Government of Western Australia
WA Country Health Service

Submission No. 107
(Dementia)
Date: 13/11/2012

STANDING COMMITTEE ON HEALTH AND AGEING - DEMENTIA INQUIRY

The Kimberley has a population of 45,000, 45% who are Aboriginal, with approx 200 communities and 25 languages spoken across an area twice the size of Victoria, it can make for providing a service that still needs to fit within mainstream funding models and program guidelines difficult at the best. It has a tropical monsoon climate with 2 distinct seasons (the wet and the dry), however Aboriginal people are far more in tune with the environment and identify 6 different seasons throughout the year. Staff need to be committed, resilient and flexible to be able to stand up to the travel and weather conditions in which they work.

Dementia is well documented as being 5 times higher than the national average amongst Aboriginal people compared to non Aboriginal people. In the Kimberley there has been and continues to be significant research through a Dementia Grant from the National Health Medical Research Council led by Dr Leon Flicker et al from UWA which has assisted KACS in identifying early intervention strategies for dementia. ("Gotta be sit down and worked out together": views of Aboriginal carergivers and service providers on ways to improve dementia care for Aboriginal Australians (Smith K, Flicker L, Shadforth G, Carroll E, Ralph N, Atkinson D, Lindeman M, Schaper F, Lautenschlager NT, LoGiudice D. Available from : http:www.rrh.org.au)

Kimberley Aged and Community Services (KACS) is a state government provider (WACHS) of Commonwealth and Commonwealth/State Programs and has provided aged and community services to the Kimberley with a particular focus on remote communities since 1993. Kimberley wide programs – ACAT and National Respite Carers Program (NRCP) provide a focus on towns and remote communities, whereas Remote Home and Community Care (HACC), Community Aged Care Packages (CACP), Extended Aged Care at Home (EACH), Assistance with Care and Housing (ACHA), Mobile Respite are provided across remote communities and Older Person Initiative (OPI) and Friend in Need in Emergency (FINE) from the Broome Regional Health Service.

KACS works in partnership with remote communities with a strong emphasis on working with community councils and other service providers including mental health, NGO's, disability service and population health. A key role for KACS is providing support and training to remote community care workers to support their own community care clients. KACS works with the Commonwealth/State Closing the Gap initiatives through the Remote Service Delivery (RSD) sites – Beagle Bay, Ardyaloon, Fitzroy Crossing and Halls Creek working with communities through their local implementation plans in meeting each communities aged and community care needs

The KACS Vision: Strong Old People, Strong Communities – Supporting older people, people with disabilities and carers live well in their communities, provides the direction and intention of all staff to provide successful outcomes for clients. KACS employs a range of health professionals (social workers, occupational therapist, physiotherapist, registered nurses, community development staff, teachers and Aboriginal staff with Certificate 111 in Aged Care which all combined bring a range of skills that works with clients and/or carers who wish to remain as they age in the setting of their choice. KACS has overall management of 28 National Job Creation Packages (NJCP) which are distributed to remote communities to manage within their community care service. The NJCP is aimed at real jobs for Aboriginal people replacing the CDEP Program in the remote community care service. The Program provides a number of challenges however it provides funding for remote community care workers to care for their own community members.

What does it mean working remote in remote towns and communities?

- Vast areas to cover – travel unreliable due to road and weather conditions, airstrips can be closed
- Extreme climate – heat, dust, red dirt, rain, mud
- "Cheeky" dogs
- Crowded houses

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- Telephone contact with clients limited
- High levels of illiteracy
- Staff safety issues – use of satellite phones, spot trackers, call in/out system
- High turn over of staff within communities – locum overseas doctors, locum nurses, CEO's
- Buildings weathered before their time because of the extreme weather conditions
- Respecting community cultural activities – eg sorry business
- Continuous and on going education to community care workers that have a high turnover (acknowledging that family will always come before work)
- Governance within remote communities is often fragile dependent on community politics, family allegiances, Council and CEO
- Response time from a referral is dependent on weather, community and staff availability
- Within the Kimberley in general continuity of care difficult to maintain – due to rate staff turnover and use of locum staff - overseas locum GPs, RANs, hospital staff and clinic staff

