



eccv

The Voice of Multicultural Victoria

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ECCV's online multicultural ageing and aged care magazine

Golden Years

Victoria's aged care services transition



Aged Care Bar Mitzvah Ceremony. The photo is a courtesy of Jewish Care and was taken by Ben Weinstein.

GOLDEN YEARS is a free online magazine highlighting multicultural ageing and aged care issues produced by the Ethnic Communities' Council of Victoria, jointly supported by the Victorian and Australian Governments.

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From the Chairperson

Dear Readers

A priority area for us is the implications of significant changes in the aged care services landscape in Victoria with the implementation of the Commonwealth Home Support Programme. These changes are impacting on a range of ECCV constituents and at multiple levels. This edition highlights some of the key discussions associated with Victoria's aged care services transition. I am pleased that a variety of multicultural organisations and sector stakeholders have contributed to this edition.

ECCV continues to provide opportunities for its members and stakeholders to work collaboratively while at the same time competition has been increasing amongst service providers. ECCV has brought providers together to explore sustainable ethnic and multicultural aged care business models.

A range of multicultural communities and organisations are working at multiple levels to provide input into the design of Australian aged care system and its cultural inclusiveness. Accessibility of people from culturally, linguistically, and spiritually diverse backgrounds to My Aged Care remains a priority for ECCV and we have communicated this to the Australian Government Department of Health and will continue to do so.

ECCV met with the President of the Australian Law Reform Commission Inquiry into Protecting the Rights of Older Australians from Abuse and submitted a response to the inquiry.

I thank the contributors for sharing their insights and I hope you enjoy reading edition 126.



Eddie Micallef
ECCV Chairperson

From the Editor

Dear Readers

Welcome to Golden Years edition 126!

This edition focuses on the Victorian aged care services transition and its implications for the multicultural community, information provision to multicultural seniors associations, and spiritually appropriate care.

The opinion piece by Fronditha Care looks at their response to changes in the aged care service delivery landscape and their ongoing effort to remain an organisation that operates for its community members. The Multicultural Communities Council of South Australia provides an interstate perspective on the implications of Commonwealth managed entry level support services for seniors from culturally, and linguistically diverse backgrounds.

The article provided by the Australian Croatian Community Services showcases a way of working with multicultural seniors clubs to ensure people continue to access available services. Further articles are on a Bar Mitzvah ceremony organised for older people and implications for palliative care services for people that identify themselves as Muslims.

It is great to see that Golden Years contributor Archimede Fusillo has been awarded with a literature price from the Sancíolo Family. Have a read through the article to find out more about the Melbourne writer.



Nikolaus Rittinghausen
Editor

“People transform people, with a smile”

Changes to home and community care: new arrangements, same support

From Australian Government

Readers of **Golden Years** know we like to keep everyone up-to-date with the latest aged care news. That's why we want to let you know about recent changes to the Victorian Home and Community Care program. As of 1 July 2016, similar services will be delivered to you through the Commonwealth Home Support Program, run by the federal government. Essentially, it's the same providers continuing to deliver home support services with improved and streamlined access – and a greater focus on independence and wellbeing.

The Victorian Government will continue to fund and manage services for people under 65 years with some services transferring to the National Disability Insurance Scheme as it rolls out in Victoria.

Victoria is very lucky to have lots of vibrant migrant communities full of older people like all of you. Being active in our communities as we get older means we can pass on our culture to our kids and grandkids. It's enriching and rewarding. The new home support arrangements are designed to help you keep doing just that.

The main focus of the changes is to help you continue to live at home and live independently. Home support services include, but are not limited to, domestic assistance, meals, personal care, social support and planned respite care.

The process for accessing these services for new clients in Victoria will be through My Aged Care, the gateway to all aged care services. Staff will work with you to see what your strengths and goals are, and what kind of help you might need with daily living tasks. Wellness and independence is the main aim.

Remember, if you are already receiving home support services, these will continue, and you don't need to do anything as a result of the changes.

