WELCOME TO THE POSITIVE CALD AGEING NETWORK (PCAN) NEWSLETTER
FROM THE FECCA CHAIR, MARY PATETSOS

It is my great pleasure to present this latest edition of the Positive CALD Ageing Network Newsletter or PCAN. In this issue of PCAN, FECCA presents commendable and inspiring examples of culturally appropriate aged care practices throughout Australia. The newsletter also presents the wonderful project work being undertaken by our member organisations and other friends of FECCA.

I have many years of experience in the aged care sector and I understand how incredibly important the promotion of good practice in aged care is. Here at FECCA we are committed to this ongoing representation of good practice as there are still older CALD consumers falling through the gaps in the system, and data consistently shows that they have a lower participation rate in aged care. This is not a reflection of their lower needs but a consequence of the inaccessibility of aged care due to various actual or perceived barriers.

According to statistics from the Australian Institute of Health and Welfare, the number of CALD people aged 65 and over is expected to reach 939,800 in 2026. By this time, one in every four people aged 80 and over will be from a culturally and linguistically diverse background. Over the next eight years, this cohort will make up an increasing number of the older Australian population. Now is the time to start working on providing older CALD people with high quality aged care that also takes into consideration their diverse needs.
In the previous issue of PCAN I announced the upcoming release of the National Aged Care Diversity Framework. I am delighted to say that the Framework was launched on 6th December 2017 by the Hon Minister Wyatt at Parliament House. Speaking at the launch, Minister Wyatt reaffirmed the importance of embracing diversity in the aged care sector, and emphasised the need to embed diversity in the design and delivery of aged care. The National Aged Care Diversity Framework will be implemented through three action plans for Aboriginal and Torres Strait Islander people, people from CALD backgrounds and LGBTI peoples.

As FECCA is the national peak body representing culturally and linguistically diverse communities in Australia, we are currently working with the Australian Government to develop a CALD action plan. This will contain action items and measures that provide context to the broader principles identified in the Aged Care Diversity Framework. It is intended to help older members of the CALD community to make informed choices about their care, access culturally appropriate support, and provide feedback to inform continuous improvement. The action plan will also ensure that the system is more proactive and flexible, and provides respectful and inclusive services to meet the needs of older CALD Australians. Providers can utilise the CALD action plan to ensure that their services better meet the diverse characteristics and life experiences of older people, particularly when developing policies and procedures.

I am particularly proud of how FECCA has engaged with CALD communities across Australia to inform the development of the action plan. Since November last year, FECCA has been conducting consultations with aged care consumers from CALD backgrounds, as well as providers of ethno-specific aged care. We are also currently conducting an online survey for providers and consumers that is available in the following languages: Chinese, Arabic, Vietnamese, Greek, Italian, Serbian, Croatian and Bosnian. Please visit the FECCA website to get more information and take part in the surveys.

I would like to take this opportunity to introduce you to Marion Lau, FECCA’s Healthy Ageing Chair. This is a position which represents the CALD consumer voice. As FECCA’s CALD ageing consumer representative, Marion’s role will be to convey their message in the hope that future government policy in the CALD ageing and aged care area will adapt to suit their rights to inclusive and respectful services.

I hope you enjoy reading this edition of the FECCA PCAN Newsletter.

Mary
In 2000, a group of dedicated people from different multicultural backgrounds had a dream. They wanted to create an independent, community-based organisation to look after their older members with culturally appropriate services. They also wanted to be inclusive of all communities and to have everyone under one UMBRELLA. Consequently, the government gave them a $100,000 non-recurrent funding to prove they can achieve this.

Video: https://www.youtube.com/watch?v=aRsjit99ol

Today, after nearly 18 years since its inception, Umbrella Multicultural Community Care Services Inc. supports more than 600 seniors from 52 different countries and offers over 20 various innovative and culturally appropriate aged care services under one umbrella of quality and personalised care in the Perth metropolitan area and Peel region.

All of the Umbrella's programs, including the Home and Community Care (HACC) programs and the new Home Care Package services, are designed to assist older people to remain living independently in their homes by giving them the flexibility and choice of how their care and support is provided. Umbrella also has a heavy focus on the social wellbeing of its clients, providing ground-breaking social support groups and activities on a weekly basis such as Weekender, Golden Dance Group, Men’s Shed and small, language-based groups, the Home@Home program.

