

# FECCA NCAN NEWS

The National CALD Ageing  
Network Newsletter

## SPECIAL EDITION ON AGEING IN REGIONAL AND RURAL AUSTRALIA – A MULTICULTURAL PERSPECTIVE



**Assistant Minister for Social Services, Senator the Hon Mitch Fifield, meeting with FECCA's Healthy Ageing Reference Committee in Melbourne on 20 February 2015.**

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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.*

Disclaimer: Any views and opinions expressed within NCAN News are those of the individual authors and do not necessarily represent the endorsement of FECCA.

## FROM THE FECCA CHAIR



The first NCAN edition in 2015 features *Ageing in regional and rural Australia – a multicultural perspective*. NCAN News brings together news, ideas and opinions from the culturally and linguistically diverse (CALD) aged care sector across Australia.

On 20 February 2015, the FECCA Healthy Ageing Reference Committee welcomed Assistant Minister for Social Services, Senator the Hon Mitch Fifield, at its meeting at the Multicultural Hub in Melbourne.

I am very pleased that the Assistant Minister has announced the establishment of a Working Group for the implementation of the *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse Backgrounds*. FECCA and our stakeholders have been calling for a mechanism to oversee the implementation of the Strategy and we look forward to working with the Department of Social Services (DSS) on this.

This month, we will be launching the *Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds* together with the Parliamentary Friends of Multiculturalism at Parliament House in Canberra. More on this in the next edition of NCAN News.

The Senate Community Affairs References Committee has announced its inquiry into the *Impact on service quality, efficiency and sustainability of recent Commonwealth community service tendering processes by the Department of Social Services* and FECCA will be making a submission.

The FECCA aged care policy team, Liz Pugh and Nikolaus Rittinghausen, attended the National Aged Care Alliance (NACA) meeting in

February. NACA is a representative body through which peak national organisations in aged care, including consumer groups, providers, unions and health professionals, work together to determine a more positive future for aged care in Australia.

DSS has announced that it will hold briefings on the changes to the aged care system that will take effect from 1 July 2015. They will include information sessions on:

- Home Care Packages and Consumer Directed Care (CDC);
- Department of Human Services aged care update;
- *My Aged Care* changes; and
- Commonwealth Home Support Programme (CHSP).

Information sessions will be held during March and April in capital cities and some regional locations. To register for a session, go to the DSS website at [www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform/sector-briefings-for-the-2015-aged-care-changes](http://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform/sector-briefings-for-the-2015-aged-care-changes)

Last but not least, DSS is now publishing its *Multicultural e-News*. The newsletter provides multicultural policy updates and information on a range of social services matters. To subscribe, go to the DSS website on [www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/multicultural-e-news](http://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/multicultural-e-news).

I hope you will enjoy reading this edition and I warmly thank the contributors.

JOSEPH CAPUTO OAM JP

# AGEING IN REGIONAL AND RURAL AUSTRALIA – A MULTICUTLURAL PERSPECTIVE



Wesley Port Adelaide



Ethnic Link Services

## AGEING IN REGIONAL SOUTH AUSTRALIA

A number of the townships and surrounding districts of country South Australia are characterised by significant concentrations of older Australians from culturally and linguistically diverse backgrounds. Many arrived in the post war years and have spent a lifetime working hard on their fruit blocks, in the canneries, smelters, shipyards and mines. They have raised families, maintained and celebrated their cultural values and traditions and contributed to the social, cultural and economic development of their regional communities.

Economic downturn due to drought, the loss of key industries as well as other factors have resulted in their adult children leaving to take up work and career opportunities in Adelaide and elsewhere. In the meantime, parents left behind have aged and become increasingly frail. For those who speak little or no English, access to basic services is difficult and transport continues to be a major issue. With many losing the support which comes from having their children nearby, there is the further erosion of personal and social support networks due to illness and the loss of their spouses, relatives, friends and compatriots.

Not surprisingly, depression and mental health issues are commonplace. Accessing culturally appropriate mental health services in rural and remote areas combined with the stigma associated with mental illness and the lack of awareness about where to go for help (exacerbated by poor

proficiency in English) means that these issues tend to remain hidden, often with dire consequences.

**Ethnic Link Services** in South Australia was established 28 years ago to bridge the gap between the needs of older people from CALD backgrounds aged 65 years and over and the services they require to remain living in their homes for longer. Services are also provided to carers. Ethnic Link Services is funded under HACC to provide language services and to be the conduit between clients and appropriate services and supports in the community. Ethnic Link Services works with older people from 45 different cultural backgrounds who speak up to 30 different languages. Trained and experienced bilingual bicultural staff deliver services from locations across metropolitan Adelaide as well as the Riverland and Whyalla. Home based assessments are conducted in the primary language of clients who continue to receive language support and culturally appropriate care as they move through the service continuum.

For those who are socially isolated, Ethnic Link Services conducts 16 social support groups across areas of the State as part of a Centre-based Day Care Program. These provide much needed companionship, a shared meal, a program of activities planned by the older people themselves and engagement with the community and relevant service providers such as Centrelink, SA Health, Local Councils and others.

