



**Carers WA**



# Representing Carers in Regional and Remote Western Australia

Wheatbelt Region  
**March 2024**

## 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 March 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

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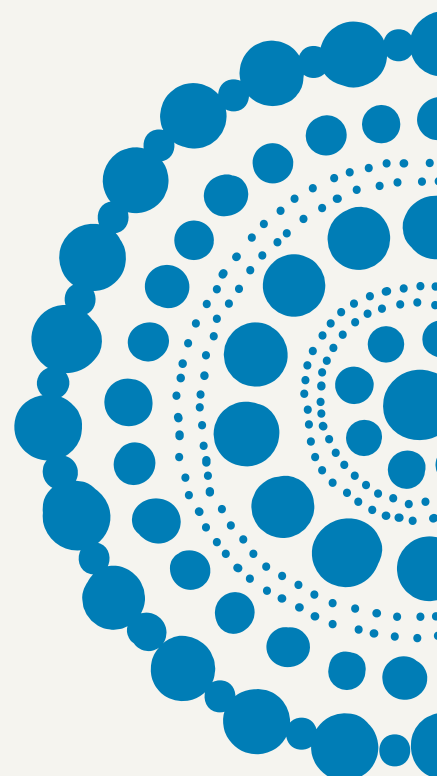
PERTH WA 60000

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### 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.<sup>3</sup>

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

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**.<sup>6</sup>

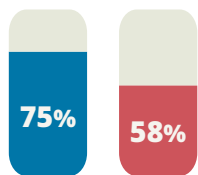


**27%** of WA carers cannot raise **\$2K** when needed.



**1 in 2** carers experience financial **stress**.<sup>7</sup>

## Personal Wellbeing Index Score<sup>7</sup>



General Population Carers



**47%** provide care to someone aged 65+.<sup>7</sup>



**49%** of carers provide 24/7 care.<sup>7</sup>



The average length of the caring role is **12.9** years.<sup>7</sup>

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

**1 in 5** carers in WA live outside the greater Perth area.<sup>7</sup>



## First Nations Carers

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



**1 in 3** say their home is not adequate for their caring role.<sup>7</sup>

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



**2 in 5** are caring for more than 1 person.<sup>7</sup>

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 Australian<sup>1</sup>.

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 illnesses<sup>2</sup>. 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 carers<sup>3</sup>. Even though the COVID-19 pandemic may have passed, carers still experience the after effects.

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 carers<sup>4</sup>.

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.

Moving forward, 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 Wheatbelt region in March 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 Wheatbelt region were areas for improvement in awareness of carers and carer services; a lack of respite services and carer retreats; availability and affordability of services; and a lack of access to the essentials.

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<sup>5</sup>.

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-efficacy<sup>6</sup>.

This is particularly prevalent in WA regional areas<sup>7</sup>, 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 Wheatbelt Region

The Wheatbelt Region is comprised of the local government areas of Beverley, Brookton, Bruce Rock, Chittering, Corrigin, Cuballing, Cunderdin, Dandaragan, Dalwallinu, Dowerin, Dumbleyung, Gingin, Goomalling, Kellerberrin, Kondinin, Koorda, Kulin, Lake Grace, Merredin, Moora, Mount Marshall, Mukinbudin, Narembeen, Narrogin, Northam, Nungarin, Pingelly, Quairading, Tammin, Toodyay, Trayning, Victoria Plains, Wagin, Wandering, West Arthur, Westonia, Wickopin, Williams, Wongan-Ballidu, Wyalkatchem, Yilgarn and York.<sup>8</sup>

## Carers in the Wheatbelt Region

There are an estimated 14,678 carers in the Wheatbelt Region<sup>9</sup>.

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

## Population

In 2021, the estimated resident population of the Wheatbelt region was 137,175<sup>10</sup>.

The median age in the Wheatbelt Region is 46, significantly higher than the WA median age of 38<sup>11</sup>.

This is due to much higher proportions of people aged 65+ and 55-64 years, than in broader WA<sup>12</sup>. This is indicative of an existing high demand for aged care services, in-home care and informal cares, as well as of an impending future demand for these services.

