It is my special pleasure to present to you this latest edition of the Positive CALD Ageing Network magazine. This edition is special as I am proud to introduce to our readers the Positive CALD Ageing Network or PCAN Committee, a new aged care initiative established by FECCA to inform our work in the CALD ageing and aged care space. The purpose of the Committee is also to assist FECCA to create a current CALD aged care policy agenda which will drive a holistic and innovative paradigm of thinking to inform policy, planning and practice. It will also assist in the development and implementation of future aged care policy directions which will fully embrace the needs of our culturally and linguistically diverse ageing communities.

The Committee is comprised of selected members who are able to convey the work of the group to their communities and to also inform FECCA what their specific and current barriers are towards achieving equitable access and outcomes. The committee members are representative of CALD aged care and ageing consumer groups which extend beyond our FECCA organisational membership. The requirement for membership on the Committee is a demonstrated understanding of CALD ageing and aged care issues. I am proud to say that we have strong and diverse representation of CALD communities from a cross section of states and territories. This committee brings together people who have a demonstrated understanding of current and ongoing legislative reforms in the
sector. You can read more about our Committee members in the opening article of this issue of the Magazine.

In addition, our readers will now be familiar with the measures announced in the recent 2018-19 Federal Budget. This issue of our newsletter will provide FECCA’s overview of the budget and what it could potentially mean for CALD Australians.

I am also proud to inform you that the consultations to inform the development of the CALD Action Plan of the Aged Care Diversity Framework were completed at the end of March. FECCA’s consultations involved approximately 700 people from across Australia in the process. I would like to thank all of those who found the time to share their lived experiences, expertise and knowledge with us to help us best inform this developing government policy. I would also like to thank our members and affiliates who assisted in the planning of these consultations.

We expect that the CALD Action Plan along with those covering our Aboriginal and Torres Strait Islander people and LGBTI community members will be launched by the Government in the next few months. We are hopeful that these action plans will bring positive change in aged care services for ATSI, CALD and LGBTI consumers and prospective consumers of aged care by making care and supports and access to care more inclusive and respectful. Our older CALD Australians, many first generation migrants, worked very hard and contributed immensely to the development of the Australian society. They deserve to age with dignity and to receive services which are truly person-centred. They also desire to be in environments which are tailored to their individual needs, provided by a culturally competent professional workforce that strive to achieve quality outcomes for our diverse Australians.

Finally, I would like to thank all the contributors to this issue of the Magazine, including FECCA members, PCAN Committee members and organisations for the exceptional work which they engage in and who want to share their positive stories of CALD ageing with our audience. I would also like to invite our readers to contact us if they are interested to share their stories. In accordance with the purpose and goal of our most recent aged care initiative, we always welcome stories that promote positive CALD ageing.

I hope you enjoy reading this issue of PCAN and Ramadan Kareem to all our readers of Islamic faith!

Mary
INTRODUCING PCAN COMMITTEE

The Department of Health, through its Activity Plan for 2017-19, tasked FECCA with establishing, implementing and maintaining the Positive CALD Ageing Network Committee (PCAN) which should assist in developing policy initiatives to inform FECCA’s current and future ageing and aged care policy position.

The Committee held its first meeting in Adelaide on April 20. In their first meeting, the members discussed the progress of the development of CALD Action Plan and provided their suggestions for potential actions both by the Government and aged care providers. They also drafted a future policy agenda for the Committee and areas of focus in the upcoming period. Finally, the members were given a presentation on the new My Health Record (MHR) Opt Out scheme by representatives of the Digital Health Agency, who asked the members to convey the information about the MHR to their respective organisations and constituents.

The PCAN Committee members are representative of CALD aged care and ageing consumer groups. The membership of the Committee extends beyond FECCA organisational membership, as the members have been selected upon their individual strengths and contributions they can make to FECCA policy formulation. The Committee has representation of CALD communities across section of states and territories, bringing together people who have demonstrated understanding of current and ongoing issues and legislative reforms in the aged care sector.

PCAN committee members’ biographies

Mary Patetsos
Chairperson

Mary Patetsos is a professional Board Director, serving on both National and South Australian Boards with a rare blend of academic qualifications and expertise. Her skills and experience combined with an extensive national network enable her to add significant value to organisations at many levels. In particular, her commitment to achieve positive change drives her ambition. She contends that a strong belief in the worthiness of learning and work have become her key motivator.

Ms Marion Lau OAM JP
Healthy Ageing Chair

Marion Lau OAM JP is the Deputy Chairperson of the Ethnic Communities Council of Victoria (ECCV) and chairs the Council’s Aged Care Policy Committee. Marion is a Director of Management Consultancy & Technology Services and provides consultancy to aged care services providers. Marion has vast experience in addressing issues on ethnic health, ethnic aged care, and women’s issues. She holds a number of director positions and sits on many boards, committees and references groups that look at issues impacting the health and well-being of older Australians, particularly those from Non-English Speaking Backgrounds. Marion received the Order of Australia Medal for her work with older Australians and a Centenary Medal for services to multiculturalism. She is on the Victorian Honour Roll for Women and a Paul Harris Fellow of Rotary International.
Rosa Colanero  
**PICAC Alliance Secretary National**  
Currently Chief Executive Officer of Multicultural Aged Care Inc (MAC) which delivers information, resources and training in the aged, community care and allied health sectors, to assist service providers to better manage and deliver culturally responsive care so that people can receive targeted and inclusive information and services. Rosa has extensive experience in supervising the administration of state and national education, training and professional development programs. She also has developed training policy, information, research projects, and resources, and delivered training programs and sessions. She has chaired and sat on numerous ministerial committees and peak bodies, focusing on education and training, gender issues, access and equity, social justice, cultural diversity and community capacity building.

Tina Karanastasis  
**Strategic Development Advisor for Aged & Community Care with Uniting SA’s Ethnic Link Services**  
Positive ageing for older people from culturally and linguistically diverse (CALD) backgrounds has been a major focus for Tina during her 35 years in health and community services. She is the Strategic Development Advisor for Aged & Community Care with Uniting SA’s Ethnic Link Services, a CALD specialist service which provides assistance under the Commonwealth Home Support Programme (CHSP) to older people from 45 different countries of origin across South Australia. Ethnic Link Services also delivers culturally appropriate assessment services as a subcontracted provider of the Regional Assessment Service (RAS) and employs a multicultural workforce of bilingual bicultural staff who speak over 25 languages.

Tina is a former Senior Deputy Chair of FECCA. She currently represents FECCA on the NACA Gateway Advisory Group and CHSP Advisory Group and was also a member of the National Ageing and Aged Care Strategy for People from CALD Backgrounds Working Group.

Tina has worked extensively with government, as well as the Not For Profit and community sectors as a policy analyst and service manager, and in designing programs for vulnerable and diverse population groups. She has been awarded the Australia Day Achievement Medallion for her work with multicultural communities, and more specifically her contribution to the work of the former Commonwealth Office of Multicultural Affairs within the Department of the Prime Minister and Cabinet as its Regional Coordinator for South Australia.

Danijela Hlis  
Danijela Hlis was born in Slovenia in 1949 and then came to Australia in 1974. In 1996 her parents migrated from Slovenia and she became their carer. Her mother suffered from dementia and Danijela made an effort to understand this illness better so that she could help her mother, as well as other members of the CALD community that were affected. Danijela has worked as a Diversional Therapist and as a bi-cultural social support worker with various organisations. Today, she is a very active member of the Alzheimer’s National Consumer Dementia Research Network (CDRN).

With the help of a grant from the Slovenian Ministry of Arts and Culture, Danijela recently released a bilingual collection of poems and stories about living with dementia. Entitled *Forget-Me-Nots/Spomincice*, the moving and thought provoking book is written in Slovenian and English. Danijela drew upon 45 years of writing (she has previously published two books) and her personal experiences of people living with dementia to develop the book. In it, she writes sensitively about ageing, illness and the importance of love in the face of grief and despair.

Danijela is a compassionate individual who is working towards helping CALD sufferers of dementia to engage with art. She believes that art is a particularly effective form of communication:

“Through music, painting, literature, dance, sculpture, flower arrangements etc. people living with dementia can participate, feel empowered to explore, share and learn. Any community, any race, any culture can blossom under the umbrella of arts.”