### Service Hubs in the Riverland and Whyalla

The Ethnic Link Services team in the Riverland is headed by Program Manager Rita Lobban, with



Riverland staff

# AGEING IN REGIONAL AND RURAL AUSTRALIA — A MULTICUTLURAL PERSPECTIVE

## AGEING IN REGIONAL SOUTH AUSTRALIA CONTINUED

onsite Administrator Julie Brand, and Assistant Coordinator Sandra Karayannis, and has been providing services to older people from CALD backgrounds for over 25 years. Bilingual bicultural staff work closely with the Greek, Italian, Turkish, Croatian and Indian communities across the townships and surrounding districts to ensure that their older members receive the support they need to remain living in their homes for longer while remaining connected to their ethnic and local community. In addition to individual services, seven social support groups are conducted across the various townships for older people of Greek, Italian, Croatian and Turkish background.

The social support groups in the Riverland have been evaluated to ascertain their impact on participants' quality of life and general wellbeing. These were the Renmark Greek Group, Renmark Italian Group, Berri Italian Group, Berri/Loxton Greek Group, and Barmera Greek Group. Evaluation outcomes based on client survey findings strongly reinforced that the social groups supported participants to achieve the following:

- A sense of belonging
- Improvement in lifestyle and wellbeing
- Reduced anxiety levels
- A positive connection to community and each other
- The opportunity to participate in wider community activities such as 'River Life', a 12-week ten thousand step challenge aimed at improving general fitness
- Improved mental health.



Teresa Nowak

One of the older participants, aged 74 years, stated:

*"Before the groups I used to stare at the four walls. Now I have something to look forward to."*

Another, taking part in the Christmas celebrations which bring the groups together, stated:

*"I enjoyed being with friends from other towns that I haven't seen for nearly 20 years."*

The lack of transport can be a major barrier to participation for older people living in country areas especially those whose are becoming frailer and/or whose adult children have moved away. This is currently a gap which needs to be addressed.

The Ethnic Link Services team in Whyalla is overseen by Program Manager Marijka Kowalczuk and led by Coordinator Teresa Nowak.

In August 2012, Ethnic Link Services was proud to launch Multicultural Services Whyalla which is the only multicultural service in Whyalla specifically established to meet the information and service needs of its diverse CALD communities. Whyalla is the second largest city in South Australia and has the largest number of older people of CALD background. Given the ageing characteristics of the CALD population in Whyalla, this service has a strong focus on healthy ageing and aged care.

Multicultural Services Whyalla provides a range of services to older people from Italian, Polish, Serbian, Croatian and other many other cultural backgrounds. Individual one to one services include home based assessment and linking people to appropriate services in the community and maintaining support. The service also conducts three social support groups which bring older people together to provide companionship



Marijka Kowalczuk and Anna Laub

# AGEING IN REGIONAL AND RURAL AUSTRALIA – A MULTICUTLURAL PERSPECTIVE

## AGEING IN REGIONAL SOUTH AUSTRALIA

### CONTINUED

and a means through which participants can access healthy ageing information and take part in different types of activities. Currently these groups focus on three key activity areas:

- Meeting the social support needs of older people from Eastern European backgrounds (Eastern European Group)
- Meeting the social support needs of older people from diverse cultural backgrounds (Multicultural Group)
- The provision of information to older people from diverse CALD backgrounds – e.g. health and ageing areas such as diabetes, presentations by service providers in the community etc. (Information Session).

### Summary

Despite the challenges and hardships associated with ageing in rural and remote regions of South Australia, there is a resilience and generosity of spirit that is ever present amongst older people from CALD communities as well as a desire to contribute to the broader Australian community and to share activities with their CALD communities. It is essential that adequate government funding

continues to be prioritised for older Australians from CALD communities in rural and remote areas so that they are able to access the services and supports that they need to maintain their quality of life. Quality of life is supported through positive social interaction, community participation, connection with culture, and access to culturally appropriate and responsive care. After their extensive contributions to Australia, older people from CALD backgrounds are entitled to age with dignity in their adopted homeland.

*Angelika Tyrone is the Manager of Ethnic Link Services and has been instrumental in the service's expansion in both metropolitan and regional South Australia. Her work in multicultural services has extended over 20 years and included several sectors including the arts, education and health, and more recently the community sector. Angelika has been involved in research, strategic planning and policy development as well as the provision of advocacy and advice to government in relation to people of culturally and linguistically diverse background (CALD). She has also worked as a private consultant for government, non-government and ethnic communities in roles that have varied from the evaluation of services to the development of service models for people of CALD background. A recent consultancy involved the development of improved service responses for people of CALD background including the formulation of inclusive policies.*



Consultation and Launch of Multicultural Services Whyalla

# AGEING IN REGIONAL AND RURAL AUSTRALIA – A MULTICUTLURAL PERSPECTIVE



## REACHING CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) SENIORS DURING HARMONY WEEK

Harmony Day (21 March) celebrates Australia's cultural diversity. It's about inclusiveness, respect and a sense of belonging for everyone. Diversicare has been holding events for Harmony Day since its inception, as a Government initiative, 15 years ago. To make a difference to the regular Harmony Day celebration events, Diversicare's Multicultural Advisory Team (MAS Team) created the concept of making 'Harmony Day' inclusive for all seniors thus calling it '**Seniors Harmony Day**'. This was implemented in certain regions i.e. the Gold Coast, Brisbane, Sunshine Coast, Townsville and Cairns in 2008. The events were such that we continue this concept each year as well as other events during this time.

