



**Lutheran Church
of Australia**

SA and NT District

MINISTRY WITH SENIORS

Information about
care and services
for older
South Australians



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THE GROWING IMPERATIVE

Scanning the facts and figures about ageing helps us to identify some of the issues we will face as a church in our community in the future. A growing proportion of older people, longer life expectancies and the financial expectations and realities provide challenges and opportunities in our ministry for this group.

The South Australian Government's document, *Population Projections for South Australia (2001 – 2031)*, and *the State's Statistical Divisions (2001 – 2021)*, provide insight into the changes anticipated in our community. Adelaide will be the major driver of population growth in the state. The medium age is projected to increase from 37.4 years in 2001 to between 40 and 42 years in 2021. The fastest population growth is expected to occur in the outer metropolitan area and will result from flows of older retirees to the southern coast and young home buyers to the Adelaide Hills.

The numbers of young elderly (65–84 years) will almost double between 2001 and 2031. This increase will occur dramatically after 2011 when the baby boomers group reaches the age of 65.

The population as a whole is living longer, and Lutheran congregations are ageing. One of the triumphs of our times is an increased lifespan, coupled with greater fitness and wellness for the greater part of our latter years. However some people have common practical, social, financial, emotional and spiritual needs. Many Lutheran congregations will be called to serve these needs.

1. MINISTRY WITH SENIORS IN THE LUTHERAN CHURCH

Theological Principles

We affirm

- i) God's love for all persons is creative and unconditional. Human beings have worth, not because they have achieved success or the esteem of the world, but because they are loved by God and made in his image. They are given the capacity to relate to God and to each other in responsible freedom. However in sinful rebellion against God, old and young alike frequently act unreasonably and irresponsibly towards one another. As one consequence, older persons often become the undeserving victims of prejudice, discrimination and callous abuse of their dignity and rights.
- ii) The God-given dignity of human beings of all ages. We affirm the right and responsibility of those who are in their senior years — within the limits of health and competence — to make important decisions and to choose ways in which to participate in the family, the church and the community. We see them as individual persons, each different from others in background, life experiences, talents, interests and present circumstances.
- iii) The Christian faith looks at all human existence, its joys and its suffering, in the light of the cross and the resurrection of Jesus Christ. It takes both life and death seriously, declares God's promise that the sting of death is overcome by the resurrection of Christ, and testifies that forgiveness and new life are granted to the faithful in daily and eternal fellowship with God. This view gives reason for joy and hope, affirmation and renewal at every stage of life. The resurrection shines the light of God's victory even into lives that are deep in darkness.
- iv) By God's action in Holy Baptism, all Christians, regardless of age, are commissioned to 'lead a life worthy of the calling to which we have been called'¹. This divine calling² empowers us to live for others by faithfully serving our neighbours in love and care. We receive varieties of gifts, which the Holy Spirit enables us to use in witness and service to the world. Older members of the church have skills, wisdom and experience to share in fulfilling the universal priesthood of the baptised. The Spirit helps us to discern the special gifts and needs of older persons, along with their opportunities and obligations as Christians in society.
- v) Human beings, whatever their age, are to be viewed not as individuals in isolation from one another, but as persons in community. The most basic expression of community is the family. Caring for aged persons should always take into account the importance of the role of the family. Opportunities to relate to other people in meaningful, supportive and genuine ways are also vital.

¹ Eph.4: 1

² Another designation is 'vocation' (Lat.: vox; Eng.: voice), and is to be understood more in the sense of an 'art' at which one keeps working rather than as a 'career' or 'job'.

Why the church is involved in Christian care to seniors

- It is the nature of the Christian faith to love and serve people, including older persons.
- It is in obedience to the mandate of God to show love and care to all people.
- It is to bear witness to the world of the love of Christ.

About Christian care to seniors

Christian care to seniors is centred on Christ. It is motivated by the love of Christ, and extended as to Christ himself. Christian care to seniors is care of the total person spiritually and physically.

Spiritual needs can be met only through God's Means of Grace (his word and sacraments). 'So faith comes from what is heard, and what is heard comes by the preaching of Christ.'³ A Christian care to seniors program will therefore:

- provide opportunities for older people to receive the Means of Grace in a manner relevant and appropriate to them;
- encourage older people to avail themselves of such opportunities;
- invite older people to respond to the Means of Grace in faith and trust with Christian love, obedience, service and witness.

Christian care to seniors involves care for the body and mind. Basic to this is a high perception of and respect for the body as a miraculous creation of the Creator redeemed by the blood of Christ.

A Christian care to seniors program will therefore seek to provide the optimum in physical care. It will:

- respect the right of the older person to freedom of choice, within the limits of health and competence, for their physical wellbeing, together with its corresponding responsibility;
- promote the God-given dignity, value, purpose and meaning of the lives of aged persons;
- encourage older persons to respond to opportunities which use the gifts and abilities God has given them;
- encourage personal growth through involvement in purposeful activities and personal interests;
- encourage good family relationships and companionship, and promote genuine inter-personal relationships;
- understanding and be sensitive to the effects that the process of aging has on the body and mind;
- assist with physical needs as may be required.

³ Romans 10:17; see also Mark 10:45, Matthew 26:26-28, Romans 5:1-6, 10-11 and 8:1, Romans 6:1-4.

2. GETTING ONE'S AFFAIRS IN ORDER

Even though it may be hard to discuss the future with family, there are many issues that are best raised early on, with all those concerned being involved. Some things that should be discussed include:

- making a will
- choosing whether to stay at home or to move to other accommodation
- the location of important documents
- possible end-of-life care decisions
- appointing a medical power of attorney
- appointing a financial power of attorney.

MAKING A WILL

Making a will can be seen as part of a Christian's service, especially for one's family. As a legal document, a will gives clear expression about how people wish their accumulated assets and possessions to be distributed following their death. This task should be undertaken with the assistance of a professional, though *Do It Yourself* type kits are available.

