Alzheimer’s Australia is implementing a new National Quality Dementia Care Network. The Network will promote collaboration between dementia care researchers, consumers and service providers and will fund projects with the objective of improving the quality of dementia care through the rapid dissemination and uptake of research evidence.

Current and future research will be translated into education and training initiatives, policy recommendations and procedures for best practice in dementia care. The Network will also foster a Community of Practice; a group of individuals with a passion for quality in dementia care who learn with and from each other through sharing knowledge and ideas.

The Network is funded through the generous support of the JO & JR Wicking Trust who granted Alzheimer’s Australia more than $2 million over three years. An additional $800,000 has also been provided by British United Provident Association (BUPA Group) – an international health and care company with bases on three continents, more than 10 million customers and 52,000 employees around the world. BUPA Care Services Australia operates 47 residential aged care facilities across 5 states and territories.

The National Quality Dementia Care Network is unique in involving consumers in all aspects of knowledge translation, from identifying priorities through to involvement in projects and advising on dissemination strategies.

This will be achieved through the establishment of a Consumer Research Network that will be partially funded by the three Dementia Collaborative Research Centres.

The Consumer Research Network will be drawn from people with a wide variety of backgrounds from all parts of Australia and there will be a particular focus on including people from CALD backgrounds with an interest in dementia care and translating evidence into practice.

Alzheimer’s Australia has taken the initiative in the development of the Network because the quality of dementia care in Australia will only improve if there is greater collaboration between consumers and those with a stake in research, service delivery, training and clinical experience.

A great deal is now known about what constitutes good dementia care. The problem is to translate this knowledge so that it can be used by care workers, and the Network will provide an important new opportunity for achieving this.

In particular, the focus on collaborative partnerships between consumers, researchers and service providers such as BUPA will allow for unique perspectives on a range of complex issues. These synergies in turn will enable fresh approaches to achieving broad implementation and uptake of best-practice dementia care.

A Project Manager for the Network, Chris Hatherly has been appointed, and planning is proceeding on the basis of determining priorities for projects that might be funded through the Network by mid August. Dr Ellen Skladzien has also been appointed Manager of the Consumer Research Network, and will start work in early May.

The strong working relationship between Alzheimer’s Australia and the three Dementia Collaborative Research Centres, combined with the strength of Bupa Care Services and the interest of other service providers and interest groups such as the National Cross Cultural Dementia Network, seems likely to ensure that the Network will get off to a good start. It is expected that the first projects will be funded early in 2011.
Development of an education program to improve referral to Memory Services for older people of Asian background living in Melbourne

By Freda Vrantsidis, Dina LoGiudice, Betty Haralambous, Xiaoping Lin, Jean Tinney & Briony Dow.

This community-based project will develop and implement an education programme on dementia for two rapidly growing older Asian communities, Chinese and Vietnamese living in Melbourne. The project, which is funded by the Wicking Trust, aims to improve early detection of dementia in these two communities.

These communities are currently ranked the 6th and 7th largest ethnic community groups, and they are projected to rise to 3rd and 4th position by 2026 (Australian Institute of Health and Welfare (AIHW), 2006). Yet statistics show that these groups, and CALD groups generally, are consistently underrepresented in the use of community services, and when families and persons with dementia do present for assistance, it is usually at much later stages of the condition (LoGiudice, Hassett, Cook, Flicker, & Ames, 2001) and often in crisis mode (Cheng et al., 2009).

There are varying degrees of dementia literacy within CALD groups, and even after diagnosis, acceptance of available services can be limited (Cultural and Indigenous Research Centre Australia, 2008). The delay in diagnosis of dementia is often due to a combination of individuals’ or families’ perceptions and attitudes towards the condition and is compounded by the lack of culturally appropriate assessment tools available to health professionals working with these communities.

The project aims to improve knowledge of dementia in the community and encourage referrals to health professionals at earlier stages of diagnosis. The project will develop two evidence based education programs (one for the community, the other for health professionals) through a literature review and consultations with community groups and health professionals. These culturally specific education programs will be delivered to the community and health professionals in two metropolitan regions of Melbourne. The programs aim to improve the rate of assessment and detection of dementia and other causes of cognitive impairment, including referral to Cognitive Dementia and Memory Services (CDAMS). The programs will be pilot tested and evaluated and further refined.

This project is supported by an advisory group which includes Alzheimer’s Australia Victoria, the North Richmond Community Health Service, Western and Eastern CDAMS services, and other experts in the field of dementia assessment who have contacts with the target community groups.

This project is expected to improve outcomes for older people from Chinese and Vietnamese communities who are living with dementia.

