



# *Jimbelunga Nursing Centre* MODEL OF CARE

*'We are committed to providing the highest quality of life for our residents'  
health, wellness and enjoyment by providing a nurturing and holistic setting...'*



*A place where  
connection to culture thrives*



I was sitting on the veranda with my Aunt Blanche in our Country as a little girl (circa early 1930s). As we gazed across the paddock, I noticed some Aboriginal people walking across. I asked, “*Who are they? Are they our family?*”, Aunty Blanche replied, “*No they are not our family but they’re right..., they are our Jimbelung.*” I understood, they were friends, they were safe, and they were ok to walk through our Country.

Told to Jody Currie in 1999 by her Nan Betty Currie (nee Williams Daughter of Katie Williams, Granddaughter of Emily William and Willy Williams). Nan was raised by Uncle Henry and Aunt Blanche Williams in Laravale. Her ashes were returned to Yugambah Country like all her maternal ancestors.

Jimbelunga is a place of friendship, a place of safety. It is a place where connection to culture thrives in an urban setting, including those we care for who are passing through our Country to wherever they are going.

The tree symbol in the logo represents the exact mango tree which has been at the entrance to the facility since before it was built more than 25 years ago. Aunty Pamela Mam also likened this tree to the Jacaranda tree which has significant meaning to the local area and people. During facility upgrades, the current gates were strategically placed to fit around this important icon which has become part of Jimbelunga’s culture.

ATSICHS Brisbane acknowledges the Turrbal, Yuggera and Yugambah people as the Traditional Custodians of the Country where we work. We pay our respects to Elders, past, present and emerging.

**Warning:** The following pages may contain names and images of deceased Aboriginal and Torres Strait Islander peoples.

**Please note:** The names and images of residents in stories have been changed to protect their privacy.

# Acknowledgements

Belinda Charles and Dr Leonie Cox

## Members of the Jimbelunga community:

### Jimbelunga staff

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# Contents

## About Jimbelunga Nursing Centre

6

History of Jimbelunga	6
Who does the service seek to serve?	7
Jimbelunga staff	8
Jimbelunga roles	9
Visiting providers	10
Corporate support roles	10
Recruiting staff	11
Staff capacity building	11
Capacity building through the pandemic	12
Staff support	12

## Jimbelunga Model of Care: Living that goes beyond care

14

Jimbelunga core values	14
Core Value 1: Connection through relationships	14
Core Value 2: Diversity	19
Core Value 3: Self-determination	20
Core Value 4: Healing	22

## The Resident Journey

24

Becoming a resident at Jimbelunga	24
First days at Jimbelunga	25
Care planning	25
Day-to-day	26
Living their best life	27
End of life care	28

## Jimbelunga's Resident Journey

30



# About Jimbelunga Nursing Centre



## History of Jimbelunga

Established in 1994, Jimbelunga Nursing Centre has been providing an extensive range of residential aged health care and support services in the community for more than 25 years. Located on Yugambah Country in Eagleby, south of Brisbane, Jimbelunga underwent extensive renovations in 2017 and today provides 74 fully air-conditioned rooms. All rooms have been renovated with our residents' care needs, comfort and enjoyment in mind. Jimbelunga offers general medical geriatric care and disability services, full residential care, palliative care, end of life care and limited respite care.

Jimbelunga is owned and operated by the Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane which is an Aboriginal Community Controlled Health Organisation (ACCHO). ATSICHS Brisbane Board and Senior Management Team have ultimate responsibility to ensure the organisation complies with the legal and ethical obligations in all dealings with staff, residents, the public and other stakeholders. ATSICHS Brisbane affords all Jimbelunga residents access to a wide range of health and community services, including general doctor visits, dental and oral health services, chronic disease management, optometry, and visiting specialist and allied health services. ATSICHS Brisbane is a member of the Institute for Urban Indigenous Health (UIH) network, a regional not-for-profit Aboriginal Community Controlled Health Service responsible for the provision of allied health services and specialists as required.

Primary health services of ATSICHS Brisbane are integrated into Jimbelunga. That is, general practitioners (GPs), allied health providers, counsellors and medical specialists who provide services in the primary health clinics also provide care for residents at Jimbelunga. Currently, there are two ATSICHS Brisbane GPs who attend Jimbelunga one day a week each and provide medical care for all residents on a structured schedule of care.

*'Our residents  
are our reason  
for being'*

## Who does the service seek to serve?

Jimbelunga formed to meet the cultural and spiritual needs of Aboriginal and Torres Strait Islander people and is proudly inclusive of people from other cultures in the community. In terms of resident mix, Jimbelunga aims to mimic the community profile and provide care and services to people with mental health, aged care, dementia, complex medical conditions, and intellectual disability. In line with the *Aged Care Act 1997* (Section 11-3), Jimbelunga is committed to providing culturally safe care and services to residents with special needs defined as:

- a. people from Aboriginal and Torres Strait Islander communities
- b. people from culturally and linguistically diverse backgrounds
- c. people who live in rural or remote areas
- d. people who are financially or socially disadvantaged
- e. veterans
- f. people who are homeless or at risk of becoming homeless
- g. care-leavers
- h. parents separated from their children by forced adoption or removal
- i. lesbian, gay, bisexual, transgender, intersex, queer, brotherboy and sistergirl people
- j. people of a kind (if any) specified in the Allocation Principles.

Currently 85% of those residing at Jimbelunga identify as Aboriginal and Torres Strait Islander people and the age range of residents is 44-90+ years. 36% of the resident population are in the younger age bracket and are participants of the National Disability Insurance Scheme (NDIS). Additionally, 37% of the Aboriginal and Torres Strait Islander residents have their financial affairs managed by The Public Trustee and 27% have a variety of other health, accommodation and services decisions made by the Office of The Public Guardian.

Colonisation has subtle and complex detrimental effects on the people served by Jimbelunga, especially the failed assimilation policy that resulted in generations of stolen Indigenous people. Currently 24% of the Aboriginal and Torres Strait Islander Jimbelunga residents are directly identified as 'Stolen Generation'. However, it could be reasonably suggested that all Aboriginal and Torres Strait Islander residents at Jimbelunga have intergenerational effects of those policies and practices (Australian Human Rights Commission 1997).





*'Our people  
are the heart  
and soul of  
what makes  
Jimbelunga a  
special place'*

## Jimbelunga staff

The intergenerational effects of policies and practices resulting in the 'Stolen Generations' underline the importance of having good representation of Indigenous staff members at Jimbelunga; residents connect and 'claim' Indigenous staff as family and as mob, particularly residents with dementia. Strong Aboriginal and Torres Strait Islander leadership throughout the organisation – from the Board of Directors, CEO, and Jimbelunga team – creates a unique context for ensuring fierce respect and caring for Elders and community.

Around 40% of the staff are Aboriginal and Torres Strait Islander people and the current Facility Manager is an Indigenous Registered Nurse. This proportion of Indigenous staff has a notable positive impact on residents in terms of cultural connection and relationships. Non-Indigenous staff are guided through observing examples of culturally capable care, being provided direct support and direction, particularly with respect to communication and being encouraged to reflect on their day-to-day practice.