CHOOSING TO STAY AT HOME OR TO MOVE TO OTHER ACCOMMODATION

As people age, decisions about the most appropriate accommodation may need to be discussed. The home may be well designed for supported care (if necessary) and may be well positioned close to family and friends. However this is not always the case, and a house design that was fine during younger years, may prove to be a challenge as people age. This can lead to changes to home design, or a re-evaluation of needs. The good news is that lots of options exist, whether it is a move to another house, to a retirement village, to supported housing or to an aged-care facility.

If the opportunity exists, changes to one's situation should be considered earlier rather than later, to prevent anxiety at a later date.

KEEPING TRACK OF IMPORTANT DOCUMENTS

It is wise for people to let trusted family or friends know where important documents are in case their personal situation changes unexpectedly.

CONSIDERING END-OF-LIFE CARE DECISIONS

No-one can predict precisely what will happen to them in the future. Even so, there is wisdom in considering the kind of circumstances that might be encountered medically, and the kind of limits that might be set for these. For example, those who are advanced in years might wish for ordinary care to be extended during a time of hospital treatment, but no extraordinary measures. It is wise to inform family members or trusted friends of one's wishes, even if these are only general in nature and simply part of conversation.

An Advance Directive can be a good option for those who want to put their thoughts in writing. An Advance Directive is a legally binding document that expresses one's wishes or directions in advance, in case mental capacity is lost in the future. For an Advance Directive to be legally valid, a person must have the mental capacity to understand its nature and effect and the consequences of completing and signing the document. This must be done without any coercion, pressure, or influence by others.

Why make an Advance Directive?

Legally appointing another person (or people) to make decisions in the event of loss of mental capacity is a way of planning ahead and ensuring that one's wishes are followed. Making an Advance Directive, gives the person appointed the legal authority to act on one's behalf.

How does a person make an Advance Directive?

Advance Directives are forms that must be completed by three people:

- the senior person;
- the person (or people) being appointed; and
- a witness (the forms specify who is an authorised witness for that form).

Basically, there are two ways to make an Advance Directive. The first is the 'do-it-yourself' method: purchase the forms, complete the document and organise an authorised person to witness it. There are do-it-yourself kits available for purchase in relation to both Enduring Power of Attorney and Enduring Power of Guardianship. The second way of making an Advance Directive is to seek professional advice – employ a solicitor or trustee company to draw up and witness the document.

What Advance Directives are there?

There are four different Advance Directives in South Australia. Each covers a specific area of decision making.

Financial decisions

The Enduring Power of Attorney is a document that allows the appointment of an attorney to make decisions about financial, property and related legal matters. Forms and the Enduring Power of Attorney: Do-it-yourself kit (containing instructions and forms) are available from Service SA Government Information Centres and Legal Services Commission offices.

Lifestyle and medical decisions

An Enduring Power of Guardianship document allows the appointment of an enduring guardian to make lifestyle and medical treatment decisions. It also allows people to record their wishes in relation to lifestyle decisions and medical treatment. Forms and the Enduring Power of Guardianship: Do-it-yourself kit (containing instructions and forms) are available from Service SA Government Information Centres and Legal Services Commission offices.

Medical decisions only

A Medical Power of Attorney allows the appointment of a medical agent to make medical treatment decisions for you. Forms are available from Service SA Government Information Centres.

Anticipatory Direction

This document provides a way of legally recording one's wishes and directions about end of life decisions. It allows people to record the kind of treatment they want, or do not want, if they are in the terminal phase of illness or in a persistent vegetative state. It does not involve the appointment of another person, and must be followed by those responsible for the person's medical care (eg nurses and doctors). Forms are available from Service SA Government Information Centres.

3. CONGREGATIONS AND SENIORS

Care of older people could be seen as the role of government, when in fact it is a task for all. All congregations need to prepare for their role in the care of senior members, and to see their congregation as a natural place for this ministry to occur. Congregations could involve senior persons in fulfilling their ministry by:

- helping members of all ages to appreciate the whole span of life, to see their own ageing as part of living, and to rejoice in the multi-generational character of the community of faith;
- seeking older adults in the name of Christ, both as members and as full participants in all dimensions of congregational life;
- engaging persons of all ages in education, activities and relationships that encourage understanding and fellowship across generational lines;
- strengthening and providing resources and support for families, to help them cultivate love, respect and a sense of mutual responsibility among all ages;
- assisting people, including older men and women, when they experience changes in living arrangements, loss of social esteem and physical incapacity (This ministry is especially essential as persons face the death of a spouse, family members or friends, and ultimately their own death. Through word and sacrament, educational ministry, fellowship, spiritual nurture, pastoral care and opportunities for creative service, congregations can help people cope with the varied experiences of life.);
- showing particular concern for older persons who are isolated or alienated, who often have greater needs than do those with supportive families (It may be necessary to provide or to alert such persons to alternative sustaining relationships, including the congregation in its role as an 'extended family'.);
- ensuring that, as far as possible a congregation's buildings afford easy access and free mobility for all persons and are also available for appropriate community programs;
- helping and supporting older persons in developing their own programs and services. (Older adults are often their own best advocates, caregivers and leaders. In whatever is done, older adults ought to carry an important share of responsibility for planning and operating programs. It is essential to remember that older people wish to be accepted members of society and are capable of enriching others and rendering service to them);
- being open to receiving Christian care and willing to live within a community based on Christian principles and with Christ as the centre.

Supporting seniors within the congregation

The process of developing services for seniors should include members of the broader community as well as the seniors themselves. Maintaining a sense of autonomy and self-determination are important to people of all ages, and particularly those who have given so much to society throughout their lives.

- Don't re-invent the wheel. Use the systems and support available, including those in the wider community.
- An informed, capable facilitator will greatly enhance the work that can be achieved by a congregation.

An important starting point is to identify what genuine, relevant, systematic assistance can be offered by congregations who seek to minister to older people.

