

GETTING SERVICES RIGHT FOR OLDER SURVIVORS

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Working with HACC clients from refugee-like backgrounds

Older people from culturally and linguistically diverse (CALD) backgrounds who have experienced torture and trauma are one of the most vulnerable groups in Australian society. Faced with the combined effects of ageing and the lifelong biopsychosocial consequences of their refugee experience and often living in poverty, they experience compounded social disadvantage. Those working with older survivors require understanding, strategies and skills to enable them to meet the complex needs of these clients.

The Working with HACC clients from refugee-like backgrounds project, which STARTTS undertook in 2008 was designed to assist providers of Home and Community Care (HACC) services to improve service access and service effectiveness for refugees and people with refugee-like experience. The project was funded by the NSW Department of Ageing, Disability and Home Care (DADHC) and funded under the Home and Community Care (HACC) program.

The need for specialised training for Home and Community Care (HACC) staff emerged in community consultations conducted by DADHC Metro North Region in 2005. 'Service providers reported that they were ill equipped to identify or provide an appropriate service response to clients with complex needs who had been subjected to torture and trauma,' a DADHC spokesperson explained. 'For example, they noticed that people from Vietnam and Chile, many of whom had arrived as refugees in the 1970s, were now ageing and needing access to HACC services.'

The project took place in Western Sydney, home to a large number of newly emerging refugee communities, as well as many people from refugee and refugee-like backgrounds who have settled in Australia over past decades. 'It was funded with state-wide funding because the project experience gained in this area would be transferable across NSW,

wherever there are populations with similar experiences and support needs,' the DADHC spokesperson said.

Over 90 staff of non-government service providers attended six training sessions in Blacktown, Parramatta, Merrylands, Castle Hill and Penrith in September and October 2008. The project targeted those who have a high level of ongoing interpersonal contact with their clients – direct care workers, case managers, volunteers and service coordinators.

The training outlined the common elements of organised violence that people have endured as part of their refugee experience. The effects of torture and trauma on the individual and how these impacts may be compounded for those who are ageing and/or have disability were discussed. Models of recovery were introduced and participants discussed the critical importance of creating safety and building trust when working with survivor clients.

Participating organisations also received a project Resource Kit. The Kit contains information about Australia's humanitarian program, and statistics on refugee settlement in Western Sydney. It includes 'Survival and beyond' stories about the experiences of people from some of our main refugee communities. Further information about the particular impacts on ageing survivors complements training content. The Kit contains two sets of service delivery guidelines, for service coordinators and for direct care workers. The guidelines for service coordinators provide strategies, for example for handling assessments sensitively, working with family members, and supporting workers. The guidelines for care workers include tips for dealing with trauma responses, communicating well, and self-care for workers. The Kit also contains 16 case studies that provide examples based on the true experiences of HACC workers and their clients.

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A10-person Steering Committee was set up to advise the project, consisting of representatives from refugee health, migrant resource centres, multicultural disability advocacy, HACC service providers, multicultural access project coordinators, and specialist DADHC staff. Information for the project was compiled from a variety of sources, including interviews with STARTTS bi-cultural counsellors and discussions with HACC workers.

In recognition of its success the project will be extended to Northern Sydney in 2009-2010 and the Department is also considering rolling it out across the whole state in the near future.

THE HOME AND COMMUNITY CARE (HACC) PROGRAM

The Home and Community Care (HACC) program is an Australian-wide program funded jointly by the Australian Government and State and Territory Governments. In NSW it is administered by the NSW Department of Ageing, Disability and Home Care (DADHC).

The aim of HACC is to provide services that will assist frail aged people and people with disability to remain in their own homes, and includes support for carers. Services include personal care, domestic assistance, home modifications and maintenance, respite, day care, transport and meals. Case management and dementia support services are also available.

In NSW HACC services are provided by Home Care (run by DADHC) as well as by a number of nongovernment organisations committed to the provision of community care (including local-government-auspiced services and a number of community and church-based organisations).

In general people from culturally and linguistically diverse (CALD) backgrounds have a low uptake of aged care services, mainly because older people from these communities have high expectations, which are not always able to be met, about being cared for by family members in their own homes. The HACC program is particularly appropriate for these clients who are unwilling to access residential care. But it is important for service providers to understand these issues so that they can develop strategies for increasing access to these critical services. For clients who have lived under oppressive regimes there are also issues around trust of government-provided services that need to be addressed.

CHALLENGES FOR SURVIVORS WHO ARE AGEING

Many refugees spend years busily rebuilding their lives and supporting their families, keen to put the traumas of the past behind them. Retirement comes as a period of slowing down and can often be accompanied by increased social isolation and reduced physical mobility. At this stage, with more time on their hands, the older person may face a process of delayed mourning for past losses. If the person has lost family members, this mourning may include survivor guilt, and accompanying feelings of helplessness, worthlessness and depression.

