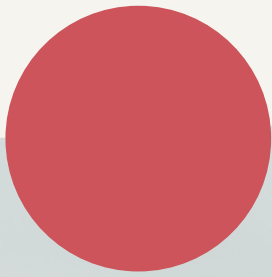




Carers WA



Representing Carers in Regional and Remote Western Australia

Esperance Region
February 2024

'We are at the end of the road.'

*'Esperance is growing, but not
growing in infrastructure.'*

**- Responses from
community members.**

About Carers WA

Carers WA is the peak body representing the needs and interests of carers in Western Australia and is part of a national network of Carers Associations. Carers provide unpaid care and support to family members and friends with disability, mental ill health, long term health conditions (including a chronic condition or terminal illness), have an alcohol or drug dependency, or who are frail aged. The person they care for may be a parent, partner, sibling, child, relative, friend or neighbour.

Caring is a significant form of unpaid work in the community and is integral to the maintenance of our aged, disability, health, mental health, and palliative care systems.

Some important facts about carers include:

- There are currently 2.65 million unpaid carers in Australia.
- There are more than 320,000 people in a caring role in Western Australia.
- The replacement value of unpaid care, according to a report undertaken by Deloitte, Access Economics, "The economic value of unpaid care in Australia in 2020" is estimated at \$77.9 billion per annum.

Enquiries

Carers WA

182 Lord Street

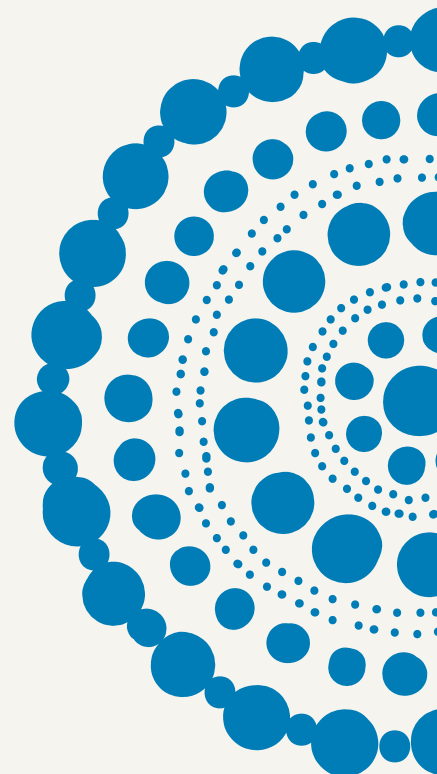
PERTH WA 60000

Phone: 1300 227 377

Email: info@carerswa.asn.au

Acknowledgement of Country

Carers WA acknowledges the Wadjuk Noongar Nation's lands, water, customs, and culture of which the Carers WA Head Office is located. Carers WA recognises our services reach beyond the Perth (Boorlo) region, and so we also acknowledge the cultural diversity of First Nations Peoples across our state and throughout Australia.



About Carers in Western Australia



Who is a carer?

A carer is a person who provides care and assistance to a person with disability, a chronic illness, mental ill health, alcohol or drug dependency or who requires assistance with everyday tasks due to frailty.³

This care is unpaid and does not form part of a volunteer or work arrangement.⁴

The care which carers provide is valued at **\$77.9 billion** per year and amounts to **2.2 billion** hours of unpaid care per year. This invaluable care supports WA's already strained health system, and assists many people to retain their independence at home, outside of services such as residential aged care.

While the demand for informal carers is projected to increase **23%** by 2030, the number of informal carers is only expected to increase by **16%** over this timeframe.

This represents a total shortfall by 2030 of:



22,400
carers in WA



\$623 million
annual replacement cost in waged workers

10.7%
(320,000 people)

of Western Australians are carers.



24%
of carers in WA are in **crisis**.⁶

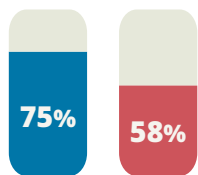


27% of WA carers cannot raise **\$2K** when needed.



