

FECCA NCANNEWS

The National CALD Ageing
Network Newsletter

This issue of NCAN-News is dedicated to raising awareness about dementia.

SEPTEMBER IS DEMENTIA AWARENESS MONTH! THE CAMPAIGN THEME FOR THIS YEAR IS 'DEMENTIA FRIENDLY COMMUNITIES'



A Dementia Friendly Community is one that recognises and embraces the challenges that a life with dementia presents to people with dementia and their carers and families, enabling them to live life to its full potential. More information is available at www.adementiafriendlycommunity.com.

Creating 'Dementia Friendly Communities' is part of an international campaign which originated in the UK and Belgium. One in eight Australians with dementia are from a culturally and linguistically diverse (CALD) background and many do not speak English at home.



Read Iole's Baitieri's touching story on Page 19;
"I didn't know what was happening to Guido. I thought initially that he was being lazy. I implored him to help himself more, to try to read and maintain interest in something. Initially doctors never used the diagnosis of dementia to describe what was happening to Guido. It wasn't until it was very obvious that Guido couldn't hold a conversation or remain in social company that the doctor then called his symptoms, dementia."

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Caring for my Husband
who had Dementia

The National CALD Ageing Network (NCAN) is a web-based communication network that has been designed for all stakeholders who are involved in the CALD ageing sector.

NCAN promotes information sharing on CALD Aged Care.

To join NCAN, simply [Click here](#) to register online.

FECCA would like to thank all who have contributed articles to this edition of NCAN News. Please contact FECCA's Canberra office on (02) 6282 5755 or email ncan@fecca.org.au if you have something to share through NCAN News.

FROM THE FECCA CHAIR



September 2014 is Dementia Awareness month and the theme for this year is 'Dementia Friendly Communities'. In support of this campaign, this edition of NCAN News is dedicated to the theme of dementia awareness. We are pleased to showcase some of the work that is being done in the area of dementia care within the CALD sector.

As has been widely documented, dementia is a growing concern for many of our communities. Please read the touching story of Iole Batieri, submitted by Co.As.It. Sydney, as she recounts her experiences of caring for her beloved husband Guido. Also the article submitted by Alzheimer's Australia SA, recounts the experiences of Silvio, caring for his wife Maria, who has dementia.

Multicultural and ethno-specific service providers are working in collaboration with Alzheimer's Australia to develop dementia awareness programs and deliver services to CALD communities. From a national perspective, these programs and services may seem somewhat fragmented. FECCA can play an important role in helping to share information and link these services. NCAN News is a valuable communication tool for consumers, providers, researchers and professionals.

As a sector, we must also be continually open to innovation and creativity and in this respect I draw your attention to an article from arts therapist Kylie-Ann Sotiriou from Sydney, who demonstrates the special care and consideration (and patience) required to connect with people who have severe dementia, particularly when they are from a CALD background.

On a more general note, FECCA and NCAN congratulates the winners and finalists of the inaugural Cultural Diversity in Ageing Excellence Awards and the HESTA Aged Care Awards recently presented in Melbourne. Whilst we are all working hard to achieve outcomes for our communities we must remember to congratulate individual workers,

their managers, and the organisations that support them, for doing such a great job, often above and beyond the call of duty.

1 July 2014 saw the commencement of the next stage of aged care reforms and the Government publicity campaign 'Lets talk about changes to aged care', on television and in major newspapers. People wanting to know more about the reforms are invited to contact the *My Aged Care* call centre on 1800 3200 422 or visit the website myagedcare.gov.au. Of course this is problematic for those people in our communities who don't speak English. However the call centre uses Translating and Interpreting Service (TIS) National of the Commonwealth Department of Immigration and Border Protection. FECCA would be interested to learn of consumer experiences when accessing information in their languages.

Over the past two months, the aged care sector has been busy with grant applications, including applications for the latest round of Aged Care Service Improvement and Healthy Ageing Grants (ACSIHAG), available through the Commonwealth Department of Social Services, and end of financial year reporting. FECCA wishes everyone success with their applications.

I am pleased to announce that FECCA will soon be launching the outcome of a literature review of research published on CALD ageing and aged care in Australia within the last ten years. FECCA plans to publish a report and five factsheets, as well as a database of the literature.

The next issue of NCAN News will feature articles and stories about carers, in celebration of Carers Week in October 2014.

Finally, I hope you like the new NCAN News design. Your feedback is always welcome.

JOSEPH CAPUTO OAM JP

FECCA AGED CARE TEAM UPDATE

Over the past two months, FECCA Aged Care Team have contributed to a number of submissions and policy documents and liaised with peak organisations to promote the interests of our constituents. FECCA staff met with representatives from the Council on the Ageing (COTA), Alzheimer's Australia, NSW Home and Community Care Multicultural Access Program Interagency Network, Centre for Cultural Diversity Victoria, and the Pharmacy Guild of Australia.

FECCA attended the COTA's National Policy Forum 2014, 'Making an Australia for All Ages – What's the Plan?' held at the National Press Club on 22 July 2014. The agenda reflected the public debate around the working life and financial futures of Australia's ageing population. Speakers included the representatives from COTA, the Centre for Policy Development, the Grattan Institute, the Australia Institute, and the Australian Chamber of Commerce.

FECCA was particularly interested to hear the address by Professor Graeme Hugo, Director of the Australian Population and Migrant Research Centre, who spoke on 'The demography of Australian ageing over the next decade: certainties, surprises and implications for Government.' Professor Hugo's presentation included information about the ageing culturally and linguistically diverse (CALD) population. He reported that 19.2% of Australian households use a language other than English at home, and that a large proportion of Australia's population are of CALD backgrounds.

The presentations from the forum are available on the COTA website, cota.org.au.

Professor Hugo also led the research for FECCA's project about the ageing CALD population in Australia. The aim of the project was to identify current research about best practice in meeting the health, wellbeing and social inclusion needs of older CALD Australians as they age. Broad topic areas of the study were:

- Older CALD populations in general;
- Older people from CALD backgrounds with dementia;
- CALD ageing and mental health issues; and
- CALD carers and carers of older CALD people.

In essence, the study found that while there are many commonalities across all older Australians in preferences for ageing well, including for example, the importance of maintaining health and independence, there are nonetheless unique issues for the ageing CALD population. A number of challenges are reported such as: socio-economic disadvantage; language barriers; cultural translation difficulties; lack of exposure to Australian services and systems; and lower rates of access to services.

The study also identified a number of gaps and FECCA is using this information to develop a research plan for the future. FECCA will be releasing the findings from the study soon.

FECCA staff also attended the National Aged Care Alliance meeting held in Melbourne in August, and the COTA Home Care Today Steering Committee meeting in Canberra also in August, and contributed to discussion of major policy issues.

COTA recently launched the Home Care Today website, <http://homecaretoday.org.au/>, which aims to assist people to understand the concept of consumer directed care. There are also supporting printed materials. The website will have translated material in eleven community languages. FECCA is assisting with promotion of Home Care Today and is keen to receive feedback on the experiences of the CALD communities in gaining access to this information.

DEMENTIA NEWS

SILVIO AND MARIA

Alzheimer's Australia in all states and territories offer a broad range of courses for family members, friends and carers of a loved one living with dementia. These are delivered in a safe and supportive environment. Carer education is one of our core programs and central to the support we provide to carers. The Carer Education program is much more than an educational learning process and much more than a provider of knowledge about dementia. The focus of the Program is on carers and how they manage the care of a person with dementia, with the knowledge component being a tool in that process. This program is designed to impart information about dementia while allowing carers to explore the social and emotional implications of their care giving role.

For the past 20 years Alzheimer's Australia South Australia (SA) has worked in partnership with ethnic communities to deliver carer education programs to culturally and linguistically diverse communities. Carer Education has been delivered to a number of communities namely Croatian, Vietnamese, Chinese, Greek, Latvian, German, Polish and Hungarian

Recently, Alzheimer's Australia SA in partnership with the Coordinating Italian Committee (CIC) of SA presented an Italian specific carer education program. The Program was designed around the needs of the Italian community and provided by an intermediary who understands the culture and can deliver it in the Italian language. This avoids reliance



on interpreters thereby allowing information and support to be provided freely and directly, and in an interactive way.

Fifteen carers attended six sessions at the Coordinating Italian Committee premises over a six week period; this education was interspersed with lovely lunches, much laughter and many tears. Silvio, 84 years young, caring for his sister-in-law Maria, 94 years young, particularly appreciated the program. Silvio's wife passed away in 1988 and since 2010, Silvio has become the full time carer of Maria as her dementia progressed. "She has no family, I am her family, along with my children and grand-children, I will care for her for as long as I can, we are family and we support one another", Silvio said.

Silvio found the course particularly useful because, "It was provided in Italian, much easier to understand and I could ask questions. I also found it easier to attend because they offered respite for my sister-in-law Maria, and the course was held in my local community group, CIC." Previous experience has highlighted the need for choice and flexibility for the carers, for example bringing along the person with dementia, to enable the carer to participate without fear and guilt. The carer education course was supported by the involvement of volunteers and the onsite day care programs which made it easier for Silvio and other carers to attend.

Silvio was very appreciative of the dementia carer education course and would encourage other Italian carers to attend.