A person may also grieve the loss of a culturally valuable experience of ageing in which they would be afforded dignity and respect as a community elder with traditional models of care available to them. As a result family relationships may be stressed as these expectations cannot always be met in the new society. Family members who are carers may experience feelings of conflict and guilt.

Example:

Mrs Santiago came to Australia from Chile as a humanitarian entrant in the late 1970s. She had lost her husband and two sons in the conflict

and came with her daughter Marta. When she settled in Western Sydney Mrs Santiago remained closely part of the South American community. She learnt very little English and her daughter helped her with paperwork and acted as interpreter when necessary. Mrs Santiagos is now ageing and requires domestic assistance to help her stay in her own flat. Marta who is now married with a family of her own attends the HACC assessment interview. The HACC coordinator reports that Marta often answers the questions herself and the coordinator finds it difficult to find out what services Mrs Santiago really needs.

The domestic assistance role is assigned to Carla who speaks Spanish and is able to communicate well with Mrs Santiago. After several weeks Carla tells the coordinator that she is having trouble doing her work at Mrs Santiago's home. Marta is there every time she goes there and she criticises everything that Carla does saying that she has no understanding of how her mother likes things to be done.

For older survivors who are affected, the onset of dementia and associated cognitive decline can have particularly severe impacts. A decline in short term memory function can lead to the resurfacing of painful memories and increased symptoms of unresolved post traumatic stress disorder. Environmental triggers can set off flashbacks - intensely real and painful re-experiences of past traumas. These triggers are highly individual but examples of triggers that are shared by many people who have experienced torture in the past include being questioned (particularly if notes are taken), uniforms and figures of authority, confined spaces, bright lights, loud noises, certain smells, and activities such as showering or bathing, or being ushered into vehicles.

Example:

Mrs Dove, a woman in her late 70s, regularly attends a HACC-funded aged day care centre. Mrs Dove has a Russian background and was interned in a prisoner of war camp in Germany for several years during World War II.

Mrs Dove was always very placid when she was at the centre. She did not mix easily with other people but she seemed to enjoy her weekly outing.

One day, as a special activity, a 'Pets as Therapy' dog attended the centre with a trainer. The dog was a beautiful golden Labrador. As soon as Mrs Dove saw the dog enter the room she became hysterical. Staff had to remove her and then attempt to calm her down.

Other symptoms of unresolved trauma include behaviour such as the hiding and hoarding of food, linked to hunger and severe deprivation during the person's refugee experience. It is critical for service providers to understand these issues and have strategies in place for responding to their clients' needs.

Example:

Mrs Pace's village in Bosnia was destroyed in the 1990s conflict. Her husband and most of the men in the village were killed. She witnessed many atrocities at that time and she suffered starvation, illness and injury as she fled with her teenage son to a refugee camp.

Mrs Pace and her son settled in Australia in 1995. Five years ago she experienced another loss when her son died from a cerebral aneurism. Now aged 68 Mrs Pace lives alone in Western Sydney. Fearful of leaving her home and suffering from arthritis she is socially isolated, without friends or family to assist with her care.

Mrs Pace was referred for Home and Community Care (HACC) services by her GP. The HACC service coordinator visited her home for an

assessment and noted that the house was stocked with food items. The bathroom, including the bath, was stacked with biscuits; the bedroom was filled from floor to ceiling with boxes of canned food; the kitchen benches were laden with food, some of it perishable.

Sarah, a HACC worker, provides Mrs Pace with domestic assistance, including help with shopping and paying her bills. When Sarah takes her shopping, Mrs Pace still insists on buying large quantities of food, even those items that she already has a large stock of at home.

Another consequence is that the person may lose second language (i.e. English) competence. This can lead to increased social isolation. Service providers need to understand how to access and use interpreters appropriately.

PROJECT OUTCOMES

Evaluations from training participants were very positive.

Typical comments were:

'Highly relevant to people working with this client group'

'I have better understanding/more awareness/am more informed about the needs of this group'.

'I think all service providers should attend this training'

According to the DADHC spokesperson 'DADHC has not conducted a follow-up study about the outcomes of the training but we would expect a number of ongoing benefits from the training'

Benefits identified by the DADHC spokesperson include:

- helping service providers to identify applicants and clients who may have experience of torture and trauma
- helping service providers to more accurately assess the support needs of applicants who have past experience of torture and trauma and tailor services to their individual needs much more effectively
- encouraging the use of interpreters during assessment, and more effective use of interpreters in general
- helping to sustain service provision for some clients when post traumatic stress results in misunderstandings between the client and direct care staff
- enhancing the ability of service managers to supervise and support staff who are providing direct care to clients in the target group
- having a valuable resource available for ongoing reference, through the Resource Kit.
- encouraging networking between HACC service providers in geographic areas where there are likely to be more refugees.

'In general' according to the HACC spokesperson, 'the project contributes to increased access to HACC services for people from CALD backgrounds generally, and refugees with torture and trauma experience in particular.'

TO VIEW THE RESOURCE KIT

The project Resource Kit is available in PDF from the STARTTS website, at www.startts.org.au/default.aspx?id=355 