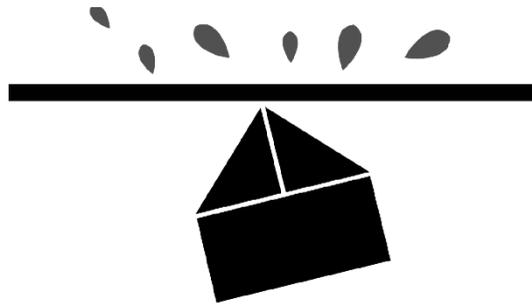


*Addressing neglected contexts
of ageing:
The situation in remote northern
Australia*



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Addressing neglected contexts of ageing: The situation in remote northern Australia

Abstract: This paper examines why many older people living in remote parts of northern Australia are unable to access appropriate, or in some cases, any care services to support ageing in place. Several major factors are identified from the research literature as impacting on what appears to be a neglect of support for ageing in northern regions of Australia. The first is geographical and population related challenges. The second is the Australian Government's adoption of neoliberal market models in structuring its aged care service organisation and provision. The third factor is the dearth of model design fit-for-purpose to the needs of remote communities. An alternative grounded or 'bottom up' approach is proposed, based on evidence from a broad range of relevant research into remote communities, as well as local case studies in northern Australia. Findings from a case study are presented that further illuminate areas of neglect in supporting ageing in remote communities. A key argument based on these findings is for a more flexible funding base that approaches the design and management of services at a community rather than an individual level. Important themes emerging from this discussion include the uniqueness of need in each remote community; the critical importance of drawing on local understanding of the kind of resource needs that exist in a community before 'rolling' out support services, and finally; the capacity of local community members through volunteering, to stretch and adapt resources to solve practical problems associated with ageing in remote places.

Keywords: Remote ageing, indigenous, mixed race, service deficit, neoliberal policy.

Abordando los contextos desatendidos del envejecimiento: análisis de caso en el remoto norte de Australia

Resumen: Este documento examina por qué muchas personas mayores que viven en zonas rurales remotas del norte de Australia no tienen acceso a servicios de atención apropiados, o en algunos casos, a servicios de apoyo al envejecimiento en su lugar de residencia. En análisis bibliográfico nos permite identificar factores clave que influyen en lo que parece ser un descuido del apoyo al envejecimiento en las regiones septentrionales de Australia. El primero de estos factores son los problemas geográficos y demográficos. El segundo, es la adopción por parte del Gobierno australiano de modelos de mercado neoliberales para estructurar la organización y prestación de servicios de atención a la tercera edad. El tercer factor es la escasez de un diseño de modelo adecuado a las necesidades de las comunidades remotas. En el trabajo realizado se adopta un enfoque alternativo fundamentado o "de abajo hacia arriba", basado en la evidencia de una amplia gama de investigaciones pertinentes sobre comunidades rurales remotas, así como en estudios de casos del norte de Australia. En este caso, se presentan las conclusiones de un caso de estudio que incide nuevamente en la desatención del apoyo al envejecimiento en comunidades rurales remotas. Una de nuestras propuestas principales descansa en una financiación más flexible que aborde el diseño y la gestión de los servicios a nivel de la comunidad y no a nivel individual. Entre los temas importantes que se desprenden de este debate figuran la singularidad de las necesidades de cada comunidad rural remota; la importancia crítica de aprovechar la comprensión local del tipo de necesidades y de recursos que existen en el medio rural antes de "desplegar" los servicios de apoyo y, por último, la capacidad de los miembros de la comunidad local, a través del voluntariado, para rentabilidad y adaptar los recursos existente a fin de resolver los problemas prácticos asociados con el envejecimiento en espacios rurales remotos.

Palabras clave: envejecimiento a distancia, indígenas, mezcla de razas, déficit de servicios, política neoliberal.

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Introduction

Many older people living in remote parts of northern Australia are unable to access appropriate, or in some cases, any ageing related support services despite Australia's status as a wealthy OECD country. While residential-aged care facilities are generally confined to regional centres at great distances from these communities, the options for adequate support for people to remain and age in their own community are underexplored for the remote Australian context. This paper is focused on the question: What options are there for home and community-based aged care, for older people in remote communities in northern Australia?

We explore the question of why, despite a well organised public service system in Australia, there appears to be a neglect of support for ageing in place in northern Australia. There are two cohorts of older people within the focus of this discussion of remote northern communities: The first cohort is made up of elders and grandparents within Indigenous remote communities, where one or a few extended families are living traditional lifestyles, on land or 'country' that has been inhabited for generations by their ancestors. The second cohort is typically a township and surrounding rural blocks, which are inhabited by a racially mixed community. It includes older people who had, in the past, been attracted to mining related work, then retired here (usually of European or Asian descent). It also includes people who retired to the township from their former homes on isolated farms and cattle stations.

Finally, it includes Indigenous people who have been re-settled by government agencies in cheap post-mining welfare housing.

In the literature review that follows, we examine three factors that impact predominantly on service delivery to older people living in the remote north. The first is geographical and population related challenges. The second factor is the Australian Government's reforms to aged care funding that opens aged care to market forces governing its service organisation and provision. The third factor is the dearth of model design fit-for-purpose to the needs of remote communities. This includes the disconnect between mainstream models of service provision by government and cultural requirements in the way services are designed and delivered in remote communities. How the 'disconnect' may be overcome, is illustrated through the presentation of a successful model of community based care developed for Indigenous seniors in one remote community.

Following this review of the literature, we present our own case study findings in support of an argument for an alternative approach to supporting people (Non Indigenous and Indigenous), ageing in remote communities. This approach involves a 'bottom up' design of services; co-designed with the community and reflecting the identified needs and wishes of the senior community. It also involves consideration of principles of funding that best support care sustainability in remote communities.

Geography and population related challenges

The remote regions of northern Australian are home to a relatively large Indigenous Australian population, as well as a smaller number of Non Indigenous Australians. Mainstream Non Indigenous populations are concentrated along the cooler, more temperate, southern and eastern coastal areas, in both urban and rural settings (Alston, 2007; Bourke, Humphries, Wakerman and Taylor, 2012).

Rurality and remoteness are related along a continuum in Australia, and are measured according to a community's distance from, and access to resources such as public transport, health and education (ABS, 2011). A community can be described as being in a rural or remote location as determined by the Accessibility/Remoteness Index of Australia (ARIA) classification, where 'remote' designates further distance from resource centres than 'rural'. Remoteness is the most common designation of

communities across the north of Australia, while most small non-urban communities in the southern and eastern coastal regions are considered to be rural.