For more information contact Alzheimer's Australia SA on 08 8372 2100 or email sa.admin@alzheimers.org.au



DEMENTIA NEWS

CONCEPT MAPPING FOR THOSE LIVING WITH DEMENTIA IN RESIDENTIAL CARE

Anna van E is an 86 year old resident living with dementia in one of DutchCare's residential care facilities. She does not communicate well and was resistive to care related to hygiene particularly in respect of fingernails, groin, mouth and perineal area. New strategies were needed to overcome Anna's resistance and for this reason a concept mapping exercise was organised.

Anna's family, together with all staff who interacted with her were invited to a one hour session to discuss everything they knew about Anna and anything they didn't know about her. This included subjective and objective matters. Discussion focused on several domains such as health, life story and preferences, environment, activities, cognitive status and behaviours.

This process was intended to identify factors which might explain or trigger Anna's resistiveness. Unknown matters were to be researched to ascertain their relevance to Anna's situation.

Some previously unknown factors about Anna surfaced and these were used in new strategies to care for her. One of her daughters said she enjoyed a bath. Accordingly, Anna's care plan was altered to include a spa bath at least once a week. A member of staff revealed that she had more success with cleaning and cutting Anna's fingernails if she commenced by gently massaging her hands and fingers. This was included in the care plan. The daughters also helped out by purchasing manicures with "the works" which Anna liked.

Anna is more receptive to some aspects of her personal care. Her hygiene and her quality of life have been improved but mouth care is still an issue and is under review.

DutchCare has been using concept mapping in residential care for 3 years. People contributing to the concept map can be drawn from all levels of staff, family members and relevant external personnel so that the multiple interactive factors influencing the life of the care recipient can be documented with a view to care teams collectively analysing the data and developing interventions to address the behavioural and psychological symptoms of dementia.

It is particularly useful for people from a non-English speaking background because of its deeper exploration of life history, trauma, migration experience, education, employment, community supports, health, relationships, living arrangements and other factors which affect the individual. Causal relationships are connected, or "mapped" on a spider chart which lists the facts known about the individual under the various domains. These inform the new strategies which are subsequently implemented, monitored and reviewed.

In DutchCare's experience, families appreciate concept mapping exercises because they feel they have made a valuable contribution to their Elder's care and will continue to do so. Staff at all levels also feel that their observations and opinions, no matter how 'minor' are valued and acted on.



*Alexis Hughes, Policy Advisor,
Dutchcare Ltd – Victoria*

Alexis Hughes has 20 years' management experience working in the Aged and Community Care Branch of the Department of Health and Ageing in Victoria. In that time, she gained experience in all the aged care programs funded by the Commonwealth.

On retiring from the Public Service, she was been employed by Australian Polish Community Services (APCS) Vic. in a research and management capacity, and by DutchCare with whom she has been a policy advisor since 2009.

Her contact details are:

Phone at work: 03 9728 7414

Fax: 03 9728 7492

Mob: 0419 001 927

Email: policy@dutchcare.com.au

Located at 736 Mt Dandenong Road, Kilsyth, 3137

Mailing address: PO Box 8219 Carrum downs, 3201

DEMENTIA NEWS

DEMENTIA ACROSS CULTURES

On Monday 30 June 2014, the South West Sydney (SWS) Aged Care Service Improvement and Healthy Ageing Grants (ACSIHAG) Culturally and Linguistically Diverse (CALD) Focus Network hosted a 'Managing Dementia Across Cultures' workshop for aged care service providers at the NSW Spanish and Latin American Association for Social Assistance Inc. (SLASA) Community Centre in Bonnyrigg.

The focus of the workshop was to learn about different cultures and the resources available to assist in managing dementia with people from culturally and linguistically diverse backgrounds and how the SWS ACSIHAG CALD Focus Network could assist service providers.

Guest speakers from Alzheimer's Australia and SWS Local Health District provided expertise on dementia and delirium, and presented information on the gaps in CALD communities and current practices available to assist in the management of dementia.

The SWS ACSIHAG CALD Focus Network comprises thirteen organisations that cover multifarious

languages and cultures within that specified region. Cultures that received representation on the day included Cambodian, Eastern European, Italian, Greek, Chinese, Vietnamese, Korean, Spanish speaking, Arabic, Macedonian, Indian Subcontinent and multicultural in general.

Participants were introduced to the idea of a memory box that could be used as an aid for reminiscence therapy which could be helpful for people with dementia. The contents of the box included items such as photos, music and culturally familiar items just to name a few.

The event had exceptional attendance with 115 participants and the feedback collected on the day was very positive:

"Understanding the different cultures and backgrounds of the client helps a lot in managing them. Creating a memory box is the best tool for clients' wellbeing. Overall all the information is very informative"

Partners in Culturally Appropriate Care (PICAC) NSW ACT and the SWS ACSIHAG CALD Focus Network acknowledge that September is Dementia Awareness month with the theme being 'Dementia



DEMENTIA NEWS

DEMENTIA ACROSS CULTURES CONTINUED

Friendly Communities', and will continue to support services and communities in providing awareness about cultures.

PICAC NSW ACT is auspiced by Multicultural Communities' Council of Illawarra. For more information about PICAC NSW ACT please ring (02) 4227 4222 or visit the website <http://picacnsw.org.au/>.



Sevinc Izmirlı, PICAC NSW ACT

I have been a member of the PICAC NSW ACT team since May 2012 as a Training Development Officer, but have been working with the Multicultural Communities Council of Illawarra since January 2010 in different capacities. My current role encompasses all aspects of training being delivered across NSW and ACT.

EMBRACING DIVERSITY AT ALZHEIMER'S AUSTRALIA VICTORIA

As the peak body for dementia in Victoria, Alzheimer's Australia Vic (AAV) is committed to the provision of inclusive and responsive services for CALD clients, their families and carers. Programs and services to CALD communities encompass dementia awareness raising, advocacy, dementia risk reduction and information for all people affected by dementia, including carers, friends and family members. These programs and services are supported with dementia help sheets, the most popular of which have been translated in 35 community languages.

AAV not only focuses on specific CALD activities, but embeds diversity principles into all elements of service provision, including: Counselling, Family Support, Memory Lane Cafes, Community Education, education to health professionals who service CALD communities, and partnerships with ethno-specific organisations and migrant resource/information centres.

A recent project is the CALD Carers Peer Support group program, which has been going for two years. It is funded by the Victorian Government under the Health Condition Support Grants (HCSG) program for Chronic Illness. The HCSG program aims at supporting people living with dementia and their carers in the community. The CALD Carer Peer Support group program has four objectives: Health literacy, linkages and partnerships with relevant services, capacity building of carers, and sustainability of resources and activities. Nine CALD communities have participated in this program and have had exposure to dementia information on such topics as communication, caring for someone living with dementia at home, meaningful activities, strategies for carers stress, as well as learning how to run a peer support group, how to partner with local services, and how to balance a carers health with the health of a person with dementia.

All nine groups have received bi-lingual resources specifically tailored to their needs. These include: *Quick Guide to Services, Facilitating A Carers Peer Support Group, 8 Things You Need to Know About Dementia, Dementia Risk Reduction, and Our Services.*

AAV partnered with a range of organisations to provide information sessions for the nine CALD groups, all with the assistance of accredited interpreters. Our partners have included: Office of Public Advocate, Centrelink, Incontinence Vic, Diabetes Vic, Carers Vic, in addition to dietitians, GPs, local councils, and Commonwealth Respite and Carelink Centres. The nine CALD groups have also participated in health and wellbeing activities, such as Tai Chi, yoga, art therapy, dancing, singing and guided walks in parkland managed by Parks Victoria.

The outcomes of this Peer Support program have been significant. Our evaluations demonstrate that there has been an increase in health literacy, while also building the capacity of the carers and people with dementia and maximising their knowledge and reach to relevant services. The program has also helped to dispel the stigma about dementia, which is particularly important given that perceived stigmas about dementia are major impediments for consumers from CALD communities to access timely services and respite. By addressing language difficulties, which can serve as a barrier to being

DEMENTIA NEWS

EMBRACING DIVERSITY AT ALZHEIMER'S AUSTRALIA VICTORIA CONTINUED

able to articulate needs, find out about relevant services, and have the confidence to approach services, the CALD Carers Peer Support program has instigated a real community-based change in how dementia is perceived and managed.

(Note: The nine CALD communities are: Croatian, Serbian, Korean, Japanese, Lithuanian, Ukrainian, Mauritian, Turkish and Spanish speaking).

More information is available from Alzheimer's Australia Victoria www.fightdementia.org.au/Victoria.aspx



Claire Emmanuel coordinates the Diversity folio at Alzheimer's Australia Vic (AAV). Since joining AAV, Claire has worked on building the capacity of diverse communities as well as the ageing and aged care sector. Claire represents AAV in diverse sectors: CALD, LGBTI, Aboriginal, and Homeless/at risk of homelessness in State and Local government, migrant information centres, and organisations relevant to ageing and aged care and ethno specific services.

Claire holds academic qualifications in Project Management, Community Development, Social and Community Welfare, Health Promotion, and Movement and Dance for people with special needs.

Claire Emmanuel is a recipient of the Premier's Victorian Multicultural Awards (2008) for excellence in Community Services.