In the Wheatbelt region, 4.3% of the population (5,931 people) identify as being from a First Nations background<sup>13</sup>.

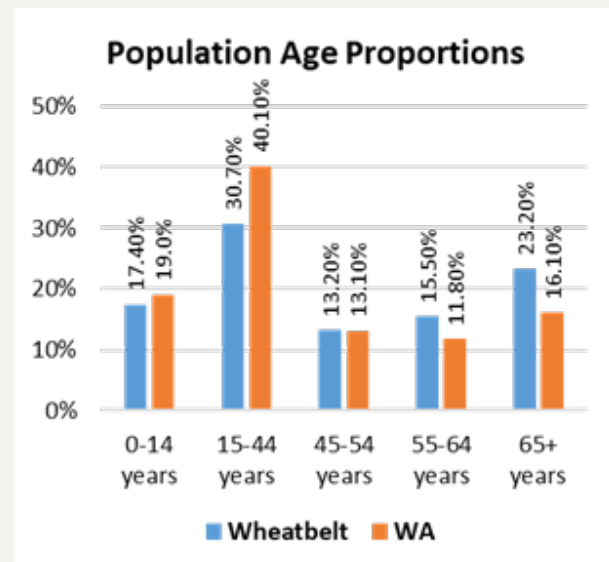


Figure 1 Population Demographics for WA and the Wheatbelt Region<sup>14</sup>

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 Wheatbelt Region.
10. (Australian Bureau of Statistics, 2021)
11. (Australian Bureau of Statistics, 2021)
12. (Australian Bureau of Statistics, 2021)
13. (Australian Bureau of Statistics, 2021)
14. (Australian Bureau of Statistics, 2021)

# Carers in WA's Regions

## Health

Nearly 1 in 3 or 30.9% of people living in the Wheatbelt region report having one or more long term health conditions. This amounts to 42,458 people<sup>15</sup>.

The top five specified long-term health conditions in the region are arthritis (10.9% of the population); mental health conditions (including depression or anxiety) (9.1%); asthma (8.3%); diabetes (excluding gestational diabetes) (5.4%); and heart disease (including heart attack or angina) (4.8%)<sup>16</sup>.

## Housing and Income

In the Wheatbelt region, 41.3% of households own their home outright, 30.1% own their home with a mortgage, and 22.2% rent their home (compared to 27.3% in WA)<sup>17</sup>.

As at March 2023, the Wheatbelt had a rental vacancy rate of 0.9%<sup>18</sup>. This is compared to rental vacancy rates in Perth (0.7%) as at January 2024<sup>19</sup>.

Public housing wait times in the region averaged 1.5 years generally, whilst for the priority housing list the wait times averaged 1.2 years<sup>20</sup>.

## Disadvantage

The Socio-Economic Indexes For Areas (SEIFA) ranks areas in Australia according to their relative socio-economic advantage and disadvantage<sup>21</sup>. 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 disadvantage<sup>22</sup>.

In the Wheatbelt, 80.5% of the local government areas scored below 1,000 in the index of relative socio-economic advantage and disadvantage. This indicates that 4 out of 5 local governments in this region are experiencing socio-economic disadvantage<sup>23</sup>.

A lower SIEFA score for an area has been shown to correlate with a poorer health status and higher ill health risk factors<sup>24</sup>.

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 line<sup>25</sup>.

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 outcomes<sup>26</sup>.

