European Network on Intercultural Elderly Care

ENIEC Newsletter

May 2009, no. 25

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News from the board and organisational matters

Saturday the 6th of June the board of ENIEC will have their first meeting after the annual meeting in Frankfurt. We come together in Copenhagen, because that's for all of us the most easy, coming from Helsinki, Frankfurt and The Hague. On the agenda we find the program of the annual meeting in March 2010 in Helsinki , the budget, statement of account, additional money, the progress on our goals we formulated in March this year and finding a nominating city for 2011. The last point is very important. If you want serious to nominate your city, please let us know. We as board can help you in convincing the local government. In the next newsletter we will write about the results of our meeting.

As board we want to compliment our members who are now responsible for the newsletter. It's good to see that new ideas and new inputs are found and find a place in the newsletter. And we have support in Cobie Schippers from GGZ inGeest in Amsterdam, thank you for that Cobie!

The ENIEC-2010 planning group is working actively (Anneli, Päivi, Maija, Pirjo and Hilkka). They will have their final meeting 2th of June, just a few days before the board meeting. Time flies, it's already nearly three months ago that we meet each other, which means that in nine months the new meeting is there. And there is always a lot of work to do.

Jan Booij

More focus on psychiatric healthcare?

Most of the nursing homes in the Netherlands were originally organised in two separated parts: patients with somatic diseases (cerebral diseases, vascular diseases, diseases in hips or knees etc.) and patients with psychogeriatric problems (dementia, Alzheimer disease etc.).
In earlier days somatic patients returned to their homes after a period of revalidation. A small group of the somatic patients, and also the psychogeriatric patients, stayed in the nursing home till the end of their lives.

Nowadays most of the nursing home patients live there for the rest of their days.
The illness of the patients has become more severe, their perspectives have deminished. One of the side effects of this development is an increase of psychiatric diseases.
The last ten years it has become obvious that mental healthcare needs much more attention than it gets now. The two most important psychiatric problems are **depression** and **behavioural problems in dementia.**
Depression is becoming a major problem in the elderly care. Feelings of loss and loneliness are quite normal when people grow older and have less perspective. It is essential that signs of depression are noticed in the environment in an early stage. It takes special competences to observe a depression and to help patients in finding a new way of living. It also takes time to listen to patients carefully. Patients suffering from a depression are usually quiet and not asking for any attention. Most of the time employees are very busy and misunderstand the quiet behaviour of depressive patients.

Behavioural problems form another major problem, especially in the group of psychogeriatric patients (dementia, Alzheimer disease). Aggressive behaviour increases when patients feel misunderstood. Employees are not competent to handle this behaviour in a proper way. They were never educated in handling this kind of behaviour (this part of the disease).
The lack of education leads to incorrect interventions. The consequence of the misplaced intervention is escalation of behaviour and destabilisation of the patient and his environment.

The increase of psychiatrical problems in nursing homes shows the need for cooperation with organisations for mental healthcare.

The last few years immigrants take part of the life in our nursing homes. Because of the different kinds of socialisation and background it's not easy to understand their needs in mental healthcare. The lack of education of the employees is even a bigger problem with this group of patients because of communication barriers.

Cooperation between nursing homes and institutes for mental healthcare

In Amsterdam, many organisations for elderly care and institutes for mental healthcare are convinced that cooperation is important to find solutions for these major problems. These organisations are cooperating on developing competences, support in case of crisis and exchange of employees. Both kinds of organisations need more experience in the (mental) healthcare for people from other countries.

"Mental Health Services in a Multi-cultural Society: Interculturalization and its Quality Surveillance" [1]

In September 2005, Mr. J. de Jong and Mr. M. van Ommeren presented a model to promote and access interculturalization of mental healthcare services in western multicultural society.
They define interculturalization as the adaptation of mental health services to suit clients from different cultures.
The suggested measures aim to introduce changes in four contexts:

1) The clinical interface of the relations between the immigrant patient and the healthcare workers and the treatment team.
2) Organizational adaptations required in the treatment context of the mental healthcare facility.
3) The relation between the mental health facility and the ethnic communities.
4) The relation between the mental healthcare system, other facilities and society at large.

[1] Transcultural Psychiatry – September 2005

To monitor the desired changes, the model describes qualitative and quantitative criteria and indicators to be applied in the four contexts.
Key words in the article are: cultural competence, interculturalization, mental health services, multicultural society and quality surveillance.

