Remote Community Care: The Looma Project

Indigenous Dementia Services Study
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In collaboration with
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Background

- Dementia second largest cause of disability burden after depression, largest by 2016.
- KICA development
- Prevalence study
- Need to improve quality of community care for Aboriginal people with dementia and other conditions leading to disability e.g. mental illness, frail aged, young people with disabilities.
- NHMRC dementia grant for IDSS
Research plan

1. Form Steering Committee to guide project
2. Scoping Survey interviews with service providers to have a clear picture of current dementia services in the Kimberley
3. In depth interviews with up to 20 family carers and workers that look after people with dementia in remote community.
4. Analysis of in-depth interviews
5. Develop emerging themes into a dementia specific model of care
6. Community based focus groups to discuss and determine final models
7. Pilot and evaluate care models in community
Kimberley Steering Committee Formed
Theme One: Caring for older people

• “It’s a big job... it is yeah trying to work and ... juggle family at the same time ... 3 of them at school ahem one’s at home ... and looking after her is like four kids in one because she’s like a big kid herself (laughs) ... yeah it’s hard but it’s good company having her around ... even for the little kids they learn a lot of her as well ... yeah ... yeah its good for her sometimes...she teaches in languages ... words right and wrong how to respect others ... she does a lot of things” (5).
Theme Two: Perspectives of dementia

• ... yeah ... because she bin run away I didn’t know until they tell me [PWD: I’m still working and I’m going to church]... but your brain wrong ... memory ... forget everybody’
Theme Three: Culturally centred care

- Family-based care
- Culturally appropriate activities and care
- Care facilities or respite close to country and family
- Sharing the caregiving role with other family members
- Encouraging capacity building

“If carers could have more of an input into what they see as important / what should be done.”

“Keep them home with their own mob families you know... Close where they can remember things every time we repeat things to them you know ... They start remembering things then ... Properly you know but when they go with gardias they just ... forget’ (10a)
Theme Four: Indigenous workforce

• Factors affecting attrition and development
  – Living facilities in communities for workers
  – Low pay rates
  – A perception of care work as being of low value
  – Lack of feedback or supervision in community
  – Lack of training
  – Being “burnt out”
  – Domestic violence
  – Other responsibilities
  – Paucity of services
  – Culturally unsafe workplaces

• “Better paid workers equals highly valued staff” (3)

• ‘yeah they need some Aboriginal people working in HACC to show them where the places are to take out for activities... ... Countryman (pause) that they can talk about things.. families and everything’
Theme Five: Training and development

• Groups with specific training needs in dementia, culture or elder abuse were identified
  – Aged care workers
  – Health professionals
  – Managers
  – Family carers
  – Community
  – Other community based organisations

• “I think the number one key thing that non-Indigenous workers should know is how extensive the kinship systems are. They need to get their head around who’s who and how the family system works. We’re And you have to support all of them and it is hard to do but that’s just the basic stepping stone”. (19a)

• ‘What do they do with people with dementia? Just let em go or? What happens?’
Theme Six: Social and environmental factors

• Logistics
  – Issues of overcrowding and lack of resources

• Geography
  – Distance from amenities and physical layout of community can cause barriers to care

• Transport
  – Difficulties in accessing transport to see older person in town or to accesses essential services when based at home

• All the kids and we bin bring them back here so we’ve bin all living at la Ivy camp but it was too much crowded you know, Ivy place, it was crowded so we couldn’t stay there. We had to put them down there.’ (frail aged hostel) (ID 24)
Theme Seven: Service systems

- Service communication and coordination
- Assessment, referral and monitoring
- Clinical pathways, protocols and guidelines
- Service gaps
  - Specialists
  - Respite services
  - HACC Services
  - Monitoring, care planning
  - Dementia specific facility

- ‘they should be working in closer like err well it should be a two way thing community and the service provider and the carer and the person that’s being cared for and the whole family in general that sort of thing gotta be sit down and worked out together’
Unmet needs Identified:

• Community consultation
  » Local guidance and support
  » Coordination
  » Governance

• Communication
  » Between services, services and community/family
  » Family consultation

• Community and family based services
  » ADL’s, home support
  » Respite- in home, community based
  » Activities (culturally appropriate)
  » Transport
  » Education
Unmet needs identified:

- Indigenous workforce
  - Sustainable workforce
  - Paid positions
  - Training
  - Community based supervision
  - Cultural factors e.g. gender
  - Flexible cover

- Education and training
  - Carers, family and community
  - Clinic staff and other health professionals
  - Other community organisations
  - Dementia, cultural and elder abuse
Model

Local action group
Day to day advice
- Project staff, community care, aged & disability reps and locally based service providers
  - Provide local guidance and advice to project staff on operational and cultural issues

Steering committee
Made up of owners of project
- Umo community council, KAGS, Mental Health, DSC, ICC, KHFM, KIDS, Frontier Services
  - Strategic level management
  - Invest project, specify vision and objectives, policy planning
  - Manage finances, allocate resources
  - Ensure requirements are met

