Lungurra Ngoora Community Care Service

EVALUATION REPORT

August 2010

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Service users, carers, families and council of Looma Community who opened their hearts and homes to me when I visited Looma

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The Research Investigation Team and the funding providers for the opportunity to work on this project.

The members of the Steering Committee and Local Action Group who made time to meet with me throughout the project.

TABLE OF CONTENTS

1. EXECUTIVE SUMMARY

1. This project successfully delivered a greatly improved, holistic and integrated community care service to the people of Looma Community over the period of the pilot project.

2. From the evaluation the strengths of this model of community care service delivery include:

    - The service was a local, 'on the ground' service which was easily accessible to service users.
    - The flexible service delivery approach resulted in a locally defined, culturally responsive service for the Looma Community.
    - Local Aboriginal people were employed in the project and throughout the project there was a higher ratio of Aboriginal to non-Aboriginal staff.
    - Services were provided to clients from aged care, disability services and mental health which provided an inclusive approach to service delivery.
    - The commitment to the project from all stakeholders at all levels assisted in the development of strong partnerships leading to coordinated service delivery.
    - The project was well resourced, taking pressure off stakeholders to constantly source funding to ensure high quality service delivery.

3. Throughout the life of the project, there was confusion over the management structure and the roles and responsibilities of the various stakeholders causing misunderstanding and a lack of a leadership. A clear management structure needs to be developed, with defined roles and responsibilities and with clear reporting lines.

4. The complicated funding arrangements and lack of clear systems in place for managing the budget at a local level caused problems throughout the life of the project. It is recommended that a single budget is set up for the service held by the independent facilitator, developed with input from the community stakeholders, with transparent systems so the service and stakeholders can easily track expenditure.

5. There was a strong desire for the service to continue beyond the conclusion of the pilot project.

2. BACKGROUND

In 2009 the West Australian Centre for Health and Ageing conducted research to determine the unmet needs of remote Aboriginal community members who are frail aged, have mental illness and disabilities as well as their caregivers. Through this research process, a model of care was developed to address the unmet needs identified. A pilot study was approved by Looma Community Council and local service providers and funded to be piloted for a one year period in Looma Community in the Kimberley region of WA by Home and Community Care (HACC), West Australian Country Health Service – Mental Health and Disability Services Commission. The funding obtained was combined with the Home and Community Care (HACC) funding already allocated to the community to provide HACC services to provide a total package of funding for the establishment of an integrated community care service.

The primary objective of the pilot project was to determine if the proposed model (see Table 1 below) was a culturally safe and accountable system of aged and disability service delivery that is sustainable and transferrable to other remote Aboriginal communities.

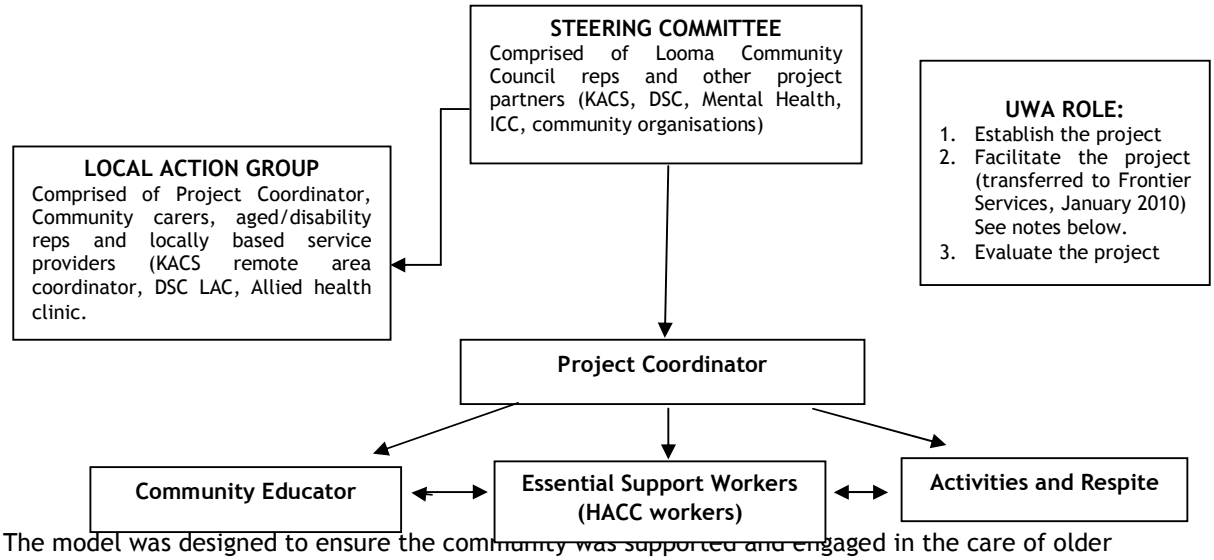
Looma Community located about 120 kilometres south east of Derby in West Australia was chosen as the pilot site following research conducted over six remote Aboriginal communities and one town and with Aboriginal community members, local service providers, HACC workers and family carers. A total of thirty one face to face interviews were conducted with community based carers and staff, 42 interviews with service providers were conducted and four focus group meetings were conducted – one each at Looma Community, Mowanjum Community, Warmun Community and the project Kimberley Steering Committee.

Of all the sites which were part of the study, Looma had the highest proportion of its community living in a residential facility away from the community. In addition, the community was interested in participating in a pilot project to develop an appropriate model of community care for remote Aboriginal communities and it was considered a typical community facing challenges similar to other communities delivering community care services.

The research identified a number of areas of unmet need covering such issues as the need for genuine community consultation in regards to providing local input into the service; the need for better communication and coordination between services and between services and the community; the need for services to be culturally centred; the need for a sustainable workforce, comprised of local Indigenous people and the need for education and training for carers, family and community members and staff working in the clinic and the HACC service about elements of providing high quality community care services.

A model of service delivery, illustrated in Table 1 below, was developed following the analysis of the areas of unmet need.

Table 1: **LUNGURRA NGOORA COMMUNITY CARE SERVICE MODEL**



The model was designed to ensure the community was supported and engaged in the care of older people, people with disabilities and people with mental health care needs.

Facilitation Role:

The facilitator from baseline to six months was the University of Western Australia. In the initial meetings of the steering committee, no members were willing to take on this role with their already busy portfolios. This was the case again at six months so another organisation, Frontier Services took over the role as facilitator. In January 2010, Frontier Services took on this role.

Frontier Services is a non government organisation experienced in remote Aboriginal health service delivery. The role was taken over from UWA to enable sustainability once the research has been completed for the project. The facilitator role was seen as essential by the Steering Committee to prevent a "silo" effect of singular ownership over the service and to enhance partnership, collaboration and cooperation between services. As well as this, the role of facilitator is to provide impartial facilitation so that all interests are represented. The facilitator line manages the project coordinator of Lungurra Ngoora Community Care Services and facilitates the Steering Committee meetings.

Prior to the departure of the Frontier Services Regional Manager in May 2010 concerns had been expressed that the new manager would not be adequately orientated to the project. However the new Manager was in place three weeks prior to the handing over and including one week spent with the Project Coordinator at a conference in Broome.

Frontier Services carried out this role until June 30 2010. This role was evaluated as part of the final evaluation.

Service Agreement:

The service agreement, made between all stakeholders (see Appendix 1) lists the following as the pilot project objectives:

A. The key objective of the Project is 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.

B. Further objectives of the Project are to:
    a. Identify the frail aged and people who have disabilities (cognitive, intellectual, sensory, psychological and physical) living in Looma community and their caregivers.
    b. Identify the needs of the frail aged and people with disabilities and their caregivers in Looma community.
    c. Increase service use for this target group.
    d. Employ a holistic, inclusive and creative approach to meet client and caregiver needs.
    e. Develop a blueprint of the model that is transferrable to other Aboriginal communities.