It is important to understand the differences between these remote northern communities and the rural communities of the south. Differences include impacts of climate, distance, changing economic factors and low population, and the challenges these factors pose to resourcing and ensuring the survival of these numerous small communities.

Major geographic factors differentiating the northern regions

Several climatic and socio-economic factors are at the centre of the disparity between the north and the south, as places to live in Australia (Alston, 2007; Garnett *et al.*, 2009). While the southern parts of the country (the Tropic of Capricorn runs through the lower north of Australia) enjoy a climate ranging from temperate to subtropical – supporting a wide range of agriculture – the north ranges from very hot and dry – that sustains almost no agriculture – to tropical in the far north. The far north is considered a primary resource frontier with major industry confined to mining and raising beef cattle (as well as tourism) (Garnett *et al.*, 2009). Many remote northern communities are surrounded by unsealed roads and are situated between 500 and 1000 kilometres from a major resource centre such as a regional city. In the wet season (between November and April), roads can be inundated, cutting off communities in the tropical north except via air transport. This makes it practically impossible for some communities to access health care and support (Australian Health Ministers' Advisory Council, 2015; Bourke, Taylor, Humphries and Wakerman, 2013). People ageing in these harsh conditions in Australia therefore have similar experiences to ageing communities in extreme northern hemisphere climatic conditions such as in Canada (Sims-Gould and Martin-Andrews, 2008) and Alaska (Foutz, Cohen and Cook, 2016).

Historically, gold and uranium mines were responsible for the growth of small townships and surrounding communities in the 1950s to 1970s. These mines have in most cases ceased operating and local industry has contracted, leaving these townships poorly resourced for employment opportunities. They are ageing townships, as youth leave to seek work elsewhere (Alston, 2007). This scenario is similar to that of other developed northern countries where the ageing population that is left, has been described for the Canadian context, by Skinner and Hanlon, as the "neglected contexts of rural ageing" (2016, p. 2).

Population factors

The ageing demographic of the remote northern region is reflected through census statistics (Australian Bureau of Statistics: ABS). In accordance with Commonwealth Census statistics reporting convention, the statistics reported here are for the central northern region of Australia – the Northern Territory- which has a large proportion of its population living in remote communities. Indications from a recent 2016 population Census are that the statistics reported below reflect ABS population patterns across the whole of northern Australia.

Australia's population is nearing 23.5 million. Of the 228,833 people living in the Northern Territory, the Indigenous population accounts for 35%, making this the most concentrated Indigenous population of any state or territory in Australia. This Indigenous population is made up of Aboriginal people from the mainland, as well as people who come from the Torres Strait Islands off the coast of north eastern Australia. Half the Indigenous population in the Northern Territory live in a non-urban location (ABS, 2016) and most of these locations are classified as remote.

The overall proportion of Australia's population aged over 65 is expected to rise from 13% in 2011 to 18.7% in 2031 (Hugo, 2014). Population projections in the Northern Territory suggest that this older population will increase from 15% of the population in 2011 to 22% in 2041 (Zeng, Brokensha and Taylor, 2015). Due to increased longevity associated with gradual improvements in health outcomes, the Indigenous population aged 65 and over is expected to reach 5% of the Northern Territory population by 2041 (Zeng *et al.*, 2015). Given the relatively poorer health status and greater chronic health challenges amongst Indigenous seniors, old age for this cohort is usually considered to begin from early 50s. According to this measure, the proportion of the population considered to be elderly, will therefore be significantly higher than currently anticipated (Zeng *et al.*, 2015). These statistics suggest that communities in the north are ageing at a faster rate than experienced previously.

Aboriginal and Torres Strait Islander culture and ceremony are Australian icons presented to the rest of the world. Yet, according to government agencies and independent medical authorities, these communities have the poorest health indicators, have a higher mortality than the rest of Australia and experience the poorest living conditions of any Australian community (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2005; Marmot, 2011). Highest amongst the causes of premature mortality among Indigenous Australians are cardiovascular

disease, diabetes, kidney disease and cancer – all diseases which, according to Marmot (2011), are closely linked to social causes.

It follows then that older Indigenous people living in remote communities would be expected to have the worst health outcomes of any other sector of the population (Lindeman, Smith, LoGiudice and Elliott, 2017; LoGiudice, 2016). Many of these communities do not have access to appropriate health services or community health support (Bourke *et al.*, 2013; Clapham, O'Dea and Chenhall, 2007). Where there are services, they may not be accessed by Indigenous people on account of their being culturally inappropriate (Lindeman *et al.*, 2017; LoGiudice, 2016) or else inaccessible due to lack of transport (Australian Health Ministers' Advisory Council, 2015). Moreover, it is reported how people living in remote communities experience more untreated injury associated with living in an unsafe environment, and experience poorer nutrition, often due to lack of access to affordable fresh food (Alston, 2007; LoGiudice, 2016).

Despite these conditions and as a result of various interventions under the Closing the Gap program by the Australian Government (Australian Health Ministers' Advisory Council, 2015), Indigenous Australians are slowly experiencing increased longevity (Australian Indigenous HealthInfoNet, 2017). This means that more people are living into older age and requiring support services to age well, living in their community.

Reports on the health and welfare of remote communities presented above relate to communities as a whole. The specific determinants of the health status of older people in these communities are poorly represented in these investigations into remote community welfare. Sadana, Blas, Budhwani, Koller and Paraje (2016) however, emphasize how factors that determine health in later life are intricately tied to social determinants of health across the lifespan. For anyone at any age, social determinants of health include economic security, physical safety and feeling connected to friends and family. For Indigenous people, additional pertinent factors include connection to one's land and factors of historical removal from one's traditional land (Australian Indigenous HealthInfoNet, 2017).

Loss of multiple psychological and social connections impact the health of Indigenous people globally, who, similarly with Australian Indigenous people, have lived through colonisation. Browne, Mokuau and Braun (2009) describe the negative impacts of colonisation on the health of older Indigenous Hawaiians, while Bethune *et al.* (2018) describe a range of social determinants of ill health for older Canadian First Nation peoples, including the relationship between social stressors and chronic disease. Dennis (2014) describes the impact of multiple losses of loved ones and loss

of traditional land, on the health of older Indigenous Americans, while Wiles *et al.* (2017) analyse the value and importance of connection to place, in terms of health of older New Zealand Maori people.

Lack of resources to care for community members as they age, is a key threat to the health of the community and individuals within it. A community resource base to maintain living one's entire life on one's land, is fundamental to sustaining these communities: "[Resources so fundamental as these] create conditions that enable people to take control of their lives...[and] lead flourishing lives that they have reason to value" (Marmot, 2011, p. 513). However, most Indigenous older people and their families are resigned to the prospect that, when the family can no longer care for the older person, that older relative will be transferred to residential care in a city that is too far from home for relatives to visit, and where care delivery does not accord with their own cultural constructs and understandings (Gibb, 2017a; Lindeman *et al.*, 2017; Smith, Grundy and Nelson, 2010).

