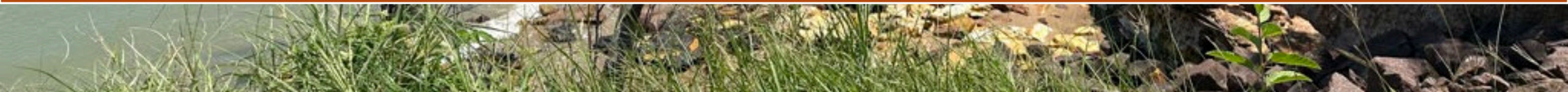




We acknowledge the Larrakia people, Traditional Custodians of Garramilla,
and pay our respects to Elders past and present.



Home Matters: Lessons from Palliative and Aged Care in the NT

Sarah Begley

Danila Dilba Health Service, Clinical Nurse Consultant

Palliative Care Australia, Deputy Chair

Palliative Care Northern Territory, Secretary

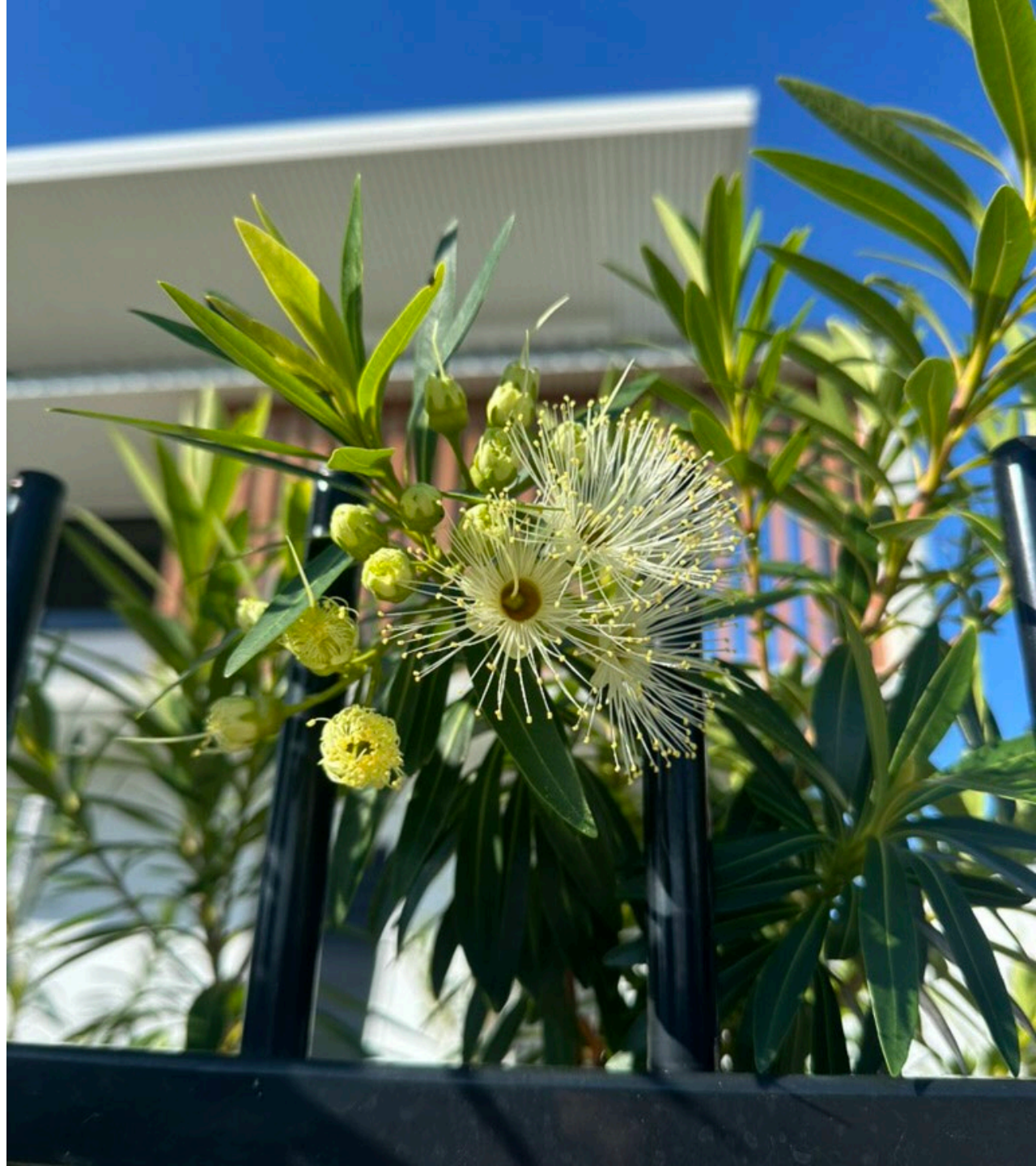
Palliative Care Nurses Australia, Vice President