1 in 2 carers experience financial **stress**.⁷

Personal Wellbeing Index Score⁷



General Population Carers



47% provide care to someone aged 65+.⁷



49% of carers provide 24/7 care.⁷



The average length of the caring role is **12.9** years.⁷

90% of these carers live with disproportionately lower protective factors of social support, self-efficacy, recognition and work-life balance.⁷

1 in 5 carers in WA live outside the greater Perth area.⁷



First Nations Carers

In the past 2 years, 1 in 5 identified carers had accessed emergency support.⁷



1 in 3 say their home is not adequate for their caring role.⁷

51.3% have an annual income less than **\$50,000**.⁷



2 in 5 are caring for more than 1 person.⁷

1. (ABS, 2022)
2. (SAGE Design & Advisory, 2023)
3. (Government of Western Australia, 2004)
4. (Government of Western Australia, 2004)

5. (Deloitte Access Economics, 2020)
6. (SAGE Design & Advisory, 2023)
7. (National Carer Survey, 2022)
8. (National Carer Survey, 2023)

Executive Summary

Carers in regional areas experience ongoing substantial issues with access to services, especially disability services. They also experience higher distress, elevated social isolation and financial stress than the average Australian¹.

Carers in regional areas of Western Australia (WA) in particular, experience ongoing and increased service challenges with NDIS, aged care and mental health services. They also experience higher volumes of unmet carer support needs, as well as poorer health and higher instances of major illnesses². In short, a high proportion of WA regional carers are in crisis.

This situation became heightened over the COVID-19 pandemic, resulting in increased levels of stress, burnout and isolation for WA regional carers³.

This was indicated through past consultation with WA regional carers and service providers. In particular, these consultations indicated a severe lack of respite access; workforce shortages; a need for local community supports beyond those available through Carer Gateway; long wait times and high demand for services; a lack of awareness of regional challenges; and a need for increased funding for regional services to recognise and respond to stress in carers⁴.

In a move to reconnect with regional communities following COVID-19, and driven by these past consultations, Carers WA has committed to augment its existing service offerings with an enhanced focus on regional communities. In the 2023-24 financial year, this will take the form of increased regional representation and consultations to identify region-specific issues – for a region-specific response, and where possible, place-based services in the region.

Carers WA visited the Esperance region in February 2024 as part of this commitment. We had the opportunity to meet with many different members of the community. During these meetings, we listened to the wisdom and knowledge that only a long-term regional community member can provide. We heard that the main issues of great concern to carers in the Esperance region were areas for improvement in awareness of carers and carer services; a lack of respite services and carer retreats; shortages and affordability of housing; lack of services for young carers, children and young people; service navigation and access; and the availability and affordability of essential services.

This report not only summarises what we learnt during our visit to the region, it will act as a launching pad for future involvement in the region. We sincerely thank everyone who offered their time and advice. We look forward to seeing you again as we collaboratively work on solutions together.

Sincerely

Richard Newman
Carers WA - CEO



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1. (Carers NSW, 2023)
 2. (SAGE Design & Advisory, 2023)
 3. (Carers WA, 2022)
 4. (Carers WA, 2022)



Carers in WA's Regions

In Western Australia, 24% of carers are in crisis (defined as being carers with high needs)⁵.

This results in higher psychological distress, a greater impact of their caring role on work, more care tasks, lower social support, recognition, work-life balance and self-efficacy⁶.

This is particularly prevalent in WA regional areas⁷, in the midst of heightened and pronounced challenges which carers in regional areas have in accessing services and support for themselves and those they care for, along with issues with housing and transport.

The Esperance Region

The Esperance Region is comprised of the Shire of Esperance.

Carers in the Esperance Region

There are an estimated 1,709 carers in the Esperance region⁹.

This estimate takes into account issues with low rates of carer self-identification.

Population

In 2021, the estimated resident population of the Esperance region (SA3*) was 15,970¹⁰.