The unique care needs of the residents at Jimbelunga requires strong staffing levels (over 100 positions) and a care model that focuses on giving staff time to develop relationships by providing emotional and social support to residents rather than being task orientated. This model of care has helped to avoid unnecessary hospital transfers and admissions.





## Jimbelunga roles

Management	<ul style="list-style-type: none"> <li>• Facility Manager, Director of Nursing, Environmental Services and Administration Manager</li> <li>• Facility Manager and Director of Nursing provide clinical and cultural coaching support</li> </ul>
Clinical Nurse Manager	<ul style="list-style-type: none"> <li>• Provide nursing leadership to the registered nurses and clinical team</li> <li>• 7 days per week</li> </ul>
Registered Nurse	<ul style="list-style-type: none"> <li>• Minimum one registered nurse for every morning, afternoon and night shift 7 days per week</li> <li>• Ratios in line with legislative requirement</li> </ul>
Endorsed Enrolled Nurse	<ul style="list-style-type: none"> <li>• Two EENs for each morning and afternoon shift 7 days per week</li> </ul>
Assistant in Nursing	<ul style="list-style-type: none"> <li>• Ratios: Morning 1:6, afternoon 1:9, night 1:15</li> </ul>
Activity Officer	<ul style="list-style-type: none"> <li>• Two full-time roles</li> <li>• Higher than comparative mainstream facility due to the support required for younger resident demographic</li> </ul>
Elder Support Worker	<ul style="list-style-type: none"> <li>• Support for NDIS participants</li> <li>• Required for the high number of residents who have NDIS packages</li> </ul>
Chef	<ul style="list-style-type: none"> <li>• Our meals are prepared on site by our resident chef</li> <li>• Our food service consists of breakfast, morning tea, lunch, afternoon tea, dinner and a light supper. Fresh fruit and snacks are also available 24 hours a day</li> </ul>
Environmental Support Officer	<ul style="list-style-type: none"> <li>• Cleaning team</li> <li>• Cooking and meal services completed on site</li> <li>• Laundry services completed on site</li> </ul>
Groundsperson	<ul style="list-style-type: none"> <li>• Full time position to maintain high quality external environment to ensure connection to Country through the natural environment is facilitated</li> </ul>

## Visiting providers

General Practitioner	<ul style="list-style-type: none"> <li>• Employed by ATSIChS Brisbane and work in primary health clinics</li> <li>• Two GPs provide services to residents, each visit 1 day a week</li> <li>• Telehealth available when required</li> </ul>
Allied Health	<ul style="list-style-type: none"> <li>• Physiotherapy (external contractor) 1.5 full time positions</li> <li>• Podiatry (external contractor) one day per week</li> <li>• Dietician (external contractor) one day per month</li> <li>• Optometrist (external contractor) once per year or as required</li> <li>• Mobile Dental Truck providing Dentist, OHT, Dental Assistants for dental work along with denture work (ATSIChS Brisbane) as required</li> </ul>
NDIS Support Coordinator	<ul style="list-style-type: none"> <li>• Dependent on the residents' chosen provider</li> <li>• ATSIChS Brisbane can provide these services at the resident's request</li> </ul>
Specialist Support	<ul style="list-style-type: none"> <li>• Geriatrician funded through check-up, once every two months</li> <li>• Older persons mental health services when required</li> <li>• DBMAS when required</li> </ul>

## Corporate support roles

Management	<ul style="list-style-type: none"> <li>• CEO and Director Health Services</li> <li>• CEO is the authorised representative to regulatory bodies</li> </ul>
Clinical Governance	<ul style="list-style-type: none"> <li>• Clinical Director and Senior Medical Officer</li> <li>• Chair committees and support clinical incident/complaints management</li> </ul>
Corporate Services	<ul style="list-style-type: none"> <li>• People and Culture, Safety and Quality, Marketing and Communications, Learning and Development, Information systems, Finance and Facilities</li> <li>• Support accreditation visits and processes, recruitment, training, implementation of information system improvements</li> </ul>

## Recruiting staff

Of the 100+ staff workforce, 85-90% are unregistered personal care workers, environmental staff (cleaners, groundskeepers, maintenance, laundry) and lifestyle staff. 10-15% of staff are management, registered nurses and ATSICHS Brisbane doctors.

Although it is recommended that unregistered care staff have a Certificate 3 in Aged Care, it is not mandated. Initially, importance is placed upon the new staff member being the 'right fit' for Jimbelunga and increasing the opportunities for Aboriginal and Torres Strait Islander people to gain employment, providing career opportunities for members of the community. It is crucial that staff members have or make connections with residents, bonding with them on a personal and cultural level. These characteristics of potential employees are prioritised over formal qualifications which can be obtained while working. In addition, importance is placed on having Indigenous staff involved in the interview process, as this has proven to have beneficial effects on the subsequent recruitment of other Indigenous staff.

## Staff capacity building

To assist unregistered staff to develop the nursing skills needed, new staff are supported to complete the Certificate 3 while employed at Jimbelunga. In collaboration with ATSICHS Brisbane Learning and Development Team and the Queensland Government's subsidised training and incentives program, the cost of the certificate is subsidised and a flexible roster is used to accommodate course requirements. In addition, Jimbelunga offers nursing student placements for students to provide them with a culturally appropriate aged care experience. ATSICHS Brisbane offers all employees 10 days study leave to upskill staff without financial burden.

### New staff orientation:

Ensuring the staff-resident relationship is founded on trust is a key element to providing person-centred and culturally appropriate and culturally safe care. To promote relationship building between staff and residents, Jimbelunga has a buddy system and procedure for introducing new staff to the residents. New staff members are buddied with an established staff member who then takes them to meet each resident individually over the initial weeks. During the introduction, the established staff member requests approval from the resident for the new staff member to assist them with their care needs. This practice demonstrates the importance of valuing all residents' right to make choices, but also provides them both with the opportunity to develop a balanced relationship and partnership and minimise the potential power imbalance that can occur between carer and resident.

All staff are advised on the buddy system prior to the commencement of their employment. They are advised that Jimbelunga requests a minimum of three buddy shifts across all shifts prior to working independently to ensure comfortability and confidence for both the staff and the resident. The focus during this time is always on building rapport and trust. The investment of time required to complete buddy shifts is determined by the individual staff and resident's needs, with allowances made for additional time and support when required. Jimbelunga acknowledges and understands that the investment of time and prioritising individualised understanding of both the staff and the resident's personhood assists in reducing the risks of agitation, anxiety, aggression, social isolation, and absconding in all residents and increases their sense of belonging and empowerment.

## Capacity building through the pandemic

The COVID-19 pandemic created a unique set of challenges for the residential aged care sector across Australia. There has been an ethos across ATSICHS Brisbane to harness a collaborative approach to negotiate these challenges, making the most of resources and expertise across the organisation.