Claire.emmanuel@alzheimers.org.au

ALZHEIMER'S AUSTRALIA OPEN DAY FOR CALD COMMUNITIES IN HUNTER REGION, NSW

September is "Dementia Awareness Month". Alzheimer's Australia in Newcastle are hosting an Open Day for Culturally and Linguistically Diverse Communities on three days during September.

There will be an informal information session about memory loss. This will include a launch of bi-lingual DVDs "*It's not a disgrace...it's dementia*" (currently available in 8 languages) Light refreshments and resources will be available.

DATES: Tuesday 2nd September 2014 at
10am -11.30am and 1pm -2.30pm

Tuesday 23rd September at 10am – 11.30am

Tuesday 30th September at 10am – 11.30am

VENUE: Memory Centre, Alzheimer's Australia,
2 Percy Street, Hamilton NSW 2303

This event came about as a recommendation of Community Dementia Services Framework Action Plan 2012-2015: *Dementia Awareness and Support for CALD Communities located within the Hunter*. The members of the working party are collaborating with Alzheimer's Australia to put on this event. Members from the various multicultural communities in Newcastle and the Hunter region have been contacted and invited to attend the event.

Enquiries please call Rasa Bajalis, Multicultural Access Project Officer Hunter, Northern Settlement Services Ltd., 8 Chaucer St, Hamilton NSW 2303
Tel: 0249 693399 or Mob: 0431 491 747.
For more information visit www.nsservices.com.au



Rasa Bajalis, Multicultural Access Project Officer (Hunter), Northern Settlement Services.

"I have worked with Northern Settlement Services in Newcastle for the past year as the Multicultural Access Project worker (Hunter). I have worked in various roles within Aged Care in health and welfare for 20 years. The past 6 years have seen me focussing on multicultural access within the community."

You are invited to an informal Information session about Memory Loss

Information about Alzheimers

Australia

- Who they are and what they do
- Bilingual resources
- Support Programs

Activities—Brain

- Health & exercises

Party Bag of resources to take home

Morning Tea

- Will be provided in the garden

Interpreters

- Will be present

Cost : Free

Transportation can be provided.

Please contact **Rasa Bajalis**

on 4969 3399

Date: Tuesday 23rd September

Time: 10am—11.30am

Venue: Alzheimers Australia

2 Percy Street

Hamilton

**TALKING ABOUT ALZHEIMER'S
ACROSS AUSTRALIA**
FIGHTDEMENTIA.ORG.AU

DEMENTIA NEWS

ART-THE UNIVERSAL LANGUAGE

My work with Aged Residents in a Specialist Dementia Community is often engaged beyond linguistics. Working with individuals with moderate to advanced Dementia means I am working with individuals whose abilities to communicate are significantly decreased. Included in this are those with Culturally and Linguistically Diverse (CALD) backgrounds, which adds a layer of complexity to an already complex experience.

My approach to working in this setting is to broaden the natural scope of communication by taking particular note of non-verbal cues and energetics from body language: gestures, facial expression and tone of voice. Often even the simplest approach of human interaction such as eye contact, touch and genuine empathy, can be so powerful it can even diffuse an acute emotional state of frustration or confusion. In this setting, communicating verbally is kept simple and clear. With individuals of CALD backgrounds, I try to engage in their mother-tongue, as language is often reverted to this with Dementia; often just learning a simple salutation opens the space to make a deeper connection.

The use of Art Therapy can transcend the boundaries of linguistics and diminished communication skills. The objective of Art Therapy is the creative process, more than the aesthetics of the Artwork itself. The creative process has the potential to spark memory from life events, stories, or invoke personal themes; a reflective quality that lends itself well to Eldership. The Dementia specific Art processes are simplified to maximise accessibility thus lessening the possibility to overwhelm or cause confusion in the individual. Always at the centre of this work, is the honouring of the Individual, their rights of choice to engage in whatever capacity and respect for the individual's unique unfolding experience.

I would like to share a particular experience here in regards to an elderly gentleman in one of my programs in an Aged Residential Community. This gentleman was invited to the table at the beginning of each session. He did not communicate via verbal means and if I made eye contact with him he would wheel himself backwards in his wheelchair away from the table, sometimes leaving the room altogether. Every session I made a place for this gentleman, placing a name card on the table and keeping his position free. Each session I would do this and tell

the gentleman, without making eye contact, what we were doing. Each week he would turn up to the session, incrementally getting closer to the table. During one particular session I noticed that he had made it to his position at the table. Regretfully, at this point I engaged eye contact and welcomed him to the table, which startled him and activated a response to wheel himself backwards and leave. I continued on with my previous approach and after a few more sessions, this gentleman was at the table again. In this particular session, I made no eye contact or any comments and at the end of the session, after everyone had left, I walked over to collect the paper. I noticed one blue line across the page. To anyone else this would look like an insignificant blue line but that blue line was the culmination of many months of one man striving - that blue line was his communication.



Kylie-Ann Sotiriou (Sotter) (B.V.A., Adv. Dip. Transpersonal Art Therapy) is an Art Therapist who currently specialises Dementia and Aged-care specific Art Therapy programmes. She holds an interest in working with clients of Culturally and Linguistically Diverse Backgrounds. Kylie-Ann is passionate about assisting individuals on a journey towards connection with Spirit and Healing. She also works with individuals to support them through chronic illness, depression, life transitions, Spiritual Crisis (Meaning, Purpose, Connection), Identity/Ancestry issues (Autobiography).

Member of the Australian Association of Holistic and Transpersonal Counsellors.

Mob: 0405 160 290.

Email: ka.sotiriou@hotmail.com.au

DEMENTIA NEWS

DEMENTIA CAFÉS

Co.As.It. Italian Association of Assistance is involved in facilitating two Dementia Cafés that currently operate in Sydney's inner west, along with Sydney Local Health District and CASS Chinese Australian Services Society. One of these Cafés runs from Leichhardt LGA at Café Gioia on Norton Street, and the other is run from Ashfield Baptist Nursing home, known as Turning Point Café. These Dementia Cafés are a social gathering for people living with dementia and their carers and both cafés are very well attended by Italians.

The purpose of the Cafés is for people to take the opportunity in joining others in similar circumstances, to talk and share stories over morning tea. Carers and people living with dementia of diverse backgrounds are invited to attend. Health Professionals and Bilingual Health Professionals also attend to answer any questions and to advise on support for people with dementia and their families in the local area. Meetings are held monthly, at the end of the month.

Some clients with dementia accompany their carers to the café but they vary from family members to respite workers that work for service providers. Italians normally attend the café with their family member. Food brings people together and clients relish the idea of meeting with others who are going through the same issues. Sessions are informal and conversations switch, for instance, from how to make a good limoncello, or gardening, to comparing details on how 'it' – the dementia – started. During these sessions, clients encourage one another and compare stories.

I've noticed that clients enjoy watching their carers enjoy themselves and clients enjoy meeting other people who are going through similar circumstances. Some clients enjoy being outdoors because they feel isolated at home with their symptoms and illness. Clients have made new friends and enjoy meeting others in similar circumstances, reducing isolation. Co.As.It.'s psychologist attends the sessions upon request and, if required, clients, carers and family can feel free to organise a consultation with the psychologist, either at home or at Co.As.It.'s offices in Leichhardt.

The carers who accompany their family members tend to feel stressed about their caring role. They generally require support for a range of aged

care services, carer support, and understanding dementia and brain function. Clients welcome a visit from an Italian bilingual Aged Project Officer, to visit them at home and explain the next steps to care and assistance in their own language. Clients are appreciative because many who attend the gatherings are not aware of the initial process when needing assistance at home. Some carers have left full time jobs to care for the family member full time and this has caused them stress by denying themselves an outlet. Some have expressed concerns as friends and family visit less leaving them more isolated with the ill person.

To commemorate Carers Week, Co.As.It. will be commencing a Carers Support Group in October. This will be a 6 week program. To express your interest in participating the Carers support group, please contact Co.As.It. Sydney on (02) 9564 0744.

For more information please ring Co.As.It. Sydney or visit the website www.coasit.org.au.



Fiorenza Lops, Italian Bilingual Aged Project Officer, Co.As.It. Sydney

"Providing assistance to elderly Italians and their carers in understanding and managing situations, behaviours and relationships associated with the person's need for care and/or their caring role. The client can be either the elderly person who is cared for or the carer.

This includes counselling services, support services, advocacy and information dissemination. With a background in Interpreting & Translation, majoring in Italian, and past experience working as a Community Packages Coordinator and supervisor for seven years."