**SA3 refers to Statistical Areas Level 3 in the Australian Bureau of Statistics' Australian Statistical Geography Standard (ASGS). It is a geographical area, creating a standard framework for regional data analysis¹¹.*

The median age in the Esperance region is 42, significantly higher than the WA median age of 38¹². This reflects the high proportion of people aged 55-64 years and 65+ in the region, than in WA – and indicates a high current and future demand for aged care services, in-home care and informal care.

In the Esperance region, 3.3% of people identify as being from a First Nations background¹³.

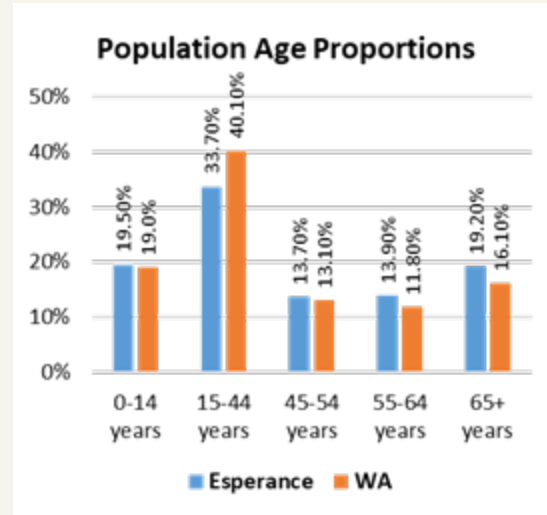


Figure 1 Population Demographics for WA and the Esperance region¹⁵

Health

Nearly 3 in 10 or 27.2% of people living in the Esperance region report having one or more long term health conditions. This amounts to 4,340 people¹⁵.

Three of the top five specified long-term health conditions in the region are arthritis (8.4% of the population); asthma (8.1%); and mental health conditions (including depression or anxiety) (7.5%). Many support services will be required at some point to support these health conditions.

5. (SAGE Design & Advisory, 2023)
6. (SAGE Design & Advisory, 2023)
7. (SAGE Design & Advisory, 2023)
8. (Government of Western Australia, 2020)
9. Derived figures based on proportion of WA population who are carers and estimated resident population of the Esperance region.
10. (Australian Bureau of Statistics, 2021)
11. (Australian Bureau of Statistics, 2016)
12. (Australian Bureau of Statistics, 2021)
13. (Australian Bureau of Statistics, 2021)
14. (Australian Bureau of Statistics, 2021)
15. (Australian Bureau of Statistics, 2021)
16. (Australian Bureau of Statistics, 2021)

Carers in WA's Regions

Housing and Income

In the Esperance region, 28.1% of the population rent their homes (compared to 29.2% in WA). An additional 30.0% own their home on a mortgage and 35.0% own their house outright.

As at June 2023, the Shire of Esperance had a rental vacancy rate of just 0.1%¹⁷.

This is compared to rental vacancy rates in Perth (0.7%) and other southern regional centres in WA such as Albany (0.6%) and Bunbury (1.0%), as at January 2024¹⁸.

In the Goldfields-Esperance region, public housing wait times averaged 2 years across the board, with an average of 1 years wait time for the priority housing list¹⁹.

In 2023, only 67.3% of Australian carers reported that their home met the needs of the people living in it well. One in five carers also felt that their home was overcrowded²⁰.

Disadvantage

The Socio-Economic Indexes For Areas (SEIFA) ranks areas in Australia according to their relative socio-economic advantage and disadvantage²¹. The index uses 1,000 as a baseline, with a score above 1,000 representing an area of socio-economic advantage, and a score below 1,000 showing an area of socio-economic disadvantage²².

The Shire of Esperance local government area scored 960 in the index of relative socio-economic advantage and disadvantage. As this score was below 1,000, this indicates that this area is experiencing socio-economic disadvantage²³.

A lower SIEFA score for an area has been shown to correlate with a poorer health status and higher ill health risk factors²⁴.

