Shaping a Better Future: Enhancing the Capacity of Communities to Improve Responsiveness to Dementia

Chris Vannucci, Project Officer, Tweed Dementia Sector Development, Alzheimer’s Australia NSW
BACKGROUND

• 2010 – Alzheimer’s Australia NSW had no ongoing presence in the Northern Rivers region of NSW

• Special Access Liaison Officer funding provided an opportunity to undertake project work

• Consultations with local service providers were held across the region for local input into the:
  – priority
  – purpose
  – major functions
  – and outcomes of a project role.
BACKGROUND

Issues Identified

- Dementia sector fragmented = low levels of sector coordination and no clear service and referral pathways
- Lack of diagnostic and assessment services = need to engage with General Practitioners (GPs) to enhance timely diagnosis
- Paucity of dementia awareness and risk reduction activities
- Lack of cross border service coordination
- Need to engage special needs groups

Priority

- Dementia sector development and facilitating community capacity building
AIMS OF THE PROJECT

• Streamline referral pathways for dementia services.

• Engage with the General Practice Network to enhance early detection of dementia and timely referrals.

• Support activities to raise awareness of dementia and promote risk reduction across the community including special needs groups.

• Facilitate sector development and capacity building by cultivating a shared vision of a dementia friendly community.
FACILITATING SECTOR DEVELOPMENT

Defining Community Capacity

- Existence of resources
- Networks of relationships and opportunities for community members to participate
- Leadership
FACILITATING SECTOR DEVELOPMENT

Characteristics of Community Capacity

- Access to resources (within & beyond the region)
  - Economic
  - Physical
  - Political

- Sense of community

- Commitment to community amongst members and ability to solve problems
STRATEGY - Resources

Became familiar with local service system through a range of reports and strategic plans & follow up with services who attended the consultations

Arranged over 40 one-on-one meetings to ask:

- what funding
- what area
- what target group
- what services
- where were the gaps

Did services identify as stakeholders in the dementia sector i.e. was there a sense of community?
STRATEGY – Networks

Identify and link into existing networks and attended a range including:

- Far North Coast Dementia Pathway Forum
- Tweed Community Care Forum
- Healthy Ageing Partnerships Meeting

Opportunity to see who attended one, two or more and who actually did the work i.e. what was the level of commitment.
STRATEGY – Participation

Establish and facilitate an inter-agency forum that focussed on dementia but was inclusive of a broad range of services

• Tweed Dementia Pathway Forum (DPF) - March 2011

Subcommittees

– GP Network Meeting
– Dementia Awareness Week Committee
– Aboriginal Healthy Ageing Expos Working Parties
– Gay, Lesbian, Bisexual, Transgender & Intersex (GLBTI) Advisory Committee Meeting
– Cross Border Dementia Services Network Meeting
STRATEGY - Leadership

Facilitate access to funding opportunities available through Alzheimer’s Australia NSW to raise community awareness.

Capitalise on the ‘backing’ of our nationally recognised organisation to provide credibility to local initiatives and concerns and create partnerships with other key organisations.

Provide consistently reliable information and maintain regular contact.
CHALLENGES

Building a sense of community and encouraging the recognition of a shared goal.

An increasing number of referrals placing a higher clinical burden on those services providing direct client care.

Not taking sole ownership of any initiative i.e. maintaining boundaries within the role.
OUTCOMES

Developing cohesion within the dementia sector in Tweed evidenced by:

- Ongoing commitment to interagency meetings e.g.
  - Tweed Dementia Pathway Forum
  - Cross Border Dementia Services Meeting
  - Northern Rivers LGBTI Interagency Meeting.
OUTCOMES

• Collaborative development of resources e.g.
  – **GLBTI & Dementia: A Person Centred Approach**, education package for service providers
  – **Tweed Byron Dementia Care Information**, flipchart style resource for GPs and practice staff
OUTCOMES

• Collaboration on projects, events & activities resulting in:
  – participation in and support for dementia awareness and risk reduction activities;
  – increased referrals to dementia services;
  – service development responses coordinated at a local level.
OUTCOMES

Engagement with Aboriginal & Torres Strait Islander communities has led to:

• a collaborative approach to promoting healthy ageing and dementia risk reduction;
• invitations to community events and higher profile in the community;
• increased awareness about tools and resources available for future planning.
OUTCOMES

Coordinated and systematic engagement with the North Coast Medicare Local, GPs and practice staff:

‘I have never seen such interest and attendance across so many different sectors (private, NGO, State and Federal) at the one time on a common topic. If only all medicine could be practised this way we would have better patient outcomes and more workforce satisfaction than we currently do.’

Dr Lana Kossoff
Aged Care and Forensic Psychiatrist
Email 20 April 2013 re: GP Education Evening, 18 April 2013
LESSONS LEARNT

The creation of a Peak Role requires the ability to:

• be directed by and respond to priorities of local services and
• focus on the capacity that exists within the service system, realising its potential through the establishment of partnerships

Working collaboratively improves the dementia literacy of the whole sector

Perseverance and a willingness to look outside the box are essential to improve community responsiveness to dementia

Success depends on resources being dedicated to maintaining and developing peak role
THANK YOU

ANY QUESTIONS?