Danijela’s poetry beautifully reflects the sorrow of dementia as well as the genuine love that many individuals finally allow themselves to express. Her words are simple yet give the reader a profound insight into this difficult and very personal experience. Above all, she is grateful for the quiet moments of tenderness and kindness that exist between friends and family.
Jeff Fiebig
General Manager Strategy & Partnership ACH Group

Jeff Fiebig graduated from Adelaide University with a Bachelor of Arts Degree in 1975. In 1971 he commenced employment with the Commonwealth Government. From 1980 until 1995 he managed the Commonwealth Aged Care Program in South Australia. He was a co-author of the Commonwealth Government's 'Residents Rights in Nursing Homes' report in 1986. While with the Commonwealth, Jeff was instrumental in the development and implementation of many national and state aged care projects and initiatives.

From 1995 to 2001, Jeff was the Director of the Office for the Ageing (OFTA) with the South Australian State Government. He was responsible for the development of many initiatives around ageing policy in South Australia including ‘Ageing a Ten-Year Plan for South Australia’ and ‘Moving Ahead: a strategic plan for the development of health services for older people’, as well as developing the South Australian Transition Care Program – a forerunner to the Transition Care Scheme introduced nationally.

Jeff is currently the General Manager, Strategy & Partnership for ACH Group and is/has advised on a long-term basis the Italian Benevolent Foundation (Bene), the Aboriginal Elders Village Community Program and COASIT (a group of Italian organisations involved in the delivery of aged care services to people of Italian background).

Jeff developed the concept of ViTA – the first Teaching, Research and Practice Residential Aged Care Service in Australia and has been instrumental in the development and introduction of innovative models of Consumer Directed Care.

Jeff is currently responsible for leading ACH Group in areas of Thought Leadership to enable the organisation to lead the way with Breakthrough Innovation and shaping the organisation within the external socio-economic environment adding to the scale, diversification and geographic reach of ACH Group products and services.

Thomas Camporeale
General Manager Co.As.It

Thomas Camporeale was born in 1978 in Sydney to parents of Italian origin. Although he visited Italy frequently with his family, he completed all of his schooling in Australia. Thomas holds a Bachelor of Arts (1998) with majors in Italian and sociology, a Bachelor of Social Work (2000) and a Masters in Business Administration (2010).

Thomas had various experiences in both the Government and corporate sectors but was ultimately interested in pursuing a career in the community sector. In late 2000, and, shortly after completing his social work degree, Thomas began working at Co.As.It as a Social Worker. The role comprised of supporting older Italians to access care and support and facilitating community education activities.

During his time with Co.As.It. Thomas has held various roles including Social Worker, Community Services Coordinator, Community Services Team Leader, Community Services Manager, Deputy CEO and in 2012 assumed the role of General Manager.

In his current role Thomas is responsible for the management of all of the organisation’s services including community and language services. This represents a staff of 220 and a budget of over 14 million dollars. Thomas is responsible for ensuring the growth, reach and long term sustainability of the organisation. He has achieved many milestones for Co.As.It including the purchase of the Italian Cultural Centre in Leichhardt; the significant growth of aged care services including complex care services, private care and centre based daycare program; the growth of the annual fund-raiser and celebration of Italian National Day; growth and relocation of the Italian Bilingual School; initiation of fundraising for communities impacted by the earthquakes in Central Italy and countless other initiatives. Thomas is a respected and recognised leader in the community and is acknowledged for managing a large multifaceted organisation that has a State wide reach.
**Anna Maria Harrison JP**  
Chief Executive Officer  
UMBRELLA Multicultural Community Care Services Inc

Ms Anna Harrison is a hardworking and inspirational woman who has worked tirelessly for many decades to make a positive and lasting difference in the lives of seniors regardless of their backgrounds. Anna has been involved in providing services to seniors since the inception of the Multicultural Aged Care Program in 1982. Anna is committed to ensuring that WA's diverse older populations receive quality, respectful services that support them to remain independent in their own homes.

Anna's greatest work is the establishment of two major aged care programs in WA: RAINBOW Community Aged Care Packages (1990) and UMBRELLA Multicultural Community Care Services Inc. in 2000. Umbrella is an award-winning, not-for-profit organisation that provides community aged care services for over 700 seniors from 56 different countries and for LGBTI seniors. Umbrella programs operate primarily on the base of recognition and celebration of diversity.

Anna has always believed that it is recognising the value of difference that combats discrimination and promotes inclusion. The services established under Anna's leadership are always innovative and ground-breaking in nature. Anna's work has improved the quality of life of many older people, by involving them in community activities, reducing their sense of social isolation and improving their overall health and wellbeing.

**Ljubica Petrov**  
Manager - Centre for Cultural Diversity in Ageing VIC

Ljubica Petrov is the Manager of the Centre for Cultural Diversity in Ageing and is the President of the Serbian Community Association of Australia. For the past 24 years Ljubica has worked in the aged care sector supporting the implementation of inclusive initiatives that ensure equitable access to quality services for all older people and especially people who migrated to Australia and speak languages other than English. Ljubica has extensive experience developing resources, policies and training that facilitate service initiatives address the needs of a diverse population.

Ljubica has a Bachelor of Arts (Melbourne University) with majors in Russian and English, Diploma in Education (Monash University) and a Bachelor of Education (La Trobe University). In 1986 Ljubica was awarded an International Teaching Fellowship in recognition to her contribution to multicultural and bilingual education in Victoria. Ljubica is also a NAATI accredited Serbian / English interpreter and translator.

In her current role at the Centre for Cultural Diversity in Ageing, Ljubica is responsible for the delivery of aged care sector and community support under the Partners in Culturally Appropriate Care (PICAC) initiative in Victoria.

**Marta Terracciano**  
CEO Residential Gardens  
ECCNSW Chair NSW

Marta Terracciano J.P. is currently the CEO of Residential Gardens. Her experiences have helped her broaden her horizons and become a key figurehead in the community. She has a comprehensive knowledge and understanding of cultural issues in the community. She has experience in high quality aged care systems that ensures equitable access and outcomes.

Marta has contributed to many community projects and has been a representative voice on many committees and advisory Boards including being appointed Commissioner of the Community Relations Commission (CRC) for six years, and Chairperson of the Advisory Council. She has worked closely with organisations to help them better understand the critical issues in the community, particularly relating to aged care.

Through these actions, she has helped lead the people in the community on current issues and consulted with other community leaders in order to achieve the best possible outcomes for everyone involved. She has a strong understanding of the issues affecting the community and has many years of experience working with government officials which has given her a strong leadership capability within the community and her organisation. She is an advocate for the greater good of aged care services, and this has been a constant focus of her work throughout her career.

Presently, Mrs. Terracciano dedicates her time and shares her knowledge as:

> The Chief Executive Officer (CEO) of Residential Gardens
> The Chair of Ethnic Communities’ Council of NSW, (ECCNSW)
> A member of the Board of Directors for Multicultural Care
> An invitee in key positions and consultative committees and boards
Chin KF Wong
President – ACT Chinese Australian Association Inc.

Chin holds the current positions as:
> Chair – Canberra Multicultural Community Forum Inc.
> Ministerial Appointed Member – ACT Multicultural Advisory Council
> President – A.C.T Chinese Australian Association Inc.

Chin K Wong is recognised as an outstanding volunteer and a quiet achiever amongst the multicultural community in the ACT. Her contributions and achievements in championing the value of multiculturalism and promoting community harmony and positive community relations are invaluable.

In 1999, Chin was awarded a Certificate of Appreciation by the ACT Government for her contributions to the Chinese community. In 2005, Chin received a FECCA 25th Year Anniversary medal for her community work and valuable contributions to Multiculturalism of Australia. In 2011, she received an award as the most outstanding multicultural community volunteer of the Year. In 2017, she was awarded as the ACT Multicultural Advocate of the Year.

Chin is a well-respected community leader and is responsible for building a sustainable community’s support network, especially for the Chinese elderly community groups and the Multicultural Seniors leaders’ community network group. She is passionate about building a better working relationship with the community service providers and find solutions to break down the barriers to enable the elderly community can access the services with full support.