### Here are some examples of what was implemented during the pandemic:

- An Outbreak Management Plan for Jimbelunga detailing an integrated response.
- Redeployment strategies during periods of lockdown to support workforce and resident activities, specifically corporate services, dental and health promotion teams were redeployed to Jimbelunga.
- Openly addressing workforce shortages in the “living with COVID” phase e.g. nurses from primary health clinics helping to fill shifts at Jimbelunga.
- Introduction of information system solutions to improve resident care and connection e.g. video call facilities for connection to family and friends in addition to telehealth provision.
- Adapting activities to continue social connection during “lockdown” e.g. hallway bingo.

## Staff support

ATSICHS Brisbane chooses to recognise the potential of staff and actively provides support to reach that potential. This is perhaps best expressed as “person-centred care for staff”. That is, barriers and strengths are identified for individual staff members and then support is provided in whatever form is required. This could relate to transport needs, education needs, carer responsibilities, mental health challenges and domestic violence support. The social impact of this approach can be remarkable – as we “care for staff so they can care for others”, we see staff gaining agency and empowerment in their lives and community.





## Person-centred care for staff:

The Jimbelunga model of care is as important to the Aboriginal and Torres Strait Islander community living outside of the facility as those living in it. Providing equity and access to employment and career opportunities supports the core values of ATSICHS Brisbane as a community controlled health organisation. Jimbelunga contributes to the ATSICHS Brisbane core values of improving the standards for our people to build a high performing and innovative culture that delivers our vision of healthy, connected Indigenous urban communities. Employment is considered a key component in achieving better health outcomes and could be considered a complimentary approach to treatment, prevention and early intervention.

Jimbelunga prioritises the cultural appropriateness of their employees and their cultural connection as an important employee trait. The way in which this is achieved is by a personalised approach, from recruitment, through onboarding, extensive orientation and ongoing individual support.

Jimbelunga offers entry level positions to Aboriginal and Torres Strait Islander people, with encouragement and practical support to pursue further education as desired. We understand that with community collaboration, we can help improve the health and wellbeing of Jimbelunga and the greater Aboriginal and Torres Strait Island community.

## Maria's story:

In 2020, Maria applied for an assistant-in-nursing position. She identified as Aboriginal and has been a regular client of the organisation's services. Maria was interviewed and, despite having limited education, expressed her desire to work with her Elders. Maria had completed a Cert III in Individual Support, however had been unsuccessful in gaining employment close to her home. Maria resided in a recognised lower socio-economic community, which allowed her access to receive the medical healthcare she required but provided her with limited options for transport, ultimately decreasing her ability to access employment opportunities. Jimbelunga management recognised the potential for mutual benefit and offered Maria a position.

Reliability became a performance concern early and it was identified that personal health issues limited Maria's shift availability to afternoons and weekends when public transport options then became a barrier. Jimbelunga management, supported by the organisation, offered the practical assistance of providing transport vouchers, with the hope that Maria remained employed and that ongoing employment may afford her greater access to opportunities which would be a direct result of financial independence but also improve Maria's physical, social and psychological health outcomes.

The benefit of both the sense of support and the practical support provided by Jimbelunga to Maria resulted in a confidence and self-determination that Maria had never experienced before in her 50 years. Within 12 months Maria initiated and successfully obtained her learner's licence. Within 24 months Maria gained her driver's licence and is driving to and from work in her own vehicle where she demonstrates a cultural and invested interest in both Jimbelunga and its residents.



# Jimbelunga Model of Care: Living that goes beyond care

While the Jimbelunga model of care is guided by the Aged Care Quality Standards and NDIS Practice Standards, it is grounded in core values that take into consideration all aspects of a person's history, current situation and future goals. It incorporates all aspects of health care to provide a framework drawing on social justice principles of equality and equity to firstly ensure people have access to quality care.

## Jimbelunga core values

Jimbelunga has a strong focus on building trust, relationships, family support and providing service for people impacted by poverty, homelessness, chronic health issues, intellectual disability, mental health issues, dementia, incarceration, and alcohol and other drugs issues. These are vulnerable people who have limited options in terms of who will care for them. The overall focus of the Jimbelunga model of care is the focus on residents' needs not their age.

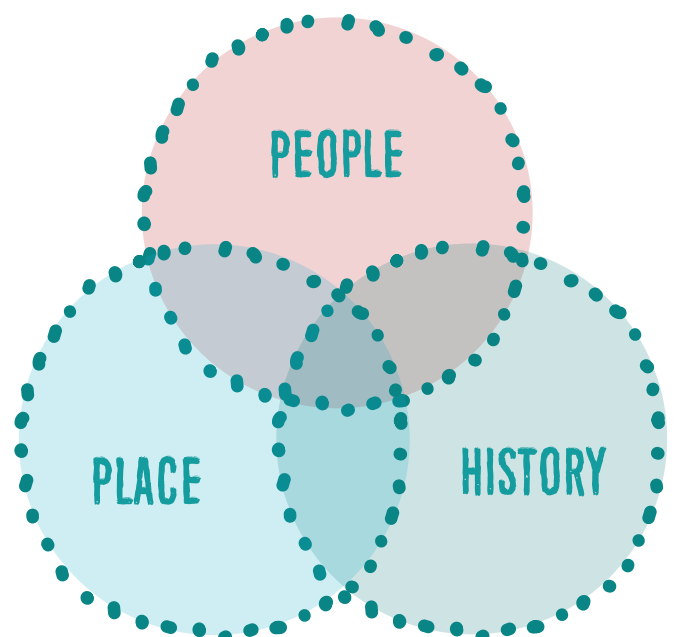
### Four core values underpin the Jimbelunga model of care:



## Core Value 1: Connection through relationships

Jimbelunga considers family and community connections and supports cultural customs, beliefs, needs and practices when planning care. Jimbelunga understands and recognises that each person's cultural beliefs and views are different depending on their personal history and experiences.

A strong belief that underpins the Jimbelunga model of care is the recognition that *everyone is different yet connected*. Jimbelunga aims to promote relationships and each relationship is valued. Relationships go beyond blood relations extending to people in the broader community, to place and to history.



