

Answer to supplementary question - Professor Dimity Pond - NSW & ACT Provost, The Royal Australasian College of General Practitioners

Public hearing – 28 April 2021 – Registered Nurses

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?

Specific needs:

- Culturally appropriate nursing and medical care. For nursing this may include cultural specifics around toileting , showering and dressings eg having the appropriate gender of person for personal care. For medical this may include consideration of complementary therapies such as teas or certain foods as allowable if not likely to cause harm, as well as explanations couched in terms the person can understand.
- Food that is culturally appropriate
- Entertainment (television, singing) that is culturally appropriate
- Allowance and understanding of religious and cultural festivities and celebrations
- Someone who speaks that person’s language available as much as possible
- Someone trained to understand the meaning of certain behaviours in cultural terms, especially when these behaviours occur in dementia and represent a reversion to old patterns of behaviour from a previous life and culture eg the use of hands and fingers to eat food out of a shared bowl.

I believe that it is accurate that even without dementia, a resident will often revert to their first language. There are many brain changes with ageing that do not meet the criteria for dementia which result in reversion to the original language.

Appropriately trained staff are essential for these residents to have a comfortable life in aged care. These will include staff with ethno specific training and understanding. A registered nurse is important to assist with adapting care to culturally relevant patterns while not impairing the medical and nursing priorities.

Regards
Dimity Pond