Importantly, you can use face to face or telephone interpreting services to help you access home support services. These services continue to be available through the Victorian Interpreter Service as well as the Translating and Interpreting Service. Information on what can be accessed through TIS National is available at www.tisnational.gov.au.

Australian Government Department of Health

Victoria's aged care services transition

An opinion piece



Opinion piece written for the 2016 spring edition of **'Golden Years'** on the Victorian HACC transition to the Commonwealth Home Support Programme from the perspective of Froniditha Care and those we work with.

Froniditha Care has undertaken extensive work to forge its future in order to better respond to the needs of elderly from Greek and other culturally and linguistically diverse backgrounds not only in Victoria but Australia as a whole. This has never been so important a priority as it has been over the last few years with the transition of Home and Community Care (HACC) to the Commonwealth Home Support Programme (CHSP). This transition is one of many with the merging of CHSP and the Home Care Program anticipated in 2018. From an organizational perspective, this transition has required systemic re-evaluation and reform. The magnitude of adjustment required, and the strategies required to implement it simply cannot be understated. From an organizational perspective these include: extensive client consultation, policy review, workforce skills gap analysis and training, information management systems review and of course review of organizational, strategic priorities. Throughout this whirlwind our focus has remained solely on the seniors we provide services to. With compassion and courage, we have kept them informed of the transition requirements and consulted them to ensure that their access to aged care services remain relevant.

No great change however comes without its challenges and this transition has been no different. The most significant challenge faced by both Froniditha Care as an organization as well as our seniors has been the introduction of My Aged Care (MAC).

The difficulties faced by government to implement MAC and the interface of all providers with it are well documented-our experience has been no different. We have found that as a source of information for people who read and understand the English language and are proficient in information technology, MAC is the perfect gateway. However, Froniditha Care, like many other multicultural service providers, support seniors who have limited or no English language and/or computer skills. The major implications include increased pressure being placed on those with carers to assist with access and navigate MAC or seniors finding it too confronting or challenging to seek support resulting in non-presentation. They simply 'fall through the cracks'.

One thing that remains unchanged however is our need for compassion and companionship, for a helping hand when things get a little beyond our own capabilities and that sense of security when one is surrounded by people who understand you- to belong to a community no matter how big or small. This is why people have turned to Froniditha Care over the last several decades. This is why regardless of the enormity of the reforms people who reach their most vulnerable stages of life will continue to turn to organisations like ours- this is the challenge for MAC.



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Interstate perspective on impacts of the HACC transition in South Australia

An opinion piece



Ethno-specific services in South Australia were very fortunate when Home and Community Care (HACC) funding was managed by the State Government because a system of direct allocation was in place and ethno-specific communities did not have to face competitive tendering. This was instituted because it was recognised that many smaller ethno-specific communities lacked the ability to compete under competitive tendering for funds. This led to the establishment of a variety of ethno-specific communities who were able to deliver culturally and linguistically appropriate services and in many instances kept their older community members linked into wider community activities. An example of this would be the Ukrainian Aged services where social support group members were assisted to attend religious festivals of significance to them. The State Government also commissioned research on the needs of culturally and linguistically diverse (CALD) carers and emerging CALD communities to identify funding needs for direct allocation.

Several changes have been apparent since the transition to the Federal Government. The first is the end of direct allocation and the absence of any new ethno-specific services for emerging communities as they no longer can bridge the gap to service establishment. The second is the fact that the lack of growth funding (with only one growth round in the last three years) has impacted detrimentally on ageing CALD communities. An example of this is an ethno-specific organisation which received funding for domestic assistance for 135 people in the last growth round who now have approximately 300 clients receiving this service at present. Fortunately after funding was withdrawn from client care coordination they were able to negotiate to keep these funds and redirect them to assist the new clients. The lack of funding rounds has also meant that Councils will not take on new clients and in some instances are directing their overflow to ethno-specific organisations to see if they can offer a service.

