

# FECCA NCAN NEWS

The National CALD Ageing  
Network Newsletter

## HAPPY HOLIDAYS FROM FECCA



**FECCA Executive gathered in Canberra this month for the Annual General Meeting.**

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

NCAN promotes information sharing on CALD Aged Care.

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

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



## FROM THE FECCA CHAIR

It is my pleasure to present to you the final NCAN News for 2014. This time of year is when we like to reflect on 2014 and all the achievements which have been celebrated in these pages during the year.

We also look forward to 2015 and I am pleased to tell you that in about March we will be launching the literature review undertaken by Professor Graeme Hugo and his team at Adelaide University, on behalf of FECCA. The report will highlight the diversity of the ageing experience for older CALD Australians while also noting the similarities. Themes consistently arose about barriers and disadvantage experienced by older people from CALD backgrounds. Importantly, the research has identified where there are gaps in knowledge, and we will be examining what we can do about this.

Thank you again to all who have contributed to NCAN News during 2014, reporting on activities throughout the CALD Aged Care Sector.

I would like to wish all readers and their families a very happy and safe festive season.

JOSEPH CAPUTO OAM JP

# NEWS

## CARERS CONFERENCE

FECCA continues our work with CALD carers by sponsoring and speaking at the 2014 Carers Conference on the Gold Coast. Vivienne McDonald from Diversicare Queensland/ECCQ spoke on the issues affecting isolation for CALD people living in regional and rural areas. FECCA financially supported two CALD carers to participate in the conference, thank you to Carers Australia for helping source such worthy people. Gunchala, from Queensland was supported by FECCA and shared her story with us for this edition of NCAN News. Jauhari Wright is a young carer, his remarkable work with other young carers is also profiled in this piece.

The conference examined the challenges for the carers community, from service providers, government and carers themselves. Assistant Minister for Social Services Senator the Hon Mitch Fifield delivered an opening address that outlined the Governments work in this area. Carers Australia CEO Ara Creswell delivered a powerful speech that highlighted the challenges ahead with the growing numbers of carers in Australia and solutions for the future. International guest speakers provided a comparative analysis of the overseas carers experience and policy responses.

The most heartfelt, passionate and compelling part of the conference was the stories from the carers themselves. The audience was mesmerised by their spirit and tenacity to provide the best possible care for themselves and their families.

Look out for the new Carers Conference!

### Jauhari Wright

Jauhari Wright is an inspiration, a young man filled with promise and a vision for a bright future for his family and peers. Jauhari's peers are carers, young carers in particular, you see Jauhari has been caring for his father and mother since he was 15. I met Jauhari when he presented at the 2014 Carers Conference on the Gold Coast. He was an articulate, bright and passionate advocate for student carers, a voiceless group that until recently were isolated in the carers community. Jauhari studies an Arts/Law Double Degree Charles Darwin University. With the help of Carers Australia, the Australian National Young Carers Action Team (ANYCAT) was born. ANYCAT representatives met at the Gold Coast and shared their stories and experiences with conference delegates in a series of presentations. Jauhari had also previously represented young carers at the International Short-Breaks Conference in Germany, an international respite conference. He is also on the board of Carers NT and was recently appointed to the Board of Carers Australia. Jauhari is certainly one to watch for the future.

His advice to other young carers – recognise the signs in yourself of when you're getting carer fatigue and take the help when you need it.

*Story recorded by Sheena Watt*



**Jahauri Wright and mum Noor.**

# NEWS

## Gunchala Fuangfu

Gunchala is the primary carer for her 10 year old son Troy, who has autism and other behavioural issues. She migrated to Australia from Thailand, she also has a daughter Tsand and lives at Currumbin on Gold Coast. Gunchala has navigated the difficult bureaucracy to ensure that her son gets the best care possible, whilst having limited English reading and writing skills, as a victim of domestic violence, she also has stood strong to support her children and provide them with a home of safety and support. She raises her children as a single mother and finds the time to provide support to other women from non-English speaking countries living in Australia experiencing domestic violence.

Gunchala has seen remarkable developments in her son, and is really proud of his recent achievements. She hopes to enrol in the future in a social work course.