The model reflected the state government's objective of increasing NGO and industry involvement in service delivery in Aboriginal communities. Further information in regards to this objective is contained in the WA state government Department of Treasury and Finance Economic Audit Committee's Final Report *Putting the Public First: Partnering with the Community and Business to Deliver Outcomes*. The final report was released in December 2009.

In establishing the pilot project, WACHA (operating out of the University of West Australia) employed the services of an independent evaluator to ensure a robust evaluation was conducted. This role was carried out by Rhonda Murphy of Yarmintali Consultancy. Ms Murphy is a Walmajarri/Gooniyandi woman from the Fitzroy Valley region of the Kimberley. Her background is in community development specifically in disability services, Indigenous affairs, community education and volunteering.

This evaluation report provides information on the methodology used to conduct the evaluation. The report also contains sections on feedback and recommendations made during the course of conducting baseline, interim and final evaluations. Section 5 outlines how successfully the project met the project objectives.

Between the baseline evaluation and the interim evaluation, the community elders changed the name of the service from Looma Aged and Disability Project to Lungurra Ngoora Community Care Service.

3. METHODOLOGY

3.1 Purpose

This pilot project was to trial and evaluate a model of care to address the unmet needs of Aboriginal people with dementia and other ageing conditions, mental illness and disabilities living in remote communities, and their families. The project aimed to develop a sustainable service system that can be adapted to suit the needs of interested Aboriginal and Torres Strait Islander communities.

The project was evaluated by quantitative and qualitative measures at baseline (June 2009) and six monthly intervals (December 2009 and July 2010).

The quantitative evaluation was conducted by the WACHA and UWA over the period of the project. Data was obtained from the use of HACC "tick sheets" (weekly summaries of services showing service usage, type and number of clients provided by the service) and qualitative data gained from staff journals (showing details of communications with service providers, clients and families as well as details on activities such as hunting, fishing and also town trips) an also interviews and feedback forms from clients and services. Additional tick sheets with respite options, advocacy and education were also listed in greater detail than the HACC forms, thus capturing themes such as follow-up on services, representation for the client or carer and direction to services.

The independent evaluator conducted a baseline evaluation in June 2009 to determine the key needs of the community prior to the commencement of the project. This provided an opportunity to record change in the community over the time that the project was implemented. The baseline evaluation report was provided to Steering Committee members in August 2009.

An interim evaluation was conducted after 6 months (in December 2009). At this point, the project was evaluated against eight good practice principles in delivering services to Aboriginal people. The interim evaluation report was provided to Steering Committee members in February 2010. This evaluation was also presented to the Investigative Team of the WACHA in March 2010.

The final evaluation was conducted in July 2010. The outcomes of this evaluation are covered in this report. The evaluation followed the same process as the interim evaluation using the eight good practice principles outlined below. The evaluator presented the methodology of the final evaluation to the Steering Committee in June 2010

The following is an explanation of the principles.

3.2 Good Practice Principles

Practice principles used in the interim and final evaluation were developed from a project funded by the National Disability Administrators' (NDA) Research and Development Program. The fund was established under the Commonwealth State Territory Disability Agreement (CSTDA).

The project "Sharing Stories: Good Practice in Disability Services for Indigenous People in Remote Communities" (Professor N. Thomson & R. Murphy 2004) aimed to inform the development of a more effective national service system for communities supporting Indigenous people with a disability, especially those who live in remote parts of Australia.

Community Participation and Capacity Building:
Community participation is a crucial success factor in effective service provision. Community development approaches which seek to enable individuals and communities to participate more fully in their own care and decisions affecting them builds community capacity.

Community participation is needed in setting priorities, making decisions, planning, and implementation of strategies, monitoring and evaluation.

Resources:
It is essential that funding is sufficient to meet the needs and objectives of a program or service. Appropriate resourcing is an important aspect for the sustainability of a service.

Partnerships:
Strategies to improve service provision to Aboriginal people must involve effective partnerships and cooperation between the Aboriginal community and different levels of government, business and organisations.

Workforce:
Involvement of Aboriginal people in all levels of the workforce is crucial to the successful delivery of services to Aboriginal communities. It impacts on the long term sustainability of the service through building a local community care workforce which is empowered to provide ongoing services to the clients into the future. It is only local staff who have the depth of community and cultural knowledge which results in the provision of culturally responsive services. The provision of local employment opportunities has a positive impact on the economic and social development of a community.

Evaluation:
Services should develop ongoing evaluation and monitoring strategies to monitor what works and what doesn't. This is a requirement of program or service planning and adequate resources need to be allocated as part of the budget for a program or service. The evaluation process should be inclusive of all stakeholders and the criteria needs to be appropriate and achievable.

Accountability:
A service or program ought to develop processes and strategy's to show transparency of operations and accountability. Services should be accountable to the community and funding agencies and should be based on joint ongoing planning.

Appropriate Service delivery:
For any service or program to be effective, it is essential that it is appropriate for the individuals and the community to be involved in determining the appropriate service mix through participation in decisions about the service. This level of involvement extends from the initial design of the service through to implementation and evaluation.

Cultural Protection:
Cultural protection ensures Aboriginal people make choices that are optimal for their culture and general wellbeing in accessing services. It involves respecting, appreciating and acknowledging Aboriginal culture. It requires service providers to gain an understanding of peoples experiences, historical legacy, geographical location and sensitivity to language, knowledge, customs, beliefs, community protocols, cultural practices and the importance of family and kinship groups. This is to be embedded in service delivery.

3.3 Process

The evaluation comprised of a baseline evaluation (conducted in June 2009), an interim evaluation (December 2009) and a final evaluation (July 2010). Prior to the baseline evaluation commencing, the evaluator and the UWA staff member visited Looma Community. This provided an opportunity to introduce the evaluator to the community members and to inform the community of the evaluation process.

The evaluator attended a Steering Committee meeting in June 2009 and presented the evaluation methodology and process. She outlined the areas which were to provide the context for the questions as follows:

- Service provision process
- Service access for service users

- Cultural protection
- Accountability
- Partnerships
- Sustainability

Target groups were service users, carers/families, service providers, community council members and project staff. Before each visit to the community, the evaluator informed the project staff of the forthcoming visit. The project staff assisted with planning the interviews and meetings.

Service users and carers were interviewed by the evaluator with support from a community interpreter. The community members had a choice of how to be interviewed; whether on an individual or focus group basis. They could choose to include a family member(s) or other appropriate people for them. They were given the option to choose in what setting in the community they would feel comfortable to be interviewed -example their home, HACC building, community office or the river.

Service providers were contacted through a combination of phone and face to face meetings.

Interviews with community council members were conducted either individually or as part of a group.

Staff interviews were conducted as face to face, individual interviews.

Copies of the interview questions are included as Appendix 2.

3.4 Challenges to the Evaluation Process:

There were a number of challenges the evaluator encountered in the process of conducting the evaluations. These are summarised below:

- Contacting community interviewees for the baseline evaluation was difficult as the service had not commenced when the initial were to be conducted, thus causing difficulties in contacting and coordinating community based meetings.
- Community members were often unavailable as other priorities took precedent over their time. Whilst this made it difficult it was critical to building good relationships that these priorities were respected.
- By the time the interim and final report was conducted, the service had been operating successfully with good support from the Looma Community Council and the service staff. As such, it was easier to coordinate these later evaluations however having formal meetings was not always possible as busy council members were not always available – often due to personal commitments or urgent council matters which needed to be attended to.
- In the case of service users, there were occasions when people were not available as they were away from the community on respite, trips to Country or were no longer clients as they had become independent.
- The CEO position at Looma Community Council was occupied at the baseline and final evaluation however there was no incumbent CEO at the time of the interim evaluation.

3.5 Numbers of Interviewees:

NB: Some of the service users fitted into two or more categories but were recorded as one participant.

