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

The project is trialing a model of care to provide culturally secure respite care, essential support and education for the community, carers and those in need including the frail aged and people with disabilities of all ages (see page 4 and 5 for the detailed model).

The model was developed after extensive consultation 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 activities/respite worker.

The Derby Boab 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.
HOW IT BEGAN AND HOW IT IS DIFFERENT

The WA Centre for Health and Ageing, and The University of Western Australia conducted qualitative research and worked with a number of partners to determine the best way to support people with dementia living in remote Aboriginal communities.

This study, funded by NHMRC, is being conducted in the Kimberley region of WA and Central Australia following the steps below. The Kimberley study has now progressed to the trial phase where the model has expanded to include frail aged, people of all ages with disabilities and mental health issues and their caregivers with Looma Aboriginal community.

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

This partnership model is different. It combines a number of organizations (project partners) who were operating in the region including the Aboriginal community into one on the ground service. The project partners co-own and co-fund this new service through pooling their resources. The project partners developed shared objectives for the project. This is the key to its success.

The Looma model delivers on community consultation which actually involves the community, service coordination, Indigenous employment, workforce training and on the ground support, primary health care, transition care, respite, home help, caregiver and community education, activities, infrastructure, transport and advocacy.
Thank you to the major project sponsors Home and Community Care, Mental Health-WA Country Health Service and Disability Services Commission and other supporters.

Through showing the many benefits for Looma community we hope that funding can be secured to extend the service past June 2010.
THE LOOMA AGED AND DISABILITY PROJECT BEGINS

The Looma model has been developed from consultation with Kimberley people and research into other successful models specific to Aboriginal groups such as the Graham (Polly) Farmer Foundation for education partnerships. The Looma model capitalises on partnership, consultation and accountability. The project will be evaluated by an external consultant; Rhonda Murphy over the year trial.

THE LOCAL ACTION GROUP
The local action group is a collection of community members and local service providers that provide advice and support to the project such as local and cultural guidance and expertise on disabilities, aged care and mental health. They provide a voice for the community to assist everyone in making appropriate decisions that reflect the community’s wishes.

THE STEERING COMMITTEE
The steering committee is comprised of the Looma chairman, council member and senior representatives from the project partners. The committee provides strategic management and is accountable for financial and administrative tasks.

THE PROJECT COORDINATOR
This role manages the project on a day to day basis, supervising staff and facilitating training and administrative duties. The coordinator will liaise with the community and other agencies involved with aged and disability care, ensuring quality service as well as promoting aged and disability care and employment.

THE COMMUNITY EDUCATION WORKER
The role of the community educator is primarily to ask and listen to what the community want and respond to the training or education needs of the community and carers. This position can also organise paid cultural training for local services.

THE HACC CO-ORDINATOR / ESSENTIAL SUPPORT
This position has a crucial role in providing essential support for those in need of assistance with activities of daily living, assisting with respite care, meals and laundry. This role is exceptionally important to individuals who may need assistance, providing them with essential care for daily living.

THE ACTIVITIES/RESPITE WORKER
The activities and respite worker will identify and provide culturally appropriate activities such as fishing, visiting country and art. Respite care is an essential aspect of care for those in need to enhance health and well being of the individual, carer, family and community.

Above: Geraldine Shadforth, Michelle Skinner, Kim McGaffin and Cullimurra Woia

Johnny Juboy Michelle Skinner
Aged and Disability Care: Model of care for remote communities

WACHA will establish, facilitate and evaluate project during pilot phase

**Local action group**

Day to day advice
- Project staff, community carers, 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
- Looma community council, KACS, Mental Health, DSC, ICC, KPHU, KIFSA, Frontier Services
  - Strategic level management
  - Oversee 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**

Carer and community support
- One on one carer 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 Interpreter 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 carers of all ages

This may include:
- Activities e.g. fishing, art centre, visit country, hunting, firewood collection, bush food, bush medicine, teach kids culture, assistance to attend meetings.
- With young people
- Local services pay to attend for cultural education
- Respite (e.g. home based support/bush trips, social support etc)
- Visit people in residential care

