



# Care Of People with dementia in their Environments (COPE) program

How to implement the program  
in your organisation









# Table of Contents

pp. 4-7

## *Section A. How can we enable people with dementia and their families to live well.*

Findings brief of COPE implementation project, outcomes and key messages.

pp. 8-9

## *Section B. Care of People with dementia in their Environments (COPE).*

About the program and who is it for.

p. 10

## *Section C. What training is required to get involved in the COPE*

p. 11

## *Section D. What are the funding arrangements and options for offering the COPE program?*

Findings brief of COPE implementation project, outcomes and key messages.

pp. 12-15

## *Section E. FAQs*

Getting started, Fit with practice and guidelines & Gain support of management.

pp. 16-19

## *Section F. How to integrate COPE with your organisation*

Integration, promotion, engaging stakeholders and implementation checklist.

pp. 20-22

## *Section G. A snapshot of current dementia and aged care services in Australia*

pp. 23

## *Acknowledgements*



# How can we enable people with dementia and their families to live well at home?

*Section A. How can we enable people with dementia and their families to live well?*

A snapshot of the Care Of People with dementia in their Environments (COPE) program



## What is the COPE program?

A home-based, multi-visit, tailored program designed to address the symptoms of dementia with the aim of improving the wellbeing of people with dementia and their carers.



## What does it involve?

Specially trained occupational therapists and nurses consult with people with dementia and their carers to deliver carer training, activity engagement and strategies to modify communication, behaviour and the environment.



## How did we do it?

We identified a program shown to be effective in a research trial and adapted it to create a deliverable and evidence-based dementia care reablement program.



## What did we find?

We demonstrated significant improvements in carer wellbeing and coping strategies and for the person with dementia in activity engagement

## Key Messages

- Most people with dementia live at home with family support.
- People with dementia and their families have asked for programs that optimise function so that they can maintain independence. These are known as reablement programs.
- Until now, Australians have not had access to reablement programs with proven effectiveness for people with dementia.
- This study showed that an evidence-based reablement intervention, Care of Persons with Dementia in their Environments (COPE), can be delivered through existing health and aged care services.



**The project:** Implementing an evidence-based dementia program known as COPE (Care of People with dementia in their environments) into health contexts in Australia.

**Project leads:** Professor Lindy Clemson, University of Sydney and Associate Professor Kate Laver, Flinders University.

**Funding:** 2016-2019 NHMRC Cognitive Decline Partnership Centre.



# COPE participants feel empowered

## Why is dementia care important?

- Nearly 1 in 10 Australians aged 65 years or older have dementia.
- 75% are living in their own homes with the support of family, friends and, for some, health and aged care services.
- Symptoms of dementia, such as agitation, withdrawal from activities and difficulties managing everyday activities, can make it difficult for people to remain in their home.
- Overseas programs have been shown to delay functional decline and help reduce the impact of changed behaviours – but they have not previously been available in Australia.
- These programs could fit within the current community aged care funding opportunities – and they're consistent with the Australian Government's vision for aged care.



## What are the benefits of the COPE program?

- COPE builds on the strengths and capacities of the person with dementia and their carer.
- The focus is on what the person with dementia CAN do, not what they can't do.
- Our economic analysis demonstrated the cost benefits for the public purse.
- Our pre-post evaluation demonstrated significant improvements in carer's ability to manage day to day caregiving, handle new problems and reduced feelings of being overwhelmed; the person with dementia increased their enjoyment in doing activities alone.
- Our study showed that positive outcomes from US trials can be replicated in practice – using existing resources.



*Participation in the COPE program enabled caregivers to feel empowered to continue providing care at home through learning strategies around stress management, problem solving around key challenges that they identified (with the therapist), and support with implementing these strategies."*

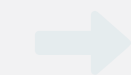
**Rahja, 2019**

## What are the hurdles?

There is a huge gap between what we know is effective, what is valued and what is currently provided in practice.

### Key problems

- A lack of training of health professionals in these evidence-based programs.
- A lack of understanding of how to improve a person with dementia's ability to engage in everyday activities as well their and their carer's wellbeing
- A health system that has focussed on assessment and case management rather than treatment.