References:
Aged care a key topic at Diversity in Health Conference

Health care for an ageing ethnic population will be a key topic at Diversity in Health 2010, Australia’s premier multicultural health conference.

The conference, which runs from 7-9 June at the Melbourne Convention and Exhibition Centre, received over 300 papers from health and community services. More than 800 practitioners from around Australia and overseas are expected to attend.

A specialist stream on aged care will explore ways for aged care services to meet the needs of older migrants and refugees now and in the future. The role of aged care within the national health reforms, dementia care, the recruitment of bilingual staff, and healthy living strategies will be discussed within this stream.

Conference Chair Demos Krouskos said: “More than 20 per cent of Australian seniors are from culturally diverse backgrounds, and in big cities this figure can be much higher.

“This means that aged care service providers will increasingly need to communicate with clients in their first language. It also means that cultural beliefs and practices need to be accommodated. Bilingual and bicultural workers will become more important in aged care delivery.”

Mr Krouskos explained that Diversity in Health 2010 would provide a forum to raise critical issues as well as innovative solutions. “On the one hand, the conference highlights current and urgent needs: improving interpreter usage, providing patient-centred care, preparing for an ageing ethnic population, or reducing the impact of chronic illnesses.

“On the other hand, it provides practical examples of how these needs are being met. Presentations will highlight clinically tested assessment tools, innovative service models and partnerships between health providers and community services that provide holistic care.”

Diversity in Health 2010 is presented by the Centre for Culture, Ethnicity & Health in partnership with the Diversity Health Institute.

Early bird registrations for Diversity in Health 2010 are now open. For more information visit www.diversityinhealth.com.au or call (03) 9342 9700.
Best Practice Guidelines for People with Dementia from a CALD Background who have Changing Behaviours.

The Dementia Behaviour Management Advisory Service (DBMAS) funded by the Department of Health and Ageing has been established in each State and Territory in Australia. In Western Australia it is one of the many services provided by Alzheimer’s Australia WA. The primary aim of the program is to improve the quality of life of people living with dementia and their carers where the behaviour of the person with dementia impacts on their care. A team of health professionals achieve this aim through the provision of a range of services including clinical support, assessment, case management, care planning and education.

Since the commencement of the program in Western Australia nearly three years ago, close to two hundred referrals have been received from people from culturally and linguistically diverse (CALD) backgrounds, 17% of the total number of referrals received by the program. These referrals have come from thirty four different ethnic groups but predominately from people of an Italian background.

This wide cultural diversity within the state was the impetus to request that Western Australia DBMAS develop the Best Practice Guidelines for People with Dementia from a CALD Background who have Changing Behaviours. The intention of these operational guidelines was that they be used to provide guidance for staff of State/Territory DBMAS and were based on a review of relevant literature, consultations with people working in residential and community aged care services, professionals who support carers working in these areas and CALD family carers.

The primary aim of the consultations with formal service providers was to identify key issues or challenges that this group experienced, any specific information, resources or training that they had found to be useful and specific intervention models or approaches that had worked well for them. Their participation was selected purposely based on the advice of key contact people (e.g. Multicultural Aged Care Services WA) and the specific nature of the service (e.g. ethno-specific residential aged care facility, community based organisation with a number of CALD clients).

In the family carer consultation groups, they were asked to describe the issues they experienced and what strategies or mechanisms they used to cope with these. They were asked whether they sought or received assistance from a formal service and if so, was it helpful. In addition, they were asked to identify any barriers or issues related to seeking or accepting outside help, how these may be overcome and their preferred style of approach by service providers.

Thirty people participated in the consultations and the information was obtained through a mix of focus groups and face to face interviews.

The literature search identified limited research related to culture, ethnicity or ethnic minorities and changed behaviour, particularly in an Australian context. Concerns surrounding assessment of people with dementia from different cultural and/or language backgrounds are consistently raised in the literature as was the danger of certain behaviours or responses being (mis)interpreted as “problem behaviour”.

This was consistent with comments made throughout the stakeholder consultations that assessment, specifically the importance of collecting information related to a person’s cultural background, beliefs and preferences, as well as their history and past experiences was important.

A strong theme which came from both the literature and supported by information collected in the consultations with service providers and others, was the fact that there is no “one size fits all” approach in addressing issues related to changing behaviours or in regard to caring for a person with dementia generally. Rather, interventions should be developed in a culturally sensitive manner that takes into account the needs and preferences of specific individuals and / or cultural groups, and their respective circumstances.

**Figure 1:** suggests some cultural considerations to be taken into account through the assessment and intervention process. It is acknowledged that the assessment and intervention process are seamless and that many of these considerations are relevant throughout the entire process.

Lynne Hedley  
Manager  
Dementia Behaviour Management Advisory Service  
Alzheimer’s Australia WA
Figure 1: Best Practice Flowchart for Understanding and Responding to Changing Behaviours.