Identifying need - making a list

i) Identifying senior members of the community

Who should be included when senior members are recognised? Many people, even in their eighties, don't see themselves as 'old' and may not need to be included in a list of those needing support. On the other hand, their wisdom and experience might be valuable in developing supports for those older people who would benefit from them.

ii) Identifying common or individual needs

People in general are their own best judge of what their needs are. Therefore, it is important to listen and learn from those around the congregation.

iii) Recognising support systems already in place

Congregations will seek to complement existing supports rather than duplicate them. Time will need to be spent on understanding what is already available to individuals through family and community agencies. Some needs are better handled by professionally trained carers funded by government bodies. However, congregations will still have a significant role in spiritual care as well as practical support such as transport.

iv) Surveying the congregation

Surveying the needs of seniors in the congregation can be done through written surveys sent out with church bulletins, asking what people need at informal gatherings, enlisting individuals to talk to senior members about their needs, perhaps by visiting them at home, or engaging the pastor in this process, as he often holds a place of trust for these senior members.

Identifying resources

i) Look at congregational resources. What gifts and skills can congregational members offer? Is there a group of caring and supportive congregation members that the person can rely on?

ii) Look at community resources. Here the congregational role is more likely to be that of liaison between the member in need and the service provider.

iii) While there is overlap between the two categories, the congregation will be especially concerned with such things as simple companionship, advocacy, and spiritual care.

Facilitation

- i) Facilitating the ministry of the congregation with older people requires skills in listening, bringing people together to reach a common goal, organising and mobilising the required supports. This facilitator may be anyone who has the skills and knowledge of aged care and of existing resources in the community. In bringing together the supports, the facilitator will ensure that the older person's dignity, autonomy and wishes are respected.
- ii) The facilitator will ensure that older people are regularly visited, particularly if the person is no longer able to attend worship. During visits any other needs can be communicated.
- iii) Communication is vital to the whole process.
- iv) For some people, communicating their own needs is very difficult. While a skilled facilitator can assist in the process, other friends or family may also encourage the person to come forward for assistance.
- v) The care-of-seniors program and its progress should be the subject of regular reporting to the church community. This will encourage ownership of the program by the entire congregation and build confidence in the program.

Education

- i) Many people do not understand what is happening to their older relatives. For example, they may fail to take increasing physical or mental slowing into account in their normal interactions. They may become frustrated, impatient or even angry; all of which can result in increasing isolation and confusion for the senior person involved. It is important that the facilitator or other congregation members also offer support to these family members. This support may include putting families in touch with professionals who can explain the ageing process.
- ii) A well-informed facilitator will keep in touch with the services available in the community for people who are becoming older. This information will assist other congregation members who are ministering to their seniors.
- iii) Financial support for people willing to take courses in order to make their service more effective could be given by the congregation as a part of its ministry-with-seniors program. This is especially important where a qualification is mandatory, such as with hospital visiting.

Framework for local parish inventory

A simple checklist such as the example below will assist in keeping track of the ministry that is occurring.

Needs identified For (name)	Need is already met? Yes/No	Help needed? Yes/No	Action (Who)
Access to information			
Communion at home			
Cultural needs			
Grief and loss support			
Home help/ maintenance			
Meaningful activity			
Personal Care / Hygiene Assistance			
Shopping			
Simple company			
Spiritual needs			
Telephone calls			
Transport			

4. CONSIDERING ACCOMMODATION OPTIONS

Some seniors are determined to remain living in their own home for as long as possible. Others who find it hard to maintain their house and garden may think that moving to smaller accommodation is the answer. Some may look to move for social reasons. Moving house is not always an easy decision to make. This section provides assistance to think through the many factors to consider when making such a decision. Consideration should also be given to the help available from the home-care services outlined in the previous section.

Reasons for moving to other accommodation

People may consider moving if they:

- are lonely (Do they want to be near family or friends?);
- find it hard to maintain your house in good repair;
- are concerned about their physical security;
- still feel able to manage independently;
- have transport problems;
- feel lonely or isolated;
- find their house to be too big or small.

What to look for

Following is a checklist of needs or wants that should be considered.

Need or want	Important	Not Important
To be near family and friends		
To have physical security		
To have privacy		
To have one's own garden		
To keep a pet		
To keep a car		
To cook one's own meals		
To have one's meals cooked		
To have someone look after maintenance		
To have an extra bedroom		
To be near shops		
To be near a bus route		
To be near their church		
To be near medical and other services, such as a day care centre		
Other things that may be added		

Accommodation options

There is a wide range of accommodation available for older people:

- Dual (shared) occupancy
- 'Granny' Flat
- Retirement Village
- Public Housing
- Privately owned flat, unit or town house
- Housing co-operative
- Boarding house
- Living with family members.

Consider the list of requirements and then answer the following questions:

- Can one's needs met by adjusting current accommodation?
- Does an alternative accommodation suit? Does it have a garden? Is it in an appropriate part of town? Are the people there nice? Are they happy? Do the people have similar cultural and ethnic interests? Is it possible to pursue interests and hobbies?
- Is it possible to visit friends and relatives, and have them visit?
- Is there sufficient privacy and physical security?
- Is it possible to take part in the management of the accommodation?
- What costs are involved?
- What are the rules and regulations? What are the financial commitments involved?
- Is it possible to move out?
- What social and emotional adjustments will need to be made?
- What services are available?
- Is it close to public transport?