Reflecting on the recent Carers Conference Gunchala said that she learnt that many other carers have similar challenges to her and that some have it much harder. The opportunity to meet other carers and connect with them was invaluable, and she hoped to connect with many CALD carers outside of the conference. Gunchala would like to thank Ruby from Carers QLD for her ongoing support and FECCA for supporting her attendance.



Gunchala and children in traditional Thai attire.



Gunchala and children Troy and Tsand enjoy a day at the beach.

## WHO CARES ABOUT THE CARER?

As a carer, I have many roles to fulfil. But a recent summons may be the straw that breaks the camel's back.

My widowed 90-year-old mother and I have been a close-knit team for a number of years. Although fairly independent, she has relied on me to assist with a number of tasks she cannot manage herself. Mid last year after she suffered a stroke, she became even more dependent on me. My mother has made a very good recovery but still has health issues that need constant monitoring: I'm kept busy with trips to specialists' appointments, running her household and tending to odd unexpected tasks like translating medical reports into Italian or taking her cats to the vet.

A few weeks ago I received a letter advising that I'd been included on the jury roll and may be called to serve on a jury. I could claim an exemption only if I was "residing with and caring full-time for a sick, infirm or disabled person". I don't live with my mother, but visit her up to four times per week and speak with her twice a day by telephone to make sure everything's alright. I forwarded an online submission explaining my part-time caring role, but received no reply. What I did receive however was another letter from the Sheriff's Office advising that I had now officially been selected to attend for possible jury duty in mid October for a trial that may last six weeks. I sent another detailed email with attachments proving my carer status.

With older Australians encouraged to keep living in their homes rather than moving to aged care facilities, carers will be increasingly called upon to assist family members. Many more of us will find ourselves in carer roles, spending up to 20 hours per week looking after aged mothers, fathers or even close relatives. With people now living longer, some of us will become 'sandwich carers' and workplaces will need to become more flexible and family-friendly. Government entities like the office of the Sheriff of New South Wales will hopefully not undervalue the work of part-time carers who, like me, are virtually 'on call' most of the time.

I'm happy to do what I can for my mother and the time I spend with her gives me an opportunity to record her memories of migrating to Australia from Italy in the mid 1950s. I manage to (mostly) fit in my life around her needs, and working on a freelance basis - although not easy - gives me the flexibility to do this. I live in hope that the 1.32 billion hours\* that unpaid Australian carers contribute to looking after their loved ones will not go unrecognised as we face future challenges.

At the time of writing, I haven't had an answer from the Sheriff's Office.

\* Access Economics (2010) *The Economic Value of Informal Care in 2010*.



Ambra Sancin

*I am a freelance communications professional working in the cultural/NFP sector specialising in arts marketing strategies and public programs. I have over 25 years' experience in senior project management positions for government film agencies and multicultural festivals. Two years ago I started my blog 'The Good the Bad & the Italian' and am also a regular contributor to the NRMA's 'Living Well Navigator' website.*

## DARWIN'S MULTICULTURAL AGED CARE NETWORK SUPPORTS OUR SENIORS AND THEIR CARERS

The Multicultural Council of the Northern Territory (MCNT), based in Darwin, is a peak body for multiculturalism and service provider for individuals and families from culturally, linguistically and religiously diverse communities, as well as a member of the National CALD Ageing Network (NCAN). The Council on the Ageing NT (COTA NT) also based in Darwin, is the peak body for seniors in the Northern Territory and manages the Partners in Culturally Appropriate Care (PICAC) Project funded by the Federal Government.

The MCNT and COTA NT share the passion and philosophy of providing innovative and interesting social interaction activities for CALD seniors to promote a positive and productive ageing experience and also convene Darwin's Multicultural Aged Care Network (MACnet). Formed in February 2010, the MACnet meets at least annually to nurture and enhance productive partnerships between CALD communities, aged care service providers and other vital stakeholders including government agencies.

Over the years there have been a series of well-attended and productive MACnet meetings where invited service providers, ethnic community leaders and other interested stakeholders have explored the most serious service and information gaps and issues of concern for Darwin's CALD seniors and their carers. On Thursday 20 November 2014, the MCNT and COTA NT held the most recent MACnet meeting at the MCNT in suburban Malak.