	Baseline	Interim	Final
Clients and Carers	Aged Care:6 Disability:1 Mental Health: Carer 2 TOTAL = 9	Aged Care:9 Disability:1 Mental Health:2 Carer:7 TOTAL = 19	Aged Care:4 Disability:2 Mental Health:1 Carer: 4 (9 Not available for interview -see above -) TOTAL 11
Service Providers	4	15	6
Project Staff	4 (CDEP HACC workers prior to commencement of Lungurra Ngoora CCS.	6	6
Community Council (including CEO)	2- Council 1 - CEO	1-Council	2

4. SUMMARY OF FINDINGS

4.1 Summary of Baseline Findings and Recommendations – conducted June 2009

The baseline evaluation was conducted in June 2009, just prior to the commencement of the service. The aim was to evaluate the services, supports and unmet needs of the frail aged and people of all ages with cognitive, psychological and physical disabilities living in Looma from December 2008 – June 2009.

The evaluation overall found that stakeholders, i.e. consumers, carers, family members, community members and works, and representatives from the Disability Services Commission (DSC) and Kimberley Aged and Community Services (KACS), considered that there had been a lack of support and services provided to the community during the time frame of the evaluation. Community members were looking forward to a new service commencing and provided many recommendations on how it may develop.

The following areas of unmet need were identified and are summarised below:
1. Lack of Information
2. Home and Community Care (HACC)
3. Activities
4. Advocacy
5. Respite
6. Cultural Security
7. Accountability.

The Interim Evaluation Report which reported on progress to the end of December 2009, reported on progress on the recommendations made in the baseline evaluation. As outlined below, the majority of the recommendations had been implemented by the end of December 2009.

1. Lack of Information:
There was a lack of services to the community, people did not feel supported and did not have information on what was available or how to access support and information. The only service

which had a presence in the community was the HACC service. Visitors from other agencies would liaise with the health clinic and / or the community office, placing further demands on these services which are not equipped to deal with this particular client group.

Recommendations were made relating to developing an information strategy to inform the community of the services which are available and how to access them. In addition, a procedure for service providers visiting the community was to be developed.

By the end of December 2009, the recommendations aimed at addressing the lack of information had been implemented.

2. HACC
Service users of the HACC service were dissatisfied with many aspects of the service as reported in the baseline evaluation. There were issues with the limited range of services which comprised only transport and meals, the lack of variety of meals, the unreliability of meal provision, the lack of a suitable space for activities as the HACC Centre was considered to be unsuitable and some service users reported that the HACC bus roster did not always provide equitable access to service users.

Recommendations to strengthen the capacity of the HACC service were based around improving the quality and reliability of the meals, improving access to transport and improving the infrastructure of the HACC building.

By the end of December 2009, the recommendations were being implemented with some success. The lack of drivers available to drive the bus was still causing problems, however the Coordinator of Lungurra Ngoora CCS was working to ease this problem by sourcing funding to pay for people's licenses.

3. Activities:
The baseline evaluation reported frustration throughout the community that service users did not have access to meaningful activities.

Recommendations were made to ensure an increase in meaningful activities for service users and to ensure service users had input into the nature of the activities they wished to access. Recommendations were also made to identify resources available to support activities.

The interim evaluation reported that progress on the recommendations was resulting in service users having much greater access to a bigger range of activities.

4. Advocacy:
In June 2009 when the baseline evaluation was conducted, community members felt they did not have a voice in the community and that there was a lack of support for their rights.

Overall, it was recommended that community members must be given more opportunity to develop, consult, guide and support disability and aged care related services. Specifically, it was recommended that the new service must be a strong advocate for the clients and to assist in this process, an education strategy was needed to raise the profile of aged care and people with mental and physical disabilities. An education strategy should also provide training in self advocacy. In addition, it was recommended that community council representatives and community representatives must sit on the steering committee and there needed to be client and caregiver representatives on the Local Action Group. It was also recommended that the service meet with the Fitzroy Valley Advocacy Group (a group of carers and service users based in the Fitzroy Valley region).

By the end of December 2009 there was a much greater level of involvement of community members and services users in such groups as the Local Action group and the Steering Committee. The service also regularly reported to the Community Council at their meetings. The service users reported that the service is "talking up for us and they have someone to look after us". The meeting with the Fitzroy Valley Advocacy Service had not taken place, although contact had been made.

5. Respite:
The baseline evaluation reported that community members did not have access to respite nor did they know what respite was.

Recommendations were made to develop a strategy to inform community members about what respite is and for the community and the service to plan individual and community respite options. Service agencies were to identify and in some cases resource respite options.

The Interim Evaluation reported that by the end of December 2009 staff had been informing service users of what respite is and what options were available, a number of respite activities had been conducted over the previous months, community members and service users were identifying what respites options they would like to access and Lungurra Ngoora CCS had initiated discussions with service providers to identify and resource respite options available from other service providers.

6. Cultural Security:
In the baseline evaluation, it was reported that all stakeholders considered highly important the issue of all service providers gaining a respectful understanding of Aboriginal culture in order to provide responsive and appropriate services.

To this end, recommendations were made for the Community Council to develop a policy for all providers working in Looma to participate in cross cultural training which is specific to Looma. The service would source funding for this package. Policies and standards for the service must be culturally responsive and Aboriginal recruitment and retention strategies were to be developed for all disability and aged care services.

At the end of December 2009, progress on these recommendations was being made. No policy was in place for service providers to participate in cross cultural training. An education package was already in place via Looma School which was available for people to access. The Lungurra Ngoora CCS had not developed any formal policies and procedures to ensure culturally responsive services were in place, however it was reported that the everyday practices of the service are culturally responsive. No strategy for the recruitment and retention of Aboriginal staff had been developed. Once again, practices such as advertising vacant positions as widely as possible within the community were in place to encourage local people to apply for positions when they became available. It was reported that Lungurra Ngoora CCS did have retention strategies in place for Aboriginal staff however these were not outlined in the December 2009 report.

7. Accountability:
In the baseline report, no mechanisms to provide for accountability of service provision were reported.

Recommendations were made to develop accountability processes for the service to ensure the community and the service users could be assured that the service was accountable. Such measures may include documentation of services being delivered, records of service providers visits and outcomes, regular service reviews, ensuring service and government standards are being met, regular reporting back by the service to the Community Council and regular inter-agency meetings.

The December 2009 quantitative data, compiled by the research team, provided evidence that there were a range of accountability measures in place.

4.2 Summary of Interim Evaluation – conducted December 2009

Introduction:
By December 2009, the Looma Aged and Disability Project had been operating for six months. The project was evaluated against eight good practice principles in delivering services to Aboriginal people (see Section 3.2 of this report). In addition, a number of service assets and service deficits were identified at this point in the project.

1. Community Participation and Capacity Building:
By December 2009, it was reported that there was participation of all stakeholders – i.e. service users, employees, the Local Action Group (comprised of project staff, carers, aged and disability

representatives and local service providers) and Looma Council members. However it was felt that there was a lack of ownership of the project by local community members, and decisions regarding the service were not being made by community members.

With regard to building the capacity of the community to manage the service effectively, it was felt that there were limited opportunities for Aboriginal people from Looma to gain leadership and employment opportunities. For those Aboriginal people being employed, there were issues of retention of these people by Lungurra Ngoora CCS.

It was recommended that strategies be developed and implemented to build the capacity of Looma community members to participate fully in the ongoing development, implementation and evaluation of all aspects of the Lungurra Ngoora CCS.

2. Resources:
A number of issues of resourcing were raised in December as having an impact on the successful operation of the service. These issues included the lack of vehicles and drivers available for activities, a top heavy funding arrangement whereby resources were going into office space and staff accommodation (rather than service delivery), technical problems with phone lines and internet access and a lack of funds to purchase an air conditioner and freezer extension for the HACC centre. There were also concerns expressed about the location of the office for Lungurra Ngoora being located within the general Looma community administration building, and therefore away from the HACC centre where the service was primarily delivered.

