



CARING FOR COMMUNITY

Culture, connection and the future of care

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Ageing Australia Regional Remote Summit

I speak from saltwater and desert Country



Larrakia Elder and Traditional Owner

through my father

Daughter of desert people

through my mother

***“People need connection,
family, community and
Country.”***

What does good care really look like?

NOT ONLY

policy, funding and organisational systems

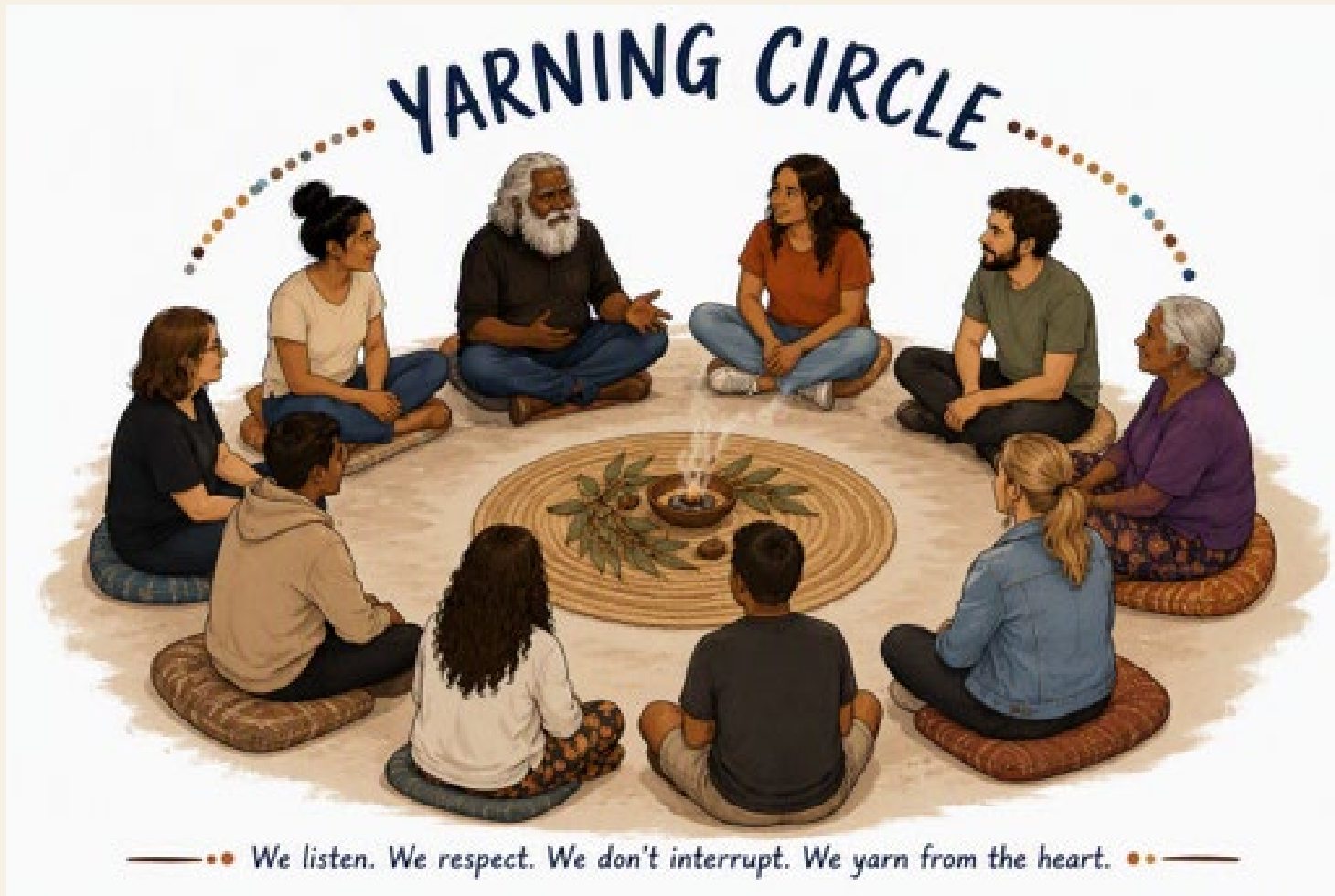
ALSO

relationships, belonging and lived experience

AT ITS HEART

people caring for one another across generations

Lessons from Country



Comfort

Presence

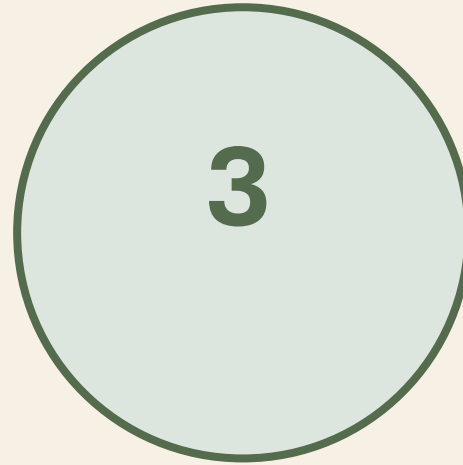
Dignity

Love

Connection

Responsibility

A one-dog, three-dog or five-dog night



“Nobody was left alone. Care was everybody’s responsibility.”

What have we gained, and what are we losing?



GAIN

Specialist services, treatment, technology and clinical expertise

RISK LOSING

Family presence, language, familiar places and connection to Country

ASK

What is happening culturally, spiritually and emotionally?

Sometimes the most important care is connection



“The intervention restored connection.”