Tina Douvos-Stathopoulos
CEO Pronia VIC

PRONIA’s CEO, Tina has over 28 years’ experience in working with the Australian-Greek and broader community and possesses extensive knowledge of the multicultural sector. Her expertise is in the development and management of culturally responsive programs including settlement and migration services, aged and disability, family and children and direct services. She is committed to stakeholder engagement improving service responses to changing community needs and supporting service innovation. Tina is a strong advocate for multicultural affairs contributing to policy and representing community on state and national advisory committees.
In this year’s budget statement Government committed 5 billion for aged care over four years. This commitment includes a number of measures towards improvement of service provision for older Australians, including the commitment to deliver 20,000 high level home care packages.

Before we start discussing what this year’s budget figures mean for CALD Australians, it is important to provide an overview of their needs for aged care and their current participation rates.

The Australian Institute of Health and Welfare Report on Aged Care Services1 released in May this year indicates that the percentage of CALD aged care targeted population in Australia in 2016 was 22.6%. The report also looks into data in relation to the proportion of people from CALD backgrounds in the population of service clients, which is the number of clients aged 65 years or over from CALD backgrounds in the total number of service recipients. For 2017 CALD figures are as follows:

> 21.6% were receiving Commonwealth Home Support Program
> 26.6% were in home care levels 1-2
> 27.6% were on higher level packages 3-4
> 18.9% were in residential aged care
> Number of CALD people receiving Home and Community Care (HACC) was unknown

Also, with regard to aged care assessments, the latest figures are from 2015-16 when the percentage of CALD people who had undergone an assessment was 20.7%. That number however doesn’t provide an indication as to the assessments outcomes and the levels of packages awarded as the result of the assessments.

The above numbers could be interpreted as a preference for home care by CALD Australians, even when needing higher level care. The numbers could also indicate that the quality of service received in mainstream residential aged care, which is not meeting their cultural and other needs, is the reason behind their lower participation.

Some of the items in this year’s budget could potentially go toward improving the outcomes for CALD Australians with regard to both home and residential care. It remains to be seen whether this will eventuate.

On the night of Federal Budget announcement FECCA gave a cautious welcome to the boost to aged care funding. FECCA Chair Mary Patetsos pointed out that FECCA was disappointed that there was no funding specifically earmarked for ensuring culturally-competent care for older Australians of culturally and linguistically diverse (CALD) backgrounds. Here we will provide a detailed view of specific budget items that may be relevant to CALD.

**Improvement of Access**

The 2018-19 Budget commits to better access to care through introducing several initiatives. Firstly, 61.7 million will be dedicated towards the improvement of My Aged Care. This measure is expected to make it easier for older Australians to engage with My Aged Care by enhancing self service options and improving website and aged care service finder functionality, through providing clearer information on service options and helping older Australians to understand the next steps to access aged care. It will also provide service providers and health professionals, such as GPs, the ability to directly refer patients who need extra support to maintain their independence for assessment for aged care services.

Secondly, Government intends to facilitate better access to aged care through the introduction of an aged care system navigator. This is something that FECCA has been advocating for in the process of the development of the CALD Action Plan under the Aged Care Diversity Framework. Our position, informed by the consultations held with our constituents and providers of culturally specific aged care services, has been that the existing ways of accessing aged care services through My Aged Care, that relies on online and telephone access, are not suitable for older people and their representatives of CALD background. FECCA’s position is that culturally specific community organisations should be supported to facilitate access by having trained paid staff to provide this important navigation service.

In the proposed budget, the Government has provided $7.4 million towards this measure through piloting four programs:

- 30 aged care information hubs to provide locally targeted information and build on people’s capacity to engage with the aged care system;
- 20 community hubs where members support each other in navigating aged care and healthy ageing
- 6 full time specialists placed in consumer focused organisations to offer one-on-one support to vulnerable people and
- 6 full time aged care Financial Information Support Officers (FISOs) in the Department of Human Services (to complement the existing generalist FISO service) to give additional support to people with the complex financial decisions which often needs to be made prior to entering aged care.

The Government’s budget statement claims that this measure will particularly assist Australians who are vulnerable, who may find it difficult to access or understand the aged care system, and people who have complex needs, including those with language barriers, or people who experience significant financial disadvantage or are socially isolated.

At this stage, the sector is unsure how this programme will be rolled out, how the 30 information hubs and 20 community hubs will be established and whether the existing CALD specific organisations will be among those selected to provide this service. FECCA will urge the government and other stakeholders, when deciding on the implementation of this program, to take into consideration the special needs of our CALD constituents and strongly urge that it is important to utilise the existing CALD specific organisations that already operate community hubs, rather than establishing new ones or utilising organisations that are not CALD specialist.

**Mental health**

Government plans to invest $102 million towards mental health support for older Australians over 4 years:

- $20 million trial to improve mental health services for Australians over 75 years of age whose mental and physical health are at risk because of social isolation and loneliness. This activity will be lead by the Australian College of Mental Health Nurses
- $82.5 million in new mental health services for people with a diagnosed mental disorder living in residential aged care facilities.

The Minister for Aged Care Ken Wyatt, speaking at the budget presentation night of the Department of Health, particularly addressed the $82.5 million initiative, highlighting the high suicide rates among people who are diagnosed with bi-polar disorder, predominantly among men over 85.

While FECCA generally endorses this measure, we emphasise the importance of CALD Australians also benefiting from this programme. A significant body of Australian and international research has highlighted the fact that immigrant and refugee populations are at higher risk of severe mental illness, and tend to have higher rates of diagnosis of psychosis upon presenting at acute inpatient units, than the general Australian population. These aspects of CALD mental health...
health have been attributed to pre-migration, migration and settlement stresses including, but not limited to, torture and trauma backgrounds, social isolation, unemployment, and an inability or unwillingness to access mainstream support services due to these services’ lack of cultural and language competency. This program is an opportunity for the Government to improve mental health outcomes for older CALD Australians and FECCA will continue to advocate with the Government for their inclusion in these funding streams.

**Palliative care**

The government plans to invest $32.8 million over the 4-year period in support for new approaches to how care is delivered by state and territory governments that improve palliative and end-of-life care coordination. This investment is also expected to strengthen national efforts to improve access to quality palliative care as a key component of an integrated health-aged care system. Through this measure, the Government recognised that many older Australians living in residential aged care facilities transfer in and out of hospital multiple times as they approach the end of their lives. This measure is expected to provide early access to specialist palliative care support in aged care facilities that will reduce the need for many of these hospitalisations and may limit the associated emotional and financial impacts on older Australians and their families. The need for enabling people to die in their place of choice is emphasised, receiving the care that meets their personal and medical needs. FECCA is hopeful that older CALD Australians will benefit from this programme and will continue to advocate for introduction of culturally specific palliative care, regardless of the place where that care is delivered.

**Dementia care**

The Government will invest $5.3 million over 4 years towards improving care for people living with dementia, by investing in primarily technologically innovative solutions that are aimed at helping people living with dementia, their families and carers. It is FECCA’s position that this is a low investment having in mind the growing need and the growing numbers of people living with dementia including CALD Australians.

**Elder Abuse**

The Federal Budget 2018-19 includes a $22 million commitment to protect vulnerable Australians from elder abuse. The Government’s elder abuse commitment includes the creation of an Elder Abuse Knowledge Hub, a National Prevalence Research scoping study and development of a National Plan, to which the Attorney General committed earlier this year.

FECCA commends this approach and wishes to highlight the importance of including CALD people in the National Prevalence research as well as having CALD voices present and heard in the development of the National Plan and establishment of the Knowledge Hub.

**Transition to new aged care quality standards**

The government plans to invest $50 million towards supporting approved residential aged care providers transition to the new quality standards which are due to be launched on July 1, 2018. The focus of the new standards is on outcomes for consumers as opposed to the current Accreditation Standards where the focus is on organisational systems and processes. The Government believes that residential aged care providers will need support in the transition process. Although we have yet no indication what this will mean for CALD recipients of government subsidised aged care, FECCA sees a great need towards embedding diversity throughout all areas of the provision of aged care. This is particularly important as the ageing population is becoming increasingly diverse. Investment should ideally be sought for including education on inclusivity for governing bodies, management and the workforce.
Summary of Aged Care and Relevant Investment – Source: NACA

$18.7B investment into aged care next financial year.