While the main focus of this discussion has been on the current conditions for Indigenous older people living in very remote, traditional homelands, support conditions for Non Indigenous and Indigenous people living in small towns also classified as remote, is only marginally better.

Marketisation of aged care services

Funding to support ageing-in-place in Australia is complex; in the case of regional and remote service delivery, funding is even more complex. While primary health service (including community health services) funding is shared by the Australian (Commonwealth) and state/territory governments, funding for the delivery of residential aged care or community aged care is controlled centrally by the Australian government. It provides community aged care funding in financial 'packages' with prescribed limits on funding of different services. Until recently, these packages were allocated to accredited aged care providers, all city based, who were responsible for dispersing these packages to clients who were assessed as eligible for care assistance.

In recent decades, aged care provision has been shifted to a market based economy, away from the traditional tax-based social welfare system (Alston, 2007). This

new system operates on free market forces shaping how services are delivered and reflects a trend throughout the developed world (Jones and Heley, 2016; Thompson and Postle-Lecturer, 2007). Here, the emphasis is on older people taking more responsibility for their care in the form of user contributions. This has taken the form of a user controlled system referred to as Consumer Directed Care (CDC), following a similar approach developed in the USA, UK and New Zealand (Ottman, Allen and Feldman, 2013). This new system allocates a financial package directly to eligible older people, who must then engage appropriately accredited practitioners or carers to deliver this care. While this change is framed as increased choice for aged care consumers, several commentators have questioned the extent to which an older person really has the freedom to exercise choice between meaningful options (Andersson and Kvist, 2015; Brennan, Cass, Himmelweit, and Szebehely, 2012). Many older people find the administration of CDC too onerous, especially as they become more frail (Ottman, Allen and Feldman, 2013). Moreover, when basic services are not even available locally, such as in remote communities, then under marketisation of care, the introduction of services to small communities is likely to be considered as financially not viable (Leonard and Johansson, 2008). Hence, the lack of services to these regions.

Concern about enactment of aged care policy led the Australian government in 2011 to engage its productivity commission to conduct an inquiry into its aged care services (Productivity Commission, 2011). The report from the commission presented the following stated goal as the government's benchmark by which it reviewed service delivery: "[to] ensure that all frail older Australians have timely access to appropriate care and support services as they age" (Productivity Commission - Overview, p. xxvii).

Prior to the 2011 inquiry, a discussion paper released jointly by the National Rural Health Alliance (NRHA) and Aged and Community Services Australia ACSA (NRHA/ACSA 2004), entitled *Older people and aged care in rural, regional and remote Australia*, argued that while people preferred to remain and age in their own familiar environment, services to support that happening in the bush were not available. Or, if there were services, standards of care were way below those enjoyed by metropolitan counterparts. Furthermore, while some rural communities theoretically had access to care supports, there were usually long waiting lists as care packages were already allocated to other service recipients. Packaging care, it is argued in the inquiry, gives access to people with higher level, complex needs; meanwhile other older people, whose needs for support to age in place are less complex but just as critical, miss out. Finally, it has been noted in several of these reports that what has been packaged to date as aged care services, is designed and funded on a metropolitan model of aged care; it does not work for small rural and remote places.

The inquiry recommended abandoning care packaging in favour of a flexible range of supports based on entitlements, with direct access to support for low intensity care need. The NRHA's (2011) response to the inquiry expressed concern that older people outside metropolitan areas would continue to 'fall through the cracks' between service sectors, unless there is a special focus on how coordination between agencies will be achieved in rural and remote areas.

While government policy discourse valorises 'ageing in place', the reality is that, by adopting the neoliberal platform of turning aged care over to market forces, it fails to safeguard the delivery of support services that would successfully promote ageing-in-place (see Keating 2008; Skinner and Hanlon 2016). At a minimum, ageing in place means access to the kinds of services that help maintain older people's capacity to age in places of their choice and to actively retain their roles and social place in community.

Dearth of model design fit-for-purpose of ageing in remote places

The following discussion explores further why the current system of marketized health care fails to safeguard the needs of Indigenous people living a traditional lifestyle in remote homelands. Mainstream health and aged care practices are delivered in a cultural construct that is at odds with that of Indigenous people from remote communities and causes them a great deal of distress, if they are forced to accept them (Lindeman *et al.*, 2017; LoGiudice *et al.*, 2012). For example, to achieve cultural safety in care giving, decisions relating to care of older people must always be made at the community level, usually in community councils and not by health professionals. The means of giving care, at what time and by whom, is governed by strict cultural observances to do with ceremony and kinship within Indigenous communities; these need to be understood and complied with.

What can work for Indigenous communities is captured in a case study reported by Smith *et al.* (2010). This action research study involved members of a remote Indigenous community in central Australia, developing a fit-for-purpose community support program for older people – 'The Old People's Program'. As custodians of culture and custom, older people were active participants in the design

of services and mechanisms of delivery. They also comprised the management committee that continued to oversee the delivery of services beyond the period of the research. Three key themes emerged from this case study representing essential features of a community aged care model that is fit for purpose within a remote Indigenous context.

Theme 1. Community control

Planning was undertaken at the community level according to priorities set by community members and their perceptions of timing and pace of development. In practice this meant giving an appropriate length of time to consolidate and improve existing services; then identifying and trialling ways to meet new issues, if and when they arose. Development of services occurred through a continuous consolidation-and-review process that honoured values of immediacy, mobility and intimacy that encircle everyday life in the community.

Theme 2. Cultural comfort

Service provision was informed by, and provided within, the cultural practices of the local people, rather than within another cultural construct: "Hands on services are delivered primarily by local people who speak Warlpiri and are known to the client group" (Smith *et al.*, 2010, p. 7). Care giving had to follow cultural protocols. Services of care were required to be carefully organised along kinship obligations and relationships, avoidance relationships, in accordance with spiritual beliefs, and other cultural observances such as the significance of fire and sleeping arrangements. There also had to be some adaptation of ceremonial events, to allow care workers to sustain their ceremonial obligations while preserving continuity of care services.

Theme 3. Two services working together

Mainstream services –from an alternate cultural construct – were seen as supplementing the services plan designed within the community. Mainstream services generally included a primary health clinic that employed Non Indigenous medical and

allied health staff. This alternate framework in which the clinic staff worked, had to be integrated carefully within the Indigenous design of service delivery. In the event of a complex case needing acute or sub-acute care, meetings would be held with family, care workers and the health clinic staff present to form a health plan. If the issue pertained to more than a service issue, then the case would be referred to the elders' Management Committee.

