

Multicultural providers bridge the gap

Bianca Brijnath, Josefine Antoniades and Andrew Gilbert share the learning that arose from asking multicultural providers how they facilitate access to dementia services for clients from culturally and linguistically diverse backgrounds

Since 2017, the National Ageing Research Institute (NARI) has been working on Moving Pictures, a collaboration with culturally and linguistically diverse communities (CALD) around Australia to create digital videos on dementia awareness (Brijnath *et al* 2019) (see box p16). During this project, we interviewed over 100 family carers of CALD people with dementia and more than 40 service providers (such as doctors, aged care providers, and community workers) working across various key dementia services.

In this article, we report on findings from our interviews with service providers, who discussed with us the work they do to facilitate access to healthcare and aged care for CALD communities. What struck us about the service providers, in particular, is how they acted as 'boundary crossers' for CALD communities (Brijnath *et al* 2021).

A boundary crosser is a person who is able to occupy two worlds: the world of health and aged care systems on the one hand, and the cultural world of the communities they service on the other. Boundary crossers do important work bridging the gap between these worlds, because they want to ensure people with dementia and carers in CALD communities get access to the care and support they need, when they need it. They can provide important insights into how to best provide dementia services for CALD communities.

Communication

Boundary crossing starts with good communication. For example, doctors often told us that the word 'dementia'



Filming in Melbourne for the Moving Pictures project

translates into pejorative or negative terms in other languages, and that some people from CALD backgrounds might find those words offensive or confronting. Using these words can make the relationship between providers and families difficult, and may make families reluctant to follow up on treatments or supports after a dementia diagnosis. Some doctors, therefore, said they used English words like 'dementia' or 'Alzheimer's disease' instead, as these are more neutral, clinical terms, and therefore easier to accept.

Yet at the same time, there are beliefs among some CALD people that the symptoms associated with dementia, such as memory loss, are a normal part of ageing. Some providers told us that people from CALD groups might be reluctant to accept that these were symptoms of a medical condition, and labelling a person with a disease like dementia could be stigmatising in those communities. In these cases, it was sometimes

necessary for a doctor to agree with families that these symptoms are normal ageing in order to convince them to accept other forms of support, such as home care.

Ultimately, different CALD families will have different understandings of dementia and different ways of processing a diagnosis. It is necessary for services to understand these differences and work towards building trust with communities by collaborating with them.

A tailored approach is required, in which providers are sensitive to differences across, but also within, communities. To achieve this, the providers who participated in our study said they took comprehensive histories of their clients in order to understand their unique cultural backgrounds, their life experiences and their emotional state. This allowed effective communication with people with dementia, and helped establish relationships of trust with them and their families.

Cultural brokers

Many providers working in the aged care sector highlighted that the system could be confusing for clients to navigate at the best of times. According to them, CALD clients and their families faced additional challenges to the general population, such as language barriers, which made it difficult for CALD clients to access information about services and apply for them (Brijnath *et al* 2020). The bureaucratic and technical language in government agencies or used by professionals typically compounded the stress that older CALD people and their carers often felt while engaging with the aged care system.

Boundary crossers worked hard to mitigate this. For example, we heard from a number of providers from ethno-specific organisations who offered in-language 'one-stop-shops' for members of their communities. These organisations were a single entry point into a wide range of health and aged care services. Typically, they provided respite

About Moving Pictures

The Moving Pictures team has so far produced 15 short films on dementia with Hindi-, Tamil-, Mandarin-, Cantonese- and Arabic-speaking communities, all of which can be viewed on the project website (<https://movingpictures.org.au/>). For each of the five language groups, there are three films: Detection and Diagnosis, Navigating Care, and the Carer Journey. The Moving Pictures films include contributions from carers of people living with dementia and key service providers.

The next phase of the project, Moving Pictures II, is currently underway and involves working with the Greek-, Spanish-, Italian-, and Vietnamese-speaking communities to co-produce 12 more films, with the launch of these expected around September 2021.