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- 15. (Australian Bureau of Statistics, 2021)
  - 16. (Australian Bureau of Statistics, 2021)
  - 17. (Australian Bureau of Statistics, 2021)
  - 18. (Goldfields Esperance Development Commission, 2023)
  - 19. (REIWA, 2024)
  - 20. (Parliament of Western Australia, 2023)
  - 21. (Australian Bureau of Statistics, 2023)
  - 22. (Rural Health West, 2016)
  - 23. (Australian Bureau of Statistics, 2023)
  - 24. (Rural Health West, 2016)
  - 25. (SAGE Design & Advisory, 2023)
  - 26. (SAGE Design & Advisory, 2023)



# Carers in WA's Regions

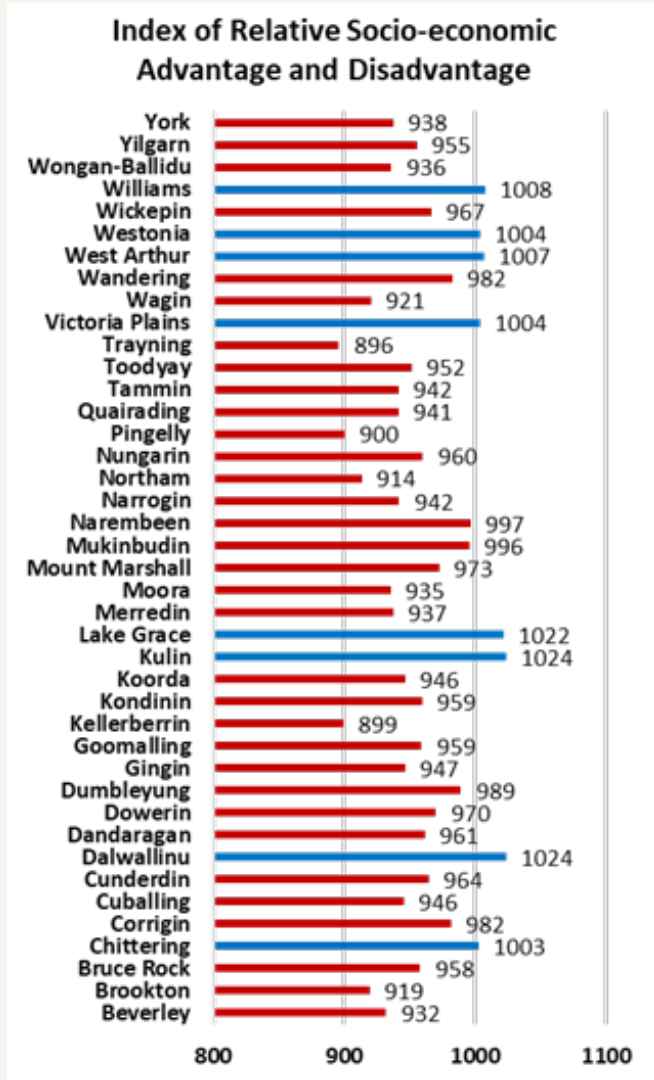


Figure 2 SEIFA Indexes for Local Government Areas in the Wheatbelt<sup>27</sup>

## 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 timeframe<sup>28</sup>.

Holding population levels steady, this represents a shortfall of 1,027 carers in the Wheatbelt region by 2030 (18,054 carers needed by 2030; compared to a projected 17,026 carers by 2030 in the region). At a minimum, this is 1,027 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 \$28.6 million in wages per year for formal carers** to cover this shortfall of 1,027 carers (not adjusted for CPI or wage increases).

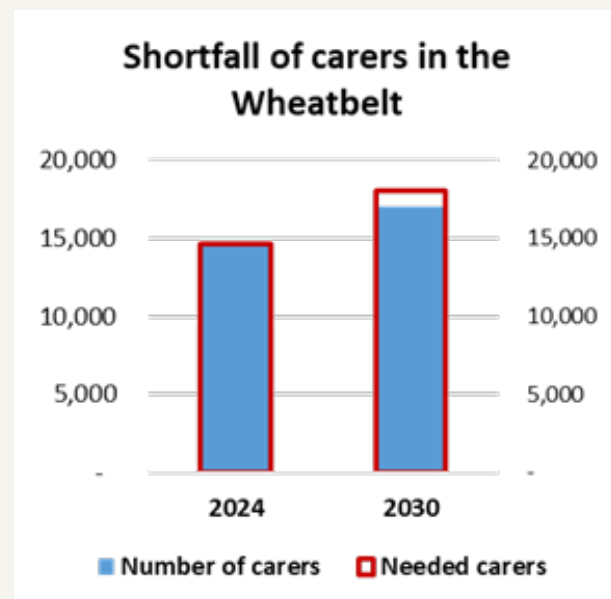


Figure 3 Projected shortfall of carers in the Wheatbelt by 2030

27. (Australian Bureau of Statistics, 2023)

28. (Deloitte Access Economics, 2020)



# Carers in WA's Regions

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

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.