Purple House: designing services around people



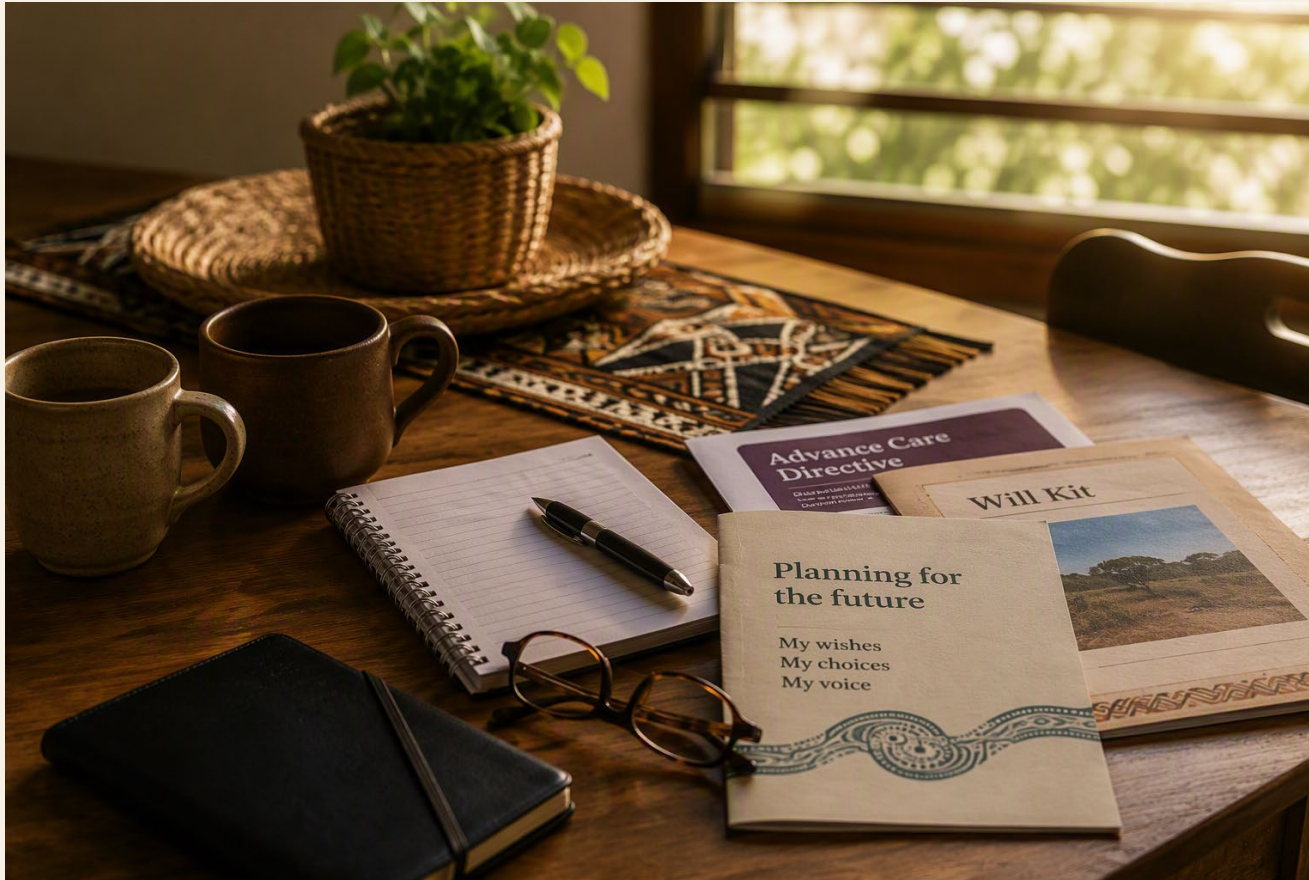
CARE CLOSER TO HOME

Community-controlled services can adapt care around family, culture and Country.

Purple House reports dialysis services in remote communities across the NT, WA and SA, with bases in Alice Springs, Darwin and Perth. Its Nhulunbuy service is in East Arnhem Land.

The lesson: adapt the service to people, not people to the service.

The conversation with my niece



“Do you know what an Advance Care Directive is?”

“No.”

“What about a Will?”

“Money and property, isn’t it?”

“If she does not know, how many others do not know?”

Connection matters to everyone



Aboriginal families

Non-Aboriginal remote residents

Pastoral and mining families

Retirees

Migrant and newly arrived communities

One size will not fit all.

From conversation to action

1 REMOTE AND ABORIGINAL-CENTRED FRAMEWORK

Recognise Country, family, kinship, culture and community alongside clinical care. Include cultural and family considerations in planning, and Aboriginal voices in policy and design.

2 CARE CLOSER TO HOME AND COUNTRY

Expand outreach, community-based care, telehealth and visiting teams. Strengthen partnerships with Purple House and Aboriginal Community Controlled Health Organisations. Use flexible funding.

3 FAMILIES AS ESSENTIAL PARTNERS

Recognise emotional, practical, cultural and spiritual care. Improve carer supports, family accommodation, culturally appropriate respite and participation in decisions.

From conversation to action

4 START PLANNING EARLIER

Plain-language, culturally appropriate education about Advance Care Directives, Wills, Enduring Powers of Attorney, guardianship, substitute decision-making and palliative care.