### We need to create a connection



#### Health Professionals

Who can deliver the program



#### People with dementia & their families

Who need these services



#### Health & aged care service

Who can deliver the services required

# What did we do?

## We turned research evidence into clinical practice

- It usually takes many years for new evidence to get into routine practice. The COPE project accelerated this through upskilling a workforce, supporting changing practice and demonstrating personal and societal benefits.
- We showed that an evidence-based intervention that takes a reablement approach can be offered by existing health and aged care services.
- 17 partners from government, aged care organisations and private practice implemented COPE.
- Health professionals who offered the program were employed by public health services, non-government aged care organisations and private agencies in New South Wales and South Australia.
- We collaborated with leading researchers in the US who developed the program and demonstrated it to be effective in two large randomised trials.
- We engaged a proactive advisory group that included people with a lived experience of dementia or caring for someone with dementia, as well as representatives from aged care organisations.
- We partnered with services and trained and coached occupational therapists and nurses in evidence based dementia care.
- We mapped pathways to show how members of the public could access the service through different funding and worked together with the services as they addressed their own challenges in implementation.

*“It's been positive because before...you would go out and see a carer struggling, and you'd think 'Oh, I don't really know how to handle that. I don't really know what to offer.' And the program fills a gap, definitely.”*

**COPE-Trained Occupational Therapist**

*“It's changed the whole way I look at working with people with dementia. I feel actually privileged that I could do the training but it's...given me more skills and made me a better therapist.”*

**COPE-Trained Occupational Therapist**



*Before...it was so frustrating and I was wracked with guilt. After...I've learned to be kinder to mum.”*

**Carer**

*“I think dad would have been at his wit's end if the program hadn't come along....It's given him a lot of strategies and has really helped him. And it's helped mum*

**Daughter of a male carer and his wife, who has dementia**



# What did we find?

## We addressed gaps in current practice and enabled health professionals

- Health professionals and services were keen to offer the program to their clients.
- They were able to offer the program through existing funding mechanisms or programs.
- Practice change takes time and the program required:
  - commitment from health professionals to gain confidence and skill in a novel program
  - some restructuring of work practices to deliver the novel program
  - education so that the people involved at the point of referral understood the program benefit.

## We improved the wellbeing of people with dementia and their carers

- We showed that family carers can:
  - significantly improve their ability to manage day-to-day caregiving
  - better understand their family member's behaviour
  - have a sense of control over their loved one's problems and feel calmer.
- We enabled the person with dementia to engage in more activities that they used to enjoy.



# What did we produce?

- We created training for occupational therapists and nurses adapted for the Australian health environment
- We created coaching and organisational supports that facilitate implementation. A start-up company will continue to provide training and coaching into the future.
- We trained a large group of occupational therapists and nurses in NSW and SA in how to deliver the program
- We created an implementation guide for organisations wishing to offer the program.
- We produced a sample COPE brochure for recruitment.
- We created a series of professionally produced videos of COPE participants presenting individual stories. These are useful for training and to inform others about the program.



## Why does it matter?

- People with dementia and their families have spoken of the need for better support to live well with a diagnosis of dementia. They and their families have requested reablement services that focus on strengths and capabilities.
  - The COPE program focuses on what people CAN do, not what they can't.
- Programs supported by evidence exist. In the absence of pharmacological treatments, people with dementia deserve the best possible care.
  - The COPE program is evidence-based and meets the NHMRC guideline recommendations for dementia care.
- Caring for people with dementia in the community is much cheaper than providing residential care places.
  - Cost-benefit analysis showed that COPE can deliver both societal and economic gains to the Australian health and social system, though the costs are mostly borne by the person with dementia and their carer.
- Reablement approaches to enable people to remain in their own home and communities are supported by current state health and commonwealth policies.
  - The COPE program can be implemented within existing agencies and funding mechanisms in Australia's health and aged care system.

### COPE Publications

Clemson L, Laver K, et al. *Implementation of an evidence-based intervention to improve the wellbeing of people with dementia and their carers: study protocol for 'Care of People with dementia in their environments (COPE)' in the Australian context.* BMC Geriatrics 2018, 18:108.