Come and join us for lunch at the **Turning Point Café**

A multicultural support group
for people with dementia, their family and friends

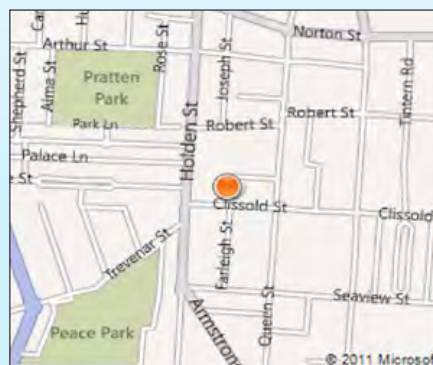


2014 Dates: 26th Feb, 26th Mar, 30th Apr, 28th May, 25th Jun,
30th July, 27th Aug, 24th Sept, 29th Oct, 26th Nov

Time: 11am to 1pm

Venue: **Ashfield Baptist Home**
31 Clissold Street

Contact: Anne Tunks
Dementia Advisory Service
Ph.9767 5953 or 0428 676427
anne.tunks@sswahs.nsw.gov.au
SLHD.DementiaAdvisoryService@sswahs.nsw.gov.au



Cost: **\$5 contribution for a 3 course meal!!**

Take the opportunity to join others in similar circumstances, talk with each other and various health professionals, while sharing ideas and stories over lunch



AVS 73222

'SPEAKING MY LANGUAGE' - THE WAY CULTURE TALKS FOR AND TO PEOPLE WITH DEMENTIA

Multicultural Aged Care Inc. (MAC) in collaboration with Alzheimer's Australia SA deliver a training programme, funded by the Australian Government and developed in 2011 by WA Dementia Behaviour Management Advisory Service (DBMAS), aimed to encourage best practice in the care of people from Culturally and Linguistically Diverse (CALD) backgrounds living with cognitive impairment.

The 'Speaking my Language' training package is recommended for health professionals (including, but not limited to, doctors, nurses, occupational and diversional therapists, physiotherapists, psychologists, social workers, speech pathologists and tertiary level students) working with people living with dementia.

During a one day workshop dedicated to exploring the unique topics in multicultural dementia care, 'Speaking my Language' aims to encourage best practice in the care of people living with dementia from CALD backgrounds.

The training package also provides the skills and background information helpful while interpreting and managing changing behaviours, and presents them taking into consideration the cultural needs of people living with dementia.

The 'Speaking my Language' workshop highlights how MAC and Alzheimer's Australia SA demystify the stigma of being diagnosed with Dementia; describes ways in which clients/residents' background information (including cultural information) may assist in understanding and addressing behaviours which may not fit the norm; demonstrates how family caregiver/s from CALD backgrounds can impact on care giving and explains attitudes towards services and care. In addition, presenters share some thought provoking anecdotes, gained by considering the cultural needs of a person with cognitive impairment.

By the end of a 'Speaking my Language' workshop, participants will be able to:

- Describe dementia and discuss prevalence in Australia.
- Understand the meaning of "culture" and the influence and implications for dementia care.
- Identify different forms of communication and the importance of incorporating them into practice.

- Develop strategies and tools for effective cross-cultural communication, including the use of formal and information interpreters.
- Describe ways in which clients/residents' background information, including cultural information, can assist in addressing behavioural issues.
- Understand how a family caregiver from a culturally and linguistically diverse background can impact on care giving and attitudes towards services and care.
- Provide examples of culturally appropriate intervention strategies or techniques.
- Describe the concept of cultural competence and its key elements when promoting best practice in an organisation.

The workshop has been endorsed by APEC number 017110001 as authorised by Royal College of Nursing, Australia according to approved criteria. Attendance attracts 6 RCNA CNE points as part of RCNA's Life Long Learning Program (3LP).

Currently, the 'Speaking my Language' workshop is facilitated by:

Wendy Hall: a Dementia Educator with Alzheimer's Australia SA and has been with them for 7 years. Her 20 years of experience has covered a diversity of areas including aged care, acute care and pre-hospital settings. She has a Bachelor of Applied Sc. (Nursing) and Diploma of Applied Sc. (Ambulance Studies). Her current role is in the provision of dementia awareness and skills training through education and information sessions to organisations, businesses and various public forums.

Agnieszka Chudecka: has international experience and expertise in education and training; research, policy and resources development. In Australia she has also managed a social support, direct service program for older people from Polish backgrounds. Policy and resources development embedded with targeted cultural perspectives and practices. Agnieszka is currently the Business Manager and Training Officer at Multicultural Aged Care Inc.

The 'Speaking my Language' training package is held three times a year in South Australia, with the next one due to be held September, 2014. For more information, contact Michelle Chaplin at the SA & NT Dementia Training Study Centre (DTSC) on 08 8372 2100.



Dementia Resources @ MAC Library

The Multicultural Aged Care Inc. (MAC) Library is a collection of resources focussing on cultural and linguist aspects of aged and community care. Materials that are available for loan include, books, videos, training materials, CD ROMs, DVDs, music CDs, video kits and over 50 journals and newsletters.

A guide to the spiritual dimension of care for people with Alzheimer's, Eileen Shamy

Arts therapies and progressive illness : nameless dread, Diane Waller

Dealing with dementia : a guide to Alzheimer's disease and other dementias, Brian Draper

Dementia : meeting the challenge, South Australian Film Corporation

Dementia and social work practice : research and interventions, Carole B. Cox

Dementia learning resource for Aboriginal and Torres Strait Islander communities, Alzheimer's Australia

Ethnicity and the Dementias, Gwen Yeo, & Dolores Gallagher-Thompson

Forgetting but not forgotten : understanding, support and spiritual care for people with dementia and those who care for them, Noel C. Schultz

Healing arts therapies and person-centred dementia care, Anthea Innes, & Karen Hatfield

Keeping busy : a handbook of activities for persons with dementia, James R Dowling

Living with Alzheimer's and other dementias : after the diagnosis, Kylie Ladd, & Elizabeth Rand

Meaningful activities for people with dementia, Video Education Australia

Music therapy in dementia care, David Aldridge

Thinking about dementia: culture, loss, and the anthropology of senility, Annette Leibing, & Lawrence Cohen

Multicultural Aged Care Library
94 Henley Beach Road
Mile End SA 5031

PO Box 488
Torrensview Plaza SA 5031



Phone: 08-8241-9900
Fax: 08-8352-1266
E-mail: macsa@mac.org.au
Website: www.mac.org.au

DEMENTIA NEWS

2014 MULTICULTURAL DEMENTIA FORUM

Join the Conversation! The 4th annual Multicultural Dementia Forum will be taking place on the 25th of September 2014 at Burwood RSL Club, 96 Shaftesbury Road, Burwood, NSW. This year the Forum will be focusing on dementia literacy in six community languages including English, Arabic, Cantonese, Mandarin, Greek and Italian.

Participants will be given the opportunity to hear presentations about dementia in their native language, ask questions of bilingual experts, and share their experiences with others. The event will also showcase some local multicultural entertainment, an exercise demonstration, and lunch.

Anyone interested in knowing more about dementia is welcome to this free event please RSVP via 0295691288 or iwmap@eccfcsc.org

SERVICE PROFILE: INNER WEST MULTICULTURAL ACCESS PROJECT

The Inner West Multicultural Access Project (IWMAP) assists with building greater capacity within Home And Community Care (HACC) services to respond more effectively to the needs of Culturally And Linguistically Diverse (CALD) communities. It also provides Counselling/Support, Information and Advocacy services to frail, aged, people with disabilities and their carers from CALD background.

It is based in Marrickville and provides its services to the Local Government Areas (LGAs) of Ashfield, Burwood, Canada Bay, Canterbury, Leichhardt, Marrickville and Strathfield.

The main objectives of the project are to:

- Assist HACC funded services in providing culturally and linguistically appropriate services to service users from CALD background.
- Increase awareness, understanding and utilisation of HACC and HACC like services for potential and existing service users from CALD background.

The services provided include:

- Supporting Home and Community Care (HACC) services to strengthen their capacity to achieve higher quality outcomes for CALD population through information, training, strategic advice and input into their policies

- Outreaching CALD communities to provide advice, support and information on how to access HACC and related services
- Increasing the number of CALD communities accessing HACC and HACC like services through referral to appropriate services
- Providing advocacy and counselling as required
- Identifying the needs of the CALD communities regarding access issues to HACC services and ensure that their needs are taken into consideration in the HACC planning process
- Organising training on Cultural Awareness/ Knowledge Session for staff members of HACC and HACC like services

This Project is funded jointly by the Department of Social Services (DSS) and NSW Department of Family and Community Services: Ageing, Disability and Home Care.

To speak with staff members, please call IWMAP Coordinator/Project Officers on

02 9569 1288 or email innerwest@eccfcsc.org or iwmap@eccfcsc.org/ For more information visit the website <http://eccfcsc.org/our-programs/inner-west-multicultural-access-project>.

FROM 1906 TO 2014 - WHAT IS THE LATEST IN DEMENTIA RESEARCH?

Alzheimer's disease was first described in 1906 by Dr Alois Alzheimer, a German psychiatrist, who noticed a particular brain cell pathology in a 51 year old patient with progressive memory loss and behavioural changes. Since then, many breakthroughs have been made and over 100 other types of dementia have been identified. So, just how far have we come in the field of dementia research and are we any closer to finding a cure? This article focuses on current progress being made in the research areas of dementia risk reduction, diagnosis, treatment and care.

RISK REDUCTION

The latest population based research estimates that nearly one third of all new cases of Alzheimer's

DEMENTIA NEWS

FROM 1906 TO 2014 - WHAT IS THE LATEST IN DEMENTIA RESEARCH? CONTINUED

disease are attributable to seven modifiable risk factors. Researchers suggest that if countries such as Australia could reduce rates of diabetes, midlife hypertension, midlife obesity, physical inactivity, depression and smoking, and low educational attainment, the number of new cases in the future could be dramatically lowered. There is also research looking at how exercising your brain and learning new things can develop new connections between brain cells that might help to protect against damage caused by neurodegenerative diseases. In fact, Australia was the first country in the world to introduce a population based approach to dementia risk reduction, implementing the Your Brain Matters program — www.yourbrainmatters.org.au. This program is based on the latest dementia risk reduction research and currently managed by Alzheimer's Australia. Researchers are also working hard to identify genetic factors that may either increase or decrease our risk of developing dementia.

