

## Pastoral Care for the Immigrant Aged in the Catholic Environment

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This paper identifies the issues regarding the care in Australia of the Catholic immigrant aged, which is a major issue now that those who arrived in the peak migration period from 1950s - 1970s are in the final decades of their lives. It is written from the experience of the Scalabrini Villages formed in Sydney in September 1968 by a unique combination of Italian priests and Italian laypeople. Whilst the origin of our organisation was ethno-specific (Italian), we have seen our function expand over the years to all aged immigrants, including, in particular, those from South American countries, such as Chile, Brazil and Ecuador. The neglect of the needs of aged immigrants, including Catholic aged immigrants, is reflected in the fact that only 13 per cent of the membership (representing aged care facilities) of *the Aged Care Services Association* in NSW (including ACT) are of ethnic/immigrant origin and focus. So the demand for care of aged immigrants is of tremendous significance nationally and one that the Church has not sufficiently focussed upon in any systematic way.

Information from the 2001 Census statistics of population by birth highlights that from a total of 18,972,350, Croatians represented 51,909, Italians represented 218,718, Maltese represented 46,998 and the Polish represented 58,110. However, there are smaller groups from Eastern Europe and Latin America (e.g. Chile, Brazil, Uruguay, El Salvador and Ecuador) as well as Asia (especially the Filipinos and the Vietnamese) and Africa. Whilst it is easier to focus on the major players, it is difficult for smaller groups to sustain a holistic policy; that is having their own aged care institutions and programs. There is need within the Church to identify and quantify the needs of smaller groups. In 2001, the percentage of Italians aged 65 and over was 45%. On current figures, this is estimated to be

49%. The immediate needs of the Italian aged have therefore increased and will continue to appreciate upwards. In some communities, especially the Baltic nations, the needs have probably peaked but for all other communities, the needs of the Catholic immigrant aged will continue to appreciate upwards. What are the issues?

### **Language and pastoral care at parish and/or community level**

Our experience in meeting the needs of aged migrants highlights language as a major issue. Experience in our Villages show that the Italian aged not only revert from English to Italian as their cognitive skills decline but they revert to their native/regional dialect, that is Calabrian or Sicilian. This places enormous pressure on the communication skills both at a parish and a village level.

### **Responsibility of government vis-a-vis its policy of multiculturalism**

The Government needs to acknowledge and recognise the special needs of immigrants, particularly the elderly that require institutional care. The Federal Government does allocate bed licences for ethno-specific groups to be taken up by aged care providers. However, it does not provide incentives nor does it recognise the additional and unique costs that can and are incurred by these providers as a consequence of caring for these special needs groups. Government can also assist by further educating its regulatory authorities of the differing cultural backgrounds of immigrants. This would greatly assist in compliance issues that are principally assessed against an Anglo-Saxon cultural model. Migrant aged care facilities are disadvantaged in both the Accreditation and Validation process that in turn impacts adversely on migrant facilities with funding.

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christ jesus

### **Community care packages and aged care facilities**

Specialised facilities for aged migrants are in demand on a national basis. For example, 7 Scalabrini Villages (6 in NSW and 1 in Victoria) offer 720 beds. Two facilities in Victoria attempt to service the needs of 90,000 immigrants of whom 49% are over 65. Many Catholic immigrant communities, especially those of medium and small size, do not have appropriate aged care delivered in a Catholic environment where there is provision for Mass and the other sacraments.

### **The demand on migrant chaplains**

The spiritual care of the aged, communion for the sick, Masses for the sick and their organisation, is placing incredible demands on migrant chaplains, especially the need for their language skills. The heavy demand of Spanish speaking migrants in the Sydney area is one example.

### **Lack of priests and pastoral workers able to speak the ethno-specific language**

This particularly applies again to the aged who revert to a regional dialect. An important issue here is that by the time a community is aged, it is well-dispersed across metropolitan areas. This makes it difficult to deliver pastoral care and places even greater demands and stress on the chaplain.

### **The role of parishes with non-immigrant priests, especially parishes in high- and medium-density migrant areas**

These parishes supplement the role of the immigrant specific parishes with the parish priest making a concerted effort to recognise the particular needs of immigrants, that is, a mixed Italian/English requiem Mass and vigil (the evening before).