Clemson, L., Laver, K., Rahja, M., Culph, J., Scanlan, J., Day, S., Gitlin, L. N. (2020). *Implementing a reablement intervention, 'Care of People with dementia in their Environments (COPE)': A hybrid implementation-effectiveness study.* The Gerontologist, On line early. doi:10.1093/geront/gnaa105

Rahja M, Comans T, Clemson L, Crotty M, Laver K. *Are there missed opportunities for occupational therapy for people with dementia? An audit of practice in Australia.* Australian Occupational Therapy Journal. 2018;65:565-74.

Rahja M, Culph J, Clemson L, Day S, Laver K. *A second chance: Experiences of people with dementia and their families participating in a dementia reablement intervention.* Brain Impairment. Published on first view, 16 January, 2020

Rahja M, Nguyen K-H, Laver K, Clemson L, Crotty M, Comans T. *Implementing an evidence based dementia care program in the Australian health context: A cost-benefit analysis.* Journal of Health and Social Care in the Community, Accepted 16 April, 2020

### Get involved with COPE

Ongoing training in Australia is now available at [www.copeprogram.com.au](http://www.copeprogram.com.au)



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# What is Care Of People with dementia in their Environments?

The Care of People with dementia in their Environments (COPE) Program is an occupational therapy and nursing intervention designed to enhance the wellbeing and quality of life of both the person living with dementia and family carer. Specially trained health professionals provide families with important skills to prevent and manage challenging care problems at home.



## Key features of the program

- Carer education about dementia with a focus on the preserved capabilities of the person with dementia – what can they still do?
- Carer training: how to communicate and cope with the person's behaviours, how to simplify tasks, and how to manage the carer's own stress.
- Home safety assessment, including referral for home modification when appropriate.
- Nurse assessment and education on potential effects of medications, pain, constipation, and dehydration – how to rule out underlying conditions that may contribute to changed behaviours and other care challenges.

## Who is the program designed for?

- The COPE program is designed for people living in the community who have mild to moderate symptoms of dementia and their families (or friends).
- It's designed to help when the person with dementia has changed behaviours or has changes in their ability to do everyday activities.
- Family and/or friends of the person with dementia are critical – they either live with the person or they are very involved in their care, visiting multiple times per week.
- The program involves identifying and addressing care concerns so family members need to identify and report any care challenges or coping concerns.





# How does the program work?

## COPE program overview

### Assessment Sessions 1 - 2

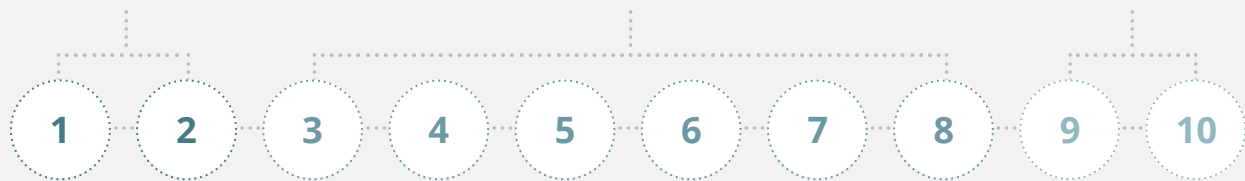
- Person
- Family/Carer
- Environment

### Implementation Sessions 3 - 8

- Intervention addresses up to 3 care challenges plus activity engagement

### Generalisation Sessions 9 & 10

- Modifying activities for future and extending to other problem areas



Up to 10 occupational therapy sessions over 4 months: homevisits/ telephone  
Two sessions with a nurse: home visit/telephone follow up

- The program is a time-limited, goal-focussed intervention.
- The program consists of up to 10 occupational therapy (OT) consultations and two sessions with a nurse.
- Each occupational therapy consultation lasts for about 60 minutes long and takes place in the home.
- The initial nurse visit to the home lasts 60–90 minutes; the second consists of a follow-up phone call.
- The program includes:
  - comprehensive assessment of the person living with dementia and the family carer and the home environment
  - a structured, tailored intervention period addressing key concerns raised by the participants
  - a final generalisation phase, which helps the families to adapt the strategies they've learned for the future.
- Participants can also access a resource book, A Caregiver's Guide to Dementia, at a cost of about \$30.



## COPE is a reablement program

It aims to maximise function and independence for people living with dementia.