In addition, independent analysis of the WA results

of the 2022 National Carer Survey indicated that most carers in WA were receiving government payments, and that 57% of carers receiving government payments were living below the poverty line²⁵.

This in turn results in additional stress from the strain of struggling to make ends meet, as well as undertake a challenging caring role, with people living below the poverty line also more likely to experience family stress, housing issues, and poor health and psychological outcomes²⁶.

Projected demand for informal care

While the demand for informal carers in Australia is predicted to increase 23% by 2030, driven in part by Australia's aging population; the number of informal carers is only projected to increase by 16% over this timeframe²⁷.

Holding population levels steady, this represents a shortfall of 120 carers in the Esperance region by 2030 (2,102 carers needed by 2030; compared to a projected 1,982 carers by 2030 in the region). At a minimum, this is 120 people who have need of a carer, who will instead require support through the WA health system.

The average value to replace the informal care undertaken by one carer is \$27,821 in wages per year (2020 figures) – amounting to a **minimum cost of \$3.3 million in wages per year for formal carers** to cover this shortfall of 120 carers (not adjusted for CPI or wage increases).

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17. (Australian Bureau of Statistics, 2021)
 18. (Australian Bureau of Statistics, 2021)
 19. (Parliament of Western Australia, 2023)
 20. (Carer Wellbeing Survey, 2023)
 21. (Rural Health West, 2016)
 22. (Australian Bureau of Statistics, 2023)
 23. (Australian Bureau of Statistics, 2023)
 24. (Australian Bureau of Statistics, 2023)
 25. (Rural Health West, 2016)
 26. (SAGE Design & Advisory, 2023)
 27. (Deloitte Access Economics, 2020)



Carers in WA's Regions

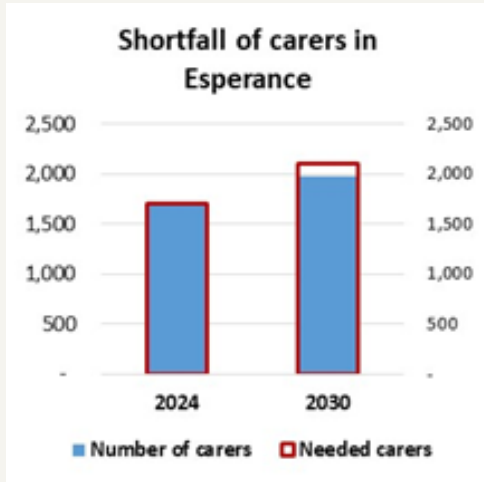


Figure 2 Projected shortfall of carers in the Esperance by 2030

As demonstrated in Figure 3, the indicative costs of alternate care arrangements for a person who does not have an informal carer can be high. When considered on an annual basis, the value of carers becomes even more clear, especially in the case of a long stay patient.

Recently, the WA Office of the Auditor General estimated 486 patients waiting for NDIS or aged care services had spent about 40,000 days extra in hospital over a 13-month period, with the cost of care for this being approximately \$71.8 million.

Despite the value of carers, and the consequences and costs if carers are not there, being a carer currently means being invisible. This needs to change, through tangible and practical recognition of carers, as well as improving access to services in WA's regions, in recognition of what a carer's true value is.

28. (SAGE Design & Advisory, 2023)
 29. (Deloitte Access Economics, 2020)
 30. (Office of the Auditor General Western Australia, 2022)

