Government authorities and a high degree of feeling associated with the fact 'there have been many consultations in the past but nothing has happened as a result'. There are a small number of non-anglo community leaders that do the best they can to advocate for their communities but there is a pervasive feeling there is no point continuing to talk about the problems, solutions are needed. It was reported that there is distrust of the Shire as some community members felt the Shire should be a stronger advocate for the people of CI particularly in relation to big issues such as the Immigration Detention Centre and its impact on the community.

There is a general feeling of the communities' inability to make a difference for themselves and others. It was reported many times by community members that they felt the findings of reports were often 'buried' in Canberra and nothing ever happened. Several people wondered where 'all the money goes' as it does not seem to transfer to services on the ground. Community members want greater transparency and say in what happens in their community.

There is very little in the way of organised, meaningful and purposeful activities for seniors. There is a weekly exercise group for about 10 people held in the Poon Saan Hall that attracts primarily Chinese and Malay community members who do strength training exercises. The rest of the older people on the island are not engaged at all and there were numerous reports of people not being able to leave their homes. Communication with these people is problematic as there are literacy issues and television and radio is in English and unreliable. Internet use is extremely low in the community overall but even less in the older population.

People don't know what to ask for or in fact what they are missing out on, except they are feeling powerless and worried about what will happen to them in the future.

Nutrition and exercise

Unemployment is not a particular issue on Christmas Island due to the presence of the Immigration Detention Centre and the Christmas Island

Phosphate mining. However, fresh food can be in short supply at times if the planes don't fly. The primary issue relating to health however is the high cost of fresh food. This adds stress to people with limited family budget (often only pensions). There is also a transport issue as the bus that used to run from Poon Saan to the supermarket has now been stopped which makes it even more difficult for older people to access fresh produce.

Serco donates fresh fruit and vegetables every month to seniors which is welcome but it is feared this will be short lived and when it stops, older people will not get any fresh fruit and vegetables.

Although there is an exercise group each week, there are only about 10 attendees. There was no evidence of other exercise programs being run and there is a lack of physiotherapy and occupational therapy services.

Carer stress

Families who provide all the care for elderly people are stressed with the workload. Some carers have had to relinquish well-paid work to look after elderly family members.

Physical facilities

The population of Christmas Island is contained to several small communities in one area of the Island. All are quite close together (within 10minutes drive of one another). The hospital is located on the side of a hill and is quite accessible to the communities it serves however there is no public transport. No public buildings have ramps and the only lift is apparently located in the Immigration Detention Centre.

There are currently two building projects that have been 'earmarked' to solve issues (unspecified) relating to the elderly population.

1. The Health Service has added a new wing to the hospital (very close to completion). Many community members thought (and hoped) this would be for a nursing home. In fact, the new area contains two dental rooms, two small consultation rooms and a large open area with a kitchen that has the fittings for some physiotherapy equipment to be installed.

2. The Shire is about to commence building a senior citizens centre.

When the health service and shire were asked about the activities and programs that would be undertaken at the facilities there was clearly no plan., In fact, both organisations seemed almost unaware of the other's plans for the spaces and there is no current plan for how any activities will be organised, run or funded.

Housing

Most housing is old style three story flats. There is a staircase at one end of the building. Obviously, older people who live on floors other than the ground floor can have significant difficulties when they experience mobility issues. We were told of several families where people either had to be carried up and down the stairs or go and stay with another family member who lived on the ground floor.

The flats are owned or rented. People who have purchased their flats still expect that the Government will maintain them. There is no program of

maintenance and this is done on an ad hoc basis. Our observation was that very little is done to public buildings and there are few areas where there are footpaths or lighting at night. People living in public accommodation other than the flats also experience difficulty getting maintenance completed.

Housing stock is a problem on Christmas Island. There are very few properties sold and the pressure put on the available housing by the FIFO work force means that there are no real options for people to move out of their home to more suitable ground floor accommodation.

General observations about the health of the community

There are no data available that would allow a more detailed examination of the health status of Christmas Island's elderly population. There are many older people (mainly men), working at the mine with around 70/110 workers over 60 and 6 over 70. There is community concern particularly about the lack of dental services and having to go to Perth for most general medical and surgical care. Due to the lack of data, we are unable to make an assessment of the care being provided through the health service although we have significant concerns derived from our observations.

The lack of good quality, affordable fruit and vegetables is a concern for the nutritional status of elderly people.

Observations of the Health Service

The Health Service appears to lack direction. There is no health service Board and little input from the Commonwealth Government. Responsibility for the Health Service has shifted between departments every few years and this is seen to have compounded the issues experienced in relation to planning. There are no plans for a coordinated approach to health promotion or chronic disease management, no specific budget for the Health service, no accountability for the services it offers, poor data collection and no requirement to submit even basic throughput data. There is ad hoc professional development. We were not provided with any data on the services provided on CI.

There appears to be attitudinal issues among the staff of the health service. Although the Health Service reportedly gets $20m per year, there are no home visits done, even though there is not a large number of patients being seen at the GP clinic.

The 3-4 GPs on the Island at any one time are often on short term (and highly paid) contracts. They have no regular or planned communication with professionals on the mainland for support or mentoring. In the 3 days we were at the hospital, we saw very few patients attending the clinics. A 24 hour service is maintained (rostered). We were told that no one in the Health Service is really accountable for the services provided. The reason cited for this is that the hospital is run by the federal Government for whom running hospitals is not core business. It is felt that 'people who come here fall into line or leave. Good doctors often go before the end of their contract'.

The CI nursing staff are all hospital based and they provide a 24 hour service with 2 nurses at the hospital 24 hours per day (there are rarely any inpatients – the staffing is 'just in case' there is a problem). There was no evidence of any initiatives or programs being run for older citizens and there

was the spoken assumption that 'if anything was wrong they would come to the hospital'. We were told that no one goes out 'spruiking' that there is help available as this is not needed. It was stated 'we know someone needs something as they all come to the hospital' and 'we don't have unmet need because people don't know what they would be entitled to'. There are no expectations around services as people have no idea they may be able to receive assistance.