CONSIDER NEED FOR AN INTERPRETER AT ALL POINTS OF CONTACT / STAGES OF SERVICE Provision

Obtain description of behaviour and assess immediate risk

Respond appropriately to risk Medical, physical, mental health or accommodation

Refer to emergency service if necessary

If no immediate risk is identified continue with call

Establish relationship with caller

Explore:
- Coping styles
- Reluctance to discuss with medical professionals
- Normalizing behaviours
- Expectations of service
- Tolerance levels
- Feelings of shame/ stigma

Determine caller’s perception of behaviour

Commence Comprehensive Assessment

Consider:
- Gender, age, religion, cultural group, region.
- Preferred language/dialect.
- Level of education.
- Occupation before/after migration.
- Level of acculturation.
- War-time traumatic experiences

Behaviour Assessment

Assessments of:
- Person with dementia details
- Care environment details
- Carer characteristic details
- Physical and sensory environment

Analysed assessment information

Develop a "problem statement" What is the person attempting to communicate?

Plan and communicate tailored interventions

Evaluate effectiveness of interventions Re-assess the situation if necessary

Interventions — Consider:
- Traditional health practices.
- Who has decision making responsibility in the family.
- Use of bilingual/bicultural staff.
- Past traumatic experiences.
- Degree of acculturation.
- Contact with own community.
- Lack of knowledge of dementia services.
- Stigma and guilt when seeking external assistance.
- Provide written information in client’s preferred language.
Cultural News

Overcoming the Communication Barrier

Older people from culturally and linguistically diverse (CALD) backgrounds face a number of barriers in accessing aged care. The communication barrier is probably the most serious. It’s impact is reflected in the number of complaints received by the Complaints Investigation Scheme, where reportedly communication issues feature among the top four causes for complaints. Signing individual client/resident agreements without having a full understanding of fees, processes and expectations often leads to conflict between service providers and care recipients and their families.

The need to communicate effectively with aged care recipients is enshrined in official documents. The recently released Charter of Rights and Responsibilities for Community Care clearly states that care recipients have the right to be helped to understand any information they are given. The Aged Care Accreditation Standards may not be as explicit but the ability to communicate effectively with residents underpins the capacity of service providers to achieve many of the standard outcomes including 1.4 which relates to ‘comments and complaints’.

Culturally competent organisations can employ a number of strategies to communicate effectively with their non-English speaking care recipients. These include recruiting bilingual staff, using cue cards (see www.nswtacs.org.au for ‘My Word’ Communication Aid kits), encouraging staff to learn a few words for everyday communication in other languages, translating key documents and engaging professional interpreters.

A recent study confirms that overwhelmingly CALD older people prefer to receive services from workers who speak their language, sometimes as a means of breaking social isolation. Matching bilingual staff to clients with a similar cultural profile is probably the most effective cross-cultural communication mechanism. For many groups however this is difficult to achieve in the current workforce-challenged environment.

Professional interpreters should be called to help in more complex situations such as discussing admission procedures, organising care plans or resolving issues of unsatisfactory service. Some argue that the cost of professional interpreters is prohibitive but these are precisely the type of circumstances that may lead to misunderstandings in expectations and complaints.

In some instances written material can help. For instance, the resident handbook, provided in different languages on www.culturaldiversity.com.au has been proven a terrific resource which can be easily adapted to accommodate different facilities.

For many CALD older people, speaking English was difficult to achieve, either because they had to stay home to look after families or because they had limited literacy levels to begin with. For others, losing their second language as an early onset of dementia is very common. Aged care is not the time to ask ‘Why don’t they speak English?’ While speaking the same language is definitely the best way to communicate, understanding and compassion can be shown without speaking a common language. After all, experts tell us that communication is 80% non-verbal.

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Alzheimer’s Australia ACT is running a seminar that will give insight into the needs of people from culturally and linguistically diverse backgrounds on 12th May 2010. The focus of this seminar is to facilitate the care workers’ understanding of a person centered approach to dementia care.

The workshop will address:

▪ What the term dementia means from a clinical perspective, including discussion of the signs and symptoms of some of the common forms of dementia.

▪ The way different cultures view dementia.

▪ The importance of being sensitive towards people from other cultures whose view of dementia differs from our own.

▪ The need for awareness of the social and cultural implications of a dementia diagnosis from the perspective of the person with dementia and his or her family.

▪ Strategies for overcoming the stigma that may be associated with a diagnosis of dementia.

The following speakers will be presenting:

Michele Hawkins - Manager, Education Services, Alzheimer’s Australia ACT

▪ Provide an overview of dementia.