RETIREMENT VILLAGES

There are many things to consider when looking at moving to a retirement village

i) Owner of the village

- Who is the sponsoring organisation? Church, charity, local government or private?
- Does the organisation have a caring philosophy?
- Who is to manage the completed project?
- If private, who is on the board of management?
- Are there trustees? Who are they? Is there a Trust Deed available for a solicitor's perusal? Who administers the Trust Deed?

ii) Entrance requirements

- Who can enter?
- What is the minimum qualifying age?
- Is a profile of other residents available?
- Is there a waiting list? If so, how long is it?
- Are there house rules?
- Are pets allowed?
- Can visitors stay overnight or for longer periods?

iii) Ongoing care

- What provisions are there for ongoing (residential) care?
- Are these in existence or only promised?
- Is there a written guarantee that one will get that care if and when needed?
- Who decides if one should be moved, and what criteria are applied?
- If accommodation is taken as a couple and one partner dies or has to be moved say, to a Residential Aged Care Facility, what happens to the remaining partner?

iv) Services

- What supportive services can be expected?
- Is there a supervisor or warden on call?
- Is there personal assistance in case of emergency? Who provides it? Hours available?
- Is there a chaplain or social worker?
- Is any housekeeping assistance available (eg, cleaning, laundry, windows, lawns, gardens, building repairs, garbage)?
- Are meals available?
- What external services would be available (eg, Meals-on-Wheels, home help service, home nursing)?

v) Financial considerations

- How much is the initial cost?
- What type of agreement applies, including shares, donation, loan licence, reserve fund, prepaid rental, premium on lease, donation/loan?
- What are one's rights and reimbursements when leaving — annual reduction of equity rebate (lowest limit)?
- What fixtures are included in the initial outlay (eg, washing machine, dryer, carpets, curtains, light fittings etc)?
- What recurrent costs will there be (eg, weekly fee, fee while absent on holiday, etc)?
- Are rates, electricity, telephone, insurance etc included in the weekly fee?
- What exactly does the weekly fee cover?
- What is the machinery for adjusting the weekly fee?

vi) Facilities available

- What physical amenities are available, including lounge, television room, sunroom, library, games room, greenhouse, kiosk, garden plots, outdoor sports, hobby area?
- Are there storage spaces, outdoor clotheslines, parking area, heating facilities, air conditioning, hall and stage?
- Are the following services available: doctor (personal or house), occupational therapist, hairdresser, podiatrist, banking facilities?
- Are there activity programs, clubs or societies?

INDEPENDENT LIVING UNITS

Independent Living Units are residential communities that offer a range of services for independent older people, and are regulated by State and Territory governments. They are often called retirement villages, and are often located near residential facilities.

SERVICED APARTMENTS

Serviced apartments are similar to resident funded units in retirement villages, but provide services such as laundering of linen, meals and cleaning. Extra services such as assistance with showering and personal laundry are sometimes available at an additional cost.

Serviced apartments are usually bedsitters or small one bedroom units. There is an entry contribution on admission and a maintenance fee which is either a set fee or, say, 85% of the pension plus rent assistance. As with all types of retirement villages, the licence that is purchased is not transferable and money cannot be borrowed against the property.

5. CARING FOR SENIORS AT HOME

Who is a carer?

Carers are usually family members or friends who provide support to older persons, some of whom may have a disability, mental illness, chronic condition or are too frail to provide care for them. Carers may be partners, brothers, sisters, friends or children of any age. They may give care for a few hours a week, or all day every day, depending on the level of support needed. Some carers are eligible for government benefits, while others are employed or have a private income. Many carers don't consider themselves to be carers. They see themselves as just family members, so they may not ask for help, and can sometimes miss out on the wide range of services available to help carers meet their responsibilities.

Being a carer while still of working age

While being a carer can take up a lot of time, there is a personal importance in remaining in the workplace. Carers aged 50 or over, who have been out of the paid workforce for more than two years or have never done any paid work and are looking for paid work, may be eligible for the Transition to Work program. This service offers practical help such as career counselling, training to help develop skills and advice on how to write resumes and job applications. This free service is flexible and is tailored to meet individual needs. Contact [Centrelink](#) to find out more about this program.

Deciding to care for someone at home

Deciding to care for family member at home can mean big changes, but if an older person wishes to stay at home, this is often the best way of maintaining their independence. Their own homes are where they feel most comfortable and settled, and where they feel a sense of continuity with the past. However, caring for someone at home is often challenging, especially if family members can no longer provide basic care for themselves.

Financial assistance

Centrelink can advise carers about possible financial assistance, including a carer payment and carer allowance. Call the [Commonwealth Respite and Carelink Centre](#) to receive information about help that is available.

How to access services

There are many services available to help those caring for someone at home or considering a residential facility. To check whether the person being cared for is eligible for these services, the first step is to contact an Aged Care Assessment Team (ACAT).

This team will give the family member a free assessment. Basically this means they'll discuss their ability to wash, dress, go to the shops and get through daily living activities. The team member who comes to the home will then be able to discuss the level of support they feel is required and help in considering options.

To find out more about ACATs, contact the [Aged and Community Care Information Line](#). Referrals to an ACAT can be made by anyone — a family member, a carer or a health professional such as a doctor.

Once an appointment is made, a member of the local ACAT will visit the home, hospital or elsewhere. They will ask a series of questions and discuss the assessment. The visiting ACAT member may be a doctor, nurse, social worker, physiotherapist, occupational therapist, psychologist or other appropriate health care professional. Their job is to discuss the situation, provide all the information required, and help people make the best choices based on their individual needs and the services available. There are no fees charged for this assessment.

Support groups

Carer support groups provide emotional support to carers, and are sometimes organised around specific conditions. [Commonwealth Respite and Carelink Centres](#) can provide information about these groups and refer people to other organisations such as the [Alzheimer's Association](#) or [Multiple Sclerosis Society](#), which also offer support.

Parish Nursing

[Parish Nursing](#) is a holistic, caring ministry that combines the education and experience of a Registered Nurse with some theological education. The Lutheran Nurses Association of Australia was instrumental in introducing the concept of Parish Nursing to Australia in 1991. This service is still being established nationally. Its chief focus is to assist members of the congregation and the local community to achieve wholeness of body, mind and spirit.

Respite

The [National Respite for Carers Program](#) (NRCP) allows carers of older people and those disabilities to have a break to look after their own health and well-being, with the comfort of knowing that their dependent loved ones are well looked after. This program can be accessed through [Carers SA](#) and the [Commonwealth Respite and Carelink Centres](#).