## Celebration of our Elders

Aunty Freda is a very proud Aboriginal woman and traditional owner. All her life she has been raised to consider herself a princess and her family royalty amongst all Aboriginal people. Aunty Freda was raised by both her mother and father in a home that she shared with her siblings. Her father was a local man and as she explains, was a 'free' man because when the protectors/ government came to remove children, he had run and hid and was spared the life that her mother had endured when she was removed from Far North Queensland and placed in a government dormitory. At the age of 12 she was sent away to work, only returning to see family when permission was sought and given. The lives and experiences of both Aunty Freda's parents shaped the way in which they raised their family which was predominately with love and fear. Growing up Aunty Freda states her family lived the 'perfect citizen's' life. They were active within the Aboriginal community but also believed themselves to be role models and felt they did not have the luxury of doing anything wrong. This was driven by fear of the protectors/ government coming to remove them from their family. Their house was always neat and tidy, they did not stir up trouble,

they always had to do the right thing and they all needed to be educated. Only by this would they be protected and remain 'free'. With the passing of her parents, Aunty Freda became the matriarch of the family. She prided herself on the role that she played within the family as the supporter, protector and educator. She was a very educated lady who had spent her life paving the way for future generations with her work in education. Aunty Freda had a stroke resulting in her life never ever being the same again. She went from supporter and protector of the family to the one that now requires support. Aunty Freda struggles every day with the challenges that her physical limitations have imposed on her. In her mind she is still the matriarch of the family and feels it is still her duty to be back with them ensuring their protection. Prior to her admission to Jimbelunga Aunty Freda was in another care facility where she struggled daily with adjusting to the new environment and the changes in her social status being that it was a non-Indigenous community. Transferring to an Indigenous care facility and community gave Aunty Freda and her family peace of mind, finding her place as an Elder and role model for others as she has done all her life.



## Relationship with people

The concepts of relationship and family at Jimbelunga go beyond blood relatives incorporating significant people into extended networks. The aim of care is to promote and/or build relationships between residents, family and friends, staff and the community. This process starts with carefully selecting staff, considering the mix of residents and facilitating opportunities to have shared experiences.

Social isolation in residential aged care is a recognised risk factor for residents, therefore Jimbelunga focuses on having a balance and mix of age and gender. One of the benefits of having social, cultural, and clinical diversity in residential aged care is that it mimics society and each resident can find their place and purpose in the relationships that they create. Younger residents often connect with older residents and take on a caring role and older residents often connect with the younger ones providing counsel, education, and guidance often particularly around culture. This process provides both generations the ability to create and contribute to a mutually beneficial relationship.

To promote connections to people, Jimbelunga has a comprehensive social calendar that acknowledges significant days for residents, including birthdays, religious days and also events such as Sorry Day, which are crucial for the Stolen Generation. Invitations to these events are extended to residents' family and friends as well as members of the community. This process demystifies the facility and makes it familiar for potential new residents. There is a strong focus on accepting all into the Jimbelunga family and acknowledgment that the concept of relationship is diverse and should focus on who claims you.

## Relationship to place

Many Jimbelunga residents do not identify as traditional owners of the land where Jimbelunga stands but are connected to Country and place. The built internal and external environment of Jimbelunga has been purposefully created to promote relationship to people, place and history. Bedrooms that open out to a private courtyard overlooking landscaped gardens offer residents a connection to the Country without leaving their room. Other design features include high ceilings, big windows and the use of bright colours to bring the outside in, offering natural light and plenty of sunshine to ensure all Jimbelunga visitors are welcome. Residents are encouraged to make their rooms as comfortable and home-like as possible by bringing in their own bedspread or doona, wall hangings, photographs, a favourite armchair, clock/radio, and television. Larger room sizes provide residents with large personal spaces and an area that family gatherings can occur.

Understanding the importance of the relationship between Aboriginal and Torres Strait Islander people

and flora and fauna is a fundamental key to supporting cultural connection to country. The facility has selected native plants throughout the grounds and gardens along with a creek bed, creating a natural habitat for native wildlife and pays respect to many totems. The external environment has been purposefully created to foster the relationship between human and nature, which encourages residents to be outdoors, connect with nature, be with family and friends including large gatherings or community events and the simplicity of gardening if desired. This relationship is equally as important to all Aboriginal and Torres Strait Islander people in maintaining their connection to land, country, and overall cultural and spiritual wellbeing.

An outdoor space that is well used is the Cultural Space which includes a BBQ area with play equipment to encourage use by multiple generations. Space has also been claimed by the male residents for the Men's Group meeting and space for yarning circles.

An aspect of the physical environment that is obvious when visiting Jimbelunga is the meaningful use of traditional artwork and bright colours. The paintings on the wall, and the uniforms staff wear help residents, staff and families to connect to place.

## Durungul Place: A place to be calm not segregated

Unlike some other aged care facilities, people with dementia are not segregated from others or locked in a secure space. The physical environment of Jimbelunga has been planned to ensure people who need a secure environment to ensure their safety is achieved through a secure perimeter rather than locked doors. However, Jimbelunga does have one area where residents can choose to be apart from others: Durungul Place. Durungul in traditional Yugambeh language means 'calm'.

Prior to the opening of Durungul Place, Jimbelunga management had several discussions with Elders, families and staff on what their vision for such a place would include. Multiple Elders who did not have a cognitive impairment expressed concern for the emotional wellbeing of Elders with dementia, with the initial perception that it is a 'locked' unit. This reaction reinforced the effect institutionalisation has on Aboriginal and Torres Strait Islander communities. Durungul Place's purpose is not to lock up, hide away or be used as a behavioural management strategy for residents with dementia. Rather, it provides a low stimulus space for residents to retreat to when feeling overwhelmed within the communal setting. The purpose of this space is to provide a small number of eligible residents (with no dementia and no behavioural/disruptive history) a more calming living environment. It provides an opportunity to minimise anxiety, apprehension and/or concern to optimise their emotional wellbeing. As there is no dining room in Durungul Place, all residents come to community areas for meals and activities.



## Responding to specific histories and needs: Stolen Generation

### Jean's story

Jean, who has a Stolen Generations background, explained to the Facility Manager that she feels guilty that she has not been treated as badly or had a history of trauma and abuse in her life, but she is at Jimbelunga as that's where she feels comfortable. It can be appreciated that this woman has trauma by association as she is internalising this history and its impacts.

### Denise's story

Denise who has a Stolen Generations background, has lived a highly exemplary life; she taught and educated others and has lived her life by 'toeing the line' so she was not taken in by police and targeted like so many Indigenous people experience. After moving into Jimbelunga she feared she would be forced into a life in which she had avoided.

### Edna's story

Edna, an 80-year-old lady, came across as hostile and was fretting for her children. She was removed from a large family and was not allowed to form a bond with her sisters. She was sent to an Aboriginal girl's home and, when she left, she had a child. That child was removed and remained in care until the age of 16, as Edna had no life or parenting skills. After a few years Edna had a number of other children. She moved to Queensland to get away from child services who she feared would also take these children. Edna would not go to doctors and hid from anyone who could report her to any government authority. Edna was complex to manage at Jimbelunga as she hid all the time and was fearful of everything.

The stories of Jean, Denise and Edna exemplify the need for care that is tailored and appropriate. Jimbelunga, being both aware of and sensitive to these histories and to the context of their social experience, could give Edna, Jean and Denise what they need and want. Fulfilling needs requires a deep approach based on really knowing the person and cannot be limited to shallow things like tea preference. Storytelling from residents to staff extends further than that at Jimbelunga. Storytelling is also from resident to resident and from staff to staff and not just in a clinical sense. The importance of all staff being aware of what to discuss and not to discuss due to a resident's history or background is imperative to be able to support all staff in gaining trust and developing a relationship in a timely manner that will assist in providing appropriate and effective care.



