“Dementia and Culture” Information Sheet has been developed as part of the “Dementia and Culture” Education Project by Migrant Information Centre (Eastern Melbourne) in partnership with Alzheimer’s Australia Vic. The aim of the project is to strengthen the capacity of Aged Care service providers and staff from residential facilities in the Eastern Metropolitan Region of Victoria to work with people with dementia and their family members from Culturally and Linguistically Diverse (CALD) backgrounds.

The Information Sheet provides practical suggestions on how to incorporate cultural factors when planning services for people with dementia from CALD backgrounds.

Having an understanding of dementia and how a person’s cultural background impacts on their response to dementia is fundamental to providing culturally appropriate care.

Dementia is a general term to describe problems with memory and thinking. Dementia is an illness. It is much more common for people over the age of 65 and the older you are, the greater the risk. It is NOT a normal part of ageing. People in their 40’s and 50’s can also have dementia.

In some cultures, dementia is difficult to understand and accept. Many individuals from CALD backgrounds are less likely to be diagnosed in the early stages of dementia. Linguistic, economic and social barriers often prevent them from accessing services.

Each person with dementia is unique. Their response to dementia can be affected by their cultural and religious backgrounds and vary significantly. However, we should not place everyone from the same or similar cultural background into the same category and assume that there is one best approach for all.

In providing culturally appropriate services, service providers need to be able to recognise and appreciate individual cultural and religious beliefs, practices and attitudes and use this knowledge in their work with clients.

**COMMUNICATION**

Effective communication with clients is one of the most important aspects of working with people with dementia from CALD backgrounds. Staff need to understand the client’s needs, expectations and their preferred communication style.

**Language**

It is important for staff to speak clearly and slowly and give the person time to respond.

A person with dementia from a CALD background may lose their English language skills and revert back to their first language or dialect.

The use of interpreters and translating written resources are useful strategies. Using interpreters or bilingual workers may be particularly beneficial in the assessment stage when client details are collected and service provision is explained. Having written resources available in client’s language is another important means of facilitating a positive working relationship.

**Non-verbal Language**

Statistics show 93% of communication is made up of non-verbal language. It is therefore critical for staff to present themselves appropriately to a person with dementia. Body language and the tone and pitch of the voice can be easily misinterpreted.

Meaning from gestures, eye contact, facial expressions, body movements, social distance and touching may be perceived differently by people dependent on their culture.

For example, eye contact is not always appropriate in some cultures. Direct eye contact can be seen to demonstrate honesty and respect in some cultures. However, in some Asian cultures lowering your eyes,
particularly when speaking with an elderly person, is a sign of respect.

Kissing someone in greeting may be seen as offensive or as an unfamiliar custom. Touch between individuals of different genders may be inappropriate. Pointing with fingers in some cultures can be rude or impolite.

**Tips and suggestions to enhance better communication**

- Have most commonly used words and phrases translated in the person’s language, e.g. cards with words, phrases, pictures or signs.

- Greet the person in their own language to build the relationship.

- Encourage the person to teach you some familiar words. Make the person feel he or she is contributing.

- When the interpreter is present, face the client and speak directly to the person. Make sure the client is given the chance to ask questions.

- Use the person’s correct name, including pronunciation and spelling.

- Ask the client if they would prefer to be addressed formally or informally. For example:

  *An older married Dutch woman responded better to the carer when she was formally referred to as Mevrouw, rather than her Christian name being used.*

- Confirm understanding. Ask specific questions, instead of general questions.

  *In some Asian cultures, giving an affirmative answer is polite. Saying No is impolite. A response to the question may indicate that all is going along well. With some specific questioning, it may become clearer that the family requires a lot of assistance to care for their family member.*

---

**CELEBRATIONS**

Individuals and families have rituals they follow which reflect their culture. Cultural days and festivals are celebrated in many different ways.

- Celebrate birthdays if appropriate. Celebrate name days if preferred. For example:

  *On the Polish calendar, Barbara’s birthday is in January, but she likes to celebrate on St Barbara’s Day, which is in December.*

- Celebrate religious beliefs. Find ways to incorporate these familiar customs into the care of your clients and residents. For example:

  *The month of Ramadaan is the month that Muslims fast. It is called the fast of Ramadaan and lasts from dawn to sunset every day of the month.*

  *The end of Ramadan and the end of Pilgrimage to Mecca are the two major religious festivals in Islam. There will be celebrations within Muslim communities, such as visiting families and friends, giving presents to children, buying new clothes and sharing food together. The celebrations are called Eid, meaning feast in Arabic.*

  *Islam provides exceptions for old and sick people who are unable to perform the fasting. The client may choose not to fast, but would enjoy all the activities of Eid.*

- Involve clients, residents and families in planning of cultural days. Ask family members for advice on which days to celebrate.

