

**A collage of culture and aged care:
Piecing it together.**



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About Baptcare



- Victoria and Tasmania
- Residential Aged Care
- Community Aged Care
- Family services
- Sanctuary for asylum seekers
- Community Ministry program

Introduction



- Mrs D: married with 5 children, 8 grandchildren, 1 great grandson, 1 dog.
- Ms S: Asian, no family, no friends outside of facility.
- Mr U: single, never married, 1 nephew, 1 niece, both lived interstate, distance caring.
- Mrs C: Chinese, widowed, 1 single daughter visits every day from 9.30am – 12.30pm.
- Mr B: European, will only open his eyes when his grandchildren visit or when the music therapist plays a particular German tune.

Snapshot of presentation



- Current knowledge: CALD residents, relationships of significance and aged care.
- New residents to aged care.
- The tale of 2 facilities. Metropolitan Melbourne, Rural Victoria
- An inside look at a part of a Lifestyle program
- Diversity and relationships
- Challenges
- Highlights
- Concluding notes

Current knowledge relating to CALD residents, intergenerational relationships and aged care.



- Ever-changing, unprecedented situation.
- Care giving tends to be more stressful if the care receiver has dementia, behavioural problem or emotional issue rather than a physical issue.
- Every adult child has a different history and story with an aging parent even if they shared the same family events.
- Can be difficult for family caregivers (of residents) who often experience restriction on personal activities, social life, competing demands, role conflict and financial stress.

What we do know.



- Extreme changes in care from family to long term care.
- Increase in the old-old population. Many of the old-old will have old children.
- Society trends: Less children per parent, more diversity in families living worldwide- geographical distancing, later childbirth ages – old people with young families, women in employment, increase in complex family structures from divorce and remarriage.
- Reality is that most families use nursing homes as a last resort only after they have exhausted other alternatives.

What we do know.



- Most family members experience stress after placing a loved one in a nursing facility. Some express relief.
- Placement usually results in a change of family roles.
- Admission usually results in a decrease in social networks and social ties although maintaining contact is encouraged.
- Staff may become significant participants in the residents social network but interactions with staff may not fully meet residents need for communication and affiliation.
- Net gain of one international migrant every 2 minutes and 23 seconds.

New residents to aged care.



The picture begins.



Culturally and linguistically diverse care assessment



- Appraisal by resident/family prior to admission
- Ethnicity
- Significant family & support people
- Primary languages spoken and preferred methods for communication
- Cultural activities
- Lifestyle choices
- Spiritual activities
- Food preferences
- Specific customs or practices surrounding general everyday life, illness or death
- Family meetings

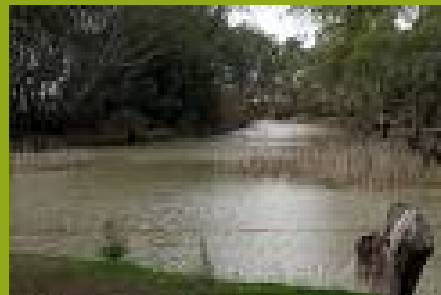
Resources



- Internal procedures and assessments
- Cultural notes: resource information on countries and cultural norms: adapted as appropriate.
- Local information on community organisations and spiritual groups.
- Family tree – visual of family and significant relationships
- Education sessions and materials.

