EMR Alliance

centre for culture, ethnicity & health

LANGUAGE AND CULTURE

Wherever possible, you will want to find out as much as you can about the person planning to join the Social Support Group – the more you know, the more you can prepare and be responsive. This involves finding a balance between learning about the client's culture and beliefs and challenging your own assumptions about their preferences based on their cultural background.

Culture can be honoured and celebrated (see Help Sheet #7 'Joining a Group' and Discussion Topic 5 Celebrate not tolerate from Connecting the Pieces) or taken as one of many individual traits of a person under a client-centred approach to care. Groups honouring culture see it as a bonus, a positive source of difference and interesting activities, rather than a burden. They will value clients' cultures and will have an interest, as an organisation, in welcoming people of different languages and backgrounds. This will be part of how they promote their services externally and internally. Their cultural competence will be demonstrated through recruitment practices, commitment to client-centred care, training and policies.

As clients become familiar and develop relationships with staff and other participants in the group, they are more likely to express their preferences. Staff need to ensure they have systems in place to record feedback and information they collect outside of the original assessment process.

Tips
Information about the client's language and culture may include:
• Identifying the client's preferred language

• If they speak some English, understanding at what point of complexity their English become insufficient

• Food preference, self-care, relationships with the other gender, religious requirements (such as fasting or prayer times).

• Recognising how much their culture impacts their preferences and decisions. This question may be asked of the family or

carer, who may be better-placed to identify connections between culture, beliefs and personal preferences (see case study)

Communication tips:
• Use simple language, conveying one idea at a time

• Ask open-ended questions rather than Yes /No questions

• Ask the client (through a volunteer, an interpreter or another client of similar language background) to repeat important points to check that they understood the information.

• Familiarise yourself with tools such as or as techniques to ensure clients understand what you have told them.

• Use cue cards (or similar) around the room to point out particular areas or activities (see Recommended Resources below).

Culture
Do not assume that someone's cultural background defines them. Some people who have worked and lived in English-speaking environments or who are proud of their level of English may resist assumptions that are based on their country/culture of origin.

Information can be gathered from asking clients about their culture, reading 'cultural community profile' information (see Recommended Resources), asking the person's family/carer about particular culture-related requirements, or asking volunteers of the same cultural background. (See Connecting the Pieces video and Resources - Case Studies, Discussion

Topic 6 Diversity Jigsaw and Understanding the Diversity Jigsaw)

Food
Food can be a 'make or break' issue for participants in a SSG:

'The group needs to be informed of (new clients') food choices, but should never make assumptions solely based on culture'.

While food preferences need to be accommodated, it would be wrong to stereotype that people only eat food from their country of origin.

'Chinese (people) don't always want to have Chinese food, they love Italian food too. Get people to talk about food in their culture and cook for everyone.'

– A& S Worker

Who needs to be involved?
• Family and carers

• Volunteers who speak the language and have knowledge of the cultural norms. It is recommended that SSGs actively try to find volunteers of the relevant cultural and language background (see Help Sheet 6# 'Engaging Staff and Volunteers')

• Management, to support interpreter costs and expenses related to language needs, different food requirements or cultural celebrations.

• The whole organisation, to support policies, recruitment, training and building the capacity of staff and volunteers to work across cultures and languages.

Case study - Aziza

Aziza is an Arabic-speaking Muslim woman in her 60's and living with dementia. She used to be an entrepreneur, owning several businesses with her husband. Due to dementia she has forgotten how to speak English (which she spoke fluently) and now speaks only Arabic. She has high needs around personal care and hygiene.

Aziza is cared for by her son and daughter-in-law, who are reluctant to access aged care services out of a sense of responsibility towards her. However as her dementia worsens, they must face the fact that they need support; they approach MannaCare for social activities and occasional respite.

MannaCare's approach is to ask the family about Aziza.

'It's not really difficult, it's talking to the family and understanding the culture that they come from. This particularly family, we asked what was important in her life before, what she needed to continue for her care, what helped her relax... She brought in her Koran, and we all learnt how to tie a hijab as she had lost those skills... We just made sure that everybody was aware of how she needed to be treated because of her religion and culture'.

The coordinators read about Muslim practices and circulated a memo to staff and volunteers. They could not find an Arabic-speaking volunteer.

Initially, Aziza was not engaging with others, but she eventually made some friends. There was one particular client with whom she connected without common language. She was staying at the respite facility twice a week and went on weekly outing.

Aziza's condition deteriorated rapidly and she has now gone into care.

RECOMMENDED RESOURCES

• The Migrant Information Centre (East Melbourne) provides a range of services for migrants and refugees living in the eastern suburbs of Melbourne, including multilingual information about Aged Care: http://miceastmelb.com.au/resources/multilingual-information/ and cultural profiles: http://miceastmelb.com.au/our-clients/cultural-profiles/
• Victorian government data analysis, based on the census: http://www.multicultural.vic.gov.au/population-and-migration/victorias-diversity/population-diversity-in-local-councils
• The Centre for Culture, Ethnicity and Health (CEH) offers information and tip sheets on cultural competence and communication, including using the Teach Back technique. It also runs an online training module 'Introduction to cultural competence': http://www.ceh.org.au/online-training-introduction-cultural-competence/
• The Health Translations Directory contains more than 12,000 resources in 100 languages, including many on the effect of ageing: www.healthtranslations.vic.gov.au
• Eastern Health Cue Cards in community languages: https://www.easternhealth.org.au/services/language-services/cue-cards
• The technology that supports machine translation (such as Google Translate or iTranslate) is improving rapidly. CEH recognises its value in the translation of single words or very simple phrases only but recommends exercising caution particularly where nuance and sensitivity are required.