

## Hanging on by our fingernails: providing culturally sensitive, high-quality residential aged care in remote areas

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Rosemary Young was appointed National Director of Frontier Services in 1999 after serving as National Community Services Manager from 1995.

Frontier Services is an agency of the National Assembly of the Uniting Church in Australia and provides a range of community services to over eighty-five per cent of outback and remote Australia, including aged and community care, children's services, health and community services, migrant services and pastoral care.

Rosemary came to Frontier Services from a variety of roles in two state governments with experience in the portfolios of health and community services, industrial relations, justice, water resources and Aboriginal affairs.

Rosemary served as a member of the Board of Governors of the Australian Council of Social Services for some seven years, was a member of the National Reference Committee for UnitingCare Australia since its inception as Uniting Community Services until mid-2008 and represents the Uniting Church Frontier Services on the Australian Council of the Royal Flying Doctor Service.

She has lived and worked in rural and remote Australia and been part of a wide variety of community-based organisations. She was appointed a Member of the Order of Australia for her service to rural and remote Australia in 2006.

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Everything I know about aged care, I learnt from Sharon Davis (Frontier Services Northern Territory Regional Manager). Well, Sharon and my mother.

When I came to Frontier Services in 1995, Sharon was the Executive Director of Nursing based out of Old Timers in Alice Springs.

At that time Frontier Services had 3 aged care services, a range of other community services, and a network of ministry across outback Australia.

Frontier Services, of course, grew out of the pioneering work of Rev John Flynn, who persuaded the Presbyterian Church in 1912 to establish what became known as the Australian Inland Mission. When the Uniting Church was formed in 1977, the outback work of the Presbyterian Church, the Methodist Church and the Congregational Union came together using the name Flynn himself had used, 'Frontier Services'.

Today Frontier Services is the largest single provider of aged and community care across remote areas of Australia. We are also involved in the provision of extensive children's services, particularly mobile services, In Home Care, Remote Family Care and family support services across outback Queensland; Migrant Support Services in remote areas of WA and many, many respite services in remote communities.

Twenty-four patrol ministries provide pastoral support and care to individuals, families, mining camps and small settlements across the continent (and Tasmania).

Essentially we do what others can't or won't and to do that, we have the most extraordinary band of amazing people, and it is their challenges, and those of the people we serve, that make it important that that story be told.

So, I came to Darwin very shortly after my appointment. Sharon and I, of course, had spoken on the phone but I had never met her. I had come from ministerial offices and many years in tertiary administration and government. I was into high heeled shoes and stockings, navy suits, pearls and protocol.

The first night I flew into Darwin was into the teeth of a cyclone. I understand that the challenges in the air of getting onto the ground were as nothing compared to Sharon's concern as she stood waiting and watching as we tried several times to make it down. I fear she thought "I'm going to be asked to identify this woman and I haven't even met her yet!". But I stepped off a plane in Darwin at 25 to midnight, on a blustery humid night

and walked straight into the arms of a person who has a heart for the older people, the most disadvantaged people, of remote Australia.

And then my education began.

Sharon took me to meet with government officers—those responsible for funding the services that were being provided, and those that would need to be persuaded about the services that needed to be provided, before we started on a tour of services. At that time we had no work in Darwin, but that was soon to change.

We set off for Katherine and as we drove, Sharon described to me the services provided at Rocky Ridge; the extraordinary challenge of taking it on at really only a few days' notice; the fortuitous recruitment of the casual night shift Registered Nurse as the Director of Nursing; and the need for plans for the future.

At Katherine, Rocky Ridge had been built perhaps 30 years ago, a very, very long facility; beautiful spreading verandas, glorious views for residents in an idyllic setting. But, my goodness, we threatened to issue the staff with roller-skates. If there was anything good to come out of the Katherine flood of 1999, it was the ability to rebuild, to bring the staff and the residents slightly closer together (and to get rid of the roller-skates).

We went on then to Tennant Creek, where Pulkapulka Kari had come into the Frontier Services network in 1983. 19 beds will never be viable and yet, for the people of Tennant Creek, it is the only available residential aged care without going either north or south, away from land and family. And I learnt from Sharon why it was critically important that we remain committed to keeping it there.