### What does this mean to the team of state-wide MAS Officers? What do they achieve?

Although MAS Officers started this concept six years ago they strive to achieve continuous

improvement by being productive and innovative. They identify CALD specific needs within each geographical region and use this information in reaching out to CALD communities in the rural and remote regions. MAS Officers target CALD communities who do not already access services. Each MAS Officer knows and works their region effectively. For example, Townsville is holding its sixth birthday celebration for the Seniors Harmony Expo. How did they previously capture some of the rural and remote areas?

Seniors travelled by bus from Ingham, Charters Towers and Burdekin (North Queensland) over the past six years to attend this event. Almost 60% of the town's population of Ingham is of Italian descent. Italians migrated to work the sugar industry in the Hinchinbrook and Burdekin region in the period following WWI and post-World War II. Late last year an information session for CALD seniors was held in Ingham with 70 participants, mainly older migrants of Italian background, attending the session. MAS Officers utilise these Information Sessions to promote the events in each region. In this instance the Seniors Harmony Expo for March was promoted. MAS Officers will again visit the area to advertise the event via media, posters and service visits.



Townsville Seniors Harmony Day 2013 – Seniors creating change

# AGEING IN REGIONAL AND RURAL AUSTRALIA – A MULTICUTLURAL PERSPECTIVE

## REACHING CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) SENIORS DURING HARMONY WEEK CONTINUED

These events have been successful for the past six years.

Penny Wilson from Charters Towers (rural and remote region) wrote the following after last year's event:

*"There was much discussion about last year's event and how great that was, so names came in thick and fast for the event this year.*

*A bus was booked and quickly filled by excited seniors bent on a trip to the Willows to see the expo.*

*I could not attend for the day but was greeted with much discussion the following day as many met at Wheeler House and discussed the happenings at the Expo.*

*The laughter workshop was attended and enjoyed, the belly dancing was watched, and I was brought back recipes and information on the cooking sessions and how wonderful that was to name but a few things mentioned.*

*These events are sometimes difficult for us to get to, but Julie (Diversicare MAS Officer) has always made it so much easier for us to attend, and is always helpful with the information sharing. These expos are wonderful avenues to find out what is out there for seniors and opens up networks with people and businesses that would not otherwise happen. Thank you to Julie and Diversicare for your enthusiasm and organisation of this event for all things senior"*

Penny Wilson (2014)



Vivienne McDonald

*General Manager of Diversicare, Community Care division of the Ethnic Communities Council of Queensland Ltd (ECCQ), delivering direct care services to culturally and linguistically diverse (CALD) people, in their homes, in Queensland as well as*

*delivering education, training and information sessions to communities and service providers.*

*My background is in nursing both in the UK and Australia. For the past 20 years I have worked in the area of managing people, business development, strategic planning and project management within the health and aged care sectors in Victoria and Queensland.*



Townsville Seniors Harmony Day 2013 – Seniors choir

# AGEING IN REGIONAL AND RURAL AUSTRALIA — A MULTICUTLURAL PERSPECTIVE

## CARING FOR AGED NEPALESE MIGRANTS: A COMMUNITY CARE NESB INC. CASE STUDY FROM LAUNCESTON

Getting old can be difficult, both for the ageing individual and their family/carers alike. At Community Care NESB we assist elderly migrants to stay at home for as long as possible. In some instances, such as with a new group of Nepalese refugees, we also support the families caring for their elderly at home.

Launceston is home to a number of refugees from Nepal. These immigrants, although ethnically Nepalese, were displaced from Bhutan in the early 1990s following ethnic unrest that resulted in the expulsion of many minority Hindu Nepalese in southern Bhutan by the Buddhist majority government. Neither Bhutan nor Nepal take responsibility for these people, hence their further displacement to other countries. In addition to their already complex situation, the older generation of these migrants identify themselves as Bhutanese, while their children, often born in refugee camps in Nepal, consider themselves Nepalese.

Offering assistance to this group has been challenging for some service providers. Given their recent history, trusting authorities in their affairs is an issue. In the aged care sector, this is coupled with an entrenched cultural understanding that children take care of their parents until end of life. This they do cheerfully regardless of the difficulty.

Despite significant language barriers, CCNESB has achieved a degree of trust and rapport from families they assist. One family, comprising a youngest son and his wife, a three-year old and a newborn baby, take care of an elderly father who does not recognise any of them. This gentleman has advanced dementia and requires around the clock care to manage multiple problems, including visual hallucinations, aggressive behaviour, an inability to identify any of his needs, including hunger; all he can do independently is swallow. After local ACAT assessors received permission to assess him, they described him as their worst case assessment and approved placement in high institutional care.