In this model, mainstream services function in a supportive and complementary manner. Professional services to the community are accountable and responsive to a local management system that is governed by structures and norms of community tradition. Senior members of the community thereby lead in decision making about service planning and delivery that is culturally appropriate.

International literature on resilience amongst older people, identifies how the sense of purpose and connection with an important social role, continues to be as important to sustaining physical and mental resilience of people past retirement, as it is during their working life (Clark, Burbank, Greene, Owens and Riebe, 2011; Morrow-Howell, O'Neill and Greenfield, 2011). Just as community structure and culture varies dramatically across the world, so older people sustain their roles in community in different ways (Hodgkin, 2012). Coall and Hertwig (2010) analyse the value of grandparental altruistic investment in their grandchildren in European societies, while Browne *et al.* (2009) present the value to Hawaiian Indigenous older people of participating actively in shaping the community's direction. Pathike, O'Brien and Hunter (2019) portray how northern Thai older people continue to push themselves beyond limitations to their own capacity, in order to remain connected to their purpose (usually work) and their values (customary practices and beliefs).

In Australia, each Indigenous community is unique in its cultural practices and customs. However, common themes can be found. The role of older people is in keeping traditions alive: keeping culture strong by observation of ceremony and through story telling, maintaining connection to the land (Smith *et al.*, 2010; Spencer and Christie, 2017; Warburton and Chambers, 2007). These older people invest immense time and effort in maintaining and transmitting culture. They also have roles as advisor, support for troubled youth (Warburton and McLaughlan, 2007); even serving on committees that manage delivery of services to the community (Smith *et al.*, 2010).

Similarly to Australian Indigenous older people, Alaskan seniors are community educators and transmitters of cultural knowledge (Lewis, 2014). Lewis draws the connection between having purpose and worth in older age and achieving the eighth stage - that of 'generativity' - in Erikson's stages of psychosocial development

(Burton, Westen and Kowalski, 2012). For older people generally, ageing successfully relates to feeling integrated into one's community (Clark *et al.*, 2011). Given the evidence for the relationship between maintaining active community roles and personal resilience and wellbeing, providers of formal care and support need to avoid rendering older people passive and compliant care recipients.

Evolution of a more appropriate funding model

In recent times, the Australian government has developed an alternative funding model for traditional Indigenous communities, based on 'allocation of places' not occupancy of a place (or package) (Department of Health and Ageing, 2011). This means funding is set by the size and scope of service requirement in a community, not the allocation of a service package to individuals. This funding arrangement is called the National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) and is designed to allow a local governing body to oversee the arrangement and delivery of services in response to community need. This has the advantage of achieving a closer cultural fit to the specific needs of older people in that community, in the way services are delivered. The NATSIACP has been received well by traditional Indigenous communities. Its limitation lies with the inflexibility of the program's deployment. No other Indigenous (or Non Indigenous) communities can access this funding model; currently it appears that the only eligible beneficiaries of this program are those living in a traditional Indigenous community. A recent legislated review into aged care (Department of Health, 2017) was conducted in Australia, which returned a recommendation that the NATSIFACP be extended to all communities providing care to Indigenous people.

A few local government councils in central Australia have undertaken to fill the gap in ageing support services to communities – both traditional Indigenous and mixed race – by extending the scope of their own operations to deliver care services to frail older people in their homes. These services include provision of personal care, home support and cooked meals (Gibb and Dempsey, 2018). Council staff report having to deal with and resolve unique exigencies –and associated costs – that would never be borne by city-based providers of aged services. For example, high costs are associated with supplying expert tradespeople to maintain and repair the ovens in remote communities that are used for preparing food for seniors. There are also costs to these councils

associated with transportation of fresh food in refrigerated trucks and aircraft over thousands of kilometres. There is currently no financial support from higher tiers of government (state/ territory and Commonwealth) to meet these extra costs. Council staff report feeling that neither state/territory nor Commonwealth Governments really understand remote communities and their needs (Gibb and Dempsey, 2018).

A further dilemma at present for local government councils in remote regions is that they are forced to operate in two parallel systems – the flexible NATSIFACP system for Indigenous communities living traditionally, and the administratively cumbersome and inappropriate market based system of individualised care packages, for everyone else living in a remote community (Gibb and Dempsey, 2018).

Case study of ageing in remote townships in the remote north

The Non Indigenous ageing population in the remote north appears to be unrecognised by government agencies and therefore completely neglected in ageing policy, as well as ageing studies. To address this gap in knowledge, we conducted a case study of ageing in a small, mixed race township in the NT that is classified as remote.

Method

The value of the case study research method lies in its facilitation of in-depth examination of social issues, focusing in on complex contextual factors (Yin, 2014), such as cultural and geographic features of small remote communities (Keating, Eales and Phillips, 2013). This allows for an appreciation of the uniqueness of communities and can avoid unhelpful generalisations when applying research knowledge to service design and planning (Atchan, Davis and Foureur, 2016).

The study was conducted in two stages with the aim of developing more understanding of people's experience of ageing in a remote northern setting. The first (stage 1) was carried out with Non Indigenous seniors. The second (stage 2) involved informal interviews with Indigenous seniors living in the town along with their cultural guide and interpreter.

Stage 1: Non Indigenous participants

Setting

The study was conducted in a region classified as remote, south west of Darwin. Members of this community were approached through the local branch of Council of the Ageing, Northern Territory (COTA, NT) and invited to participate in the research. A 'snowballing' method was used to invite other older people to participate in further interviews. Initial meetings and follow up discussions were held in the local bowls club-room, in the town centre.

Participants

Fourteen senior members of the community participated voluntarily in an interview of no more than an hour and a half, in length. 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 and no participant was living in the same region as their children or other close family members.

Process

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. Ethical approval to carry out the research was obtained from the Charles Darwin University Human Research Ethics Committee.

Interviews were largely unstructured and commenced with an invitation to the interviewee to share what it is like living and growing older in this place. Prompts were given to elaborate on issues raised that related to enhancement or obstruction of one's resilience and capacity to remain and grow old in this place.

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, which were then subject to a further level of interpretation via the use of theoretical coding (Charmaz 2014). This step in interpretive coding draws out relationships between categories and

subcategories and specifies properties and dimensions of the relationship. From this level of interpretive coding several broad categories were chosen, which provided a rich grounded theory comprising the more fundamental categories of meaning.

