

Department of Health

health

Dementia framework
for Victoria 2006–2010
Implementation report

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Implementation report

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Acronyms

3Ds:	Depression, delirium, dementia	EMR:	Eastern Metropolitan Region
AA:	Alzheimer's Australia	GFYL:	Go for your life
AAV:	Alzheimer's Australia Vic	GP:	General practice/practitioner
ACAS:	Aged Care Assessment Service	HACC:	Commonwealth and Victorian funded Home and Community Care Program
ACCV:	Aged and Community Care Victoria	HARP:	Hospital Admission Risk Program
ACEBAC:	Australian Centre for Evidence Based Aged Care	LGA:	Local government area
ALGA:	Australian Local Government Association	LLLS:	Living Longer Living Stronger
ASM:	Active Service Model	LMR:	Loddon Mallee Region
ATSI:	Aboriginal and Torres Strait Islanders	LWML:	Living with Memory Loss
BECC:	Bundoora Extended Care Centre	MACSV:	Ministerial Advisory Committee of Senior Victorians
BHC:	Better Health Channel	MDS:	Minimum dataset
BSL:	Brotherhood of St Laurence	MLC:	Memory Lane Cafe
BSW:	Barwon-South Western Region	NARI:	National Ageing Research Institute
CACP:	Community Aged Care Package	N&WMR:	North and West Metropolitan Region
CALD:	culturally and linguistically diverse	OSV:	Office of Senior Victorians
CDAMS:	Cognitive Dementia and Memory Service	PAG:	Planned activity group
CDC:	Consumer Directed Care	PAV:	Personal Alert Victoria
CGMC:	Caulfield General Medical Centre	PSRACS:	Public sector residential aged care services
COAG:	Council of Australian Governments	PCP:	Primary Care Partnership
COTA:	Council on the Ageing	RDNS:	Royal District Nursing Service
CPD:	Continuing professional development	SCP:	Support for Carers Program
CPHI:	Centres promoting health independence	SIV:	Seniors Information Victoria
GST:	Cognitive stimulation therapy	SMR:	Southern Metropolitan Region
DBMAS:	Dementia Behaviour Management Advisory Service	SRV:	Seniors Rights Victoria
DH:	Department of Health	TAFE:	Technical and Further Education
DHS:	Department of Human Services	U3A:	University of the Third Age
DoHA:	Department of Health and Ageing	UCCO:	UnitingCare Community Options
E&A:	Equity and access	VACCHO:	Victorian Aboriginal Community Controlled Health Organisation
EACH-D:	Extended Aged Care at Home – Dementia	VES:	Victorian Eyecare Service
EFT:	equivalent full-time position	W4L:	Well for Life

Introduction

The *pathways to the future, 2006 and beyond – dementia framework for Victoria implementation plan* accompanied the directions paper *Pathways to the future, 2006 and beyond - dementia framework for Victoria*, or *Pathways*, both available on <http://www.health.vic.gov.au/agedcare/>

Pathways focused on flexible, individualised and person-centred care. It took the following pathway approach to dementia care:

- A Healthy and active living, which may assist in preventing or reducing the risk of dementia
- B Early stages on the dementia pathway
- C Middle stages on the dementia pathway
- D Late stages on the dementia pathway.

Pathways nominated strategies considered of most importance for each stage on the dementia pathway. Of the nominated strategies, the *Dementia framework for Victoria implementation plan* highlighted those considered to be priorities for the next few years. The strategies were grouped into the following key areas for action:

- 1 Promoting positive ageing and social connectedness
- 2 Life planning
- 3 Education and information for the public
- 4 Service development and enhancement
- 5 Support for people with dementia and their unpaid carers
- 6 Respite and residential accommodation
- 7 Transitions between services and care environments
- 8 Meeting diverse needs.

This report provides a summary of activities that have occurred across Victoria since the launch of the *Dementia framework for Victoria implementation plan*. The activities demonstrate the ongoing and increasing commitment to supporting and providing services for people with dementia and their families and carers.

While implementation actions have only been reported once in the report, they may relate to a number of strategies. For example:

- the Barwon-South Western Region dementia plan has been identified under Strategy area 5: Support for people with dementia and their unpaid carers, but is also probably relevant for other strategies, including education and information, service development and enhancement, respite and residential accommodation, transitions between care, and meeting diverse needs
- the Support for Carers of People with Dementia Program has been highlighted under Strategy area 6: Respite and residential accommodation, as it provides flexible and innovative respite and support for carers of people with dementia. However growth funding has targeted the carers of younger people with dementia, meeting diverse needs identified in Strategy area 8.

Activities of the dementia implementation plan for Victoria are the work of many contributors, both government, government-funded and non-government. The significant contributions of the Victorian Dementia Working and Reference Groups (representing key stakeholders such as Alzheimer's Australia Vic (AAV), the Cognitive Dementia and Memory Services (CDAMS), and Carers Victoria) to the development of dementia policy in Victoria are acknowledged. Contributions are also

acknowledged from the Aged Care Branch and Department of Health regional programs, other Departments of Health and Human Services' program areas, and the Office of the Public Advocate.

Over the course of developing and implementing strategies identified in the plan, the national and state political and policy environments and the demographic profile have changed.

Victorian demographics

It is estimated that about 69,000 Victorians have dementia. Of those, about 47,000 live in metropolitan areas and 22,000 in non-metropolitan areas. There are also families, carers and friends who feel the impact of dementia.

Dementia rates are low before the age of 60 years. Some researchers say that between the ages of 60 and 64, about 1.2 per cent of males and 0.6 per cent of females have dementia. But that increases, so that between the ages of 70 and 74 years, 3.5 of men and 3.3 per cent of women have dementia, and from 80 to 84 years, 12.1 of men and 12.9 per cent of women have dementia. For people 95 years and older, 37.2 of men and 47.3 per cent of women are expected to have dementia.

Some estimates suggest that by 2020, there will be 98,000 Victorians with dementia.

More detailed estimates can be found in other sources including:

- Access Economics reports on dementia estimates
- Victorian Government Burden of Disease reports
- Your health: A report on the health of Victorians 2007.

Supporting older Victorians

The focus in supporting older Victorians has been on promoting: a service system that can be navigated, service continuity and integration, and responding flexibly to the varying needs and preferences of older people. Services need to be planned, allocated, funded and managed around optimising people's living experiences. This requires putting older people at the centre of the service system, and seeking their participation in decisions about, and delivery of, services. Provision of effective information, support for decision making and capacity to make meaningful choices are fundamental to this. Older people's requirements change over time, requiring flexible responses to meet changing needs. Often, relationships people have with their communities and service providers are critical to positive health outcomes and need to be maintained. Service provision needs to focus on restorative and enabling approaches that seek to maximise the health and wellbeing of older people, and as far as possible, support them to remain at home.

Many initiatives in Victoria have sought to empower older people; promote their independence, wellbeing and engagement with services; support older Victorians in care relationships; and meet diverse needs including those of culturally and linguistically diverse (CALD) people, Aboriginal people and people of GLBTI communities. The following initiatives have influenced policy and services supporting people with dementia and their families and carers, and the implementation of the dementia action plan.