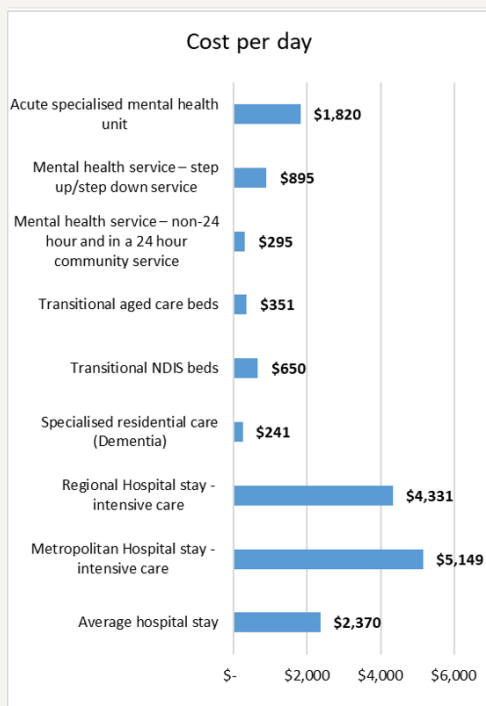


Figure 3 Indicative costs of alternate care arrangements ^{28,29,30}

This does not account for the cost of other alternate care arrangements for the person receiving care.

Summary

Introduction

In February 2024, Carers WA spent five days in Esperance, increasing its organisational presence in the region and continuing to reconnect with carers and service providers following the COVID-19 pandemic.

Ten staff members from a range of different positions within the organisation spent this time connecting with carers, service providers and the broader community. This included facilitation of a Carers WA 'Through The Maze' interactive training session; a service provider networking afternoon tea; and a cruise for carers. Carers WA also conducted information stalls in Wandering, Pingelly, Wickiepin, Tambellup, Hopetoun and Esperance.

One of Carers WA's objectives for the trip was to consult with the community on:

- What was and wasn't working for carers in the region;
- Identify unmet needs for carers;
- Identify short and longer-term opportunities for improvement; and
- Collate recommendations from the community to enable these improvements.

Over the week, Carers WA engaged with a broad range of service providers, government representatives, carers, people who receive care and other community members.

This included organisations from many sectors, such as government, disability services, aged care services, the Aboriginal Native Title Organisation, youth organisations, mental health services, and other community services.

The community especially identified an overarching impact of regionality and remoteness, which ran throughout all issues raised.

The overarching themes of these issues included:

- an awareness of carers and carer services;
- awareness of locally available services, including how to navigate them;
- a lack of respite services and carer retreats;
- shortages and affordability of housing;
- lack of services for young carers, children and young people;
- service navigation and access; and
- availability and affordability of essential services.

Findings

1.0 Awareness of carers and carer services

Six months prior to the reported Esperance regional visit, a Carers WA staff member had commenced a role as a regional coordinator in Esperance. Esperance service providers provided substantial positive feedback regarding this staff member, including that they now feel more confident referring to Carers WA now that they have someone in town who follows through, shares service updates, and engages with them regularly. Since the appointment of this staff member, the level of awareness of carers and carer services is higher in Esperance than it had been during a previous visit Carers WA undertook in 2023 to the region.

Some future opportunities for improvement in awareness of carers and carer services were also identified by the community. This included the provision of training to Carers WA staff members going on regional visits, to ensure clarity and consistency in communications with the community on carer services; and prospective collaborations with the Shire of Esperance for carer-focused events.

1.1 Awareness of carers in small, rural and remote towns

A common theme which came up in small, rural and remote towns, was a common lack of awareness of Carers WA and carer services amongst health care providers in these towns.

1.2 Awareness of carers in First Nations communities

The First Nations community raised a need for in-person services for First Nations carers.

2.0 Respite services and carer retreats

2.1 Respite services and carer retreats

Respite access in the Esperance region was identified as being limited.

Carers described it as frustrating, leading to feelings of burnout and dissatisfaction with their caring role, as well as needing to use the hospital regularly as an emergency respite facility.

Nearly one-third of service providers consulted in Esperance identified respite as a significant area of need for carers in the region, whether it be for just an hour a week, in-home respite or residential respite.

The community identified that there were few respite options in the area, these being largely gender or client-specific for organisations and had limited availability and long waitlists. The aged care facility also had two respite beds, one dementia-specific and one generalised. Also raised was the element of trust for carers that the person looking after their loved one was adequately qualified to do so.