Two follow up focus groups were held over the following six months involving these participants, who also invited friends or spouses (three additional seniors) to join in. These meetings revisited and worked over the themes, adding further focus and clarity to the major common issues concerning the ongoing wellbeing of this community. Topics emerging as key concerns for further discussion were transport, personal care support and respite care support.

Researchers and community members also met socially during these field visits and people informally shared perspectives on thoughts generated in the interview. Community members also emailed additional thoughts that elaborated on their responses, or on some thought that developed following our field visits.

Stage 2: Indigenous participants

In the following year the researcher returned to the mixed race community and with the assistance of an Indigenous cultural guide, conducted a brief interview (approximately half an hour) individually, with four Indigenous seniors aged between 55 and 65 years, living within the township (2018b). Three of these meetings took place in the garden of the interviewee while the fourth took place in a public park. The cultural guide (an Indigenous woman, middle aged) who also works as an aged carer, consented to being interviewed and contributed information on the perspective of the Indigenous community, concerning aged care support in the region.

Questions asked of interviewees, as well as transcription and analysis of interviews was similar to the process described above for Non Indigenous participants.

Findings and discussion – Non Indigenous seniors

In this section, thematic findings are presented from interviews with Non Indigenous seniors, along with a selection of supporting verbatim quotations. Quotations are identified by a number (e.g. P1) and gender (M = male, F = female).

Non Indigenous seniors live either in the township or on rural blocks surrounding the township. Some are not known to any government authority until they appear at the primary health clinic, seeking assistance for a health problem. Many of these people moved to the north of Australia as part of the mining workforce between the 1950s and 1970s and retired in the area. Others were born and raised on cattle stations and have lived all their lives in the region.

Non Indigenous members of remote communities also find mainstream service design to be inappropriate to their needs as a community. Those older people interviewed in our study described how the prescribed services offered to individuals from a menu and costed as a 'package' are often a poor fit with the recipient's needs and offensive to people's self reliance. What is needed, in their view, is greater flexibility to adapt this offer of assistance to their circumstances:

Well, when you're faced with basically no help from outside organisations, you have to stand on your own two feet and work out ways of doing things. And therefore, you do become independent and resilient. Because you start looking at, how can I do things to help myself before reaching out to the organisations to come and do it for you? As a result, these people become very clear about the best way to go about self care and caring for their loved one (F1 caring for spouse).

[Once], the aged care people did come down and assess the house. But one of the things that we found with them was that they had a set plan, steps 1 to 10. And [they] weren't prepared to deviate: 'you're at this stage and this is what you will have' irrespective of whether what they were offering was safe or adequate or necessary. They were adamant that you would have that. And I think in a lot of cases, people [who] come out to assess patients, should also listen to carers. But the people from the aged care said, 'that's step number eight and that's what you will [have]' (F1).

Moreover, services from a provider external to the community usually lack any organic connection with the community's capacity to look after itself. Rather than adding to resources in situ, they often incapacitate this local resource:

I mean, it's about there's a lot of willing[ness] in a rural community to support one another. And people put energy into that in one way or another. And you don't always know about it if you're not personally involved in it. But if somebody comes along and says, 'well, we've got to have all these support

services', those support services need to fit with [what's in place], not ride roughshod over it (M1, caring for partner).

Remote aged care delivery requires new approaches to establishing collegial respect and mutuality between external professional service providers and volunteers already working in the community (Shen, 2012). Policy for the planning of services to remote communities requires a more innovative way of thinking that doesn't reduce community to its individuals. As one participant described his experience:

Services tend to divide communities into individuals ... communities are individuals, but Community is more than [just a group of individuals] (M2).

'Off the shelf' aged care packages are not the answer to the service needs of remote community members, as these threaten the subtle relationship older people have with other community members (providing mutual help) and with place (integration with place forged through collective volunteering). It is the support by governments for this diversity in resource need and flexibility in its delivery, that Keating *et al.* (2013) argue, really determines what makes an age-friendly community.

This case study with the Non Indigenous people living in a remote township in the NT found that volunteering was an important occupation of older people that maintained their independence (Gibb, 2018a). This finding is supported by research literature on volunteerism that sustains ageing communities in developed countries also in the northern hemisphere (Gjertsen, Ryser and Halseth, 2016; Rozanova, Dosman and Gierveld, 2008).

People who choose to remain and grow old in remote regions of northern Australia, are generally characterised as highly resourceful and self reliant (Gibb, 2017b). These people contribute by giving immense time and energy to mainstream community life, as an investment in mutual survival to fill the gaps of services are not there . Retired people described their volunteering work in formally organised public programmes, such as staffing the tourist information centre and working to restore the historic museum (Gibb, 2018a). They also described scenarios of informal assistance to each other; for example, a retired plumber fixing plumbing for other people, or an ex-nurse who assisted people with showering/bathing and dressing following hospitalisation or a fall. The rendering of assistance to each other took place freely on an implicit, indirect 'pay back' system, or a 'pay forward' system, where acts of support were given to someone else.

Most older people interviewed described an intense sense of belonging to the place in which they had chosen to grow old. For some it was simply the familiar – it had always been home. For retiree immigrants, it had offered new opportunities. Many described an energy or vitality that seemed to be forged through mutual commitment to living there and volunteering time and skills to the community. The degree of commitment to place is comparable with the notion of 'integration with place', which Cutchin (1997, cited in Hanlon, Skinner, Joseph, Ryser and Halseth, 2014) describes as occurring through shared opportunity to participate in solving practical problems affecting life, in that place.

Ironically, as people who live within remote communities become older and face increasing frailty, integration or deep connection with the place makes them highly vulnerable, given the lack of formal services of social and personal support to sustain them. During the time of interviewing these older people, the husband of one couple was struggling with advancing dementia, and soon required dementia support services. This forced the couple to leave their small farm near the township and relocate to a capital city. The woman had been born on a cattle station and lived her whole life in the region; her husband had moved to the area to work in the mines as a young man. She described the forced move as breaking her heart.

Findings and discussion – Indigenous seniors

The Indigenous people involved in this study are living in welfare housing. They are not part of the volunteer system of care and sociability enjoyed amongst the Non Indigenous community of seniors. Rather they tend to keep to themselves and rely almost completely on extended family for their company and support to age-in-place. They were not aware at the time of the interview, about government funded services they might be able to access as they become more frail and in greater need of extra support.

The township in which they live in is not recognised as a traditional Indigenous community; hence, these people are not eligible for the kind of community controlled service funding arrangement that is codified in the National Aboriginal and Torres Strait Islander Flexible Care Program (NATSIFACP). As a result these people suffer the

same lack of access to appropriate care assistance in their home, as do older Non Indigenous people living in the same town.