Thirdly there has been a noticeable decrease in collaboration between organisations as they prepare to shift to a more competitive environment with consumer choice for packages. In conjunction with this there has been a corresponding increase in advertising of aged care services in direct mailouts and on the media.

There is also the uncertainty of if consumer choice will be extended to CHSP funding in 2018.

Anecdotally some ethno-specific service providers have reported that they are not receiving referrals from Regional Assessment Service (RAS) assessors whose organisations also provide services. It is unclear if and how any conflict of interest issues are being monitored. The Multicultural Community Council of SA's (MCCSA) position is that Government should monitor and address conflict of interest issues.

It is too early to assess the level of benefit to consumers of these changes and whether consumers are better off, worse off or faring about the same. CALD consumers who had ethno specific organisations providing them a one stop shop service in their language previously are finding it harder to deal with My Aged Care which has added another layer of complexity for them.

The past wave of reform and the imminent changes with consumer choice for packages and CHSP changes in 2018 have created uncertainty and stress amongst both Managers and employees and it seems that there is higher than normal employment volatility.

Under HACC the State Government ran a regular bimonthly training meeting and an annual session. Ethnic communities have said that this was more useful than the current training arrangements which have been outsourced to a range of agencies because the CALD workers in the State Government who managed their programs had hands on knowledge of what they were teaching.

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Interstate perspective on impacts of the HACC transition in South Australia

An opinion piece



Many organisations are dependent on an element of block funding and uncertainty about the continuation of this is creating uncertainty for social support programs and transport programs. Organisations are unsure if block funding is removed whether clients who are socially isolated and speak limited or no English will still choose to use part of their allocation for social support. Research has shown that loneliness and depression can have significant health outcomes and more research is needed on the value of social support groups and their contribution towards people's physical and mental wellbeing.

South Australian ethno-specific groups are working hard to come to grips with a competitive environment and consumer choice. One thing which is emerging because of the difficulties some people have accessing My Aged Care because of language difficulties is a marketing opportunity. Lacking the capacity or the need to run big marketing campaigns, an effective and cost-efficient way for ethno-specific organisations receiving new referrals is to help them navigate My Aged Care. As trusted organisations in their communities they have a competitive advantage which they should not underestimate or give away lightly even if it costs them additional funds to provide this service. In the new competitive environment this could be considered a marketing cost.

Ethno-specific organisations are noting the challenges created by lack of funding for information and client care coordination with clients still needing some assistance. This is an ongoing challenge which needs to be addressed. The Federal Government needs to recognise the value which was added to communities by these roles and how reliant some community members with little or no functional English relied on this assistance.

Whilst we are being told that it is anticipated that the changes to funding will eventually result in less service providers at present there appear to be more players entering the market. This is certainly true for the CALD sector as larger providers view the CALD community as a market segment they can gain to increase their overall market share.

This complex situation can be even more complex with some organisations also offering training, assistance with quality accreditation or assessment. It is essential that with the shift to consumer choice and increased

competition there is a clear separation between aged care providers and assessors, trainers and those assisting with quality accreditation.

The great challenge for all ethno specific providers is to work out what their competitive advantages are and use them to develop viable boutique services in an aged care environment which may increasingly come to be dominated by larger players who may be better placed to offer geographically dispersed services, value adding, restorative services and 24 hour services. There is definitely a place for ethno specific services however unfortunately not all ethno specific services may survive these changes and new and emerging communities may find it very hard to jump the entry barriers to enter aged care service provision.

There are only four things certain with the current raft of reforms

- 1 Competition will increase and the CALD sector and is being targeted by mainstream organisations as a way to increase market share
- 2 Staff in ethno-specific organisations are showing the strain of the ongoing reforms and uncertainty about how they will fare with the imminent changes in February 2017 and possible future changes to the Commonwealth Home Support Program
- 3 Collaboration is decreasing as the funding model changes
- 4 When all the changes are implemented aged care will look substantially different in Australia to what it did five years ago.



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Information at hand!