Nurses do very occasional home visits to frail older people and have reportedly occasionally assisted when needed. We were told that a home assessment form was used to decide on appliance needs and the appliances are supplied from the hospital. The Shire installs rails and ramps in people's homes but charges the hospital for this service.

There is an observed unmet need in the community relating to aged care and the ageing process. There are insufficient planned activities aimed at this group and no overall plan for aged care on the island. The complete lack of community based care and a seeming unwillingness to implement this care are concerning.

We observed significant need in the community for domestic assistance, respite (both in home and centre based), transport, assistance with meals and medications and personal care. Health Service assertions that there is no unmet need in the community are blatantly false. Every individual we spoke to identified significant gaps in service provision that has led to some very sad outcomes and a situation for the aged care community that is extremely disturbing and does not come close to approximating care that would be found on the mainland. We were told of people who had been discharged from the hospital at the end of life and told they could not return, people at end of life sent to Perth (away from family) and people being told that the hospital is not a respite facility and doesn't provide that service. Obviously, there is a passion in the community to get services on the ground and some of the stories may have been embellished for our discussions but it was clear that there are major gaps in the system and not one person told us a story where someone had been looked after well and they were happy.

The Health Service reports that it provides HACC services. We saw no evidence of this and the services described are not HACC services. There is a driver approximately 24 hours per week, the respite mentioned below and on occasion a hospital cleaner is sent to 'spring clean' a resident's home. One person reportedly gets 'meals on wheels' a meal home delivered. It is noteworthy that all hospital food is brought in prepacked from Perth. There is no assessment for care, active service model approach nor care planning. There was one staff member who used to work at the Health Service who would check up on people. We heard several times that now this person no longer works at the Health service, no one comes and people don't feel safe at home. If there is an issue, 'the man who drives the car checks on people'.

There is no palliative care and very limited respite care. Respite care is only provided to one very young child who is provided with some in home respite and one night per month (where the child is basically admitted to hospital and looked after there). The respite worker is not allowed to lift the child for health and safety reasons so the mother of the child has to stay home during respite in case the child needs to be lifted. Social isolation is a problem.

There is no professional development in aged care and no nurses have ever seen a health services budget.

On Christmas Island the ambulance service is run by volunteers. There is concern about the sustainability of the service as there has been a massive increase in the utilisation of the ambulance service since the arrival of the IDC.

There are few (if any) pathways of care or protocols to follow. Telehealth and regular formalised links to other services on the mainland would be very helpful especially if the IT could be improved.

Employment

The previously described community care training opportunity conducted on Home Island to provide some home exercise program for the elderly isolated in their homes was cited as an important learning and development experience. The IOTGA recognises the lack of opportunities for employment (particularly for women) as well as the lack of services for older people on the Island. Bringing them together seems to provide a viable option going forward. The IOTGA are able to obtain the necessary funds and personnel to run both a Certificate III in Aged Care and in Home and Care. There are several possible models for training and traineeships that could be further explored. (Note, we will do more on this for the final report).

Comparable communities

In the past, people have moved to the Australian mainland or to Singapore or Malaysia for aged care services. This is problematic for social and emotional reasons but can also be financially exceedingly difficult. As the citizens of the IOT are Australians, effectively, they are leaving Australia and having to access aged care as Australian nationals in another country which creates issues and expense that means it is a stress-laden option for many people. Going to Perth for care is a last resort option for many as they are often not able to have family close by due to the expense of temporary accommodation.

Comparable communities have much to share in relation to managing care in remote locations. There is a need primarily for flexible models that suit the populations, geography and cultural needs. The IOT population ethnic origins provide different challenges to other places in Australia but there are obvious parallels with remote aboriginal communities. Implementing HACC services with a view to the future need for Home Care packages would alleviate much of the concern and stress in the communities relating to aged care. Flexibility in the health service so that there was flexible in-hospital care available if needed (particularly for stabilisation, palliative or end of life care) would be valuable to the community and mean that flying people off Island to die in Perth would no longer be necessary.

There is potential for the NFP sector to be involved in aged care and community care provision. This requires further exploration. Flexible care funding or a multi purpose service model for the IOTHS would be suited to the environment but there is a need for staff to be trained (or recruited) with aged/palliative care experience.

4. Findings

Finding number	Finding text	Recommendations
1	Christmas Island There is community frustration and anger relating to: ▪ the lack of community based services ▪ the perception that although there is lots of consulting, nothing happens ▪ the perception that Government authorities are not really interested in doing anything for the CI residents ▪ the transportation off island that is expected towards the end of the life cycle. Cocos Keeling Islands There is community frustration relating to: ▪ the perception that although there is lots of consulting but nothing happens ▪ the transportation off island that is expected towards the end of the life cycle.	▪ Community based services should be implemented immediately and progressively. ▪ There are people in the community that require daily visits for personal care and some domestic assistance. These visits in the short term should be done by registered or enrolled nursing staff after assessment and a person centred plan is put into place. ▪ In order to counter the negative attitudes in the community, a campaign of information provision needs to be undertaken. Investigation into the best ways to achieve this is needed. Actually commencing services and informing the community about the plan will assist and support the population to embrace changes. ▪ A program should be implemented on Home and Christmas Islands to train people in Cert III Aged and Home and Community Care. It is imperative this is coordinated through the IOTGA with another academic/education provider. There needs to be funding made available to support the students and ensure there is ongoing paid work for them to be engaged in after they finish their training. ▪ Housing options in the form of small independent living units should be planned and built as quickly as possible in anticipation of the increasing need for these options in the ageing community. A model whereby there is provision for a carer to stay in one or two of the units to provide respite etc should be made. ▪ Respite and palliative care funding options should be investigated to fund beds for these purposes in the hospital on Christmas, Home and West Islands if required. Short palliative/end of life stays should be able to be managed on each of the three Islands with current staffing as it will be a rare situation in the foreseeable future. ▪ Once hospital based respite services are available, assessment should occur to determine eligibility in the same way it would be done on the mainland. The community care coordinator (manager) should be responsible for ensuring all staff and service clients are aware of the services available.