His son, like other members of his community, culturally believes respite or residential care is



**Case Manager Audra Stewart**

not an option. As his primary carer, however, his stress level is astronomically high as his father also has 'specific nocturia' and rarely sleeps. Midway through 2014 CCNESB Case Manager Audra Stewart finally had a breakthrough. The son accepted the offer of some support by allowing a Support Worker to come twice a week for three hours to take his father out so the family could sleep; the son declined overnight help saying he would not be able to ignore his father's crying.

Recently the family was offered and accepted a Level 4 Home Care package that provides 12 hours of support work comprising three hour blocks four days a week (one hour personal care and two hours social support to give the family a much needed break). With assistance from Alzheimer's Australia Tasmania, an ex-miner from the now closed Beaconsfield Gold Mine, who has retrained in aged care and has the physical strength required to assist with this client, was appointed the Support Worker. The pairing of a displaced worker with a displaced refugee has proved a brilliant deployment.

*Dr Susan Aykut is the coordinator of the Community Visitors Scheme auspiced by Community Care NESB Inc. Community Care NESB Inc. manages/provides services to elderly migrants from diverse backgrounds in the North and North West regions of Tasmania. With a background as an academic and professional historian, Susan has had extensive experience working and producing award-winning events with multicultural communities, such as Project 1453: Fall of Constantinople, Conquest of Istanbul, for which she and two co-organisers received a Victorian Award for Excellence in Multicultural Affairs and UNESCO Culture of Peace accreditation in 2003.*

# AGEING IN REGIONAL AND RURAL AUSTRALIA – A MULTICUTLURAL PERSPECTIVE



## THE NORTH EAST MULTICULTURAL AGED CARE CONNECTIONS PROJECT (NEMACC)

North East Multicultural Association (NEMA) in North Eastern Victoria received funding from DSS for an aged care project that is due to end in June this year. The project is North East Multicultural Aged Care Connections (NEMACC).

The purpose of NEMACC is to identify isolated, ageing Culturally and Linguistically Diverse (CALD) community members and work with them to provide access to healthy ageing initiatives and appropriate aged care service information.

NEMA's and therefore NEMACC's geographical area (the LGAs of Alpine, Benalla, Indigo, Mansfield and Wangaratta) includes many communities that are isolated (remote) and many that have little direct service delivery from the major centres. In several cases the major centres are also hard to access due to limited transport options.

Historically, the region provided a home for many post WWII migrants who were initially housed at the Bonegilla site just east of Wodonga, or subsequently in the Benalla migrant camp.

The greatest challenge for NEMACC is engaging those most in need of the information required,

to make decisions about their health maintenance and care, as they are often not part of mainstream community life and present engagement challenges.

Many of those with whom project workers engaged are elderly women who had little involvement in the broader community due to the traditional roles they performed within their homes. Typically, their husbands have died and the children have moved away for work or family, so the women have become extremely isolated both socially and physically. This is often exacerbated through limited English or socially unattractive cultural options.

The process of identifying such people and engaging with them continues to be a demanding one on many fronts. Firstly, many are wary of any approaches that may be interpreted as being connected with "government" as their history of government has often been negative.

Further to this, they were extremely determined and self-reliant to have originally come out to Australia to make a life for themselves. Therefore, the concept of support through the health and community services sector is not readily acceptable.

The first step in this process is to engage them through social inclusion activities such as coffee mornings and introduce guest speakers to provide information on a range of topics, from healthy ageing (eg nutrition) through to more formal support such as district nursing. From there a broad range of activities can be launched.



One of NEMACC's Cultural Support Facilitators – Janny Staphorst-Bollard's social gatherings for a lunch for the CALD community of Bright.

# AGEING IN REGIONAL AND RURAL AUSTRALIA – A MULTICUTLURAL PERSPECTIVE

## THE NORTH EAST MULTICULTURAL AGED CARE CONNECTIONS PROJECT (NEMACC) CONTINUED

A major project outcome is the training and development of local Cultural Advocates, who are able to highlight the issues facing their CALD community members, through a formally structured role on local health committees. This will ensure sustainable and ongoing pathways for the CALD community to express its views on health and well-being needs and initiatives beyond the project.

NEMACC funded a short course for the Cultural Advocates modelled on a regionally recognised leadership program (Alpine Valleys Community Leadership Program) and are on track to ultimately offer this training to upwards of 50 people across the 5 NEMA LGA's.

When the NEMACC project concludes, NEMA will still provide on-going support to the Cultural Advocates to ensure sustainable outcomes.



John Joyce – NEMACC Coordinator

*After many years in senior management in the Victorian Public Service and more recently running my own businesses, I have been really pleased with the opportunity to work with NEMA to assist many potentially disadvantaged ageing migrant people to live a better quality of life. My background is in the community services area culminating in managing the Child Protection and broader community services programs in the Hume region from 2002 until 2005. More recently I had been the Regional Director for Regional Development Victoria which is the economic development arm of the Victorian Government until setting up my own businesses associated with professional development and strategic planning. Underpinning this is also the development of a cattle breeding interest which started in 1998 and is still continuing. I see a great opportunity to bring the various experiences from my former working areas to assist in this really worthwhile project.*



Italian Activity Day held at the Da Vinci Club in Wangaratta, where participants could get involved in different activities that included Indoor Bowls, Exercises, Table Games as well as wii games.