## Relationship with history

Central to Jimbelunga's model of care is the acknowledgment that every resident has a unique history, current situation, and future goals that need to be respected and considered when planning and implementing care. Documenting and knowing significant events that may have influenced someone is not the same as understanding a person's history and experiences and how that has impacted their life pre and post residential care. At Jimbelunga, storytelling and music are used to help residents, staff and families to connect and find their shared history. Staff understanding of this history assists in providing appropriate care at an individual and personal level.

Jimbelunga has adopted a story approach in the delivery of nursing care plans, resulting in staff not only reading the narrative but remembering the story and developing a greater understanding of the resident, their history and what has made them the person they are today. Reminiscence therapy has long been used as an important part of caring for people with dementia (Elder Care Alliance). Jimbelunga's model of care extends that approach to all residents.

## Connection to history through food

All food is prepared on site and menus are designed to help residents connect to history. For example, simple meals such as stews, fish curries and damper feature on the menus and barbeques are a feature of celebrations. The type of food served to residents is particularly important for new residents. More traditional meals are offered to new residents as a way of welcoming them and helping them to connect.



## Core Value 2: Diversity

Part of the Jimbelunga model involves considering the diversity of residents, including age, ethnicity, identity, gender, diagnosis, care needs and potential risk factors. Diversity across all these areas in the resident group helps to 'mirror' the wider community. The allocation of rooms considers this diversity to ensure there is balance. For example, between younger and older residents and those with and without cognitive impairment. This approach has helped to promote acceptance of self and others.

In 2016-17, nearly 97% of residents in Australian aged care facilities were 65 years and older and the average age of admission was 80.2 years (Australian Institute of Health and Welfare, 2021). In mainstream aged care facilities less than 1% of residents identified as Aboriginal or Torres Strait Islander origin (AIHW, 2021). However, one in four Indigenous people in residential aged care are under the age of 65 years compared to just 3% of non-Indigenous people in residential aged care (AIHW, 2021). With the majority (85%) of Jimbelunga residents identifying as Aboriginal or Torres Strait Islander people, 36% of residents are under 65 years of age. Age is not the defining characteristic for admission to Jimbelunga, rather the individual's situation and care needs are considered. As a result, there is considerable diversity in the resident profile and diversity is seen as an important element of the Jimbelunga model of care.

Due to the age diversity of residents, Jimbelunga has implemented some campaigns that would not normally be promoted in the aged care sector. For example, the Safe Sex and Safe and Deadly Places programs.

### Working with extended family connections and variable age

The following are a sample of stories demonstrating the relationships which exist between residents at Jimbelunga:

- Bill, who has Down Syndrome and Sean, who has an intellectual impairment are aged in their 50s and are cousins.
- Sisters June and Mary both have dementia and are in their 80s. June's daughter Susan is intellectually impaired, and moved from a rural area to Jimbelunga to reside together. All have their own rooms, however often seek each other's company during meal times. Every night Susan ensures her mum is in bed with a kiss goodnight before she retires to her own room. Susan's sister Margaret, also intellectually impaired, is currently on the waitlist for Jimbelunga and will join her mother June, sister Susan and Aunt Mary when her care needs increase. The extended family and Jimbelunga recognise the importance of maintaining and nurturing these relationships as part of their overall care and wellbeing. The Jimbelunga model has ensured these residents have not experienced the social isolation, depression and loss and grief that is often evident in residents moving into residential care.
- Siblings Sam and Gloria both have dementia and both are long-term 'parkies' who have been at Jimbelunga for over five years. They have never been healthier. Both residents are well respected Elders in the Jimbelunga and Brisbane community and have spent many years caring and guiding and protecting young Aboriginal people on the streets. When previously homeless residents enter Jimbelunga they are often reassured and comforted by their presence.
- Ray and Sylvie are husband and wife and Jimbelunga has been home to several other married couples.
- Bob has an intellectual impairment and cerebral palsy and has been at Jimbelunga long term. His mother Dot visited every day and, at the age of 90, was diagnosed with dementia. Dot has now been a resident at Jimbelunga for two years and is at peace with spending the rest of her life with her son. This family are non-Indigenous.







### Core Value 3: Self-determination

The core value of self-determination provides a foundation for Jimbelunga to enact the principles of trauma-informed care. A key principle of this approach ensures the service does not contribute any further harm. The model of care at Jimbelunga promotes self-determination for each resident by advocating that all residents have choice, even if the choice comes with risk. All residents, despite their medical diagnosis or history, are offered the same opportunities to participate in activities, access health care services, and choose their own level of engagement and support from others. An example of this in action is the happy hour initiative. All residents can attend this activity and choose to drink the alcohol provided at this event. While the number of drinks is limited to remain within safe drinking levels, all residents can make the choice to participate.

#### Jimbelunga offers all residents the opportunity to participate in a wide variety of planned activities including:

- Group activities – dancing, music, arts and craft, bingo, storytelling
- Independent activity – music, connecting with family, gardening, drawing and painting, knitting, lego and puzzles, reading
- Activities with community – visits from the local kindergarten children, staff family members, community organisations, and pen pals with residents from other aged care facilities.

For some residents, involvement includes full engagement in group activities while others prefer to observe. Being able to make this choice is important to promote self-determination.

Most Jimbelunga residents are fully funded by Government subsidies with just 19% of residents contributing to their care costs. To ensure equitable access to resources, Jimbelunga does not have revenue-generating additional services (e.g., daily newspapers, choice of juice). These services (that are often extras in other aged care facilities), are standard for all residents at Jimbelunga whether they have financial means or not, and residents choose which services they accept.

## Responding to specific histories and needs: Working alcohol issues

Happy hour is on Fridays and we provide a social event where residents can enjoy two standard drinks. By providing the option to have a social event like this at the facility, it not only gives the residents a social outlet to maintain their own dignity of choice, but has shown decreased instances of behavioural issues when residents have left the facility.

### Jim's story

Jim had lived on the streets for the majority of his adult life. He had two children who passed away within 10 days of each other. Jim was in crisis with complex grief and developed chronic alcohol misuse. Jim also experienced mental health issues, and over 18 months was at high risk and had multiple hospital and health service presentations. The Facility Manager negotiated for an Aged Care Assessment Team (ACAT); An ACAT was completed in 24 hours and as a result, Jim became a resident of Jimbelunga.

### Harm Minimisation Approach

As part of Jim's care plan, Jimbelunga's medical staff prescribed a specific amount of alcohol every two hours between certain times, which was dispensed at the usual medication rounds. Jim had to sign an agreement to the plan.

### Outcome

Due to the management plan Jim was not intoxicated by the alcohol and he had to be on site to receive it. This resulted in normalised eating and sleeping patterns and his bloods profile, weight and general health improved.

### Les's story of Jimbelunga care

Les had a long-term heavy drinking lifestyle and a valued circle of friends for social support. Despite his deteriorating medical health Les continued to leave the facility to drink with friends, as he really missed this social support. The Facility Manager undertook locating and supporting Les to spend the time with his friends and transporting him when he chose to return to Jimbelunga, which was always the next morning. Les eventually made his own decision that he could not continue this practice and decided to stay at Jimbelunga. He received the chance to say farewell to his lifestyle and his mates on his terms and today he enjoys his friends at Jimbelunga. Today he attends happy hours and chooses lemonade.