DIAGNOSIS:

Like many other chronic conditions, the diseases that cause dementia begin attacking the brain years or even decades before the first symptoms appear. Researchers can already detect presymptomatic Alzheimer's disease using specialised brain scans or by analysing spinal fluid, and there is currently a big international research effort aiming to develop less invasive blood tests to detect Alzheimer's disease. Other research is also looking into whether an eye scan or even an olfactory (smell) test could be used to diagnose dementia. However, these are both in the preliminary stages. The idea is that if the diseases that cause dementia can be readily detected at very early stages before too much damage has occurred, there will be better opportunities to develop interventions or treatments that might slow, stop or even reverse the disease process.

TREATMENT:

There is currently no cure for dementia and only a handful of treatments which can alleviate some of the symptoms associated with the disease. The latest research in this area focuses on targeting the pathological markers associated with the disease

and removing (or clearing) them from the brain, in the hope that this may restore normal brain function. However, despite several hundred drugs being developed over the past 15 years that have cured Alzheimer's disease in mice, none have yet succeeded in humans, and several very large clinical trials have failed. Research in this area is ongoing, but there is a growing consensus that new approaches will be needed.

DEMENTIA CARE:

This research area focuses on how to improve the quality of life and support for people with dementia and their carers. New research suggests that exercise, music, dancing and other mental activities can also improve the living experiences of people with dementia. Other research is also focusing on improving services and support for those who care for someone with dementia. A lot of current surveys suggesting family carers in particular needing more support from health professionals.

If you want to find out more about the latest dementia research, visit www.dementiaresearchfoundation.org.au/blog where you can search for articles via research theme and you can also sign up to receive regular research updates to your email inbox.

Dr Ian McDonald is the Research Communications and Engagement Coordinator for Alzheimer's Australia. One of his major roles includes writing and sourcing content for a fortnightly newsletter called 'Dementia News' which sets out to explain and discuss the latest dementia research. He also produces a fortnightly podcast talking with researchers and community supporters in the field of dementia. Another aspect of his role is to promote the work of the Alzheimer's Australia Dementia Research Foundation, which is the research arm of Alzheimer's Australia and provides support and grants to early career researchers in the field of dementia.

Prior to working for Alzheimer's Australia, Dr McDonald has worked at the CSIRO and the Australian National University in administration, communication and education roles. In 2012, he was awarded a PhD through the University of Queensland in the field of reproductive immunology. Dr McDonald is also a prominent member of the Australian Science Communicators, being on both national and local committees.

DEMENTIA NEWS

FECCA ACTIVITIES

FECCA is a member of the National Cross Cultural Dementia Network (NCCDN).

This is auspiced by Alzheimer's Australia. The role of the NCCDN is to provide advice to Alzheimer's Australia, its member organisations, government and peak bodies on quality dementia care. The NCCDN is concerned with equitable access to programs and services for people from Culturally and Linguistically Diverse (CALD) backgrounds.

The Network membership drawn from across Australia is multidisciplinary and represents a diverse mix of cultures and ethnicities. Members come from a range of professions such as geriatrics, clinical psychology, nursing, residential aged care, education, social work, community work, and knowledge and information management, as well as Alzheimer's Australia and FECCA.

The Network also draws on experts external to Alzheimer's Australia and the Network who bring additional skills, experience and expertise.

The NCCDN publishes a newsletter a couple of times a year – here is the link to the latest one.

http://www.fightdementia.org.au/common/files/NAT/NCCDN_Newsletter_2014_Vol_9_Issue_1.pdf

LIVING POSITIVELY WITH DEMENTIA

In 2008 I was working full time, studying at university, caring for school age children, running our home with my husband, and volunteering. My life was interesting, busy and very fulfilling. I have worked as a nurse in aged and dementia care, and in operating theatres, worked as an executive in health care sales, and as a chef in my own business. That year aged 49 I was diagnosed with a rare fronto temporal younger onset dementia. The changes brought on by dementia are relentless, yet most people don't see them as disabilities just as external symptoms. And so, we are regularly defined by the symptoms of our disease – forgetful, confused, aggressive, odd behaviour, absconders or refusing to communicate, rather than the people we still are... mothers, fathers, lovers, daughters, wives, husbands, employees, employers, grandmothers or aunts. It is a tragedy that so many just see our deficits.

Whilst I don't come from a culturally and linguistically diverse background, I grew up in a remote rural community, and in many ways feel being diagnosed with YOD is like being in a CALD community. The fact there were no age appropriate services for me at all when first diagnosed is not dissimilar, and the Aged care sector, and ACAT ages discriminates. It is very difficult to get any age appropriate services or assessments. For now, I have learnt to live positively with dementia, engaging deeply with my community as a volunteer, being very involved nationally and locally with the dementia friendly communities work, hoping that for future generations, people with dementia will not experience the stigma, discrimination and loneliness they currently feel. The goal 'nothing about us without us' is slowly being realised. Finally, there is no better way to understand the needs of someone with dementia, than to ask them.



Kate Swaffer, Author, Poet, Speaker, Chair, Alzheimer's Australia Dementia Advisory Group, Co-Chair, Alzheimer's Australia Consumer Dementia Research Network, Alzheimer's Australia National Consumers Alliance Committee member, Clinical Older Person Network (SA) member, Alzheimer's Australia SA YOD Reference Group member, Alzheimer's Australia SA Dementia Friendly committee member, Co-founder, Dementia Alliance International, Master's of Science in Dementia Care Student, BPsych, BA, Grad Dip Counselling, Nurse, Person living well with younger onset dementia.

DEMENTIA NEWS

DEMENTIA IN WWII SURVIVORS FROM A CALD BACKGROUND

Many of our older Australians from a CALD background have experienced and witnessed the horrors of World War II. For World War II survivors who develop dementia as they age, there is a risk that painful war memories may be unlocked, triggering violent episodes of post-traumatic stress disorder (PTSD).

While some survivors are able to suppress their war memories and function quite normally for most of their lives, with the onset of dementia, the ability to manage the traumatic memories can be lost, which can give rise to violent outbursts that threaten spouses, partners and caregivers.

Recent studies indicate a link between PTSD and dementia:

1. PTSD is associated with impaired cognition in domains of attention, working memory, verbal memory, new learning, and executive functions. PTSD can be considered as a 'disorder of memory'. The cognitive changes seen in PTSD reduce cognitive reserve and this can predispose to development of dementia.
2. The cognitive changes seen in PTSD may in fact be very early markers for dementia developing among PTSD sufferers.
3. PTSD and dementia share common risk factors such as traumatic brain injury, limited education, substance abuse, and risk factors for vascular disease.
4. PTSD is regarded as a stress-related condition. Chronic stress can predispose to dementia in a number of ways, for example, damage to the hippocampus (swelling in the floor of the lateral ventricle of the brain), and correlates to deficits in short-term memory performance.
5. PTSD may accelerate the general ageing process.
6. The combination of dementia and PTSD may cause difficult behaviour problems in survivors.

More research is needed because of the large number of people who are at risk of developing dementia.

More education is needed for the community- and the residential aged care sector to understand the issues of PTSD, as well as late-onset of PTSD, which in many cases can take 50 and more years to appear. To provide culturally appropriate care, staff and management in the aged care sector need to have an awareness and understanding of potential triggers and how to respond in an appropriate way.

The Partners in Culturally Appropriate Care (PICAC) program provides training and education to the sector Australia-wide. For more information about PICAC Tasmania contact Migrant Resource Centre Southern Tasmania Inc. on (03) 6221 0999 or visit the website www.mrchobart.org.au.



Hans Schmid – Partners in Culturally Appropriate Care (PICAC) Program Migrant Resource Centre Southern Tasmania Inc.

Hans is the project officer for the PICAC program in Tasmania. The program guidelines focus on the needs to form partnerships with CALD communities and service providers and maximise the benefits of the specialist expertise available through the PICAC program to meet the cultural needs of older people from these communities.

PICAC Tasmania provides training in Dementia Care, Palliative Care, Continence Care, as well as Torture & Trauma, all from a CALD perspective.

The PICAC program is funded by the Australian Department of Social Services

DEMENTIA NEWS

DEMENTIA TRAINING STUDY CENTRES (DTSC)

The Dementia Training Study Centres work closely with tertiary education institutions, health and related service providers, and individual health professionals to build the capacity of health professionals to provide high quality care to people living with dementia. The DTSCs achieve this through the transfer of contemporary dementia knowledge into practical, effective approaches to helping people living with dementia and their families.

The DTSCs offer a range of workshops, guest lectures, seminars, scholarships/fellowships and resources. Some of the resources on offer are as follows:

GENERAL DEMENTIA KNOWLEDGE RESOURCE – INTERACTIVE CD-ROM

This interactive CD-ROM encompasses an understanding of dementia in Neuro-pathology and Neuro-physiology, as well as personally from the perspectives of people living with dementia and their families. The General Dementia Knowledge Resource explores five types of dementia at various stages of the disease's progression through case studies and inquiry-based learning. The case studies illustrate how different types of dementia affect diagnosis, treatment, and the lives of people living with dementia and their families.