One of the many innovative programs of Umbrella Inc is the Internet Café, which has been a subject of a New Aged Media research from the University of Western Australia. The Internet Café program was established in 2011, and it has a strong emphasis on client participation and to promote and encourage existing abilities by building support networks around the participants. The program utilises the social learning principles where people learn from each other via observation, imitation, and modeling. The Internet Café isn’t just an internet course - it provides a fun and safe environment for the participants to learn, to form new friendships, to share their experiences and to collaboratively work together to solve issues, at times requiring only limited support from Umbrella staff.
All Umbrella programs and services operate primarily on the basis of recognition and celebration of diversity. It is the recognition of the value of difference that combats discrimination and promotes inclusion. As Umbrella services are directed to people from culturally and linguistically diverse and diverse gender backgrounds, this is inherently ingrained in the nature of the organisation.

"Jolanta and Teresa from Umbrella have been fantastic! They have been really informative regarding the care of our mother. I feel the care will be just what we need. This makes us feel our mother will be in good hands. They have worked with us and really understood what we want. Dealing with Umbrella has been so positive – way above my expectations."

Services are provided by culturally trained, diversely aware and bilingual workers who are also from culturally diverse backgrounds. The key principle of the organisation is to accommodate the vast culturally diverse needs of the clients and ensuring that the cultural background and language of the clients correlate with the support staff. Umbrella always adopts a person-centered approach that encompasses the ideology of focussing on an individual's quality of life and is based on the recognition of their uniqueness.

"Could I just say that my dad really loves Umbrella and it has given him a new lease on life since his wife passed away in 2016. You guys do a fantastic job, and my wife and I appreciate all of your work."

Umbrella's leading innovations in the delivery of high quality and culturally appropriate services to elderly from culturally and linguistically diverse (CaLD) and sexuality and gender diverse (LGBTI+) backgrounds have resulted in receiving the Award in the Small Provider Category at the 2016 ACSWA Excellence in Care Award. Umbrella was also a finalist for the COTA Awards 2016, in groups and organisation category. Recently, Umbrella's CEO was the finalist for the HESTA Aged Care Awards 2017 in Individual Distinction category, further recognizing the innovative work of the organisation and the CEO.

ACSWA Awards 2016: https://youtu.be/kP2uogZeXro

"The Weekender is a brilliant program because when you are on your own, the weekend can be long and lonely. This program gives people the chance to meet others, see interesting places and make new friends. Umbrella staff does an amazing job even on the weekends."

Video: annual report: https://youtu.be/UH7T-pBNXnc
Christmas at Umbrella: https://youtu.be/j_d1HmicMX8

"Thank you a lot for inviting me to attend the Internet Café program. I really enjoy the sessions. Now I am sending emails to many of my relatives and friends who live far away."
Caroline Gumede moved to Australia from South Africa in 1987. After spending several years working in accounting in Melbourne, she moved to Perth in 1997. Here, she decided to study nursing – something she had always wanted to do. Caroline obtained a post graduate certificate in dementia, and a Master in Nursing where she specialises in older adult mental health. Having missed the experience of growing up with her own grandparents, Caroline has developed a passion for working with the elderly, particularly those suffering from mental health issues.

Caroline is currently the Chairperson of African and CALD Elders Services WA Inc. (formerly known as African HACC WA). This organisation provides valuable support to elderly people from African and other cultural backgrounds that may also have physical disabilities and mental illness. The organisation supports them to continue living in the community through programs that enhance their quality of life and encourage independence. The centre’s day programs are structured to provide culturally appropriate activities and resources that inform and empower older people from African and CALD backgrounds (and their Carers) to make considered choices about living at home independently. The CALD Elders Services WA Inc. aims to delay a client’s admission into long term residential care.
“We began this project to help maintain the elderly people’s quality of life and promote independence as well as utilise and maintain retained abilities” Caroline says. “Our day centre is open two days a week and aims to help the elderly in our community by educating and assisting them on issues such as how to maintain and improve both mental and physical health, and maintaining awareness of their ageing needs. We try to reduce their social isolation and in general improve the wellbeing of our clients and their carers”.

The centre enables clients and their carers to participate in fun and therapeutic activities such as age related health education sessions. It also organises outings and provides a space for socialising. Although the centre supports community members from African backgrounds, it is also very open to other ethnic groups.

The key focus of the centre is minimising the stigma surrounding dementia and mental illness in older CALD Australians through education. Mental health is recognised as a significant issue in this cohort due to the social isolation that many of them experience. Caroline highlights the fact that elderly CALD communities in WA are often unaware of the services that are available to support them. As a result, the centre works towards keeping their clients informed through the frequent dissemination of information (particularly regarding home care). The centre also provides education on age related illnesses, falls (risk, prevention, injuries), as well as referrals to other services for managing behavioural issues in dementia. Some of the most common activities carried out by the centre are assessing injury risks for consumers and assessing the needs of Carers.