# AGEING IN REGIONAL AND RURAL AUSTRALIA – A MULTICUTLURAL PERSPECTIVE



## AGED CARE BARRIERS FACING CALD CONSUMERS

Older people from culturally and linguistically diverse (CALD) backgrounds are a significant and growing demographic. In some areas they are the major users of aged care services. They bring a diversity of experience to older age shaped by cultural attitudes, family roles and responsibilities, and beliefs about health and disability. The growth in number of older Australians from non-English speaking countries is faster than the growth of the older population as a whole, largely because of the ageing of post-war migrants who arrived as adults. Many of these community members face barriers when they seek to access aged care services in Australia. It is important that organisations recognise these barriers below and seek to implement strategies that enable CALD older people to access their services.

Barriers can be short term, long term, systemic, organisational and are, more often than not, multiple. These include:

- Isolation and vulnerability – due to declining traditional networks, lack of computer literacy, limited access to transport options and/or death of a spouse.
- Knowledge – lack of awareness about availability and accessibility of services and resources.
- Communication – challenges faced by the lack of language services, follow ups between parties, the amount of interpreters available and concerns over privacy of confidential information.
- Community perception – feelings of failure as they need help and different cultural attitudes about family roles and whose responsibility it is to care for older members.
- Culturally inappropriate care & lack of/incorrect cultural knowledge – among workers and difficulties faced by geographically remote areas and emerging communities.

- Previous negative experiences with services for example much research has been done to ascertain concerns of CALD communities but often this information hasn't been acted upon, leaving users of services sceptical that their feedback is worth giving.
- Systemic and organisational barriers – A lack of cultural competency of health service providers and accurate data to ensure appropriate and accessible health care services. There is also an increased reliance on group specific services which are often poorly funded. Ethno-specific services can be more culturally appropriate, are readily identifiable by CALD clients and are better placed to encourage the participation of CALD communities in decision-making. Disadvantages include geographical availability of a service and clients may fear a loss of privacy if they receive services from their own community members. Work done with marginalised groups is often done as a once-off project and not properly aligned with the development of appropriate services to ensure its longevity.

### **Some strategies that aged care services can implement to combat these and other barriers are:-**

- Developing Cultural Competence – developing attitudes, skills, policies and behaviour to work effectively across cultures and respond to CALD clients appropriately.
- Staff support and training – recruiting care staff from CALD communities and buddy systems between staff to ensure that CALD staff are supported and included. Organisations should provide ongoing staff training to ensure cultural competency. This ensures that the aged care service providers revisit their own personal, professional and organisational cultures and values. Training needs to recognise the inequities that exist for CALD older people and the barriers faced as migrants (both longer term and/or newly arrived) and/or refugees. It is vital that training does not reinforce stereotypes.

# AGEING IN REGIONAL AND RURAL AUSTRALIA – A MULTICUTLURAL PERSPECTIVE

- Who is and isn't using services – Aged care services need to collate and analyse demographic data and health service information to ensure services are appropriate and accessible. Any service mismatches need to be identified and addressed.
- Language services – These need to be accessible and appropriate and work collaboratively with partner organisations to access and train bilingual workers.
- Cultivating tolerance and antidiscrimination and recognising diversity – Workers and services need to acknowledge and challenge their own potential assumptions and biases and ensure CALD clients are treated in a unique and personal manner. They need to stay current with potentially differing world views of these culturally diverse clients, and understand the institutional forces that have affected CALD community members. There can often be diversity within a particular CALD community which needs to be acknowledged to ensure successful consumer participation.
- Developing equal partnerships – Building relationships based on mutual trust with a long-term commitment to the partnership is critical and can be achieved using effective outreach to organisations and community groups. Aged care services need to make efforts to understand communities and identify appropriate and ongoing modes of communication to engage CALD people.
- Accessible information – Availability of culturally and linguistically appropriate education about services and CALD specific issues is important to ensure differences in language and sensitivity to cultural beliefs are addressed.
- Workforce Diversity – Health services workers need to reflect the needs of consumers and communities they work with as well as their broader catchment. Bilingual and bicultural staff increase access of services by consumers and build on organisational cultural competency. Organisations can begin by engaging volunteers from various cultural backgrounds and link in with their communities.
- Providing information and improving communication – services are more accessible and effective when written and verbal communications are understood; this can be done by providing information in a range of languages. In regards to staff, raise awareness of how to access and use interpreter services effectively and employ, where appropriate, bilingual workers.
- Whole-of-organisation commitment with adequate resources – Ensure that organisations are committed to seeking feedback and integrating this into organisational change, strategic planning and resource allocation. The organisation needs to listen to consumers and ensure a diverse range of voices are accessed as consumers and services will benefit from collaboration.



*Cecilia Milani*

*PICAC NSW/ACT Manager*

# FECCA UPDATE

## FECCA 2015 ACCESS AND EQUITY SURVEY

The Federation of Ethnic Communities' Councils of Australia (FECCA) is the national peak body representing Australians from culturally and linguistically diverse backgrounds.

FECCA is currently running a survey to learn about the experiences of migrants, refugees and international students in accessing and using government programs and services.