In its current form, being a carer 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.

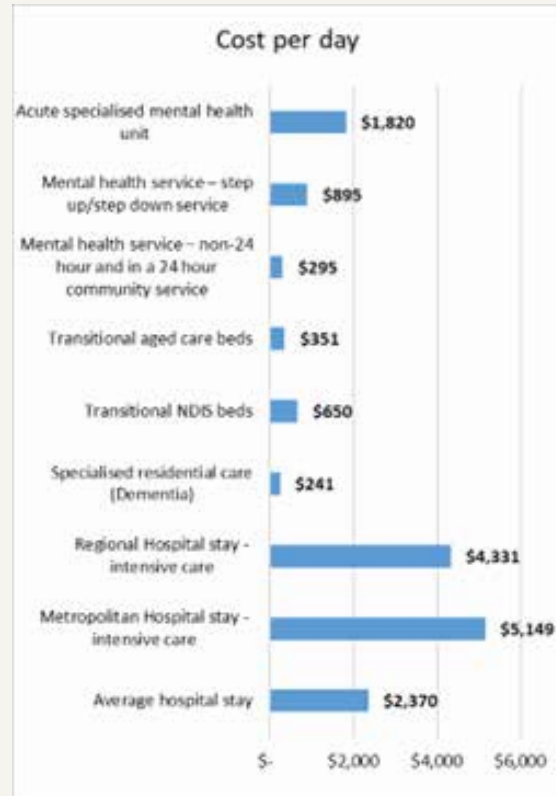


Figure 4 Indicative costs of alternate care arrangements <sup>29, 30, 32</sup>

29. (Office of the Auditor General Western Australia, 2022)

30. (Gnanamanickam, et al., 2018)

31. (Hicks, et al., 2019)



# Summary

## **Introduction**

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

Seven 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 a service provider networking afternoon tea; an outdoor movie event for carers; and engagement sessions with First Nations peoples and Elders at Bilya Koort Boodja.

## **Carers WA's objectives for the trip were also 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.

During our visit, 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, youth organisations, mental health services, and other community services.

## **The overarching themes from this community consultation included issues with:**

- Awareness of carers and carer services;
- Access to respite and carer retreats;
- Availability and affordability of services; and
- Access to the essentials (housing, transport, education, other essentials).

# Findings

## **1.0 Need for respite and carer retreats**

Members of the Wheatbelt community were positive about having two Carers WA staff members physically present in the region. Areas identified which were particularly working well included group outings for the person being cared for; practical and psychological support for carers; and meetings for carers which offered the opportunity for the exchange of ideas. Positive outcomes were also identified for carers from consistent collaboration between service providers, which had opened channels for discussion and partnerships in the delivery of services and projects.

However, opportunities were identified for increased awareness of Carers WA, carers and carer services in the region. This was particularly seen amongst First Nations peoples in the region, with limited awareness seen of Carers WA's services and the First Nations Wellbeing and Engagement Team.

A need was also identified for increased awareness surrounding support for young carers in the region. While some community members were aware of these services, the awareness amongst youth of these services was unclear, with one of the barriers to this awareness raised including young carer self-identification as a carer.

Service providers suggested the most effective areas of collaboration between Carers WA and the local community to help increase awareness would include: more face-to-face service provider network meetings (at least one per year); regular email updates with any changes; a physical office in the region; more local referral points; collaborative support for carers and clients to maximise services.

Community members and service providers were particularly in favour of regular engagement between Carers WA and the Wheatbelt community, for the sharing of ideas and resources, the fostering of increased collaboration, and ongoing communication of Carers WA's services.