Project Co-ordinator
- Manage and support project and staff on day-to-day basis
- Provide hands-on assistance with all programmes
- Care planning and assessments
- Identify and organise staff training opportunities
- Contact person for external agencies and community members

Community educator
- Offer and community support
  - One-on-one care training and support
  - Identify community members to be trained in aged care disability mental health
  - Small group aged, disability, mental health training with community
  - Community education with e.g. clinic, school, football team
  - Paid cultural training for local services
  - Liaise with Intersectoral Service to ensure interpreters employed & trained by visiting services

Essential support
For clients of all ages
- HACC assessments
- Meals
- Activities of daily living: showering, dressing, toilet
- Laundry
- Day centre
- Assist with respite

Activities/Respite
Clients and care of all ages
- This may include: Activities e.g. fishing, art centre, local courier, hunting, firewood collection, bush food, bush medicine, locally led culture, assistance to attend meetings
- With young people
- Local services may attend for cultural education
- Respite (e.g. home-based support, bush trips, social support etc)
- Visit people in residential care
WACHA’s role

Establish
Facilitate
Evaluate

To be transferred to another party in Jan 2010 to ensure long term sustainability

To continue until June 2010

Done

WACHA’s role

Steering committee

Project co-ordinator

Local action group

Community educator

Essential support

Activities & respite
Looma Community trial approved
Funding gained
Looma Steering Committee formed
Partnerships built

- Government Agencies
  - Kimberley Aged and Community Services including HACC
  - Kimberley Mental Health and Drug Service
  - Disability Services Commission
  - Kimberley Population Health Unit
  - Indigenous Coordination Centre

- NGO’s
  - Kimberley Individual and Family Support Association
  - Frontier Services

- Looma Community Inc.
- LOOMA PROJECT
- WACHA The University of WA
Shared objective

‘To optimise the health and well-being of the frail aged and people of all ages with disabilities living in Looma community and their caregivers.’
Baseline Evaluation

- Lack of information re: services and need for one access point
- HACC building, transport and service issues
- Poor access to Activities and Respite
- Advocacy
- Cultural security
- Accountability – service provision and financial
Employed staff
Training

Certificate III and IV HACC
Bayulu women’s group
DBMAS
Significant progress has been made towards our common goals since July

**Project objective**

To optimise the health and wellbeing of the frail aged and people of all ages with disabilities living in Looma community and their caregivers

**Delivery method**

- Identify people of all ages who are frail aged and have disabilities and their caregivers
- Identify the needs of this target group
- Increase service use for this target group
- Employ a holistic, inclusive and creative approach to meet client and caregiver needs
- Develop a blueprint of the model for other communities

**Target areas**

- Community consultation
- Service communication and co-ordination
- Employment
- Training
- Education
- Activities
- Respite
- Home help
- Home management
- Housing – accessible, safe
- Transport
- Advocacy

Areas for service still to target: home management, carer education and cultural education package
05/08/2009

To Aged & Disability Service & Looma HACC,

The community and council would like to say congratulations and what a great job you are doing for the Looma community. We have noticed a difference in the past three weeks with the introduction of the three meals and the service that is offered for the people in the community. Everyone is talking about it. Some people are still talking about their trips they have had.

Keep up the great work

HARRY SKINNER
CHAIRPERSON

[Signature] Council
INTRODUCTION

INDIGENOUS DEMENTIA SERVICES STUDY

NEWSLETTER

LOOMA PROJECT BEGINS IN THE KIMBERLEY

It is our great pleasure to announce that the Looma Aged and Disability project has begun in Looma Aboriginal Community.

The project is aiming to provide culturally secure care, essential support and education for the community, seniors and those in need including the frail aged and people with disabilities of all ages (see page 1 and 3 for the detailed model).

The model was developed after extensive consultations with communities, carers and service providers in the Kimberley region and we would like to thank everyone for their valuable contributions to the project.

Four new paid positions were created in the community: a project coordinator, community educator, HACC coordinator and an activity support worker.

THANKYOU BOAB PHARMACY!!

The Porter Smith Pharmacy have kindly donated a camera for the Looma project.

This camera is being used to take photos of training and of clients and carers receiving services. These photos will go into the project newsletters and reports.

Alice Springs Update

NEW STAFF PROFILES

PROJECT DETAILS

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THE LOOMA PROJECT BEGINS

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Thank You Central Australia

Indigenous Dementia Services Study
Milestones

- Model researched & developed
- Steering committee established and funding secured
- Employment and training of staff. Assessments & provision of services
- Building awareness for project continuation
- Transfer of facilitator's role
- Community approval
- Baseline evaluation
- Development of policies and procedures
- 6 month project and financial report
- 12 month evaluation of project and facilitator
Next steps

• Dementia protocol
• Build awareness – present model
• Decide on Facilitator role
• 6 month evaluation
• 6 month report to funding bodies
• Project management and support
• Handover to facilitator
• Develop blueprint of model for other communities and organisations.
• 12 month evaluation and report
• Central Australia