Peace of mind with medical and personal alarms

To provide a higher level of safety, many find personal alarms of benefit. If choosing to purchase one and to organise ongoing monitoring, make a plan of what to do in the event of a fall or another emergency. Work out:

- who to call for help
- how to call them, and
- how that help will be provided.

Getting out and about

Constantly caring without taking a break can be bad for one's health. That's why it's so important to ask family, friends or respite services to help carers get away from their caring responsibilities for a few hours or even a few days. They should try to continue with activities they enjoy. Even though the many demands of caring may make it difficult to manage, it's really important to follow one's own interests outside the caring role.

Some carers say they feel guilty when they leave the house or enjoy an activity without the person they care for, or the person being cared for may not want someone else looking after them. But using respite services to take a break can sometimes be good for the person being cared for as well. Those finding it difficult to get out and about should talk to someone about how they are feeling.

Knowing you're not alone

It's easy to become isolated when being a carer. For a start, one might be too busy to keep up with friends and family and people may visit less often. Loneliness may be one of the worst side effects of being a carer. Sometimes just talking to someone who understands what a person is going through can be a great relief. Sharing experiences with trusted family members, friends, neighbours, other carers or health workers may help.

[Commonwealth Respite and Carelink Centre](#) and support groups can put carers in touch with other people who share similar experiences. When ideas, feelings, concerns, information and problems are shared, the experience of caring can seem far less isolating. [Carers SA](#) and [Commonwealth Respite and Carelink Centre](#) can be contacted for assistance.

Carers can also access short-term professional counselling and assistance to manage issues such as stress, loss and grief through the National Carers Counselling Program, and delivered by [Carers SA](#).

Keeping healthy

To stay healthy in order to continue to give quality care, carers should try to make sure that they:

- make time for regular exercise (this will make them feel more energetic and give them a break);
- have healthy, regular meals (this isn't always easy to do, but it's important for long-term health);
- get enough rest and sleep (tiredness and exhaustion often add to the stress of caring);
- look after their back if they need to lift or transfer the person they're caring for (get professional advice on the safest way to lift and any available aids to assist with lifting);
- talk to their doctor about their caring role and the demands it makes on them.

Making time just for self

It may be helpful for carers to make a habit of creating special time just for themselves. They shouldn't feel guilty about this, and should make sure they don't compromise too much on this time. Planning ahead can make this more achievable. For example, they may wish to do their chores when they have more energy and save a part of the day for themselves where they can stop rushing.

Practice relaxation. This doesn't need to take long; even 15 minutes a day can do the trick. Just sit and listen to music, relax or practise a simple meditation or stress-reduction technique!

6. COMMUNITY SERVICES FOR SENIORS

In Australia's aged care system many services are available to help, and there are many different choices. The [Commonwealth Respite and Carelink Centre](#) is made up of health-care professionals who have experience with the system and can help in many ways:

- with decisions about whether one can continue living at home with home help or if one should consider moving into a residential facility;
- by providing information about residential facilities and home-care services in one's area
- by assessing one's eligibility to receive aged-care services
- by organising and approving care and support services
- by referring people to other services that may assist, and by arranging short-term care, such as respite care, so they or their carer can take a break

THE COMMONWEALTH RESPITE AND CARELINK CENTRE

There is a wide range of services to support independent living in the community, but finding out about them or accessing them can be time-consuming, difficult and confusing. [Commonwealth Respite and Carelink Centres](#) provide a single point of contact for the general public, service providers, general practitioners and other health professionals for information on community, aged and disability services and carer support. The centres can also assist with information about costs for services, assessment processes and eligibility criteria.

Each centre has extensive regional networks and maintains a comprehensive database containing community aged-care, disability and other support services. Shop fronts are operated by organisations that already provide established services in their region. Their local knowledge ensures they provide a quality service. This regional focus enables each centre to develop an awareness of the entire range of services available, to establish networks with local providers, and ensure information is up to date.

The centres can also help arrange respite, when a carer needs to take a break from caring. They do this by acting as a single contact point for information, and by organising, purchasing, or managing respite care assistance packages. Examples of respite care assistance include in-home respite care; support workers to assist carers when they are taking a break away from home; and residential respite care.

What information is available?

If information outside one's local area is required, centre staff can provide a link to other [Commonwealth Respite and Carelink Centres](#) around Australia and they in turn can provide accurate information about services in their local area.

Centres provide information on many types of assistance, from personal care and domestic help to accommodation in nursing homes and hostels. The local centre can also advise what services are available in their area. All information is free and provided in confidence.

Information is available in 16 community languages other than English, and is also available for Indigenous and vision impaired clients.

How to contact the nearest centre

[Commonwealth Respite and Carelink Centres](#) can be visited in person or via phone. Deaf, hearing-impaired or speech-impaired callers may call through the [National Relay Service](#).

Anyone needing an interpreter to assist them to contact their nearest Centre, can telephone the [Translating and Interpreting Service](#). Information brochures printed in many different languages are available at each local centre.

Who operates centres?

Shop fronts are operated by organisations that already provide services in their region. These include community-based, religious, charitable, private, and Local and State Government providers.

SERVICE OPTIONS

HOME AND COMMUNITY CARE SERVICES (HACC)

The HACC Program can help with services such as:

- nursing care, including home nursing, assistance with continence management, all in one's own home;
- home help, such as housework, washing and shopping;
- home maintenance and modification;
- personal care, such as help with bathing, dressing and eating;
- Meals-on-Wheels and day centre-based meals;
- ancillary health services such as podiatry and speech therapy;
- community-based respite care (day care);
- transport;
- assessment and/or referral services;
- counselling, information and advocacy services;
- social support (including neighbour aid); and
- carer support.

How to access HACC

To access HACC people can contact local HACC providers such as Meals-on-Wheels directly to discuss their needs and adjust them as their requirements change.