Your feedback through this survey will help us to understand what areas of service delivery need to be improved, and what recommendations can be given to government to make this happen.

### **We want to hear from you!**

**To complete the FECCA 2015 Access and Equity Survey, please visit:** <https://www.surveymonkey.com/s/FECCA2015survey>

The survey will take approximately 10 minutes to complete.

The information gathered through this survey will be compiled into our annual Access and Equity report.

To protect your privacy, the information you provide will be kept securely and any identifying names or features will be removed.

**The survey closes on 22 April 2015, at 5:00pm AEDT.**

For more information, please contact [admin@fecca.org.au](mailto:admin@fecca.org.au) or phone (02) 6282 5755.

# MEMBER UPDATES



## IT'S A MYSTERY NO MATTER WHERE YOU ARE

It would be wonderful to write about the availability and quality of aged care services for people from culturally and linguistically diverse backgrounds (CALD) who live in regional, rural and remote Australia. Sadly this is not possible.

CALD consumers in country Australia are just as disadvantaged as their counterparts in the capital cities because of the lack of information on the location of places allocated by the Commonwealth to mainstream services for individuals from a non-English speaking background. This is a critical issue because it is apparent that the bulk of CALD places have been allocated to mainstream providers who now monopolise CALD care to the detriment of ethno-specific agencies.

Why are the numbers, type and location of these places still a mystery after 17 years of Aged Care Approvals Rounds (ACARs) and the development of the *myagedcare* website?

The answer is that the Commonwealth:

- has never made public the number of Home Care or residential care places to be made available to CALD consumers in ACARS since 1997;
- has never made public the logic for the distribution of places for special needs groups, including CALD, prior to advertising the ACAR;
- has never publicly identified CALD places which have been allocated to mainstream services;
- has never monitored the use of places allocated for CALD consumers; and
- does not require mainstream organisations to reveal their CALD allocations, or indeed their current complement of CALD consumers, on the *myagedcare* website.

Compounding this situation are the quality of care standards, especially for residential care, which are so superficial for CALD care, that they are easily met.

To the outsider, the impression could be gained that Australia is doing quite nicely when it comes to caring for the ethnic aged. The Commonwealth can successfully argue that it has made CALD places available to aged care organisations throughout

the nation and that there is choice of provider. Furthermore, it has recently taken action to build the capacity of ethno-specific agencies to compete more effectively in the Aged Care Approvals Rounds.

But the Commonwealth can do better to enhance CALD consumers' access to, and equity in, aged care services. As a start, it could put some flesh on the principles of the *National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds*.

For example, it could

- consult the CALD aged on the development, implementation and review of aged care policies;
- provide information on services in languages understood by the client group and by agencies which are trusted;
- undertake annual stocktakes on the uptake of aged care places by CALD consumers to ascertain their percentage occupancy compared to non-CALD;
- take compensatory action on under representation of CALD individuals or communities in aged care services;
- ensure standards of residential CALD care cover considerations such as planning and leadership, education and staff development, continuous improvement, human resource management, information systems, complaints and living environment and clinical care;
- reward partnerships or alliances which can demonstrate CALD responsive care against CALD benchmarks.

Is that too much to ask?



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

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

# MEMBER UPDATES

## MUSLIM AGED CARE IN SOUTH AUSTRALIA

Although the word 'diversity' seems to stress differences rather than commonalities, Malcolm Forbes, the publisher of *Forbes* magazine, saw it as "the art of thinking independently together". In the field of aged care, this inclusive, yet difference-affirming, perspective has been the catalyst for taking steps to address the needs of Muslims in Australia.

Through the ages, Islam has been not just a religion to millions of Muslims all over the world but also a complete code of life for its adherents. As with followers of other faiths, religion tends to take on greater significance for Muslims when they approach old age. What becomes significantly important then is aged care that is planned, designed, and delivered around not only language and culture, but also religion. Although older people, regardless of their backgrounds, have largely similar needs with regard to the ageing process, Muslims in the West experience needs based on their faith requirements that differ from, or are additional to, the "mainstream" services offered by service providers.

Because of religious values that put a premium on filial piety, as well as cultural practices and negative stereotypes surrounding formal aged care, many Muslims may be reluctant to put their loved ones in such form of care. But as family structures change and care needs progress, caring for their aged at home may become increasingly difficult without proper support. A sensitive, holistic, and person-centred care approach would support Muslims in their twilight years to maintain continuity with a life style established by way of their religious beliefs. It is encouraging that some progress has been made in South Australia to offer this critical support.

Bene Aged Care *Italian-Style* partnered with the Tatar-Bashkurt Community Care Services of SA to provide culturally and linguistically appropriate home care to the elderly Tatar Bashkurts, the majority of whom are Muslims. Bene has since extended the service to other Muslim communities.

The Muslim Women's Association of SA (MWASA) has received funding to engage older Muslims in a wide range of activities to increase their well-being, reduce their feelings of isolation, and help them to become more involved in the Muslim as well as in

the wider community. MWASA also refers older Muslims who need home care to Bene.

The ACH Group has partnered with the Muslim community to deliver and improve access to culturally responsive services as well as to support the community to build capacity to run its own aged care services in the future. The ACH Group's 2014 ACAR allocation includes dedicated Muslim Community Home Care Packages.