Amongst this Indigenous cohort are older people who up until the 1960s were forcibly removed from their parents through interventions arising from government protectionist policy (Human Rights and Equal Opportunity Commission, 1997). These members of the 'Stolen Generations' were often unable to reconnect with their families or return to their traditional homeland. Over a lifetime they have sought affordable housing in hinterlands outside major cities or in remote townships.

It appears that Indigenous people in these townships who are known as the Stolen Generations, are doubly disadvantaged. Firstly, they do not receive the benefit of being in a traditional Indigenous community, receiving flexible NATSIFACP funding for their care and support. Secondly, as Warburton and McLaughlan (2007) describe, and as we observed, Indigenous older people do not participate in mainstream community networks of informal care that Non Indigenous people create and benefit from (Spencer and Christie, 2017). Indigenous people are more likely to invest effort and time into family. Cut off from their extended family as these members of the Stolen Generations are now, and unable to return to their homeland, these people tend to be the most isolated (Gibb, 2018b).

This discussion has highlighted how services to remote communities cannot be designed and imported from elsewhere: "To be successful, a service needs to be relevant, and to be relevant, services need to take a community development approach in their development and ongoing management" (Lindeman *et al.*, 2017, p. 124).

To summarise, research findings highlight both the need to change mainstream funding models of aged care support for remote communities, as well as the need for greater understanding and involvement of the communities themselves in the design and delivery of services (Greenhalgh, Jackson, Shaw and Janamian, 2016).

From our understanding of the experience of growing older in remote townships, it is becoming clear that these older inhabitants (both Indigenous and Non Indigenous) require greater equity in service accessibility. This could be achieved through the NATSIFACP being adopted for supporting ageing in place, in Australia's remote north. This approach is reminiscent of the former community focused and equity based welfare model (Brennan *et al.*, 2012), which has all but been abandoned in Australia and other developed countries (Kendall and Reid, 2017).

In other words, funding support would be delivered according to the NATSIFACP for all people ageing in any remote community, regardless of the racial

composition, or its status as a traditional Indigenous community. Extended to all remote communities, the model could foster volunteerism and collaborative development within the services design platform; cultural appropriateness of ageing support services would thereby be underscored as a policy priority for all older people.

Conclusion

Many older people living in remote regions in northern Australia are unable to access appropriate, or in many cases any services at all, that would support them growing old in their community. Increasingly, governments choose market-based approaches to curb escalating costs of providing ageing support. This approach leads to further disadvantage for these small ageing communities, given that resourcing support services on a small scale is considered not financially viable.

With data emerging that highlights the advancing age of rural and remote populations, government agents and medical researchers feed into the national spotlight accounts of substandard service development in these regions. There is an opportunity at this point for researchers and health practitioners to demonstrate alternative approaches to delivering support for ageing in place and for different policy frameworks, following a few outstanding case studies that demonstrate 'what works'.

Throughout the paper an argument is mounted for a revision of the funding models used by the Australian government in acknowledgement that market forces make aged care provision untenable in small remote communities. On the other hand, there is evidence that communities themselves have the capability to develop and manage aged service provision with a simpler funding system and a different approach to partnership in the 'at-home' aged care space.

However, in the current political climate where welfare policy is being replaced with neoliberal market based policy in determining how mainstream services will be provided, these demonstrations are likely to continue to be merely regarded as 'special cases'. Funding algorithms used in defining needs for aged care that the Commonwealth Government is prepared to fund, will project a normalised view of older people as urban dwellers, living in proximity to service providers and whose needs may be regarded as individualistic in nature. Under tight budget regulation, the most efficient way to service these needs is the dispatching of itemised service

activities (tasks) to individuals according to a predictive algorithm of decline and deficit. In remote Australia, older people will continue to be stoic, oriented to mutual survival and regarding the welfare of others in the community to be vitally linked to their own. They will survive, but only just. This outcome is not justifiable within a national ethos that upholds and values equity and cultural respect.

References

- Aboriginal and Torres Strait Islander Social Justice Commissioner (2005). *Social Justice Report*. Canberra: Human Rights and Equal Opportunity Commission. Recovered from <https://www.humanrights.gov.au> (accessed 29th December 2017).
- ABS (Australian Bureau of Statistics) (2011). *ARIA index*. Recovered from <https://www.abs.gov.au/austats/abs@nsf/mf/1270.0.55.005?OpenDocument> (accessed 1st March 2016).
- ABS (Australian Bureau of Statistics). (2016). *3101.0 – Australian Demographic Statistics*. Recovered from <https://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3101.0Sep%202015?OpenDocument> (accessed 1st July 2017).
- Alston, M. (2007). Globalisation, rural restructuring and health service delivery in Australia: policy failure and the role of social work? *Health and social care in the community*, (15:3), 195-202. <https://doi.org/10.1111/j.1365-2524.2007.00696.X>
- Andersson, K., and Kvist E. (2015). The neoliberal turn and the marketization of care: The transformation of eldercare in Sweden. *European Journal of Women's Studies*, (22:3), 274-287. <https://doi.org/10.1177/1350506814544912>
- Atchan, M., Davis, D., and Foureur, M. (2016). A methodological review of qualitative case study methodology. *Journal of Advanced Nursing*, (72:10), 2259-2271. <https://doi.org/10.1111/jan.12946>
- Australian Health Ministers' Advisory Council (2015). *Aboriginal and Torres Strait Islander health performance framework, 2014 report*. Canberra: Department of Prime Minister and Cabinet. Recovered from <https://www.pmc.gov.au> (accessed 29th February 2017).
- Australian Indigenous HealthInfoNet (2017). *Summary of Aboriginal and Torres Strait Islander health, 2016*. Recovered from <https://www.healthinfonet.ecu.edu.au/health-facts/summary> (accessed 28th December 2017).
- Bethune, R., Absher, N., Obiagwu, M., Qarmout, T., Steeves, M., Yaghoubi, M., ... Farag, M. (2018). Social determinants of self-reported health for Canada's Indigenous peoples: a public health approach. *Public Health* (In press). <https://doi.org/10.1016/j.puhe.2018.03.007>

