Cultural diverse families dealing with dementia: Multicultural workers perspectives

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Background

A research project on family care giving for dementia in four CALD communities – Arabic, Chinese, Italian and Spanish-speaking – living in south western Sydney
The terms: bilingual/bicultural - Multicultural worker

- were chosen as an inclusive term irrespective of the organisation they worked for

- their are employ specifically to bridge the divide between different cultural words
Methods

- Ethics approval from hospital/university
- Focus groups with family carers (four per language, using bi-lingual fieldworkers)
- Interviews with multicultural workers, general practitioners and geriatricians
Multicultural Workers

- This presentation focuses on the role of Multicultural Workers in dementia education, support and care with CALD communities, to build an understanding of key aspects of their work role.
# Multicultural Workers

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<th>Italian</th>
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What MW do in dementia care (MW)

- Family, culture and service

- Working with families, building trust, using cultural insights to deliver information and education effectively

‘by understanding the culture and what is acceptable and what not, you are able to deliver that information’
What MW do in dementia care (MW)

(Delia, Italian MW)

- Linking the community and services, cultural brokerage
  
  *we can be a better link, between services and clients in order to provide education, information, and in order to refer people. Because, we; how can I say, because we know them and they will feel more comfortable talking to us* (Alandra, Spanish BBW)

- Constantly having to maintain and negotiate an Insider/Outsider stance
What MW do in dementia care (MW)

- Providing (formal) services, informal support of families

‘Quality of service for me is not only in the day-care centre, but actually the emotional support of carers is very important’ (Catherine, Chinese MW)
Some key implications-1

- Multicultural workers play a vital role in educating & supporting Family Carers concerned about dementia, although may not realise implications of the disease

- facilitate culturally appropriate health promotion, information and education about dementia

- assisting so information can be more widely available to CALD communities and presented in an accessible manner
Some key implications-2

- MW can facilitating use of informal and formal support
- CALD communities are willing to use aged care services that are culturally appropriate
- CALD families need education and support to consider residential care, support should continue after placement
Some of key implications-3

- Play advocate and community development role

- The role of MW should be acknowledged/valued. Often need to navigate between their roles as insider of the community and outsider as a health/welfare professional.

- There is a need to improve communication between groups of health professionals in dementia care including working closer to MW.
Thank you for listening

Please ask any questions

We have reports available on the key issues for each CALD communities; yvonne.santalucia@sswahs.nsw.gov.au

There are a number of papers coming out, first to be published:

- **Experiences and perceptions of culturally and linguistically diverse family carers’ of people with dementia**, June 2011 issue of The American Journal of Alzheimer's Disease and other Dementias

- **The role of the Bilingual/Bicultural Worker in dementia education and care**, American Journal of Alzheimer’s Disease & Other Dementias