Active participation and involvement of the Muslims themselves is vital to ensure that such partnerships yield value to both parties and achieve the important goal of offering enhanced choice to Muslims.

The measurement of the ultimate success of such initiatives and partnerships is captured in the following lines from Elizabeth Clark's *Another Beatitude*;

"And blessed are they who will ease the days of my journey home, in loving ways."



*Mahjabeen Ahmad is an Executive Committee member of the Multicultural Communities Council of SA Inc. (MCCSA) and a member of the CALD Ageing Alliance of South Australia (CAASA). She is an independent researcher and policy advocate who is actively engaged in*

*advocating culture-specificity in care issues covering aged care, dementia care, palliative care, and end-of-life care to help the Muslim community in South Australia to receive appropriate services that support their faith requirements.*

*Mahjabeen has co-authored a report titled, "Muslims in Australia and their Aged Care Needs: An Exploratory Study with Special Reference to South Australia", the first of its kind in the State. The report makes a case for enhancing care choices for Muslims. Its main argument is that faith considerations need to be central in care planning and delivery so that appropriate and holistic aged care can be offered. Mahjabeen has also co-authored articles in international peer-reviewed journals.*

# MEMBER UPDATES



## CARER VISA – SUPPORTING AUSTRALIA'S AGEING CALD POPULATION?

The Carer visa hit the headlines when it was repealed from 2 June 2014 until 25 September 2014, when a Senate disallowance motion re-opened applications.

In 2012 Carers Victoria undertook to learn more about use of this visa. As the number of people granted the visa each year is small, we were prevented from releasing a full report. Findings included:

- Visa holders were from more than 90 countries
- The majority were from Asian and Middle Eastern communities
- Sponsors sought to maintain care at home and to avoid residential care
- Visa holders experienced a range of concerns such as:
  - Lack of preparedness for the carer role
  - Differences between expectations and reality
  - Lack of awareness of formal services
  - Relationship stress and breakdown.

This highlighted issues in culturally appropriate care, availability of formal and informal support, and expectations of individuals and families in a caring role.

### Access to the Carer visa

Key hurdles include the need to:

- provide a certificate from BUPA Medical Visa Services, verifying the long term or permanent need for assistance
- demonstrate that that this cannot be reasonably provided by any other relative in Australia or obtained from welfare, hospital, nursing or community services
- demonstrate that applicants are willing and able to provide the assistance – e.g. do not have other care responsibilities or care needs themselves.

### Challenges for sponsors

The sponsor is usually the person needing help to care for their relative or sometimes the person needing care. Sponsors must undertake to give support, accommodation and financial assistance for the first two years. There are also costs associated with processing an application and travel costs.

Sponsors were not aware of Australian carer support services. There were examples of family relationship breakdown, due to dissatisfaction with care or accommodation arrangements.

### Challenges for visa holder(s)

Frequently the care required was intensive, complex and long term. A number reported feeling unprepared for the responsibilities of care and unable to ask the sponsor for support or time out. Carers of people with high support needs reported significant impacts on their health and wellbeing.

There were also settlement issues, with lack of access to English language classes, employment and training.

### Implications for government policy

There is a need for:

- Improved access to advocacy for CALD caring families
- Improved information and advice such as:
  - for sponsors on the implications of bringing a family member to Australia to take on care responsibility
  - for prospective carers on preparation for and post-arrival support for their caring role
- Mechanisms for organisations to keep up to date on changes to the Carer visa
- Better co-ordination between government agencies, ethnic community services and Carer Associations
- Access to specialist education, support groups, family conferencing and mediation to help prevent relationship breakdown.

### Conclusion

Care at home is the preferred choice of many older people and their families. The Carer visa can be a good solution for families facing decisions about ongoing care. With an ageing CALD population,

# MEMBER UPDATES

## CARER VISA – SUPPORTING AUSTRALIA'S AGEING CALD POPULATION? CONTINUED

it provides additional informal care where cultural and care needs exceed the capacity of our formal aged care system.

We must however continue to lobby for equity of access to culturally appropriate care, whilst seeking to minimise the impact of caring on individuals and families.

Disclaimer: This article is for information only. For further advice regarding individual circumstances contact the Department of Immigration and Border Protection.



*Anne Muldowney has more than 20 years' experience working in aged and disability services and represents Carers Australia on a range of National Aged Care Alliance advisory groups on aged care reform. She has a key role in researching, supporting and advocating for the needs of carers in diverse communities at a policy and service development level.*