Should you more complex care needs develop, it is possible to enquire about other community services, such as Community Aged Care Packages, Extended Aged Care at Home (EACH) and EACH Dementia. Each HACC service provider will make an assessment to determine the appropriate level of service that is needed. To contact the nearest HACC services, call the [Commonwealth Carelink Centre](#).

Eligibility

HACC services are designed for people who need support to continue living in the community, and who are older and frail, or who have a disability. For anyone who has difficulties with everyday tasks, such as getting dressed or showering, this could well be the extra support that is needed. HACC services are designed to reach people with the greatest level of need, as decided by HACC service providers.

To be eligible for the HACC Program a person must:

- be living at home, be an older and frail person, or a person with a disability who has difficulty doing everyday tasks such as dressing or preparing meals;
- be a carer of a frail older person or person with a disability; or
- be likely to need to go into an residential facility or a hospital for care if not being provided with support from HACC.

DEPARTMENT OF VETERANS AFFAIRS

All veterans of the Australian Defence Forces who have a Gold or White Repatriation Health Card and their war widows/widowers may be assessed for services. Access is not automatic. Eligible veterans must be assessed as needing home care assistance before they can receive these services.

Home Care Program (VHC)

The [Veterans' Home Care \(VHC\)](#) program provides a range of assessment, coordination and home-care services across Australia to eligible veterans and war widows/widowers to enable them to remain in their own homes for longer. VHC services are similar to Home and Community Care (HACC) services and include domestic assistance, personal care, safety-related home and garden maintenance and respite care, in home and emergency respite care and approval for residential respite care.

Veterans and Veterans Families Counselling Service, (VVCS)

The [Veterans and Veterans Families Counselling Service](#) provides counselling and group programs to Australian veterans, peacekeepers and their families. It is a specialised, free and confidential Australia-wide service.

Staff are qualified psychologists or social workers with experience in working with veterans, peacekeepers and their families. They can provide a wide range of treatments and programs for war and service-related mental health conditions including post traumatic stress disorder (PTSD).

Community Nursing

Community nursing is the provision of clinically necessary nursing and/or personal care services to eligible members of the veteran community. The community nursing services are provided in the veterans' home. Community nursing helps to restore or maintain the maximum level of health and independence at home and helps to avoid premature or inappropriate admittance to hospital or residential care.

Community nursing services are provided by a mix of personnel including registered and enrolled nurses and nursing support staff, who work within the framework of their relevant national standards.

VHC and HACC

If VHC cannot adequately meet people's needs, they may, subject to assessment, access services exclusively from HACC. If they choose to opt out of VHC to enter HACC, they will have the same access to HACC services as other members of the community. On the other hand, if they are already receiving HACC services, they will have the choice to transfer to the [Department of Veterans' Affairs](#) (DVA) VHC program. They can access both HACC and VHC for services, but not for the same service from both programs at the same time.

NATIONAL RESPITE FOR CARERS PROGRAM

The [National Respite for Carers Program](#) allows carers of older people, people needing palliative care and people with disabilities to have a break to look after their own health and wellbeing, with the comfort of knowing that their dependant loved ones are well looked after.

A range of community-based and residential respite is available and includes:

- day care centres that provide respite for a half day or full day;
- in-home respite services, including overnight, home care and personal care services providing respite and support;
- activity programs;
- a break away from home, perhaps with a support worker;
- respite for carers of people with dementia and challenging behaviours;
- respite in a residential facility or overnight respite in a community setting; and
- respite for employed carers and for carers seeking to return to work.

The National Respite for Carers Program can provide specialised professional counselling. These services are operated through Carers Australia and the [Commonwealth Respite and Carelink Centres](#) located throughout Australia.

LOCAL GOVERNMENT SERVICES

There is a variety of useful services provided by local Councils. Contact them to discuss options. These may include transport, community activities and in home support.

COMMUNITY AGED CARE PACKAGES (CACP)

To be eligible to receive a care package, a person must be assessed by an Aged Care Assessment Team (ACAT) as requiring the level of assistance this package delivers. Those who are provided a package will be able to negotiate the best services for them with a CACP Care Manager. For example, a package may give help with personal care such as bathing and dressing, domestic assistance such as housework and shopping, or possibly help participating in social activities.

Other types of services that may be provided include:

- meal preparation
- laundry
- assistance with continence management
- transport
- personal care
- social support
- home help
- gardening, and
- temporary in-home respite care.

EXTENDED AGED CARE IN THE HOME PACKAGES (EACH)

These packages are similar to community aged care packages, but allow for a higher level of care to be delivered in the home. These packages may be accessed in the same way as community aged care packages, through the Aged Care Assessment team.

EXTENDED AGED CARE IN THE HOME PACKAGES: DEMENTIA (EACH:D)

These are similar to EACH packages, but are specifically for people suffering from a diagnosed dementia-type illnesses.

TRANSITION CARE

The Transition Care Program is organised by the hospital as part of its discharge planning. The aim is to provide low-intensity therapy and support as part of an ongoing recovery and rehabilitation process.

Transition care is provided in the person's own home, Rehabilitation or Residential Aged Care Facility. It can be provided for a period of up to twelve weeks, with a possibility to extend to eighteen weeks if they are assessed as needing an extra period of therapeutic care. The average period of care is expected to be about seven weeks.

PRIVATE CARE OPTIONS — USER PAYS

Although the government has a range of excellent services, private user-pays options do exist, including the provision of meals, laundry and care. Contact your preferred [Aged Care provider](#) for further information.

7. RESIDENTIAL CARE FOR SENIORS

If care needs progress, residential care of some form may be recommended. The following are the types of services on offer. ACAT Teams will be able to expand upon the type of service that best suits one's needs.

High Care

High-level care is for those who need 24-hour nursing care. This may be because of physical frailty, or because they have a severe, dementia-type illness or other behavioural problems. Residents in high care receive additional care and services at no additional cost.