In particular, needs were identified for all forms of respite, including residential, in-home, for children, palliative, cottage, high-level and emergency. The community also called for the establishment of a respite house/carer retreat.

The community also raised the need for accompanying accommodation for staff for respite initiatives, due to a significant lack of available housing in the region.

2.2 Peer Support Groups

The community identified a need for the establishment of carer peer support groups, to allow carers to take a break. Specific groups for men were also raised as being needed.

The First Nations community raised the need for a yarning circle in the region as well.

Findings

3.0 Shortages and affordability of housing

A substantial problem in Esperance, which is exacerbating many other issues, is housing affordability and shortages. This, coupled with extremely low rental availability and other variables, contribute to economic and social challenges such as business viability, population retention, visitor attraction and driving social issues to unsustainable levels³¹.

Further, the direct concern with population retention is that the lack of housing in the region is contributing to critical worker shortages within essential services³². This in turn results in additional strain being placed on carers, as tasks which would have been performed by care workers for those they care for, now fall to their carers to complete. The community attributed the underlying cause of housing shortages to be a lack of skilled staff in trades in the region.

Concerns were also raised over the number of Airbnbs in the region, although other stakeholders explained that these were needed for tourist and worker accommodation due to other forms of accommodation commonly being booked out.

3.1 Accommodation for essential workers

Housing shortages for essential workers in Esperance were raised as being a particular barrier, with many service providers raising this as a contributor to workforce issues. Even where prospective employees were willing to move to Esperance for a position, they were not able to do so due to a lack of available accommodation. In the aged care facility in Esperance, a new wing has had to be utilised for staff accommodation due to the severity of the housing shortage.

This is particularly an issue due to the large demand for aged care services in the region, driven by a high proportion of people aged over 65 years. Aged care workers had also in the past been sourced through the Pacific Island Labour Mobility (PALM) scheme. This scheme helps to fill workforce gaps in rural and regional Australia³³.

Several services in the region reported they were looking at purchasing housing to accommodate workers, although there were funding constraints preventing this.

3.2 Emergency accommodation

Availability of emergency accommodation in the region was described as limited, with existing services only available for women experiencing family and domestic violence, and no services for men who are experiencing similar. Access to these services was also reported as sometimes difficult to access, without communication on why.

3.3 Homelessness

The community raised that there had been an increase in homelessness over the last eighteen months. This particularly impacted on young people, whom would couch surf or find other temporary shelter when permanent accommodation was not available.

3.4 Accessibility of buildings and houses

The number of accessible houses in the region was raised as an issue, as was the limited capacity of trades to retrofit established housing to be accessible.

31. (Urbis, 2022)

32. (Urbis, 2022)

33. (Pacific Australia Labour Mobility, 2024)

Findings

4.0 Services for young carers, children and youth

4.1 Young carer supports

Many service providers robustly stated the need for in-person supports for young carers in Esperance.

Service providers made it very clear that young people in Esperance are under serviced and receive no support if they are in a caring role. While some organisations are attempting to fill this gap themselves when working with families, the capacity to do so is limited due to funding and resource constraints.

The community expressed frustration that young carer supports were not being provided, and concern that the Carers WA staff member in town was bearing the brunt of this response. It was recommended that in-person young carer supports be expanded to Esperance in the future.

4.2 Youth services

The need for youth services differed depending on who was consulted, but many community service providers strongly identified this need.

In particular, the community identified a gap in transitional support for young people from a socio-economically disadvantaged background, to step from school to employment or further education. This was especially a need for young First Nations peoples.

It was also raised that there was also a need for activities for young people, such as a skate park and other events.

5.0 Service navigation and access

Many carers consulted were in the early stages of navigating My Aged Care, Centrelink and other systems required for needed services, including NDIS.

These services were reported as being difficult to access and carers would often find themselves going between different offices and locations without answers. Carers also raised they are giving up due to the time required to travel between different towns multiple times, due to their caring role/s and other responsibilities.

Carers also reported often being sent from service to service, with none of them being able to address the need for assistance.

