



# Ageing in Remote Places Safeguarding resilience of older people in a remote NT community

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## Table of Contents

Research Aim.....	3
Key Findings.....	3
1. Introduction.....	4
2. Methods.....	4
3. Results.....	4
3.1 The resilient profile of the community.....	5
3.2 Threats to resilience.....	6
3.3 Ways forward – creating conditions for ageing-in-remote-places.....	6
4. A relationship of learning – towards a new model for Remote Community Directed Care.....	7
Methods.....	7
Ongoing research.....	8
5. Conclusion.....	8



## Research Aim

This brief reports on an exploration of the experience of ageing in a remote community within the Northern Territory. It aims to deepen current understanding of what determines resilience for individuals and communities of seniors who choose to grow old in small, isolated communities outside of main urban centres. Once developed, this understanding should help in the planning and delivery of services, to support ageing in remote places in Australia.

## Key Findings

- People who choose to remain living in this small, isolated community into older age, are generally characterised as highly resourceful and self-reliant.
- They give their time and energy to local community life, as an investment in mutual survival.
- Their resilience is fragile due to lack of services and their future is unknown in relation to how they will finally cope. Most do not have a viable alternative plan for when they are no longer self-reliant or mutually-reliant as a community.
- This community collectively sees ways to increase the support base for ageing in place, through harnessing local capacity and negotiating innovative service relationships. These form the basis for an innovative model of social support for ageing in remote places; we have coined this model 'Remote Community Directed Care'.



## **I. Introduction**

Until recently, it has been assumed older people generally relocate from the Northern Territory (NT) to southern states, post retirement. A recent survey conducted by the Northern Institute (NI), Charles Darwin University (CDU) in partnership with Council On The Ageing NT (COTA NT), entitled The Survey of Senior Territorians 'Now you see us', has thrown that assumption into question. Its findings suggest we should expect to see more older Northern Territorians – both long stayers and those who have adopted the NT as home during their working life – choosing to stay and age here. While some demographic information has been collected from people settled in Darwin and the surrounding rural areas, little is understood about the intentions of people who are more mobile at retirement, about where they want to age. In line with the Australian Commonwealth Government's commitment to support older people to age in place, we were interested in the extent to which that is a workable proposition, for remote communities.

To explore the experience of ageing in remote NT, a further study was carried out in late 2015 with older community members in a remote town, Batchelor, outside the greater Darwin region. This was a qualitative in-depth study, aimed at developing more understanding of how this community of seniors fared in terms of ageing in place; how resilient they were and what factors might undermine their resilience or hinder their ability to age in a remote place.

## **2. Methods**

Fourteen senior members of the community in and around Batchelor, participated voluntarily in an interview, between 45 mins and an hour and 40 minutes in length. All interviews were conducted, by choice, in their own or a friend's home. Six participants were interviewed individually. Eight volunteered as a couple, so were interviewed as a couple. All participants, except for one 61-year old, were between 65 and 80 years old. This younger participant took part together with her older husband, for whom she acts as a carer. No participant identified as an Indigenous Australian.

Ethics approval to carry out the research was obtained from the Charles Darwin University Human Research Ethics Committee. Interviews were recorded digitally then transcribed verbatim by the lead researcher. Transcripts were sent back to participants for review. Some made significant changes to content, usually eliminating references to the lives of other people.

Once transcripts were reviewed and validated by participants, open coding was carried out using NVivo software for interpretive data analysis.

Interview quotations were organised into a hierarchy of thematic categories giving rise to three thematic areas for further analysis.

## **3. Results**

In summary three major theoretical areas were identified:

- People who choose to continue to live in remote communities post-retirement, are generally, highly self-resourced and self-reliant. However, they also invest time and energy into the community and become networked as a mutual commitment to a collective survival. Communities benefit from this investment and demonstrate a collective resilience that manifests differently from individual resilience.