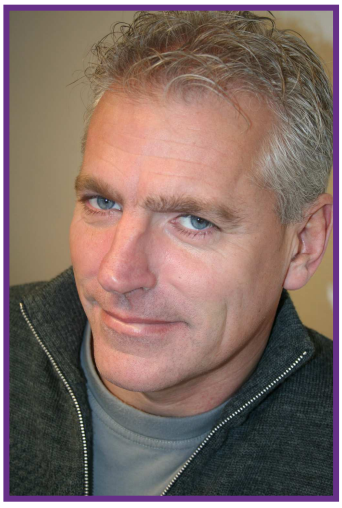
Healthcare organizations in Amsterdam are aware of the urgency to develop cooperation between nursing homes and organizations for mental healthcare. They also feel the need to develop interculturalization. The article presents a model how to do that. Before we start initiatives for further development I would like to share other experiences.

I have a few concrete questions for the members of ENIEC:

1) Do you have experience in initiatives on cooperation between nursing homes and organisations for mental healthcare?
2) Do you have experience in interculturalization in this cooperation?
3) Do you think it would be useful to invite organisations for mental healthcare to be part of ENIEC?

I would like to invite you all to share your experiences with me. We will publish your reactions in the next Newsletter. There is no doubt that your input will be very helpful to the process of interculturalization in Amsterdam.

Jan Willem Pijpers



Report of ActiZ congress 'ActiZ gives color to the care'

ActiZ is a organisation in The Netherlands for entrepeneurs in health care. Most of them work for elderly people. ActiZ has 425 members with together a yearly budget of 11,4 miljard euro.

May 12, 2009

The importance of interculturalisation of care - ActiZ

The last two years, ActiZ has been working on this project. In the Netherlands there are now over 115,000 new Dutch aged 55 and older, in 2020 this number has tripled. Half of the Moroccan children and a third of the Turkish children takes care of their parents. This is mostly done by daughters and daughters-in-law. They will be more similar to natives. More than two thirds of the Turkish people and more than half of the Moroccan people does not know home care at all. This was the motive to start the project. The project exists about three years. There are more and more people from the ethnic group who make an appeal to the elderly care. It is important to respond to this. It is also important to have people from other ethnic groups in the personnel file. This should not be for just one day: a sustainable and continuous policy is required.

Brochure ActiZ 'Towards an intercultural elderly care' - Ministry of VROM

It is an added value to have color in an organization. The people from target groups themselves come up with things which others had never thought of. These are small, but important things. In the Netherlands there is a fairly extensive integration system. There is no country in Europe which spends so much money on integration. The people here are being put in a 'cheese dish' to learn Dutch and after that they are placed in society. It would be better if they would learn Dutch and would

be placed in society at the same time, where they can gather experiences with the language. It would support the integration as well as the care if connections between care and integration could be made. The municipality is required here, because the government does not finance this type of projects.

Interculturalisation: Allergy of strategy? - Network of Organizations of Older Migrants

Older migrants are represented in a network organization. The market discovers the migrant as customer. The care and nursing sector does not know how to find the migrant. This sector is not easily accessible for the growing group older migrants and there are wrong perceptions on both sides. In the near future a large part of the client files will be colored. Soon there will be recruitment of personnel among migrants. Many care institutions are still too attendant. The most important thing is that the employee develops cultural sensitivity and that he or she has a general interest in people. This requires an open and friendly attitude and humanity linked to profession. Interculturalisation is the process of an organization changing into a multicultural setting. It is about changes in the entire organization. Interculturalisation is a lengthy process and will face much unexpected resistance. It requires much courage, flexibility and perseverance. The keyword is cultural sensitivity and the way of working is tailored care.

Impression project Intercultural Elderly care 2007-2009 - ActiZ

Intercultural care is responsible care. In 2007 the project was started. The objective was to make care more accessible for the target group, but also to get colored personnel. The principles at the start of the project were: working with project leaders with different cultural backgrounds, interculturalisation starts in the neighborhood region and attention for informal care and palliative care. The findings are: see or find the added value of diversity; just do it: do not get stuck in policy and research too much; you do not need to know everything about other cultures, but you have to be open for it; openly disapprove discrimination and share knowledge with other organizations.

ActiZ gives color to the care

The program has two objectives: to create conditions for anchoring interculturalisation in vision, policy, supply and personnel of ActiZ and member organizations. There is a programmatic approach, firstly through the labor market and secondly through the content of care: intercultural 'responsible care'. The objective of the program is to get an accessible labor market: promoting the inflow, safeguarding personnel, the flow of personnel and interculturalisation of care institutions. The activities are: moving to a multicultural personnel policy in care & nursing at home, maternity care & youth healthcare and the implementation project, which consists of tracing, bundling and transferring success factors and effective (pilot) projects from the Ministry of Health, Welfare and Sport. Succes factors determine whether or not a project works. Follow-up activities, in the content of care (intercultural responsible care) are: knowledge network interculturalisation ambassadors, interculturalisation of customer councils, researching the quality of life of elderly/care standards, manual '25 years of intercultural elderly care in the Netherlands', knowledge transfer and knowledge exchange via the website, business case interculturalisation development and intercultural palliative care. Yvonne Witter, Jan Booij en Rohina Raghoebier are going to describe the history of the interculturalisation. The website is there to share and develop knowledge.