<table>
<thead>
<tr>
<th>Department of Health Outcome 6: Ageing and Aged Care</th>
<th>2017-18 Estimated actual $’000</th>
<th>2018-19 Budget $’000</th>
<th>2019-2020 Forward Year 1 $’000</th>
<th>2020-2021 Forward Year 2 $’000</th>
<th>2021-22 Forward Year 3 $’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program 6.1: Access and Information</td>
<td>253,115</td>
<td>319,472</td>
<td>285,482</td>
<td>265,712</td>
<td>269,709</td>
</tr>
<tr>
<td>Program 6.2: Aged Care Services</td>
<td>16,795,876</td>
<td>18,184,052</td>
<td>19,602,770</td>
<td>20,714,711</td>
<td>22,203,442</td>
</tr>
<tr>
<td>(Combines Home Support &amp; Care and Residential &amp; Flexible Care from 17/18 budget)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program 6.3: Aged Care Quality</td>
<td>174,333</td>
<td>212,757</td>
<td>204,445</td>
<td>189,290</td>
<td>189,834</td>
</tr>
<tr>
<td>Total expenses for Outcome 6</td>
<td>17,223,324</td>
<td>18,716,281</td>
<td>20,092,697</td>
<td>21,169,713</td>
<td>22,662,985</td>
</tr>
</tbody>
</table>

Key budget targets – Source: NACA

<table>
<thead>
<tr>
<th>Department of Health Outcome 6: Aged Care</th>
<th>2017/18 Estimated Results</th>
<th>2018-19 Target</th>
<th>2019-20 Target</th>
<th>2020-21 Target</th>
<th>2021-22 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of allocated Home Care Packages.</td>
<td>87,590</td>
<td>111,500</td>
<td>134,500</td>
<td>144,500</td>
<td>151,500</td>
</tr>
<tr>
<td>No of older people who accessed restorative interventions through the Short-Term Restorative Care Program or the Transition Care Program.</td>
<td>n/a</td>
<td>≥28,000</td>
<td>≥31,000</td>
<td>≥32,000</td>
<td>≥34,000</td>
</tr>
<tr>
<td>Number of places funded through Multi-Purpose Services.</td>
<td>3,619</td>
<td>3,869</td>
<td>3,980</td>
<td>4,060</td>
<td>4,149</td>
</tr>
<tr>
<td>Number of places funded through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.</td>
<td>860</td>
<td>1,000</td>
<td>1,300</td>
<td>1,500</td>
<td>1,700</td>
</tr>
<tr>
<td>Residential aged care places available as at 30 June.</td>
<td>204,700</td>
<td>210,100</td>
<td>217,000</td>
<td>225,000</td>
<td>234,000</td>
</tr>
<tr>
<td>My Aged Care Performance - Efficiency</td>
<td>87.1%</td>
<td>&gt;90%</td>
<td>&gt;90%</td>
<td>&gt;90%</td>
<td>&gt;90%</td>
</tr>
<tr>
<td>The percentage of high priority comprehensive assessments with clinical intervention completed within two days of referral acceptance being maintained</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My Aged Care Performance</td>
<td>91.8%</td>
<td>&gt;90%</td>
<td>&gt;90%</td>
<td>&gt;90%</td>
<td>&gt;90%</td>
</tr>
<tr>
<td>Maintaining the percentage of high priority home support assessments completed within 10 calendar days of referral acceptance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My Aged Care Performance</td>
<td>92.7%</td>
<td>≥95%</td>
<td>≥95%</td>
<td>≥95%</td>
<td>≥95%</td>
</tr>
<tr>
<td>Percentage of surveyed users who are satisfied with the service provided by the My Aged Care Contact Centre is increased.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My Aged Care Performance</td>
<td>55.2%</td>
<td>≥65%</td>
<td>≥65%</td>
<td>≥65%</td>
<td>≥65%</td>
</tr>
<tr>
<td>Percentage of surveyed users who are satisfied with the service provided by the My Aged Care website.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Providing a Cultural Bridge to Services for Older People from CALD Backgrounds and their Carers in South Australia

Ethnic Link Services, UnitingSA

By Tina Karanastasis, Strategic Development Advisor, Aged & Community Care

Ethnic Link Services was established in 1984 and specifically funded to assist older people from culturally and linguistically diverse (CALD) backgrounds to overcome barriers which prevented them from accessing and navigating the services they needed to remain living independently in their homes and communities. What began as a relatively small service with a handful of bilingual bicultural staff has grown into a state wide service which supports older people from 45 different countries of origin and employs a multicultural workforce which speaks over 25 languages.

With service hubs in metropolitan Adelaide, as well as the regional areas of the Riverland and Whyalla, Ethnic Link Services delivers a suite of one-on-one and group services to over 800 CALD consumers every year through the Commonwealth Home Support Programme (CHSP). It is also a subcontracted provider of culturally appropriate assessment services through the Regional Assessment Service (RAS) and since 2015 has undertaken almost 2,000 assessments across South Australia.

The vast majority Ethnic Link Services’ clients speak little or no English, are pensioners, manage chronic health conditions, do not have the capacity to navigate an increasingly complex aged care system, and are socially isolated.

Consumer directed care, while an aspirational concept, requires a series of additional access and equity interventions for older people who are unable to effectively communicate their needs and wishes or access information in a manner that supports them to make informed choices about their care. This likewise applies to their carers who may themselves be elderly, speak little or no English and/or experiencing declining health.

Ethnic Link Services’ clients are matched to staff who speak their language and share their culture. They are supported to access the services they require knowing they have a cultural advocate who walks beside them, supporting them to understand the myriad of information they receive and consider their options while recognising their right to be the experts in their own care. This relationship between Ethnic Link Services’ staff and their clients is also based on continuity of service which supports the establishment of trust and authentic relationships built over time.

In addition to the individualised assistance provided to older people, Ethnic Link Services conducts 19 social support groups across the State. These are facilitated in the primary language of participants and also focus on the needs of older people from smaller CALD
communities who do not have access to the facilities and programs enjoyed by larger CALD communities. Currently, social support groups are conducted for older people from Arabic-speaking, Bosnian, Russian, Persian, and Spanish-speaking backgrounds across metropolitan Adelaide. Groups for Greek, Italian and Turkish older people are conducted in the Riverland, as well as Eastern European older people in Whyalla. A common practice across all groups is that the older people themselves plan their annual activities and have a significant say in how the groups are run. These groups also provide the means through which participants can access information about services in their own language, with external providers invited to participate as guest speakers.

In 2015 and 2016 respectively, Ethnic Link Services was awarded an ACSA SA/NT Service Excellence Award and Governor’s Multicultural Award for its extensive body of work in addressing the social isolation of CALD older people across South Australia through its program of social support groups.

The work of Ethnic Link Services is underpinned by a commitment to innovation and continuous improvement, ensuring quality and relevance. State government funding for the Digital Literacy Project has introduced older people from CALD backgrounds to the benefits of the internet. A series of workshops, again conducted in the primary language of participants, has familiarised older people from Greek, Persian and Spanish-speaking backgrounds to the technology which can connect them to their friends, local communities and countries of origin. Google Maps has enabled virtual visits to their village home or other parts of the world, while other applications have allowed them to enjoy current affairs, sporting events, music and films in their own language. This project has challenged the prevailing myth that older people from CALD backgrounds are disinterested in technology and Ethnic Link Services is currently seeking additional funding to respond to requests from other cultural groups. The knowledge acquired by participants has also resulted in intergenerational benefits with conversations taking place between grandparents and grandchildren about the internet.....yiayia and pappou have become cool.

Ethnic Link Services has likewise sourced external funding for projects including Soul Food and Our Shared Table which preserve and celebrate the food traditions of older South Australians and their contribution to Australian food culture and identity. These have been showcased through the lens of their migration and settlement journeys and have culminated in exhibitions at the SA Migration Museum, with the Our Shared Table Exhibition currently on tour across Local Councils in metropolitan Adelaide and regional South Australia.

Ethnic Link Services continues to champion the accreditation and recognition of bilingual bicultural workers in the aged and community services sectors and has worked collaboratively with the Research Centre for Languages & Cultures at the University of SA and TAFE SA towards the development of a language skills assessment and accreditation model which is context based and incorporates the caring scenario.

In looking to the future, we strongly believe that the CALD sector is ideally placed to deliver the ‘connect and navigation’ role announced in this year’s Federal Budget ($7.4m over two years for System Navigator Pilots) to older people from diverse cultural backgrounds and their carers. This has been an integral part of our work since the introduction of My Aged Care and subsequent reforms, especially for those older people who are experiencing episodes of vulnerability and have poor proficiency in English.