## Core Value 4: Healing

While many believe that admission to an aged care facility is the final place of residence before death, the Jimbelunga model of care focuses on physical, spiritual, psychological, and emotional healing. As a proportion of Jimbelunga residents come from a place of deprivation due to poverty, homelessness, or incarceration, becoming a resident at Jimbelunga starts the pathway to improve health and wellbeing. Offering all residents access to quality medical and allied health care, balanced and accessible nutrition, comfort, social connectedness and opportunity to build and re-build relationships, are features of the model of care that promote healing.

In addition to the features of the other core values and the way that they collectively contribute to the healing process, Jimbelunga staff advocate and support Indigenous residents to explore and navigate the National Redress Scheme. This is a specific activity which focuses on helping Indigenous residents to start healing related to historical trauma (<https://www.nationalredress.gov.au/>).

### Stories of healing:

Betty was forcibly removed from her home and family as an infant and placed in a foster home. She has no recollection of her biological family from that time and had what she refers to as a 'very fortunate upbringing'. Although Betty had a caring family she often felt alone missing her cultural connection as she did not share the same experiences as many of her kin. After a lifetime of balancing her personal guilt and maintaining her cultural identity and regaining her connection, Betty has been accepted by all residents and staff at Jimbelunga and as a result is more accepting of herself. This is evident particularly on days of cultural significance such as Sorry Day where she displays behaviours and feelings of guilt and displacement. However, at Jimbelunga, staff and residents can offer a deeper level of understanding, empathy, compassion, and support and has been a place of cultural healing.

Carmen was an Aboriginal lady in her 60s who had endured the challenges of being part of the Stolen Generation and suffered the trauma associated with being removed and disconnected from her family. Carmen was born in an Aboriginal community and lived with both her mother and father until approximately eight years old. These were very fond memories for Carmen as this was the only time she felt she had a stable home and was settled, until she moved to Jimbelunga. Her memories included her mother making fresh damper with butter and golden syrup, her

favourite bush tucker meals of porcupine and possum and her father teaching her to hunt and fish. Her mother and father separated before she was nine and life changed for Carmen. She was taken to a government dormitory where she stayed for six months prior to being sent to a foster family outside of her local area. Her father remained on Country and her mother lived a 'gypsy life'. This memory was quite traumatic for Carmen as she had shared her story on days like Sorry Day where she sought understanding and support from the Jimbelunga community and particularly other residents who are also part of the Stolen Generation. Carmen resisted to conform and subsequent drug and alcohol abuse began while with the foster family. At the age of 16 Carmen ran away leaving the state. Carmen's life of homelessness was cemented from this time and when interstate Carmen stayed in Aboriginal hostels, Aboriginal dormitories and Aboriginal women's shelters. She found refuge and acceptance in Aboriginal organisations. Surrounded by Aboriginal people was where she felt most safe and secure. Her greatest desire was to not be alone, but to be with family and to have that cultural family connection. Jimbelunga could not mend the fractures in the relationships that had occurred over Carmen's lifetime, however Carmen craved stability, acceptance, love and culture. Although she still longed and cried for the loss of her family, Jimbelunga provided all of those things she craved as well as the opportunity and support to continue to pursue those relationships she lost all those years ago.



LOVING THE DREAM



# The Resident Journey

**Jimbelunga has a reputation that reaches beyond the immediate community in delivering culturally safe, inclusive and quality care to residents. While the primary focus of Jimbelunga is to ensure that Indigenous people in need of residential care find a home here, the admission criteria is not limited by this.**

## Becoming a resident at Jimbelunga

Jimbelunga residents are admitted through two main pathways: 1) the person in need of care and/or their family approach Jimbelunga after hearing about it from their community; 2) those identified as being at risk of needing more specialised care are referred to Jimbelunga. In both cases, Jimbelunga helps the potential resident and their families to navigate the relevant aged care or disability services. The majority of residents come into Jimbelunga after a social or medical emergency, rather than having control or input into the decision. Often an ACAT is done as a crisis response and this crisis driven process feeds into Aboriginal and Torres Strait Islander people's existing fear of being forcibly removed from their home or family.

Before admission to Jimbelunga, as for all aged care services, an ACAT review is completed for those older than 65 years, or 55 years if an Aboriginal or Torres Strait Islander person. However, some do not meet the age criteria for ACAT and access to aged care services. Therefore, Jimbelunga staff assist and advocate for a potential resident if they do not meet the age criteria, but their diagnoses, prognosis and care needs are indicative of residential care, particularly when the person has previously had unsuccessful outcomes in the community.

Jimbelunga always aims to avoid the person reaching a crisis point where their choices may be limited, ensuring that each person's needs are considered and respected. Doing an ACAT proactively rather than as an emergency response, encourages conversation to occur prior to a major event or big change. This process gives people some control and understanding and avoids the situation where they have no say in their future. It can assist in decreasing that sense of losing control when a crisis and emergency occurs as things are already in place. Jimbelunga's model is proactive aiming to make a clear pathway for an easy transition into care.

## Becoming a Jimbelunga resident

Christie was a 70-year-old Torres Strait Islander lady and a local resident who had early onset dementia. She was previously living at home with her husband Bob who was her primary care giver. Christie had behavioural issues at home and in the community and Bob had severe carer stress. First contact was made in early 2019 by Bob wanting to attend a facility tour. During the tour Bob expressed concern regarding Christie's acceptance of moving into care due to her dependence on Bob and her fear associated with interacting with strangers. Jimbelunga management provided Bob with the emotional support and advice of some practical strategies to overcome the challenges that were unique to this then young couple. This included working on a transition into care. Bob and Christie attended lunch service at Jimbelunga every week for an undecided period that was individual to Christie's needs. These visits focused on developing relationships with staff and other residents and forming a sense of comfort at Jimbelunga. This was a successful attempt to minimise the stress and anxiety that Bob perceived would occur. The transition period was approximately three months and in the final month included the gradual introduction of her designated room.



## First days at Jimbelunga

Prior to admission to Jimbelunga, staff discuss the resident's choices including those who are significant in their life and the role they will continue to play in their life. Jimbelunga staff discuss how they can assist and facilitate in maintaining those relationships.

In early meetings, the resident and/or representative learns about the resident's right to maintain dignity and be treated with respect. They learn how Jimbelunga staff can assist them in maintaining their identity, culture and diversity during care and service delivery. Staff approach the residents and/or representatives in a culturally safe manner when gathering information for the development of a resident care plan. The care plan is then made readily available to all staff who provide care and services to the resident.

For new residents, the location of the service is an issue. It is a deeply significant step for prospective residents and their families to consider as many will be moving from their home Country. To help with the moving process, new residents are often welcomed to the facility with a special meal prepared. Family is encouraged to attend this meal to help with the transition process. Staff are sensitive to needs such as people not wanting to talk about death or institutions and encourage having these conversations during wellness and before a big change such as moving into care is needed.