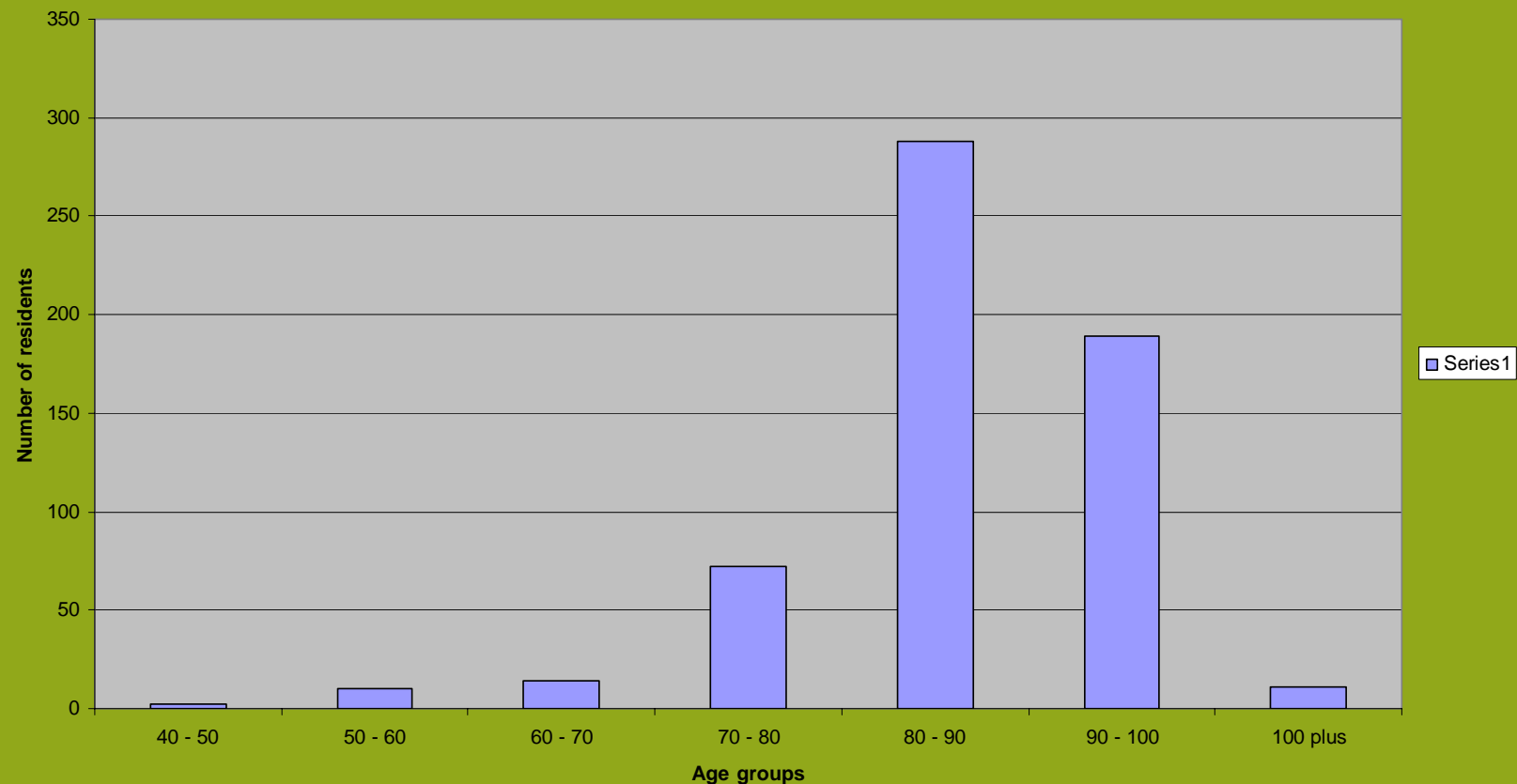
The tale of two facilities

- Metropolitan Melbourne
- Rural Victoria



Age range

Residential Aged Care: Resident ages.