4. Findings

2	Christmas Island End of life – there is marked community concern about incidents where people are moved to Perth and die alone. Nobody wants to be forced to leave the Island as there are no respite services or possibility of being in hospital at the end of life. Cocos Keeling Islands There is marked community concern about incidents where people are moved to Perth and die alone. Nobody wants to be forced to leave the Island.	▪ Once the new community care continuum program is in place the community should be reassured that transport off the island will no longer be the normal situation but may still be required in unusual circumstances.
3	Indian Ocean Territories Communication about services – there is very little (if any) written information in a form that can be understood by people with poor or no English skills and those who are illiterate and innumerate in any language.	▪ The community care coordinator (manager) should be responsible for ensuring all staff and service clients are aware of the services available. Suitable materials to ensure communication of the messages would require investigation.
4 5	Christmas Island There is little in the way of organised activities or services for older people in the community and no plan to implement these. Cocos Keeling Islands There is a well attended exercise group but no consistent attempt to engage people who do not attend the exercise class. There are no plans to implement other activities at the moment. Christmas Island People don't know what to ask for or in fact what they are missing out on, except they are feeling powerless and worried about what will happen to them in the future. Cocos Keeling Islands People on Home Island don't know how to ask for assistance or what may be available to help them. They wait to be told what they can have and in the meantime they are feeling powerless and worried about what will happen to them in the future.	▪ Community members do not understand what services are available. Community members have a right to be told, in a manner they understand, what services may be provided for them.
5CKI	Cocos Keeling Islands The reported proficiency in English did not reflect the state of literacy amongst the older people we spoke to on Home Island. It is likely the figures indicate a higher level of literacy than is actually the case and there is no measure of what is meant by speaking English well	▪ All attempts at communicating with the Home Island population need to be mindful of language and literacy issues. Anecdotally, door knocking is the only way to be sure messages are received.
6	Indian Ocean Territories	▪ Food cost and security should be addressed for members of the aged care community. Most people of pension age in the IOT are

	The very high cost of fresh food has a negative impact on the nutritional adequacy of the diet of senior Indian Ocean Territory Islanders.	on the pension and it would be reasonable to investigate the provision of a special fresh food subsidy.
7CI	Christmas Island The majority of older Christmas Islanders are unlikely to be getting sufficient exercise to maintain their strength and balance.	▪ Improving access to public buildings should be a priority to enable people to attend exercise classes more easily. Training people (Cert III Home and Community care/Aged Care) in the Otago method of providing exercise for home bound elderly people would improve their physical condition and provide opportunity for social interaction.
8	Indian Ocean Territories The lack of allied health services is a problem for rehabilitation with people having to stay in Perth for long periods of time to complete rehabilitation.	▪ Improving access to allied health, particularly physiotherapy would improve the changes of people returning to their homes (particularly after surgery) quickly. Consideration should be given to implementing telehealth services perhaps in the new wing of the hospital where a nurse and/ or a GP and their patient could consult with the physiotherapist.
9 29	Indian Ocean Territories Carer stress is a problem in all of the IOT Islands. Health Service staff identify a need for respite services and supported accommodation (Christmas Island - perhaps in a cluster development.)	▪ Respite care both in home and centre based in the form of day therapy (perhaps 2 days per week to begin) and the potential for provision of hospital based respite in designated respite beds should be implemented as soon as possible.
10CKI	Cocos Keeling Islands The community could benefit from a senior citizens centre where they could meet, store craft items and do their exercise classes. A facility with a kitchen would improve the amenity of the building and allow a day program or planned activity groups to take place.	▪ The feasibility of building a senior citizens room (or refurbishing an existing building for the purpose) should be explored. Planned Activity Groups are desperately needed by the Home Island community and a suitable venue would be of great importance.
11	Christmas Island Housing options are very limited on Christmas Island and the available housing is unsuitable for people with a disability or those with mobility issues. Cocos Keeling Islands Housing options are very limited on Cocos Keeling Islands	Housing options in the form of small independent living units should be planned and built as quickly as possible in anticipation of the increasing need for these options in the ageing community. A model whereby there is provision for a carer to stay in one or two of the units to provide respite etc should be made. These options should be built specifically for aged single people and couples and younger people who are able to live semi independently. Cocos Keeling Islands Consideration should be given to building a small number of accessible