SEXUALITIES AND DEMENTIA: EDUCATION RESOURCE FOR HEALTH PROFESSIONALS

Caring for people with dementia who express their sexualities continues to be a major challenge for health professionals. This education resource, targeted at health professionals, will increase understanding of sexualities for people living with dementia.

DESIGNING FOR PEOPLE WITH DEMENTIA: RESIDENTIAL AGED CARE

A national dementia design consultancy service is available in all States and Territories and a team of environmental design experts provide on-site education, assessment and advice to aged and health care managers and architects who are in the process of planning new, or refurbished, facilities for people with dementia.

AUSTRALIAN JOURNAL OF DEMENTIA CARE

The Australian Journal of Dementia Care (AJDC) is Australia's first and only multidisciplinary journal for all professional staff working with people with dementia in hospitals, nursing and residential care homes, day units and the community. The journal keeps readers abreast of news and views, research, developments, practice and training issues from Australia and around the world.

Visit the DTSC website <http://www.dtsc.com.au/> to access a wide range of e-learning resources and to find out more about training events near you. You can also follow us on @dementiaTSC and 'Dementia Training Study Centres'.

DTSCs are funded by the Australian Government Department of Social Services. Visit www.dss.gov.au for more information.



Hannah Pia Baral, National Co-ordinator, Dementia Training Study Centres

Hannah started her role as Centre Manager for the NSW/ACT DTSC and moved to the National Co-ordinator role in 2013. She works closely with the National Leadership Group to promote cohesion and synergy across the national DTSC program.

Email: hbaral@uow.edu.au

Phone: (02) 4221 5365

TIPS FOR CREATING DEMENTIA FRIENDLY NEWSLETTERS:

- Use clear, concise language
- Use strong colour contrast
- Use positive and empowering language eg 'people living with dementia' not 'dementia sufferers'.

AGED CARE NEWS

BENETAS SPRINGVALE DAY RESPITE PROGRAM, VICTORIA VIETNAMESE GROUP

A culturally inclusive respite group in Melbourne's south east is connecting older Victorians with important social opportunities, in a bid to support them to continue living at home for as long as possible.

The Benetas Springvale Day Respite Program gives older Victorians the opportunity to socialise and enjoy meals with others their own age, while giving their carers the chance to take a break.

Responding to local need, the service caters specifically for the Vietnamese speaking community with Vietnamese speaking staff facilitating the group three times per week. The group meets at the Anglican Church of the Ascension in Springvale before heading out on day trips across Melbourne.

Activities this year have so far included a visit to Williamstown Beach for fish and chips, a ferry ride to Queenscliff and Devonshire Tea in the Dandenong Ranges.

The group also caters for and encourages older clients living with dementia to participate, with organisers considering dementia-specific needs during development and approval.

Benetas Day Centre Coordinator Pauline Alvarez said the program was crucial to ensuring both older people and their carers felt supported and connected to the community.

"The program is available for all clients but we do encourage clients living with dementia to participate and recognise the importance of combating social isolation in this specific group," said Pauline.

"It gives participants the opportunity to form new friendships and see parts of Melbourne they might not have been to in a while, or in fact ever been to

"Respite is so important for both the carer and the older person. By giving carers a well deserved break, we're supporting their mental and emotional wellbeing and are able to make sure they can continue supporting their loved one."

Benetas has an extensive range of respite options available to the community, including day programs, overnight and extended respite at our residential facilities and respite in the home.

The Springvale Day Respite Program brochure has been published to include a Vietnamese translation. To download a copy, or to learn more about Benetas' range of respite services, visit www.benetas.com.au/access/respite-services or call 1300 23 63 82.



AGED CARE NEWS

CULTURAL DIVERSITY IN AGEING EXCELLENCE AWARDS

At the recent **Cultural Diversity in Ageing 2014 Conference: Shaping Inclusive Services**, the inaugural Cultural Diversity in Ageing Excellence Awards were presented to a range of outstanding organisations and individuals from across the country.

The Awards acknowledged quality initiatives and leadership in the delivery of culturally inclusive aged care services, with all nominations demonstrating the remarkable initiatives being undertaken by services and organisations nationally.

Dementia care within culturally and linguistically diverse communities featured prominently in the work of the award winners.

Villa Maria's White Road Activity and Respite Centre Out & About program, coordinated by Ms Angela Ng, is specifically tailored to the needs of Chinese people aged over 65 with dementia, disability, mental illness or frailty, to ensure they are not left at home alone but instead are connected to each other and to the wider community.

The program won an award for excellence from the Centre for Cultural Diversity in Ageing, recognising a community organisation demonstrating outstanding initiatives that support the wellbeing of older people from culturally and linguistically diverse backgrounds.

Some 30 Chinese-speaking people are registered for the Out & About group and it has an average weekly attendance of 15 people. The group is supported by staff who speak Mandarin, Cantonese and regional dialects such as Shanghaiese.

People with dementia enjoy the same activities as everyone else – they love to shop, go for walks and stay socially connected. But they're also different; they are forgetful, can't organise daily tasks and can find it hard to do simple things like put on the right socks.

Throw into the mix a different language and cultural needs and the difficulties are magnified.

For a person from a Chinese background, this can lead to feelings of frustration and anxiety and they eventually withdraw from society and become lonely and isolated.

White Road Team Leader Angela Ng says some of the behaviours of a person with dementia who doesn't speak English may be wrongly interpreted as challenging, simply because of the language barrier.

That then causes people to become more frustrated, and because they're not understood or properly supported, they detach themselves from other people or groups.

"When people don't speak English, things are twice as hard," she said.

"It's important that there is some support catering for people with dementia and our group enables them to do the same as everyone else – to shop, walk around and do activities," she said.

Ms Ng says because participants and staff in the Out & About program share the same language, cultural background and understanding, trusting relationships are quickly forged.

"We have staff they can talk to, who are trained and experienced in supporting people with dementia. The people feel they are welcome when they are here.

"We empower people and give them a sense of dignity."

Ms Ng said receiving the Centre for Cultural Diversity in Ageing award was an honour and privilege and recognised the great work of everyone at Villa Maria.

"Being a migrant from a culturally and linguistically diverse background, a social worker and someone who experienced carer's stress in looking after elderly parents, I am glad that I am able to do something for our community," she said.

Mr Urfi Mirza, Care Manager with Southern Cross Care Vic (SCCV) provides support to many older people from culturally and linguistically diverse backgrounds, including from diverse countries such as Afghanistan, Egypt, South Africa, Greece and Vietnam, among others. Many are vulnerable new immigrants who welcome someone who understands their cultural attitudes towards aged care. Being a migrant himself, Mr Mirza acts as the bridge that connects the organisation with its clients from diverse backgrounds, and has in the past eight years, been involved in the provision of both low and high care needs to people living with dementia.

In his current role, Mr Mirza regularly liaises with Alzheimer's Australia, GPs and mental health services to organise female counsellors. In many communities, it is not uncommon for female carers to be the primary carers for their family members. As such, the carers often require female counsellors to discuss issues with them. He also liaises regularly with the organisation's dementia consultant and

AGED CARE NEWS

CULTURAL DIVERSITY IN AGEING EXCELLENCE AWARDS CONTINUED

makes joint visits with him to discuss various issues faced by care recipients and their families from non-English speaking backgrounds. Mr Mirza's commitment to provide cultural inclusive services to clients is unparalleled. Through his own initiative, he has established good relationships with the Australian Turkish Association and Emir Sultan Mosque to create awareness about aged care services.

In a recent Cultural Diversity in Ageing Conference, Mr Mirza presented a paper to highlight dementia as one of the major challenges facing the culturally and linguistically diverse communities, discussed issues and strategies to create awareness about dementia and the importance of building relationships and trust with diverse communities through their representatives and religious leaders. Based on his extensive experience working with people from diverse cultures, he was also invited by Alzheimer's Australia to speak with staff about Indian-Tamil and Sri Lankan cultures to provide a greater understanding of their religious beliefs, how they deal with issues like dementia, and the roles of carers.

Recently, Mr Mirza was awarded the Cultural Diversity in Ageing Dr Olga Kanitsaki AM Award for Individual Excellence, in recognition of his work in introducing new initiatives to improve services for clients who come from a mix of cultural backgrounds.

With dementia being the greatest cause of disability in older Australians, SCCV has worked tirelessly to promote dementia awareness among the local communities and help staff to acquire knowledge on dementia through various internal and external training programs. From a comprehensive educational strategy, to dementia-friendly residential homes and the use of the latest technological resources in the home, SCCV aims to provide the best possible care and support to people with dementia so they can continue to live well and be as independent as possible.

SCCV is a pioneer in initiating a world's first MP3 research to study the effect music played on an MP3 has on the carers of people living with dementia. Following the success of SCCV's monthly "Carers Support Group" at its Shepparton home, a new group was established at its newest home in Keon Park. Such support groups enable family members and friends of residents to share their experiences of caring for a person living with dementia and express their emotions in a supportive and caring environment. During the year, the organisation has also started trialling 'electronic reminding timing devices' to record a person's voice and use that personal voice to prompt them to take their medication or remind them of a pending visit or appointment.