Of particular concern at this point in the project was the issue of the complicated funding and financial arrangements with funds coming from three primary sources: the project budget which was supplemented by funding through regular Home and Community Care funding arrangements for Looma Community and thirdly some component of staff wages being funded through the Job Creation package (formerly CDEP). Different budget lines of the total budget were managed by different organisations (i.e. either Looma Council or Kimberley Aged and Community Services), making it very difficult for the Project Manager to allocate spending according to the budget.

It was recommended that financial arrangements be simplified such that all stakeholders (i.e. Looma Community, KACS, UWA as project managers and the project coordinator) can readily access the budget thereby being able to plan spending, allocate spending accordingly and be sure that invoices were being paid promptly.

3. Partnerships:
Service providers and Lungurra Ngoora CCS reported improved coordination and liaison between agencies and with the service such that there was a marked improvement in the quality of the service provided. Partnerships were described as being valuable and as a result there was better coordination and communication which had a positive impact on service users.

Positive relationships were also being developed with other organisations and local (Derby) businesses.

4. Workforce:
By December 2009, six months into the project, there were a number of issues relating to the Lungurra Ngoora CCS workforce – some positive and others negative – that were having an impact on the service.

The Project Coordinator was having problems dealing with a management structure which did not have clear reporting lines. In addition, the lack of policies and procedures made the first six months of the project difficult for the Project Coordinator. It was also reported that the Project Coordinator had not had an orientation with any of the three government agencies (i.e. Mental Health, Disability Services and Aged Care) by the end of December, thus leading to misunderstandings about the role of each agency and models of appropriate care for service users in each of these sectors.

During this period, KACS had employed a person to work out of the Derby office and to provide support services to HACC services on communities in the area. This service was valued by the Lungurra Ngoora CCS staff.

One of the goals of the project was to employ local Aboriginal staff. The Coordinator, whilst not being from the Looma region, was an Aboriginal woman who had lived in the nearby town of Camballin for many years, had attended school at Looma and who knew many of the people on the community. By the end of December, the HACC coordinator position, originally held by an Aboriginal woman from Looma, was being held by an non-Aboriginal person.

There had been some turnover of Aboriginal staff during the period June – December 2009. Several of these ex-staff members were still involved in the service in other ways and in some cases had gone on to pursue employment in other areas. Aboriginal staff expressed pride in caring for their old people and were proud that their work assisted in keeping the old people in their community.

The Coordinator outlined a range of strategies which had been put in place to address the retention of Aboriginal staff.

The report recommended continuing to work on improving support for the service through better involvement of stakeholders in providing information to Lungurra Ngoora CCS. It was also recommended that further development was needed to recruit and retain Aboriginal staff working for the service.

5. Evaluation:
As the Looma Aged and Disability Project was a pilot project initiated by the West Australian Centre for Health and Ageing at the University of WA, there were a range of evaluation and monitoring processes in place.

The six month evaluation reported on a range of quantitative measures that were in place however concern was expressed that qualitative measures needed to be developed in order to assess the quality of the care and holistic impact the service was having on service users (carers and care recipients).

There was also some concern expressed that the measures focused on aged care clients while there was less data being collected in regards to service users with a mental health issue and / or with a disability.

6. Accountability:
There were a range of measures in place at the end of December 2009 to ensure the service was accountable to stakeholders. These measures included regularly reporting to the Looma Council, Council members being invited to training sessions and regular presentations at the school to both inform students of the service but also to educate children about supporting the service users. In addition, the number of referrals to agencies had increased and as the profile of Lungurra Ngoora CCS increased, there were more people in the community 'looking out' for service users. Information about the project was regularly included in UWA publications and the local West Kimberley paper.

There were some concerns however in regard to the effectiveness of the Project Steering Committee in being involved in problem solving on issues that arose with the project and inconsistent attendance by some service providers at the Local Action Group meetings was also raised as a concern.

7. Appropriate Service Delivery:
Six months into the project, feedback indicated that the strength of the model was in having a comprehensive community care service based permanently in the community which can be easily accessed by service users. The service was considered to be reliable, inclusive and organized with anecdotal evidence indicating that the quality of life of the service users was improving through such areas as improved quality and regular meals, better use of equipment and aids and advocating for themselves on the nature of the care they wish to receive.

However there were concerns expressed that the service needs to ensure that it develops into more than "just a meal service" and becomes an integrated community care service catering for the needs of a range of service users – not just those fitting into the aged care category. The image of the service being an aged care service was limiting the use of the service by some younger clients who did not feel it catered for their particular needs.

Providing a greater range of services – eg respite – was being limited by a lack of transport and staff. The original model had a role for a community educator however this was not occurring effectively at this point.

8. Cultural Protection:
Given the particular nature and location of the Lungurra Ngoora CCS, cultural protection was a high priority in the delivery of quality care to the community. By December 2009, the service had developed such relationships with service users, community and Aboriginal members on the Local Action Group, Looma Council and with Aboriginal staff of the service, that non-Aboriginal staff and visitors to the service had access to many cultural mentors who could provide cross-cultural education in order to ensure clients were receiving culturally responsive and appropriate services.

A range of measures had been put in place to ensure the service was culturally responsive and these were being adhered to by the staff.

4.3 Summary of Final Evaluation – conducted July 2010

Background to the Final Evaluation:

In Mid May 2010 a meeting was held in Perth to discuss the continuation of the project. Those present included representatives from the Looma Community, state and regional representation from WA Health Department, DSC and Mental Health, WACHA / UWA and Frontier Services as the external facilitator.

At the meeting presentations were made outlining different approaches to the facilitation of the project. The community representatives supported the service continuing in its present form, including Frontier Services as the external facilitator.

The meeting agreed to continue the project providing ongoing funding was secured.

At the time of the final evaluation the project had ceased operating as scheduled with the original time frame & expenditure of resources allocated. The HACC component continued to provide services. There was no certainty in regards to resourcing the future of Lungurra Ngoora CCS.

The process of concluding the project was not clearly explained formally by funding bodies to all stakeholders. The evaluator found there was conflicting information which led to misunderstandings, distrust and negative impacts on current and future relationships. Many of the interviewees were more focused on the recent events rather than the effectiveness of the service delivery over the evaluation period.

Should Lungurra Ngoora CCS recommence operation, the evaluator recommends a de-briefing that includes all stakeholders on the issues that arose at the conclusion of the pilot project.

The final evaluation was evaluated against the eight good practice principles as outlined under the Methodology section of this report.

1. Community Participation and Capacity Building:
In December 2009, it was reported that there was overall positive participation in the project and by July 2010, this trend continued. People had built their confidence to speak up about issues that concerned them. As they now have an understanding of the scope of the service, they know what they can speak up about, who to approach and how to approach particular issues. This results in greater involvement of clients driving the service. In addition, family members feel comfortable to participate in service planning.

An example was given of clients not being happy with the meals. Staff then went and spoke to the clients with the result that positive changes were made promptly.

Lungurra Ngoora CCS is a standing agenda item on the meetings of the Looma Community Council. Council actively enquires about the service and part of the induction for new council members is a meeting with the Project Coordinator. One area identified for improving the effectiveness of the Council's involvement with the project may be to have the service allocated a portfolio on the Council. This could eliminate the difficulties of Council members not being available to assist the service when required.

The Community Council has also been involved in dispute resolution issues between staff.

The interim evaluation recommended that strategies be developed and implemented to build the capacity of Looma community members to participate fully in the ongoing development, implementation and evaluation of all aspects of the Lungurra Ngoora CCS. Whilst this has occurred to some extent, in July 2010 concerns were expressed that this area still needs strengthening. Doubts still exist with various stakeholders in regards to how strongly the community (including council and carers and families) feels ownership of Lungurra Ngoora CCS.