Low Care

Low-level care places are for people who need some help. Mostly, people in low-level care can walk or move about on their own. Low-level care focuses on personal care services (help with dressing, eating, bathing etc), accommodation, support services (cleaning, laundry and meals) and some allied health services such as physiotherapy. Nursing care is also provided.

Ageing in place

Ageing in place refers to residential facilities that offer both high- and low-level care, and to situations where it is possible to stay in the same facility if the level of care needs increase.

Extra services

Some residential facilities may offer a higher standard of accommodation, food and services for an additional daily fee. They may also charge an accommodation bond for both low and high-level care when receiving extra services.

End-of-life care

End-of-life care or palliative care is care provided for people who have a life threatening illness, with little or no prospect of a cure, and for whom the primary treatment goal is quality of life. Palliative care in residential facilities aims to give people the best possible quality of life, reducing the need to move them to another location such as a hospital or hospice.

Short-term care - Respite

Respite care in a residential facility is short-term care on a planned or emergency basis, where it is anticipated that the person will ultimately return home. Most Residential facilities have some respite beds available.

Transitional care

The Transition Care Program is aimed at helping people improve their independence and confidence after a hospital stay. It works by providing low-intensity therapy and support as part of an ongoing but slower recovery process, giving them and their family more time to determine whether they can return home with additional support from community care services, or need to consider the level of care provided by a residential facility.

Cultural and identified needs

Some residential facilities offer specialised services for particular groups such as veterans, people who live in rural and regional areas, people with a disability, people who are culturally and linguistically diverse, Aboriginal and Torres Strait Islander people, and people who are socially or financially disadvantaged.

Particular health conditions

Some residential facilities offer specialised facilities for particular conditions, such as dementia, mental health, falls, and continence management. People who require these services need to discuss them with the managers of homes they are considering.

LIVING IN RESIDENTIAL ACCOMMODATION

Living in a residential facility means living with many new people under one roof, and getting used to other people doing some of the everyday things one might have previously done for oneself.

People who enter a residential facility keep all their rights as a citizen and are able to maintain their personal privacy. Family and friends can visit, and the residents are able to come and go as health and abilities allow. They cannot be left out of things because of their religion or language.

Residents also have the right to maintain control over the personal aspects of their daily life, as well as their financial affairs and possessions, and to have their say on their living arrangements or those of the home in general.

PREPARING SOMEONE TO RECEIVE CARE

The question of care can arise suddenly — for example, if our family member (or friend) has a stroke. Otherwise, the need for care can emerge gradually, if, for instance, there are progressive changes in a family member's condition which make it harder for them to care for themselves. Either way, it helps to be prepared and know what the options are.

When news comes suddenly that a family member has been diagnosed with a serious health problem, it's not uncommon to feel shocked and stressed at the prospect of becoming a carer, especially if one has never been in a caring role previously. Other people in such a situation have described feelings of helplessness, anxiety, sadness and fear of the unknown, especially as their lives are about to change dramatically. When one becomes the person responsible for a family member, or their primary carer, one's doctor may raise the issue of a residential facility almost immediately. If this is the case, make sure not to be rushed into anything! Look at all the options and think things through. Ask about rehabilitation if this could be helpful.

Where there is no sudden onset of any condition, a person may have been caring for a family member long before the question of a residential facility arises. This, too, can be frustrating, especially if the condition of the person being cared for has been difficult to diagnose.

Whatever the situation, it's worth knowing that a severe condition does not necessarily mean a residential facility is the best solution. People can manage at home with the right level of support, and often older people prefer to stay in their familiar environment. However, there are often signs that a residential facility should be considered. These include:

- significant difficulties with mobility;
- severe continence problems;
- challenging behaviour;
- severe communications problems; and
- difficulties in thinking, planning and remembering.

UNDERSTANDING THE IMPACT OF RESIDENTIAL CARE

It's not unusual to experience a sense of relief as well as guilt when the person being cared for goes into a residential facility. The carer may also be worried about whether or not they've made the right decision. They may be concerned about financial and legal matters. Some advice from other carers in similar situations includes the following:

- Trust that you've made the right decision in choosing a residential facility.
- Talk to someone who's a good listener about your circumstances.
- Allow others to help you work through your feelings.
- Consider carer counselling services to help you through, such as [Carers SA](#).

CARING FOR SOMEONE IN RESIDENTIAL ACCOMMODATION

When considering a residential facility for a family member, it's quite normal to feel guilty and wonder if it's the right decision.

People who come to the stage where they decide to move their family member into a residential facility, will be faced with many issues that may be unsettling. It's never an easy decision, and the transition is difficult for most people. For a start, there will be changes to routine and lifestyle. For example, carers may miss the companionship, but at the same time be relieved to have more time for themselves. They may also feel guilty or worried about what to do next.

People considering a residential facility for a family member may wonder if they're making the right decision and it's quite normal for them to ask themselves the following questions:

- Will the person I care for be looked after properly?
- What will other people think of me?
- Have I done everything I could?
- Am I a failure because I can't care for them at home anymore?
- What will I do with my life when I'm not so busy?

It can be hard for people to think about their own needs, but it's important for them to be realistic and try to decide what's best for everyone, including themselves. Only they can decide if the responsibility of caring is too much for them. They need to remember that there are still many ways to help care for their relative or friend, even if they're living in a residential facility.

8. LUTHERAN ACCOMMODATION FOR SENIORS

A person can be confident that Lutheran Aged Care facilities:

- adopt a clearly defined, Christ-centred policy of aged care consistent with that of the LCA, SA/NT District;
- have management that exercises strong Christian leadership;
- employ caregivers who possess a commitment to aged persons and their physical, mental and spiritual care.

The following Lutheran facilities provide a wide range of services and care to those in need. More information about each facility can be accessed on their website, the LCA, or by contacting them directly.