## Care planning

All Jimbelunga care plans include a specific section dedicated to culture and the cultural needs specific to the resident. The process helps staff understand and recognise how each resident's cultural beliefs and views are different depending on their personal history and experiences and how that would affect the way in which their care is delivered. The gathering of information relies on building trusting relationships with residents and develops over time as life stories are shared. The resident's history is important for all staff to understand and underpins care plan development. Trauma-informed care is infused throughout the care planning process. Behaviour support planning is incorporated into every resident care plan. These include: a detailed history, identified triggers, behaviours we expect to see and interventions that work.

### For example:

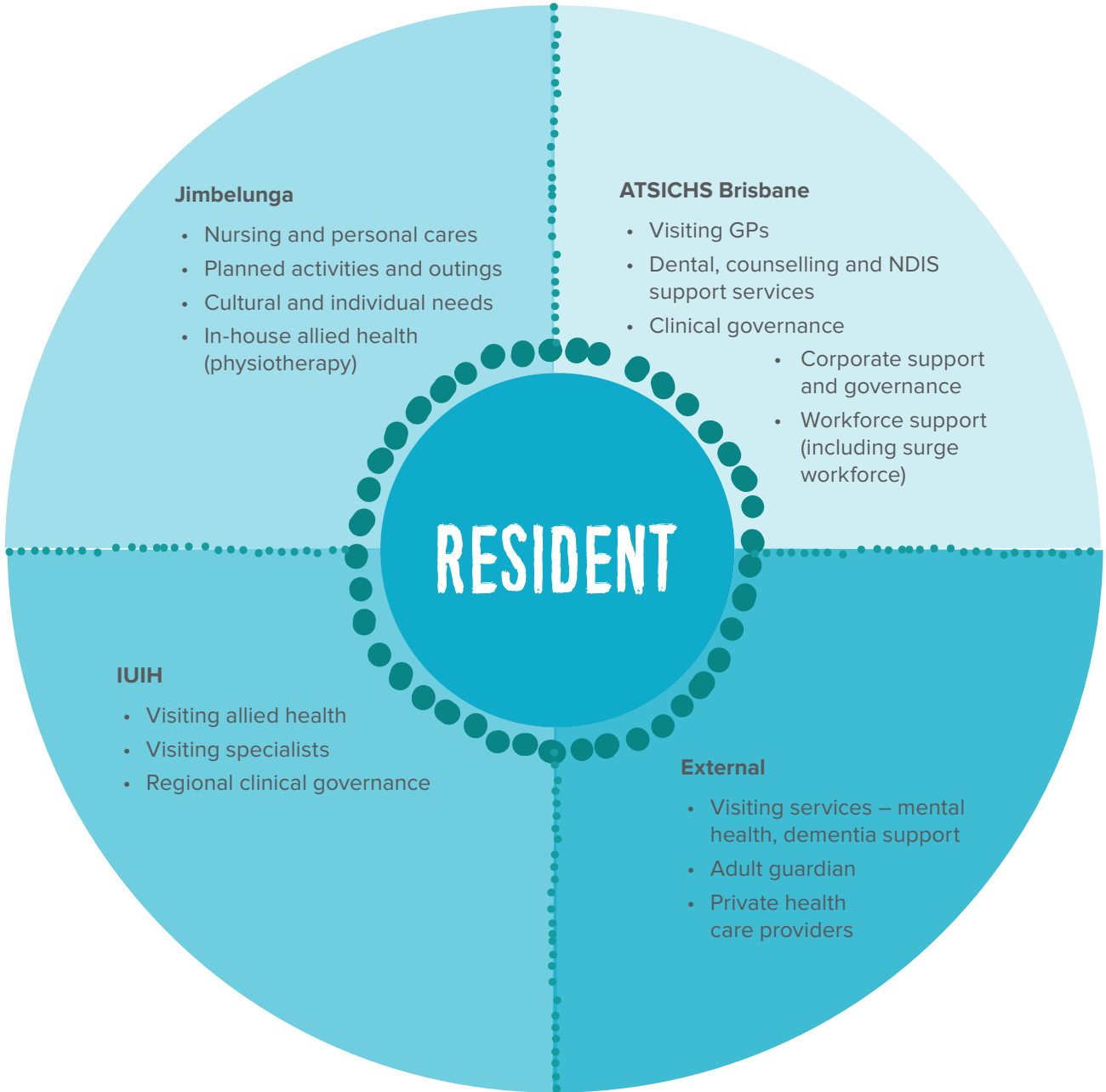
- An Aboriginal resident may be fearful of government representatives and/or agencies as a result of bearing witness to family members being forcibly removed from their homes. Nursing staff may instruct visiting government representatives not to communicate with that particular resident to avoid unnecessary stress and anxiety.
- An Aboriginal and Torres Strait Islander resident and part of the Stolen Generation may seek family and community connection in the presence of other Aboriginal and Torres Strait Islander people. Leisure and lifestyle officers may facilitate a friendship group with other Aboriginal and Torres Strait Islander residents.
- A resident with a history of homelessness may refuse to have staff or others enter their room after dark due to a long history of actively trying to keep others out and themselves 'safe' in unpredictable environments. Nursing staff may place a do not enter sign on the door at 5pm and negotiate with the resident that the resident attends a common area to receive supper and evening medications.
- A resident with a large extended family enters the palliative care stage of their care. Nursing staff understand and respect the importance of family connection during the mourning process and accommodates all family members being present at any time during and after sorry business and for as long as required.





## Day-to-day

Various services and activities are available to residents at Jimbelunga. The following table maps out the services and who provides each service.



## Living their best life

The focus of care for all residents is to promote maintaining or if possible, improving function and connections. Residents are encouraged to continue to participate in meaningful activities that provide enjoyment and opportunities to contribute to their community. As some residents come from a place of deprivation, becoming a resident at Jimbelunga and receiving good nutrition, comfort and appropriate care of chronic illness sees an improvement in their health status. It is not uncommon for residents to contribute to the daily housekeeping activities at Jimbelunga, assist with basic care giving roles for other residents, and attend voluntary roles in the community such as working in the local school tuckshop.

## Working with age diversity

At Jimbelunga the residents age range is between about 40 and 90 years.

A young woman, Eliza, has Korsakoff's Dementia and she came into Jimbelunga in her 40s. Eliza finds purpose in caring for older residents and the Elders have a purpose in nurturing her too. Eliza assists with calling names, physically going and getting someone, assisting Elders with making a cup of tea and helping with the walking group. These things are within her ability and everyone gets to give and take at their own level in the Jimbelunga model.

## NDIS supports

Jimbelunga has a large number of residents who are under the age of 65 years which means many have NDIS plans, currently about one third of residents. There are substantial legislative and accreditation requirements of NDIS which has been integrated into the policy, procedure and protocols of the facility. ATSIChS Brisbane also has an NDIS team that services the general community so this is integrated with Jimbelunga.