Unfortunately, the CALD Elders Services WA Inc. finds it difficult to access and maintain consistent and adequate funding. It often has to rely on community funding to be able provide services. In addition, the organisation often recognises needs in the community that it is unable to meet. For example, a number of clients require someone to accompany them to doctors’ appointments, need assistance with medication management, or require translation of letters from hospitals or doctors. The centre is unable to assist with all these tasks due to its limited funding levels, but they do their best to assist when and where they can. They insist they could do more if they had more funding. This situation is not an isolated one – there are numerous individuals around the country who are working to help CALD communities in need. Most of them rely on their own passion and the drive of their colleagues, and carry out a range of activities with limited funding and support.

Despite such setbacks, Caroline and her colleagues demonstrate enormous enthusiasm for the work they do. Thanks to the support of volunteers the organisation is able to provide a valuable service to the community.
Dr Lily Xiao, Associate Professor, Flinders University

Cultural and linguistic diversity between residents and staff is significant in residential aged care homes in Australia. Residents are from over 170 countries with 31% born overseas and 20% born in a non-English speaking country [1]. Staff who care for residents are also from culturally and linguistically (CALD) diverse backgrounds. It is estimated that 32% of staff were born overseas and 26% were born in a non-English speaking country [2]. The diversity generates many opportunities for aged care providers to address equitable and culturally appropriate care for residents. The diversity can also be a challenge to achieving high-quality care for residents and for staff cohesion. The widely recognised issues of concern are: (1) cross-cultural communication barriers between CALD residents and staff that affect the ability of residents to adapt to the care home; (2) unmet care needs and preferences for CALD residents and (3) the lack of English proficiency of staff from migrant and non-English speaking countries that affects the communication and relationship building with residents and co-workers. There is an increasing number of studies across the globe on the impact of cultural diversity of care workers on services, and factors affecting quality of care for residents from a CALD background in aged care homes. However, research on how to address the cross-cultural care issues through a systematic approach is scarce.

I had the privilege of leading a team from Flinders University, Resthaven Inc. and AnglicareSA Inc. in developing a ‘Cross-cultural care program for aged care staff’. This program was funded by the Australian Government through the 2015 Service Improvement and Care Workforce, 2016. Canberra: Australian Government Department of Health; 2017.

For more information, please contact: Lily Xiao via email (lily.xiao@flinders.edu.au) or by phone (08-82013419).

The Project Team: A/Prof Lily Xiao, Prof Eileen Willis, A/Prof Ann Harrington, A/ Prof David Gillham, Dr Anita De Bellis, Ms Wendy Morey (Resthaven Inc.) and Ms Lesley Jeffers (Anglicare SA Inc.).

References
SOUTH SUDANESE FUNERAL RITES

By Emmanuel Kondok* and Atem Atem**

According to the latest census count, just over 5,000 people in Greater Western Sydney reported having a Sudanese ancestry. Over 90% of them came to Sydney from South Sudan. The Community of South Sudan and Other Marginalised Areas Association (CSSOMA) is the peak body in NSW representing the South Sudanese community. CSSOMA provides South Sudanese with culturally appropriate support Services and advocates on their behalf.

One of the support services CSSOMA offers to South Sudanese is culturally appropriate funeral and Burial support. When a person of South Sudanese background dies, CSSOMA is expected to help in getting the community together and raising the necessary funding needed to cover funeral and burial expenses.

South Sudanese are culturally and ethnically diverse. However, in Sydney the overwhelming majority are Dinka speakers. For the Dinka, and for other South Sudanese communities, elders were revered because they were placed at the top of the spiritual hierarchy mediating between the dead and the living. The dead were more revered because they interceded between the living and Nhialic (god). The challenge for South Sudanese, then, was sending the dead off in the most respectful and dignified manner possible. Any disrespect shown to the deceased might lead to terrible consequences for the family and the entire community.
The Community would do everything in its power to show respect to the dead. One way of doing this was to care for the family left behind. If the deceased left behind a vulnerable family, for example young children with a child-bearing age mother, the family is placed in the hands of a male relative who will ensure that ‘the fire’ continue burning in the absence of the deceased. The male delegated to look after the family offers care, protection, and companionship. This also ensured that any resources accumulated by the deceased were protected and made available to his family. Any children born by the wife were considered the children of the deceased although they would be begotten by the male delegated to look after the family.

In the South Sudanese culture, cremation was never heard of. The dead were buried. The burial rite was long and would go for weeks on end. Community members would come to the deceased house and stay there for a week. During this period of time family members were offered continuous counselling and support in such a way that it was age and gender appropriate. After 2 or 3 days, the deceased was buried and prayers were made so that the spirit of the deceased is received well and his ‘fire’ remained burning (his family continued to grow) on earth.

After the burial week, community members dispersed but would continuously come back to visit the family of the deceased to offer counselling and support. On the 40th day after the burial ceremony, a final rite is conducted. For a well to do family, this rite is a celebration of the life of the deceased. There is singing and dancing. Stories about the deceased were told that glorified him. Since this ritual marks the end of the mourning period, the family of the deceased stopped wearing black. The family was officially delegated to a male relative.