Process and results interculturalisation path of Cordaan

Every legal person in this country has the right to health care. Cordaan (health care organisation at Amsterdam) knew a number of stand-alone projects, which came from the wishes and needs of clients and was supported by committed professionals, but there was no embedding in the organization yet and it was not secured in the total policy of Cordaan. Sometimes it was more tolerated than accepted. There was no connection between the activities in the content of care and the labor market policy. The process starts with taking opportunities, investing in what sometimes starts small and making space and time to develop initiatives. Directors have to deal with it continuously. Cordaan now transfers from a projectwise concept to the embedding in the sectorial policy in home care, nursing & care, care for the mentally disabled and mental health care. Intercultural supply in every sector and every region. A continuous investment in knowledge and network. A cooperation with Unal Zorg and Avicen (intercultural care organizations). Ambassadors are responsible for the recruitment of migrant employees. Specific recruitment for management jobs in the primary process and staff functions. A continuous investment in external image formation. In the starting phase, the policy's success depends on a few leading persons. In the case of Cordaan, it started with a special policy: a fun project for a new target group. It is not only about coming up with something, it is also about battling. There is support from the employee in the primary process. Focus on the thoughts coming from the middle management. A real dialogue is the core of success.

It is not about how old you will get: it is about how you are getting old!

Marleen Bakker,
master student Health Sciences,
VU University, Amsterdam

ENIEC on Twitter

ENIEC is on Twitter! Very easy, make your own Twitter account and start following ENIEC, for every breaking ENIEC news.
http://twitter.com

We are using now: Linkedin, Facebook and Twitter.

Presentation of an ENIEC member

Lis Vadkjær Hjorth

Born: Copenhagen, Denmark

Home: Roskilde, Denmark (the town where all the kings and queens are buried)

Profession:
I am an educated nurse SA (administration, teacher and research) and Master of Public Management and I did some different courses in anthropology, psychotherapy and coaching.
When I worked as a nurse that was in the field of psychiatry and neurology. Then I felt that it was time to move on, and I went in to Primary Health Care, with focus on elderly people and their needs for homecare and social benefits.
In 23 years I worked in different municipalities as Division Manager for elderly care, psychiatric care, housing for

people on pension and I worked very close to the local politician.
In the jobs I was in contact with older migrants and refugees and became interested in how they manage to grow old in a foreign country. Seven years ago I changed my job and became consultant in Dane Age Association who wanted to set focus on elderly migrants together with The Danish Refugee Council. I have worked with supporting volunteers to start up activity groups together with older migrants and refugees so they can get more knowledge about and possibilities in the Danish society.
Now we have started up different groups so it seems to have been a good investment. But it takes time and a lot of passion.
Now I also am looking on international issues for old people in undeveloped countries. Last year in February I visited a lot of self-help groups of older people in Kyrgyzstan. It was minus 25 degrees during the nights and 15 degrees in daytime. They did not have money enough to heat their houses and they had hardly any money to buy food. So Dane Age is now together with Dane Church Aid trying to support the elderly in Kyrgyzstan.
www.aeldresagen.dk

Relation to ENIEC:
Grete Madsen invited me to the first meeting in Copenhagen, and I thought it was a great opportunity to exchange ideas and knowledge about elderly migrants.

Thoughts about ENIEC:
I think it is very important that we have a group of people with whom we can share knowledge and information about intercultural care and social welfare for elderly migrants. In all countries these issues are still carried out by idealistic people, so this forum is a good place where you can be together and get new energy so you do not burn out.

Something about your personal situation:
I am born in 1947, been raised in a very open-minded family with interest in people from other countries – actually, I was send to a kindergarten where the language was "Esperanto", but I don't speak it today. I have a great husband, two sons (39 and 37 years old), two daughters in law and four grandchildren. Two boys and two girls (9, 7, 3 years and one only 2 month old) and then my mother is still going strong, 92 years of age. She lives on her own and is a very active person. So her 6 grandchildren love to visit and talk with her.
I enjoy going up to our house in the countryside, read books, listen to classic music, go to movies or theatres and of course meet and travel with friends and family.

Where will you be in March 2010?
Hopefully I will be in Helsinki.

Invitation
I would like to pass on the word as next month profile to Verena Foitzik
When we meet she is always in a good mood and I think she has good ethics thought about elderly people and she is also a good singer.

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