4. Findings

		houses with facilities so a carer could provide care and/or supervision if required. Older residents could move to the units when care was needed or when difficult family dynamics make staying in the intergenerational home difficult.
12 14	Indian Ocean Territories There is no available data to allow even a basic assessment of the health status of older IOT residents. There are no plans for a coordinated approach to health promotion or chronic disease management, no specific budget for the Health service, no accountability for the services it offers, poor data collection and no requirement to submit even basic throughput data.	▪ Hospital data should be collected by the Health Service and provided to the Commonwealth in the same way that State hospitals are required to report. In the absence of even basic reporting, there is no transparency nor oversight of the care being provided from an appropriateness, effectiveness and efficiency perspective. As a risk mitigation strategy it is recommended health data collection be made a high priority. ▪ Planning is lacking in the health service as a whole, as is reporting (no annual or other reporting is undertaken).
13CI	Indian Ocean Territories/Christmas Island The Health Service appears to lack direction. There is no health service Board and little input from the Commonwealth Government. The Health Service on CKI did not mention regular input or direction from IOTHS CEO or DON	▪ A skills based Board should be put in place to drive the changes required at the Health Service to ensure appropriate, effective and efficient service provision to the whole community of the IOT. (and plan for IDC services to be provided). It may be beneficial to have a Board with an off Island chair to provide independence and 'mainland insights'.
15	Indian Ocean Territories There are currently no community based services provided by the health service or the Shire – this lack of community based service is, in our opinion, the most basic and urgent need of the CI and CKI communities.	▪ Community based services should be implemented immediately and progressively.
19CI	Christmas Island The current model for staffing with short-term contracts appears to be a barrier to the provision of aged care services.	▪ A community care coordinator (manager) position be established, permanently in the IOT to provide continuity and momentum is maintained even where other workers change frequently.
20CI	Christmas Island Health Service assertions that there is no unmet need in the community are blatantly false.	▪ A change management process needs to be undertaken including professional development to assist staff to understand current practice in the provision of community based aged care.
21CI	Christmas Island	▪ Before the senior citizens centre building project is commenced, a

10CI	Physical facilities do not a service make… building physical facilities should only happen in a coordinated manner when it is clear there is a need and a plan for utilising the facilities. Planning for aged care infrastructure is not occurring and may result in wasted resources.	planning process should be undertaken to ensure that the Health Service and Shire new aged care focused facilities are complimentary and well resourced.
22CI	Indian Ocean Territories/Christmas Island Communication between the Shire, the Health Service and the Administration is sub optimal and this is affecting the future of a coordinated plan for aged care.	▪ Governance arrangements should be reviewed to ensure planning processes are coordinated in such a small community to avoid gaps and duplications occurring.
16 18 23 30 31	Christmas Island The complete lack of community based care and a seeming unwillingness to implement this care are concerning. The lack of planning for aged care service provision is a major barrier to good quality care in the future. Staff of the Health Service are defensive and have a short sighted approach to the provision of community care. Indian Ocean Territories Current leadership from the IOTA or the IOTHS is not providing adequate guidance for aged care services in the IOT. Attitudinal issues, frequent changes in the contact personnel and Departments, short contracts and the fly in fly out nature of the workforce affect the planning and implementation of an aged care strategy.	▪ A community care coordinator (manager) should be brought in from the mainland. It is important the person is given the power to lead a change in the way the Health Service currently runs to shift the focus from hospital based services (of which few are provided) to community based care.
24	Indian Ocean Territories Our observations and the stories we were told whilst on Christmas Island lead us to believe that there are significant gaps in the care of older people in the community and support (initially in the form of HACC type community care services) is urgently needed.	▪ Community based HACC services should be introduced to CI and Home Island as soon as possible. The need is for this to be addressed within the 2014 calendar year at latest. ▪ Domestic assistance, personal care (small amount), transport and respite in the home are the most urgent needs (unable to make a recommendation about medication management).
25	Indian Ocean Territories There is no palliative care and very limited respite care.	▪ A palliative care link should be established with a mainland service. Future preference to staff with skills in this area should be considered. Existing links between one of the CKI nurses and

4. Findings

		Palliative Care Australia should be strengthened and shared with CI.
26CI	Christmas Island The CI ambulance service is run by volunteers and is reportedly under significant pressure.	▪ A review of the CI Ambulance Service should be undertaken to determine the best course of action to support this vital service into the future.
27 17 28	Indian Ocean Territories There are few (if any) pathways of care or protocols to follow. (Leading to inconsistencies in care with transient doctors and other health staff). Referrals and assessments – are not done in a clear and formal way. Telehealth and formalised links to other services on the mainland are not well developed on Christmas Island and non-existent on the Cocos Keeling Islands.	▪ Pathways and protocols for patient care should be developed and implemented to improve consistency of care for older people.
30CKI	Cocos Keeling Islands People in the community do not know what to do, who and how to contact, especially when alone in an emergency situation. There was much fear from residents when speaking about emergencies.	▪ The Cocos Island Health Service should communicate with the population via appropriate means (in consultation with the residents) about what to do in an emergency.
32	Indian Ocean Territories The IOTGA are willing and able to progress training in a traineeship or study mode in Certificate III in Aged Care and Home and Community Care.	▪ Opportunities to develop trainee positions in the aged care strategy should be pursued as soon as possible.

4. Summary of Key Findings and Recommendations

4 SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

4.1 Key findings and recommendations

Key Findings

The key findings relating to aged care in the IOT are listed below and contextually located in the Findings chapter of the report and in the separate findings appendix. The findings have been taken into account and triangulated to generate recommendations that should be implemented in a stepwise manner to address the aged care needs of the IOT communities as soon as possible.

We believe the recommendations are relevant to the culture of the communities, will be widely accepted and remedy the gaps that currently exist in aged care services in the IOT. As a further positive, some new work options will be provided to currently un or under employed people on the Islands (particularly Home Island).

The aims of the recommended 'way forward' for Aged care in the IOT

- People should be cared for as they age to at least the standard expected in a similar remote mainland Australian community
- People should be supported in their own homes as much as possible as per their stated wishes
- To take into account the cultural considerations relevant to the community noting the community diversity
- To ensure that older people can feel safe to age in their community and the surety that they will be cared for in that community
- That no one should have to go off island at the end of life unless this is their wish.

What is needed?