In Sydney, CSSOMA steps up to help South Sudanese families fulfil their cultural obligation to send the deceased off in a respectful and dignified manner. CSSOMA also provides culturally appropriate counselling to South Sudanese families left behind. CSSOMA works with the family of the deceased and the wider South Sudanese community to raise the funds needed to pay for funeral and burial costs such as burial site and an appropriate burial ceremony. Some of the funds raised would go to ensuring that the family host the community for a week and the community get together to celebrate the life of the deceased as appropriate at the end of the process.

The challenge for CSSOMA is securing land for burial sites. The Catholic Cemeteries, the organisation that manages Catholic Cemeteries, has been assisting CSSOMA with obtaining burial sites quickly and at a subsidised rate. CSSOMA could access some burial sites through Catholic Cemeteries but would need funds to enable burial land to be reserved for CSSOMA on behalf of the South Sudanese community.

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I am an advocates and Student in Western Sydney University studying Master of Business Administration.

**Atem Atem, a member of the South Sudanese community, is writing a PhD thesis on the Settlement of South Sudanese Families in Western Sydney. Atem can be contacted on atematem2020@gmail.com.
Respecting the rights of people to cultural continuity is fundamental to a pluralistic aged care system and the provision of truly person-centred care. Coming from many widely diverse ethnic and linguistic backgrounds, Muslims in Australia are not at all a homogenous group. Understanding and addressing aged care needs that are rooted in the beliefs, values, and traditions of this diverse community is vital for improving access to needed services. Not only ethnic and linguistic backgrounds but an overarching framework of religious culture would need to inform design and delivery of services for these to be deemed culturally safe and, therefore, appropriate for Muslims. The Muslim Aged care: A practical guide for service providers aims to assist providers to build cultural knowledge that would make them confident to engage with Muslims in the context of aged care and help ensure cultural safety of Muslims in the experience of care.

The concept of a Muslim aged care Guide came about with the realization that there was virtually no comprehensive resource in this vital area available in Australia. There are, however, several Muslim-specific health care handbooks. As some aspects of aged care cross over into health care, the available health care resources are useful for aged care to some extent. Nonetheless, as an advocate for cultural appropriateness in aged care service design and delivery, I strongly felt that a separate guidebook in the context of aged care was needed to help service providers to better understand and address Muslim aged care needs.

Without adequate knowledge of the core values, practices, traditions and norms that are important to Muslims, it will not be possible for a provider to offer culturally appropriate care to a community whose culture is different to the dominant culture, is defined by faith, and whose members come from a wide variety of ethnic and linguistic backgrounds. This practical Guide aims to offer service guidelines so that providers can situate Muslim aged care within a religio-cultural framework.

The quality of life and quality of care for older people are both diminished when choices available to them are limited. Also, much of the meaning of person-centred care, or the appeal of consumer-directed care, is lost if choices are not enhanced to meet diverse needs. For too long, the identity factors to focus on for adequately meeting the needs of diverse communities were thought to be primarily ethnicity and language. However, a significant element of identity of many people that shapes their needs is religion.

Keeping in mind personal and cultural variations, this Guide contains only broad suggestions and generally accepted guidelines based on Islamic teachings. Instead of being a brief handbook, the Guide comes as a detailed document. However, it is not mean to be a recipe book for providers; rather, it is intended to be used for assisting experiential learning. It is always prudent for service providers to find out from care recipients (service users) and/or their families how they want services delivered to ensure cultural appropriateness.

WE NEED TO TALK ABOUT AGEISM

By Keryn Curtis, Benevolent Society Adviser, Policy & Advocacy – Ageing

Having fought for many of the rights and conditions that Australians take for granted The Benevolent Society is turning its campaign attentions to tackling ageism.

As part of its 2016-2019 Strategic Plan commitment to ‘campaign for the essential conditions for older Australians to age well’, The Benevolent Society has set the ambitious goal of challenging ageism and changing the narrative on ageing in Australia.

A veteran campaigner on social justice issues, the organisation has many achievements behind it over its 204 year history. For example, The Benevolent Society (TBS) pioneered maternal and infant health care, lobbied for legal aid and the abolition of child labour and proudly led the campaign for the introduction of Australia’s first age pension.

The new campaign targeting ageism is called EveryAGE Counts and it is set to launch around the middle of 2018. In recognition of the magnitude of the challenge, and learning from efforts to tackle ageism in the past, the organisation has committed to a staged, multi-platform campaign with a minimum ten year horizon.

Why target ‘ageism’?