This meeting was attended by more than 25 people from the aged care industry in Darwin including representatives from the NT Government, the Department of Social Services, Alzheimer's Australia, the Aged Care Assessment Team (ACAT), service providers including Life Without

Barriers and Melaleuca Refugee Centre, and a number of CALD community leaders - including Polish, East Timorese, Iranian, Sri Lankan, Cypriot and Cambodian.

Ron Mitchell from the MCNT provided an overview of NCAN as the primary web-based communication network for all stakeholders in Australia involved in the CALD ageing sector and as the means for providing equitable access to information knowledge vital for ageing CALD Australians in our multicultural society. Lina Paselli from COTA NT spoke about the PICAC Project and showcased current cultural awareness initiatives in multicultural aged care including translated cue cards and free audio and visual translation apps.

Updates were invited from attendees at the meeting and there was free flowing discussion involving service providers and ethnic community leaders about access to, and availability of, culturally appropriate services and activities for our CALD seniors. CALD community leaders also spoke of issues and challenges they encounter in the distribution of information to their communities. Because of the intergenerational digital divide, often the only way to distribute the latest information to CALD seniors is in person and on a one-to-one basis.

The dedicated advocacy of CALD community leaders in Darwin is truly inspiring. These busy people freely offer their valuable time as interpreters, carers and support people for our CALD seniors who are often living in cultural and social isolation, have not had the time or opportunity to learn English, and often struggle with literacy even in their own language.

An ongoing project of COTA NT that supports CALD community leaders, seniors and their carers is the CALD Round Table meetings which will be launched in 2015. This strategy will assist leaders and carers stay connected with the aged care sector and address ongoing challenges in providing culturally appropriate person-centred care. The MCNT and COTA NT, through the MACnet, remain dedicated to addressing the special needs of our CALD seniors and improving their quality of life, independence and wellbeing.

*Ron Mitchell, MCNT*

## HOSPITAL AND AGED CARE

Health care workers are ideally placed to support the Continence Foundation of Australia's efforts to help Australia's ethnic communities overcome the communication barriers and cultural misconceptions that prevent them from seeking help for incontinence.

Incontinence is one of the least spoken about health conditions. In fact, an estimated 70 per cent of people affected by incontinence don't talk about it, according to the Continence Foundation of Australia, the peak national organisation for Australians affected by bladder and bowel control problems.

Discussing such a sensitive issue is even more difficult if you don't speak English. Not only is the language barrier a significant issue, but cultural attitudes and social taboos common to many ethnic groups make the topic a particularly difficult one to broach.

Victorian Continence Resource Centre executive officer Lisa Wragg, who has 20 years continence nursing experience within Melbourne's ethnic communities, has witnessed firsthand the reluctance of members of culturally and linguistically diverse (CALD) communities to talk about the problem.

"A physiotherapist and I recently gave a talk to 71 Greek women aged 65-plus. Not one of them had ever talked about their incontinence – to anyone – even though in the evaluation we found all of them had experienced daily incontinence issues," Ms Wragg said.

"The next day I gave a talk to a mixed Turkish group of about 30, and found that only three individuals had sought assistance, and they were all men with prostate issues."

This anecdotal evidence is backed by key findings of the Victorian Continence Resource Centre's 2011 report, *Awareness of Incontinence in Ethnic Communities* – that knowledge of the causes and treatment of incontinence is low across all (CALD) communities.

This information, combined with the low number of calls to the Continence Foundation's National Continence Helpline (1800 33 00 66) by

members of CALD communities, gave rise to the Foundation's national campaign *Talk about incontinence: A problem in anyone's language*.

The campaign encourages all Australians to seek help for their incontinence, and aims to raise awareness of continence issues specifically in CALD communities.

An important aspect of the campaign is raising the awareness of health professionals to CALD-specific issues, and equipping them with the skills and knowledge to work effectively and sensitively with CALD communities.

The project has developed interpreting tools for health professionals and interpreters for use within a continence assessment setting, available to download at [continence.org.au/other-languages](http://continence.org.au/other-languages)

According to Ms Wragg, a key barrier for nurses and health professionals assessing continence issues in patients, particularly in an acute setting, is access to an interpreter.