The sun and sunset

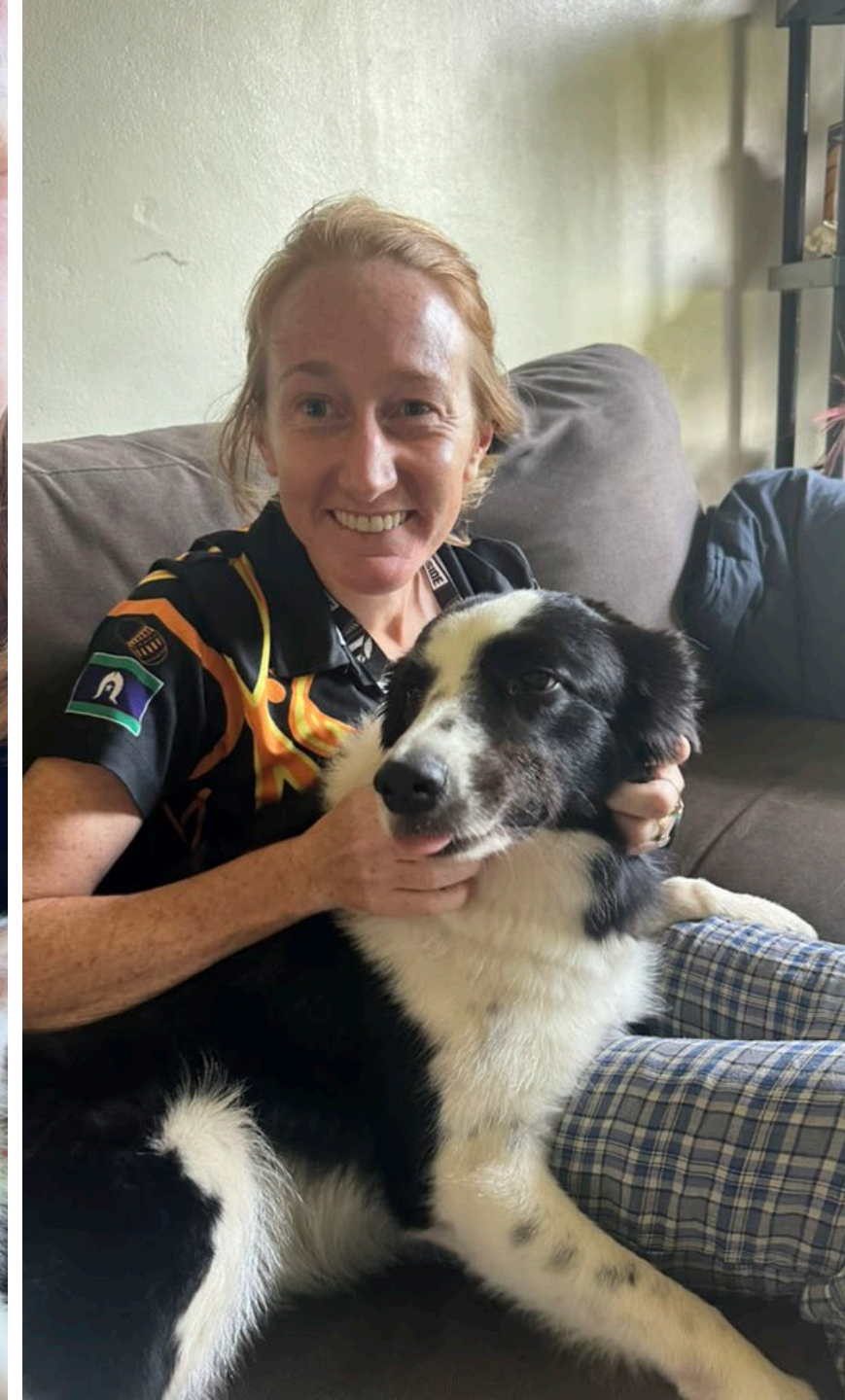


The Gardens



The pictures and collections of life pieces

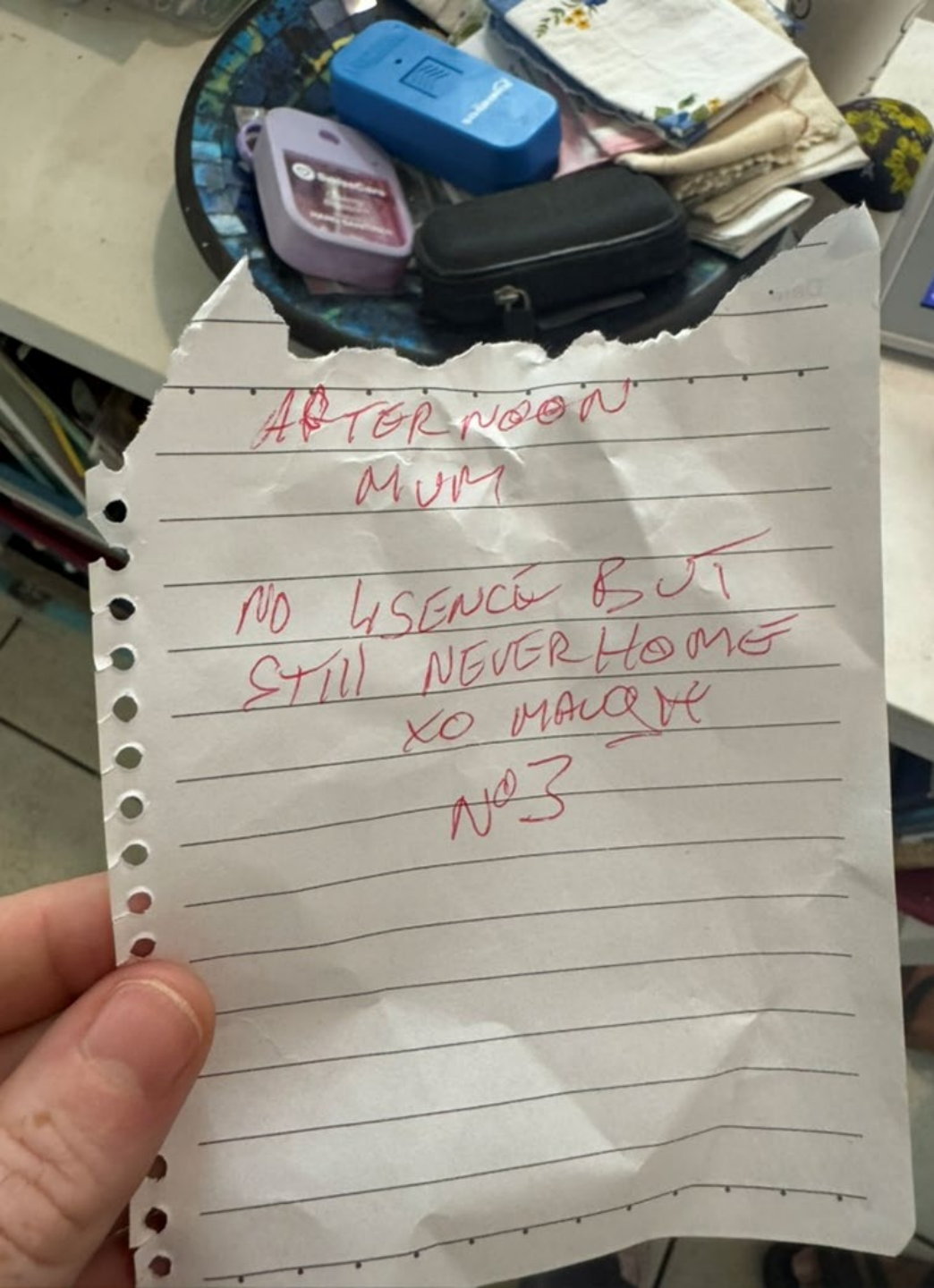




The pets



The flexibility of being at home



AFTERNOON
MUM

NO LICENCE BUT
STILL NEVER HOME
XO MAMMA
NO 3

Living life to the full



Today

- Palliative Care in the Northern Territory
- Challenges for Aboriginal and Torres Strait Islander Elders
- The gaps
- What would help palliative care up Northern Territory
- Bones of good aged care and palliative

Palliative Care in the NT

- Two palliative care units- Alice Springs and Darwin
- One palliative care bed in Katherine
- Remote communities palliative care delivered by community nurses and GP's
- Remote communities are supported by larger services in Alice Springs, Katherine and Darwin (But with no travel budget!)
- One volunteer run palliative care peak body- Palliative Care Northern Territory

1.346m km²

17% of Australia — with communities spread far apart

22 beds + 1 room

12 Darwin • 10 Alice Springs • 1 Katherine room



Limited palliative care capacity as demand grows

6.0 FTE

Specialist community palliative care workforce across the NT

Capacity stretched thin

- One Aboriginal and Torres Strait Islander palliative care liaison officer (Top end) and one aboriginal health practitioner (Alice Springs)
- Community palliative care nurses- 1 Katherine, 3 Darwin and 2 in Alice Springs
- No dedicated travel budget

Need keeps growing

- 65+ population up by 68% in the NT (2011–21)
- Demand for palliative care is increasing across Australia
- 80% of predictable deaths in hospital could benefit from specialist palliative care ¹.
- Only 41% of the predictable deaths in hospital, receive specialist palliative care
- 40% of referrals to Top End palliative Care are Aboriginal and Torres Strait Islander.