Compared to other forms of discrimination, ageism is still less well recognised and understood. As the term suggests, ageism is unfair discrimination against someone based on their age. It can include prejudicial attitudes towards older people, old age, and the ageing process; discrimination against older people; and institutional practices and policies that perpetuate negative stereotypes.

Ageism matters a lot. It has a profound impact, not just on the way older people are perceived and treated but on how well or otherwise we age. Ageism has been shown to affect the cognitive and physical performances of older people; their ability to recover from disease; their health behaviours, including their decisions to engage in cognitive, social, and physical activity and/or seek medical assistance; as well as how older people are treated by others and society as a whole.

Of course, at the same time, society misses out on the dividend – the enormous benefits that can flow, economically and socially, from the full participation of older people.
A strategic approach

Addressing ageism will be a long term challenge. Negative stereotypes about older people and growing older are deeply ingrained - in our language and expectations, in representations in the media, in jokes and in all forms of popular culture. Many of us have thoroughly internalised and accepted these stereotypes, so that we actively contribute to our own marginalisation as we grow older.

To ensure a robust evidence base for the campaign, TBS undertook qualitative and quantitative research, as well as a comprehensive literature review in 2017. An eminent reference panel was convened to oversee this stage and TBS launched the research findings – *The Drivers of Ageism* - together with Age Discrimination Commissioner, The Hon Dr Kay Patterson, and social commentator, Jane Caro, on 28 September to coincide with the UN International Day of Older Persons on 1 October.

A key research finding was that many of the negative views about older people and growing old are based on myths and misinformation – mostly negative, not the reality. Another key finding was that those who had more personal contact with people aged 65+ in their family, social or work life were consistently more likely to be positive about older people and getting older themselves.

Interestingly, 80 per cent of people across all age groups felt ageism was an important issue to address, suggesting strong potential for shifting attitudes and achieving change. All the details of the research are available at [www.everyagecounts.org.au](http://www.everyagecounts.org.au).

Strength in numbers

Looking ahead, TBS isn’t tackling this challenge alone. A coalition of diverse individuals and stakeholder organisations will provide leadership and governance for the campaign. We are delighted that Cristina Giusti will represent FECCA on the EveryAGE Counts coalition steering committee.

The forthcoming campaign has already attracted strong interest from the media and the wider community as a result of the research; and a front page article in Queensland’s Courier Mail on 3 January 2018, which in turn led to a number of radio and television segments, saw interest in the campaign soar.

This is an issue that we will be hearing a lot about in the coming decade. It affects all of us and we hope you will join us. Stay tuned for news of the launch in the coming months. In the meantime, The Benevolent Society is encouraging people to sign up to the campaign at [www.everyagecounts.org.au](http://www.everyagecounts.org.au) and be among the first to lead the change we all want to see.

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In October 2017 the Multicultural Council of Gold Coast in partnership with Red Cross launched its new program: free phone service called “I Speak Your Language”. It is a volunteer based cultural support program delivering a free social support phone call to isolated CALD participants throughout Queensland. It is a one year pilot program with the possibility of extension up to two years.

Volunteers who speak languages other than English will give a friendly phone call to people who live in Queensland who are feeling lonely or may be isolated and who prefer to communicate in their own language. Apart from its main objective of reducing social isolation, the project also aims to increase migrant and refugee volunteer participation and build a sense of belonging in their new communities. The program currently has volunteers who speak Spanish, Korean, Italian, Thai, Bahasa, Japanese, Mandarin, Persian, French, Finnish and Russian. The program is open for volunteers who speak other languages where the need is recognized for those languages. Also, MCCGC is constantly reaching out to new participants who would like to receive a social call.

Although the program is not intended solely for the elderly CALD population living in Queensland, they are one of the groups targeted by the outreach. Studies show that elderly CALD community members may be under greater risk of social isolation due to low English language proficiency and other multiple vulnerabilities. Social isolation can then lead to multiple other negative physical and mental health outcomes, such as depression or dementia. Initiatives like this should help increase their levels of social interaction and hopefully improve CALD elderly physical and mental wellbeing. It should, however, be noted that “I Speak Your Language” is not a counselling service and only offers social conversation.

Welcome to ‘Speak My Language,’ an exciting and innovative program that provides CALD seniors, their carers and their families with the latest information in their own language about healthy ageing options.

From March 2018, the Ethnic Communities’ Council of NSW as the lead agency of this program invites you to join Speak My Language as we broadcast live, across Australia, in over 25 languages, from 80 ethnic radio stations.

CALD seniors, aged care experts, doctors and community leaders will take front stage, as they feature each week on air to talk about their own aged care experiences and journeys, with the hope of inspiring others to pick up the phone and seek help.