## ECCV AGED CARE PROJECT REPORT:

### Preventing homelessness in older culturally and linguistically diverse communities project

*Preventing homelessness in older culturally and linguistically diverse communities*, a joint initiative of the Ethnic Communities' Council of Victoria (ECCV) and Housing for the Aged Action Group (HAAG), is a vital and exciting 12 month project funded by the Lord Mayor's Charitable Foundation. The project, which will be officially launched in Melbourne on Wednesday 22 April, 2015, aims to prevent homelessness amongst older people from culturally and linguistically diverse (CALD) backgrounds. According to Australian Bureau of Statistics (ABS) figures from 2011, approximately 2,000 homeless persons in Victoria identified themselves

as speaking English not well or not at all. ECCV and HAAG are concerned that seniors from non-English speaking backgrounds who receive government pensions find the private rental market an unaffordable and unattainable accommodation option due to their limited income and the increasing competition in the private rental market. ECCV has also identified that mental health issues and financial elder abuse are some of the factors that contribute to the risk of homelessness for older people from non-English speaking backgrounds. ABS statistics (2011) suggest that there are approximately 20,000 people from non-English speaking backgrounds who are over 55 and renting in Victoria, and the project will specifically target this demographic. Four language groups have been identified as having high proportions of older renters and being at risk of homelessness: Chinese (Mandarin and Cantonese), Arabic Speaking, South Asian (Punjabi, Hindi, Urdu), South Slavic (Serbian, Croatian, Bosnian). Bi-lingual workers from these communities are invited to be part of this important project. For further information please contact Gemma White, HAAG Project Officer [gemma.white@oldertenants.org.au](mailto:gemma.white@oldertenants.org.au)

The key initiatives of the project include:

- Increasing access to Home at Last services through community education and links to information on housing options (Home at Last is a free information, advice and referral service of Housing for the Aged Action Group).
- Increasing awareness of Home at Last.
- Increasing Home at Last's capacity to respond in a culturally appropriate manner.
- Improving the ability of older people from CALD backgrounds to navigate the housing/homelessness system.



*ECCV Aged Care Policy Officer Mathias Stevenson is a PhD graduand in Italian Studies (University of Monash). Previously he worked as an Italian Teacher at East Doncaster Secondary College and as Administrative Officer and Cultural Events Coordinator at the Italian Institute of Culture. He also has volunteer experience in the youth disability sector.*

# NEWS AND EVENTS

## AUSTRALIAN AGED CARE QUALITY AGENCY

The Quality Agency is building on the industry education and information legacy of the former Accreditation Agency and continually develops documents and resources for our multicultural society.

The Quality Agency's information about aged care homes and service providers includes the diversity of community backgrounds represented. When planning our visits to homes and services, we take cultural diversity factors into consideration and ensure appropriate language translators are available when our assessors are onsite.

As part of our assessor training, we include cultural competence workshops which are designed to enhance our assessors' skills and understanding of cultural factors as they apply in their role.

Each year our national two-day Better Practice conferences present workshops with high quality speakers discussing the latest aged care topics to over 1,000 delegates each year.

For the first time, we will be holding a Better Practice conference in Darwin. We want to ensure that aged care providers from rural and remote areas, and particularly those providing services to Aboriginal and Torres Strait Islanders, can attend one of our conferences, share good practice and be inspired.

The Honorary President of FECCA, Pino Migliorino presented at Better Practice conferences in the past on aged care for CALD. Our Better Practice conference speakers continue to provide delegates with useful information for CALD care recipients.

Our newsletter *Quality Standard* regularly includes worthwhile information for aged care providers to engage and provide quality care for care recipients of all cultures.

Every year our annual Better Practice Awards recognise quality improvements and better practice in aged care and serve as exemplars to encourage improvement and innovation and recognise the aged care industry's high achievers. Each year there are aged care providers who have won their award based on their programs utilising the cultural backgrounds of their care recipients and staff.

The Quality Agency's legislated mandate also includes promoting innovation in quality management and delivery, and this is an area where the Quality Agency is exploring, which will build upon the strongly recognised and supported Better Practice Awards scheme.

To support providers, the Quality Agency provides residential aged care homes with letters and posters about our visits to homes in 21 community languages. We will soon have translated letters and posters for providers of aged care in the community. We look forward to continuing to work with aged care providers and stakeholders to progress this important area.

For further information, please contact the Australian Aged Care Quality Agency on 1800 288 025.



## 3rd International Conference on Ageing in a Foreign Land

**24 - 26th June 2015, Flinders University, Adelaide**

The 2015 “Ageing in a Foreign Land” conference will present the findings of research regarding the needs of ageing migrants in Australia, focusing in particular on the issues of language and cultural identity, and service provision for older populations within Culturally and Linguistically Diverse (CALD) communities in Australia. The conference presents a unique opportunity for institutions and individuals to extend their learning, share their experiences with others, promote their activities, and create a dynamic and vibrant network to further advance our knowledge regarding “Ageing in a Foreign Land”.

Adelaide is claiming this space as an international leader in the area of ageing and the “brand name” of “Ageing in a Foreign Land” is becoming synonymous with Flinders University in South Australia.

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

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

### Our renowned speakers include:

**Dr Alexander Kalache**

President of the International Longevity Centre, Brazil

**In honour of Professor Graeme Hugo AO**

**Dr Helen Feist**

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

**Mr Joseph Caputo OAM**

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

**Dr Briony Dow**

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

**Professor Christina Victor**

Professor of Gerontology and Public Health and Vice Dean (Research) in the College of Health and Life Sciences at Brunel University, London

For further information:

P: (+61 8) 8201 3854

E: [ageingconference@flinders.edu.au](mailto:ageingconference@flinders.edu.au)

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