- HACC services
- A Home and Community Care/Aged Care Certificate III training program
- Aged Care Assessment capability
- Access to transition and Respite facilities
- Day Therapy program to ensure older people have access to a engaging meaningful, stimulating activity
- Formal arrangements between the IOTHS and mainland hospitals and medical practitioners (including for the provision of telehealth services)
- Case management/ care coordination capability that ensures that community based care is being delivered as planned. Care planning and client directed care with an active service model philosophy needs to be implemented to ensure the community is not further disempowered by a 'service provision' mentality. It is important that this new community service is NOT managed by current service providers or the Shire.
- Consideration of housing options on Home and Christmas to facilitate not only aged care in a supported manner but also disability care
- Consider respite facility options as part of the housing solution
- Although recruitment of nursing and medical staff is problematic in the IOT, candidate with aged care or community care qualifications and experience should be encouraged
- A community based care culture needs to be promulgated

- Consideration of the costs for relatives who go to the mainland to support Medivaced patients and how the impost may be reduced (renting a house may be cheaper than hotel fees. Is there any accommodation available through the hospital?)
- The IOTHS should incorporate a multi-purpose/flexible care facility on each of the islands so that individual admissions for end of life care that cannot be managed in the community can be facilitated.

A few observations about medical care…

- The IOTHS hospitals should be contributing statistics as required by all other hospitals. No statistical data means that appropriateness, efficiency and effectiveness cannot be measured and hence there is a considerable risk that care is substandard and there are issues that need to be addressed
- A dialysis machine is unnecessary and inappropriate to the setting. It would be impossible to ensure the staff was kept professionally competent with only one patient requiring dialysis.
- Measure and Improve and diabetes control.

4.2 Conclusions

The review of aged care in the Indian Ocean Territories highlights the needs of a community who have not been afforded their rights to information about aged care services, nor assessment of their care needs and eligibility for Australian Government funded services. There is virtually no access to transition or respite care, no access to aged care at home (HACC program) and no access to Home care packages nor access to residential aged care - unless they relocate to the mainland. The recommendations address the findings and translate them to straightforward and cost effective solutions that are most likely to gain wide community acceptance.

The IOT communities need a systematic approach to aged care that addresses the ageing continuum and that is not reliant on particular staff. The residents of the IOT deserve to feel safe as they age and have surety that they will be able to stay in their community with appropriate care available as long as they wish to.

AHA personnel conducted a field visit to review the aged care services on the Cocos Keeling and Christmas Islands from 31 May- 6 June 2014. We were able to speak with around 7% of the total population of the IOT and are grateful for the input of all of those people and the IOT staff who assisted with making appointments, interpreting and welcoming us into their communities. We were able to view the current facilities and ask about current services. We were able to attend an elders exercise class on both Home and Christmas Islands.

Many people shared their stories and were open an honest with us about their thoughts and fears about their care as they age in their communities.

We formed the opinion that there is capacity for the IOTHS to provide some services in the future relating to the aged care continuum but the need to change the approach to care from a sickness model to a wellness/health promoting one is pivotal. The current model of care in the IOT is very hospital centric. Contemporary healthcare practice sees a massive shift into the community and this would suit and be better for the IOT communities rather than the current model where people are encouraged to go to the hospital to

get any sort of assistance. Switching the focus from episodic intervention in a crisis to continuity of care, self-management and improving health literacy in the population would greatly benefit the IOT population and not result in a high cost solution to the current issues being experienced in the ageing population. The IOTHS is characterised by an oversupply of acute beds, dominated by a paternalistic approach to care, alongside gaps in service, like respite care, palliative care, HACC and lack of monitoring health outcomes.

The implementation of Community services (HACC) is the main priority at the present time. In the near future, the provision of some small independent living units would be a much needed addition to the housing stock on Home and Christmas Islands. The models for this accommodation and how they might be funded is beyond the scope of this report.

Appendix A

Consultation Timetable

Appendix A Consultation Timetable

5 APPENDIX A – CONSULTATION TIMETABLE

Saturday 31 May 2014 71			
1700-1800	Christine & Colin	2	Accommodation
Sunday 1 June 2014			
0900-1100	Jon Stanhope & Liyana	2	Administration WI
	Alannah Watson	1	WI
1400	Bec, Dental Therapist	1	WI
1430	Fisheries/Parks representatives	2	WI
1700-1900	Christine & Colin	2	Accommodation
Monday 2 June 2014 Home Island			
0730	Home Visit Maureen, Uncle James & Darling (Community Services worker)	3	
0800	Jon Stanhope	1	IOGTA
0830	Health Consultative Committee & Seniors Group Jon Stanhope	23	IOGTA
0930	Aindel Minkom Siti Yaserie	2	Shire President IOGTA
1000-1200	Seniors (Care recip)	7 (5 recip, 2 carers)	IOGTA Asma
1000-1200	Carers	12 (10 women, 2 men)	Mak Emma, Citizens centre
1200	Norana Antuwes	1	Community services ex trainee
1200-1300	Tour of Island		
1300-1400	Haji Adam	1	Imam Centrelink Agent Centrelink Office
	Warren	1	Bus Driver Exercise Group
1400-1500	Women's Group	5	IOGTA
1545	Chris	1	RN HI
1700	Return boat trip to WI		
Tuesday 3 June 2014			
0800	Rosemary Lee	1	Doctor WI
0830	Wendy	1	RN WI
0900	Nek Adillah	1	Health Worker HI
1130	Peter Clark	1	Shire CEO (CKI)
1250-1555	Travel to CI IOTHS Manager at airport	1	Airport
Wednesday 4 June 2014			