In her former role as continence nurse consultant and manager of a busy Melbourne continence service Ms Wragg was called to see an 81-year old Chinese woman, whose son (and only next of kin) was temporarily out of the country.

The woman, who had collapsed at the shops on a hot day with dehydration, had developed urinary retention and delirium within 24 hours in the emergency department. She also had faecal impaction.

"She was referred to us with a label of dementia, and with a urethral catheter inserted. She was understandably extremely emotional," Ms Wragg said.

After organising an interpreter, it became clear that the woman was not demented, but simply unable to communicate. It was also discovered she had lifelong problems with constipation, and had been eating and drinking very little because she felt full - which explained her collapse.

After six weeks treatment for constipation, the catheter was removed and the woman was mobile again, lucid and gaining weight.

“While this is an extreme example, it highlights the need for health practitioners to be sensitive to the needs of the CALD community, and to access interpreter services where necessary,” Ms Wragg said.

One of the project’s ground-breaking initiatives has been the development of language-specific web pages on the Continenence Foundation’s website for non-English speaking communities, and the health professionals who work with them.

The web pages (at [continence.org.au/other-languages](http://continence.org.au/other-languages)) are available in 20 languages and provide links to 17 bilingual fact sheets on topics such as pelvic floor muscles, prostate issues and incontinence products. The pages also provide audio translations and videos about where people can go for help.

The Continenence Foundation also continues to provide support to health professionals such as aged care and community workers and nurses, through a range of educational forums. Go to [www.continenence.org.au](http://www.continenence.org.au) for more details.

Health professionals are also able to access resources at Australian Continenence Exchange at [continencexchange.org.au](http://continencexchange.org.au)

Non-English speaking callers to the National Continenence Helpline (1800 33 00 66), a confidential and free service staffed by continence nurses, can access the Telephone Interpreter Service on 131 450.

*Nives Zerafa is the Continenence Foundation of Australia’s programs and partnerships coordinator and coordinated the Incontinence Outreach in CALD Communities project.*

## INCONTINENCE OUTREACH IN CALD COMMUNITIES

Incontinence doesn’t discriminate; about one in four Australians (or 4.8 million) over the age of 15 experience bladder or bowel control problems, affecting men and women of all ages, creeds and races.

Asking for help to manage incontinence can be difficult; in fact research shows the majority of people (70 per cent) affected by incontinence don’t discuss the issue with anyone<sup>1</sup>.

So imagine how challenging it is for people from culturally and linguistically diverse (CALD) communities who have, not only the language barrier to overcome, but the embarrassment and associated cultural stigma.

The prospect becomes even more daunting if the person further disadvantaged by conditions such as dementia or mental illness, which, like incontinence, don’t discriminate.

A 2011 report by the Victorian Continenence Resource Centre found that the awareness of the prevention and management of incontinence in CALD communities was disturbingly low. It also revealed that many ethnic groups had false beliefs that it was a normal, untreatable part of ageing or having a baby.

This information, combined with the Continenence Foundation of Australia’s concern about the relatively small number of calls to the National Continenence Helpline from CALD community members, gave rise to the Continenence Foundation’s latest national program, *Incontinence Outreach in CALD Communities*, launched in June this year.

The Continenence Foundation’s chief executive officer Barry Cahill said that reaching out to all Australians, including those from CALD communities, was critical because of the condition’s wide-reaching consequences.

“Its impact far-reaching and not limited to the inconvenience of managing bladder or bowel leakage. There are also deeper social effects, including psycho-social problems arising from lowered levels of employment, exercise, depression and social isolation,” Mr Cahill said.

Current research suggests that people who are incontinent are at a higher risk of suffering from a depressive illness. There is also research suggesting a common biochemical factors that link depression and incontinence<sup>2</sup>.

Recent studies at the University of Adelaide revealed that about 20 per cent of the population affected by incontinence suffers from depression, much higher than the general population at about six per cent.

According the University's School of Population Health and School of Medicine, Jodie Avery, urinary incontinence affects an even higher percentage of the incontinent female population, with approximately 35 per cent of women with incontinence suffering from depression<sup>3</sup>.

Incontinence also lowers productivity and length of participation in the workforce. Its ramifications spread into people's social and volunteer activity in the community.