5 COMMUNITY-BASED EDUCATION

Use trusted health services, community organisations, aged care providers and local leaders. Use stories, visual resources and local examples.

6 INCLUDE GUARDIANSHIP

Connect aged care, palliative care, the Office of the Public Guardian, families and communities. Promote supported decision-making wherever possible.

7 DEMENTIA AND FAMILY SUPPORT

Link dementia support with advance planning, guardianship and future care. Give families information and support before decisions become urgent.

From conversation to action

8 INCLUSIVE ACCESS

Ensure information and services reach Aboriginal and non-Aboriginal residents, pastoral families, retirees and migrant communities. Materials must be culturally and linguistically appropriate.

9 MEASURE CONNECTION

Broaden quality measures: time closer to home or Country, family participation, cultural needs met, preferences documented and honoured, and patient and family experience.

10 A TERRITORY-WIDE CONVERSATION

Bring together health, legal, ageing, disability, guardianship, community-controlled services, families and communities to talk about ageing, caring and dying well before crisis.

Three messages for policymakers

1

BUILD CARE AROUND CONNECTION

Family, community, culture and Country must sit alongside clinical care.

2

INFORM PEOPLE BEFORE CRISIS

Future planning should become a normal community conversation.

3

WORK WITH COMMUNITIES

Sustainable solutions are built with families and trusted organisations, not imposed upon them.

Family
Community
Culture
Country
Choice
Dignity
One another