## End of life care

Palliative and/or end of life care helps with social, emotional, cultural and spiritual concerns as well as physical problems.

### There is a difference between palliative care and end of life care:

- Palliative care is for people living with a terminal illness where a cure is no longer possible, and defined by Palliative Care Australia as being: *'person and family-centred care provided for a person with an active, progressive, advanced disease, who has little or no prospect of cure and who is expected to die, and for whom the primary goal is to optimise the quality of life'*.
- End of life care is implemented in the last few weeks of life where death is imminent. A major focus of end of life care is enabling people to die with dignity.

### Jimbelunga commits to provide:

- Palliative and/or end of life care appropriate for residents at the end stage of their lives
- Information about palliative and/or end of life care in care plans after discussion with the resident and/or representative/s
- Palliative and/or end of life care that is culturally safe for the resident.

Jimbelunga encourages palliative and/or end of life care in care plans for all residents. Staff ask the resident and/or representative/s about end of life, advance care planning and/or statement of choices. Plans are developed at an appropriate time for the resident. The resident and/or their representative/s or staff may raise the matter at any time. Throughout their tenure, staff receive education about palliative and/or end of life care. They learn to approach these topics in a sensitive manner. Additionally, specialist palliative care services through Metro South Palliative Care can be accessed for extra support and guidance to ensure the resident's palliative and/or end of life care needs are being met through a best practice approach.

Jimbelunga focuses on individualising the needs of each resident so knowing and understanding those needs is essential. For some, it's the recognition of the importance of cultural practices and ceremony, for others, there are important religious traditions, and for others, there are a variety of wishes for their final moments. Importantly, these needs are documented in the care plan so all caregivers are aware and can follow through. The foundation comes back to the relationship building and connection which can lead to having important conversations involving family or other care representatives where possible and appropriate. These conversations begin at admission and are frequently revisited.

## Having a good death

Jimbelunga recognises and acknowledges the reluctance within Aboriginal and Torres Strait Islander people to discuss death. As a clinical team, Jimbelunga also understands and advocates to ensure every resident has the opportunity for a "good death". Jimbelunga understands that for each person that means something different and is shaped by their attitudes, cultural background, spiritual beliefs and medical treatments.

### Moses' story

Moses was a 63-year-old Aboriginal man who had been diagnosed with an aggressive Glioblastoma. He had been living alone, spending most of his days enjoying an outdoor country life. Moses had not previously discussed his wishes regarding how he would 'die well' however his family wanted his death to reflect his life and they partnered with Jimbelunga management and the clinical team to develop a plan that was important to Moses and his family. Partnering together helped his family cope better with the grief and loss they were experiencing and provided them with a sense of peace knowing his and their preferences were prioritised. Some of the individualised requests that were discussed and achieved at the time of his passing included having his children by his side, his favourite country song playing in the background, ensuring he was dressed in his favourite clothes and riding boots, the taste of whisky on his lips, a cigarette in hand and sitting outside with the sunshine on his face.

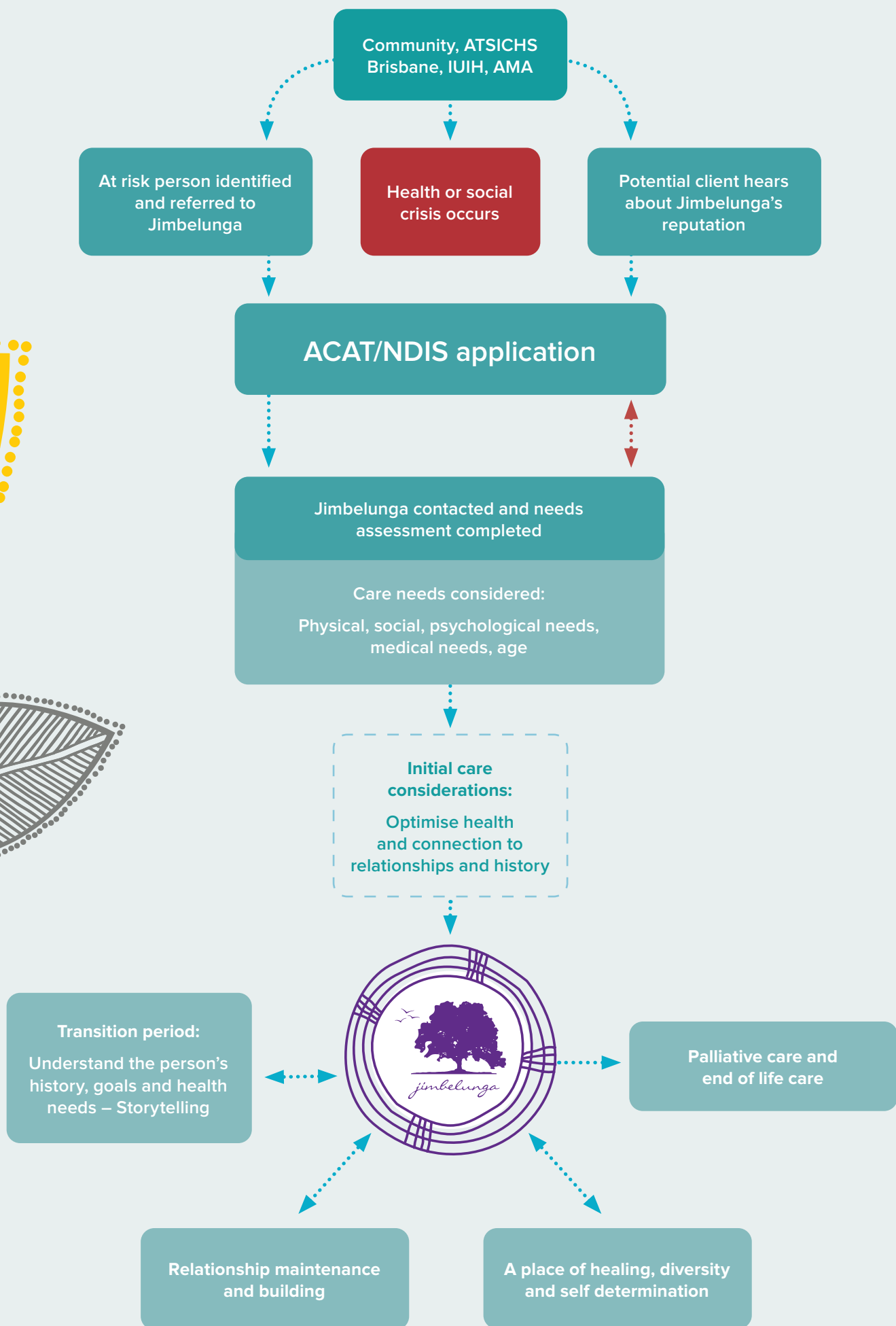






# Jimbelunga's Resident Journey







[jimbelunga.org.au](http://jimbelunga.org.au)  JimbelungaNursingCentre