“They should be working in closer 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.”
NEW STAFF

PROJECT COORDINATOR KIM MCGAFFIN

Kim McGaffin has lived in Camballin/Derby for 30 years and is married with twins boys, a girl, two stepchildren and has three grandchildren. She went to school at Camballin/Looma. Kim was a jillaroo for years and then went on to work in disabilities and aged care for many years. Kim is a qualified AusSwim Instructor for swimming and disability swimmers and is a qualified teacher’s assistant. She has a cert II in Business, Train the Trainer Manutention and a First Aid certificate. Her hobbies are horses, reading, family and fishing.

COMMUNITY EDUCATION WORKER::

MICHELLE SKINNER Hi I’m Michelle Skinner. I live in Looma Community, near Derby WA on the west side known as New Looma. My parents are from the Nyikina and Bunaba tribes, the riverside people of the North West Kimberley’s. I am a single parent and I am raising my four grandchildren. I work in the Community at various jobs for the Looma Women’s Group. I look forward to working with the people. I believe the project is going to go well with positive outcomes for the future of Looma People.

HACC COORDINATOR/ESSENTIAL SUPPORT :

CULLIMURRA WOIA

Cullimurra Woia grew up mainly in NSW and now lives in Looma with her husband from Looma community. Her Grandfather is from the Birrigubba/Wirri Clan and her Grandmother is from NSW which is the Bunjulung tribe. She is skilled in aged care and enjoys looking after people with disabilities.

ACTIVITIES/RESPITE WORKER: JOHNNY JUBOY

Johnny is a Walmajarri man who lives in Looma community. He enjoys working with and looking after people with disabilities, especially the men. Johnny is also an assistant pastor in the community and is a father, grandfather and great grandfather.

RESEARCH NURSE: EMILY CARROLL

Emily is a research nurse with a strong interest in health and wellbeing of communities; particularly community and health development. She is currently studying for a master of international health following her undergraduate degrees in nursing and behavioural science. Her recent background is in community service, working with children and CaLD groups as well as research in the field of health and ageing. Emily will be writing the project reports, literature reviews and administrative duties.
TRIP TO BROOME– BY KIM MCGAFFIN

On Thurs 16th July the project took some people on a trip to Broome for an overnighter. There were thirteen clients who wanted to come. Both men and women came and a hotel was booked. All medications were organised through the Looma clinic before we headed off. When we arrived in Broome we went to the shopping centre, everyone took a separate group. Cullie with one group, Michelle with another, Johnny with the men and Kim with another. To everyone it was like Christmas. We then went to the hotel there we had our supper and a well earned cup of tea. Everyone sat on the verandah and chatted about the day and told stories of the past. Some people went to see a film. I really do think we bought Broome out. This trip would not have been possible without the donation of Alistair and Sharlene Sinclair, thank you.

A 4WD vehicle will be secured for the project in the next few months so Looma clients and carers can go on bush trips to see country, fishing, hunting and other meaningful activities. As Culli the project HACC co-ordinator says below, these activities are vital for the well-being of Looma people, and a 4WD vehicle enables people with disabilities of all ages and their carers to be included in these important cultural activities. Thank you to Kimberley Aged and Community Services for the loan of their 4WD vehicle in the meantime.

FISHING: A WAY OF LIFE!
BY CULLIMURRA WOIA, HACC COORDINATOR

Fishing trips are a way of life for people in Looma. Fishing is not just fishing, fishing is being active, it’s keeping strong relationships with the next generation, it’s keeping mentally alert, and maybe giving carers a break too.

A day out fishing means they tell stories, gossip, teach children all the knowledge of them places that they have, tell family stories, teaching children right from wrong, and teaching children about how they are connected to other families. This also gives older people a chance to feel needed and useful and promotes well being.
On top of setting up the new office and settling in new staff over the first 6 weeks of the project, 356 services have been provided to clients in meals, laundry, social support, shower, day centre, outings, shopping, and transport.