Co-authored by Danyel Walker, Centre for Cultural Diversity in Ageing, Venica Soo and Urfi Mirza from Southern Cross Care, and Charisse Ede and Angela Ng from Villa Maria.



AGED CARE NEWS

THE CHALLENGES FOR PROVIDING MULTICULTURAL AGED CARE SERVICES IN DARWIN

The Multicultural Council of the Northern Territory (MCNT) based in Darwin is a peak body for multiculturalism and service provider for individuals and families from culturally, linguistically and religiously diverse communities. The MCNT functions as both an EEC (ethnic community council) and a MRC (migrant resource centre). The NT and Federal Governments fund the MCNT for activities and services, primarily to address settlement barriers and encourage self-reliance for recently-arrived migrants and refugees in Darwin.

Australia can be readily described as a nation of migrants; almost one in four of Australia's residents was born outside of Australia. Migrants have arrived and settled in Australia for the past 200 years. Australia has always been one of the most culturally diverse nations in the world and will maintain that distinction for generations to come. Australia's ageing population is becoming more culturally diverse and this presents a major demographic and service delivery challenge. The major contributors to population ageing in Australia are: large numbers of ageing 'baby boomers'; increased life expectancy; and declining fertility rates.

Migration has been a particularly significant factor contributing to the growth and cultural diversity of Australia's population since the Second World War. As a consequence of post-war immigration patterns, the ageing population from CALD backgrounds is growing at a proportionately faster rate than for the mainstream population. Yet paradoxically for a number of reasons - including cultural expectations, beliefs and practices; a lack of English proficiency; and a lack of accessible information - CALD seniors throughout Australia are under-represented in their use of mainstream or even multicultural aged care services.

Australia's older multicultural community comprises people who arrived here as refugees and skilled migrants when they were young and have aged in Australia, as well as those who have migrated in older age for reasons of family reunion or retirement. In particular those CALD seniors who arrived in

Australia as refugees face accelerated ageing from the combination of pre-arrival experiences, post-arrival resettlement issues, and the challenges of ageing in a new country when isolated from homeland familiarity and social networks.

Darwin is relatively culturally diverse and is often cited as an example of a successful multicultural society. What is perhaps unique about Darwin is that there are a large number of small interacting ethnic and faith communities, none of which are large enough to operate independently and exclusively in the neighbourhood, the school or the workplace. Another unique demographic factor is Darwin's proximity to Asia - the most culturally, religiously and ethnically diverse region in the world, and a region of conflict, change and continuity where various cultures and faiths meet. There are four ethnic groups unique to the top ten of the Northern Territory's source countries of immigration intake - Indonesia, Sri Lanka, The Philippines and Malaysia - not as dominant in demographic data elsewhere in Australia.

Apart from the recent demographic trends, there are social factors impacting on the decision of more CALD seniors than before to plan to remain



AGED CARE NEWS

THE CHALLENGES FOR PROVIDING MULTICULTURAL AGED CARE SERVICES IN DARWIN CONTINUED

the Northern Territory for their retirement and not move interstate: including recent advances in lifestyle options, improved social infrastructure and access to community services. These trends for an increasingly culturally diverse aged population are reinforced through the common practice of younger family members moving interstate for employment and education opportunities.

The MCNT has a 'whole of family' focus and the philosophy of providing innovative social interaction activities for CALD seniors to provide a positive and productive ageing experience. In February 2010 the MCNT with two other Darwin based NGOs - the Council on the Ageing NT (COTA NT) and Carers NT - formed the Multicultural Aged Care Network with the aim of creating and enhancing partnerships between CALD communities, aged care service providers and other stakeholders including government agencies.

Darwin's Multicultural Aged Care Network (MACnet) has adopted these three terms of reference: (i) promote collaboration between aged care service providers and CALD communities; (ii) encourage CALD communities and individuals to inform service providers of culturally inclusive issues; and (iii) encourage aged care service providers to actively consult with CALD communities and individuals in developing care plans.

The MACnet is still a work in progress and is currently chaired and convened by the Partners in Culturally Appropriate Care (PICAC) Project, funded by the Federal Government and auspiced by COTA NT. Over the years, and most recently in June 2013, there have been a series of well-attended and productive MACnet meetings where invited service providers, ethnic community leaders and other interested stakeholders have explored the most serious service and information gaps and issues of concern for Darwin's CALD seniors.

The NT's PICAC Project Officer, based in Darwin assists local aged care service providers with free cultural awareness and competency training, and information and advice on culturally competent work practices and protocols for

their CALD community clients. The PICAC Project Officer also provides support and information to local established Greek, Italian, Filipino, Chinese and Timorese/Portuguese seniors groups in Darwin.

Multicultural aged care has many challenges. While older people from CALD backgrounds share with other Australians the range of needs that arise from the ageing process, they also have additional needs, which are often not identified or met. CALD communities generally prefer facilities and services that identify strongly with their own cultural background. The inherent cultural diversity of Australia's population creates a unique identity and spirit and a dynamic society but also presents barriers to social inclusion as populations age.



AGED CARE NEWS

THE CHALLENGES FOR PROVIDING MULTICULTURAL AGED CARE SERVICES IN DARWIN CONTINUED

One of the main challenges for multicultural aged service delivery in Darwin is that CALD seniors are a small and dispersed cohort in Darwin. According to the 2011 Census, the proportion of people aged 65 years and over represents 13.7% of the population nationally; yet in the Northern Territory this is 5.5%; by far the lowest proportion for this age group of all states and territories. In Darwin 7.3% of the population is aged 65 and over; about one third of these older residents are from CALD backgrounds. The three most common countries of birth in the older CALD population in Darwin are Greece, Indonesia and Germany.

Because of the relatively low numbers for various ethnic communities in Darwin, there are inherent logistical challenges to providing ethno-specific residential aged care facilities or indeed clustering of ethnic communities of interest within mainstream institutions. It can be argued that there is a low level of understanding of aged care in the mainstream community, and an even lower understanding of the ethno-specific needs of older people in CALD communities that require aged care. It is also observed that there are generally low levels of cultural competency within the aged care service providers operating in Darwin.

Multiculturalism as a national policy celebrates diversity and promotes mainstreaming as the model to deliver aged care services for CALD clients across a range of cultural backgrounds. However the needs and preferences of smaller and dispersed CALD communities in regional centres such as Darwin are

not usually well-targeted within mainstream aged care services, and this can accentuate the isolation and marginalisation for CALD seniors.

Darwin has a collegial and mutually supportive community services sector dedicated to continuous improvement and working towards the provision of more culturally appropriate and responsive community-based and residential aged care services. The MACnet will maintain its focus on creative interagency dialogue, strategic advocacy and identifying and addressing our clients' special needs. We are dedicated to improving the quality of life and maintain the independence and wellbeing of our CALD seniors in Darwin. Watch this space!!



Ron Mitchell has been working since early 2005 with the Multicultural Council of the Northern Territory (MCNT), a NGO based in Darwin that works with migrants and refugees, and is currently its Program Manager. Ron has also worked with the NT Office of Multicultural Affairs and the Department of Immigration and Citizenship in Darwin.



AGED CARE NEWS

LOBBYING ON BEHALF OF OLDER PEOPLE FROM NEW AND EMERGING COMMUNITIES

Access of new and emerging communities to ageing and health services has become an important focus of ECCV's aged care policy advocacy.

The Victorian Minister for Health and Ageing, the Hon. David Davis launched the ECCV Discussion Paper Building New Bridges – Strategies for Healthy Ageing in New and Emerging Communities at the Victorian Arabic Social Services (VASS) in Broadmeadows, Melbourne, in April this year.

This Discussion Paper has been informed by community consultation that ECCV conducted in Ballarat and Melbourne last year.

The Discussion Paper highlights that new and emerging communities are diverse in culture, language, migration experiences and spiritual beliefs. The diversity needs to be reflected in aged care services provision. The Discussion Paper recommends building aged care partnerships in order to build community capacity.

ECCV presented on the paper's findings at the Cultural Diversity in Ageing Conference in June 2014.

The document is available online at www.eccv.org.au. For more information contact Nikolaus Rittinghausen, Policy Officer Aged Care, Ethnic Communities' Council of Victoria. Email: nrittinghausen@eccv.org.au.



From left to right: Ross Barnett, EO, ECCV; Leila Alloush, CEO, VASS; Ali Mustapha, Chairperson VASS; Marion Lau OAM, Deputy Chairperson ECCV; The Hon. David Davis, Minister for Health and Ageing; Nikolaus Rittinghausen, Policy Officer Aged Care, ECCV]

AGED CARE NEWS

LABOUR AGREEMENT MOMENTOUS OCCASION FOR GREEK AGED CARE FACILITY

Friday, 01 August 2014

The Assistant Minister for Immigration and Border Protection said she was proud to announce the commencement of the first direct labour agreement between the Australian government and a health and community services provider, Fronditha Care Nursing Facility in Victoria.

Speaking at an event at the facility, Senator the Hon Michaelia Cash said that with the labour agreement programme forming a small, but important part of Australia's overall skilled migration programme, it is exciting that facilities such as Fronditha Care have the ability to bring skilled, bilingual workers to bolster their workforce.