The Moving Pictures website includes state-specific links to a long list ethno-specific community, aged care and health services, as well as Partners in Culturally Appropriate Care (PICAC) providers. Go to <https://movingpictures.org.au/> and search under 'Resources'.



One of the key dementia service providers who participated in the Moving Pictures project, sharing information about their work facilitating access to healthcare and aged care for CALD communities

services and home care, organised carer support groups, hosted talks and information sessions, organised community social events and provided a point of contact if older people or their carers had any questions or needed help.

Services like these acted as cultural brokers between communities and the aged care system, and were often well known, trusted and valued within their communities. Identifying and connecting with these ethno-specific services is important not only for older CALD people and their carers, but also for aged care providers who may be servicing an increasingly diverse client base. The Moving Pictures website has a list of state-specific ethno-specific services (see box px).

Shifting boundaries

In many communities, it is expected that family members care for their loved ones at home. Seeking outside assistance can be seen as the family failing in their duty of

care. However, according to many providers we spoke to, such culturally derived ideals may not necessarily be advantageous to people with dementia or their families and can mean people do not receive the support that they need to effectively care for the family member with dementia or support themselves.

Consequently, providers considered it part of their role to shift the boundaries around family life, encouraging people with dementia and their families to accept formal services, such as home care or meals services. Aged care providers also described the sensitive conversations they had with CALD families at the transition points into more permanent care. These providers told us that by emphasising to CALD clients that formal services strengthened family relationships, rather than replacing them, they made it easier for families to recognise the benefits of residential aged care:

"[W]e take over the dirty jobs...and [we say to the family],

'You can enjoy a beautiful time with your family not doing the dirty jobs'... But we always said, 'We can't take over your position as the son, daughter, or the daughter-in-law.' We [are] just the ...hero behind the curtain.'" – Manager working with Chinese-speaking families in aged care.

Conclusion

Our data is clear: providers who work with CALD people living with dementia and their families are faced with significant challenges in brokering access to dementia services. Yet, by virtue of having an in-depth and, in many cases, a shared understanding of the cultural and social complexities of a community, these providers can act as cultural brokers in facilitating access to services for their clients.

In negotiating cultural, social and professional boundaries, providers undertake multidimensional and complex work that involves education, advocacy, negotiation, navigation, creativity and emotional engagement. While hugely important to clients, this work is largely undervalued, but offers a model of care that facilitates social and community development as well as service integration across health, aged care and social services. ■

For a more detailed analysis of boundary crossers and their important work, see our recent article published in the *Journals of Gerontology: Series B* (Brijnath et al 2021).

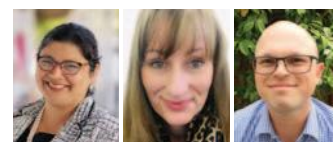
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References

- Brijnath B, Gilbert AS, Antoniadou J (2019) Moving Pictures: Raising Dementia Awareness in CALD Communities. *Australian Journal of Dementia Care* 8(5) 15-16.
- Brijnath B, Gilbert AS, Kent M, Ellis K, Browning C, Goeman D, Adams J, Antoniadou J (2020) Beyond Crisis: Enacted Sense-making Among Ethnic Minority Carers of People With Dementia in Australia. *Dementia*. First published online November 23, 2020. <https://doi.org/10.1177/1471301220975641>.
- Brijnath B, Gilbert AS, Antoniadou J, Croy S, Kent M, Ellis K, Browning C, Goeman D, Adams J (2021) Boundary-crossers: How Providers Facilitate Ethnic Minority Families' Access to Dementia Services. *Journals of Gerontology: Series B*. <https://doi.org/10.1093/geronb/gba073>.

Cultural Diversity in the Aged Care Workforce: Current Implications and Future Opportunities is the title of a webinar recently hosted by two of the article authors, Associate Professor Bianca Brijnath and Dr Josefine Antoniadou. A recording of the webinar is available to view any time at www.nari.net.au/Event/seminars-in-ageing-090221



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