This program aims to reach an audience of over 50,000 people per week. The live radio shows and podcasts will be delivered and recorded in-language. Listeners will also have access to several technological based solutions such as an interactive website, webinars, in-language podcasts and bilingual resources which will help to assist CALD seniors and their families and friends to make empowered and informed decisions about their needs today, and for the future.

To ensure high quality advice underpins the implementation of this significant initiative, three advisory groups have been established one in each participating state - NSW, QLD and VIC. The members of these advisory groups bring a wealth of expertise and experiences and includes national and state peak bodies, allied health services, aged care services, Multicultural Sector Support and Development, ethnic services, ethnic radio broadcasters, police, CALD seniors and consumers.

Ms Terrie Leoleos, National Manager of the Speak My Language Program is proud of the developments to date. “We are well on our way to developing a program that aims to harness the strength and scope of community radio to deliver much needed information to the broader CALD community about the Commonwealth’s aged care system. The simple in-language conversations both on-radio and through our newly developed virtual Café Conversations, will assist CALD communities to better understand the recent aged care changes and make informed decisions about their health and wellbeing”.

Recent consultations with CALD seniors identified fourteen (14) priority aged care topics which have now been developed into interactive bilingual scripts in preparation for radio broadcasts. These topics include My Aged Care; Commonwealth Home Support Program; Packaged Care; Residential Care; Planning for the Future; Costs and Fees; and, early stages and advance stages of Dementia. The radio programs will also be discussing issues pertaining to elder abuse; senior’s rights and responsibilities; assessment; complaints mechanisms; and, allied health services. The radio content will explore wellness, restorative and reablement approaches to care and what it means to age well in Australia.

The Chair of ECCNSW, Ms Marta Terracciano believes ‘All Australians, no matter what background or language they speak, deserve an aged care system...”
that is responsive and meets the specific needs of our diverse communities. Through this initiative the Ethnic Communities’ Council of NSW together with its partners, is committed towards supporting governments to build a system that is flexible and responsive to those most vulnerable in our communities. The ECCNSW envisages that Speak My Language will build partnerships between ethnic radio, aged care services and the Commonwealth to provide a communication framework which will assist us to continue delivering valuable and up to date aged care information, direct to our CALD communities, in their own language, thus providing equity of access for all older Australians.

This initiative is funded under the Commonwealth Government’s 2017-2019 Dementia Aged Care Choices funding grant and is auspiced by ECCNSW and its key partners, ECC Queensland (Diversicare), ECC Victoria, The Special Broadcasting Service (SBS) and the National Ethnic and Multicultural Broadcasters’ Council (NEMBC) will be implementing this program over 2 years.

The Speak My Language program will launch its first series of on air radio programs in NSW, QLD and Victoria following the national launch in March 2018. We encourage ethnic radio stations who might be interested in hosting the program on their radio to contact the National Manager at ECCNSW to find out how they too could be part of these exciting new national multicultural radio broadcasts.

Don’t forget to tune in to Speak My Language program when it is being broadcast on your favourite community/ethnic radio station and together, let’s start a conversation about ageing well in Australia!!
CHANGES TO OVER-THE-COUNTER CODEINE

New rules for medicines with codeine give us a chance to improve pain management and reduce harms.

From 1 February 2018, because of changes made by the Therapeutic Goods Administration, all medicines containing codeine will require a prescription.

The change will mean that pain relievers, available under brand names such as Panadeine, Nurofen Plus and Mersyndol, as well as some codeine-containing cough, and cold and flu products, will no longer be available without a prescription.

So why was the decision made to make all codeine prescription-only?

Codeine is an opioid medicine and is closely related to morphine. Like morphine, codeine can cause dependence, addiction, poisoning and, in high doses, even death. However, many Australians, who start using it for pain relief, become dependent on codeine without realising it.

In recent years, there have been many cases of overdose and death involving people taking over-the-counter codeine medicines.

To prevent more people being harmed, the Federal medicine regulator, the Therapeutic Goods Administration (TGA), decided to make codeine prescription only.

What to do now?

Speaking to a pharmacist or doctor is the best first step. For many people seeking pain relief, pharmacists are able to provide advice on alternative over-the-counter medicines and treatments or whether seeing a doctor is the best option.

While many people take over-the-counter codeine for pain, it is not as effective as many people think. In fact, studies have shown that, in most instances, it is no better than paracetamol or ibuprofen alone at providing pain relief – and is less effective than a combination of both.

Some people cannot take ibuprofen, which is part of a family of medicines called NSAIDs. However, paracetamol alone has been found to be just as effective for many types of pain.

Sometimes the best way to manage pain may not be a tablet at all. Pharmacists will be able to advise people about other treatments, such as heat or cold packs – or when appropriate NSAID ointments. These may be used as an alternative or, in addition to paracetamol, to help manage pain.