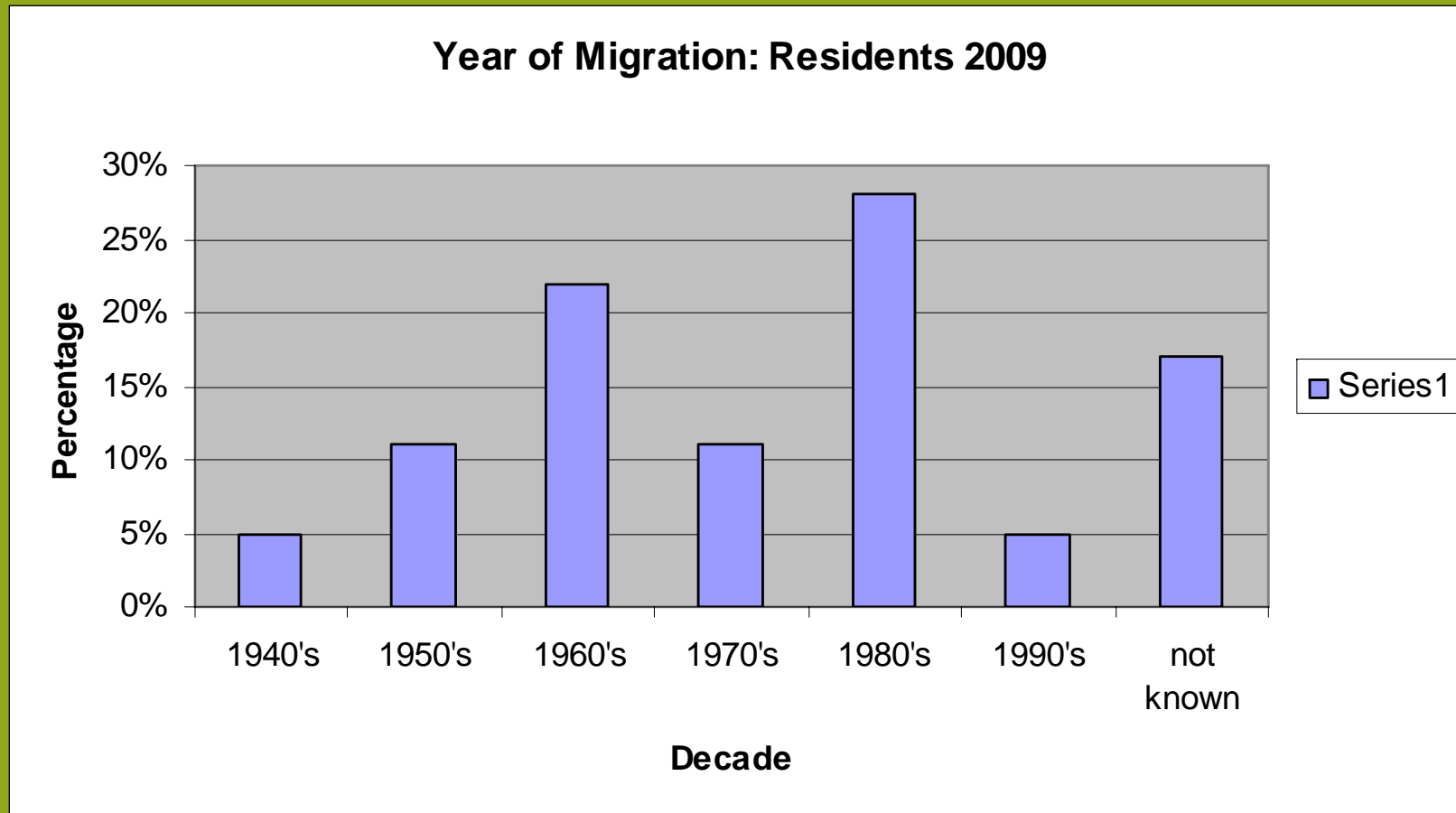


Facility 1 Residents COB Metropolitan Melbourne



2003	15%	2006	18%	2009	16%
Macedonia	4	China	4	Cambodia	3
China	3	Italy	3	China	3
India	2	Cambodia	2	India	2
Russia	2	Holland	2	Macedonia	2
Romania	1	India	2	Vietnam	2
Croatia	1	Malta	2	Egypt	1
Vietnam	1	Macedonia	2	Holland	1
Italy	1	Croatia	1	Italy	1
Poland	1	Lithuania	1	Lithuania	1
Latvia	1	Mauritius	1	Malta	1
Philippines	1	Romania	1	New Zealand	1
Malta	1	Russia	1	Serbia	1
		Vietnam	1	Maori	1

Year of migration / Residents 2009



Staff March 2009



- Staff speak 30 different languages
- 29% speak one language
- 55% speak two languages
- 16% speak three or more languages