LETTER TO PROJECT FROM
LOOMA COMMUNITY CHAIRMAN AND COUNCIL

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
The **Looma local action group** met in Looma on 7th August. The Local Action Group gives support and guidance on day to day operational and cultural matters to the Looma project staff. This provides regular and easy access to local expertise and support.

The local action group were lucky to have **Anne Yaloot and Patricia Dick from Bayulu community** (pictured right) come to talk to them. The Bayulu ladies explained how they accessed training and then worked hard to get funding for a vehicle for the women and children programmes in Bayulu community. This gave the project staff some good ideas on how to get funding for the project in the future. The Looma staff would also like to be trained on how to write funding proposals. Other training such as Cert 3 in aged care and literacy will also be accessed for workers.

**Staff also read out their monthly goals.** Some of these were: questionnaires for clients and carers, monthly newsletter for Looma community, dementia and disability education in school, with the football team and the art centre, get pamphlets on what other agencies do and make educational posters that the community will find interesting.

**LOCAL ACTION GROUP MEETING AND TRAINING**

The **Looma steering committee** had their third meeting in Looma on 11th August. The **Project partners** were very impressed with the Looma project and what the new staff have achieved in a short space of time for Looma people and the community.

The **community council** reported that they were very happy with the project and have been getting a lot of good feedback from clients and carers. The community chairman, Harry Skinner, suggested that clients and carers can go hunting with the CDEP workers every fortnight, which will be popular.

A letter by the **Looma health clinic** staff was read out supporting the project saying that it has already made a difference to the health of people in the community. They also talked about how regular meals and activities will help with diabetes control. They said that they were looking forward to continuing to work closely with the project.

The many **training opportunities** for staff were discussed and the project partners agreed to continue to inform Looma project about up and coming training and educational opportunities.

The **financial report** was reviewed by committee members and approved.

The **baseline evaluation** results (summary next page) from before the project began were read out and discussed with the project partners.
BASELINE EVALUATION RESULTS

Rhonda Murphy from Yarmintali Consultancy conducted a baseline evaluation to determine the key needs of the community prior to the commencement of the project. This will allow us to record change in the community over the time that the project is implemented. This evaluation will be repeated after 6 months and included in our 6 month progress report. A final evaluation will be conducted by Rhonda after 12 months.

Some of the key points from the baseline evaluation (conducted before the project started) were:

Lack of Information
- It was expressed there was a lack of services to the community and people aren’t supported. It was evident that people did not know how to source information and there aren’t avenues within the community to support this. All of the service provider’s apart from HACC are external to the community. Clients did not know how to contact these agencies.
- Community members, HACC workers and clinic staff are unclear as to what services are provided and available for the community.
- The clinic and community office is the point of support which places extra demands on the work they are already expected to carry out. Service providers also use these places to liaise with the community to inform of visits.
- The office and the clinic have information display areas it was noticed there was not any information on disability and aged care services.

HACC
- HACC provides a limited service-transport and meals.
- There was general discontent with variety of meals being provided.
- When the cook is absent no meals are provided.
- Not everyone has access to the bus transport-many people expressed that relatives of the bus driver used the transport more than other people.
- The HACC building is not suitable for activities and community members do not identify it as their own.

Activities
- There is overall frustration from community members not having access to meaningful activities.

Respite
- Community members do not have access to or do not know what respite is.

Advocacy
- Community members felt they did not have a ‘voice’ in the community and there is lack of support for their rights.

Cultural Security
- It was very important to clients that all service providers gain respectful understanding of Aboriginal culture to provide responsive and appropriate services.

Accountability
- There aren’t mechanisms in place to question the accountability of service provision.

The Looma project will focus on these unmet needs among others to make sure that they are met for people who are frail aged, people of all ages who have disabilities or mental illness and their caregivers in the community.
KATE WINS PRIZE FOR BEST RESEARCH PAPER 2008

A huge congratulations to Kate Smith (pictured on far left of each photo), project manager of the study. Kate won a prize from the Medical Research Foundation, through Royal Perth Hospital for Best Research Paper in 2008. This prestigious prize helped to fund her trip to an aged care conference where she presented the results on the risk factors for dementia in Aboriginal people in the Kimberley region (older age, male gender, no formal education, head injury, smoking, previous stroke, epilepsy).