## Section C. What training is required to get involved in the COPE program?

# COPE Training

- In Australia, all occupational therapists delivering the COPE program must first attend training, delivered by COPE Trainers.
- Occupational therapists attend two days of face-to-face training.
- Nurses attend one half-day face-to-face training session.
- The interactive training comprises one combined “overview” morning session for all attendees, followed by separate training in the discipline-specific components of the COPE intervention.
- The training was developed specifically for the Australian research project and was tested and refined throughout the COPE project timeline.
- Following training, all healthcare professionals are offered group telephone coaching sessions to support program delivery.
- Occupational therapists who complete three COPE programs in their workplace will achieve certification and certified occupational therapists can choose to be listed on the COPE program website.
- Trained health professionals are also invited to join the trainer-facilitated COPE online community of practice. This is designed for them to share and validate knowledge and experiences of the COPE program so the community as a whole can develop and disseminate COPE best practice in Australia.



*I think my practice has...deepened. The possibilities of what you can do through an intervention program, like COPE, are just totally growing compared to what I thought. How you think about a problem rather than just the standard solutions that you might offer people. Just having confidence and permission.”*

**COPE-Trained Occupational Therapist**

## Training with COPE

For more information about training, costs and upcoming dates and venues, visit [www.copeprogram.com.au](http://www.copeprogram.com.au)



## Complimentary Dementia Specific Training

Health professionals may find it helpful to complement their COPE training with dementia-specific training.

Massive Open Online Course (MOOC) about dementia available at [www.utas.edu.au/wicking/understanding-dementia](http://www.utas.edu.au/wicking/understanding-dementia)

For Dementia Training Australia, visit: [www.dta.com.au/](http://www.dta.com.au/)





## Section D. What are the funding arrangements and options for offering the COPE program?

- Clinicians wishing to offer the COPE program, an evidence-based skilled intervention, will need to attend training.
- The one-off licencing fees for the COPE program are included in this training cost and therapists attending the training will receive manuals, resources and documentation templates required to deliver COPE in their workplace.
- The program is designed to be provided over up to 10 consultations and was shown to be effective when provided in this manner. Offering a program involving multiple consultations will require consideration of funding options.

“It's a very diverse and unsegmented, unsegregated market; not a lot of differentiation between providers... The key for us is about understanding, as an organisation, what really differentiates us from other providers.”

**Manager**

There are a number of different ways in which the COPE program might be offered within existing funding mechanisms.

These include:

- Consumer Directed Care (CDC) home care packages
- Transition Care Programmes (TCP)
- Commonwealth Home Support Programmes (CHSP)
- Short Term Restorative Care programmes (STRC)
- National Disability Insurance Scheme (NDIS)
- Self-funded programs
- Medicare Benefits Schedule (MBS) – Chronic Disease Management
- Private Health Funds



## Section E. FAQs

# Availability

## Is the COPE program currently available in Australia?

- The COPE program was developed and tested in a large, high quality, randomised controlled trial in the USA in a project led by Professor Laura Gitlin from 2006–2008.
- It was translated to the Australian context as part of an implementation research project from 2016 to 2019.
- The program is currently available from a number of organisations who have trained occupational therapists and/or nurses.
- The organisations involved in the Australian research are located in NSW and SA and training is now being offered around Australia.

## Is the COPE program available internationally?

Work is currently under way to translate the COPE program within areas of the US such as Connecticut. This work involves a large randomised trial and measurement of cost effectiveness.

# Getting Started

## What resources are required to start offering the program?

- COPE is delivered by occupational therapists and nurses so you will need to be able to offer these services.
- The program was designed to be provided in the home via home visits, so you may have to adapt your work practices for this.
- If your organisation doesn't employ occupational therapists or nurses, you could consider how you could work with other organisations to offer the program.
- Occupational therapists need to attend training to deliver the program and it is recommended that nurses attend some training in order to learn about the program, so you need to allow time for training.
- Prior to attending training, health professionals should have some knowledge about dementia.
- When delivering COPE, occupational therapists will offer up to 10 consultations with the person with dementia and their family carer; nurses will offer up to two consultations.
- Occupational therapists may wish to use the Allen's Lacing Kit within the assessment component of the intervention (<http://otdo.com.au/shop>).