Appendix A Consultation Timetable

0830-0930	Administrator Jon Stanhope	1	Administration Building, Settlement
0930-1000	Chris Su and home visit to see Uncle Stanley and visit to Poon Saan flats	2	Poon Saan
1000-1000	Steve Watson, Trish O'Donnell + Alan Hucker, Cheryl Wright	4	IOTHS
1100-1200	Daniel Becker IOTGA	1	IOTHS
1400-1600	IOTHS Manager and DON Terri Hicks	2	IOTHS
1600	Yvonne	1	IOTHS Diabetes Educator
1615-1715	Shire Consultative Committee Gordon Thomson - President Shire of Christmas Island Kelvin Matthews – Shire CEO	17	Shire Offices
Thursday 5 June 2014			
0830-0930	Paul Fitzpatrick, Director IOTA	1	Administration Building, Settlement
0930	Locum GP	1	IOTHS
1000	Registered Nurse	1	IOTHS
1230-1330	Chinese Literary Association Gee Foo	2	IOTHS
1430-1500	Christine Ellis Community member	1	Barracks
1500	Paul Fitzpatrick, Director IOTA	1	Administration Building, Settlement
1700-1830	CI Women's Association & Senior Citizens Nora Koh	22	New Vision Centre, Silver City
Friday 6 June 2014			
0830-0930	CI Christian Fellowship	3	IOTHS
0930-1030	Seniors Stay on Your Feet session	10	Poon Saan Hall
1030	Locum GP	1	IOTHS
1100	Transport booking officer	1	IOTHS
1100-1200	Debrief IOTHS manager	1	IOTHS
1500	CI Charities	2	Airport
Wednesday 18 June 2014			
1600-1640	Valerie Colman	1	Social Worker IOT
	Total	151	(68 (14 %) on Cocos and 83 (4%) on Christmas Island

Appendix B

Cultural considerations in aged care service provision

6 APPENDIX B – CULTURAL CONSIDERATIONS IN AGED CARE SERVICE PROVISION

6.1 Introduction

There is a significant body of work on the provision of culturally appropriate aged care services to culturally and linguistically diverse older people in Australia and around the world. The literature includes general principles and guidelines (see below), as well as information on the particular needs of specific cultural groups (see *Cultural and religious profiles*).

While considering cultural needs is important in designing and delivering appropriate services to Australia's diverse population, the literature also emphasises that cultural, ethnic, and religious groups are not homogenous but heterogeneous, and *identifying people by cultural and religious groups may obscure other factors that determine a person's preferences and care needs*. Despite the need to inform services of cultural differences, ethnic groups have expressed frustration with the stereotypic and essentialising tone of many of the guidelines (Allotey et al., 2002).[12] [13] Thus, the literature emphasises the *importance of a person-centered approach to service delivery with all clients.*

It is also important that service providers be aware of their own cultural biases and assumptions, and how they influence the understanding of client needs. Similar concepts may also have different meaning is different cultures (e.g. western and Chinese ideas about 'living and dying with signity' shares a number of similar elements, but there are several important elements which differ).[14]

6.2 Aged care service provision

The literature confirmed that a higher percentage of people from culturally and linguistically diverse backgrounds tend to remain in the home and be cared for by family than other Australians. There may be a number of reasons for this:

- Cultural values relating to family and a sense of responsibility toward elders
- Lack of awareness of the services available
- Barriers to accessing services, such as:
  - Language barriers
  - Culturally inappropriate services
  - Lack of coordination and collaboration between services.

The following issues were identified as particularly important in relation to aged care service delivery to the CALD community:

- linguistically appropriate services (including bilingual workers and/or access to translators)
- culturally appropriate services (including food; modesty; spiritual and religious aspects of culture);
- appropriate information strategies (i.e. awareness and uptake of services);

[12] Monash lit review, p20

[13] P Allotey, L Manderson & D Reidpath, 'Addressing Cultural Diversity in Australian Health Services, *Health Promotion Journal of Australia*, 2002, 13(2).

[14] AYH Ho et al, 'Living and dying with dignity in Chinese society: perspectives of older palliative care patients in Hong Kong', *Age and Ageing* 2013; 42: 455–461

- appropriate consultative and participatory processes;
- appropriate training strategies;
- improved coordination strategies; and
- appropriate planning and data collection processes

Appendix B Cultural considerations in aged care service provision

Indian Ocean Territories

The Christmas and Cocos Keeling Islands are diverse in terms of ethnicity, language, and religion. The population is predominantly Chinese, Australian/European, and Malay, and the main religions are Buddhism, Christianity, and Islam. The culture of the islands combines these influences, along with the influences of mainland Australian laws and culture.

6.3 Christmas Island

As of the 2011 Australian census, the estimated resident population is 2,072. This does not include the highly variable population at the Immigration Detention Centre.

The ethnic composition is 70% Chinese, 20% European/Australian, and 10% Malay. A 2011 report by the Australian government estimated that religions practised on Christmas Island include Buddhism 75%, Christianity 12%, Islam 10%, and other 3%.[15]

6.4 Cocos Keeling Islands

The Cocos Keeling Islands consists of two atolls and 27 coral islands, of which two, West Island and Home Island, are inhabited. The 2011 census recorded a total population of 550. Approximately 80 per cent of the population resides on Home Island.[16]

The population of Home Island is predominantly Cocos Malay, and the majority are Sunni Muslim.

"The population of West Island comprises employees of various government departments, contractors and their families. They are usually on short term postings of between one and three years. However, there is a growing number of people basing themselves permanently on West Island and operating a range of small businesses."[17]

[15] http://en.wikipedia.org/wiki/Christmas_Island
[16] http://en.wikipedia.org/wiki/Cocos_(Keeling)_Islands
[17] http://www.regional.gov.au/territories/cocos_keeling/enviro_herritage.aspx#pop