## **1.1 Carer Lived Experience Participation**

Service providers were keen to increase opportunities for carers to contribute their lived experience to projects such as consortiums and similar conversations. The community was keen for carers to be more consulted on what they needed in the Wheatbelt region.

Community members were also keen to see a project which involved young carers in discussions (advisory groups) and services in the Wheatbelt region.

## **1.2 First Nations carers**

First Nations carers, Elders and Traditional Owners which were consulted with were supportive of Carers WA having continued engagement with First Nations carers in the region. This included regular meetings with the Carers WA First Nations Wellbeing and Engagement Team, and were supportive of the concept of Carers WA's Aboriginal Healing Program being considered for Northam. Carers WA was also invited to visit Northam once a month to visit with a local First Nations womens' group, which met every Wednesday, and to support the First Nations carer community in Northam.

First Nations carers raised other areas of concern, including:

- Delays with accessible equipment installation.
- Need to investigate opportunities to strengthen referral pathways for carers from Centrelink to Carers WA.

# Findings

- Need to investigate opportunities for targeted advertising of Carers WA's services to First Nations carers. E.g. In the Advertiser newspaper; in school newsletters; making connections with First Nations workers at schools; and on the radio. Paper-based information and advertising.
- Difficulties with navigating the maze of services to try to get support, getting referred from one service to the next and given yet more phone numbers.
- Workplaces not understanding the carer journey.
- Need for a male Carers WA First Nations Wellbeing and Engagement team member.
- Mixed patterns of referring for carers from different health practitioners. E.g. Some general practitioners (GPs) refer carers on to Carers WA, and some do not.
- Not enough communication between service providers.
- Having to tell support workers not to come due to safety concerns when a family member is having alcohol and drug related issues. Once carer also spoke of a referral gap in an experience where they had contacted the police regarding this issue, only to be referred onto mental health services, who then told them it was a police issue. Too many deaths in custody.
- Need for a counselling service for First Nations carers.
- Carers finding that to use the Carer Gateway they needed an email address, which some First Nations carers do not have or use. This presents a barrier to accessing services.
- Need for plenty of notice before Carers WA visits again, to ensure First Nations carers are informed about any events or meetings.
- Need for more paediatric support, including making diagnosis and assessments for children easier.

## 2.0 Access to respite and carer retreats

Access to respite was identified as one of the biggest areas of need for carers in the Wheatbelt region. Gaps in respite services were particularly seen in relation to residential respite, emergency respite, and in-home respite (sporadic and ongoing). One service provider particularly commented that there was a big need for residential and emergency respite. Access to these services were reported to be limited in metropolitan areas, but were almost impossible to get in regional areas, with respite being almost non-existent in the Wheatbelt region.

The community raised that useful solutions or areas of collaboration with local service providers could include strengthening of referral pathways into respite options; more respite funding; access to a local respite facility for higher care clients; provision of opportunities for retirees to work in supporting transport, social support and in-home respite for carers and those they care for.

The community also raised the need for respite services for the sake of the carer and stress management, particularly for those with higher caring roles such as for someone with dementia.

Informal carers experience increased and heightened levels of social isolation, loneliness, psychological distress, as well as ill health and low wellbeing. The impacts of caring have increased during and in the aftermath of the COVID-19 pandemic, particularly in remote and regional areas, as well as for people who provide care for or are part of high-risk groups<sup>32</sup>. Access to respite for an informal carer can help carers to have a healthy level of wellbeing<sup>33</sup>, and better maintain and thrive in their caring role.

32. (Schirmer, Mylek, & Miranti, 2022)

33. (Schirmer, Mylek, & Miranti, 2022)

# Findings

Despite this, many barriers exist which hinder carers being able to access an appropriate level of respite services. For different types of support, the majority of carers report having poor access to in-home overnight respite care (80.6%); overnight respite care out of home (73.9%); day respite care out of home (65.7%); and in-home day respite care (61.8%)<sup>34</sup>.