- Development of the Home and Community Care (HACC) Active Service Model (ASM) approach, Well for Life, Count us in, Making a move and falls prevention initiatives have worked to promote the independence, health and wellbeing of older people, physically, socially, and emotionally; and engagement with the community, for people living in their own homes, those in respite, and those in residential aged care facilities.
- *Strengthening assessment and care planning: a guide for HACC assessment services in Victoria* is aimed at supporting Victorians to maintain or improve their ability to do things for themselves and help them to remain actively involved in their communities.
- The 2010 Victorian Government publication *Putting patients first* promotes integrated service delivery and provision of sufficient funding for aged care services to meet future demand. The Department of Health believes it has a fundamental role in achieving an integrated and responsive, person-centred service system to support older people.
- The Department of Health *Strategic directions - Achieving the best health and wellbeing for all Victorians*, is particularly relevant to people with dementia, their carers and families. These directions include developing the health service system and responding to an ageing population. Of particular significance is the strategic priority to contribute to policy and planning of responses to dementia and facilitate the provision of services for people with dementia, and their families and carers.
- The strategic priority to support continuing independent living for older people, through a focus on care relationships. The state policy *Recognising and supporting care relationships of older Victorians*, followed by a Victorian charter supporting people in care relationships, have acknowledged that care relationships need to be recognised, respected and supported. This includes engaging people in care relationships in the continuous improvement of services, and in care planning and delivery.
- The Carer Capacity Building initiative from 2007 to 2008 funded Carers Victoria to develop and deliver a training and education program for carers and providers.
- The Victorian Government residential aged care policy 2009, and Public sector residential aged care – service planning and development framework identifies Victoria's role in guiding Victorian health services providing public sector residential aged care services. This includes in planning and developing aged care services to best meet future needs of local communities.
- My future my choice, a Department of Human Services Disability Services' initiative, supports better living options for younger people in, or at risk of entry to, residential aged care.
- Because mental health matters, the Victorian Mental Health Reform Strategy 2009–2019 outlines a commitment to all Victorians having opportunities they need to maintain good mental health and wellbeing, while those with mental health issues can access timely, high quality care and support to live successfully in the community.
- The Doing it with us not for us – Strategic direction 2010-13 promotes the participation of Victorian consumers, carers and community in the health service system.
- The Cultural Responsiveness Framework and HACC diversity planning, aim to improve equity and access for diverse people to high quality and safe health care and services, so that each Victorian's needs are equally well met, and factors contributing to differential outcomes for individuals minimised.

- The Aboriginal Services Plan outlines the commitment to improve the health and wellbeing of Aboriginal people living in Victoria. With Aboriginal people, communities and organisations, the plan aims to focus on cultural and identity issues and ways to improve life in general and life expectancy for Aboriginal people in Victoria. Five strategic areas incorporating 17 indicators are presented, ranging from early childhood development and growth, to functional and resilient families and communities.
- Service coordination initiatives include a continuous improvement framework, good practice guide, practice manual, tools and templates through the state's Primary Care Partnerships (PCPs).
- Well proud is a guide to gay, lesbian, transgender and intersex inclusive practice for health and human services.

Commonwealth responsibilities in aged care

Services and support need to be organised and delivered so older people can easily find the right types of aged care services in the right settings when they need them. Aged care services have a critical role in meeting the needs of older people and the effective functioning of the broader system of health and aged care services. While Victoria has undertaken a range of work to improve the experiences of older people within the health and aged care service system, many levers for progressing substantive change rest with the Commonwealth Government.

For example, the Council of Australian Governments (COAG) has agreed to several aspects of national health reform. Premiers, Chief Ministers and the Prime Minister have come to an agreement on health and hospitals reform. The significant reforms to Australia's health and hospitals system provide an opportunity for Victoria to continue to build on the existing health and hospital system. Victoria retains current arrangements for resourcing aged care services in the Home and Community Care (HACC) program. This confirms the direction and development of the service system in Victoria and provides an opportunity to continue improving, particularly in coordination and delivery of services, supports and health care for people with dementia, and their families and carers. The Australian Productivity Commission investigated ways forward for aged care in Australia and provided recommendations to the Commonwealth Government in June 2011.

Relating specifically to dementia, other areas of potential change are evaluations and reviews of both the Commonwealth National Dementia Initiative in 2009, and the National Framework for Action on Dementia in 2011.

The National Framework for Action on Dementia 2006-2010 was a joint state, territory and Commonwealth framework, which is currently being evaluated.

Helping Australians with dementia and their carers – making dementia a national health priority, the Commonwealth National Dementia Initiative 2005-2009, was funded \$120 million per year:

- \$90 million a year for Extended Aged Care at Home Dementia Packages
- \$24 million a year for dementia research, prevention, early intervention and improved care initiatives
- \$7 million for training for aged and community care staff, carers and community workers including police.

Attachment one lists relevant national and Commonwealth Government initiatives and areas of responsibility that have influenced dementia policy and practice in Australia in 2006–2010.

For more information

For detail of the dementia framework for Victoria, including the rationale for identifying the following strategies and actions, see *Pathways to the future, 2006 and beyond – dementia framework for Victoria*, on <http://www.health.vic.gov.au/agedcare/>

A success story

People with dementia and their carers in their own homes and transitioning to other services

Brotherhood of St Laurence

The Brotherhood of St Laurence (BSL) has developed a range of actions to support people with dementia and their carers to live at home, and transition to other services such as acute, respite and residential care.

Management, staff training and resources

All care management staff have undergone Dementia Essentials Training and care managers, advanced dementia training. All staff have received training in person-centred care, and ongoing dementia training of staff has been introduced.

BSL is identifying dementia champions to work closely with the dementia care consultant and act as leaders of dementia care in their work place, to demonstrate best practice, and identify gaps in training and support for staff working with people with dementia.

A 12-month project resulted in development of a Community Dementia Library in Southern Metropolitan Region, focusing on cultural and linguistic diversity and Aboriginal people. BSL is seeking to replicate the library in Northern and Western Metropolitan Region.

The Brotherhood Community Care 3Ds (depression, delirium and dementia) wall chart has been distributed to staff across all areas of retirement and ageing programs, to visually show the difference between these conditions for easy identification of possible causes of changed behaviour. All staff have access to another Brotherhood Community Care dementia resource tool, an A5 size flip chart explaining: dementia; types of common dementia and their characteristic symptoms; person-centred care; the 3Ds; stages of dementia; common behaviour changes and how to respond to these; lists of electronic resources and dementia help lines; and lists of contacts such as CDAMS.

Supporting people with dementia living in their own homes

BSL is developing approaches to life histories for people living in their own homes, and how to successfully use communication books, Talking Mats, and behaviour recording tools in the community. Life histories enhance understanding of individuals and provide opportunities for conversations and activities of interest. Cognitive stimulation therapy (CST) is used as part of weekly activity sessions to promote a restorative approach for people. A high-support needs respite break program is being developed, filling an identified gap for people with dementia and their carers.

Supporting carers

Phases one and two of the Caring for Carers Project have been completed and are being evaluated. Each phase supports carers of people with dementia over an eight-month period with the aim of assisting them to develop tools and strategies to continue in their care role and decrease the incidence of stress and burnout. Phase three commenced in April 2011 with 12 participants recruited four at a time at two-month intervals. The results of this phase are to be evaluated through personal interviews, self-assessment scales and carer satisfaction surveys.