- This state of resilience is fragile through lack of services to support these people to remain and age-in-place. The future is highly uncertain for these people as they contemplate a time when they cannot drive and cannot manage at home by themselves. They do not have a plan in place for managing to age in this community, however there are no attractive alternate plans they wish to engage that involve moving elsewhere. Because they have no plans, most leave only in dire circumstances, back to a city and against their choice, with less than ideal arrangements to meet their increasing care needs. They are also beset with loneliness and dislocation from friends and sometimes family. This erodes their sense of resilience and personal identity with place, as they become increasingly advanced in age.
- There are ways forward, according to older community members, to create the conditions that would support aged people to remain in their remote community and be supported to age-in-place. The way lies in developing a partnership with government and service providers that involves mutual learning and dialogue, which would lead to trials of new community support strategies. This learning includes an understanding of the kinds of people here, their reasons for being here and their desire to create community structures of support that enmesh with external support. These findings suggest that a Remote Community-Directed-Care model would comprise current energies of mutual support that are already in existence between people, with external agencies infusing further support to sustain and extend what the community can possibly do on its own.

Each of these findings are elaborated in the following sections.

### **3.1 The resilient profile of the community**

**Individual resilience** – participants described themselves as very self-reliant, flexible and versatile. Some spoke about living simply, making do with less, and not having expectations that someone will do things for them. They are used to ‘coping themselves’.

**Connection with community** – For most people, community was a top priority and they gave unconditionally to supporting others. This was achieved in various scenarios, but demonstrated a strong understanding of the interdependency of each person in their common survival. There was an overall willingness to give in support of the quality of community life. People gave willingly of their ex professional skills and knowledge – plumbers and builders. Others contributed by running exercise classes and quiz nights - all based on their former life skills and experience. An important aspect of community was the new retirees from elsewhere – in-migrants – who injected energy and social vision into the community, counterbalancing to some extent, the loss of community capacity with the out-migration trends amongst the youth.

How strong the trend is towards an in-migration of retirees away from larger urban areas, to small towns, is not yet known. However, this study discovered some important links within the perspectives of older people, between grey nomad activity around the north of Australia, the growing disenchantment with city or suburban life and resettlement in small remote towns. One sustaining feature of a remote town for ageing in place is access to excellent quality acute and emergency services in remote health clinics. These clinics also offer a primary health service, which is vital for ageing in place. This trend deserves further exploration within a wider study of demographics of relocation amongst older Australians

**Investment in community** – Volunteering appeared to be a way of life in this community. While this was certainly the case for older people, there was evidence of it also in younger members of the community. Volunteering extended beyond social activities and included performing lifestyle support, such as helping people with daily personal care or maintaining their home/property. It included taking meals prepared by the local tavern to elderly house bound people – filling the gaps of services that are needed, but are not there.

**Resilience of the community - Energy of the community** – Participants described an intangible facet: ‘something important’ that comes from volunteering one’s time and effort in caring for each other in this way. It creates a sense of ‘being in it together’ and becoming self-reliant as a community. This collective self-reliance, where people contribute from their unique resources unconditionally, creates an energy of agency that raises the community quality of life. There is also a sense of buoyancy in being there for each other. In this way the community sees itself as having some capacity for looking after itself. However, it also needs external professional support in sustaining this, as people age further and become increasingly frail and vulnerable.

### **3.2 Threats to resilience**

**Individual vulnerability** - Older people growing older in this remote place are caught in a bind. They choose to live here – many have come to reinvent themselves and to live what for them is an authentic life style. They have no ageing plan – their plan is not to leave, somehow to keep on coping. Yet eventually, their increasing frailty reaches a level that no volunteer capacity can meet. With no reliable aged care services in the place where they prefer to live, they are usually forced to leave, against their choice, to some place where they feel isolated from friends, and personally and socially vulnerable.

**Community rejection of standard approaches to aged care services** – The other side of this conundrum of how to support ageing in remote places, is the rejection by remote community seniors, of standard approaches to aged service delivery as they are currently organised and provided. Community seniors unanimously hold the view that services packaged for urban situations cannot be superimposed on a rural or remote context. Attempts so far by providers to deliver services have failed; actual delivery has been unreliable and quality of care has been quite variable. Moreover, assessors working for these providers have become viewed as inflexible and inappropriate in their approach and their service offerings. This may be due in part to the provider’s administrators being located often in an urban environment, in another state.

**Impact on community resilience** – If a provider organises to ‘service’ an individual consumer with external resources, two things are lost. The first is efficiency created by local people helping to support the consumer with locally galvanized resources. The second is the severing of connection of that person with a volunteer network, which functions on mutual contribution and so generates an energy derived from connectedness. Participants feel if service providers do not seek to understand what exists by way of ‘energy of support’ already in the community, if they run ‘roughshod’ over this local energy network, they will destroy something important to the life of the community.