Facility 2 Rural Victoria



Residents COB

- England 2%
- Germany 2%
- Australian born 96%

Staff COB

- India 2
- Russia 1
- Australian born everyone else

Recent admission

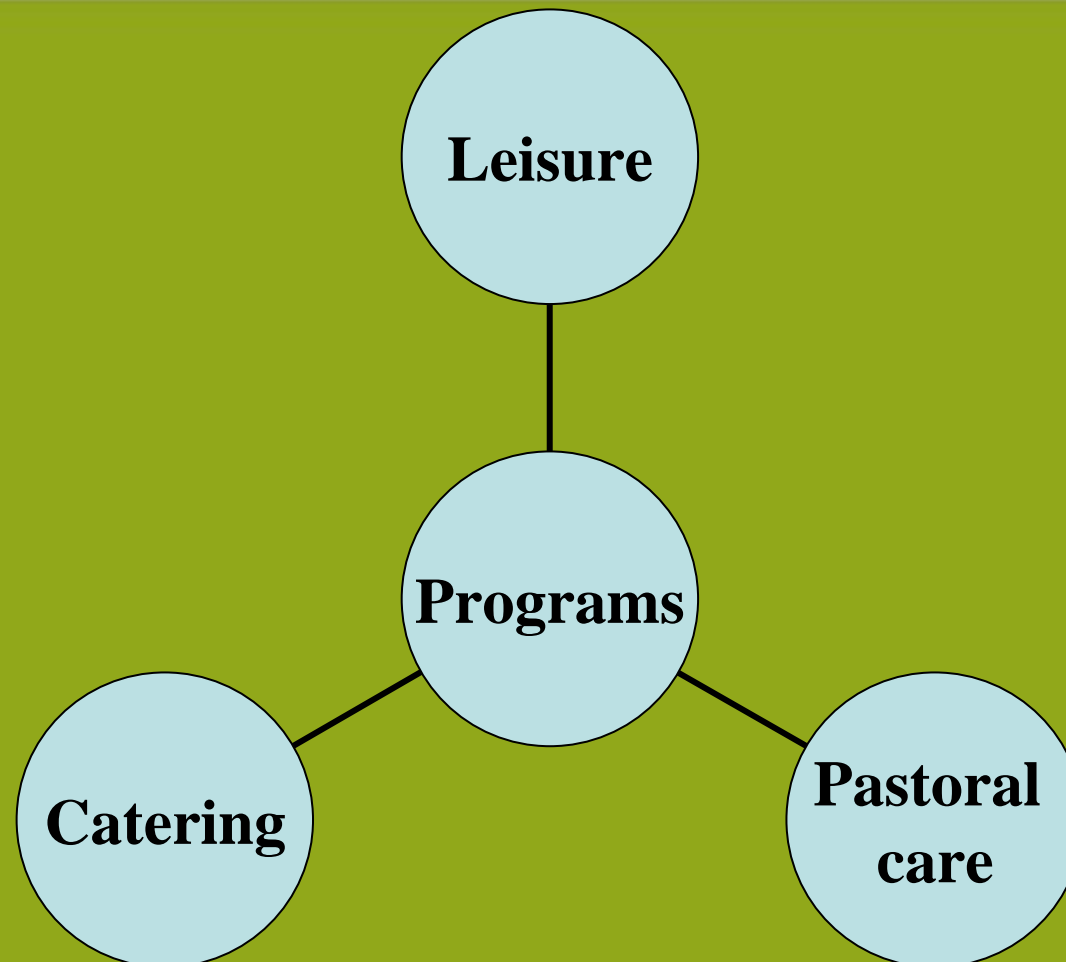
- Review of CALD practices

Diversity of relationships

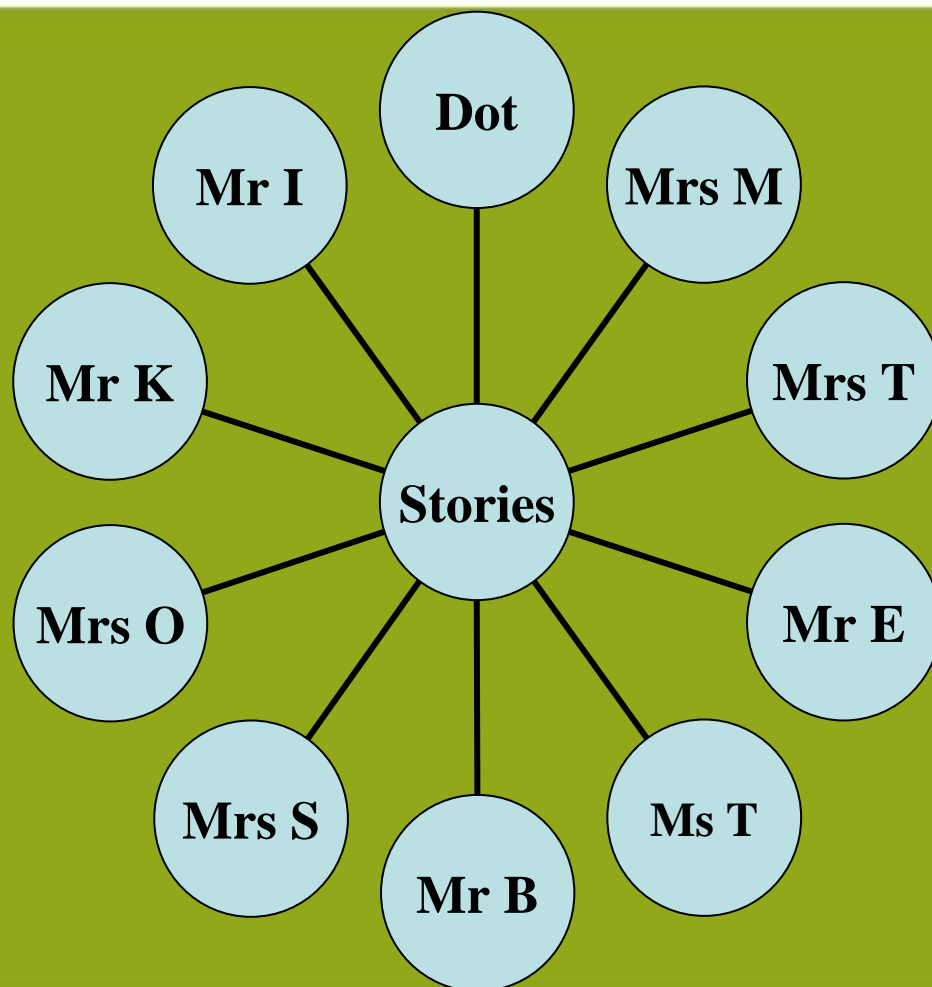


- Majority of visitors tend to be middle aged or older.
- Younger family members visit less often.
- School buddy program.
- Mother and daughter both reside in aged care.
- Father in aged care outlived both son and grandson at home.
- Man with wife and family, and girlfriend.
- Man with 2 families, one local, one distance.

Lifestyle programs



Case stories



Challenges



- Residents with dementia will often revert to primary language or speak a mix of languages concurrently.
- Residents not comfortable with staff of opposite gender or from a different culture caring for ADL's
- War experiences and trauma can remain through life.
- Complex family relationships
- Aged related issues, illness and death tend not to be discussed until a crisis arrives.
- Media stories about aged care.
- Near and distant care giving relationships

Challenges



- Family routines can be greatly disrupted.
- Who is the family? The appointed decision maker? Significant others, eg. girlfriend?
- Any evidence of established family 'rules'?
- Underestimation of the needs to provide care.
- Expectations exceed what is available
- Family members may be frustrated or exhausted.
- Communication barriers.
- Interpretation.

Long distance caring



- Travel to and from crisis's.
- Takes time & money; cost is emotional and physical.