Community participation and capacity building requires a community development approach. This project focused on service delivery and future development requires resources to be allocated to develop these areas.

2. Resources:
A number of issues of resourcing were raised in December as having an impact on the successful operation of the service and these issues continued throughout the next six months (see Interim summary).

The Project Officer and facilitator had some success in obtaining a vehicle, with a chair lift, for use by the service. The use of the HACC bus caused difficulties for the service and the Community Council which were partly caused by the lack of clear guidelines regarding the 'ownership' and use of the bus. The Project Coordinator also developed a vehicle policy in an attempt to ease some of the problems associated with the use of the bus.

No further progress was made on the location of the building. This was investigated however for such a major community infrastructure a longer time line is required to investigate opportunities and there was no certainty of the future of the service beyond June 2010. Some progress was made in regards to the HACC centre facilities (eg air conditioning and the stove).

The complicated and unclear funding arrangements continued throughout the life of the project. This caused ongoing difficulties, particularly for the Project Coordinator, CEO, KACS and Frontier Services. There was no system in place to combine the project budget and the HACC budget in one income and expenditure statement. Budgets were separated between the project budget and the HACC budget. This made it difficult to keep track of expenditure and to allocate expenditure according to services being delivered.

A "Resource/Budget" team holding regular meetings could have addressed this issue.

Recommendations made in the Interim Report were not implemented. It was recommended that financial arrangements be simplified such that all stakeholders could readily access the budget thereby being able to plan spending, allocate spending accordingly and be sure that invoices were being paid promptly. Some processes in regards to the use of purchase orders were approved by the Steering Committee and implemented with the cooperation of the Chairperson, CEO and Project Coordinator.

3. Partnerships:
This continues to be a real strength of the project. There is a genuine commitment from all stakeholders to provide an effective service at Looma.

Service providers, agencies and Lungurra Ngoora CCS reported improved coordination and liaison such that there was a marked improvement in the quality of the service provided. Partnerships were described as being valuable and as a result there was better coordination and communication which had a positive impact on service users.

Visits, meetings and case management are well coordinated and organised. Having the service based in the community and a central contact point enables, better communication and regular face to face meetings.

The interim report recommended continuing to work on improving support for the service through better involvement of stakeholders in providing information to Lungurra Ngoora CCS. External stakeholders support the service by informing the team of opportunities to access training, new programs, resources such as Independent Living Centre visiting Looma community, and new staff and services including the disability advocacy service that has been established in Derby.

The service providers that are based in Derby have regular contact and coordinate service provision to Looma.

Service users said they are informed of visits, are seeing more agencies and are receiving range of different services.

There were some challenges caused by conflicts with relationships and roles. These were resolved through third party intervention including the external facilitator and Council

4. Workforce:
In the evaluation period there continued to be a number of issues relating to the Lungurra Ngoora CCS workforce – some positive and others negative – that were having an impact on the service.

The project staff feel they are now having greater input in the service which is building their confidence. Regular team meetings are held to discuss roles and planning of daily works schedules. Aboriginal staff are participating and raising questions in interagency meetings and training. This has led them to requesting further training.

The Aboriginal staff articulated that it is a good experience working for Lungurra Ngoora CCS especially to be helping their people. The training they have received has been beneficial. They now have a greater understanding of the service users' needs and rights. The training has included mental health First Aid, First Aid, Certificate 3 and 4 HACC and a Kinway depression and suicide program. In this period there weren't any formal training provided by DSC. However they provided information and had a good working relationship which supported Lungurra Ngoora CSS to provide appropriate services to people with disabilities.

It was recommended that the roles in the service be shared and rotated. By doing this the staff develop a range of skills and should someone be absent the rest of the team has the capacity to carry out the duties required. There were issues with absenteeism for a range of reasons (work in mines, cattle industry, family obligations and further education) and it was suggested the service have a pool of workers to address this. It was recommended in the interim report that further development was needed to recruit and retain Aboriginal staff working for the service. This still requires addressing.

The service needs to present Aboriginal staff opportunities to be in leadership roles. It was noted that whilst they had certificate level qualifications there weren't strategies to provide further development. A sustainable service needs Aboriginal people to be trained and gain experience in these roles.

There were areas that required development for staff including supervision, numeracy, literacy and computer skills, time management and governance. These were identified by the project team.

There were concerns the staff were rushed through the training to meet the evaluation needs. Although having completed certificates the staff was not at the level that was attained therefore placing high expectations on them.

Training specifically for the service should have been developed. Individual training that recognises the skills and capacity of each staff would have been of value.

The Project Coordinator continued to have problems dealing with a management structure which did not have clear reporting lines. In the final six months the external facilitator worked closely with the Project Coordinator to clarify roles and relationships between the key stakeholders with moderate success.

When the job description for the Project Coordinator was drawn up the Project Coordinator was responsible for supervising the HAAC Coordinator. However the HACC Coordinator was frustrated as she was being set directions – sometimes conflicting directions - by both the Project Coordinator and by KACS staff who visited the community causing the team confusion. It has been suggested that the model only requires a Project Coordinator and the HAAC role be divided up between the Lungurra Ngoora team essential workers.

5. Evaluation:
Lungurra Ngoora CCS has developed ongoing evaluation and monitoring strategies to monitor what works and what doesn't. The improved coordination and liaison between service providers and Lungurra Ngoora CCS enables formal and informal evaluation processes.

The strategies include comprehensive coordinated assessments, evaluation questionnaires, feedbacks surveys, personal care plans, interagency referral forms, complaints forms and interagency meetings. The evaluation process is inclusive of all stakeholders – including families receiving service.

It was felt by many interviewees that twelve months was too short a time frame to evaluate the effectiveness of the whole project.

6. Accountability:
There continued to be a range of measures in place to ensure the service was accountable to stakeholders. These measures included regularly reporting to the Looma Council which had the Lungurra Ngoora CCS as a standing item on the agenda. This provided an update and provided opportunities to address issues with the service.

There are still some concerns in regard to the effectiveness of the Project Steering Committee in being involved in problem solving on issues that arose with the project. Further comments regarding the role and effectiveness of both the Steering Committee and the LAG are contained under Section 5 of this report.

7. Appropriate Service Delivery:
In the final evaluation it still continues that the strength of the model is in having a comprehensive community care service based permanently in the community which can be easily accessed by service users. The service is still considered to be reliable, inclusive and organised with anecdotal evidence indicating that the quality of life of the service users was improving through such areas as improved quality and regular meals, better use of equipment and aids and advocating for them on the nature of the care they wish to receive.

The improved coordination, communication and liaison between agencies and the service has impacted on the marked improvement in the quality of the service provided. The feedback includes improvement in the quality of the service, coordinated respite, sharing of roles, access to more information, organisation of actives, and increase numbers in service users

In the interim evaluation there were concerns expressed that the service needs to ensure that it develops into more than "just a meal service" and becomes an integrated community care service catering for the needs of a range of service users – not just those fitting into the aged care category. The image of the service being an aged care service was limiting the use of the service by some younger clients who did not feel it catered for their particular needs.

It is evident that this has greatly improved. Service users gave high praise to Lungurra Ngoora and were able to list a range of services they are receiving now. These included outings, input in to meals and more of them, fishing trips, access to the HAAC centre and respite.

Carers feel confident to go away from the community knowing there family member will receive care and support.

The service users also spoke positively about the increase in the contact they have with other service providers.

The service attempted to be more inclusive of younger people with disabilities and mental health clients and to provide appropriate services to these groups. The feedback from families and service providers include comments that these service users are receiving local support and monitoring, have an improved quality of life, participation and contribution in their local community has been enhanced.