## Case study: An aged care organisation learned that groundwork matters

An aged care organisation in Australia who successfully implemented the program did some important groundwork ahead of implementation.

- The head of research advocated for the evidence-based program.
- Leadership team and managers were supportive.
- The organisation employed occupational therapists and nurses who were working in the community with people with dementia and were enthusiastic about the COPE program.
- Systems were in place to get new programs up and running.

These included:

- establishing relationships with internal referrers
- securing systems for referrals
- meetings and services to inform stakeholders about the program
- ensuring funding models were in place.

## Contact COPE Professionals

COPE trainers can provide more context and information. Location and contact details of trained health professionals and details of organisations offering the COPE program are available at [www.copeprogram.com.au](http://www.copeprogram.com.au)



## What if I'm not sure if the program fits with my organisation's core business?

- Think about the population that your organisation currently works with or is planning to work with in future.
- Review your organisation's aim, vision and mission statements.
- Find any strategic or planning documents that your organisation has that relates to supporting people with dementia.
- Ascertain how COPE could add value for your organisation or your consumers by expanding your core business.
- Obtain the data that supports your need for the program, such as the number of people you work with who have dementia and are living at home.

### Case study: What did a private practice consider before offering the COPE program?

A private occupational therapy practice was considering adding COPE to their suite of services offered. They considered a range of questions.

#### 1. Did the program fit with the core values of their business?

Yes. Both use an evidence-based occupational therapy approach, focus on supporting the person with dementia to do as much as they can for themselves and work with family carers

#### 2. Did they have existing clients who would benefit?

Yes. There was a list of people living with dementia amongst their clients.

#### 3. Would COPE be an acceptable program to their clientele?

Yes. COPE has been proven to be effective for the person with dementia and the family carer, so they believed people would be attracted to the program.

#### 4. Could they afford to offer COPE?

Yes. The time and financial investment of attending COPE training was worthwhile in order to incorporate a long-term evidence-based program to their suite of services.



*I think it just sits really comfortably with us, aligns with our values and what we already are all about, keeping people in their homes for as long as they want to be there. Yeah, it's just a good fit; makes sense; easy."*

**Private Occupational Therapist**



### Case study: How one provider integrated with the Transitional Care Program

- The Transition Care Program (TCP) provides "time-limited, goal-oriented and therapy-focused packages of services to older people after a hospital stay".
- The guidelines articulate that people with dementia will be included in TCP and should have tailored programs, including focussing on cognitive strategies.
- One TCP provider offered the COPE program as a way of providing an evidence-based, time limited program to people with dementia and their families that met the TCP guidelines.

# Quality Improvement

## How does the COPE program fit with existing clinical practice guidelines and quality standards?

The program addresses a number of guidelines.

1

### Clinical Practice Guidelines and Principles of Care for People with Dementia recommendations #67 and #85

See <https://cdpc.sydney.edu.au/research/clinical-guidelines-for-dementia/>

2

### Aged Care quality standard 3, 3a

"...each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: (i) is best practice; and (ii) is tailored to their needs; and (iii) optimises their health and well-being".

3

### Consumer Directed Care within the Home Care Packages Programme recommendations

These include: i) wellness and reablement approach, ii) identifying goals will help guide the consumer's choice of care and services to best support their needs.

4

### Commonwealth Home Support Programme guidelines (2018)

2.2 A Wellness Approach: In the context of the CHSP, implementing a wellness approach is about building on an individual's strengths, capacity and goals to help them remain independent and to live safely at home.

2.3 Reablement and Restorative Care: short-term or time limited interventions will be appropriate, where assessment indicates that the client has potential to make a functional gain.

3.2.1 Community and Home Support Sub-Program: "focus on restoring, improving, or maintaining older people's independent functioning and wellbeing" and may include "Restorative Care services: Service providers can deliver a time-limited, allied-health led approach to service delivery that focuses on older clients who can make a functional gain after a setback. These may be one to one or group services that are delivered on a short-term basis which are delivered by, or under the guidance of an allied health professional".

5

### Transition Care Programme guidelines (2015)

3.1.1 "...where needed therapeutic care should include appropriate cognitive therapy to assist with restoration or stabilisation of cognitive skills".