In regional WA, access to respite and the ability for carers to take a break is even more constrained, leading to increased isolation, burn out and low wellbeing for carers. Indeed, 24% of WA carers are in crisis, with many of these being in regional areas<sup>35</sup>. Given the substantial impact which access to respite and ability for a carer to take a break has on their wellbeing and ability to continue their caring role, it is imperative that respite forms a vital part of support for carers in the Wheatbelt.

### 3.0 Availability and affordability of services

Community members raised concerns about the availability and affordability of health services in the Wheatbelt region. Service providers raised that even where services were available, there was not enough information and knowledge of them within the community. This made service navigation difficult for carers and those they cared for. Community members spoke of the need for increased collaboration between services, including more use of communities of practice, service mapping, and increased knowledge of different ways to access services. i.e. online or travel options where services are based in specific areas.

### 3.1 Employment

Availability of services and supports for carers and those they cared for was reported as being restricted, with employment and workforce issues being a key contributor. This was particularly in relation to staff shortages and difficulties with recruitment.

Service providers spoke of the need for more opportunities to engage with potential workforces, including carer social support groups, retirees and other community groups, to ensure more staff are employed in paid caring roles in the Wheatbelt region.

### 3.2 Service availability

Capacity of services was impacted by staffing issues, but was also affected by the availability of services in the Wheatbelt. This included service and client access to funding, service wait times, and gaps in services in the Wheatbelt.

Services which were raised as being needed included:

- More household care and help e.g. gardening, cleaning the house, taking away rubbish, supplying wood in winter.
- An all-abilities gym in Northam.
- Initiatives to fill gaps in services for people living in remote areas.
- More services for carers such as emotional and psychological supports, counselling, etc.
- More availability of public services in the region. i.e. Lobbying government for resources and access to increase facilities at WACHS sites (specialists, rehabilitation beds, high care beds, etc).
- Childcare shortages. It was reported that this issue had come up recently in a community survey by the local government, with two other childcares now being constructed to help meet this need.
- Funding utilisation for in-home services (HCP & CHSP).
- Emergency planning for high care clients.

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34. (Schirmer, Mylek, & Miranti, 2022)

35. (SAGE Design & Advisory, 2023)

# Findings

## 3.3 Service affordability

Some specialist services were also only available privately, which impacted the cost of these services to clients. This was especially difficult due to the higher population of older persons in the Wheatbelt. Service providers and community members spoke of high numbers of older persons who were able to drive, but did not feel comfortable going further than Midland to access health services. However, the Midland hospital is private, which presented a barrier for people on a pension to afford health care.

An aging Wheatbelt population with a desirable retirement lifestyle was also raised as causing an increased need for health services.

Affordability of services was also impacted by the capacity of people to access financial supports such as funding for services; access to the aged care pension; Centrelink financial supports; and a lack of other financial supports for medical and extra care costs.

## 3.4 Navigation support

The Wheatbelt community raised that there was also a lack of support for those in need on how to navigate and access care, services, funding and support. This was a particular gap identified for carers, with service providers reporting a need for more information and guidance to be provided to carers in general.

This need was also raised in the context of helping carers and clients to access services in other ways. This may include building technological literacy to better access services online.

First Nations carers particularly raised the need for navigation support, especially for navigating services such as the NDIS and to connect to services requiring internet access or email addresses, as well as connecting to financial supports such as carer concessions.

## 4.0 Access to the essentials

Access to essential services such as housing, transport, health services, childcare, etc was raised as a significant concern in the Wheatbelt region. A reduction in mainstream services such as banks in the region, also has significant impacts on carers and those they provide care for.

A carer from Wongan Hills raised concerns over impending bank closures in the region. They stated they would travel to Northam specifically so that the person they cared for could do some banking, and also did some shopping whilst there. Closure of these essential services would also take this income away from smaller towns as well.

## 4.1 Housing

Community members in the Wheatbelt raised concerns over the lack of affordable housing in the region, and identified a great need for access to vehicle and home modifications for carers and those they care for.

Needs were also raised for improvements to social housing maintenance in the Wheatbelt. A carer raised that they had been experiencing leaking in their home for more than 2.5 years, which was producing a mouldy smell and seeping into their bedroom, carpet and dressing table. The carer said they had made several phone calls regarding this, to no avail.