The original model had a role for a community educator and activities and respite worker. However in the evaluations period this was not occurring effectively. The community educator's role was to consult the community and respond to the training or educational needs of the community and carers. They can also organize paid cultural training for local services. The activities and respite worker was to consult with clients to provide culturally appropriate activities such as fishing, visiting country and art.

These roles were seen as valuable and needed in the service. Whilst these positions were filled initially, staff changes meant that these roles became absorbed into other Lungurra Ngoora staff role and service providers were also taking on some of these roles. It is evident that these duties were being carried out however it impacted on their work load and service delivery.

9. Cultural Protection:
Cultural protection continues to be a high priority in the delivery of quality care to the community. By December 2009, the service had developed such relationships with service users, community and Aboriginal members on the Local Action Group, Looma Council and with Aboriginal staff of the service, that non-Aboriginal staff and visitors to the service had access to many cultural mentors who could provide cross-cultural education in order to ensure clients were receiving culturally responsive and appropriate services.

The staff of Lungurra Ngoora have kinship connections to the service users and know they have to meet their cultural responsibilities and obligations. These make staff accountable to the community and the service has been appropriate culturally.

A range of measures had been put in place to ensure the service was culturally responsive and these were being adhered to by the staff. These include provision of appropriate care in *mulli* (in-law) relationships, same sex personal care, using language words and ensuring staff are suitably dressed.

Role of External Facilitator:
Frontier Services took over the role of external facilitator from January 2010, so was part of the final evaluation.

Feedback from the evaluation endorsed the important role of the external facilitator. In the pilot project, the external facilitator role was seen to provide some cohesion to the project. With an external facilitator, the Project Coordinator had an independent support person who did not have a vested interest in the service. In addition, the service could remain independent rather than being absorbed into an organisation that was providing

services to the community. There was some concern that the external facilitator was not located in the region and was therefore limited in its ability to visit the community at short notice. This issue was overcome through regular phone and email contact.

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5. ACHIEVEMENTS OF THE PROJECT AGAINST OBJECTIVES

The key objective of the Project was 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.

Quantitative data included in the WACHA UWA 12 month evaluation provides a comprehensive summary of the volume of community care service delivery for the target group of frail aged and for people with disabilities and mental illness. (This report can be accessed at www.wacha.org.au) Significant increases in the use of the service across all service types can be noted.)

It was reported that the service can now access a greater range of resources and expertise from other service providers and stakeholders. Through the formal relationships developed as part of the model, represented by the Service Agreement (see Appendix 1) and signed off by all parties, a support network was formed providing better access to a range of services for Lungurra Ngoora CCS which was not present before.

Service users reported greater access to a range of services such as respite, meals, transport, outings and advocacy. In interviews conducted as part of the evaluation, service users and carers commented frequently on how their sense of well-being has improved as illustrated by these comments:

"Now we are getting different services. We didn't see people before."

"Feedback from participants is very positive and suggests that their quality of life, participation and contribution in their local community has been enhanced."

"Since the inception of the Looma project, I have seen great improvements within our clients."

The Steering Committee further set the following objectives and a summary of how well these objectives were met, is included below:

Objective:
To identify the frail aged and people who have disabilities (cognitive, intellectual, sensory, psychological and physical) living in Looma community and their caregivers.

Through the employment of local staff and through relationships with service providers, Lungurra Ngoora Community Care Service was well placed to identify all those in these target groups and their caregivers. In addition, as the service grew and developed a reputation as an organisation which would work for the community, more people approached the service seeking support and care.

As the service and staff are based in the community, the organization has better knowledge of the service users and their needs. If an issue arises, staff can respond promptly and appropriately with good access to resources.

For example, if a service user required certain equipment, the service would contact Allied Health and make arrangements to obtain that equipment. Prior to the service commencing, such requests would either not be made due to a lack of knowledge of what was available and there was a lack of coordination with the various service providers to obtain the equipment. Often requests took much longer to process because of the constraints of remote area service delivery.

The staff now has knowledge of the range of resources available to assist in identifying the client's needs. Prior to this service commencing, this knowledge was not held in the community, nor did the community did not have the capacity to identify the agencies that could support those clients.

With the service being based in the community, and with the strategies which were developed to inform the community of their role, service users and carers gained knowledge of what was available and can advocate for their needs.

Objective:
To identify the needs of the frail aged and people with disabilities and their caregivers in Looma community

Central to the success of this model of community care is ensuring continuous improvement in meeting the needs of the client. This was achieved through regular meetings of the LAG, and through building strong relationships between the staff, service users and caregivers and with community council representatives.

The staff of the Lungurra Ngoora CCS were strongly committed to developing the service to fulfil the needs of the frail aged and people with disabilities and their caregivers in Looma community and prioritised building good relationships with the community. Through such relationships, trust builds and service users feel safe to express their needs to the staff. In addition, the training that the staff received enabled them to identify needs and respond appropriately.

The employment of people from the community is critical to this process and the majority of the staff working at Lungurra Ngoora CCS at any one time was local people. (The coordinator was not from the area, however had attended Looma School and had a long involvement with the community.)

Objective:
To increase service use for this target group.

Data included in the WACHA UWA 12 month evaluation provides a comprehensive summary of the volume of community care service delivery for the target group of frail aged and for people with disabilities and mental illness. (This report can be accessed at www.wacha.org.au) Significant increases in the use of the service across all service types can be noted.

Interviews conducted as part of the evaluation indicated that the increase in service use was due to:

- Lungurra Ngoora CCS was a local, community based service and people could see the service operating on a daily basis in the community.
- Local Aboriginal people were employed in the service.
- Staff were always in attendance at the service and clients saw the service as a a reliable service.
- The service worked to raise its profile such that the community was better informed about the service and what it could offer. This was done through posters, community education strategies and generally building positive relationships with all stakeholders.
- Lungurra Ngoora CCS became the central contact point for service providers visiting the community thus enabling better coordination, leading to timely responses and more effective service delivery.
- Systems were put into place whereby people could have input and this was valued by the community. Requests for improvements were acted upon promptly.

Objective
To employ a holistic, inclusive and creative approach to meet client and caregiver needs.

The model is based on partnerships and shared responsibilities. In addition, throughout the life of the project all stakeholders have shown a commitment to the success of the project. As such, there has been better communication, coordination and liaison between agencies and Lungurra Ngoora CCS and this has had a positive impact on quality service provision.

A common theme between all stakeholders was the value of having a service, locally based, that used a coordinated approach between all service users, as illustrated in the quote below, made by a service provider:

"The coordination between all of the services involved with this project has enabled a gentleman to stay longer at home. Everyone is contributing to his care."

This coordinated, more holistic approach allows people to access services in their community. Despite Looma being a remote community, and not having a wide range of services available, the holistic and creative approach adopted by Lungurra Ngoora CCS has been flexible enough to meet a wider range of client and caregiver needs.

The baseline evaluation, conducted prior to the commencement of the project, reported that services were working in isolation, creating a 'silo' effect. This project, using community development approaches, has involved service providers, the community council, the school and the community in general. This holistic and inclusive approach has greatly increased the profile and status of the role of community care, therefore responding more effectively to client and carer needs.

Individualised care plans, developed with input from clients and their families reflected the coordinated approach between all the service providers. The staff contributed to developing a continuous improvement process for the client to ensure care plans were regularly monitored and updated.

As one service observed:
"Looma Project staffs encourage and assist our clients in their social interactions and in their daily activities. This assistance and facilitation of social interactions and community involvement provides a greater quality of life to our clients and the Looma community as a whole."

Objective:
To develop a blueprint of the model that is transferrable to other Aboriginal communities

The key elements of the model that was developed, (see Table 1) were in place throughout the life of the project. The model combined several local service providers and the Looma Community Council into one on-ground service. The project was co-funded and was to be guided equally by the partnership group.

