

## **The history of DutchCare and MiCare**

DutchCare Ltd formed on the 1st October 1996, an amalgamation of Avondrust Incorporated,(1974) Dutch Australian Community Action Incorporated (1984) and the Holland Australian Retirement Foundation Incorporation(1971).

Provides a comprehensive range of culturally appropriate care both residential and community based aged care services for older frail and younger disabled Dutch speaking people -over 900 clients each week. It is non-denominational, not-for-profit organisation that provides services without regard for race, colour or religious creed. - Attached list of services

DutchCare strives to develop and provide, in the most professional, compassionate and dignified manner, holistic care for the elderly and disabled taking into consideration their spiritual, physical, social and psychological needs.

April 26<sup>th</sup> 1971 – Hospitals and Charities registers Holland Australian Retirement Foundation as an entity and charity. - a group of concerned Dutch people started to look at the future of the Dutch population. They recognized that in the future there would be an increasing number of older persons who were becoming more dependent and who may not have sufficient support systems here in Australia

Fundraising increased in 1974 when a ‘Kermis’ or fete was organised. This is now known as the Holland Festival.

October 1981 – First residents move into Beatrix Village – Henk & Bep Faber – Bep still lives in Overbeek Lodge but is too unwell to be here today. – The hall was opened in 1985 showing the finalisation of the project – 43 units and hall.

In 1983 Avondrust was forming to develop similar services in the southern regions of Melbourne

Early committees of HARF and Avondrust worked hard at raising funds through Bingo nights, dance nights, Klaverjas with a lot of involvement with a vibrant young Dutch Community – including a Miss Holland quest.

In 1989 14 units were built at Princess Margriet site followed by a 31 bed hostel in 1991.

Dutch Australian Community Action 1992 to meet the needs of those people isolated in the community by providing a friendly visiting service In 1993 it received a grant from the Government to employ a coordinator for our Friendly Visiting Scheme.

In Carrum Downs the 40 bed Avondrust hostel and community hall were completed in May 1993. Grants were received from the Federal Government and the Schumacher Kramer Trust in Holland. In 1995 32 units were completed on the site.

DACA grows and also provided an information and referrals service and have conducted studies to investigate the needs of Dutch Australians with the view to promoting their wellbeing. Early in 1995 a further grant was received to commence Adult Day Activities and Support.

The first aged care workshop for the Dutch Community was arranged in 1994 with representatives' from all states. The gathering went a long way towards getting us talking with each other. Many issues were raised and discussed but the most significant for the Victorian Dutch Community were the statements by the Federal and State Government representatives that in future they wanted to

look at communities as a whole and would not give funding to isolated groups who did not have the backing of the whole community

The Boards of Avondrust and HARF began meeting to discuss ways of cooperating and soon had to make a decision which would have significant effect on our community. Shortly after the workshop, an opportunity arose that allowed the appointment of a joint CEO of HARF and Avondrust. Further discussions were held with the Federal department who were happy to see improved cooperation but could not see any significant funding opportunities as the Dutch were not part of the pilot group of ethnic communities. The nursing home was the catalyst and members were ecstatic when in December 1995 DutchCare was granted approval in principal for a 30-bed nursing home and would also get 45 Aged Care Packages in 1996/97.

In 1996 the three organisations amalgamate to form DutchCare provides a comprehensive range of both residential and community based aged care services for older frail and younger disabled Dutch speaking people.

February 1996 the DutchCare Trust and the new company were launched. Two years later \$1.7 million has been raised. On the 1<sup>st</sup> of October 1996 DutchCare Ltd commenced operations. Total Assets \$11 million, operating revenue \$1.3 million. Prime Minister Kok visits Avondrust

#### 1997 – Opening of Bierman Sajet Nursing Home

1999 purchase land at 722 Mt Dandenong Road and purchase 40 bed licenses in Croydon for new nursing home

2001 open Princess Margriet Aged Care Facility. The Eden Alternative introduced.

2002 three years accreditation for all our facilities – first round, Polder Model of Care being developed, Medication Management Challenge of existing systems and legislation

2004 Victoria's Award for Excellence in Multicultural Affairs 2004  
Service Delivery to Multicultural Victoria – Aged Care.  
Dr William Thomas founder Eden Alternative visits DutchCare  
DutchCare takes on managing Eden in Australia

2006 Balkenende visits DutchCare  
International Association of Homes and Services for the Ageing: Excellence in Ageing Services Award for the Polder Model.  
Help out Prince Willem Alexander Village Qld  
Eden International Conference in Cairns  
Purchase land at 741 Mt Dandenong Road  
20 CACP for Gippsland  
DutchCare 10<sup>th</sup> anniversary concert  
Petra Neeleman, Chief Executive Officer: The Jonas Kreveld Award 2006

2007 Renovations start at Princess Margriet Aged Care facility  
Han & Judy Overbeek Bequest Society  
10 Additional CACP for Gippsland  
Additional 24 high care places for Kilsyth

2009 Opening of refurbished Princess Margriet Lodge now renamed Han & Judy Overbeek Lodge  
Bushfire policies

2010 – Building of Seaford kitchen completed  
EACH Packages  
First aged care facilities to get all 10 Eden Principles

2013/14 34.5 million in assets, 15.2 million income, 11.2 million on wages!

Providing Dutch specific services is vital to the wellbeing of many elderly Dutch even though they seem well assimilated into the Australian way of life. In this age group there is often English language loss or language reversal.