And next to Alice Springs.

Alice Springs was the beginning of the aged care operation of what is now Frontier Services. Flynn had a vision that the 'Old Timers of the Outback' should be able to find their rest towards life's end, in the shadow of Mount Blatherskite. So he secured some land and started to build cottages.

Today on that site we have 46 independent living units, the Old Timers Nursing Home with 68 beds, Flynn Lodge with 20 beds and another 20 to be built this year and we have pioneered there work in respite, in supporting carers, and in a whole range of ancillary support.

Critical to that first expedition, and the journey that has continued since, has been Frontier Services' (and Sharon's) absolutely unwavering commitment to the people of outback Australia and a determination that they must have access to the aged and community care which is available to people in urban areas, no matter how much more difficult, no matter how much more expensive. And that, parallel to that, we continue to challenge the urban-centric models.

Mercifully we are joined and supported in that commitment by quite literally hundreds of other equally passionately committed aged and community care professionals.

Today we provide aged care services in Alice Springs, Darwin, Katherine, Tennant Creek, Derby and Wyndham; community care and flexible care throughout the Northern Territory and the Kimberley; and HACC services in Queensland, South Australia, Northern Territory and Western Australia.

The care that Sharon described, and the care that I observed, in those very first visits 15 years ago, was what people would describe today as person-centred care. We would never have described it as that. We would never have written it up as an academic exercise, it is what drove, and what drives, the care, the staff and the leadership of Frontier Services. The people for whom we provide services are the most important element, they are the centre of the system, they are the reason for our existence. Person centred care goes without saying, especially in remote Australia.

Systems changed and we have too. We've changed structurally, committed massive resources to training, added numerous management and support roles and extended and expanded our operations to meet emerging need.

In those days, the funding was CAM/SAM. For some of you who may remember that, funding for nursing care and funding for the domestic/hospitality elements was provided separately. Vast amounts of work used to be

done in the National Office on costs of freight and separating the cost of freighting food from the cost of freighting blankets. So we were not unhappy when the RCS (the Resident Classification System) was introduced and, over a decade, we all got used to that.

We were never very good at scoring residents, because we were too busy caring for them, too busy making certain that they got home to country, too busy making certain that guardianship made provisions for them to have what they needed, too busy dealing with the issues of language and skin groups and sensitive cultural care, to absolutely necessarily have the documentation up to perfect scratch.

And then in more recent years, we were introduced to ACFI (the aged care funding instrument) and sadly, we were badly bitten by our lack of focus on documentation. We are recovering now, but the focus on care, and the focus on having the right staff to provide that care, meant that we did not necessarily have the most academically inclined, those most addicted to documentation, the people with the most sophisticated computer skills. We just had people who loved our residents to bits.

So now, we have had to have a little re-focus. All of that is incidental in a sense, but it provides the context in which it is possible to continue to provide first class services for people in remote Australia, that are equal to, and I would argue, often better than those available to their urban counterparts.

But, it is not without its challenges.

- staffing
- resourcing
- training
- communication
- morale
- balance and expectation
- and the additional challenges of remoteness.

Frontier Services remains committed, Sharon remains committed, her extraordinary team remains committed, and that means we continue to provide culturally sensitive, high quality services in remote locations.

There are all kinds of sophisticated arguments about how many beds makes a viable service; about what quantum of operational activity makes systems viable; about the need for policy, structure and documentation and no doubt there is something in all of that.

But in Warmun or Wyndham, in Tennant Creek or Tibooburra, the availability of care, the opportunity to stay close to home and to country, close to family and to friends, in the place where you have lived all your life, is much, much more important.

In Yuendumu and Mutitjulu, in Darwin and Doomadgee, the opportunity to train local people to provide the care that ageing members of the community will need into the future is vastly more important than a perfect accreditation kit.

The challenges are many, but the rewards almost unimaginable. And the opportunity to provide high quality, culturally sensitive care is there when we see it in the context of community, in the context of sustainability and in the context of dignity.

Person-centred, absolutely. When it comes to the outcome of the equation, that is all that matters.