

Answer to supplementary question - Dr Lyndal Newton - Head of Department – Department of Geriatric Medicine, Northern Beaches Hospital
Public hearing – 28 April 2021 – Registered Nurses

1. What are the specific needs in residential aged care facilities for residents from culturally and linguistically diverse communities? Is it accurate that even without dementia, these residents will often revert to their first language?

Thank you for this supplementary question.

Approximately 25-30 % of Australians over the age of 65 speak another language other than English in the home. Therefore it would be expected that there is a significant proportion of culturally and linguistically diverse residents living in residential aged care.

Language is affected in the ageing brain, whether you are considered to have a diagnosis of dementia, cognitive impairment, or are considered within the range of normal ageing.

There is a common decrease in processing speed and reaction time with respect to language. Though word production does not really change a lot in normal ageing, minor repetitions and longer pause in speech occur.

As a person becomes more isolated with restricted comprehension or expression (receptive and expressive aphasia) it can be harder to have baseline needs met by staff. This is compounded by a loss of a common language.

The isolation this creates can worsen the rate of cognitive decline and lead to features of depression.

Older residents whether cognitively impaired or not need more time to express the needs they have.

There is also evidence that speaking more than one language is protective with selective attention and multitasking.

It is important to provide all residents where reading is possible, with documentation in languages other than English. Furthermore, the use of skilled interpreters is also very important. Many facilities will use “foreign language”, “cue cards” to assist. These are really most useful, where there is some simple retained language, otherwise picture cues are far more important.

It is useful in areas with higher rates of specific cultures, to have facilities with staff that cater to that cultural and linguistically diverse background, but it is not imperative. It is more important to have staff trained in the use of visual cues, and the staffing levels, to allow time for adequate communication.

Staff should also receive training in specific cultural, end of life matters and tenets that are held to be important to culturally diverse residents.