Ethnic Link Services is pleased to be working closely with FECCA and the PICACs through the Positive CALD Ageing Network Committee (PCAN) and other avenues to ensure that our extensive expertise as a sector is actively recognised, harnessed and appropriately funded by Government.
Personal Experience of CALD Dementia in Australia

By Danijela Hlis

About 9 years ago when I joined the Alzheimer’s Australia Consumer Dementia Research Network, (CDRN) I was caring for my mother, in Tasmania. I lost her to dementia a few years ago and last year I moved to the Sunshine Coast in Queensland. I have been a member of the CDRN since its beginning and have so far participated in many research projects, given talks and workshops on ageing and dementia among people born overseas.

My aunt, who lived in France, also had dementia and I was her only relative. I believe that a lot of my aunt’s psychotic episodes and her at times aggressive even violent attacks on staff, were linked to her not being loved and or understood - feeling abandoned. While my mother, who had me as her carer and advocate, and her family who loved and supported her here in Australia, had a happy life with dementia.

People living with dementia who are from diverse cultural backgrounds can experience additional challenges due to a lack of understanding by their caregivers. But much of this difficulty can be reduced by appropriate use of bi cultural tools and correct training of staff. My passion in life now is in enlightening our society (through my poetry and prose and my work in the dementia field) about our duty to EMPOWER the person, ASSIST the carer, and ACCEPT that unconditional love and compassion, respect and social inclusion are equally important to standards and accreditation (if not even more!). I continue to advocate to our politicians and our researchers asking them to accept that inclusion of all Australians in every aspect of ageing, disability and dementia is a human right. All decisions, all research can only have positive enabling effect if we, the consumers, are included in the process.

Many members of the CALD community who are affected by dementia often revert to their first language. This can become problematic without the assistance of culturally competent and inclusive care supports and services. It can also result in major communication difficulties and isolation, both of which lead to negative health outcomes.

My past careers were in diplomatic service (translator for English, French, Italian, Slovenian) and 20 years as Human resource Manager/Industrial Relations manager in Paris, Sydney and Melbourne. For 15 years I also managed my own tourism business in Tasmania. Once my parents migrated from Slovenia in 1996, I went back to study to be able to empower them to live well even though they had no English and were unwell. To anyone who can experience looking after their frail and aging parents-go for it-it is a challenge but a real enlightenment.
The Centre for Cultural Diversity in Ageing has launched a new website with a broad range of useful resources for both aged care service providers and consumers and carers. The new website offers free, downloadable resources such as the brand new Inclusive Service Standards: A resource for aged care providers; Bilingual Aged Care Staff Directories; and updated Culturally Inclusive Practice Guides. The website is funded by the Australian Government Department of Health under the Partners in Culturally Appropriate Care Initiative.

Launched at the LASA Tri-State Conference, The Inclusive Service Standards: A resource for aged care providers provide a new framework that will support aged care providers in their journey of becoming inclusive for all consumers. The Standards will assist providers to embed a systemic and holistic approach that focuses on adapting and improving current services and organisational practices so they are welcoming, safe and accessible for everyone.

The popular Culturally Inclusive Practice Guides have been revisited and updated, and are intended to be used by managers and staff and inform direct service provision. The Practice Guides set out key considerations, actions and resources that can support aged care providers to deliver inclusive services to people from culturally and linguistically diverse backgrounds.

Impressive new features of the website are the two new bilingual staff directories: The Aged Care Services with Bilingual Staff Directory, and the Bilingual Agency Staff Directory. These directories allow consumers to search for bilingual aged care staff who speak their language in their region; and allow aged care services to search for bilingual agency staff. Aged care services and agencies are encouraged to register their organisations’ bilingual staff on one of both of the directories.

Explore the new Centre for Cultural Diversity in Ageing website at www.culturaldiversity.com.au
With an ageing Australian population, older people comprise an ever-increasing proportion of the consumer market. What does this mean for older consumers and for the markets they engage with?

How do we move past stereotypes to better identify and meet the needs of a dynamic, diverse group of people spanning the age range from 50 to 100?

In rapidly changing markets, how do we ensure that older consumers can retain and exercise a high level of choice, navigate key challenges, avoid exploitation and protect their rights?

The 2018 COTA National Policy Forum brings together older consumers, consumer advocates, academics, regulators and sector experts to closely examine the challenges and opportunities facing older consumers in current and emerging markets; and to identify the priorities for ensuring their voices are heard in consumer policy, regulation and market practice.

**THE NATIONAL POLICY FORUM IS NOT FAR AWAY!**

For more information:
- Call 02 6154 9740
- Email: nationalpolicyforum@cota.org.au
- Write to COTA Australia, Suite 9, 16 National Circuit, Barton, ACT 2600

To register for the Forum:
Bookings - EventBrite
Registration fees apply.

www.cota.org.au
ECCV Seniors forum and election panel on 14 March

By: Nikolaus Rittinghausen,
Policy Officer – Aged Care,
Ethnic Communities’ Council of Victoria (ECCV)
nritinghausen@eccv.org.au

The Ethnic Communities’ Council of Victoria (ECCV) facilitated a Seniors Forum and Election panel on 14 March.

ECCV invited members from ethnic senior citizens club, representatives from multicultural service providers, and State politicians. Approximately 80 people attended the forum.

Seniors had the opportunity to learn from other seniors groups. “Seniors for Seniors” presented on bringing about change by seniors themselves and highlighted a number of issues including:

> The importance of seniors to remain connected and participate in the community;
> A seniors’ hub where people could drop in and seek help and receive information;
> Seniors are a resource for Australia;
> Many seniors are feeling isolated at home;
> The lack of representation for aged pensioners at all levels of government.

The ECCV Gambling Harm Project Coordinator, Lyn Dundon, and Kelvin Thomson from the Alliance for Gambling Harm, presented on detrimental effects of gambling and alerted seniors groups to avoid gaming venues as part of their excursions.

Three State politicians presented their programs and seniors asked them questions about their plans in terms of Government funding directed at ethnic seniors citizens clubs and the prevention of gambling harm in multicultural communities if they were to be elected into the Victorian Parliament. Another issue that was raised was about public liability insurance for seniors groups.

ECCV has been advocating on behalf of ethnic senior citizens clubs for some time and recent policy advocacy include our Discussion Paper on Ethnic Seniors Clubs and Groups – Planning for the future of seniors groups in Victoria (please click here to access the paper).
CARING FOR PEOPLE WHO CARE FOR US

The organisation's vision is to facilitate retirement and well-being for seniors of various ethnic communities, of which Dementia Care will be an integral part. AASHA’s core values of ‘Trust’, ‘Compassion’, ‘Collaboration’ and ‘Inclusion’ are the main drivers of their work.

Ms. Bijinder Dugal & Dr Valanju, AASHA co-founders and directors explain their plans for the future: “AASHA’s aim is to attract more volunteers, members and donations so as to be able to start up more social hubs for seniors. AASHA would also like to bring various community organisations to one platform for aged care, so as to make services available to our senior citizens.”

The organisation runs dementia/Mental Health early intervention programs to create awareness, assist with its management and facilitate placements into culturally appropriate aged care centres. They also provide culturally appropriate family support to family members of people suffering from Mental Health issues.

AASHA runs Social Hubs to constructively engage community seniors through wide range of activities, including networking, mental stimulation, music & cultural activities, physical fitness, introduction to new technologies and English language training.

Two popular social hubs started last year and still continuing are the Crowsnest Bollywood morning tea for seniors and also the Hornsby “Stay Well, Live Well” social hub.

The word ‘AASHA’ has its origins in Sanskrit and means ‘Hope’. The AASHA Australia Foundation started as an initiative to meet the growing needs of care for the growing population of elderly originating from Indian and South-Asian Sub Continent. The not for profit aged care organisation was established in Sydney and provides support for a significant number of seniors.

The organisation strives to instil hope in the minds of seniors from South East Asian, Culturally and Linguistically Diverse (CALD) communities by facilitating culturally appropriate aged care and related services for their community members. The Foundation also works on bridging the gap between Australian Government Health services, Service providers and community members.

AASHA recognises that most seniors in their community suffer due to lack of awareness of aged care and health services available. Other factors of social wellbeing also add to the distress of the seniors: lack of social inclusion, social stigma about mental health, busy lifestyle of the family members and lack of culturally appropriate care options. The initiatives of AASHA are aimed at supporting the seniors and enabling a happy life.