Engagement with seniors clubs

Australian
Croatian
Community
Services



Australska
hrvatske
društvene
usluge

Australian Croatian Community Services (ACCS) is a community based non-profit agency providing a range of services. Our mission is to provide culturally and linguistically appropriate and accessible programs and services.

From the time it was established, Australian Croatian Community Services has become an important part of Victorian Multicultural Society and a growing source of support for many. Crucial to the longevity of ACCS, has been its ability to grow and change with evolving community needs; from initial arrival settlement services to now serving the ageing population.



With the Aged Care Reform well underway, and more changes in how the Government is funding its programs on the horizon, ACCS is well aware of the fact that “knowledge is everything”! In order

to equip the elderly community members and their families with the crucial information, ACCS has intensified its efforts to reach as many as they possibly can!

ACCS staff has set out to reach every Victorian Croatian Senior Citizens Club on their list, at the time and place convenient to them, and deliver crucial information, in their own language, in a simple and easy to understand manner. As ACCS has been assisting many of these clubs for many years now, its staff are no strangers to them. And this is the most important thing – having someone you can trust!



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Information at hand!

Engagement with seniors clubs

Australian
Croatian
Community
Services



Australska
hrvatske
društvene
usluge

What are the main barriers in accessing services?

- No English language or low proficiency
- Low literacy and educational level
- Low or lack of awareness and understanding the system
- Fear and mistrust towards services and government institutions
- Unrealistic expectations towards services.

Croatian elderly will present “their best” during ACAS assessment and will not tell about some health problems.

Important issues when conducting an assessment:

- Fear of authority (government). Fear of disclosing too much personal information. Therefore, omission of health status and conditions.
- Not willing to sign papers or forms – they had no opportunity to learn English and have very basic English. Also, they lose English language skills with age.
- Lack of understanding necessity for professional interpreters. They have difficulty to understand the “Aged Care Jargon”.

Traditional family values and loyalty are strong in most Croatian homes. There is a strong cultural expectation that the role of the family particularly its family

members is to provide the elderly with any necessary support. They think their children have moral obligation to care for elderly when old.



ACCS staff are well aware of the key issues related to ageing in the community and what the barriers are, so these sessions are used to address them. With the knowledge and understanding comes the power to overcome them!

Franci Buljat

CEO Australian Croatian Community Services

SNAPSHOT OF 2011 CENSUS DATA

- 41, 043 persons responded to Croatian ancestry by birthplace of parents;
- Croatian is projected to be spoken by 19,000 people 65+ and 2,800 aged 80+;
- Croatian language is estimated to become the 5th most commonly used language in the 65+ age group in Victoria;
- The municipalities with the highest number of Croatian speaking population are Brimbank, Greater Geelong, Casey, Hume and Greater Dandenong.

Keeping one step ahead: Ageing, Disability and Mental Health Collaborative

Cross-sectoral partnerships

The Government's service system is currently experiencing the biggest social reform in Australian history. To help ease the changeover for consumers and service organisations, the Ageing, Disability and Mental Health Collaborative Panel was formed.

Representatives from peak bodies including Australian Federation of Disability Organisations (AFDO), Carers Victoria, COTA Victoria, Ethnic Communities' Council of Victoria, National Disability Services (NDS), State Trustees Australia Foundation, Victorian Council of Social Service and Psychiatric Disability Services of Victoria (VICSERV) are on board.

The Panel's goal is to develop best practice in response to the introduction of the National Disability Insurance Scheme (NDIS) and the Aged Care Gateway, as well as all associated funding changes.

Caroline Mulcahy, CEO of Carers Victoria knows collective action is the best way forward.

'Through the sectors working together we can become world leaders in consumer directed care.' says Ms Mulcahy.

'We know our work will benefit individuals, service providers and organisations across the sectors because that is who we are working with.'

So far, the Collaborative Panel has initiated four major projects focusing on consumer led service delivery, developing new training approaches, sharing experiences and working together on common challenges and opportunities.

Training Development to Promote the Adoption of Consumer Led Delivery

Led by VICSERV, this project will help to exercise consumer choice and control by working to develop and disseminate an integrated package of resources and training materials.