The recently released Australian Institute of Health and Welfare's (AIHW) report *Incontinence in Australia*, revealed that, in 2009-10, only 26 per cent of people with severe incontinence aged 15 to 64 participated in the work force, compared to 56 per cent of the population without incontinence problems.

"Severe incontinence can profoundly affect the quality of life of those who experience it," AIHW spokesperson Dr Pamela Kinnear said.

A person becoming incontinent can often be the tipping point for their carer handing their care over to a nursing home. Faecal incontinence is one of three major causes (along with decreased mobility and dementia) for admittance to a residential aged care facility, with 25 per cent of nursing staff time spent directly with the dealing with the consequences of incontinence.

The Continence Foundation's *Incontinence Outreach in CALD Communities* has introduced a range of initiatives to reach CALD communities, their carers and health professionals.

Its message is simple and clear; that incontinence is not a normal part of life, it can be treated, better managed or cured in most cases, and help is available.

As part of the campaign, the Continence Foundation has introduced new web pages in 21 languages, soon to expand to 28 languages. Each page links to 17 bilingual fact sheets on topics such as bedwetting, pregnancy, pelvic floor muscles, prostate issues and incontinence products.

The pages, at [www.continence.org.au/other-languages](http://www.continence.org.au/other-languages), also feature videos and audio translations of all fact sheets.

The Continence Foundation has also produced new interpreting guidelines for interpreters working in a continence assessment. They are:

- Guidelines for conducting presentations with an interpreter;
- Guidelines for health professionals – working with interpreters in a continence assessment; and
- Guidelines for interpreters – what to expect in a continence assessment.

These can be downloaded from the Resource section of the Continence Foundation's website under the Professionals topic at [www.continence.org.au/resources.php](http://www.continence.org.au/resources.php)

"The Continence Foundation is hopeful these initiatives will support interpreters and health professionals as they go about their work in sensitive continence assessment settings," Mr Cahill said.

As well as these initiatives, a recent extensive and targeted advertising campaign encouraging members of CALD communities to access the National Continence Helpline (1300 33 00 66) via the Telephone Interpreter Service (131 450) has been effective, with a sharp rise in the number of calls to the helpline from CALD community members.

By providing these resources, it's hoped the message about the prevention, management and treatment of incontinence will reach far and wide into the culturally and linguistically diverse Australian community.

For more information go to [www.continence.org.au](http://www.continence.org.au)

<sup>1</sup>. Millard, R. (1998) The Prevalence of Urinary Incontinence in Australia, *Australian Continence Journal*. 4(4). Pp 92-99

<sup>2</sup>. William Steers and Kyu Sung Lee. *Depression and Incontinence*. *World Journal of Urology*, 2001, 19: 351-357

<sup>3</sup>. [www.adelaide.edu.au/news/news62021.html](http://www.adelaide.edu.au/news/news62021.html)

## LAUNCH OF ECCV'S MULTICULTURAL AGED CARE STRATEGY 2014

The Ethnic Communities' Council of Victoria's (ECCV) Chairperson, Eddie Micallef, launched ECCV's Multicultural Aged Care Strategy at the ECCV Aged Care Policy Sub-committee meeting on 16 October 2014.

ECCV's Multicultural Aged Care Strategy 2014 sets out key positions of ECCV in ageing and aged care. The issues raised in the Strategy are based on insights provided by members of the ECCV Aged Care Policy Sub-committee. ECCV consults with its Aged Care Policy Sub-Committee on an ongoing basis.

The Committee consists of ethno-specific, multicultural and mainstream providers and organisations, peak bodies and aged care stakeholders.

At the launch of the Strategy, ECCV's Chairperson, Eddie Micallef, highlighted that the Committee plays an important role in terms of policy advocacy.

He outlined that it is a place

- At which policies are discussed as they affect multicultural seniors;
- Through which policy recommendations arise;
- And a place for collective advocacy.

The Strategy is designed to inform political parties in Victoria on effective ageing and aged care strategies directed at seniors from non-English speaking backgrounds. In the spirit of the document this also encompasses diversity in terms of culture and religion.

A fundamental aim of the Strategy is assisting decision makers in planning inclusive services and enhancing the government's engagement with people and representatives from ageing multicultural communities.