6

### Short-Term Restorative Care Programme manual (2016)

3.2.1 "Supporting clients with dementia to live well and to their full potential as the disease progresses could encompass the provision of a range of appropriate support programmes, developing new coping skills, and having technologies introduced to the home that can enable clients to retain their independence and live well at home for a longer period of time".



# Gaining Support

## How do I gain the support of management?

We have found that implementation of the program is much more successful when people who hold management positions within the organisation are supportive of the program and its adoption within the organisation.

It is important that you think about your strategy for gaining management support in advance and come armed with information.



### The COPE program

- provides members of your community with an effective program to support people living with dementia to stay at home while also supporting family carers
- positions your organisation as a community leader in evidence-based dementia care
- empowers your occupational therapy staff to deliver best practice dementia care
- adheres to aged care standards and dementia guidelines and recommendations.

## What about cost concerns?

One of the common questions from people in management positions is about the costs involved in delivering the program.

This will vary depending on organisation but can be easily calculated when you consider the time involved in attending training and hours spent delivering the program:

- direct time may be around 8 hours
- documentation time may be around 1.5 hours
- travel time, which will depend on the location of the participant.



# Integration

## What should be considered?

Consider how delivery of the COPE program can be integrated into existing services or roles in your organisation or whether changes need to be made to your organisation structure or processes in order to deliver COPE.



### Case studies: How two organisations integrated COPE with their existing services

#### Example 1

One project partner had an established service providing wellness and reablement programs in their community. They were able to integrate COPE into this service and use existing referral pathways and funding models to support the delivery of COPE.

#### Example 2

One partner organisation had an established home care service which included nurses; however, the occupational therapists did not work in this team. Steps were required before COPE could be offered through their home care program.

- They developed the relationships between the occupational therapists and home care staff and nurses.
- They established referral pathways (from home care staff to occupational therapists).
- They established funding models – for consumers, so they could pay for a longer intervention program like COPE, and for the therapists who were not employed by the home care team and so were not paid to be part of the service.





# How to promote the COPE program and engage stakeholders

When introducing a new program within your service, it is important to engage stakeholders in the process.

- The people responsible for delivering, supporting and using a program need to see its value.
- Staff within the organisation will have to be trained to deliver the COPE program, or be informed enough to refer to the program.
- Clients of the organisation – or members of the public – will need to know about the program, its benefits and how to access it.



*Passionate, dedicated teams will send out an email announcing establishment of their wonderful new program and wait patiently for the phone to ring. They are surprised when it doesn't... It is critical to establish a strong, effective marketing strategy...at the outset".*

**Rowe, 2018**

## What strategies can be employed?

Strategies may include:

- establishing marketing goals for each audience
- employing targeted strategies to meet those goals.

## Marketing goals

	What do people need to know about the COPE program?				Communicate the role of occupational therapists in dementia
	Raise awareness	Promote benefits	Generate interest	Tailor info.	
Consumers	✓	✓	✓	✓	✓
Referrers	✓	✓	✓	✓	✓
Staff	✓	✓	✓	✓	✓

## Target Strategies

Audience      Strategies

### Consumers or members of the public

- Consider who will receive the COPE program: will it be existing consumers of your service or organisation only, or also the general community?
- Raise awareness of the COPE program, outline its benefits and generate interest through channels that are likely to reach these populations. Start promoting COPE in the early stages and continue throughout.
- Communicate the role of occupational therapy in dementia, which includes reablement.
- Tailor information about the COPE program: consumers may want to know about the benefits of the program in terms of quality of life, how to access it and cost.
- Explain how people can self-refer or refer members of their families.

### Referrals

- Consider who will refer to the COPE program: will it be internal stakeholders, external stakeholders or both?
- Raise awareness of the COPE program, outline its benefits and generate interest.
- Communicate the role of occupational therapy in dementia, which includes reablement.
- Tailor information about the COPE program: referrers will want to know about benefits to their clients and how to refer to COPE.
- Give information about COPE to local health providers – these may be external stakeholders who work with your target audience and may make referrals.
- Provide feedback about individual program outcomes to the referrer and other invested stakeholders. This “feedback loop” is a quick and easy way to promote the benefits of COPE and potentially generate more referrals.