The word ‘AASHA’ has its origins in Sanskrit and means ‘Hope’. The AASHA Australia Foundation started as an initiative to meet the growing needs of care for the growing population of elderly originating from Indian and South-Asian Sub Continent. The not for profit aged care organisation was established in Sydney and provides support for a significant number of seniors.

The organisation strives to instil hope in the minds of seniors from South East Asian, Culturally and Linguistically Diverse (CALD) communities by facilitating culturally appropriate aged care and related services for their community members. The Foundation also works on bridging the gap between Australian Government Health services, Service providers and community members.

AASHA recognises that most seniors in their community suffer due to lack of awareness of aged care and health services available. Other factors of social wellbeing also add to the distress of the seniors: lack of social inclusion, social stigma about mental health, busy lifestyle of the family members and lack of culturally appropriate care options. The initiatives of AASHA are aimed at supporting the seniors and enabling a happy life.

The word ‘AASHA’ has its origins in Sanskrit and means ‘Hope’. The AASHA Australia Foundation started as an initiative to meet the growing needs of care for the growing population of elderly originating from Indian and South-Asian Sub Continent. The not for profit aged care organisation was established in Sydney and provides support for a significant number of seniors.

The organisation strives to instil hope in the minds of seniors from South East Asian, Culturally and Linguistically Diverse (CALD) communities by facilitating culturally appropriate aged care and related services for their community members. The Foundation also works on bridging the gap between Australian Government Health services, Service providers and community members.

AASHA recognises that most seniors in their community suffer due to lack of awareness of aged care and health services available. Other factors of social wellbeing also add to the distress of the seniors: lack of social inclusion, social stigma about mental health, busy lifestyle of the family members and lack of culturally appropriate care options. The initiatives of AASHA are aimed at supporting the seniors and enabling a happy life.

The word ‘AASHA’ has its origins in Sanskrit and means ‘Hope’. The AASHA Australia Foundation started as an initiative to meet the growing needs of care for the growing population of elderly originating from Indian and South-Asian Sub Continent. The not for profit aged care organisation was established in Sydney and provides support for a significant number of seniors.

The organisation strives to instil hope in the minds of seniors from South East Asian, Culturally and Linguistically Diverse (CALD) communities by facilitating culturally appropriate aged care and related services for their community members. The Foundation also works on bridging the gap between Australian Government Health services, Service providers and community members.

AASHA recognises that most seniors in their community suffer due to lack of awareness of aged care and health services available. Other factors of social wellbeing also add to the distress of the seniors: lack of social inclusion, social stigma about mental health, busy lifestyle of the family members and lack of culturally appropriate care options. The initiatives of AASHA are aimed at supporting the seniors and enabling a happy life.

The word ‘AASHA’ has its origins in Sanskrit and means ‘Hope’. The AASHA Australia Foundation started as an initiative to meet the growing needs of care for the growing population of elderly originating from Indian and South-Asian Sub Continent. The not for profit aged care organisation was established in Sydney and provides support for a significant number of seniors.

The organisation strives to instil hope in the minds of seniors from South East Asian, Culturally and Linguistically Diverse (CALD) communities by facilitating culturally appropriate aged care and related services for their community members. The Foundation also works on bridging the gap between Australian Government Health services, Service providers and community members.

AASHA recognises that most seniors in their community suffer due to lack of awareness of aged care and health services available. Other factors of social wellbeing also add to the distress of the seniors: lack of social inclusion, social stigma about mental health, busy lifestyle of the family members and lack of culturally appropriate care options. The initiatives of AASHA are aimed at supporting the seniors and enabling a happy life.

The word ‘AASHA’ has its origins in Sanskrit and means ‘Hope’. The AASHA Australia Foundation started as an initiative to meet the growing needs of care for the growing population of elderly originating from Indian and South-Asian Sub Continent. The not for profit aged care organisation was established in Sydney and provides support for a significant number of seniors.

The organisation strives to instil hope in the minds of seniors from South East Asian, Culturally and Linguistically Diverse (CALD) communities by facilitating culturally appropriate aged care and related services for their community members. The Foundation also works on bridging the gap between Australian Government Health services, Service providers and community members.

AASHA recognises that most seniors in their community suffer due to lack of awareness of aged care and health services available. Other factors of social wellbeing also add to the distress of the seniors: lack of social inclusion, social stigma about mental health, busy lifestyle of the family members and lack of culturally appropriate care options. The initiatives of AASHA are aimed at supporting the seniors and enabling a happy life.

The word ‘AASHA’ has its origins in Sanskrit and means ‘Hope’. The AASHA Australia Foundation started as an initiative to meet the growing needs of care for the growing population of elderly originating from Indian and South-Asian Sub Continent. The not for profit aged care organisation was established in Sydney and provides support for a significant number of seniors.

The organisation strives to instil hope in the minds of seniors from South East Asian, Culturally and Linguistically Diverse (CALD) communities by facilitating culturally appropriate aged care and related services for their community members. The Foundation also works on bridging the gap between Australian Government Health services, Service providers and community members.

AASHA recognises that most seniors in their community suffer due to lack of awareness of aged care and health services available. Other factors of social wellbeing also add to the distress of the seniors: lack of social inclusion, social stigma about mental health, busy lifestyle of the family members and lack of culturally appropriate care options. The initiatives of AASHA are aimed at supporting the seniors and enabling a happy life.
“Our goal is to start in Sydney west another social hub this year”, says Ms. Bijinder Dugal.

AASHA also started a unique initiative to get seniors engaged and active with Bollywood music. “Under the leadership of Vinod Rajput, well known Bollywood Indian singer and his team, seniors enjoy our social hubs and participate in singing and dancing. Seniors dance, sing, socialise, enjoy ethnic food, exercise and have lot of fun”, explains Ms. Dugal.

In addition, AASHA works at strategic and policy levels by lobbying with the government bodies, highlighting the culturally appropriate service gaps for South Asian community and seek intervention to fill those gaps. They also provide cultural training to the service providers, to enable them with providing culturally appropriate services to South Asian seniors.

AASHA participates in major community events to offer services like free medical health checks and to create awareness about wellness and mental health. The organisation is particularly proud of the forums it runs to create awareness about mental health. Their flagship events are the Mental Health Forums and seniors rights forums organised during each year. Every month more than 100 seniors are serviced by AASHA. Each forum is attended by around 200 people. This makes about more than 1500 seniors who are serviced by AASHA Australia foundation, which is voluntary non-profit organisation with Charity status but has received no government funding so far.

“The numbers of people being served and demand for AASHA services is increasing daily. It is time that authorities need to provide AASHA with provider’s number and assist with funding so that services can be continued for CALD community, which is growing fast”, said Ms. Bijinder Dugal.
Since the sixties, Australia has become a major destination for Latin American migrants. Organisations like ABRISA provide support for community members from Latin American backgrounds including help and support in accessing aged care.

ABRISA was founded on 9 December 2002. It emerged from a study on local groups involving Brazilian women who identified a list of issues of this emerging community at the time, which included, among other issues, a lack of interaction between members of the Brazilian community and integration into Australian society. Also identified was a lack of social support to deal with health problems, including depression, anxiety, cancer, asthma and socio-cultural, economic and political access to Australian health services.

“The organisation started as a venue for sharing ideas and experiences, as well as to create a space for reflection on the causes and solutions of the problems encountered” says Ms. Ana Mello from ABRISA. “Originally, meetings were held once a month in the various homes. After a while, the group came up with a possible solution: to create a Brazilian association in Victoria.” The main objective of the Association was to support members of the Brazilian and Portuguese language speaking community, both newly arriving members and those already in Australia.

Since then, the organisation has grown significantly and has expanded to providing support in various aspects of social life and services to predominantly Portuguese speaking migrants, including support in accessing aged care services. Recently, they embarked on a new project titled My Age Project in which ABRISA joined forces with other Latin American and potentially other new emerging communities
groups to research and support the delivery of quality of care as defined by its community. The project is envisaged as a collective effort by representatives of each Latin American community in Victoria to develop an aged care model that enables Quality, dignified and respectful and culturally specific services for their elderly in the future.