ECCV is aware that aged care policies are increasingly made at a Commonwealth level, therefore, we have included a number of issues in the strategy that are dealt at a federal level as they impact on older people in Victoria.

Joe Caputo OAM JP, Chair of FECCA, attended the launch and spoke about his family experience with dementia and endorsed all recommendations of the Strategy.

The Strategy has 33 recommendations including on:

- Culturally inclusive care
- Capacity building
- Research
- Commonwealth Home Support Programme.

The Strategy can be accessed on the ECCV website on

[www.eccv.org.au/aged-care/aged-care-policy/](http://www.eccv.org.au/aged-care/aged-care-policy/).



*Nikolaus Rittinghausen*  
*Ethnic Communities' Council of Victoria (ECCV)*  
*Aged Care Policy Officer*



# NEWS

## CALD ROUND TABLE 2015

Thursday 20th of November at the annual Multicultural Aged Care Network meeting held at the Multicultural Council in Malak, Lina Paselli from Council on The Ageing NT talked about the program she manages, PICAC (Partners in Culturally in Culturally Appropriate Care) and showcased projects and objectives from the last year including culturally appropriate care programs which utilised translated cue cards and free audio and visual translation Apps.

It was a great opportunity for CaLD Communities Leaders to talk about the main issues and difficulties they face in the distribution of information to their community. Often the only way is door knocking to distribute information in person and on a one-to-one basis. The community work of the CaLD Communities leaders is inspiring. They freely offer their time as interpreters, carers and support people for seniors who have never had the opportunity to learn English and struggle even in their own language to read and write.

To further support the CaLD Community Leaders, Council on the Ageing NT and the PICAC (Partners in Culturally Appropriate care) are launching CaLD Round Table meetings in 2015. This will help leaders stay connected to the aged care sector and help tackle the language and cultural challenges aged care service providers face in providing person-centered care.

Please contact Lina Paselli at Council on the Ageing NT for information and material from these initiatives and programs - 8941 1004 or [picac@cotant.org.au](mailto:picac@cotant.org.au)

## CALL FOR CONTRIBUTIONS

We are authors and are planning to edit a book of contributions from people over sixty telling of their activities in what is for many a third of their lives (60 years and over). Such stories will show that it can be, and often is, a high time of our lives as we engage in all sorts of interesting activities, mix with all sorts of interesting people and travel to many interesting places.

The idea is to produce a book of stories ranging from about 400 to 1500 words. In writing your story you will be conscious of the fact that this book gives a glimpse of the history of people who have lived in an era of great change, e.g. previously no emails, no electric blankets, no electric and gas heaters and stoves, and probably no telephone in the home.

Your stories can record many enjoyable personal contacts and activities, and maybe some problems, challenges and sorrows.

With more time after caring for children and leaving paid work the range of activities will be huge, eg. visiting and entertaining family and friends, use of technology such as emails, mobile phones and skype, volunteering, hobbies, indulgences such as happy hour with delicious nibbles and drinks, signing petitions, travelling in Australia and abroad, puzzles such as crosswords and sudoku, gardening, shopping, housework (some of which may be delegated out!), umpiring/barracking for a sports team, cycling, caring for grandchildren, working for/started an organisation/company, etc.

Please let us know if you are interested in contributing to the book/asking members to contribute their stories. We would like all contributions in by the end of December. If this is difficult, we can extend the deadline. Any action photos would be welcome.

The working title of the book is *60 years and over: Living Life to the Full*.

As you would know, getting a book published is not easy these days. So you may be spending valuable time without a result. However, both of us have had books published in the past, and we are confident that we will find a publisher for this book.

We are hoping that this book will encourage older people to make the most of their lives.

Can we count you in - or a person/s you have contacted? If you are interested please contact Joy and David via [joynoble@senet.com.au](mailto:joynoble@senet.com.au).



## AGEING AND AGED CARE NEWS

In the last edition of NCAN News we reported on our consultations in South Australia, where we held 10 sessions with a range of groups and organisations. In November, FECCA visited Tasmania. A big thank you to the Multicultural Council of Tasmania (MCoT) and the Migrant Resource Centre (MRC). With their help we were able to host a consumer focussed group in Hobart, and then a Forum for service providers and policy makers. The Forum was facilitated by the CEO of MCoT, Anna Reynolds, who did a fabulous job. A huge thank you also to Barossa Park Lodge who gave us their meeting room for the day. Biggest thank you, of course, to those who travelled to Glenorchy to meet with us and tell us their stories about the ageing experience for CALD people.