For people with chronic or longstanding pain, a visit to their doctor or healthcare provider is an opportunity to find better treatment options than codeine.

When pain has become chronic, a cure is unlikely and medicine may not be the most effective solution. Doctors can guide people on more effective treatment options that could include non-drug therapies from an allied health professional such as a physiotherapist or psychologist. Similarly, self-management tools such as exercise or relaxation and referrals to pain specialists or clinics are alternatives to OTC and prescription medicines.

Where can I go for more information?

The NPS MedicineWise, Painaustralia and TGA websites provide advice and resources on pain management, as well as background information on the new rules for codeine. More information can also be found at below links:

- New rules for medicines with codeine
- New rules for medicines with codeine (Arabic)
- 可待因药物新规定 (Simplified Chinese)
- 可待因 藥物 新規定 (Traditional Chinese)
- De nouvelles règles pour les médicaments avec de la codeine (French)
- Καινούργιοι κανονισμοί για Φαρμακα που περιεχουν κωδεϊνη (Greek)
- कोडीन (codeine): वासी दवाईयो के लिए नए नियम (Hindi)
- Nuove regole per i farmaci che contengono codeina (Italian)
- 코딘 (codeine): 성분이 있는 의 약품에 대한 새 규정 (Korean)
- Nuevas pautas para medicamentos con codeína (Spanish)

Hard copies are also available to order at https://www.nps.org.au/order.
Bolton Clarke, the new name for RSL Care and RDNS, has developed a series of talking books, which are freely available on our website.

Our talking books provide essential health information on a range of topics, in a range of languages.

Each talking book includes simple, non-technical information sheets that can be listened to, or read, and printed for future reference. They can now be accessed on desktop computers, tablets or smartphones.

Currently, we have talking books available on:

- Medicines in English
- Dementia in Vietnamese
- Diabetes in Vietnamese, Greek, Italian and Macedonian

We are also developing a new talking book on Dementia in English which will be available in early 2018.

Tips for use:

- Look at the list of topics and choose what you are interested in.
- Take your time. Don’t try to read everything at once.

To access the talking books, go to:
Agents of Change is a research project recently funded by the National Health and Medical Research Council and the Cognitive Decline Partnership Centre.

The project aims to improve the implementation of three key recommendations from the Clinical Practice Guidelines for Dementia in Australia:
1. ‘People living in the community should be offered occupational therapy (reflecting evidence based programs)’
2. ‘People with dementia should be strongly encouraged to exercise’
3. ‘Carers and family should have access to programs to support and optimise their ability to provide care for the person with dementia, including respite’

The project is currently recruiting health professionals willing to participate in the study.

You will:
- Complete an online training course (2 hours a week for 6 weeks) to develop skills in translating research evidence into your practice
- Develop an implementation plan so that people with dementia and their informal carers are routinely provided with best practice care
- Gain consent from clients/patients to receive a phone call from the researchers
- Provide information about care provided

Benefits for you:
- Evidence-based training from leaders in the field
- Support to develop individualised and ‘light touch’ plans to improve your practice
- Ongoing access to clinical, consumer, and implementation experts
- Opportunities to network and collaborate with other clinicians
- A $1000 stipend to spend on conference travel to present your work
- All continuing professional development requirements (for one year) for all allied health and medical professions*
- Opportunities to become a leader in dementia care

LEARN MORE
Monica Cations (trial coordinator)  
ph. 08 7221 8338 or email  
monica.cations@flinders.edu.au
Providing financial support to a value of $20,000 per annum, the Anna Matthews OAM Research Scholarship aims to help cover the high costs of doing research with older adults from CALD backgrounds and to enable post-graduate research students to make progress around deeply entrenched problems in CALD ageing. The scholarships are made available through the generous donations provided by individuals and organisations that understand and care for the needs of ageing CALD communities. Some important problems in the field of CALD ageing include:

> Lack of health literacy, awareness, knowledge and practice of healthy ageing amongst older adults from CALD backgrounds;
> Lack of access to culturally and linguistically responsive aged care services;
> Shortage of bilingual nurses and care workers in the aged care workforce and CALD sector;
> Inadequate diagnosis and treatment of dementia, depression, anxiety and other mental health conditions amongst older adults from CALD backgrounds;
> Lack of access to and engagement with clinically effective and linguistically appropriate psychological services;
> Lack of knowledge amongst older adults and carers from CALD backgrounds about the aged care system, services, eligibility and the associated process;
> Lack of support for volunteers and unpaid carers of older adults from CALD backgrounds;
> Low quality of life, isolation and loneliness amongst older adults from CALD backgrounds.