# Target Strategies Continued

## Audience

## Strategies

### Referrals

- Will existing internal referral processes be used? If so, make sure the people making and receiving the referrals know about the COPE program.
- Explain how external referrals will be received and processed. If you are expecting referrals from external stakeholders, make sure there's a clear, consistent, one-step referral process. Busy health professionals may not call back!

### Staff

- Which health professionals will deliver the COPE program? Identify occupational therapists and nurses to be involved.
  - Who else needs to know about the COPE program?
- Tailor information about the COPE program to different professional groups.
- Health professionals may want to know about the evidence-based approach and links to best practice dementia care.
  - COPE-trained health professionals need to be confident in promoting the COPE program to internal and external stakeholders as well as to potential COPE recipients. Ensure that all staff involved with the COPE program at your organisation are confident discussing the value of occupational therapy in dementia and the benefits of the COPE program.

### COPE program champions

Program champions can drive the implementation of a project and achieve buy-in from staff and management within your organisation and form external partners, stakeholders and consumers.

- Will you appoint specific staff in your organisation as COPE program champions?
- Will you ask partner organisations to appoint their own COPE program champion?
- Can you identify any external supporters?

Identify a number of champions so they can work together, support each other and ensure sustainability.

#### Example: how a geriatrician became a COPE program champion

One community health partner organisation had a geriatrician as an advocate and champion of the COPE program.

The geriatrician was provided with evidence about the development and delivery of the COPE program from a research perspective, a story of COPE success, and resources, including slides for a presentation.

The geriatrician referred their own appropriate clients to COPE, worked with the team at the local memory clinic to identify suitable individuals and delivered a COPE education session to other geriatricians, all of which generated more referrals to the program.

## Promotion in action

Promotional activities may include:

- creating a program brochure
- education sessions, for example, make presentations to executive meetings, leadership teams, staff development meetings, local community information sessions, or carers groups
- sharing experiences of COPE-trained health professionals and COPE recipients – consider a newsletter or blog on your organisation's website.

## Training with COPE

Go to [www.copeprogram.com.au](http://www.copeprogram.com.au) to access resources to help communicate with internal and external stakeholders, including brochure templates, sample presentations, and videos of COPE stories.

# Current dementia and aged care services in Australia

Service	What it provides
<b>Commonwealth Home Support Programme (CHSP)</b>	<ul style="list-style-type: none"><li>• Provides entry level home support for frail older people aged 65 or over (or 50 years or over for Aboriginal and Torres Strait Islander People) who have difficulty managing everyday activities.</li><li>• Listed services include personal care, social support, respite, transport, domestic assistance, modifications, assistance with housing, allied health and nursing.</li><li>• Low intensity services are provided for people requiring either short-term or long-term support for continued independent living.</li></ul>
<b>Home Care Packages Program</b>	<ul style="list-style-type: none"><li>• Long-term packages of coordinated home care services for older people with more complex needs so they can remain living in their own homes.</li><li>• Packages are provided on a consumer-directed care basis which provides people with flexibility and choice in the care they receive.</li><li>• Support offered from home care packages is not restricted to listed services.</li><li>• Services can include personal care assistance for toileting, mobility and showering, meal preparation, continence management, transport, shopping assistance and help from nurses and allied health professionals.</li></ul>
<b>Transition Care Programme (TCP)</b>	<ul style="list-style-type: none"><li>• Short-term, goal-focussed restorative program designed for older people aged 65 or over (or 50 years or over for Aboriginal and Torres Strait Islander People) who have recently been in hospital but need further time to maximise their functioning outside of hospital.</li><li>• Services are delivered either in a residential or a community setting.</li><li>• They include: individualised therapy services (such as occupational therapy or physiotherapy), medical support services (including nurses), personal care assistance and case management.</li><li>• Transition care packages last for 7.5 weeks, on average, but can last up to 12 weeks.</li><li>• The person must enter directly from an acute or sub-acute hospital setting.</li></ul>
<b>Short-Term Restorative Care (STRC)</b>	<ul style="list-style-type: none"><li>• Aims to provide high-intensity therapy to improve wellbeing and independence and delay functional decline.</li><li>• STRC is delivered by a team of at least three health professionals using a multidisciplinary approach, providing interventions to promote self-management.</li><li>• Tailored services may include medical, allied health and nursing input, therapy groups, service coordination, personal care and domestic assistance.</li><li>• They can be delivered in a residential or a community setting, or a combination of both.</li><li>• The average service time is 8 weeks.</li><li>• A hospital admission is not an entry requirement for this program but the older person's "set back" needs to impact on their ability to complete everyday activities.</li></ul>