Transition between services

BSL Northern Office staff members are trialling transition tools that provide appropriate personal and demographic information for staff when people are transferring from community to acute, respite or residential care. Staff members have found the tools extremely beneficial for gathering this information at intake rather than waiting for a transfer to occur, and the information can be used in regular activities and referrals. It is planned that these staff educate and encourage other staff to include the transition tool in the intake/assessment process.

In residential care, BSL is using the 'Who I Am' concept to capture simple essential demographic information that helps introduce a resident to each staff member. Postgraduate students are assisting to gather information for residents' life histories. CST is used as a weekly stimulation for residents. Talking Mats are used particularly with non-verbal people with dementia, and individualised communication tools are developed for other people.

1. Promoting positive ageing and social connectedness

Healthy and active living of older Victorians, and the early and middle stages of the dementia pathway

Strategies

Support and facilitate awareness raising on dementia, and potential risk reduction, including partnering with relevant organisations. Life long lifestyle messages include:

- quitting smoking
- reducing high blood pressure
- reducing high cholesterol
- maintaining mental and physical activity
- having a healthy diet
- maintaining an appropriate weight
- having annual health checks, especially for younger people and those possibly at risk of dementia.

Encourage partnership activities between organisations developing awareness programs with similar messages on risk reduction of chronic diseases.

Support organisations to implement programs addressing lifestyle messages, and continue to promote work on positive ageing strategies and social connectedness.

Use appropriate seniors websites to promote regional and statewide initiatives around education of the general public.

Seek to encourage options for travel and mobility such as the Transport Connections Program, and promote awareness about changing driving capacity.

Actions

Awareness raising and support

Dementia Awareness Week

Dementia Awareness Week is funded in part by the Department of Health. AAV and others' activities during Dementia Awareness Week and their reach have grown since from 2006 to 2010. For example:

- **Key presentations.** In 2009, 250 people attended an address by Prof Constantine Lyketsos on world class dementia care, including cause, treatment, identifying those at risk of dementia, and improving care. In 2010, over 300 people attended a public lecture - Worried about your memory? - by Prof Henry Brodaty.
- **Regional forums, information sessions, expos and exhibitions.** In 2009, 175 people attended regional events. In 2010, 1000 people, including approximately 250 from CALD backgrounds, attended metropolitan and regional events, including an information stand at Finders Street Railway Station on World Alzheimer's Day, 21 September.
- **Media coverage.** AAV coverage in Dementia Awareness Week in 2009 was triple that of 2008 (72 in 2010 compared with 24 press, radio and television media hits in 2008). In 2010, there were over 150 positive media stories and discussions generated, a 100 per cent increase since 2009.

- **Web hits.** In 2010 Alzheimer's Australia's website hits increased by 120 per cent nationally.
- **Social media.** Almost 1,000 people joined the AAV Twitter and Facebook social networks introduced in 2010.
- **National Dementia Helpline.** While the helpline is largely funded by the Commonwealth, in 2010, additional Victorian funding enabled about 650 enquiries to the dementia helpline as a result of increased awareness during Dementia Awareness Week.

Carers Week

Carers Week is funded largely by the Departments of Health and Human Services, to help promote and raise awareness of the role unpaid carers play. Carers Week seeks to acknowledge and support carers, and provide opportunities for local networking of carers. Each year there is a different focus in Carers Week, for example, 'Take a break' in 2006, literary events in 2007, carer validation and young carers in 2009, and in 2010 activities supporting carers' interests, enjoyment, health and wellbeing. Carers Victoria activities in Carers Week and their reach have steadily grown since 2006. For example in 2006, approximately 2000 carers around the state attended special events supporting carers, while in 2010, close to 4000 people attended carer support events.

Healthy and active living and social connectedness

Well for life

From 2007–08 to 2010–11, around 100 projects have been funded at a cost of approximately \$2,300,000 to promote physical activity, nutrition and emotional wellbeing of older people in planned activity groups (PAGs), and living in public housing and in public sector residential aged care services (PSRACS). It is estimated that close to 4,400 people have benefitted from this program: for example in 2008–09 through 29 projects, some 1,266 older Victorians participated in Well for Life.

Active Service Model (ASM)

The ASM approach is being used in all service improvement in community care in Victoria. ASM works with people's strengths to empower them; provides person-centred care and support; aims for social inclusion; and continues to provide opportunities for older people for good health, participation and security, including people with dementia and their carers. See www.health.vic.gov.au/hacc/projects/asm_project.htm

Making a move

From 2007–08 to 2010–11, about 100 programs have been funded to help prevent falls among around 4,400 older Victorians in group or home-based settings, at total funding of close to \$3 million.

Count us in

From 2007–08 to 2009–10, with funding of approximately \$1,500,000, 64 Count us in projects engaged older Victorians living in PSRACS to stay connected to their local communities. Early participant data are incomplete, however in 2008–09, 476 residents of PSRACS participated. More recent data will be made available soon.

Social support and respite review

A review of the Home and Community Care (HACC) program and Support for Carers Program (SCP) has been focusing on application of an ASM approach in respite and support for care recipients and carers. Outcomes of the review should include better application of the ASM principles and practice in HACC and SCP services.

Victorian Seniors Festival

Healthy and active living has been promoted through the annual Victorian Seniors Festival. Attendance includes to:

- council events: an increase from 58,500 people in 2006 to over 72,000 in 2010
- Active Living: the Regional Walks Program, Come and Try Bowls Days and Veterans Golf Classic, recorded an increase in numbers of participants from 1,100 in 2008 (first year) to 4250 in 2010.

Universities of the 3rd Age (U3A)

The number of universities has grown from 76 in 2006 to 97 in 2010, with total U3A membership increasing from 18,529 in 2006 to 23,850 in 2010.

Seniors 'Go for your life' (GFYL)

A review of Seniors GFYL indicates that in 2010, 24,098 older people participated in 703 regular activity programs, and there were 810 funded training places for relevant workers and volunteers.

Living Longer Living Stronger (LLLS™)

Council on the Ageing (COTA) Victoria endorsed facilities such as gyms, leisure centres and community health centres, to provide LLLS™. The number of regular LLLS™ participants is estimated to have grown from a minimum 7,000 in 2006 to a minimum 17,000 in 2010, through 119 LLLS™ providers.

Information

Better Health Channel (BHC)

A key component of the Department of Health's preventive health strategy, BHC is a primary point of access for information on healthy living and healthy lifestyle for the Victorian community, with interactive features and tools to help Victorians proactively manage their health. BHC has been re-launched with a new look and feel, a new interactive design and social media features, including:

- searching for health information by topic
- sharing health hints
- watching videos to see how people manage their health
- viewing top tips for healthy living
- accessing health services via mobile telephones.

Living at home, your choices

Living at home, your choices. A Guide for older Victorians, including health and wellbeing, navigating support and service systems and networks, was produced late in 2009 with an initial print run of 10,000 copies. Following the guide's successful reception, it was updated and a further 20,000 copies produced early in 2010.