Appendix B Cultural considerations in aged care service provision

Table 6-1: Demographic overview

	Christmas Island			Cocos Keeling Islands		
		No	%		No	%
Population	2,072 (exc Immigration Detention Centre)			550 (80% Home Island, 20% West Island)		
Ethnic composition	Chinese	426	18.3	Australian	122	18.5
	Australian	271	11.7	Malay	105	15.9
	Malay	217	9.3	Indonesian	86	13.1
	English	208	8.9	English	77	11.7
	Irish	53	2.3	Javanese	33	5.0
	Aboriginal & Torres Strait Islander	11	0.5	Aboriginal & Torres Strait Islander	7	1.3
Religions	Buddhist	348	16.8	Muslim	417	75.5
	Muslim	306	14.8	No Religion	44	8.0
	No Religion	190	9.2	Anglican	20	3.6
	Catholic	145	7.0	Catholic	15	2.7
	Anglican	79	3.8	Seventh-day Adventist	9	1.6
Languages spoken at home	Malay	269	13.0	Malay	404	73.2
	Mandarin	323	11.2	German	3	0.5
	Cantonese	137	606			
	Min Nam	21	1.0			
	Thai	12	0.6			
	English only	495	23.9	English only	131	23.7
	2 or more	274	59.1	2 or more	99	70.7
Country of birth	Australia	646	31.2	Australia	466	84.9
	Malaysia	372	18.0	Malaysia	27	4.9
	Iran	330	15.9	Singapore	9	1.6

Appendix B Cultural considerations in aged care service provision

	Christmas Island			Cocos Keeling Islands		
	Afghanistan	112	5.4	England	5	0.9
	Iraq	93	4.5	New Zealand	4	0.7
	Singapore	45	2.2	South Africa	3	0.5
Birthplace of parents	Both overseas	742	60.3	Both overseas	70	14.1
	Father overseas	83	6.7	Father overseas	36	7.2
	Mother overseas	101	8.2	Mother overseas	16	3.2
	Both Australia	304	24.7	Both Australia	376	75.5

Source: Australian Bureau of Statistics 2011 census data.[18]

[18] **Christmas Island:** http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/910052009?opendocument&navpos=220
Cocos Keeling Islands: http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/90102?opendocument&navpos=220

Appendix B Cultural considerations in aged care service provision

Cultural and religious profiles

6.5 Chinese

Unless otherwise noted, the information below comes from:

- *Migrant Information Centre Home and Personal Care Kit – Cultural and Religious Profiles to Assist in Providing Culturally Sensitive Care and Effective Communication*
- *Queensland Health Multicultural Services, 'Chinese Australians', Community Profiles for Health Care Providers, Queensland Government, 2011.*

6.5.1 Introduction

The population of Christmas Island is predominantly Chinese in heritage. However, there is considerable diversity among Chinese people, including differences in place of birth, language, cuisine, ethnic identity, and cultural values.[19] [20] Chinese people have come to Australia from a number of different countries, including Malaysia, Singapore, Hong Kong, Vietnam and elsewhere in Indochina, Taiwan and the People's Republic of China (PRC).

6.5.2 Values and beliefs

- While China is officially atheist, many Chinese people hold spiritual and religious beliefs, including ancestor worship, Daoist (Taoist), Buddhist, Muslim and Christian.
- In addition, "Confucianism, although not strictly a religion, has an important role in the Chinese way of living. Confucianism emphasises mercy, social order and fulfilment of responsibilities".
- The idea of 'saving face' and not being publicly embarrassed or causing shame to the family as important. Emotional self-control is highly valued and arguments or disagreements are kept to a minimum. Families tend to be private and reluctant to discuss family issues or conflict with non-family members.

6.5.3 Health and aging

- The Chinese view age positively and as a sign of wisdom. There is a respect for, and a sense of duty towards elders and parents.
- Disability has cultural stigma and may be regarded as shameful. This may include conditions related to aging, such as dementia, Alzheimers, etc.
- Traditionally in China, children and family members care for the elderly. However, younger generations may hold less traditional views, and it is important not to assume that family members are available, willing, or able to care for older people.
- The expectation that family members will care for older people can also be mitigated by the desire to not be a burden (financial or emotional).
- Family may play an important role in liaising between health professionals and patients, especially where language is a barrier.
- Many Chinese people use a combination of modern biomedical and traditional Chinese medicine (eg, herbs, acupuncture, cupping, dietary therapy, etc) practices.

[19] Migrant Resource Centre
[20] Queensland Health Multicultural Services, 'Chinese Australians', *Community Profiles for Health Care Providers*, Queensland Government, 2011.

- Many Chinese people assume a sick role when they are ill or pregnant in which they depend heavily on others for assistance. As a result, health care providers may be seen as uncaring if they encourage independence rather than catering directly to the wishes of the client.
- Chinese people usually prefer to be examined by a doctor of the same sex; this is particularly true for women.

6.5.4 Communication

Language: Mandarin is the official language of China, but there are a number of distinct dialects, including Cantonese (Yue) Shanghaiese (Wu), Fuzhou (Minbei), Hokkein-Taiwanese (Minnan), Xiang, Gan and Hakka dialects.

Body language: For many China-born people, avoiding eye contact, shyness and passivity are cultural norms[4]. However, a smile, good eye contact and politeness are expressions of sincerity.

Emotion: Chinese Australians may commonly mask discomfort or other unpleasant emotions by smiling. Chinese-born people prefer to display little emotion. Passivity is often a response to conflict. Some Chinese people may interpret assertiveness as aggressiveness.

Courtesy:

- Chinese Australians may be accustomed to being addressed by their title and surname (e.g. Mr or Mrs), job title (e.g. Manager), professional qualification (e.g. Engineer) or educational qualification (e.g. Bachelor).
- Chinese Australians usually greet each other by shaking hands. Touching someone's head is an offensive behaviour to Chinese elderly.
- Some Chinese people may feel that saying 'no' is impolite. They may answer 'yes' to questions, acknowledging that they are listening, rather than that they are in agreement.

Appendix B Cultural considerations in aged care service provision

6.6 Cocos Malay

Unless otherwise noted, the information below comes from:

- *Migrant Information Centre Home and Personal Care Kit – Cultural and Religious Profiles to Assist in Providing Culturally Sensitive Care and Effective Communication*

The population of Cocos Keeling Home Island is predominantly Cocos Malay.