- Who is the expected caregiver? The oldest daughter or the one living the closest?
- Inequality between siblings.
- Perk up for some, dump on others.
- Irregular visitors may be shocked at deterioration in health.
- Closer family members may not be aware of the degree of change as they have adjusted at a slower rate.
- Support may be perceived as little or none, or they may have been overwhelmed at the time and not able to absorb the information.
- Time spent getting things in order rather than being together.

Highlights



- Getting it right.
- Communicating across difficulties.
- Global understanding.
- Greater understanding of life, people, traditions, family roles, customs, cultures, beliefs, religions, significant days, language.
- Cultural days.
- Back massages.

Tips



- Maintain contact with friends & families and involvement with outside activities.
- Seek advise/help before situations escalate.
- Respite breaks are important.
- Changes may be necessary in the style of care that family give such as the shift from physical care to emotional care.
- Use opportunities to talk about life when events occur.
- Discussing matters early leads to people having greater assurance that preferences are known for future events.

Tips



- Stereotyping rarely reflects an accurate picture.
- The needs of every person is different to the next.
- Have information available in common languages.
- Encourage further research in this area.
- Tolerance, respect, cultural exchange.
- Flexibility and willingness to try new ways of doing things and to modify practices that aren't working.
- If in doubt, ask.

Conclusion

Its all about: Getting to know you....