CENTRAL AUSTRALIA UPDATE

The project in Central Australia is ongoing and interviews have been conducted throughout with a number of people and the results thus far closely reflect those in the Kimberley region. Further interviews are required. Several key themes appeared from the interviews so far with carers and providers and have been succinctly outlined into the seven major themes (see next page).
THEME ONE: CARING FOR OLDER PEOPLE
This theme captured the complexities and difficulties in caring for older people such as responsibility issues and problems with accessing adequate support. Interviewees indicated a strong preference for culturally appropriate, community based care that is on country and close to family members.

THEME TWO: PERSPECTIVES OF DEMENTIA
People talked about caring for people with dementia, including strategies and social inclusion such as painting and companionship. Many of those interviewed indicated a desire to understand more about dementia, including behavioral changes, signs and symptoms and a practical approach to caring for people living with dementia.

THEME THREE: CULTURALLY CENTRED CARE
Theme three reflected four main elements related to culturally centred care. Firstly, there was a strong general consensus that care for people with dementia must be culturally appropriate, community based and have family guidance and input. Secondly, interviewees suggested culturally appropriate activities such as fishing, painting, going bush and gathering and talking about bush medicine as part of caring for a person with dementia. Thirdly, individuals wanted to learn more strategies for keeping their older person at home such as respite or increased transport for access to and from the community. Lastly, a need for capacity building was discussed as well as a need to strengthening and supporting carers and their families as well being more aware of which services were available to them.

THEME FOUR: INDIGENOUS WORKFORCE
Staff shortages and issues with attrition and development were highlighted in theme four. Interviewees indicated that there was a large need for Aboriginal staff and Aboriginal managers, better wages and teamwork. Again, the need for culturally safe workplaces was apparent in many of the interviews.

THEME FIVE: TRAINING AND DEVELOPMENT
Theme five reflected a greater need for better cultural training and awareness for all staff working with Aboriginal people and communities. This included a need for stronger usage of interpreter services as well as boosting funding and training of Aboriginal workers. A need for supported career pathways was suggested as a means for development and growth of Aboriginal staff.

THEME SIX: SOCIO-CULTURAL AND ENVIRONMENTAL FACTORS
Many barriers and difficulties were highlighted as factors that affect remote communities in relation to care. These included housing and infrastructure, staff turnover, funding, distance and transport to name but a few. Staff experienced difficulties in accessing adequate housing.

THEME SEVEN: SERVICE GAPS AND RELATIONSHIPS
Theme seven captured many elements reflecting gaps in services and barriers to effective communication between services and between services and clients. Issues in flexibility, advocacy, rapport with clients and services as well as lack of intensive case management were reflected throughout the interviews.
Who is working on the study?

Dr. Dina LoGiudice
Chief Investigator

Prof. Osvaldo Almeido
Chief Investigator

Prof. Leon Flicker
Chief Investigator

Dr. David Atkinson
Chief Investigator

Kate Smith
Chief Investigator & Project Manager

Kim McGaffin
Looma Project Coordinator

Melissa Lindeman
Associate Investigator & Qualitative researcher

Rhoda Murphy
Consultant

Jocelyn Jones
Associate Investigator

Geraldine Marshall
Study Coordinator

Kimberley Aboriginal Medical Services Council Council of Elders

Who is working on the study?

And the Kimberley steering committee, Central Australia steering committee, Looma Steering committee and Looma Local action group

WA Centre for Health & Ageing, National Ageing Research Institute, Rural Clinical School of WA, Kimberley Aboriginal Medical Services Council, Centre for Remote Health, Alzheimer's Australia, Looma Aged and Disability Project, Yarnimintali Consultancy

Ph: 08 9191 2508 gshadforth@meddent.uwa.edu.au

Ph: 08 9224 1063 kate.smith@uwa.edu.au