Seniors Information Victoria (SIV)

SIV, a COTA program, provides an information/referral service, and an advisory service that enables and supports people to navigate service systems such as health, accommodation, and home support. Total contacts have increased from 23,292 in 2006 to 28,613 in 2010.

Transport options

Transport connections

Between 2008 and 2011, the Transport Connections Program is introducing 32 projects across all Victorian rural, regional and interface municipalities. The projects support communities working together to improve local transport options through community development.

Research on informing and engaging older people

Ministerial Advisory Council of Senior Victorians (MACSV)

In 2008 the MACSV conducted Seniors Speak Up! consultations with older people across Victoria, to identify what matters to them. More than 1,400 people participated at community forums and more than 200 written submissions were received. During the period from 2008 to 2010, the MACSV also considered social participation by older people through the workforce and as volunteers, and information needs and barriers for older Victorians during 2009.

2. Life planning

Healthy and active living of older Victorians, and early stages of the dementia pathway

Strategies

Increase awareness about:

- legislative changes in enduring powers of attorney and guardianship
- benefits of early life planning for the future, including appointing a substitute decision maker such as enduring powers of attorney (medical/financial/guardianship)
- initiating advance care planning, which would at least include discussions between the person and their significant others about their guiding values, beliefs and preferred care outcomes, and might include completion of a written advance care plan or advance care directive such as a refusal of treatment certificate.

Actions

Promoting the rights of Victorians

The Victorian Charter of Human Rights and Responsibilities Act

Passed in 2006, this law seeks to promote and protect 20 well known human rights, including recognition and equality before the law, and for Victorians to enjoy rights without discrimination, protection from treatment without consent, freedom of movement and expression, privacy, freedom of thought, conscience, religion and belief, cultural rights, and personal liberty and security.

Advance care planning in hospital settings

Respecting Patient Choices Program

Austin Health has developed an advance care planning program that has been extended to a number of other hospitals and communities in Victoria. The program enables a person to make decisions about their future health care in consultation with health care providers, family members, and other important people in their lives. Further information is available at www.respectingpatientchoices.org.au

3. Information and education

Early and middle stages of the dementia pathway

Strategies

Promote awareness raising and education about dementia within the community, including to secondary schools and tertiary institutions, for example, about symptoms, what to do about them, and availability of information.

Promote links between specialist dementia information services and other information services.

Actions

Community awareness raising

School kit

AAV developed, distributed and promoted a school kit to raise awareness among school children, parents and teachers of dementia, and to teach strategies for maintaining communication between families where a person has been diagnosed with dementia, in order to support social inclusion.

Victoria Police

Victoria Police have sought to increase responsiveness of their services to the needs of people with dementia, including supporting the implementation of the Safe Return Home service.

Responding in times of emergency

An emergency services two-day conference in Melbourne in July 2008 featured Robert Koester; international speaker on people with dementia, people with a mental illness and people with an intellectual disability; and responding to their actions in times of emergency.

Workforce education and information

Home and Community Care (HACC) Program

HACC workers were trained in dementia and related areas in regional areas, including in the Department of Health Southern Metropolitan and North and West Metropolitan Regions. Southern Metropolitan Region organised a HACC Training Dementia Conference – Change your mind: dementia perspectives.

Aged Care Assessment Service (ACAS)

During the period from 2006 to 2010, training days on dementia were organised in the ACAS training schedule on average each second year.

Aged and Community Care in Victoria (ACCV)

Organisations such as ACCV have supported staff with training in dementia, for example, Care of People with Dementia in the Community, for workers supporting people to live at home.

Public sector residential aged care services

The Aged Care Quality Improvement Unit has promoted quality outcomes for residents with dementia through a range of training opportunities for staff of public sector residential aged care facilities.

GP Divisions training in dementia care

Since 2006, a number of GP Divisions have organised training in dementia care, including:

- Murray Plains GP Division – GP and residential aged care staff attended lunchtime sessions in Echuca and Cohuna in August 2007
- WestVic GP Division – GP training in diagnosis of dementia in November 2008
- Monash GP Division – in November 2006, four GPs participated in clinical attachments for GPs in the area of aged care, and five GPs participated in clinical attachments for GPs in psychogeriatrics. In June 2007, nine GPs and six residential aged care facility managers participated in Challenges of Aged Care: Getting it Right CPD (continuing professional development). While the CPD activities were not primarily dementia focused, dementia and its management formed a significant component of the sessions. Eleven GPs attended Management of Clinical Issues in Psychogeriatric Patients CPD, held jointly with the Bayside GP Association. The Division also offered dementia training for facility staff, delivered by Silver Circle, with 32 staff attending two sessions.
- Northern GP Division – Dementia, Delirium, Depression & Dastardly Behaviour in May 2006; Dual Diagnosis – dementia, depression or? in August 2006; and Driving and Geriatric Assessment in May 2007
- Ballarat GP Division – geriatricians and researchers from local services were utilised in training initiatives (BECC and Austin Health).

Continuing care

The Continuing Care seminar series has included education and information about care needs of people with dementia and inclusion of carers in care support and services.

4. Service development and enhancement

Early, middle and late stages of the dementia pathway

Strategies

Promote and extend access to CDAMS.

Promote the development of best practice evidence-based tools or resources to address assessment, diagnosis, treatment, support options and legal issues.

Promote, and where appropriate, extend other services such as ACAS, to increase skill and capacity for undertaking assessments of memory or orientation issues, and advising organisations in care planning and service coordination and managing behaviours.

Encourage service organisations to seek ways to assist people while they are on waiting lists for CACPS and other programs.

Identify entry points to acute care that are sensitive to people with dementia, and the needs of their families and unpaid carers, and promote dementia care standards and quality standards in acute care.

Review the guide to dealing with elder abuse, including in relation to dementia.

Encourage reduction in the use of physical or chemical restraints, in hospitals, sub-acute care, respite care, and residential aged care facilities.

Actions

Service development and enhancements

Service growth – CDAMS

Aged Care Branch provided additional recurrent funding of \$437,500 from 2005–06 to Continuing Care for CDAMS, and additional fixed term recurrent funding of \$325,000 from 2007–08 to 2010–11 (\$1.3 million in additional funds provided over four years). Total CDAMS funding in 2006 was approx \$4.5 million. In 2010–11, CDAMS funding totaled approximately \$5 million per annum.

Since 2006, CDAMS outposts have increased, with 14 health services funded to provide CDAMS which is delivered at 18 sites. In 2005–06 CDAMS provided approximately 13,000 occasions of service, increasing in 2007–08 to 15,439. In 2008–09 CDAMS clinics provided 18,894 occasions of service and an estimated 4,000 new people accessed the service that year, and 19,485 occasions of service were provided in 2009–10, with an estimated 4,000 new people accessing CDAMS..

Further information is available from: www.health.vic.gov.au/subacute/cdams.htm

Resourcing and tools

An assessment practice guide for HACC assessment services has been developed and is available on the web. The guide fosters a common understanding and consistency in assessment practice, using a person-centred approach, thinking creatively in problem solving, and supporting use of professional judgment. An induction kit for new assessment staff has been developed by the Municipal Association of Victoria.