The project originated in the report developed by the Ethnic Communities Council of Victoria (ECCV) - Exploring Sustainable Business Models for Victorian Ethnic & Multicultural Aged Care – which examined some of the key issues faced by Australian citizens of multicultural backgrounds, including but not limited to:

- Language barriers;
- Lack of understanding and connectivity with the services available and how to reach them;
- Inability to communicate with their own children;
- Feeling lonely, isolated and increasingly frail;
- Inability to share culturally specific memories;
- Lack of quality of mainstream services experiencing the worst when unable to communicate with workers within the facility.

It became apparent to ABRISA members that with the number of ethnic communities in Victoria (greater than 200) it was not realistic to expect that government or private providers would be able to customise services that can fully cater for the diversity and removing the many challenges outlined above and in particular, for the minority migrant groups. So they embarked on the My Age Project. “Our aim is to connect with organisations and ensure they work with grass roots organisations (such as ABRISA) to deliver a more culturally specific services. We want to connect those in our community who provide language specific services to the organisations that are the recipient of funds to provide home care to our senior citizens”, says Ms. Mello.

Due to funding limitations and limited resources, the project is expected to be implemented in several stages. The initial phase (Foundation Phase) will involve the scoping stage involving research, information, education and recommendations. Second stage of the project will be the service delivery phase - implementation of a program of support for the Latin community in multiple areas including availability of services, adequacy of services, disability support, respite care, palliative care etc.

Ms. Anna Ana Mello explains: “The idea behind the project is to develop services that are tailored to the needs of the community. The project envisages that, to the extent possible, the Latin Community will work together in engaging with the specific service providers.”

The project is supported by the Ethnic Communities Council of Victoria (ECCV) of which ABRISA is a member. The Project is also aligned with the Australian Government Aged Care Principles, inclusion – the needs of older people from CALD backgrounds, their families and carers are included in the development of Australian Government ageing and aged care policies and programs on an ongoing basis; and empowerment – older people from CALD backgrounds, their families and carers are fully informed (native language) and supported and have the knowledge and confidence to maximise their use of the aged care system.
What is My Health Record and why is it important for older CALD Australians

During 2018 the Australian Government is introducing a My Health Record file for all Australians. It is important that the older CALD Australians understand what MHR is and how it can benefit them. It is also important that they know they can opt out at any time if they have doubts or fears about the privacy of their data in MHR.

A My Health Record is an online summary of patient’s health information. It means that important health information about a patient such as their chronic diseases, medication they are taking, pathology reports and diagnostic imaging reports is stored in one place and is accessible online to them and can be accessed at any time by the patient and their healthcare providers.

This means that, whether a patient is visiting a GP for a check-up, or is in an emergency room following an accident and is unable to talk, healthcare providers involved in patient’s care can access important health information, such as:

- allergies
- medicines they are taking
- medical conditions they have been diagnosed with
- pathology test results like blood tests.

This can help the patient get the right treatment.

By the end of 2018, a My Health Record will be created for every Australian, unless they choose not to have one. Australians who don’t want a My Health Record will be able to opt out of having one a three-month opt out period in 2018.

“My Health Record provides many benefits to patients, including reduced duplication of tests, better coordination of care for people with chronic and complex conditions, and better informed treatment decisions,” Health Minister Greg Hunt said.

“I would encourage each and every Australian to use their My Health Record and to speak with their healthcare providers regarding these benefits.”

A national communications strategy will be implemented to inform all Australians of the benefits of digital health, and to explain the opt out process. During the opt out period individuals who do not want a record will be able to opt out by visiting the My Health Record website or by calling 1800 723 471 for phone based assistance.

The new records will be activated when individuals login for the first time or when healthcare providers access records in treating their patients. Two years of Medicare and PBS data will be uploaded, unless an individual chooses not to include this information.

Individuals will also be able to upload personal notes, advanced care documentation, and medication and allergy information. Authorised healthcare providers using approved clinical information software will also upload health information on allergies, medical conditions and treatments, medicine details, and test results.

It is important to note that individuals using My Health Record strictly set their own privacy control. Each person controls the information in his or her My Health Record, and the healthcare provider organisations that can have access.

Individuals will be able to ask their healthcare provider not to add specific test reports and other medical information to their My Health Record. Individuals can also restrict access to specific information in their record by applying a Limited Access Code to that that specific document – or by applying a Personal Access Code to the entire record.

To learn more about the benefits of the system visit: www.myhealthrecord.gov.au.
When you have a health condition it is important to take your medicines correctly which means at the right dose and on time. Sometimes this is not easy for patients and carers with long-term and complex conditions. This is where the MedicineWise App can help.

The MedicineWise App helps patients take better care of their health, manage medicines and avoid the risks from not taking medicines properly. It is simple to create a list of medicines using the barcode scanning feature or by searching the database of medicines.

In the App, you can set reminders to take medicines on time and avoid missing a dose. You can add reminders for your doctor’s appointments and email your medicines list and other reports anytime.

You can keep all your information in one place, this can be useful in an emergency when you need to share important information with your health professional. You can have a separate profile for each family member, that allows better tracking of health and medicines.

MedicineWise App will help you learn more about your medicines with videos, PDF and web resources and notification messages specific to your needs.

The notification feature allows you to receive only the information relevant to your health needs. If you are using the App and have Asthma, for example, you will receive alerts on high pollen count days based on your location. Also, you will receive flu vaccination reminders and other helpful information.

The MedicineWise App is free and available to download from the App store and Google play.

For more information or to provide feedback, contact the NPS MedicineWise team: https://www.nps.org.au/contact-us/give-feedback

www.nps.org.au
Department of Social Services expands the Free Interpreting Service

The Free Interpreting Service aims to provide equitable access to key services for people with limited or no English language proficiency.

Eligibility for the Free Interpreting Service has recently expanded. Eligible groups can now access the Free Interpreting Service to communicate with anyone in Australia who has a Medicare card (previously restricted to Australian citizens and permanent residents).

Eligible groups include:
> Private medical practitioners
> Pharmacies
> Non-government organisations
> Real estate agencies
> Local government authorities
> Trade unions
> Parliamentarians

Other changes include:
> Access for allied health professionals providing casework and emergency services within eligible non government organisations (previously not eligible).
> Pharmacies can now use the service to discuss any medications or health issue (previously only provided for dispensing PBS medications).

Using the Free Interpreting Service

The Free Interpreting Service is delivered by TIS National, on behalf of the Department of Social Services (DSS).

Using the Free Interpreting Service is easy and convenient. It is quick and simple for service providers to register and they can be connected to a phone interpreter within a few minutes.

To register for a client code, eligible groups can complete the online client registration form on the TIS National website, or allow a few extra minutes the first time they use the service.

To access the Free Interpreting Service:
1. Call TIS National on 131 450
2. Provide the operator with the language of the interpreter that you need
3. Provide your client code and the name of the organisation/practitioner/parliamentarian
4. Request an interpreter of a particular gender, if required (subject to availability).
Australia Post launches personal document translation service with LanguageLoop.

On Wednesday November 22nd, executives from Australia Post and business partner LanguageLoop launched an Australian first service enabling Australia Post customers to have documents translated from over 160 languages into English in over 1100 post offices nationally.

Minister for Multicultural Affairs, Robin Scott, met with Australia Post Executive General Manager Andrew Walduck and LanguageLoop CEO Elizabeth Compton to recognise the ways which this new service will connect Culturally and Linguistically Diverse (CALD) Australians with businesses and services.

LanguageLoop CEO Elizabeth Compton commented, “We are proud to be partnering with Australia Post, to make our translation services more easily accessible to people living around Australia and in regional areas. This service will bring the power and reach of Australia Post’s network together with the capabilities of our 1000+ translators in over 160 languages, so all Australians can connect and participate in society.”

Australia Post Chief Digital Officer and Executive General Manager for eCommerce Solutions, Andrew Walduck agreed that the new service will help to make translation and interpreting services more available and practical for CALD Australians, and will enable greater inclusion and accessibility across the community.

“Since its inception more than 200 years ago, Australia Post’s main aim has been to connect Australians with each other, and we are pleased we can offer this service through our Post Office network which will enable greater inclusion and accessibility across the community.”

All documents processed through Australia Post for translation by LanguageLoop will be handled confidentially and translated by an Australian-based, NAATI-certified translator. The translated documents will then be delivered directly to the customer’s preferred address via the Australia Post delivery network.

Additional information can be found on the Australia Post website or at languageloop.com.au/hello
SBS Radio says “Welcome Home”
to multilingual Australians

New multichannel brand campaign and refreshed SBS Radio app invites multilingual Australians to feel at home wherever they are.

