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The Kuranya/'Rainbow' service for indigenous Australians, in New South Wales: Innovative practice

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Keywords
wales, south, australians, indigenous, service, rainbow, practice, kuranya, innovative

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Abstract
This article describes the development of a service for indigenous Australians with dementia in New South Wales and highlights the need to provide a flexible service responsive to the ethos and values of Indigenous Australians.

Keywords
dementia, Australia, indigenous Australians, community development

Background

Aboriginal and Torres Strait Islander (indigenous) people utilise aged care services at a younger age when compared with the overall Australian population. For most indigenous people, this is consistent with their poorer health status, lower life expectancy and a lower eligibility age for services. For example, of those Aboriginal Torres Strait Islander people admitted to permanent or respite aged care during 2003–2004 in the Eurobodalla Shire, almost 29 per cent were under 65 years of age, compared with fewer than 5 per cent of other Australians. Chronic diseases are widespread, primarily dementia, chronic obstructive pulmonary disease (COPD) and diabetes. It is important that, in the coming decades, the Aboriginal Torres Strait Islander population is not further marginalised in its access to aged and community care services (National Rural Health Alliance, 2006).

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Establishing the Kuranya service

'Kuranya' is an Australian Aboriginal word meaning rainbow and is the name chosen for a new indigenous-specific community-based dementia service based in Moruya that is under the care of Uniting Care Ageing, the largest provider of services for older people in New South Wales (NSW) and the Australian Capital Territory (ACT). It is located on the NSW South Coast between Batemans Bay and the border with Victoria. As the South Coast has no major tertiary health facilities within its boundaries, major referral hospitals are The Canberra Hospital, John James Hospital and Calvary Hospital, all of which are based in the ACT. The nearest city is Canberra, approximately 160 kilometres away. The Aboriginal Nation from Port Jackson to far NSW South Coast on the Victorian border is the Yuin Nation and the first language of this Nation is the Dhurga language.

The name 'Kuranya' was chosen by local people to symbolise the partnership between the local communities, the Kuranya service and Uniting Care Ageing (NSW and ACT), which has existed since October 2008. To commemorate the new partnership a local indigenous artist was commissioned to paint a picture entitled 'Caring for Our Custodians'.

Range of services provided

The Kuranya service is a culturally sensitive or indigenous-appropriate community-based service that aims to enable older Aboriginal people to remain in their own communities and to support the unique needs of Aboriginal carers. It is attached to a larger mainstream service based at the Mirinjani Group located within the ACT and is funded by the Commonwealth Government to provide 35 indigenous-specific Community Aged Care packages (CACPs) and 10 Extended Aged Care in the Home (EACH) packages. Packages can include domestic personal assistance and case management, respite care, assistive equipment, home modification to enable independent living and a range of other smaller programs focused on local aged care community needs. The service also provides a day and overnight respite service funded by the National Respite for Carers Program (NRCP). The funding reflects the lack of services in this remote area and a lack of uptake by Aboriginal people of mainstream services across the country.

Kuranya ethos

Community aged care services focus on enabling, empowering and promoting independence for older people, including the Elders, so they can remain active members of their community for as long as possible. This ethos is highly significant for indigenous people, as part of their health beliefs mean that in order to maintain good health and well-being the connection to the land and the community must be strong and vital. Community for many indigenous Australians is largely defined as connection to 'Country'; a shared history, mutual responsibility, the role of kin and family as the basis of social organisation, as well as social and emotional and well-being (McMillan, Kampers, Traynor, & Dewing, 2010). Thus 'care in place' is vital to overall health and well-being. Caring in place is particularly relevant and usually helpful for Elders with dementia.

In practice, care is mainly provided by making payments to members of the extended family of people using the service. Uniting Care Ageing as an organisation has needed to

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adapt to this ethos and make it possible in terms of employment and service management. Apart from the arrangement with family members as paid carers, what makes Kuranya different is that it is proving to be an example of how mainstream and indigenous groups of people can work together in partnership to provide services that the local community feels are meaningful, develops a sense of ownership of and will use. The relationship is based on respect of the Elders' knowledge of their country and land. United Care Ageing has not come into the partnership as the experts but as the novice and as a mediator of the national and state legislation. Thus, the service is in the care of the organisation and both the organisation and the community are its custodians, as described by Aunty Dorrie Moore, a well-known Moruya local and Kuranya client:

> I remember the good old days catching the boat across the river to get to school, as well as fishing and messing about in the river with my family. There were 10 of us kids and we had a lot of fun. Moruya is very different now but what's important is that we are still supporting our own. It's wonderful that we have been able to continue the service and to keep it in the community. (Uniting Care Ageing, 2009, p. 20)

Future challenges

The challenges for Kuranya are many; the high level of multiple need amongst the clients, leading to complex care packages, along with extremes of distance and geographical remoteness and weather extremes (including both heat and cold). These factors are all significant when considering the very poor quality housing and community infrastructure many indigenous Elders live in and that they often live in (what may be considered as) overcrowded conditions in other people's houses and are cared for by 'kin', which in the Western way of thinking, is the wider community. Historical rifts and cultural insensitive responses by mainstream services often mean clients are reluctant to access respite or residential care in the mainstream services.

A National Indigenous Dementia Strategy has been developed to help address the issue of dementia among indigenous peoples (Alzheimer's Australia, 2007). Awareness raising of dementia in Aboriginal and Torres Strait Islander communities and from culturally appropriate perspectives is a priority. Further work is needed to empower Aboriginal and Torres Strait Islander people to access available services and supports, support the training of Aboriginal and Torres Strait Islander health professionals and others working in Aboriginal and Torres Strait Islander communities and enable workers and communities to develop culturally appropriate strategies that have the local Elders' approval, in order to reduce the impact of dementia within indigenous communities.

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Conflict of interest statement

None declared.

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