Good Practice Case Studies and Cost Analysis

Led by AFDO, this project will identify and work with exemplar service providers that are applying best practice, consumer-led delivery. The elements of their service that facilitate such results will be identified and adapted.

Building Communities of Practice

Led by NDS, this project will support local service systems responding to the opportunities and challenges that emerge through the transition to the NDIS and National Aged Care reforms. It will focus on backbone infrastructure that supports development and operation of regional transition networks.

Cross-sector Learning and Development

Led by Carers Victoria, this project will explore options for more effective cross-sector learning and development through the establishment of a clearinghouse. This will enable organisations that are producing educational resources or delivering training sessions to raise awareness across the sectors.

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Keeping one step ahead: Ageing, Disability and Mental Health Collaborative

Cross-sectoral partnerships

HACC Transition Consumer Perspectives Project

This project is designed to understand consumers' needs and 'What makes for a Decent Life' in old age. A short paper will be produced summarising the key findings of the project and a forum conducted to discuss the findings. The outcomes of the project will be used to inform a broader, follow up piece of work to either continue to explore the service priorities for older consumers and to support the co-design of service responses and models based on what is learned through this initial piece of work.

The Collaborative Panel will shape and strengthen the outlook for the aging, disability and mental health sectors by delivering tangible solutions. Support organisations will receive sector-led, evidence based and cost effective improvements to help them in their work.

'We are listening, learning and working together to ensure we have the most responsive, empowering, consumer-led services that help people live good lives now and in the future,' says Ms Mulcahy.



Caroline Mulcahy
Chair Collaborative Panel
Chief Executive
Carers Australia Vic

Ageing, Disability
and Mental Health
Collaborative Panel

state
trustees
State Trustees Australia Foundation



Psychiatric Disability Services
of Victoria (VICSERV)



Aged Care Residents Celebrate Their Bar and Bat Mitzvahs

Spiritually appropriate care



On Sunday 13 December 2015, Jewish Care Victoria hosted a special Bar and Bat Mitzvah ceremony for approximately 75 of its aged care residents who hadn't yet celebrated this milestone.

Over 300 people attended the ceremony at Gary Smorgon House, Caulfield, where residents' family and friends; fellow residents and the Jewish Care community watched their loved ones take part in this emotional and inspiring occasion. Held on the seventh day of Chanukah, the festivities included a synagogue service with Dov Farkas leading the proceedings, singing, dancing and a brunch.

Believed to be the first ceremony of its kind in Australia, the Bar and Bat Mitzvah celebration was held because many of Jewish Care's residents missed out on this significant life event due to reasons such as living through times of war and communist rule.

"The war was definitely the number one factor as to why they didn't celebrate [their Bar and Bat Mitzvahs] properly," Jewish Care's Rabbi Nerenberg said.

He also described the event as *"meaningful and moving."*



The ages of those participating were 80's and 90's with the oldest resident at 99 years old.

92-year-old Bat Mitzvah participant and Gary Smorgon House resident, Adel Justin addressed the crowd about her tumultuous childhood in Europe, where her family had to escape Poland during World War II.

She explained how the Rabbi invited her two weeks ago to participate in the Bar and Bat Mitzvah ceremony. She replied: *"Rabbi, I'm in it, it's a good idea, but you know you're taking me back 80 years, it will be a long journey – a journey of memories, and very emotional."*

Rabbi Nerenberg said that it was the second Bar Mitzvah for another aged care resident, Maurice Minski. Just hours into his first Bar Mitzvah at 13 years old, the Nazis invaded his town and took his parents away. He never saw or heard from them again.



Leor Broh from Beit HaRoeh, Mizrahi Melbourne, also spoke about the significance and importance of Jewish identity and how such an event allowed those to now practise what they were once denied because of the Holocaust and persecution.

Watch the SBS News report of this special day by visiting <https://www.youtube.com/watch?v=ntYcpttEjc0>.