- Bourke, L., Humphries, J. S., Wakerman, J., and Taylor, J. (2012). Understanding rural and remote health: A framework for analysis in Australia. *Health and Place*, (18), 496-503. <https://doi.org/10.1016/j.healthplace.2012.02.009>
- Bourke, L., Taylor, J., Humphries, J. S., and Wakerman, J. (2013). 'Rural health is subjective, everyone sees it differently': Understandings of rural health among Australian stakeholders. *Health and Place*, (24), 65-72. <https://doi.org/10.1016/j.healthplace.2013.08.005>
- Brennan, D., Cass, B., Himmelweit, S., and Szebehely, M. (2012). The marketization of care: Rationales and consequences in Nordic and liberal care regimes. *Journal of European Social Policy*, (22:4), 377-391. <https://doi.org/10.1177/0958928712449772>
- Browne, C. V., Mokuau, N. and Braun, K. L. (2009). Adversity and resilience in the lives of native Hawaiian elders. *Social Work*, (54:3), 253-261. <https://doi.org/10.1093/sw/54.3.253>
- Burton, L., Westen, D., and Kowalski, R. (2012). *Psychology*. 3rd Australian and New Zealand edition. Milton, Australia:Wiley.
- Charmaz, K. (2014). *Constructing Grounded theory*. 2nd edition. London, UK: Sage.
- Clapham, K., O'Dea, K., and Chenhall, R. (2007). Interventions and sustainable programs. In B. Carson, T. Dunbar, R. D. Chenhall and R. Bailie (Eds.), *Social determinants of Indigenous health*, (pp. 271-295). Crows Nest, Australia: Allen and Unwin.
- Clark, P. G., Burbank, P. M., Greene, G., Owens, N., and Riebe, D. (2011). What do we know about resilience in older adults? An exploration of some facts, factors, and facets. In B. Resnick, L. P. Gwyther, and K. A. Roberto (Eds.), *Resilience in aging: Concepts, research, and outcomes*, (pp.51-66). New York, USA: Springer.
- Coall, D. A., and Hertwig, R. (2010). Grandparental investment: past, present, and future. *Behavioural and Brain Sciences*, (33), 1-59. <https://doi.org/10.1017/S014502X>
- Dennis, M. K. (2014). Layers of loss, death, and grief as social determinants of Lakota Elders behavioural health. *Mental Health*, (10:2), 32-47.
- Department of Health and Ageing (2011). *National Aboriginal and Torres Strait Islander Flexible Aged Care Program, Quality Framework*. Canberra: Commonwealth Government. Recovered from <https://agedcare.health.gov.au/programs-services/flexible-care/> (accessed 28th December 2017).
- Department of Health (2017). *Legislated review of aged care*. Canberra: Commonwealth Government. Recovered from https://agedcare.health.gov.au/sites/g/files/n...legislated_review_of_aged_care_2017.pdf (accessed 3rd September 2018).
- Foutz, J.D., Cohen, S.A., and Cook, S. K. (2016). Challenges and barriers to health care and overall health in older residents of Alaska: evidence from a national survey. *International Journal of Circumpolar Health*, (75:1) (Online) <https://doi.org/10.3402/ijch.v75.30348>
- Garnett, S.T., Sithole, B., Whitehead, P., Burgess, P., Johnston, F. H., and Lea, T. (2009). Healthy country, healthy people: Policy implications of links between Indigenous human health and environmental condition in tropical Australia. *Australian Journal of Public Administration*, (68:1), 53-66. <https://doi.org/10.1111/j.1467-8500.2008.00609.X>

- Gibb, H. (2017a). Integrated Service Models for Successful Ageing. Key note presented at Australian Disease Management Association (ADMA) & Chronic Diseases Network NT Conference - *Integrated Care: Healthy Child to Healthy Ageing* 11th - 12th September, Darwin Convention Centre.
- Gibb, H. (2017b). Remote aged care: Bush communities need different approach. *Community Care Review*, Winter, 10-11.
- Gibb, H. (2018a). Determinants of resilience for people ageing in remote places: A case study in northern Australia. *Int Journal of Ageing and Lifestyle*, (11:2), 9-33. <https://doi.org/10.3384/ijal.1652-8670.17-333>
- Gibb, H. (2018b). Report into Indigenous seniors' experience of growing old in remote northern townships. *Northern Institute Research Report Series*, Charles Darwin University, NT, Australia. Recovered from <https://www.cdu.edu.au/northern-institute/our-teams/heather-gibb> (accessed 17th December 2018).
- Gibb, H. and Dempsey, D. (2018). Profiling capacity to support older people in remote communities to age in place. *Northern Institute Research Report Series*, Charles Darwin University, NT, Australia. Recovered from <https://www.cdu.edu.au/northern-institute/our-teams/heather-gibb> (accessed 17th December 2018).
- Gjertsen, T., Ryser, L., and Halseth, G. (2016). Gamvik, 'a good place to grow old': The role of voluntary organizations in an ageing resources-dependent municipality in northern Norway. In M. Skinner and N. Hanlon (Eds.), *Ageing resource communities: new frontiers of rural population change, community development and voluntarism* (pp. 106-118). London: Routledge.
- Greenhalgh, T., Jackson, C., Shaw, S. and Janamian, T. (2016). Achieving research impact through co-creation in community-based health services: Literature review and case study. *The Milbank Quarterly*, (94:2), 392-429. <https://doi.org/10.1111/1468-0009.12197>
- Hanlon, N., Skinner, M., Joseph, A., Ryser, L., and Halseth, G. (2014). Place integration through efforts to support healthy aging in resource frontier communities: The role of voluntary sector leadership. *Health and Place*, (29), 132-39. <https://doi.org/10.1016/j.healthplace.2014.07.003>
- Hodgkin, S. (2012). I'm older and more interested in my community: Older people's contribution to social capital. *Australasian Journal on Ageing*, (31:1), 34-39. <https://doi.org/10.1111/j.1741-6612.2011.00528.X>
- Hugo, G. (2014). The demographic facts of ageing in Australia. *Appendix Q for Aged Care Financing Authority Second Annual Report 2014*. Recovered from <https://www.agedcare.health.gov.au> (accessed 28th December 2017).
- Human Rights and Equal Opportunity Commission (1997). *Report on the National Inquiry into the Separation of Aboriginal and Torres Strait Islander children from their families*. Canberra: Commonwealth of Australia. Recovered from <https://www.humanrights.gov.au/our-work/aboriginal-and-torres> (accessed 17th December 2017).