'Fronditha Care is an example of the importance of nurturing cultural identity in a supportive environment, as an integral part of maintaining wellbeing into older age,' Minister Cash said.

'Fronditha is the only organisation providing a range of residential and support services to the Greek speaking elderly in Victoria, and on any given day the organisation is likely to provide care for more than 2000 elderly, employing more than 560 personnel.'

'This labour agreement will allow Fronditha Care to sponsor bilingual Greek-speaking overseas workers with qualifications in aged care to supplement its existing workforce. The government recognises that our population is ageing and there is an increasing need for aged care workers who speak the language of those they are caring for.'

A labour agreement is a formal arrangement developed between an Australian employer and the Australian Government, and places significant obligations on the employer, defining employer obligations such as the terms and conditions of employment for the skilled overseas workers and training requirements for Australian employees. It also defines the required skill and English language levels that overseas workers must meet under the agreement.

Minister Cash said the government is exploring options to support the wider health and community sector providers, noting Australia has an ageing population and a diminishing workforce.

'This agreement highlights the government's consideration of the niche requirements in some areas of the health and community services sector, and how skilled migration can support its contribution to caring for Australians now and into the future,' Minister Cash said.

'After visiting Fronditha Care and other aged care facilities, the need to have workers who can speak the same language as their clients is obvious – the labour agreement announced today will greatly benefit aged care residents and their families.'

URL: <http://www.minister.immi.gov.au/media/mc/2014/mc216835.htm>

PETS IN AGED CARE GRANTS

Applications are now open for the *Pets in Aged Care Grants Program*. This is a small grants program developed by the Animal Welfare League Australia (AWLA) to deliver \$10,000 funding to support pets in aged care settings.

The program will allocate ten small grants of up to \$1,000 to assist aged care facilities and residents make suitable arrangements or modifications to enable residents and their pets to live-in together and/or maintain an existing bond.

While a number of aged care facilities keep shared pets for the companionship of all residents and staff, the *Pets in Aged Care Grants program* has been developed to support and maintain the existing bonds between aged care residents and their individual pets.

Priority will be given to applications where the provision of a grant will enable the resident and/or facility make tangible and demonstrable arrangements and/or modifications to enable a resident and their pet to live-in together or spend significant time together.

ELIGIBILITY AND APPLICATIONS

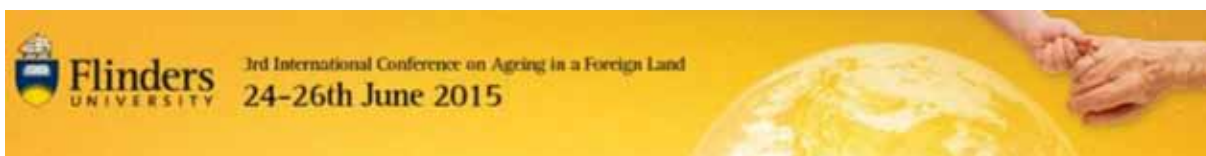
Applications are welcomed from aged care facilities, residents, and family and friends on behalf of residents.

Applications can be [downloaded here](#). Forms can be completed and submitted using your PDF software, or saved and returned by email.

Completed applications must be returned to AWLA no later than **5 September 2014**.

For more information about AWLA please click on this [link](#)

AGED CARE NEWS



The conference will be held in Adelaide, South Australia, 24th June to 26th June 2015, at the School of Humanities, Flinders University, Bedford Park campus.

Ageing in a Foreign Land will address the needs of the migrant diaspora with regard to ageing and health, service provision, language and cultural

identity, and issues of Greek and other Culturally and Linguistically Diverse (CALD) communities in Australia and overseas. Particular attention also will be given during the conference to make sure that CALD voices are heard and CALD faces are seen.

We welcome attendance and participation from academics, researchers, practitioners, policy makers, service providers and aged care workers.

It is a unique opportunity for institutions and individuals to be part of a very exciting event, extend their learning, share their experiences with others, promote their activities, and create a dynamic and vibrant network to further advance their knowledge and careers.

Our renowned speakers include:



Dr Alexander Kalache

President of the International Longevity Centre Brazil



Professor Graeme Hugo AO

Director of the Australian Population and Migration Research Centre at the University of Adelaide.



Dr Briony Dow

President of the Australian Association of Gerontology and Director of Health Promotion at the National Ageing Research Institute (NARI)



Mr Joseph Caputo OAM

Chair of the Federation of Ethnic Communities' Council of Australia (FECCA)

To register and for more information go to the conference website:

www.flinders.edu.au/ageingconference

CALD STORY

IOLE BAITIERI'S STORY: CARING FOR MY HUSBAND WHO HAD DEMENTIA

**As told to Lucy Merrett, ACSIHAG Coordinator,
Co.As.It. Sydney**



I cared for my poor dear husband Guido, for 8 years whilst he had that disease. This was the first time in my life that I had had to deal so closely with someone who had dementia. I thought that in time after taking the prescription pills and the cures advised by the doctor, Guido would get better. I had friends who were caring for their husbands and even knew a lady who had it herself and would hear what they had to say, but then I forgot their issues, even when eventually these issues would apply to myself and my life. Until you have actually experienced life as a carer of someone with this disease you just do not know what this means.

At 69 years old, and Guido lived until 86 years, he already started to feel in himself that he was tired and starting to feel insecure of his abilities and memory. He used to say that he couldn't perform his usual life activities as he used to; that he "couldn't do things anymore". He lost weight even though he used to eat well, but the doctors could not foresee the onset of Dementia in his case.

I know now that dementia cannot be healed. He was great at mathematics and would keep his mind busy by keeping account balances and performing calculations whenever he could. But he came to realise that he eventually couldn't do this any longer. He lost interest in reading, watching TV, and even

following the soccer and sport which he absolutely loved. He just lost interest. He realised that he couldn't follow it.

I didn't know what was happening to Guido. I thought initially that he was being lazy. I implored him to help himself more, to try to read and maintain interest in something. Initially doctors never used the diagnosis of dementia to describe what was happening to Guido. It wasn't until it was very obvious that Guido couldn't hold a conversation or remain in social company that the doctor then called his symptoms, dementia. Guido could not remain in company with people, wouldn't participate in conversation, was unstable on his feet, would shut himself away, and ate less and less.

Eventually Guido suffered a fall that caused fluid to accumulate on his brain. After a stay in hospital, he was left with other symptoms that were like those of Parkinson's Disease. His health definitely deteriorated after this event. I never actually said to him that he had dementia but he knew that something was wrong.

There would be times when Guido appeared to be his previous self. These times appeared and disappeared in a flash and happened rarely. It seemed as if he understood what was happening and I felt so sad and so sorry for him. Two years before Guido passed away, I remember very clearly that he said to me, "I am no longer myself".

I would say to Guido, "Do you feel ill, where do you feel pain?" but he would remain quiet. Guido is the youngest of all his brothers and he outlived them all, having made it to 86 years old. His brothers all died at around 77, 78 years and of cancer.



CALD STORY

IOLE BAITIERI'S STORY: CARING FOR MY HUSBAND WHO HAD DEMENTIA CONTINUED

I lead a women's group in Blacktown on Wednesdays and was obliged to keep attending. Good friends of mine would come and stay with Guido for about one and a half hours whilst I attended the group or whenever I had to keep specialist appointments for myself. I felt really great when I was able to leave the house and socialise with friends. It really was a respite.



I began to use formal respite after this. Even though Guido refused to attend a centre based daycare group, I was able to receive in home respite from Co.As.It. A lovely carer called Gianni would stay with Guido whilst I attended my group. They would communicate in Italian, pray together, share an afternoon coffee and biscuits, or sometimes Guido would have a nap. But my mind was at ease because Guido was being looked after by someone that he connected with. For those few hours I felt a great relief because the life of a carer is very wearing, very tiring.

As Guido's restlessness increased, especially at night, when he would feel that he would have to get ready for work at any time between 10 pm and 3 am, my health began to wane. The caring responsibilities were draining me physically. I don't know of any services that are provided for night time care. My children and my family doctor encouraged me to place Guido in residential care before I became a complete wreck.

Guido remained in a residential care facility exactly one year before he died. I used to take him home on

weekends but it was so painful every time he had to return. I felt so guilty that I had made this decision but it was the only one that I could make and my family supported me 100%. Nonetheless I felt that I had done as much as I could for Guido at home before the toll on my health began to show.

If I could give other carers any advice regarding their caring role whilst they care for someone with dementia, it would be this: it's great when you say, "I can't do it any longer" and to get assistance earlier. When you care for someone you love, you don't want to give up because you love them and you don't want to send them away from their home where you have spent a life time together. I advise carers to get services earlier to try to save their own health, especially when you are older.

For more information contact Co.As.It. Sydney on (02) 9564 0744 or visit the website www.coasit.org.au or www.coasitagedcare.org.au



Lucy Merrett, Aged Care Service Improvement Coordinator, Co.As.It. Sydney

I am the Aged Care Service Improvement Coordinator which is a position funded under the Federal Government's ACSIHAG program. I have been working at Co.As.It. for about eight years and enjoy working with the senior Italian Australian community. They remind me of my relatives in Italy. In my position I get to meet lovely people like Iole Baitiri who is a natural leader in the community and who features in Co.As.It.'s DVD "Embracing Culture"