The community specifically identified needs for:

- Advocacy around understanding processes and language;
- NDIS application and claim access support; and
- Advocacy around diagnosis processes and NDIS processes.

6.0 Availability and affordability of essential services

The community raised issues with the availability and affordability of essential services. Due to the remoteness of the region, service providers often have no choice but to find ways to overcome these service gaps. These connections are further maintained through a regular multi-agency meeting, although some of the community raised that connections between community and government services could be stronger.

Some organisations were incredibly proactive in finding ways to fill service gaps, including:

- Esperance Tjaltjraak Aboriginal Native Title Corporation were in the middle of holding two weekends of dental clinics for the First Nations community, due to an identified gap in affordable dental care.
- An ESCARE staff member had taught themselves how to navigate the NDIS, to assist clients to do so, due to an identified need for this assistance.

Findings

Specialist services that were specified as being needed included mental health specialists; therapists; dental services; drug and alcohol services; disability services; psychiatrists; physiotherapists; dieticians; paediatricians; and other general allied health professionals.

A particular need was also identified for a local hospice in the region, as well as more local bulk-billing GPs. A community member raised that people needing end-of-life care were ending up having to leave the community, to die in a hospital in Perth, away from family, Country and community. Family members of these people also would often struggle to be able to travel to Perth to be with them during this time. The cost of treatment of end-of-life patients is significantly lower when done so by a specialist palliative care unit (PCU), rather than in a non-PCU hospital³³.

This lack of specialists had ongoing impacts for carers in the time taken to get a diagnosis for their loved ones (5+ years in some cases); extensive waiting lists; lack of connection and communication with services; services not listening to carers where an appointment was obtained; as well as having to travel to Perth for appointments. One carer described having to travel to Perth sixteen times over the past year for their children's appointments.

Shortages in aged care services were also raised as an issue, contributing to blockages in the health system from people who should be in aged care facilities, being in hospital beds instead. The community called for the establishment of another residential aged care facility with low-care and high-care options, and with housing for staff. First Nations peoples in Esperance also called for a culturally safe aged care facility and seniors activities.

They raised that at the moment the aged care facility in town was akin to mission experiences, bringing up childhood trauma, especially for First Nations people with dementia.

Further, a mental health facility was also identified as being needed. At present, people are flown out to Perth for this service. Where there used to be this facility, it is now a palliative care facility. The community specifically said there was a need for a step-up, step-down facility.

Where there were staff available for essential health services, it was reported that these services often had high staff turnover and short-term contracts.

6.1 Practical supports

A need for more practical supports was identified, especially for everyday needs such as transport and shopping.

Financial supports were also raised as being needed, as well as increased funding and assistance to access funding for those caring for family.

6.2 Affordability of supports

Carers in Esperance described experiences with health specialists travelling to provide services, but charging clients travel fees on top of the appointment fee.

6.3 Access to culturally safe services and employment

The Esperance First Nations community raised that there were several needs including:

- More First Nations positions in government and community organisations; and
- Increased organisational cultural competency and understanding.

6.4 Transport

In Australia, about 28% of its population live in regional, rural or remote areas with poor access to specialist health services³⁴.

34. Adapted from - (Urbis, 2022)

Findings

The Patient Assisted Travel Scheme (PATS) is intended to improve access to specialist medical care where it isn't available locally. The community reported that PATS only covered approximately one-third of the costs of travel, and then there was still accommodation costs which needed to be covered.

While funding for an escort to cover carer travel costs is possible through PATS, this was reported as being difficult to get. One carer raised needing to get the local MP involved to get a flight ticket funded for their daughter.

General transport access was reported to be a particular issue, with limited bus service circles, only one taxi in town, and no public taxi for wheelchair users.

While e-scooters were common in the town centre, these were described as expensive, limited in number and with restricted hours.

7.0 Action Plan

In response to the findings outlined within this report, Carers WA has included a range of actions that could be taken to improve areas of need for carers in the Esperance region.