1. AIHW (Australian Institute of Health and Welfare) (2026) [Palliative care services in Australia](#), AIHW, Australian Government, accessed 28 August 2026.

Added NT challenges to palliative care

**Hundreds of kilometres
from specialist care**

Workforce turnover

**Getting home to finish up
on Country**

Wet-season access

**Language and cultural
safety**

**Equipment access and
transport**



What's needed

- Visibility on who is missing out
- More FTE for each community palliative care service with travel funding
- Funding for Palliative Care Northern Territory to develop strategy and public awareness
- Dedicated returning home funding

Additional barriers for some Aboriginal and Torres Strait Islander Elders

Other barriers for our Elders

Geographic isolation

Culturally unsafe services

Housing

Access barriers

Transport barriers

Socioeconomics

Late referral

Care fragmentation

Education

Health literacy

Food insecurity

Institutional racism

Systemic racism

Family complexity

Intergenerational trauma

Communication barriers

Remote access

Social challenges

The real gems of aged and palliative care

Connection

Honesty

Reliability

**Laughter and
Joy**

Respect

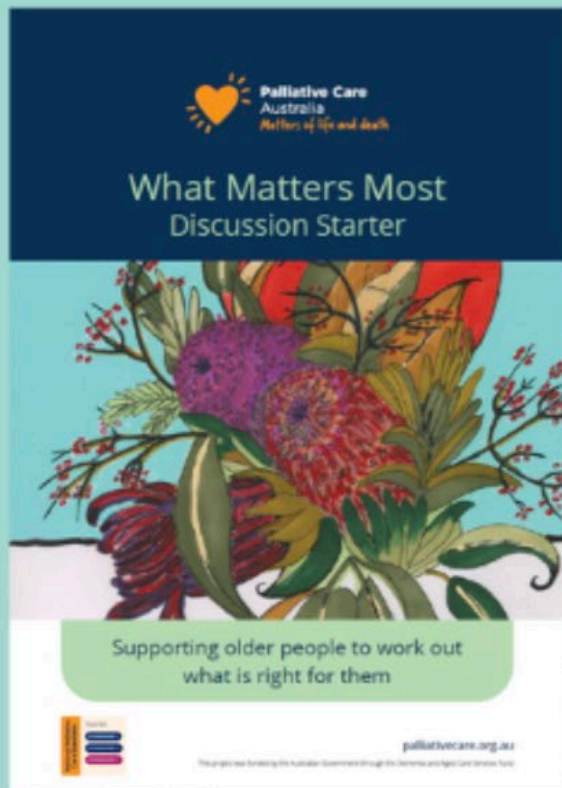
**Challenge the wider sector
attitudes to aged care**

Relationships in aged care

**Aboriginal and Torres Strait
Islander led care is crucial**

A scenic view of a paved road in a rural landscape. The road is dark asphalt and curves gently to the right. On the left side of the road, there are several large, mature trees with dense green foliage. On the right side, there is a field of dry, golden-brown grass, possibly a pasture or a field of wildflowers. In the background, there are more trees and a clear blue sky with a few scattered white clouds. The overall atmosphere is peaceful and serene.

**Rural and remote towns know
what they need**



Aboriginal and Torres Strait Islander Discussion Starter
WORKING OUT WHAT'S RIGHT FOR YOU

Allen Somner
Allen Somner is a descendant of the Ngindjindji people who came from the Lower Murray and Valley of the Murray State along the Coorong of South Australia. He is also descendant of the Kaurna people in the Adelaide Plains and the Yankunytjatjara people from Central Australia.

Let's talk

What would happen if...
If you become so sick that you need to go to hospital, your health worker may need to make decisions for you. Talking about how this would happen in advance will make their decisions easier.

What's involved?

- 1: Thinking about you and your family**
Think about what is and isn't important to you and your family.
- 2: Thinking about your health care**
Think about where you want or don't want to go, and what you want and don't want to care for you.
- 3: Preparing your discussion**
Prepare for talking with your family and health workers.
- 4: Reviewing your discussion**
Think about how your talk went, and what you decided.

What's next?

We have included some other plans and forms for you to use.

Advanced Care Planning isn't as scary as you think, and clients WANT to have these conversations

Final thoughts

Start the brave conversations now

**Lobby your local politician for better funding for PCNT
and palliative care services across the NT**

Slow down and ask the client what matters to them