Lily Muthurajah - Education Manager, Human Services, Canberra Institute of Technology

▪ “Cultural Competency in Dementia Care”

Agnes Miller - PICAC

▪ Overview of the ‘Partners in Culturally Appropriate Care’ program.

Pauline Dunk - Manager, The Cottage

Lynette Grigg - Community Care Co-ordinator, Villaggio S’ant Antonio

Venue: Southern Cross Club, Phillip
Cost: $40
Telephone: (02) 6255 0722

Web Links:

Alzheimer’s Australia www.alzheimers.org.au

Australian Multicultural Foundation www.amf.net.au

Federation of Ethnic Communities Council (FECCA) www.fecca.org.au

Alzheimer’s Disease International www.alz.co.uk

Cultural Diversity in Ageing www.culturaldiversity.com.au

New Online Resource on Culturally Appropriate Aged Care: www.culturaldiversity.com.au

Australian Government www.australia.gov.au

Multicultural Mental Health http://www.mmha.org.au


Up & Coming Conferences

International Federation on Ageing May 2010
http://www.ifa2010.org/

Diversity in Health Conference June 2010

Mental Health Services (TheMHS) Conference September 14 - 17 2010
Sydney Convention and Exhibition Centre www.themhs.org
New partnership between TMHC and TheMHS

This year, the NSW Transcultural Mental Health Centre (TMHC) is working in partnership with The Mental Health Services (TheMHS) conference organisers to develop a Transcultural Mental Health Conference within TheMHS Annual Conference (14-17 September 2010).

This will mark the 8th Transcultural Mental Health statewide conference, however this will be the first time it has been organised as part of the TheMHS Annual Conference.

The Transcultural Mental Health Conference will provide a range of papers to help practitioners and other health professionals understand the health needs of multicultural Australia.

Maria Cassaniti, Centre Coordinator, TMHC said, “This new venture demonstrates the importance that culture, beliefs and language play in mental health service provision.”

“Immigrating to another country can be a stressful experience. It is important for health professionals to have an understanding of cultural competency issues to ensure access and equity for all people.”

TheMHS recognises the importance of transcultural mental health and is proud to support the Transcultural Mental Health Conference as part of the TheMHS Annual Conference.

TheMHS Conference is an international mental health educational forum, attracting over 1000 mental health clinicians, managers, consumers, carers, researchers, educators and policy makers, annually.

This year marks the 20th birthday of the TheMHS Conference and this is reflected in the theme ‘20 years strong: and now a renaissance’. According to TheMHS, this theme reflects a rebirth of mental health services. By looking back, services can look forward and determine what has worked, what hasn’t and build on the strengths of the past.

The conference will be held 14-17 September 2010 at the Sydney Convention and Exhibition Centre. More information can be obtained from TheMHS website www.themhs.org.

Centre for Cultural Diversity in Ageing Seminars

Policies for Culturally Inclusive Service Delivery
Friday 23rd April  †  9.30am – 3.00pm

This seminar will assist aged care providers to develop policies designed to meet the needs of clients from culturally and linguistically diverse backgrounds. It will cover:

▪ Framework for developing culturally inclusive policies
▪ Policy development, implementation and continuous improvement
▪ Examples of cultural diversity policies
▪ Useful resources
▪ Practical workshop

Target audience: Board members, CEO’s, proprietors of aged care services, service managers and policy officers.

Food with a Difference: Culturally Appropriate Meals in Aged Care
Friday 25th June  †  9.30am – 3.00pm

This seminar will explore the issue of providing culturally appropriate food in both the community care and residential settings. It will cover:

▪ The role of food in promoting the wellbeing of CALD older people
▪ Traditional and religious observances around food
▪ Models for delivering culturally appropriate food
▪ Menus and other useful resources
▪ Practical workshop

Target audience: Service managers, food service managers and chefs/cooks.

Venue
The University of Melbourne – Hawthorn Campus, 442 Auburn Road, Hawthorn, Victoria, (Melway Map 59 F3) Free Parking at rear entrance on Robinson Street

Registration Fee
All seminars cost $132.00 (inc. GST). Fee includes morning tea and lunch.

Bookings
Online registrations at www.culturaldiversity.com.au or contact Klaudia Vainsthein at the Centre for Cultural Diversity in Ageing on 03 8823 7979 for a registration form.

More Information
Tel: 03 8823 7979
Email:klaudia@culturaldiversity.com.au
Website:www.culturaldiversity.com.au

RCNA CNE Points
These seminars are endorsed by APEC No. 009050801 as authorised by Royal College of Nursing, Australia according to approved criteria. Attendance earns 4.5 RCNA CNE points as part RCNA’s Life Long Learning Program (3LP).