These actions have been aligned to the key focus areas and to specific levers, which are described below³⁵:

- **Policy controls and Information development:** What policy measures and/or information can be used to incentivize and remove barriers to development of this action?
- **Enabling infrastructure:** What key infrastructure can be delivered, and in what timeframe, to encourage investment in this action?
- **Direct investment:** What direct investment or partnership is needed to achieve this action?
- **Incentives/Subsidies:** What incentives or subsidies can be applied to encourage investment in this action?

35. Adapted from - (Urbis, 2022)

Action Plan

Focus area	Action	Intervention Type	Carers WA Role	Timing	Priority
1.0 Awareness of carers and carer services	Increased awareness raising and information on carers, Carers WA, Carer Gateway, how processes work and who to contact.	Policy Controls and Information Development	Deliver	Short-term	High
1.0 Awareness of carers and carer services	Carers WA to continue to build relationships with service providers for delivery of practical supports, domestic supports, respite and services for carers within the region that reflects the demands on the ground.	Direct Investment	Partner	Long-term	High
1.0 Awareness of carers and carer services	Provision of training to Carers WA staff members going on regional visits, to ensure clarity and consistency in communications with the community on carer services.	Direct Investment	Deliver	Short-term	High
1.1 Awareness of carers in small, rural and remote towns	Explore options for increased awareness raising on carers and carer supports in small, rural and remote towns in the Esperance region.	Policy Controls and Information Development	Deliver	Long-term	High
1.2 Awareness of carers in First Nations communities	Investigate options for provision of in-person supports for First Nations carers in Esperance.	Direct Investment	Partner	Medium-term	High
1.2 Awareness of carers in First Nations communities	In partnership with the First Nations community, develop a clear process to include and involve First Nations Elders in policy and process design.	Direct Investment	Deliver	Short-term	High

Action Plan

2.1 Respite services and carer retreats	Investigate options for the establishment of a respite house/carers retreat in Esperance.	Direct Investment	Deliver	Medium-term	High
2.1 Respite services and carer retreats	Support initiatives which provide increased and affordable access to quality respite services, including residential, in-home, for children, palliative, cottage, high-level and emergency.	Policy Controls and Information Development	Advocate	Long-term	High
2.2 Peer support groups	Establish carer peer support groups in Esperance.	Direct Investment	Deliver	Short-term	High
2.2 Peer support groups	Investigate options for expansion of Carers WA's Aboriginal Healing Program - Gwabba Koort Yarning to Esperance.	Direct Investment	Deliver	Medium-term	Medium
3.0 Shortages and affordability of housing	Support initiatives which provide increased housing options for carers that are timely, available, accessible and affordable.	Policy Controls and Information Development	Advocate	Long-term	Medium
3.1 Accommodation for essential workers	Support initiatives which provide increased housing options for essential health workers.	Policy Controls and Information Development	Advocate	Long-term	Medium

Action Plan

4.1 Young carer supports	Investigate options for provision of in-person young carer supports in Esperance.	Direct Investment	Partner	Medium-term	High
4.4 Youth services	Support initiatives which provide transitional support for young people from school, to further education or employment.	Policy Controls and Information Development	Advocate	Long-term	Medium
5.0 Availability and affordability of essential services	Support initiatives which provide end-of-life palliative care services and/or a dedicated hospice facility in Esperance.	Policy Controls and Information Development	Advocate	Long-term	Medium
5.1 Practical supports	Investigate funding options for increased practical supports and services of relevance to WA carers.	Direct investment	Deliver	Long-term	Medium
5.3 Access to culturally safe services and employment	Support initiatives which improve the cultural safety of prospective and current employers of First Nations carers in Esperance.	Policy Controls and Information Development	Advocate	Long-term	Medium
Funding	Investigate grant funding options for initiatives that improve the quality of life for carers in Esperance, including: The Mount Burdett Foundation.	Direct investment	Deliver	Long-term	Medium

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