The next day we travelled to Launceston with Rohan Wirasinha, the then Chair of MCoT, and Anna Reynolds. We met with some representatives from the Good Neighbour Council, who told us about the great work they do for older CALD people in Launceston. We met with the General Manager of Community Care NESB, who was able to give her perspective on the provision of care in Launceston, particularly in the home, and the complex needs for some CALD clients.

Even though we didn't see as many people as we saw in South Australia, it was still really worthwhile to FECCA to hear from people in Tasmania. The themes were similar to those in South Australia, with some special considerations for CALD people living in a State with a small population, and a smaller population base of particular CALD communities. The outcomes from all consultations will be incorporated into our report and recommendations to the Government in early 2015.

The last consultations for 2014 were held in Maroochydore on 15 December, and Brisbane on 16 December, with help from the Ethnic Communities Council, Queensland, and Diversicare.

Also in November, FECCA participated in a meeting of the National Cross Cultural Dementia Network, a group from Alzheimer's Australia.

We got to check out the 'Virtual Dementia Experience', a training facility in Parkville, Victoria, which allows participants to experience a home environment in the same way a person living with dementia would. Using state of the art technology, we were given a glimpse into the world of a person living with dementia, and some of the difficulties faced, as well as some possible solutions for improving the home environment.

Another highlight of this period was the National Aged Care Alliance, which met in Canberra in late November. FECCA is a member of the Alliance as a consumer organisation, and we participate on several of the working groups as well. The Chair of FECCA's Healthy Ageing Reference Committee, Mary Patetsos, also attended to represent FECCA.

As 2014 draws to a close, it is good to reflect on some of the achievements of the year – which include meeting so many fantastic CALD older people as part of our consultations – and to look forward to 2015.



NCAN readers may be interested in two Churchill Fellowships being offered as part of the Sponsored Fellowships program.

- Dr Dorothea Sandars and Irene Lee Churchill Fellowship: For enhancement of the delivery of palliative care
- Vincent Fairfax Family Foundation Churchill Fellowship: To engage people post-retirement in ongoing work, volunteering, learning, sports and networks (in honour of Geoffrey White)

## THE WORLD AWAITS EVERYDAY AUSSIES WHO HAVE A PASSION WITH A 2015 CHURCHILL FELLOWSHIP

Applications are now open for the 2015 Churchill Fellowships, which provide an opportunity for Australians with a passion to travel the world in search of new ideas, excellence and innovation.

The high international regard for Churchill Fellowships provide a pathway for Fellows to access expertise from around the world to expand their knowledge and experience.

“From scientists to artists, jackaroos to journalists, or any inspired Australian, a Churchill Fellowship is the research opportunity of a lifetime, a chance to truly advance the fabric of Australian society,” said Winston Churchill Memorial Trust CEO, Mr Paul Tys.

More than 100 Fellowships are awarded each year valued at more than \$20,000 each.

“A Churchill Fellowship is a remarkable opportunity to research a topic or an issue that you are passionate about. They are recommended for anyone who feels they have exhausted opportunities within Australia and would like to see what overseas has to offer,” said Mr Paul Tys, CEO, The Winston Churchill Memorial Trust.

“A Churchill Fellowship provides you with an opportunity to investigate the best ideas in the world, inspire people, and give back to Australia.”

“If you’ve ever dreamed of travelling abroad to study ways of improving practices in your chosen field, a Churchill Fellowship provides the means and support to make this a reality.”

### Application Process

Applications are open for the 2015 Churchill Fellowships from now until Monday 16 February 2015, for travel between 1 September 2015 and 31 August 2016.

All Australian citizens aged over 18 are invited to apply. No prescribed qualifications are required and the subject of the project is limitless - provided a benefit to Australia is evident.

The application process involves completion of a two page application form, two references, a description of how you, as a recipient, will contribute to Australia’s knowledge base and an interview process.