# Findings

Feedback from the community indicated widespread issues with sourcing trades to maintain and fix social housing in the region, resulting in under maintained or empty social housing. It was also reported that there would soon be four tiny houses built in Northam, as a innovative way to help address housing and homelessness issues.

## 4.2 Transport

Transport was identified as a great area of need for carers and the person/s they cared for, particularly due to gaps in services and transport to services. Although in the past Medical Edge had run a transport service to Perth, this had stopped due to lack of funding. At present, there was not transport, volunteers or services set up to provide this transport, and no public budget for this to be covered. The community raised that the private Midland hospital would not provide this service due to funding.

These gaps in services became more pronounced for people living in more remote areas further from townships.

Community members also raised a need for increased access to vehicle and home modifications for those who need it. Shortages in accessible public transport and taxis were also raised as a concern.

## 5.0 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 Wheatbelt region. These actions have been aligned to the key focus areas and to specific levers, which are described below<sup>36</sup>:

### **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?

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36. Adapted from - (Urbis, 2022)

# Action Plan

<b>Focus area</b>	<b>Action</b>	<b>Intervention Type</b>	<b>Carers WA Role</b>	<b>Timing</b>	<b>Priority</b>
1.0 Awareness of carers and carer services	Increased awareness raising and information on carers, Carers WA, the 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	Short-term	High
1.0 Awareness of carers and carer services	Explore options for increased engagement with the Wheatbelt community, including: more face-to-face service provider network meetings; more local referral points; collaborative support for carers and clients to maximise services.	Policy Controls and Information Development	Deliver	Medium-term	Medium
1.1 Carer Lived Experience Participation	Explore options for carers in the Wheatbelt region to have increased opportunities for lived experience participation.	Policy Controls and Information Development	Deliver	Medium-term	Medium
1.2 First Nations Carers	Investigate options for increased engagement with First Nations carers in the Wheatbelt region, and opportunities for increased advocacy on issues of relevance to First Nations carers.	Policy Controls and Information Development	Advocate	Long-term	Medium

# Action Plan

2.0 Respite services and carer retreats	Investigate options for the establishment of a respite house/carers retreat in the Wheatbelt region.	Direct Investment	Deliver	Long-term	Medium
2.0 Respite services and carer retreats	Support initiatives which provide increased and affordable access to quality respite services in the Wheatbelt region.	Policy Controls and Information Development	Advocate	Long-term	Medium
3.0 Availability and affordability of services	Support initiatives which increase positive collaboration between services in the Wheatbelt region. i.e. This may include use of communities of practice, service mapping, and increased knowledge of different ways to access services.	Policy Controls and Information Development	Advocate	Medium-term	Medium
3.1 Employment	Build awareness of initiatives which support carers to re-enter the workforce, and which build capacity of employers to be more carer friendly. i.e. the Carers WA Be Job Ready Program and Carer Friendly Employers program.	Policy Controls and Information Development	Deliver	Short-term	High
3.2 Service availability	Investigate opportunities to support, partner or build awareness of services which fill community identified gaps within the Wheatbelt region.	Policy Controls and Information Development	Advocate	Long-term	Low
3.3 Service affordability	Advocate for improved economic and financial security for carers in WA.	Policy Controls and Information Development	Advocate	Short-term	High



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3.4 Service navigation	Investigate opportunities to support, partner or build awareness of initiatives which offer service navigation support for carers in the Wheatbelt region.	Policy Controls and Information Development	Advocate	Long-term	Medium
4.1 Housing	Support initiatives which improve carer access to quality affordable housing in the Wheatbelt region, and/or which improve access to trades for housing maintenance for carers in the Wheatbelt region.	Policy Controls and Information Development	Advocate	Long-term	Low
4.2 Transport	Investigate opportunities to support, partner or build awareness of initiatives which offer quality transport support to carers and those they care for in the Wheatbelt region.	Policy Controls and Information Development	Advocate	Long-term	Low

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