The term Malay refers to an ethnoreligious identity. Cocos Malays are a subgroup of ethnic Malays, who come from the Malay Peninsula (ie, Malaysia, Indonesia, Singapore, Brunei, Burma and Thailand). Other markers of Malay identity include religion (Sunni Islam), Malay language, and cultural traditions.[21] [22]

6.6.1 Values and beliefs

- 'Saving face' or not being publicly embarrassed or causing shame to the family is important to Malaysian-born people. It is important to conform to family and societal norms.
- Malaysian-born families tend to be very private and reluctant to discuss family issues or conflict with non-family members.
- Malaysian-born people highly value emotional self-control. Arguments or disagreements are kept to a minimum.

6.6.2 Health and aging

- Traditionally, age is seen as a sign of wisdom. There is a respect for and a sense of duty towards elders and parents, and children and family members care for their elderly.
- Within the Malay (Muslim) community, people with a disability are protected and cared for by their family and the community.
- Malays practice a western model of health in conjunction with traditional/alternative therapies.

6.6.3 Communication

Language: The Cocos Malay dialect is called Basa Pulu Kokos.[23]

Body language: Malays (Muslims) may greet each other by clasping both hands together and bringing them to the chest. A soft handshake may be acceptable between men, but not women.

Emotion: Some Malaysian-born people may interpret assertiveness as aggressiveness.

Courtesy: The use of ranks, titles and proper address is very important to Malaysians, particularly older Malaysians.

Appropriate dress: Modesty is an important value in Islam, and visitors to Home Island should respect "respect the community's dress code":

> *The Islamic Association was concerned about instances where individuals had shown a lack of respect for the local culture through inappropriate dress, … The Association highlighted the fact that immodest dress, …was*

[21] http://en.wikipedia.org/wiki/Ethnic_Malays
[22] http://en.wikipedia.org/wiki/Cocos_Malays
[23] http://en.wikipedia.org/wiki/Cocos_Malays

against Islamic teachings and likely to cause offence to the local community.[24]

6.7 Buddhism

Unless otherwise noted, the information below comes from:

- *NHS South Devon Religious, Spiritual, Pastoral & Cultural Care: A Guide for Staff in Providing Good Religious, Spiritual, Pastoral & Cultural Care*

6.7.1 Health and aging

- Aging is viewed as part of the cycle of suffering, nevertheless with age comes experience and wisdom. The aged are respected and in some cases venerated for their accumulated wisdom.
- Dying is seen as a transition process to the next life. It is of great importance to provide a suitable atmosphere that allows a person to die in peace, that appropriate prayers are said, and to seek and provide qualified religious help from Buddhist Monks or Nuns.
- In treatment of illnesses, Buddhism in no way rejects modern medicine and the powerful array of diagnostic and therapeutic tools available. Rather, it states that these can be put to most affective use in combating illness, when based on, and reinforced by a deeper understanding of the inner subjective process of life.
- Compassion for others, maintaining a calm and peaceful atmosphere, self-awareness and self-control are all Buddhist values.

6.7.2 Requirements for appropriate service delivery:

- A quiet and peaceful atmosphere is most beneficial when one is sick or dying. This allows for the sick person to rest better, as well as to practice meditation and prayer.
- Opportunities for peaceful meditation are appreciated.
- Buddha images, rosaries and meditation stools might be used. Care and respect is needed when handling such objects. Incense has long played a part in Buddhist meditation. This should be enabled as a religious practice when possible.
- Buddhism encourages followers to practice non-violence. Many Buddhists will be vegetarian.

6.8 Islam

Unless otherwise noted, the information below comes from:

- *NHS South Devon Religious, Spiritual, Pastoral & Cultural Care: A Guide for Staff in Providing Good Religious, Spiritual, Pastoral & Cultural Care*

6.8.1 Health and aging

- Allah is seen as in control of the beginning and end of life, and therefore complaints and expression of powerlessness are rare since it is all seen as in God's hands.
- Disability is viewed as God's will.
- Caring for one's parents is considered an honour and blessing and an opportunity for spiritual growth. In Islam, serving one's parents is a duty second only to prayer, it is the parent's right to expect it.

[24] The *Report on the visit to the Indian Ocean Territories 22-24 October 2012,* p53.

- Western medicine is generally accepted.

6.8.2 Requirements for appropriate service delivery:

- Prayer is obligatory and occurs five times a day: dawn, noon, mid-afternoon, sunset, and evening. When praying, Muslims turn and face towards the Ka'ba, the grand mosque in Mecca. Prayers are performed on a prayer rug with ritual washing of hands, face and feet prior to prayer. A sick person is allowed to combine noon/mid-afternoon and sunset/evening prayers.
- Assistance may be needed to wash prior to prayer, especially if the patient is bedridden. Arrangements at the bedside for carrying out the prayers, including a clean sheet on the floor and knowledge of the direction of Mecca will be appreciated.
- Privacy is very important, especially with mixed gender health care professionals present. It is preferred that patients be cared for by persons of the same gender. This is especially true for women.
- Whenever health care workers of the opposite gender enter the patient's room, warning should be given so that the individual may arrange their attire appropriately, especially for Muslim women who cover their hair.
- Modesty and dignity are highly valued. Muslim dress codes required both men and women to cover certain parts of their bodies in the presence of others (depending on their relationship).
- Muslims are required to observe dietary laws; they are permitted to eat only certain foods that have been slaughtered in the prescribed way. This is called Halal. Forbidden food that is not approved is called Haram, pork or animal fat is prohibited. Toxins and the consumption of harmful products including drugs and alcohol are prohibited.
- Cleanliness and hygiene are highly valued. Hands, feet and mouth are washed before prayer. Hand washing is normally considered essential before eating.

Appendix C

Comparable Communities

AHA Australian Healthcare Associates

Australia's largest specialist health and community care consultancy

Appendix C

7 APPENDIX C – COMPARABLE COMMUNITIES

Appendix D

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Appendix D

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Appendix E

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Appendix E

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