The capacity of ACAS to identify potential cognitive impairment has been strengthened by outcomes of the project Enhancing Dementia Assessment in the Aged Care Assessment Service (ACAS) in Victoria. This project has informed new work contracted to the Royal District Nursing Service (RDNS) on developing a dementia pathway or map for Victoria, and on guidelines for HACC assessors regarding dementia. This work takes into account the Department of Health and Ageing-commissioned work on dementia services pathways.

Increasing service capacity

CDAMS was funded to provide training on site to all ACAS on early diagnosis of dementia. The training included opportunities to network with local support service providers.

Dementia has featured in service provider information and planning days. The 2009 North and West Metropolitan Region planning day for provider senior managers and staff involved in planning HACC services included a segment on supporting people with dementia.

Electronic Aged Care Packages S2S Waitlist System

Following a pilot trial in Eastern Metropolitan Region, a program has been established enabling ACAS to waitlist people with packaged care providers, with individual consent. The waitlist system provides ACAS and packaged care service providers with all relevant information and documentation when a person is referred to the waiting list. Referrals are able to be uploaded onto the system, managed and closely monitored. Sixteen of the 18 ACAS use this system, with Loddon Mallee Region using a different system. The waitlist system has developed over time, the most recent inclusion being a Priority of Access Tool developed by NARI.

Support for people with dementia and their carers in acute services

Key resources that have been developed to assist in supporting people with dementia and their carers include:

- *Improving the environment for older people in health services: an audit tool*
- *Best care of older people everywhere: the toolkit*. The toolkit, which includes a dementia domain, is being implemented via a multistage, collaborative, incremental approach in metropolitan, regional and rural health services. The evidence-based toolkit for use across the continuum of care was finalised for service providers that aim to prevent functional decline by identifying and managing the needs of older people with dementia in a hospital setting. The toolkit is accompanied by an education and orientation package to maximize staff competence and confidence regarding older people with dementia. Evaluation of the toolkit's implementation is being undertaken.

The Hospital Admission Risk Program (HARP) has resulted in initiatives supporting older people with dementia and their carers to navigate and access services in a timely and appropriate way. An example of this is Northern Health, where a dementia consultancy service has been funded under HARP to assist transition into community services including EACH Dementia Packages, hospital services and residential care.

Barwon-South Western, Loddon Mallee and Grampians Regions have focused on managing dementia across their regions as a core aspect of their Centre for Promoting Health Independence (CPHI) development.

Since 2006, about \$200,000 has been provided by Continuing Care and Aged Care Branch, to roll out the Ballarat Health Services model of education and training for dementia friendly hospitals to 16 metropolitan, regional and rural health services:

- Barwon Health
- Box Hill Hospital
- Broadmeadows Health Service
- Heidelberg Repatriation Hospital
- Maryborough District Health Service
- Mt Alexander Hospital
- Mt Eliza Centre
- Northeast Health Wangaratta
- Royal Melbourne Hospital
- St Vincent's Health
- Sunshine Hospital
- Swan Hill District Hospital
- Werribee Mercy Hospital
- Western District Health Service
- Wimmera Health Care Group
- Wodonga Regional Health Service.

Preventing elder abuse

Seniors Rights Victoria was established to help prevent elder abuse and safeguard the rights, dignity and independence of older Victorians. Its services include a telephone helpline, referrals, legal advice, advocacy, community and professional education. For further information, telephone 1300 368 821 or srvadmin@cotavic.org.au

Reducing use of physical and chemical restraints

The Coronial Communiqué communicates coronial findings and recommendations to the residential aged care community, including around the use of physical and chemical restraints.

The department has invested in developing and implementing evidence-based indicators within PSRACS. Indicators are important in monitoring and measuring service quality, and these indicators assist services to measure recognised areas of clinical risk in aged care. The indicators include use of physical restraint and nine or more medicines, both of these aspects being significant in the context of the care of older people with dementia. Monitoring both these issues, particularly in the care of people with dementia, is important as people with dementia may be more susceptible to use of restraint and polypharmacy. The indicators are used by each PSRACS in varied ways including feeding back into the broader quality system, root cause analyses of specific issues, and overall systems reviews.

5. Support for people with dementia and their unpaid carers

Early, middle and late stages of the dementia pathway

Strategies

Identify and promote the best ways to assist people with dementia and their carers and families to navigate the community care system.

Encourage on-going monitoring of the needs of people with dementia and their carers and families across the health care system.

Promote the provision of early support to people with dementia and their carers.

Promote quality of life of people with dementia and their carers through appropriate policy and practice in HACC, and support to HACC workers.

Promote communication with people with dementia and their carers on planning of services, counselling and support, and end of life issues, including grief counselling.

Support people with dementia who have behaviours of unmet need, and their carers.

Actions

Navigating services

Trial of Direct2Care

The Direct2Care or Access Points trial project (a Commonwealth and Victorian government initiative) began in Eastern Metropolitan Region during 2008, with a second trial in Grampians Region. Direct2Care provides a visible marketable entry point to assist people identify what services are available, in a system that can be confusing and complex to navigate. The goal is to improve navigation of the service system for older people, and their carers and friends, when they do not know where to go for initial information and assistance, and if requiring referral for an assessment or service.

The Commonwealth Carelink Service is now incorporated into Direct2Care, and the system provides increased capacity for guided referral and feedback on referral outcomes. The trial is continuing.

A guide to assist navigating services

Living at home, your choices. A guide for older Victorians was developed on the who, how, what and where of community care, to assist older people living in their own homes and their carers to navigate the service system. The guide was released late in 2009, and following exhaustion of supplies, was updated and reprinted in February 2010.

Monitoring and articulating needs of people with dementia and their carers

Barwon-South Western Region

A regional dementia plan has been developed and implementation is under way to build local partnerships. The plan has resulted from consultation with regional stakeholders including people with dementia and their carers. Features of the plan include: development of a regional dementia service guide; pilot of a cognitive and physical exercise program Remember exercise matters; education of HACC staff, and community education.

Supporting carers of people with dementia

Carers Victoria has worked with carers of people with dementia to capture their care experiences and feelings through music therapy. The resulting carers' songs are recorded on a CD *Catching dust mid air*.

Supporting people in care relationships

Victoria introduced a policy supporting people in care relationships including older people, and a Victorian charter supporting people in care relationships. The charter promotes respect, recognition and support for both care relationships, and the individuals in them. People in care relationships are encouraged to take part in care planning, management and service delivery where appropriate.

Data collection and reporting

Service providers delivering the Support for Carers Program are transitioning to reporting via the HACC MDS V2. Some 38 providers have made the transition. Close to full transition is anticipated by July 2011, providing access to data about care at home of people with cognitive impairment.

Early support to people with dementia and their carers, including counselling

Support and Links Program

Funding has grown for the Support and Links Program of counselling, information, support or other resources for people with dementia and their carers, reaching approximately \$1million. In the six months of July to December 2010:

- 1059 carers and family members had total contact time with the service of 1087 hours
- 138 people with dementia, cognitive impairment, or perceived cognitive impairment, had total contact time of 166 hours
- about 136 service providers, and six community groups involving some 30 people contacted the Support and Links Program for information, counselling, support or other resources.