SBS Radio today launched “Welcome Home”, a new marketing campaign to encourage Australians who speak a language other than English (LOTE) to feel at home wherever they are.

The exciting digital first, radio brand campaign has the dual objectives of building brand awareness for SBS Radio and directing people to download the refreshed SBS Radio app.

Over 1.3 million people migrated to Australia during the past five years and nearly five million people speak a language other than English at home, reinforcing the importance of SBS Radio’s services. Listeners will be able to access Australian news and current affairs, music, podcasts and community updates in 68 languages, reflecting today’s contemporary multicultural Australia.

Internally developed and conceptualised by SBS, the campaign features SBS employees from the Punjabi, Korean, Vietnamese, Arabic, Cantonese and NITV programs. The word ‘home’ features prominently throughout, in languages including Italian, Mandarin, Greek, Hindi, Somali and Samoan.

SBS Chief Content Officer (acting), Mandi Wicks said: “SBS remains the world’s most linguistically diverse public broadcaster. The refreshed SBS Radio app provides audio content on demand and on the go to our listeners in 68 languages. Accessible anywhere, at any time on the device of their choice, downloading the free SBS Radio app helps our audiences ‘feel at home’ wherever they are.”

SBS Director of Marketing (acting), Jane Palfreyman, said: “The concept of ‘Welcome home’ signifies SBS’s commitment to providing Australian focused content to multi-generational migrants as well as those having newly arrived in Australia. The campaign videos are produced in English and subtitled and produced in seven other languages including Mandarin, Cantonese, Korean, Vietnamese, Arabic, Hindi and Punjabi.”

The campaign will run across the SBS network (TV, radio, online) during April, supported by off channel digital activity including pre-roll videos, promoted social activity and native content to drive digital engagement.

Watch the promo here: https://youtu.be/jp9rovZdJ1
Heart Foundation national program to encourage Australians to improve their health and wellbeing through walking

The issue

Being active is one of the most important ways people can improve their health and wellbeing, but more than half of adult Australians are not active enough. Inactivity increases the risk of cancer, heart disease and stroke by up to 30 per cent, and shortens lifespan by up to five years. On the other hand, simply walking for an average of 30 minutes a day can lower the risk of heart disease, stroke, and diabetes by a third and illnesses such as dementia, by as much as 50%. Brisk walking for 30 minutes a day, five days a week, lowers the risk of dying prematurely, and regular activity is associated with healthy ageing, stronger muscles and bones, and fewer injuries and falls.

The campaign

The Heart Foundation has launched a new campaign to get Australians to move more and sit less, every day. We’re making it easier for people to increase their physical activity by tracking their steps and progress with the Heart Foundation Walking app (iPhone and Android), or by joining (or setting up) a local Heart Foundation Walking group.

How you can help

The Heart Foundation believes you could play a role in spreading the word on our behalf, by encouraging your members to find out more about the Heart Foundation Walking program and getting people walking. Here are some ideas for social media:

> Encourage people to download the Heart Foundation Walking app, or join a local Heart Foundation Walking group for support and motivation.
> Share a photo of favourite walks and encourage others to get outside and be active too.
> Use the hashtags #HeartFoundationWalking, #WalkingAustralia.
> Follow and tag the Heart Foundation in your posts – Facebook: @HFWalking Instagram: @heartfoundationwalking Twitter: @HeartAust.
> Share the Heart Foundation Walking blog post on Australia’s favourite walks on your Facebook page and contribute to the conversation.
> Share this post from Heart Foundation Walking Facebook page. We have also attached some images you may wish to share on your social accounts to promote walking.

We look forward to your support in helping the Heart Foundation spread the word to get Australians walking to better health. Please let me know if you are keen to get involved, so we can track and engage with your posts.

For more information, you can also visit walking.heartfoundation.org.au.

Additional information

Heart Foundation Walking

> Heart Foundation Walking is Australia’s largest free walking network.
> Over the past 22 years, more than 85,000 Australians have enjoyed the benefits of being part of a Heart Foundation Walking group.

Heart Foundation Walking app

> If people do not want to be part of a walking group, they can join as an individual walker. To do this, they can simply download the Heart Foundation Walking app from the app store (iPhone and Android) and register.
> Once registered, the app will sync with Apple Health, Google Fit or a Fitbit, to start recording daily step counts. People will be able to track their progress over time and receive up-to-date health messages from the Heart Foundation Walking program.
> People are also able to take part in great campaigns where they will be rewarded for increasing daily step counts and go into prize draws along the way.
Palliative Care Barriers survey

Help address the barriers to accessing quality palliative care for under-served populations

The Australian Government has commissioned a project exploring barriers to palliative care for nine population groups that are under-served or have complex needs. Please complete this survey to share your views: https://www.research.net/r/barriers_palliativecare

The survey is open to everyone who works with under-served populations, even if palliative care is not part of your work.

More information is available here: https://www.ahaconsulting.com.au/resources/bpc/

---

Do you work with under-served populations or people with complex needs?

Australian Healthcare Associates has been engaged by the Australian Government Department of Health to explore the barriers that people may experience in accessing quality palliative care.

We are interested in your views even if palliative care is not part of your work.

The project looks specifically at nine population groups that are under-served or have complex needs:

- People who are lesbian, gay, bisexual, transgender or intersex (LGBTI)
- People from culturally and linguistically diverse (CALD) backgrounds
- Aboriginal and Torres Strait Islander people
- People with a disability
- People experiencing homelessness
- Veterans
- Refugees
- Prisoners
- Care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations) and people affected by forced adoption or removal.

If you or your organisation work with any of these groups, in any context, we want to hear from you! We want to hear from a wide range of people and organisations across all sectors (not just health) so that we can build up a more comprehensive understanding of the barriers to palliative care and how they can be addressed.

Please note: The survey is designed for organisational stakeholders (including staff and volunteers) rather than palliative care patients, families or community members. We will be conducting focus groups and interviews with community members later in the project.

For more information, email palliativecare@ahaconsulting.com.au or phone 08 8279 0000.

How you can help

1. Complete the survey at www.research.net/r/barriers_palliativecare
2. Forward the survey to your colleagues
3. Promote the survey to your networks, by mentioning it in your next newsletter or email.

The survey closes on 24 June 2018.
AGEING WELL THROUGH COMMUNITIES, CAPACITY AND INNOVATION

Communities… where we live and spend our time. Capacity... of individuals, groups and services. Innovation… policies, projects, programs and research

These combined elements support opportunities for lifelong connectedness, active participation and meaningful experiences, each critical for older people from culturally and linguistically diverse communities who are living in a familiar or adopted land that may be “foreign” for some time, to age well.

The AIFL conference brings together the expertise and innovation of multicultural communities with government, researchers, academics, policy makers and services. It aims to build sector capacity for ageing well across a range of settings through informing knowledge, practices and collaborative partnerships that respond to the voices of older people and priorities for multicultural communities.

We welcome attendance and participation from academics, researchers, practitioners, policy makers, service providers, aged care workers, and the community. An exciting program will include the following topics:

<table>
<thead>
<tr>
<th>Communities</th>
<th>Capacity</th>
<th>Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age friendly</td>
<td>Access and equity</td>
<td>Assisted devices</td>
</tr>
<tr>
<td>Challenging stereotypes</td>
<td>Changing paradigms</td>
<td>Care continuum</td>
</tr>
<tr>
<td>Diversity</td>
<td>Cultural intelligence</td>
<td>Community practice</td>
</tr>
<tr>
<td>Elder abuse</td>
<td>Influencing change</td>
<td>Methodology</td>
</tr>
<tr>
<td>Intergenerational</td>
<td>Language support</td>
<td>Organisation policy</td>
</tr>
<tr>
<td>connectedness</td>
<td>Lifelong learning</td>
<td>Partnerships</td>
</tr>
<tr>
<td>Lifelong wellbeing</td>
<td>Organisational culture</td>
<td>Research</td>
</tr>
<tr>
<td>Multiculturalism</td>
<td>PERMA model of wellbeing</td>
<td>Technology</td>
</tr>
<tr>
<td>Social connections</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Keynote speakers will be announced soon

Call for abstracts is now open

Visit flinders.edu.au/ageingconference for further details

For further information
P: (+61 8)82013854 E: ageingconference@flinders.edu.au