### **Lack of provision of institutional care for the immigrant aged in a Catholic environment**

The Scalabrini Villages in NSW, Melbourne and Adelaide, Our Lady of Grace Nursing Home Dural, Marconi Self Care Apartments and St.

Antonio Di Padova are meeting only a small portion of the needs of aged Italian migrants. The problem is magnified with other nationalities. In NSW, St. Hedwig's in Blacktown is trying to service the Catholic German community. What other facilities are there for German aged immigrants? Whilst these facilities with Catholic priests and nuns meet the religious needs of aged migrants in a Catholic environment, the vast majority of the Catholic immigrant aged are in institutions where there is no-one to speak the language.

### **The need for specialised dementia care**

It is difficult to obtain reliable statistics but it is the Scalabrini experience that approximately 40% suffer dementia in some form. Severe cases of dementia need specialised care. The cost and organisational logistics of facilitating care for extreme dementia cases are beyond the capabilities of most aged care facilities.

### **The specialised role of religious orders**

The religious and cultural support and the health, recreational and other therapies offered by dedicated congregations of Catholic nuns in the aged care scenario and their visitation of aged immigrants is an immense contribution. The role of these religious orders in supplementing the work of the immigrant chaplains is in great demand but there are insufficient nuns and the need is growing.

### **The guilt problem of migrant families who place their loved ones in aged care facilities**

Primarily, this occurs because they cannot physically and medically look after them but the problem of guilt and how the Catholic community is going to deal with it is still there. The role of the priest, the staff and again, of the religious sisters, is critical here but there could be other ways in addressing the issue.

### **Emerging problems of immigrant families making decisions about life support for their dying loved ones**

This is an emerging issue, especially in a community climate where the pressure towards euthanasia is increasing. Immigrant families lack understand-

ing about the ethical and health issues from a Catholic perspective as distinct from euthanasia or a right to life approach. Again the role of the parish priest, the migrant chaplain, staff in aged care facilities and the religious sisters is critical here in these major ethical issues.

### **Funerals for immigrant aged people**

The role of the church generally and in particular the ongoing need to be sensitive to the religious culture of the particular immigrant group is paramount. Many non-immigrant priests have made a specific contribution to immigrant culture. But there is at least one immigrant community that has been forced to use the services of a Protestant chaplain for funerals because of the lack of Catholic priests.

### **Catholics in their 'Third Age'**

Many Catholics, including immigrant Catholics, have entered the so-called 'Third Age' after their retirement from work. All are highly skilled and experienced with much to give. Many are doing wonderful volunteer work for the Church yet many also are not. Strategies need to be put in place that brings them into mainstream pastoral work, including for the immigrants.

### **For discussion:**

1. How does the Church plan ahead to provide for the needs of the Catholic immigrant aged through aged care facilities with a Catholic environment, especially for the smaller communities?
2. How does the Church, and the community at large, address the morality of the Accreditation process which is definitely adverse to facilities of non-Anglo-Saxon background, both in structure and format?
3. What is a Catholic environment in an aged care home and how necessary is it?
4. How does one meet the heavy demand for immigrant chaplains and expand their role to cater for the spiritual needs of the immigrant communities?

5. How does a pastoral strategy for the immigrant aged in their homes or in care facilities address the fact of dispersal of immigrant communities across urban areas?
6. How does the Church deal with the issue of language reversion to the first language of the immigrant in their old age?
7. How does the Church provide institutional care in a Catholic environment for those presently living in such institutions far removed from their cultural and language heritage?
8. How can parishes with Australian and immigrant priests and in high- and medium-density migrant areas assist each other?
9. How does the Church and carers (family and professional) respond to the increasing number of dementia cases?
10. How does the Church community increase and reinforce the work done by Catholic nuns from many cultural backgrounds for their aged?
11. How can the guilt experienced by family when placing their loved aged into care be addressed and diminished?
12. How does the Church educate and support immigrant families faced with ethical dilemmas about life support and euthanasia?
13. What ought be the strategies for those many immigrant communities who do not have a chaplain?
14. How have organizations, such as the Knights of the Southern Cross and the Catholic Homes for the Aged, addressed the needs of the immigrant aged?
15. How does the Church put in place strategies to harness the skills and experience of 'Third Age' immigrant Catholics?