Community Aged Care Package Services (CACP's) commenced on 1 July 1997 enabling people to remain in their home longer, and take pressure from residential care facilities. Dutch aged care services successfully provide independent living units (1981) and hostel (1991) and nursing home care (1997), a friendly visiting service (1984), day care (1991), Telelink and telephone monitoring.

DutchCare believes that older people are valuable members of our society. It aims to provide them with the support they need to achieve the level of independence they want. In all their operations they support the recipients' freedom of choice and involve recipients and their families or guardians in all decisions affecting their welfare.

DutchCare has a policy of employing well-qualified Dutch speaking staff and encourages all staff to attend training courses and seminars. At present there are sufficient Dutch speaking nurses and other care staff to fill our anticipated positions. Our experience to date is that it has not been too difficult to find the right people to fill any vacancy. Our staff will be qualified to carry out ongoing assessments in consultation with recipients, their families, their GPs' and other health professionals.

All the services for the aged offered by the Dutch community are Dutch specific. Despite the fact that they seem to be well assimilated, there are a number of reasons why Dutch specific services best suit the Dutch aged. The first is English language loss and language reversal among older migrants. Almost all mainstream services are at a loss when dealing with clients reverting to a language other than English, especially when it is a little known language such as Dutch or one of its dialects. Second it is also our experience that despite the best intentions mainstream providers either do not really understand the needs of older Dutch Australians or, for obvious reasons, find it extremely difficult to offer them a culturally appropriate service. Dutch specific services can offer culturally appropriate services and staff for older Dutch Australians. Dutch food, socialising and reminiscing in your own language, Dutch language newspaper, recreation and entertainment are as much a part of life as the appropriate medical

### **The Eden Alternative**

DutchCare has adopted of the 'Eden Alternative' philosophy where the emotional, spiritual and physical needs of people are met by embracing an intergenerational and partnership approach. This philosophy has seen a 50% increase in the longevity of residents in our care. All of DutchCare's facilities are Eden Registered Homes

In 1991 Dr William Thomas developed a model of aged care that moved the focus from the medical approach of seeing long term residential care as a place of treatment and therapy to a model in which residential care facilities became "homes" where elders were nourished and given

opportunities to grow. Based on the premise that people in residential care are afflicted by loneliness, boredom and helplessness, Dr Thomas sought to change the physical and social environment in order to provide a care environment that puts people at the centre of the facility.

This model improves elders' lives by reintroducing companionship, a sense of purpose, variety and spontaneity into their day-to-day experience. It also improves the quality of care being given by emphasising staff empowerment, as well as adopting a team-based system of work.

### **The Polder Model**

A 'polder' is simply a block of land reclaimed from the sea through a system of dikes and drainage. For centuries the polder is something for which Holland has been famous. It is a system requiring tight cooperation between all players. At DutchCare the term 'polder' is used to symbolise the cooperation between staff, residents and family members and in particular, the staff team model that focuses on skills rather than position.

The Netherlands owes its existence to a democracy of 'dry feet'. We need each other literally to stay alive and not drown. This principle is well applied to DutchCare where we too, need each other to stay alive.

The polder model developed by DutchCare embraces the Eden Alternative and has a team of staff, headed by a Personal Care Coordinator, working in each 'household of 15 to 20 residents'. Other service providers such as registered nurses, administrative and kitchen staff then support the team.

The polder model improves the lives of elders. It improves the quality of care given by emphasising staff development and a team based system of work where the same staff are allocated to the same residents whenever they work. Family are seen as important members of the team and made to feel they are at home in the facility.

The Dutch Community has for some 35 years looked at the needs of its ageing population, however it is only in recent years that research has confirmed that there are specific needs for migrants from a non English speaking background. The most urgent of these needs is that of language. After language, there are other specific needs such as culture, food, and ability to reminisce with those who share a common background. It is due to old age, stroke, dementia, illness or stress that elderly people revert to their mother tongue, regardless of their level of competency in English, not so much a desire to return to old ways.

The need for culturally appropriate aged care services cannot be understated. There are over 7,000 Netherlands born people over the age of 70 living in Melbourne, an increase of 2,000 since the year 2000 and that number is expected to peak at 10,500 by the 2021. If you add the Dutch born in Indonesia (Dutch East Indies) the number is far higher.

There is an increasing need for the services of DutchCare for two reasons: the number of older Dutch Australians is expected to increase by more 200% over the next twenty years to some 10,500 people; there is a 20% increase in the number of existing residents now requiring High Care (Nursing Home) services as opposed to Low Care (Hostel) services.

### **MiCare**

Just to complete the picture – in 2016 we changed our name to MiCare to reflect the focussing on all migrant groups rather than just the Dutch – MiCare = Migrant Care and on 1<sup>st</sup> July in 2016 we merged with the New Hope Foundation and started our work with new and emerging ethnic communities.

MiCare and the Netherlands Retirement Village Association Queensland (NRVAQ) merged on the 1 July 2017. This follows a long association between the two organisations which spans more than 10 years.

In 2018 we merged with Dutch Australian Community Centre in Sunshine.

With these mergers some things have remained the focus of what MiCare does – the importance of relationships, making the lives of those around us as good as well can, the community spirit that keeps us going and finally the difference we can make in each other's lives. So especially true in these COVID times that are testing us in many ways.