This model attempted to reflect such elements as:

- Involving the community in the design, development and implementation of the service (i.e., the service is not imposed on the community and it acknowledges the need for a flexible approach and that 'not one size fits all')
- Being a locally based service – i.e. the service is actually based in the community thus ensuring regular and easy access to the service.
- Employment of local Aboriginal people ensuring service users were assured of a culturally safe service with staff who understood their needs, who knew the clients and their history and who in many cases, had responsibilities for their care. As one employee said: "I feel really good that I can look after the old people in my community. It is good that they can get care."

- Ensuring staff have access to appropriate training, so that staff properly understands the needs of the clients and staff develop skills in a broad range of areas, helping to build a sustainable service through local employment.
- Ensuring a level of resourcing such that the service can access what is required for successful operation of a community care service.
- Ensuring the service was accountable to the clients and to the funding bodies.
- A commitment to a coordinated approach built on strong partnerships between the service providers - at regional and state level - and the community.
- The appointment of an external facilitator whose role it is to prevent a 'silo' effect of singular ownership over the service and enhance partnership, collaboration and cooperation between services. The facilitator line manages the Project Coordinator and facilitates Steering Committee meetings. The facilitator is required to report to the funding bodies.

The Steering Committee met throughout the period, with meetings in March 09, June 09 August 09, October 09, December 2009, February 2010, April 2010 and June 2010. Meetings were conducted both externally to the community, with some members videoconferencing into the meeting or in some cases, meetings were held at Looma community. Community members were always present. As reported in the summary of the final evaluation (Section 4.3), there were concerns expressed in regards to the effectiveness of the Project Steering Committee in being involved in problem solving on issues that arose with the project. Minutes of the Steering Committee meetings indicate inconsistent attendance at the Steering Committee meetings by some service providers.

The Local Action Group continued to meet throughout the life of the project. These meetings were conducted on a regular basis and provided a regular, formalised opportunity for service staff to address service provision issues such as coordination, advice and support to the Project Coordinator, care plans, updating information, discussing training opportunities and how to access other resources. As the Project progressed, informal communication between members of the LAG improved to the point where there was some questioning about the value of formal LAG meetings. As reported in the summary (Section 4.3), at times, LAG meetings were irregular and disorganised, resulting in queries about the effectiveness of the meeting.

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6. RECOMMENDATIONS FOR THE FUTURE

During the course of interviews for the final evaluation, stakeholders were asked to make recommendations for the service should it continue in Looma. This is a summary of those recommendations and not in order of priority:

1. "Keep the service going?" Most of the interviewees strongly endorsed the high value of this service to the community and urged that it continue.

2. A positive development would be the establishment of a new centre which includes an office for the service, an activity area, meals preparation and service and an outdoor sitting / activities area.

3. Increase the number of workers with skills across the range of service delivery areas including a pool of casual workers.

4. All staff to be paid a full and secure wage. Where possible, workers are to be employed on a permanent basis, with award conditions.

5. Set up a single budget for the service, developed with input from the community stakeholders, with transparent systems so the service and stakeholders can easily track expenditure.

6. Full community participation is essential to the development of the next phase of the project.

7. Strengthen the respite service delivery to include more appropriate options and resources to match those options.

8. Training needs to be resourced which provides training that matches the needs of the service at a level which is appropriate for the staff.

9. The CEO of Looma Community should be regularly briefed on the activities of the service but is not to be part of the decision making structure.

10. Resources to be allocated to community development to build the capacity of the community to manage the project and to ensure community development approaches are embedded at all levels of service delivery and of the management of the service.

11. Expand the service to include evening and weekend services to accommodate the range of needs of the service users.

12. A clear management structure needs to be developed, with defined roles and responsibilities and with clear reporting lines.

13. No longer have a Local Action Group as communication and coordination of services is occurring effectively and monitoring takes place.

14. Keep the role of the external facilitator to ensure independence and to avoid becoming absorbed as part of a government agency.

ABBREVIATIONS

CCS	Community Care Service
DSC	Disability Services Commission
HACC	Home and Community Care
ICC	Indigenous Coordination Centre
KACS	Kimberley Aged and Community Services
LAC	Local Area Coordinator (DSC role)
LAG	Local Action Group
MH	Mental Health
NDA	National Disability Administrator
NHMRC	National Health and Medical Research Council
NGO	non-government organisation
PATS	Patient Assistance Transport Scheme
UWA	University of West Australia
WACHA	West Australian Centre for Health and Ageing

APPENDIX 1: Service Agreement

Service and Community Agreement

Project Partners

and the

Looma aged and Disability Project

THIS AGREEMENT IS MADE ON 2009

(NB: FINAL SIGN OFF OCCURRED IN DECEMBER 2009)

BETWEEN

Project Partners (listed at end of document)
and
Looma Aged and Disability Project ("Project")

Background

C. The Looma Aged and Disability project (the **Project**) has been developed from a WA Centre for Health and Ageing (WACHA), WA Institute of Medical Research, University of WA research project funded by the National Health and Medical Research Council (**NHMRC**).

D. The Project is trialling and evaluating a model of care for people who are frail aged, people of all ages with disabilities or mental illness in Looma community with the aim to develop a sustainable service. The funding for this trial has been primarily sourced from HACC, WACHS-Mental Health and Disability Services Commission.

E. The Project is being conducted in Looma community in the Kimberley region of Western Australia.

F. The key objective of the Project is 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.

G. Further objectives of the Project are to:

a. Identify the frail aged and people who have disabilities (cognitive, intellectual, sensory, psychological and physical) living in Looma community and their caregivers.

b. Identify the needs of the frail aged and people with disabilities and their caregivers in Looma community.

c. Increase service use for this target group.

d. Employ a holistic, inclusive and creative approach to meet client and caregiver needs.

e. Develop a blueprint of the model that is transferrable to other Aboriginal communities.

H. This service agreement is intended to set out the guidelines to be followed by project financial partners Looma Community Inc, Kimberley Aged and Community Services, Disability Services Commission, Kimberley Mental Health and Drug Service, WA Centre for Health and Ageing, and other project partners Kimberley Population Health Unit, Frontier Services and Kimberley Individual and Family Support Association (collectively the '**Partners**') and the Project in relation to the Project. It does not set out contractual terms governing the conduct of specific research and development projects.

1. Commencement and term

1.1. The Agreement commences on the date it is signed by both parties and ends on *01 June 2010* unless terminated by a party in writing prior to this date.

2. Infrastructure support

2.1. Looma community agrees that it will source and provide administrative support, office space and use of office facilities for Looma Project staff as part of the infrastructure support for the Project. Looma community will not charge the Project for providing this support. The Project will reimburse Looma community $500 month plus GST for additional office expenses (electricity, stationary, office furniture and computer).

2.2. KACS agrees that it will source and provide office space and use of all KACS office facilities for the UWA Representative as part of the infrastructure support for the Project. KACS will not charge UWA for providing the office space however UWA will reimburse KACS for additional office expenses (e.g. phone expenses, electricity).

3. Project budget

3.1. KACS agrees that it will hold all project funds, and provide the staffing required for management of the budget at no fee.

3.2. KACS manager or delegate will provide a basic Project financial report at each Project steering committee meeting (every two months) at no fee.

3.3. Partners providing funding to the Project will ensure that the Project meets the accountability needs of their agency and will liaise with their head office on behalf of the Project.

4. Meetings

4.1. Partners will, where possible, ensure a representative from their agency attends Steering Committee meetings every 2 months at no fee.

4.2. Looma community agrees that a representative from the Looma council will prepare and read a Project report to the Steering committee at each meeting. This Project report should outline community benefits, concerns, needs etc.

4.3. Partners will where possible ensure a representative from their agency attends Local action group meetings every month at no fee.

5. Positions

5.1. Looma community will advertise and actively seek to fill Project positions with support from other Partners.

6. Salaries

6.1. Salaries for Looma based staff will be paid and managed by Looma Community who will be reimbursed by KACS from Project funds.