	Serviced Apartments	Independent Living Units	Low Care	High Care	Respite	Secure Unit
Fullarton Lutheran Homes	✓	✓	✓	✓	✓	✓
LHI Retirement Services, Glynde		✓	✓	✓	✓	✓
LHI Retirement Services, Hope Valley	✓	✓	✓	✓	✓	✓
Lutheran Village, Victor Harbor		✓				
Murray Bridge Lutheran Homes Inc, Murray Bridge		✓				
Para Vista Lutheran Homes Inc, Para Vista		✓				
Riverview Lutheran Rest Home, Loxton		✓	✓	✓		
St Paul's Lutheran Church, Blair Athol		✓				
St Paul's Lutheran Homes Hahndorf	✓	✓	✓	✓		✓
Tanunda Lutheran Home, Tanunda		✓	✓	✓	✓	✓
Trinity Place, Pasadena	✓	✓			✓	
Valley of Praise Retirement Village, Lobethal		✓				

Fullarton Lutheran Homes Inc, Fullarton

Contact: 8372 3555

www.flh.asn.au

LHI Retirement Services, Glynde and Hope Valley

Contact: 8337 0488

www.lhi.org.au

Victor Harbor Lutheran Village, Victor Harbor

Contact: 8552 5311

www.lca.org.au

Murray Bridge Lutheran Homes Inc, Murray Bridge

Contact: 8532 4260

www.lca.org.au

Para Vista Lutheran Homes Inc, Para Vista

Contact: 8263 5087

www.lca.org.au

Riverview Lutheran Rest Home, Loxton

Contact: 8584 7370

www.lca.org.au

St Paul's Lutheran Church, Blair Athol

Contact: 8262 4690

www.lca.org.au

St Paul's Lutheran Homes Hahndorf

Contact: 8398 8600

www.st-pauls.org.au

Tanunda Lutheran Home, Tanunda

Contact: 8563 7777

www.tlhome.com.au

Trinity Place, Pasadena

Contact: 8277 2446

www.lca.org.au

Valley of Praise Retirement Village, Lobethal

Contact: 8554 3204

www.lca.org.au

9. USEFUL CONTACT NUMBERS

Australian Government Directory of Services for Older People

This book is a one-stop information resource, found in organisations that may be visited for information and assistance, including public and private hospitals, general practitioners, residential facilities and Commonwealth Respite and Carelink Centres.

Aged Care Information Line: 1800 500 853 (freecall)

Alzheimer's Australia SA: (08) 8372 2100

Commonwealth Respite and Carelink Centre:

Business Hours: 1800 052 222 (freecall)

Emergency respite support outside standard business hours 1800 059 059 (freecall)

- Aged Care Assessment Teams (ACAT)
- Community Aged Care Package Program
- Extended Aged Care at Home and Extended Aged Care at Home Dementia
- Home and Community Care program (HACC)
- Short-term care
- National Respite for Carers Program (NRCP)

Carers SA

Carer Advisory Service: 1800 242 636 (freecall)

Centrelink

- General Enquiries: 13 62 68
- Financial assistance for carers: 13 27 17
- Multilingual information: 13 12 02

Continence support

National Continence Helpline: 1800 330 066 (free call from fixed phones)

Dementia support

National Dementia Helpline: 1800 100 500

Multiple Sclerosis Society

The Multiple Sclerosis Society of South Australia & Northern Territory: 1800 812 311 (freecall)

National Relay Service

Hearing Impaired: use a modem or TTY, dial 1800 555 677 then ask for the number needed.

Speech-impaired: use the Speech-to-Speech Relay by dialling 1800 555 727, then ask for the number needed.

Parish Nursing

<http://www.lca.org.au/action/nurses/parish.cfm>

Translating and Interpreting Service

24 Hour Service: 13 14 50

Veterans Affairs, Department of *(including Veterans' Home Care and Veterans Nursing)*

Telephone: 133 254

Regional callers: 1800 555 254

Nearest VAN Office: 1300 55 1918

- Veterans and Veterans Families Counselling Service: 1800 011 046 (freecall)

<http://www.dva.gov.au/Pages/home.aspx>

10. OPPORTUNITIES FOR EMPLOYMENT SUPPORTING SENIORS

It is a little known fact that providing services to seniors encompasses an industry that is a very large employer in South Australia. Because of the ageing of our population the industry will continue to grow its workforce over the next 40–50 years. Lutheran facilities have a good reputation for quality service to their residents and staff. They should be considered a sound, long term option for employment, particularly as hours of work are flexible and can be built around personal needs. Options for transfer between Lutheran facilities in South Australia and interstate exist.

The diversity of employment options includes the following key areas:

- Clerical and administrative
- Nursing, allied health and care
- Hospitality, catering and cleaning services
- Maintenance and gardening
- Information technology

In some roles, professional or TAFE qualifications are required, in others 'on-the-job' training is provided.

11. BECOMING A VOLUNTEER ASSISTING SENIORS

Quite apart from making the world a better place, volunteering also provides benefits to the volunteer concerned. Research demonstrates that helping others:

- builds confidence;
- introduces you to new friends;
- creates more fun in your life;
- improves your health; and
- boosts career options.

Importantly, when we take up opportunities to serve in ministry with seniors, whether that be through employment or as a volunteer helping in some small or large way, our actions dignify us. Our motivation may not be to serve, but we are ministering to those less fortunate than ourselves.

There are lots of options for volunteering with seniors both within the Lutheran church and the community at large.

Members may be unaware of the activities surrounding seniors in their own congregation, but there is likely to be a very active support network that they can join and contribute to.

Our residential facilities and retirement villages have very significant volunteering opportunities available, depending on the type of work people would like to do. Any of the organisations listed (see above, section 8) may be contacted for information about how to join the volunteers there.

Those who have access to the worldwide web can see the many options available for volunteering in the community at large.

12. SOURCES USED FOR THIS DOCUMENT

Board for Lutheran Aged Care: Congregational Ministry to Ageing Members.

Federal Government *Aged Care Australia* Website

The Public Advocate of South Australia website