### **3.3 Ways forward – creating conditions for ageing-in-remote-places**

**What community brings to a structure of support** – Community has the capacity to provide a seniors’ volunteer brokerage point, determining the kinds of services to be supplied and coordinate care delivery by local paid carers. These senior community members have demonstrated how volunteering work can be provided with official oversight, as with the setting up of a COTA NT sub branch in the



community to give a professional accountability to events. An example is the role of COTA NT Coomalie branch overseeing finances for the quiz night. Community can also provide some volunteer services if given the infrastructure support, such as a vehicle for reliable transportation or a building to provide carer respite.

**What external agencies can bring** – Policy makers and providers have support services and strategies older people living in remote contexts need; however the extent of these services and the means of delivering them and achieving quality of care, is not well understood by the community. Moreover, Consumer Directed Care principles can potentially open up new collaborative partnerships once it is agreed that providers can enter a working arrangement with communities, not merely individuals.

The Northern Institute at Charles Darwin University (NI, CDU) is working towards entering a working partnership with community representatives, to conduct research that explores ways of delivering appropriate types of support to this remote community, as a test case. The suggested approach is described below.

#### **4. A relationship of learning – towards a new model for Remote Community Directed Care**

The working partnership would be orchestrated through COTA NT's Coomalie branch. Together with NI and COTA NT, it would have representation of key agents within Local Government, Northern Territory and Commonwealth Governments. The partnership would also seek representation of relevant industry providers of aged social support and care services.

##### **Methods**

This working partnership would comprise of two stages:

##### **Stage 1: Analysis of needs for social support to age in remote places**

The first would include an analysis of current demographic change. This involves robust population projecting using secondary data sources (e.g. ABS census data) to present a profile of ageing at a local level, both currently and into the future.

It would also seek a greater understanding of the kinds of social support these people in remote contexts need to successfully age in place, as well as how these needs change as people increase in age. A needs analysis of this kind would involve the conceptualisation of delivery of services at a whole of community level using a systems perspective, rather more than considerations of individual care packages.

This first stage could, from a series of in-depth case studies and population mapping, present a picture of current and projected requirements in the delivery of social support services. This work would also involve the analysis of current government policy on delivery of aged care services to community, for example drawing links with principles of Consumer Directed Care. Importantly for this remote community, what is being built into this planned methodology from the outset, is the perspective of a Remote Community Directed Care approach.

##### **Stage 2: Development of a model of remote service delivery**

Once current requirements are mapped out, a second stage would be undertaken to investigate – in a shared attitude of mutual exploration and learning - the nature of delivery of remote community



supports for ageing in place. This may be carried out as a series of in-depth case studies of remote 'ageing' communities across the north of Australia. This second stage would aim to define, test and develop principles of a 'community structure of support', further developing the idea of a Remote Community Directed Care model.

NI would lead the research to develop and evaluate this partnership in conjunction with COTA NT. A recommended overarching methodological framework is a Participatory Action Research approach. Included within this broader framework are other project methodologies such as population projection, social needs interpretation/ analysis, program evaluation and policy analysis.

### **Ongoing research**

A further stage in the project would develop these findings, by repeating both stages in other remote contexts that are likely to demonstrate variations of support requirement, due to variations in factors such as demographics (including remoteness) and local resources.

Still further work into the future would monitor how needs for support services in any community can change over time as a function of uncontrollable factors – advanced ageing of the community, changes in resource availability etc.

## **5. Conclusion**

The report outlines findings from a study involving older people living in and around Batchelor, NT. It describes how people fare ageing in remote situations without services and with only each other to rely on for support to age in place. Volunteering is the major source of supply of this help, mainly from other older people. They contribute their skills and capability unconditionally, to maintain a high level of community energy, derived from a willingness to help and resulting social cohesion.

When people are no longer able to cope with voluntary help, their life can shatter as they have no options but to move away to an urban aged care facility, with the prospect of disconnection and loneliness. However, there are resources within the remote community, which if harnessed in partnership with the resources of a provider organisation, can potentially overcome current perceptions of limited capacity in delivering support to remote communities.

The findings of the study feature an exciting prospect for further research exploration. A model of remote aged care delivery for the Top End of Australia is achievable from these findings. It would develop from a new partnership between communities, local and state government and provider organisations. It would harness principles of negotiated, flexible delivery, allowing communities to identify their specific needs and negotiate how the community would orchestrate the delivery of provider organisations' support.