Challenges

- Ensuring that clients receive the most appropriate ongoing service to their assessed needs
- Clients and carers often move between communities so often difficult to locate
- GP's usually not the first to identify dementia as they are often locums so unaware of client/family history and often time poor
- Developing relationships and partnerships with service providers who fly in and fly out and who have limited infrastructure in the Kimberley
- Program funding that has extensive reporting requirements that challenge providing services in a flexible, coordinated manner
- Overwhelmingly clients /carers want to stay in country irrespective of the conditions in which they are living
- Complexities of diagnosis with many co-morbidities for example dementia, delirium, early ageing, alcohol, head injury, epilepsy, diabetes, renal failure
- Maintaining a client with dementia in the community becomes a community problem rather than just a family problem
- Only 2 residential facilities with secure facilities in the Kimberley
- Residential facilities struggle to recruit and retain staff and because of the high turnover this requires resource intense ongoing education
- Pay conditions and entitlement offered by non government organisations can have a direct affect on number and experience of staff.
- Medication Management is problematic due to transient nature of many clients and compliancy of medication
- Implementing a wellness approach to a welfare dependent community
- Ensuring clients receive a nutritious and balanced diet

What's important on a day to day basis working within remote Aboriginal communities?

- To understand culture and work form a framework of respect
- Economies of scale in providing a Kimberley based infrastructure that is able to be flexible and responsive that is that staff visiting communities represent all programs
- Relationship building with clients/carers initially commencing with HACC services and then moving through the continuum of community care
- staff spending time in communities develop connections with clients / carers/ community carer workers, councils,
- Links with other service providers for example clinic, allied health, DMAS, Carers WA and NT
- Aged Care Clinicians can provide a comprehensive assessment – HACC, ACAT, Continence which can the provide the basis for early detection of dementia
- Capacity building in communities – providing training to carers/community care workers around dementia but also about looking after their own older people and maintaining their own community care service – Dementia Education and Training for Carers funding, National Job Creation Packages (NJCP)
- Working from a basis of the Aged Care Friendly principles
- Regular planned visits by geriatrician and psycho geriatrician to clients in country rather than clients coming into a regional town

- Understand family and community dynamics
- National Carer Respite Program (NRCP) fully integrated into the other community care services that KACS provides into communities
- The use of cultural appropriate tools to assist with the diagnosis of dementia for example the KICA (Kimberley Indigenous Cognitive Assessment) – 80% ACAT Assessment are Aboriginal – 90% of these assessment the KICA is used
- Use of interpreters through Kimberley Interpreting Service (KIS) important rather than using family members
- Positive relationship with clinic essential
- Training resources available for community education
- Coordination of service providers within communities
- KACS flexibility to provide clinicians to support communities and discuss individual client's care plan
- KACS staff representing all funded programs when visiting communities so that from client/s carers perspective we are the "Aged Care Mob" (despite this not being a true reflection on what we offer)
- OPI (Older Person Initiative) and FINE (Friend in Need in Emergency) through risk screening older clients admitted to Emergency Department and have the ability to commence early identification and multi disciplinary assessments and link to community care / ACAT teams
- Capacity of KACS to keep in contact with mobile clients through flexible working model and working across many communities
- KACS a link for outside organisations coming in to provide connection with communities eg Independent Living Centre,

Current KACS Initiatives that focus on dementia

- Skills exchange with Royal Perth Hospital – Older Persons Mental Health unit
- Representation on the WA Dementia Working Party
- Marvin DVDs produced by KACS – The Dementia Story and Elder Abuse
- National Respite Carers Program staff work in each of the KACS 3 teams – West, Central and East Kimberley visiting remote communities, through a restructure has seen staff moving out of the office into communities
- Mobile Respite Service – providing flexible service taking carers and often care recipients camping, fishing or providing in house respite
- KACS has recently developed a community care pathway for dementia based on best practice clinical guidleines
- Aged Care Clinicians have commenced the discussion on Advance Directives with clients/carers
- KACS continues to develop and collect culturally appropriate dementia resources to inform staff and carers
- Use of Telehealth for direct client consult / assessments; carer support / education, with specialists (i.e RPH DGM / Older Adult psychiatrists)
- Preliminary discussion re a role for an aged care nurse practitioner.

Working in remote Aboriginal communities is challenging and when this is combined with the high rate of dementia amongst Aboriginal people this is even more challenging to ensure that the client's needs are respected and carers are supported. There is always room for improvement but KACS always remains focused primarily on the individual and what is going to make their individual life better.

Finally in summarising - what is important? :

- Trusting relationships allow for introduction and acceptance of other specialist services for example geriatrician as clients become more frail and more intervention and support is required
- Ongoing relationship building with clients and carers
- Partnerships with Aboriginal communities
- Consistent staff travelling and staying in communities
- Providing a safe and supportive environment for staff
- Training Aboriginal community care staff to look after their own aged and community service clients

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- Flexibility
- Patience
- Sense of humour!

Kimberley Aged and Community Services
November 13, 2012

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