## Service

### National Disability Insurance Scheme (NDIS)

- Aims to support people with disabilities to live independently and access individualised services to help them live an ordinary life.
- To be eligible to receive services, a younger person must have a permanent and significant disability which impacts substantially on their ability to perform everyday activities.
- People must submit an access request form with evidence of their disability to the National Disability Insurance Agency (NDIA). This must be approved before services can be accessed.
- The type and amount of support provided is based on a 12-month support plan which is determined during a planning meeting conducted with the younger person (or their nominee) and a NDIA worker and is tailored to the person's needs and goals.
- Services can vary greatly depending on the individual but may include support for daily living, allied health and nursing input, assistive technology and support to access community services and activities.

### Department of Veterans Affairs

- The Veterans Home Care program can provide home care for people who require a small amount of low level supports such as personal care and domestic assistance.
- For access to community nursing services and allied health services, a referral must be completed by a DVA recognised referral source, such as a GP or hospital discharge planner.
- Nursing services can be temporary or ongoing. The duration of services is assessed based on the person's needs.
- The number and frequency of allied health sessions that can be provided depends on the type of service, but is usually based on clinical need as determined by the health care provider.

### Private health services

- People of all ages can access health care services from private practitioners.
- People with chronic conditions and complex needs can access up to five out-of-hospital private allied health services per year through Medicare if a GP referral is provided.
- The Federal government also provides rebate on private health insurance, which can sometimes be used to access allied health or nursing services.
- The type and quantity of services that are covered depends on the individual insurance provider and level of cover.





# COPE Program Implementation Checklist

## Prior to Training

All levels of management are on board ☐

How COPE will fit in my organisation is clear ☐

Where COPE fits in my organisation is clear ☐

Operational costs can be covered:

Set-up costs ☐

Training of staff ☐

Resources required ☐

Time required to deliver COPE program ☐

Funding options for consumers known ☐

Target group of consumers decided ☐

Internal & external stakeholders aware of COPE ☐

Health professionals to deliver COPE identified:

Work in the community ☐

Have capacity to be trained in COPE ☐

## Once Trained

Referral pathways clear ☐

Program champions ascertained ☐

Potential partners (informal and formal) included ☐

Evaluation is incorporated in the implementation plan ☐

What does your organisation need in order to sustain COPE?

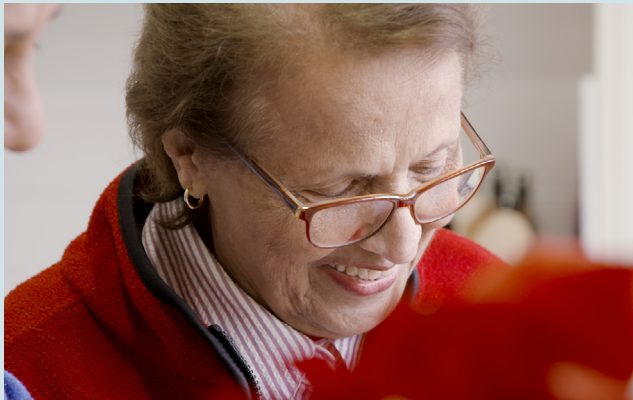
How will you achieve this?



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## Project Partners

- *Alwyndor Aged Care*
- *Central Adelaide Local Health Network – Transition Care Program*
- *Country Health Connect*
- *ECH*
- *Griffith Rehabilitation Hospital*
- *HammondCare*
- *Hornsby Ku-Ring-Gai Community Health*
- *MindPlasticity*
- *Private Occupational Therapists: Ilona Cox, Sallie-Ann Gaffey and Vanessa Mahon*
- *Montefiore*
- *Nepean Blue Mountains Local Health District*
- *Older Person's Mental Health Service, SA*
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- *Uniting SA*



