

Caring Communities Program - Project Overview

Organisation:	Kimberley Palliative Care Service
Name of Project:	Accessing Palliative Care in the Kimberley's Remote Aboriginal Communities
Length of Project:	2 years

Project Summary:

There is a lack of access to palliative care services in the Kimberley region. Community needs fluctuate in an unpredictable manner. There may be no the need for palliative care in a remote community for years, hence the requirement for delivery can best be met with a decentralised service, where local people and resources can be activated to deliver palliative care when the need arises ("let me die in my country" report 1996).

This project will address the lack of access to a comprehensive palliative care service, increase the knowledge of palliative care services and establish a support and information network to enable the provision of palliative care in remote aboriginal communities.

Project Objectives:

- 1). Build co-operative relationships between councils, elders, community members, health workers and carers in remote aboriginal communities and the regional palliative care co-ordinator.
- 2). Increase the awareness of the benefits in meeting the needs of people who are dying, particularly orientated to those in remote aboriginal communities.
- 3). Develop local support systems for people who wish to die in their community.
- 4). Develop a partnership between the regional palliative care coordinator and other service providers including Kimberley aged care services, Kimberley aboriginal medical services, local medical services and community nurses.
- 5). Enhance the understanding of palliative care in the acute and community sectors to ensure continuity of care for individuals requiring palliative care.

Project Activities:

- 1). Visit 20 larger remote communities twice yearly
- 2). Conduct focus groups and/or interview to ascertain palliative care knowledge and needs.
- 3). Establish links with local service providers.
- 4). Develop a culturally appropriate model of service delivery.
- 5). Provide information about resources and support systems, both internal and external.
- 6). Document processes for the delivery of palliative care.
- 7.) Provide education for families, carers and community members on how to care for people who are dying.
8. Identify and train local support people and carers who can provide care in the communities.
- 9). Develop, and make available, culturally appropriate Information Manuals to meet the needs of community members and service agencies.