Memory Lane Cafes (MLCs) and café style support services

An independent evaluation of the HACC-funded three existing MLCs run by AAV in North and West Metropolitan Region, Barwon-South Western Region and Southern Metropolitan Region was initiated. Following an evaluation recommendation to increase funding to the MLCs, funding was increased to \$25,000 for each MLC. Other recommendations of the evaluation were taken up by AAV in the running of the three existing MLCs, and by the department to explore further models of café style support services. The department is currently trialing another seven models of café style support services, incorporating a partnership approach to each café, with informal information, networking and support opportunities for people with dementia and their primary carers, and a range of entry points to the service, including for CALD and Aboriginal people. The trials are being conducted by various service provider partnerships, with organisation leads being AAV, Bendigo Healthcare Group, Doutta Galla Community Health Service Inc, Moira Healthcare Alliance, Warrnambool City Council, and Wyndham City Council. These trials are being monitored to identify best practice models for potential future funding.

Relevant research based in Victoria

La Trobe University and Caulfield General Medical Centre (CGMC) are undertaking two research projects: memory groups for people with cognitive impairment, and the effects of early onset dementia on every day financial decision making. AAV is piloting an information program for people diagnosed with mild cognitive impairment, many of whom will receive a diagnosis of dementia.

Home and Community Care (HACC) policy and practice

HACC planned activity groups (PAGs)

These included provision of dementia-specific PAGs for mainstream and CALD communities to provide opportunity for social and recreational activities for people with dementia and respite for their carers. There are at least 19 dementia-specific social support providers in Victoria. For example, in the LGA of Yarra Ranges, Caladenia Dementia Care annually provides over 20,000 hours of social support for people with dementia and the Essendon Adult Day Centre provides over 19,500 hours of social support for people with dementia in Moonee Valley. Dementia specific PAGS are provided for mainstream and CALD communities.

HACC Equity and Access

Some equity and access (E&A) projects have directly assisted people with dementia and their carers. For example, Eastern Metropolitan Region has utilised HACC E&A funding to pilot a program supporting people with early stage dementia access appropriate social support programs. An evaluation report is currently being finalised, to inform further funding opportunities when available.

Meeting behavioural and psychological signs and symptoms of dementia

Appropriate responses to walking with purpose

In July 2008, the department organised *Walking with purpose: whys, wherefores and watch outs of dementia*, a seminar for providers featuring international and national speakers on responding to and caring for people with dementia who walk with purpose.

Creative ways to care

Commonwealth Respite and Carelink Centre, Southern Metropolitan Region, developed Creative Ways to Care – strategies for carers of people living with dementia, a five to six session education and training program that offers carers the opportunity to experience and learn a range of diversion strategies for responding to changing behaviour in an imaginative and inspiring way. Carers sample different approaches to care through workshops in a group environment. In 2008 the centre released a DVD resource and training manual supporting carers. In 2010, the program was redeveloped to increase its sensitivity, relevance and appropriateness and better meet the needs of carers from diverse cultural backgrounds.

Tai Chi for people with dementia

Aged Care Branch funded a course for Tai Chi leaders in Tai Chi for people with dementia, through Arthritis Victoria and AAV. The aim of the project was to develop training materials, incorporate a standard option of training for Tai Chi leaders in dementia, and build up a supply of Tai Chi leaders who could operate in community and residential care settings. Over \$100,000 was provided to Arthritis Victoria to develop and deliver the course, and to develop sustainable delivery of Tai Chi in community and residential services. An evaluation of the project confirmed its value to people with dementia and their families and carers, with outcomes of the initial training and Tai Chi sessions including positive benefits for both people with dementia and their carers.

Research on needs

People living alone at home, without a carer

Aged Care Branch funded research into issues for people without relationships providing care, and disseminated service provider models of care and support through the publication *On my terms. Alone at home with care needs*.

UnitingCare Community Options (UCCO)

A literature review of community care for people with dementia was conducted by the UCCO Research Fellow and can be found at: <http://www.ucco.org.au/Files/LiteratureReview-DementiaCare.pdf>

A success story

People at centre stage: rewriting community aged care

UnitingCare Community Options

In Eastern Metropolitan Region, UCCO is working towards a coherent, responsive, flexible community aged care system, by:

- developing and testing a personalised and person-directed community aged care model
- piloting a streamlined responsive aged care system
- designed to develop personal capacities so that people can control their care support arrangements.

Impacts include to provide a better quality of care for older Victorians including people with dementia and their carers; reduce service gaps; meet unmet needs; reduce or delay placement; referrals or transfers in or to aged care facilities; and have a better continuity of care between primary, community, acute, and long-term care sectors.

Partnering with UCCO in this work are Deakin University, BSL, Council on the Ageing Victoria, Carers Victoria, AAV, and Uniting Aged Care. This three-year project has a steering committee, a management reference group, and three working groups of consumers, service providers, and other stakeholders, and includes consultations with people with dementia and their carers on design and piloting of this new approach to community care.

6. Respite and residential accommodation

Early, middle and late stages of the dementia pathway

Strategies

Encourage the development of early responsive respite that meets needs, and addresses social connectedness, providing, where appropriate, culture and language specific respite.

Develop and disseminate resources for creating dementia-friendly social and physical environments in residential facilities.

Promote high quality nutrition and hydration practices, including the use of finger food where appropriate, and encouraging manufacturers to produce senior-friendly accessible food where opening packaged food is required.

Extend dementia friendly care practice to non-respite and residential services environments, such as hospitals.

Actions

Respite

Support for Carers of People with Dementia Program

The Support for Carers of People with Dementia Program provides flexible and innovative respite and support for carers of people with dementia. Funding grew to over \$1.5million per annum in 2008/09, with a minimum number of carers to be supported through this program being 760 carers. The program has been expanded to include the carers of young people with dementia, with growth of \$150,000 since 2008–09. Departmental, regional and AAV input was sought to expand the program guidelines.

Carer preferences regarding respite

Research into carer respite preferences was completed in 2008 by Prof Bev O’Connell et al from Deakin University School of Nursing. The aim was to develop understanding from the perspective of carers of perceived strengths and limitations of in-home and out-of-home respite services for people with dementia and their carers (UCCO).

Banksia Services Respite in Residential Care

This work aims to meet the high-care needs of people with dementia and their carers in the Mornington peninsula area, through short break stays (three days) for people with high support needs, including over weekends and other flexible programs tailored to individualised need. People with behavioural and psychological signs and symptoms of dementia (BPSSD) and their carers have often had negative experiences in mainstream residential care not equipped to meet people’s specific needs. For care recipients unable to access other community overnight respite programs, this high-care program provides six carers with a three-day break once a month. Carers report this break from a demanding daily situation refreshes them so they can continue in the care role. Staffing includes enrolled nurses, for evening and overnight care, personal care attendants at all times, and access during the day to a clinical care consultant and a dementia care consultant. Activities are planned and coordinated according to people’s interests, and where possible are meaningful, and aimed at positive outcomes or reducing BPSSD.

The respite centre is purpose built, for example with hoist transfers. Unlike other overnight respite programs, this program builds confidence and trust of both care recipients and carers in the respite program. The program enables a supported experience where issues can be understood and catered for if/when residential respite is accessed. The program is a partnership of Banksia Services, and the Commonwealth Respite and Carelink Centre, Southern Metropolitan Region.

