



CARE PLAN GUIDE

From home to residential care for Greek-speaking older people

OBJECTIVE

To improve the quality of life of Greek-speaking aged care recipients in their homes or residential care settings, by incorporating their cultural, linguistic, dietary, and spiritual needs/preferences into daily living.

COMMUNICATION

What is your preferred spoken language and/or dialect? (e.g. Greek, English, Italian, Turkish, Slavic, Egyptian, Arabic)

In which language/s can you communicate in effectively in the written form (read/write)?

Links

- Greek Language and Communication, Greek Care Website
<http://bit.ly/1cm1g4e>
- Basic Greek phrases, Greek Care Website
<http://bit.ly/1eLST6o>

EDUCATION AND LIFE EXPERIENCES

Formal education levels/ academic achievements?

In which language was your formal education delivered?

Where was your formal education delivered (Country/ City/ Village)?

Comment on your life skills, learnings and abilities developed through-out your life-time.

(e.g. gardening-vegetables/fruit/flowers, sewing/knitting/crochet, baking Greek sweets, play an instrument, operate a small business, bee hive keeping, Byzantine Chanting, Ancient Greek Mythology, soccer player, etc.)

Links

- History, Greek Care Website
<http://bit.ly/1gdB3sw>

DIET: CULTURALLY SPECIFIC REQUIREMENTS

What is your preferred drink/fluid?

List the foods that you eat regularly as part of your staple diet?

Breakfast

Lunch

Dinner

In-between meals

What is your favourite food/ treat?

Do you have any other special dietary requirements/restrictions for cultural or spiritual reasons?

Links

- About Greek Food, SBS
<http://bit.ly/16VpHnh>
- Greek Food
<http://bit.ly/1bb1cZG>
- Greek Food Culture
<http://bit.ly/1hHjW66>

DAILY ROUTINE PREFERENCES

Describe your normal daily routine from wake-up to bed-time:

e.g.

8am Greek coffee and paximathi and cheese, wash dishes, brush teeth, get dressed.

9am Garden Work etc.

10am Greek coffee break with neighbour/friend/relative, listen to 4EB radio

Use of komboloi or worry beads through-out the day (for men mostly), etc.

Links

- Greek Cultural Profile, Diversicare
<http://bit.ly/1aLLBzP>
- The komboloi
<http://bit.ly/1kuz7zT>

SPIRITUAL PROFILE

- Name Days (e.g. dates, saint's name, church attendance, how to celebrate)
- Religious icons and other religious artefacts of significance
- Fasting for religious reasons (e.g. Greek Easter, other special dates)
- Holy Communion (e.g. frequency, visit church or priest to visit)
- Preferred Priest's contact details

Links

- Fasting in the Greek Orthodox Church
<http://bit.ly/181Zjap>
- About Icon Corners
<http://bit.ly/18UEaBe>
- Greek Name Days
<http://bit.ly/15rPPVj>
- Saints, Greek Orthodox Archdiocese of Australia website
<http://bit.ly/16fq6nj>

OTHER SPIRITUAL/PHILOSOPHICAL BELIEFS

Provide details of any cultural folklore/philosophies/religious beliefs (other than Greek Orthodox) that staff should be made aware of that may affect day to day interactions with staff members (e.g. Spitting, TO MATI-the evil eye)

Links

- Greek Superstitions
<http://bit.ly/1d1Fe9y>

END OF LIFE/ADVANCED CARE PLAN/PALLIATIVE CARE

Provide details regarding any special requests/rituals/observances (e.g. Preferred Priest if requested, confession and communion, preferences for any family and friends to be present, prayers when dying, incense ritual, IN FUTURE direct church broadcasts for funerals and liturgical services of friends/family to be available via the internet, etc.)

Links

- Death and Dying for the Greek Community
<http://bit.ly/18i89DU>
- Palliative Care for the Greek speaking Community
<http://bit.ly/12KajYA>
- Advanced Care Planning Qld
<http://bit.ly/VeyJLv>



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ANSWER SHEET

The following answer sheet is intended to be completed by family members online or printed out and completed manually, then returned to the resident's manual and/or digital file.

Name _____ ID No. _____

COMMUNICATION

EDUCATION AND LIFE EXPERIENCES

DIET: CULTURALLY SPECIFIC REQUIREMENTS

DAILY ROUTINE PREFERENCES

SPIRITUAL PROFILE

OTHER SPIRITUAL/PHILOSOPHICAL BELIEFS

END OF LIFE/ADVANCED CARE PLAN/PALLIATIVE CARE