### Background: History of Churchill Fellowships and The Winston Churchill Memorial Trust

It was almost five decades ago, just four weeks after the death of Sir Winston Churchill on 28 February 1965, that the “Churchill Memorial Sunday” doorknock appeal was held across Australia.

The doorknock was to raise funds for an unusual type of memorial to Sir Winston - something like Rhodes Scholarships, but more egalitarian, and available to all people and on a much wider basis.

The concept, endorsed by Churchill before he died, was Fellowships, bearing his name, for ordinary people - providing a unique opportunity to travel, learn, and bring knowledge back to their country.

Such was the admiration and respect that Australian fighting men and women of World War II held for Churchill, that this became the greatest one-day doorknock in Australian history.

Funds collected from everyday Australians together with donations from Government and Australian companies totalled the princely sum of 2,206,000 Pounds (\$4,412,000).

That laid the foundation for an incredible opportunity – Fellowships offered annually and worth on average \$20,000 each, available to Australians who want to make a difference.

The Winston Churchill Memorial Trust was established to administer not only the total funds raised by the 1965 Appeal, but also the Churchill Fellowship award scheme.

Since the inception of the Churchill Trust, more than 3,900 Australians have identified projects where overseas research allowed them to bring back vital networks and skills.

### More information

For more information about the Churchill Trust, including the work of Fellows, see [www.churchilltrust.com.au](http://www.churchilltrust.com.au)

Fellows from most local areas are available for interview about their experiences and travels, upon request.

## VOLUNTEERS NEEDED!

### Volunteers urgently needed!

Diversicare's Community Visitor Scheme is looking for Volunteers. Our volunteers visit residents, from culturally and linguistically diverse backgrounds, who are living in aged care facilities in Southeast Queensland and are at risk of being socially isolated because of language or cultural issues.

### Do you?

Want to give back to your community, but you don't have much time to volunteer? Our Community Visitor Scheme is a commitment of only one hour per fortnight.

Enjoy chatting with aged people and of a similar background to yourself? Diversicare matches volunteers and residents based on language and ethnic origin.

You want to be involved in a program that makes a difference for people who are socially isolated? Volunteers provide social support for residents living in aged care facilities who would otherwise have limited or no one-on-one visitors.

Speak a language other than English fluently? We regularly receive new referrals from various aged care facilities in Southeast Queensland so if you speak another language we'd love to hear from you. Diversicare currently needs new volunteers who can speak specific languages to visit residents living in aged care facilities in certain areas.

In the Brisbane area, we urgently need:

- Hungarian, Croatian (female) volunteers to visit northside residents (The Gap & Albany Creek)
- Greek, Macedonian (male) volunteers to visit northside residents (The Gap)
- Greek speaking (male) volunteer to visit northside resident (The Gap)
- Spanish speaking (male / female) volunteers to visit South American residents (Calamvale & Carina)

- Italian speaking (male) volunteer to visit southside resident (Calamvale)
- Chinese, Vietnamese speaking (male/ female) volunteers to visit southside residents (Sunnybank Hills & Forest Lake)
- In Toowoomba, we urgently need volunteers of any specific language or ethnic origin for the Transport Program and the Community Visitor Scheme.

If you answer 'Yes' to the above questions please give Diversicare a call! Diversicare's Community Visitor Scheme is a rewarding program for both volunteers and residents.

Contact our CVS Coordinator on (07) 3343 7499, or email [cvs@diversicare.com.au](mailto:cvs@diversicare.com.au), or click on the following link Community Visitor Scheme for further information.

For Toowoomba only please contact Sylvie on (07) 4615 0331 email [shayere@diversicare.com.au](mailto:shayere@diversicare.com.au)

Fill in the Application for Volunteering here.

## NEW SOUTH WALES

A small funding grant will allow health and community workers in and around Bourke, Cobar, Cowra, Mudgee, Oberon, Queanbeyan, Wellington and Young to identify their cultural and linguistic background on an interactive website. This may allow older people from diverse backgrounds to connect with workers as well as encourage cross-interactions between workers who care for people from diverse backgrounds in these identified towns. If you are a worker from these towns, please contact Caroline at Ethnic Communities' Council of NSW, 9319 0288 or [hacc@eccnsw.org.au](mailto:hacc@eccnsw.org.au).