Dementia-friendly social and physical environments in residential care

Dementia-friendly environments guide for residential facilities

A guide to dementia-friendly physical and social environments in residential care was developed in web format, and launched at the International Federation of Ageing in Melbourne in May 2010. The guide is at www.health.vic.gov.au/dementia. Development of the guide includes conference presentations: a poster presentation at the Ageing and Design Conference in Montreal in September 2008, and a presentation to the Australian Building Codes Board conference late in 2009. Such presentations have assisted the Aged Care Branch in building key links with international researchers in the needs of people with dementia and design.

Projects in dementia-friendly environments in public sector residential aged care services

Funds have been made available for 13 projects in dementia-friendly environments in public sector residential aged care; and an education, support and evaluation role to accompany the projects.

Count us in!

Moyne Health Service through the Count us in! initiative promoted in Moyneyanna Hostel and Belfast House, a sense of self as being critical to resident wellbeing. The development of friendships within the aged care facility and with community through meaningful social engagement is an important part of maintaining an individual's identity through life's journey. The DVD, *Side by side*, produced by the health service, is used as a training and education tool promoting life, living and working in residential aged care, to the aged care industry, community organisations, older people, families and volunteers.

Well for Life in residential aged care

Well for Life for residential facilities has been updated to include emotional health and wellbeing as well as physical activity and nutrition.

Resident experiences of PSRACS

Ongoing work includes interviews with residents, carers and staff in recently developed facilities in various regions. Their experiences are shaping guidelines and protocols around resident-friendly and supportive environments in PSRACs.

Resources

Residential care, your choices. A guide for older Victorians

The who, how, what and where of residential care guide for families and carers was updated, 20,000 copies printed and distributed.

7. Transitions between services and care environments

Middle and late stages of the dementia pathway

Strategies

Develop protocols and practices, training of service provider staff, and support for carers at critical intervention points in service delivery. Critical intervention points include transition from hospital back to home or to residential care, transition from home to respite or residential care, and making appropriate referrals.

Actions

Transition models

Over recent years, Aged Care Branch has funded projects by service providers on a range of issues, including sustainable approaches to transition between services and care environments. Successful strategies are being made available in a service provider resource on the Department of Health Aged Care Branch website.

8. Meeting diverse needs

Early, middle and late stages of the dementia pathway

Strategies

Promote the availability of information on treatments, support and services, accommodation, screening, assessment and self-assessment tools, respite, and promoting healthy lifestyle models.

Support the development of appropriate service models to meet the needs of diverse groups.

Identify and promulgate good practice literature and existing service models in residential facilities to meet diverse need.

Actions

Generic policy framework supporting older Victorians

Diversity planning

A guide to diversity planning in HACC was developed in 2010, aiming to achieve equitable access to services, develop responsive and sustainable services, and respond to the broad diversity of need of the HACC target population, including people with dementia and their carers. Regional and service provider diversity plans are being developed. Diversity includes: age; gender and sexual identity; physical and cognitive ability; emotional, spiritual, religious and cultural background and beliefs; ethnicity; indigenous status; refugee status; language; socioeconomic circumstances and needs; and mental health and wellbeing.

Information on care and support

Position focusing on cultural and linguistic diversity

Since 2006 the Department of Health has recurrently funded a position based in AAV, which focuses on the diverse needs of CALD people. The position identifies gaps in meeting needs, develops policy, and supports information development for people of cultural and linguistic diversity. Significant achievements of the position include: raising awareness of dementia in CALD communities through various strategies, forming partnerships and establishing working relationships with numerous CALD communities and representative agencies, and undertaking the Perceptions of Dementia in Ethnic Communities project.

Resource kit for local communities in the west

North and West Metropolitan Region contributed \$30,000 to the development of a resource kit for Aboriginal and CALD communities in the western area of the community. Updating of the kit will be undertaken annually by the Cultural Diversity and Aboriginal Health Unit of Western Hospital.

Carer education and training – Creative ways to care

The Department of Health funded the Commonwealth Respite and Carelink Centre Southern Region in partnership with the South East Region Migrant Resource Centre to develop the Cross Cultural Creative Ways to Care carer education and training program. Participants from the Vietnamese, Chinese and Arabic-speaking communities were involved in trialing the program. A DVD features carers from a range of cultural backgrounds who participated in the project trials, commenting on how they have applied the strategies learned and how the program has benefited them. This initiative includes development of a facilitator training manual.

Regional initiatives

From 2007–08 to 2010–11, the Department of Health has funded projects in sustainable innovative practices in respite and residential care, to meet diverse needs. There was a minimum \$87,500 funding per annum over the four years to support the development and implementation of information resources and/or services to meet Aboriginal and CALD needs, with projects occurring in regions as follows:

Financial year	Funding	Regions receiving funding	Example projects
2007–08	\$144,381	Barwon-South-Western North and West Metropolitan	Diversitat and AAV Italian Dementia Project
2008–09	\$160,459	Eastern Metropolitan Gippsland	Koori elders group in Gippsland
2009–10	\$103,303	Grampians Southern Metropolitan	Capacity building of service provider staff, volunteers, and carers in Grampians
2010–11	\$102,014	Hume Loddon Mallee	Bendigo Health developing resources for Aboriginal people.

Service models meeting diverse needs

Volunteers

A trial project in North and West Metropolitan Region sought to train volunteer visitors to:

- recognise signs of dementia
- provide effective home-based social and recreational support to people with dementia unable to participate in centre-based services, due to the stage of their dementia or personal preference.

An education strategy has been developed and implemented to increase the capacity of volunteers currently working with people from CALD communities.

Tastes to Remember

Tastes to Remember events for CALD and Aboriginal people have been held in Southern Metropolitan and North and West Metropolitan Regions. In the latter, the region contributed \$11,000 to two events in October 2007 and November 2008. Tastes to Remember included education sessions for communities on recognising dementia and resources.

Residential care practice and service models

Younger people

My future my choice is under way through Disability Services Division, with the development of program architecture, processes and key networks to support future program implementation. The delivery of planning and assessment, alternative living options and enhancement supports have also commenced. Eight planning organisations have been engaged to work with younger people and their carers in the Commonwealth's Younger People in Residential Aged Care (YPIRAC) Program, to develop individual plans. The program has invested in early communication with ACAS and the acute, health and rehabilitation sectors to coordinate stakeholders across the continuum of entry to residential aged care, and short- and long-term care. A strategy has been developed for the efficient diversion of young people at risk of entry into residential aged care, including criteria for defining and accessing people at risk of entry.

Gay, lesbian, bisexual, transgender and intersex people

Key topic areas for educating staff on people of diverse sexuality in residential aged care have been identified in Well proud, a guide to gay, lesbian, bisexual, transgender and intersex (GLBTI) inclusive practice for health and human services. Topic areas include: supporting people's rights to self expression and privacy, and connections with relevant networks; delivering respectful and informed assistance in personal activities such as bathing; and protecting people from discrimination. Val's Café has developed and delivered workshops for service providers on creating services friendly to GLBTI.