- Jones, L., and Heley, J. (2016). Practices of participation and voluntarism among older people in rural Wales: Choice, obligation and constraints to active ageing. *European Society for Rural Sociology, Sociologica Ruralis*, (56:2), 176-96. <https://doi.org/10.1111/soru.12073>
- Keating, N. (Ed.) (2008). *Rural ageing: A good place to grow old?* University of Bristol, UK: Policy Press.
- Keating, N., Eales, J., and Phillips, J. (2013). Age-friendly rural communities: Conceptualizing 'best-fit'. *Canadian Journal on Aging*, (32:4), 319-32. <https://doi.org/10.1017/S0714980813000408>
- Kendall, S., and Reid, E. (2017). Person-centred acute hospital care for older people transitioning to residential aged care – whose needs are being met? *Ethics and Social Welfare*, (11:4), 353-364. <https://doi.org/10.1080/17496535.2016.1266371>
- Leonard, R., and Johansson S. (2008). Policy and practices relating to the active engagement of older people in the community: A comparison of Sweden and Australia. *International Journal of Social Welfare*, (17), 37-45. <https://doi.org/10.1111/j.1468-2397.2007.00497.x>
- Lewis, J. (2014). The role of the social engagement in the definition of successful ageing among Alaska native elders in Bristol Bay, Alaska. *Psychology and Developing Societies*, (26:2), 263-290. <https://doi.org/10.1177/0971333614549143>
- Lindeman, M. A., Smith, K., LoGiudice, D. C., and Elliott, M. (2017). Community care for Indigenous older people: An update. *Australasian Journal on Ageing*, (36:2), 124-127. <https://doi.org/10.1111?ajag.12316/full>
- LoGiudice, D. C., Smith, K., Shadforth, G., Lindeman, M., Carroll, E., Atkinson, D., ... Flicker, L. (2012). Lungurra Ngoora – a pilot model of care for aged and disabled in a remote Aboriginal community – can it work? *E-Journal of Rural and Remote Health Research, Education Practice and Policy* (12: 2078) (Online)
- Lo Giudice, D. C. (2016). The health of older Aboriginal and Torres Straight Islander peoples. *Australasian Journal on Ageing*, (35:2), 82-85. <https://doi.org/10.1111/ajag.12332v>
- Marmot, M. (2011). Social determinants and the health of Indigenous Australians. *Medical Journal of Australia*, (194:10), 512-513.
- Morrow-Howell, N., O'Neill, G., and Greenfield, C. (2011). Civic engagement: Policies and programs to support a resilient aging society. In B. Resnick, L. P. Gwyther & K. A. Roberto (Eds.), *Resilience in Aging: Concepts, Research, and Outcomes* (pp. 147-162). New York: Springer.
- NRHA/ACSA (National Rural Health Alliance/ Aged and Community Services Australia) (2004). *Older people and aged care in rural, regional and remote Australia: A discussion paper*. Recovered from <https://ruralhealth.org.au/sites/default/files/position-papers/position-paper-04-07-26.pdf> (accessed 5th May 2016).
- NRHA (National Rural Health Alliance) (2011). *Improving the prospects for healthy ageing and aged care in rural and remote Australia*. Submission in response to the Productivity Commission's Draft Report: Caring for Older Australians. Recovered from <https://www.pc.gov.au/inquiries/completed/aged-care/submissions/subdr0887.pdf> (accessed 25th May 2016).

- Ottman, G., Allen, J., and Feldman, P. (2013). A systematic review of consumer-directed care for older people: Implications for model development. *Health and Social Care in the Community*, (21:6), 563-581. <https://doi.org/10.1111/hsc.12025>
- Pathike, W., O'Brien, A. P., and Hunter, S. (2019). Moving on from adversity: an understanding of resilience in rural Thai older people. *Aging and Mental Health*, (23:3), 311-318. <https://doi.org/10.1080/13607863.2017.1411883>
- Productivity Commission (2011). Caring for older Australians. *Report No 53, Final Inquiry Report, Canberra*. Recovered from <https://www.pc.gov.au/inquiries/completed/aged-care/report> (accessed 1st November 2016).
- Rozanova, J., Dosman, D., and Gierveld, J. (2008). Participation in rural contexts: Community matters. In Keating, N. (Ed.), *Rural ageing: A good place to grow old?* (pp. 75-86). University of Bristol, UK: Policy Press.
- Sadana, R., Blas, E., Budhwani, S., Koller, T., and Paraje, G. (2016). Healthy ageing: Raising awareness of inequalities, determinants, and what could be done to improve health equity. *Gerontologist*, (56 Suppl 2), S178-S193. <https://doi.org/10.1093/geront/gnw034>
- Shen, H. (2012). Volunteering and caregiving among older people: Influences of personal resources and personal networks. *The Gerontologist*, (52:S1), 667-667. <https://doi.org/10.1093/geront/gns201>
- Sims-Gould, J., and Martin-Matthews, A. (2008). Distance, privacy and independence: rural homecare. In Keating, N. (Ed.), *Rural ageing*, (pp. 43-52). UK: Policy Press.
- Skinner, M., and Hanlon, N. (2016). Introduction to ageing resource communities. In M. Skinner and N. Hanlon (Eds.), *Ageing resource communities: new frontiers of rural population change, community development and voluntarism* (pp. 1-8). London: Routledge.
- Smith, K., Grundy, J. J., and Nelson, H. J. (2010). Culture at the centre of community based aged care in a remote Australian Indigenous setting: a case study of the development of Yuendumu Old people's Programme. *E-Journal of Rural and Remote Health Research, Education Practice and Policy*, (10:1422) (Online)
- Spencer, M., and Christie, M. (2017). Collaboratively rethinking the nature and practice of voluntary service in three North Australian Aboriginal communities. *Third Sector Review*, (23:1) (Online)
- Thompson, K., and Postle Lecturer, K. (2007). The use of local community resources to facilitate a preventative approach to the care of older people: An examination in a rural context. *Practice*, (19:3), 211-226. <https://doi.org/10.1080/09503150701574341>
- Warburton, J., and Chambers, B. (2007). Older Indigenous Australians: their integral role in culture and community. *Australasian Journal on Ageing*, (26:1), 3-7. <https://doi.org/10.1111/j.1741-6612.2007.00213.x>
- Warburton, J., and McLaughlan, D. (2007). Passing on our culture: how older Australians from diverse cultural backgrounds contribute to civil society. *J Cross Cult Gerontol*, (22), 47-60. <https://doi.org/10.1007/s10823-006-9012-4>

- Wiles, J. L., Rolleston, A., Pillai, A., Broad, J., Teh, R., Gott, M., and Kerse, N. (2017). Attachment to place in advanced aged: A study of the LiLACS NZ cohort. *Social Science and Medicine*, (185), 27-37. <https://doi.org/10.1016/j.socscimed.2017.05.006>
- Yin, R. (2014). *Case Study Research: Designs and Method*. California, USA: Sage.
- Zeng, B., Brokensha, H., and Taylor, A. (2015). *A report on the policy and economic impacts from rapid growth in the number of senior Territorians*. Research Report, Northern Institute, Charles Darwin University. Recovered from <https://www.cdu.edu.au/northern-institute/research> (accessed 5th September 2015).