- Invite a visitor from client’s community when celebrating days of cultural/religious significance.
FOOD

The types of food and styles of cooking can vary significantly between cultures. Food can also be influenced by different religions.

♦ Find out what type of food is appropriate culturally and religiously for the person. For example:

*Muslims are required to observe dietary laws. They eat only certain foods that have been slaughtered in the prescribed way. This is called Halal. Pork, animal fat and alcohol are prohibited.*

♦ Try to provide familiar foods, especially foods that are favourites. For example:

*An Italian man who became regularly distressed at meal times began to settle when provided with meals that were familiar to him. He always enjoyed his favourite spaghetti and other familiar Italian foods.*

♦ Do not make assumptions about food preferences. For example:

*Chinese food can be very different from the East to the West and from the North to the South of China. People from Northern China may prefer to have traditional food such as noodles and steamed buns, while people from the South may like to have rice. Cooking styles are influenced by geography and climate and vary significantly. The characteristic of Eastern cooking is the liberal use of sugar, while the Western style is famous for its hot, spicy, chilli-based dishes.*

♦ Decorate the table to highlight a particular cultural theme - activities around sharing a meal can encourage a sense of belonging.

♦ Provide choices in the menu. Develop a thorough profile of each individual’s food preferences highlighting the person’s likes and dislikes.

ACTIVITIES AND CARE PLANNING

Knowledge of the person’s past is fundamental to understanding who the person is, their likes and dislikes, spiritual and religious beliefs and their values. Working with families and consulting with communities can assist in gathering and understanding cultural and religious issues relevant to the person.

♦ Knowing a person’s background and past experience can assist in understanding why a person may respond in a certain way. For example:

*An Iranian mother becomes very agitated and distressed when she hears a siren that triggers memories of time spent during the war in Iran.*

*A woman at an aged care facility was taking food away after meals and hiding it in her room. This woman was a Holocaust survivor and was reliving long term memories when there was little or no food.*

*An assessment officer from a local council learnt the significance of arriving to do an assessment carrying her big black leather briefcase. This triggered for the client a fear of authority and intimidation. The client became very agitated and was reluctant to participate in the assessment.*

♦ Knowing and acknowledging the person’s former lifestyle, work history, hobbies and significant life events is a link to providing meaningful and purposeful activities. For example:

*An Italian woman who has been a mother and a home maker all her life was regularly stripping the beds in the low care facility. It was decided to give her a task to fold towels and to assist in home like duties. This enabled her to feel useful and affirm her regular habits and routines.*
♦ Acknowledge a person’s religious beliefs and practices. For example:

_A Catholic woman newly admitted into residential care, was given the role of setting up for the church service. She continued to feel useful and valued and enjoyed the familiar religious routines and rituals of the church._

♦ Using memory books and photos from the past can assist in telling the person’s story when they have difficulty telling it themselves. Add some words in the person’s own language to increase the person’s involvement.

♦ Develop boxes or baskets with familiar cultural items for clients. For example:

_A French woman enjoys touching the old knitting spool and winding the wool, which comforts her when she is distressed._

♦ Music can be used to reduce agitation and improve mood. Choose the person’s old familiar songs and tunes. Playing music that was significant in the person’s life may bring back memories. Listening to music with the client may provide closeness in a non-verbal way.

♦ Offer culturally appropriate music through discussions with the client, their family and relevant ethnic community groups. Multicultural song books may be used.

♦ Where appropriate display a map of the world showing the countries where the clients and residents come from, as well as where the staff come from.

ASSessment and Management

The willingness and commitment of management is fundamental to developing a culturally appropriate service.

♦ Assessment is critical. It needs to be on-going and regularly reviewed.

♦ Culturally appropriate assessment tools need to be administered.

♦ Ensure that the worker is appropriate for the client. For example, it may be culturally inappropriate for a male worker to shower a female client.

♦ Provide consistent staff to enable the trust between the worker and the client to develop. The person will feel more comfortable.

♦ Policies and procedures need to reflect the importance of cultural sensitivity.

♦ If it is possible offer to match clients with workers from their cultural background.

♦ Provide on-going cultural awareness training for staff.

♦ Provide training for utilising interpreting services.

FURTHER INFORMATION

There are a number of resources that are available to assist you to care for people with dementia from a CALD background. For further information on the resources available please contact:

**Migrant Information Centre (Eastern Melbourne)**
Telephone: (03) 9285 4888  
Website: www.miceastmelb.com.au

**Alzheimer’s Australia Vic**
Telephone: (03) 9815 7800  
National Dementia Helpline: 1800 100 500  
Website: www.alzheimers.org.au

**Translating & Interpreting Service (TIS)**
Telephone: 13 14 50