A success story

Greek Host Home and Carer Support: supporting Greek speaking people with dementia and their carers in the Eastern Metropolitan Region

The department funded the Greek Host Home and Carer Support project to support Greek speaking people with dementia and their carers in the Eastern Metropolitan Region. This is a partnership between UCCO and Fronditha Care, with Fronditha Care managing the host home element and UCCO managing carer support.

Dementia continues to be a taboo subject among Greek people; stigma and stoicism mean many carers including adult children become socially isolated. Carers' individual health issues can become exacerbated with the stress of caring, and the needs for better health promotion and support services have been identified for holistic carer wellbeing. Feelings of guilt and other stigma and taboos result in reluctance to transition family members with dementia into residential care, suggesting support is needed to deal with loss and grief. Greek radio and other media are effective ways to convey messages to Greek people. Fronditha Care in Southern Metropolitan Region also runs a Host Home model to support Greek people with dementia and their carers, funded through the HACC program.

Components of the Eastern Metropolitan Region's project include:

- culturally appropriate respite providing socialisation and activities in a home modified to support four Greek people with dementia, and two staff who share the participants' language, culture, religion, customs and traditions
- culturally appropriate information sessions for first and second generation carers including a focus on carer health and wellbeing, and services
- development of a carer support group and program providing knowledge to first and second generation carers about dementia, carer support options, and carer health and wellbeing, using local providers and Greek-speaking medical professional staff.

Attachment one

Relevant national/ Commonwealth Government initiatives/ responsibilities

Relevant initiatives and areas of responsibility include:

Aged care

Council of Australian Governments (COAG). This peak intergovernmental forum in Australia comprises the Prime Minister, state Premiers, territory Chief Ministers, and the president of the Australian Local Government Association (ALGA). <<http://www.coag.gov.au/>>

Caring for Older Australians Inquiry. Productivity Commission.
<<http://www.pc.gov.au/projects/inquiry/aged-care/draft>>

Carers

Carer Recognition Bill 2010. The Carer Recognition Bill establishes a legislative framework to increase recognition and awareness of Australia's carers. The bill defines a carer as an individual who provides personal care, support and assistance to individuals who need support due to a disability, a medical condition, including a terminal or chronic illness, mental illness or fragility due to age. The bill provides carers with opportunities to enjoy optimum health and well being and social and economic participation, and outlines a Statement for Australia's Carers consisting of ten principles that reflect how carers should be treated and considered.

<http://parlinfo.aph.gov.au/parlInfo/download/legislation/bills/r4342_first/toc_pdf/10069b01.pdf;fileType%3Dapplication%2Fpdf>

Community care

Consumer directed packaged care – flexible care places. The Commonwealth Government is funding Consumer Directed Care (CDC) in Australian Government community aged care programs. Under the initiative, the Government funds selected community aged care providers to deliver innovative service models, which provide care recipients and their carers with greater control over the design and delivery of the care and services they receive.

<<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-cdc-demonstration.htm>>

Home and Community Care (HACC) services jointly funded by the Commonwealth and Victoria. The Home and Community Care (HACC) Program provides funding for services that support frail older people including people with dementia, younger people with disabilities and their carers. These services provide basic support and maintenance to people living at home and whose capacity for independent living is at risk, or who are at risk of premature or inappropriate admission to long-term residential care. <<http://www.health.vic.gov.au/hacc/>>

Hospital care

Australian Resource Centre for Healthcare Innovations (ARCHI) is a Commonwealth-funded networking organisation that supports the development and implementation of innovations in clinical management in and around Australian hospitals. <<http://www.archi.net.au/>>

Residential care

Residential aged care in Australia. The Commonwealth Government regulates and partly funds the provision of residential aged care for frail older people who can no longer live independently in their own home. There are two levels of aged care, low level residential care and high level residential care, and a wide range of aged care homes across Australia. <<http://www.health.vic.gov.au>>

Dementia and the take-up of residential respite care, Australian Institute of Health and Welfare, April 2010. <<http://www.aihw.gov.au/publication-detail/?id=6442468345>>

Dementia specific programs, services and resources

National Dementia Initiative, including research, workforce training, and availability of care packages to support people with dementia and their carers.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-dementia-about.htm>

National Dementia Initiative National Evaluation, LAMA Consortium. October 2009.

<<http://www.health.vic.gov.au/internet/main/publishing.nsf/Content/ageing-dementia>>

Dementia resource guide. Department of Health and Ageing, Department of Families, Housing, Community Services and Indigenous Affairs.

<<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-dementia-resource-guide.htm>>

Dementia services pathways guide, KPMG 2011. <<http://www.health.gov.au/dementia>>

Dementia community support groups.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-dementia-grants.htm>

Living with Memory Loss Program (LWML) provides a major focus on future planning for people with dementia and their families and carers. LWML incorporates information and support groups covering symptoms and diagnosis, adapting to changes, research and new treatments, practical strategies, family/friend relationships and looking after yourself for people with dementia. LWML is being strengthened from a program development perspective. <http://www.health.vic.gov.au>

Dementia Behaviour Management Advisory Service (DBMAS) is a collaboration of St Vincent's Aged Psychiatry, AAV, NARI and Australian Centre for Evidence Based Aged Care (ACEBAC). Victoria has supported the use of the Commonwealth-funded DBMAS that commenced in 2008 to assist workers and unpaid carers and family members on behavioural strategies for people with dementia who have behavioural and psychological signs and symptoms of dementia.

<<http://www.agedcarevictoria.com.au/DMASBrochure.pdf>>

Diverse needs and dementia

National Aboriginal and Torres Strait Islander Dementia Advisory Group is a national body with Aboriginal representation and input from the Alzheimer's Australia National Indigenous Officer.
<<http://www.alzheimers.org.au/understanding-dementia/aboriginal--torres-strait-islander-groups.aspx>>

Australian Indigenous HealthInfoNet is a web resource 'one-stop info-shop' for people working, studying, or interested in dementia among Aboriginal people. It aims to provide quality information and resources about dementia among indigenous peoples.
<<http://www.healthinfolnet.ecu.edu.au/chronic-conditions/dementia>>

Homeless people with dementia. The Commonwealth Government funded Alzheimer's Australia to develop a guide for workers in the area of homeless people with dementia. Alzheimer's Australia commissioned BSL to develop the guide. The BSL provided the practice guide and research information to Alzheimer's Australia in January 2010 for publication.

Younger People in Residential Aged Care (YPIRAC) Program (superseded by the new National Disability Agreement – NDA introduced 1 Jan 2009, except for program targets 2009–2011), Mid-Term Review, Younger People in Residential Aged Care (YPIRAC) Program, for Department of Families, Housing, Community Services and Indigenous Affairs (June 2009). AAV explored needs of people with younger onset dementia and their families and carers and convened a forum in November 2008. Identified needs were further advocated at the Alzheimer's Australia Younger Onset Dementia Summit for consumers at Parliament House, Canberra in February 2009.
<<http://www.fahcsia.gov.au/sa/disability/pubs/policy/ypirac/Pages/default.aspx>>

Younger people with disability in residential aged care program. Report on the 2008–09 Minimum Data Set. Australian Institute of Health and Welfare, May 2010.
<<http://www.youngcare.com.au/document.doc?id=28>>