6.2. KACS has agreed to provide funding for a full time HACC position in Looma as part of the Project.

7. Professional development

7.1. The Partners will actively identify and provide educational and professional development opportunities for Project staff.

8. Other Staffing Arrangements

8.1. Looma community will provide administration assistance to Project staff for services such as purchasing small items and use of office equipment.

8.2. All other staffing arrangements concerning the supervision of Project staff (including leave and travel approval) will be the responsibility of the Looma Project Co-ordinator and Study Co-ordinator.

8.3. KACS will provide administration assistance to the Study Co-ordinator for services such as purchasing items.

9. Vehicle

9.1. Looma community agrees to provide access to community vehicle when available and required by the Project staff.

9.2. The project vehicle will be managed by the project coordinator.

9.3. Looma community chairperson or delegate will ensure that the vehicle is only used for Project purposes.

9.4. Necessary documentation must be completed by the staff member driving the vehicle. This documentation will be forwarded to the community CEO by the Looma Project Co-ordinator.

10. Purchasing goods

10.1. For all purchases a purchase request form (PRF) needs to be filled out by the Looma project co-ordinator and sent to the Project Manager in Perth.

10.2. For purchases under $200 the Looma Project Co-ordinator can approve the purchase and forward the PRF directly to KACS for purchasing following KACS processes.

10.3. For purchases over $200 the Looma Project Co-ordinator must forward the PRF to the Project manager who will decide on approving the purchase. If approved the Project Manager will forward the PRF to KACS to purchase following KACS processes.

10.4. Details on expenditure will be included in the budget report presented by KACS at the next Steering Committee meeting.

10.5. Looma Community Inc. can make the purchase and invoice KACS on behalf of the project for project costs, or KACS can make the purchase following KACS processes.

11. Reimbursement

11.1. All expenditure of Partners in relation to the Project for which Partners are entitled to be reimbursed by Project funds must be recorded. The record of such expenditure must fully detail the nature and purpose of such expenditure and the amount expended. Supporting documents should be attached.

11.2. Project partners should forward this invoice to Kimberley Aged and Community Services (KACS), identifying on the invoice that the costs are related to the 'Looma Aged and Disability Project'.

11.3. One-off expenditure will need to be approved as detailed in '10.2-10.3' above. Ongoing expenditure (wages and superannuation) does not need to be re-approved.

11.4. KACS will reimburse Partners from Project funds in line with WA Country Health Services Policy of 30 day terms. Ongoing expenditure (wages and superannuation) will be reimbursed up front every month.

11.5. KACS will present a written outline to the Steering Committee detailing all expenditure that the Partner is entitled to have reimbursed by Project funds in relation to the Project.

12. **Succession plan**

12.1. WACHA UWA involvement in the project will cease in 01 June 2010.

12.2. Given positive evaluation results, Partners will develop a succession plan over the trial period to co-manage the project following 01 June 2010.

13. Entry into Force, Modification, and Termination

This agreement may be amended or extended by prior written agreement of the parties. This agreement may be terminated at any time by either party upon three months' advance notice to the other party. The termination of this agreement shall not affect the completion of specific activities initiated and uncompleted.

THE PARTIES HAVE EXECUTED THIS MEMORANDUM AS OF THE DATE AT THE BEGINNING OF THIS MEMORANDUM:

Looma Community Inc.

BY ITS DULY AUTHORISED SIGNATORY: ----------

Name and Title of signatory: ----------

Date / /

WA Centre for Health and Ageing

BY ITS DULY AUTHORISED SIGNATORY: ----------

Name and Title of signatory: ----------

Date / /

Kimberley Aged and Community Services

BY ITS DULY AUTHORISED SIGNATORY: ----------

Name and Title of signatory: ----------

Date / /

Kimberley Mental Health and Drug Service

BY ITS DULY AUTHORISED SIGNATORY: ----------

Name and Title of signatory: ----------

Date / /

Disability Services Commission

BY ITS DULY AUTHORISED SIGNATORY: ----------

Name and Title of signatory:

Date / /

Kimberley Population Health Unit

BY ITS DULY AUTHORISED SIGNATORY: ----------

Name and Title of signatory:

Date / /

Kimberley Individual and Family Support Association

BY ITS DULY AUTHORISED SIGNATORY: _____

Name and Title of signatory:

_____

Date / /

Frontier Services

BY ITS DULY AUTHORISED SIGNATORY: _____

Name and Title of signatory:

_____

Date / /

APPENDIX 2: Question Guide

The following provides a summary of the range of issues covered in the interviews.

QUESTIONS for CARERS
The interviews will focus on evaluating the following:
SUPPORTS

1. What supports do they currently receive?
2. Who provides this? Formal/Informal.
3. Where is this provided?
4. How often?

Areas to focus on:

Home Management (includes meals, personal care, laundry, gardening, budgeting)

- What is their understanding of the home support services available?
- Do they receive this support? What do they receive?

- Who currently gives them support in this area?

Transport
- Do they have a vehicle?
- What transport options are available in the community?
- What do they need the transport for? i.e. shopping, recreational.
- Can they access transport for activities out of the community i.e. funeral, cultural festivals?
- Who in the community do you go to help with transport?
- Is there a bus/vehicle that is for people with disabilities to use (wheelchair accessible)

Respite
- What is their understanding of respite?
- Who supports them with respite (Formal/Informal?)
- Where can they go to find out about respite?
- How often do they access respite?
- Does it fit it in with their individual l needs? (i.e. location, regularity, with or without family member)

Social Support
- Do they need help with doing?
- Activities (i.e. art, fishing)
- Banking
- Shopping
- Centrelink
- Mail (support with literacy)
- Others
- Is there anyone in the community that can help with this? Does anyone help with this now/who?

Housing and equipment/maintenance
- Do they know about support that can help to make it easier to care for their family member?
- Do they know who they can go to to find out? Who would that be?
- If they need equipment or need repairs who helps with that?
- If they need anything done around the house that helps with that?
- Who fixes wheelchairs when broken down?

HEALTH

1. When they are sick who do they ask for help?
2. Does the clinic visit people in their homes?
3. Do they know if they have had a health assessment recently?
4. If they need to go to Derby for hospital, dentist, specialists who helps with that?
5. Do specialists/allied health etc visit Looma? Do they visit carers in their home?
6. Do they know when they are visiting?
7. How many times have you seen these people?

ADVOCACY

1. Do they have anyone to help them talk up for things that they want? Who?
2. If they are not happy with the services do they think they can talk to someone about it?
3. Do they think people care and respect for aged and disabled people in Looma?
4. If no how do they think this can change?
5. If yes-what do they do?

TRAINING

1. Do they know about any training they can get to help care for their family member and yourself?
2. Who would they go to to find out?
3. Have they done any training? What and where?

CULTURAL CONSIDERATIONS

1. Do they go to cultural activities (festivals, ceremonies, funerals, meetings?)
2. Is it important for them to go? Why?
3. If yes who helps them to go?
4. How do they help-transport, caring for person with disability/aged, respite
5. If no-why don't you go?

Service Providers

The focus of the interviews for service providers will include;

1. What services does their agency provide to Looma?
2. How many people receive their services?

3. How many staff are employed to provide services to the community?
4. How long have they been in this position?

5. Where is the service located?
6. How often do they visit Looma and for how long?
7. Do they have supports at Looma to assist with their service provision?
8. How are they supported?

9. Have they felt they have needed any support to gain and understanding of the culture and language in the community?
10. Who provided it?

11. What are the strengths of their service provision?
12. What are the gaps/barriers to service provision?

13. Are there service providers that provide interagency support to assist with service provision to the community?
14. What kinds of support and from where?

15. Has the staff participated in professional development in the last six months to assist in providing services in Looma? Describe.