The article was printed in MyConnection, Issue 1 autumn 2016, and has been reproduced with the permission of JewishCare.

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Palliative Care for Muslims

Spiritually appropriate care

The tension in regards to what constitutes appropriate palliative care becomes palpable among Muslim health professionals, patients, and families during crisis situations. This tension may also be experienced by non-Muslim health care practitioners providing care to a Muslim patient. Besides some inherent differences between Western and Islamic bioethics, there is also: (1) a lack of awareness among Muslim patients and families and non-Muslim healthcare practitioners about the Islamic protocol of palliative care, and (2) an absence of clear guidelines around the protocol.

Islam is both a belief system and a way of life for practicing Muslims. Consequently, religious guidelines are a significant component of the Muslim healthcare framework and, therefore, any major health care decision must be grounded in Islamic biomedical ethics.

Many Muslims themselves may not fully understand the concept of palliative care and, thus, remain unaware of relevant existing Islamic legal opinions. This lack of knowledge and preparation may create confusion, conflicts, and distress for all concerned---the patient, the family, and the health care staff.

Muslim religious scholars are not always actively involved in deliberations about life-sustaining medical treatment and its discontinuation. Few clear and comprehensive articles in the literature are available to guide non-Muslim health care providers in specific requirements of a Muslim palliative care recipient.

In the backdrop of such uncertainty and lack of information, Muslims have to step forward and take responsibility to help build confidence in the planning and delivery of palliative care that will be considered safe and appropriate. Muslim community organisations and leaders have a particularly important role to play.

They need to initiate and facilitate conversations in the community around palliative care, end-of-life care, advance medical directives, and advance care planning. Muslim religious scholars and Muslim health professionals need to work in partnership to improve clarity about various care situations. Muslim theologians and scholars need to inform and educate the community about ethical and legal boundaries set by Islam. Working in isolation will not result in ensuring appropriate care and, therefore, there is a critical need to forge collaborative partnerships between Muslim religious and community leaders and palliative care providers.

For further information, please access presentation delivered to Palliative Care South Australia State Conference on Palliative Care for the Australian Muslim Community at:

<http://www.pallcare.asn.au/upload/news-events/sa-palliative-care-state-conference/4947/Palliative%20Care%20for%20the%20Australian%20Muslim%20Community.pdf>



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Golden Years contributor Archimede Fusillo

News

Melbourne writer, Archimede Fusillo, was awarded the Nino Sanciolo Prize at the Italian Cultural Institute in South Yarra, Melbourne, on 30 June 2016. Archimede is the son of Italian migrants. The Ethnic Communities' Council of Victoria (ECCV) congratulates Archimede on his achievements and expresses appreciation for his contributions to the ECCV Golden Years magazine.

The story on the *Legacy of the Ageing Italian Migrant* was featured in **Golden Years** edition 115. The author's sensitivity on issues related to ageing in Australia's Italian community was shaped by the experiences he had with his father Ruggiero Fusillo (1932-2011).

This is a Golden Years excerpt:

"It is therefore perhaps inherent on us as a matter of duty, both as children, neighbours and friends, to show these inspiring senior citizens a level of personal care that comes from being aware of the fact that for many of them, Australia remains largely 'that land of their yesterdreams,' yet because of their sacrifices, it is the fertile vestibule of ours and our children's futures"

Archimede Fusillo

Further pieces of Archimede Fusillo include *A Future in Their Past*, which was showcased in the *Segemento* magazine and **ECCV's Our Golden Years**. It is a story about migrant Nino Milano who-after retirement-returns to his native village of Marsicovetere in Italy's Basilicata region.



Photo from left to right: ECCV Golden Years editor, Nikolaus Rittinghausen, and award-winning write, Archimede Fusillo at prize ceremony at the Italian Cultural Institute

You can find out more about Archimede's works [here](#).

Nikolaus Rittinghausen
Golden Years editor



The Voice of Multicultural Victoria



*Marina Rozic from ACCS talking to seniors association.
Photo courtesy of Australian Croation Community Services*