These and the many associated challenges are shared by CALD communities across all multicultural countries with ageing populations. With global research implications on the policy and practice of CALD ageing and integration, there is a surprising scarcity of research in the area. High costs of translation, interpretation and other added costs of working with ageing CALD communities, stifle research progress. Providing financial support to a value of $20,000 per annum, the Anna Matthews OAM Research Scholarship aims to help cover these costs and enable research progress.

For more information about the research scholarship and the process of application please visit: http://frondithacare.org.au/about-us/anna-matthews-scholarship-program/

DEPARTMENT OF HUMAN SERVICES - TRANSLATING PAYMENTS AND SERVICES

The Department of Human Services regularly runs information seminars to assist culturally and linguistically diverse community groups and their members to better understand the services available to them.

Run by Multicultural Service Officers like Julian Jeyakumar, these seminars reflect the department’s recognition of Australia’s rich migrant history.

“People are often surprised by the amount of translated material the department has about different payments and services,” said Julian.

“They love that as well as the seminars, we spend time privately answering individual enquiries afterward.”

Earlier this year, Julian held a seminar at the Turkish Welfare Association in Auburn NSW.

Download Transcript:
Turkish Welfare Association (Word, 14KB)
Download Transcript:
Turkish Welfare Association (PDF, 209KB)

The department has important information translated into over 65 languages. These factsheets are available on the website, along with links to translated podcasts and YouTube videos. The department also has a national register of interpreters who speak over 230 languages.

Find information in your language here.
Community organisations can find translated materials for people they support here.
Listen to translated podcasts here.
Watch translated videos here.
Elder abuse affects at least 5% of older Australians. That’s more than 182,000 people who are in our families, communities and are our neighbours. More than 500 delegates will meet in Sydney at the 5th National Elder Abuse Conference on February 19 and 20 to understand how to prevent and reduce the risk of elder abuse in Australian society.

The National Ageing Research Institute (NARI) reported in 2017 that older women are 2.5 times more likely to be victims of elder abuse. Australian journalist, television presenter and two-time Walkley Award winner Virginia Trioli will facilitate an interdisciplinary panel titled Preventing Sexual Abuse of Older Women.

Dr Catherine Barrett, the Director of Celebrate Ageing has been working to prevent sexual abuse of older women for the past ten years. “I have gathered stories from around 200 older women about their sexual abuse – a common theme is that older women don’t know how to report sexual abuse and those who do often feel they aren’t heard,” said Dr Barrett. “These 200 women are the tip of the iceberg”, she said.

“For too long we have been silent about the sexual abuse of older women – old age was mistakenly thought to be a protective factor against sexual abuse,” Dr Barrett said.

The Hon Dr Kay Patterson AO, Age Discrimination at the Australian Human Rights Commission is featured across the two-day program. Dr Patterson said: “The increasing number of older people who have abuse perpetrated against them is alarming. As a society we must address this issue. It can no longer be a silent and hidden epidemic. The 5th National Elder Abuse Conference will be a platform to shine a light on elder abuse and to share our joint knowledge and experience to understand and learn about the various responses required to address this scourge”.

Jane Caro, well known social commentator, writer and lecturer will be facilitating an interactive panel of diverse women. The title of the session is Older Women and the Disproportionate Risks of Elder Abuse. Caro has authored papers and spoken about women growing older and the increased risks of social disadvantage compared to their male counterparts. For example in the period from 2011 to 2016 there was a 300% increase in hidden homelessness among older women ‘couch surfing’ and living in their cars (Ageing on the Edge, HAAG, 2017).

The 5th National Elder Abuse Conference titled Together Making Change is being hosted by Seniors Rights Service. Russell Westacott, CEO, Seniors Rights Service said: “The conference is an opportunity for delegates to work together and advocate for change. We must have policy makers, community workers, media and people with lived experiences to collectively call for change. We must act now!”

More details of the conference and the final program can be found at the conference website: togethernessmakingchange.org.au

More details regarding Seniors Rights Service a leading community legal centre and an aged-care advocacy organisation can be found at: seniorsrightsservice.org.au

For media information contact: Jane Polkinghorne, Communications and Media Manager, Seniors Rights Service 02 9281 3600 or 0414 464 652
RESEARCH PROJECT: IDENTIFYING COMMUNICATION DIFFICULTIES IN DEMENTIA

Experiencing communication difficulties due to dementia? OR Do you support someone with communication difficulties and dementia?

Make a change and help us develop a tool that identifies communication difficulties in dementia

Participate in an interview (phone or face-to-face) OR a discussion group

How?

If you are interested and would like to find out more, please contact Luisa:
L.krein@sydney.edu.au OR call 0452 283 056

Do you have an idea for a story? Do you want to promote positive ageing in multicultural Australia? Would you like to share the story of someone who works in aged care who champions the cause of positive ageing for people from our diverse cultures? Then please let FECCA know. Email Cristina@fecca.org.au