Residents from non-English speaking countries in Australian aged care facilities

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Dina Logudice
Aim

– To describe residents born in non-English speaking countries compared to those born in English speaking countries in Australian residential aged care facilities, including their care needs as rated using the aged care funding instrument (ACFI)
Portraits of the elderly as they once were, by Tom Hussey
Background

– People born in Australia use residential care at more than twice the rate than those born in Southeast Asia and Northeast Asia (AIHW, 2014)

– Reasons for the low use of residential aged care?
  – cultural reluctance - e.g. value of filial piety
“Protection of the Rights and Interests of Elderly People,” Chinese law, 2014

Lays out the duties of children and their obligation to tend to the “spiritual needs of the elderly”
Background

– People born in Australia use residential care at more than twice the rate than those born in Southeast Asia and Northeast Asia (AIHW, 2014)

– Reasons for the low use of residential aged care?
  – cultural reluctance - e.g. value of filial piety
  – inability to access services
  – Inability to access culturally appropriate services

– Reluctance may mean delay of entry to later stage of disease/frailty

– Hypothesise that NESB residents have higher care needs than ESB
FRIEND study

– Aim: To describe the friendships and other social relationships of nursing home residents

Anne-Nicole Casey


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Methods

- Setting - 3 units of a 94-bed nursing home
- Staff interviews
  - Resident friendships and other relationships
  - Resident characteristics
218: (Translated) “I don’t understand nothing. I don’t know what’s going on. I don’t understand what I see and hear. I don’t understand nothing.”
Services for CALD in RACFs

Mainstream

Multicultural

Ethno-specific
Star Trek original
Star Trek – Deep Space 9
Star trek - Enterprise
Theory for behavioural symptoms in dementia

- Behaviour indicates unmet care needs – hunger, pain, distress, boredom etc...
- Residents from NESB in mainstream facilities may have higher behavioural symptoms because staff/facility less able to understand and cater to care needs
- Ethno-specific facilities better able to understand and cater for care needs
- Hypothesise that residents in ethno-specific facilities have lower levels of behavioural needs
Methods

– Data from the Australian Institute of Health and Welfare
– All aged care residents in Australian government funded facilities at 30 June 2015
– N = 172,798 residents

(Thanks to Ian Appleby and team!)
Data set

- Age
- Gender
- Country of birth
- Indigenous status
- Aged care funding instrument (ACFI)
  - 0 = nil, 1 = low, 2 = medium and 3 = high
    - ADLs
    - behavioural care needs
    - complex care needs
- randomly generated provider ID
ACFI - ADL

- Rated as independent, requiring supervision or requiring physical assistance
  - Nutrition
  - Mobility
  - Personal hygiene
  - Toileting

- Rated on frequency
  - Incontinence
ACFI – behavioural care needs

- rated as none, mild, moderate or severe
  - cognitive skills
  - depression

- Rated on frequency
  - wandering
  - verbal behavior (i.e. verbal refusal of care, verbal disruption, paranoid ideation that disrupts others or verbal sexually inappropriate advances)
  - physical behaviour (i.e. threatening behavior that has the potential to be harmful, socially inappropriate behavior that impacts on other residents, being constantly physically agitated)
ACFI – complex care needs

– Rated on complexity, frequency and assessment time
  – Medication

– Rated on complexity and frequency
  – Complex health care procedures
Classifications

– **English speaking countries (ABS groupings)**
  – Australia, Canada, Republic of Ireland, New Zealand, South Africa, England, Scotland, Wales, Northern Ireland, United States of America

– **Multicultural facilities were defined as** those where **70% or more residents** were born in non-English speaking countries.

– **Ethno-specific facilities defined as** were a subset of multicultural facilities where **70% or more residents** were born **in the same non-English speaking country** (i.e. >70% residents born in Italy, or >70% residents born in China)
Results – country of birth

70%  

30%
## COB outside Australia (% of all COB)

<table>
<thead>
<tr>
<th>Country</th>
<th>COB</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>7.7</td>
</tr>
<tr>
<td>Italy</td>
<td>3.4</td>
</tr>
<tr>
<td>Scotland</td>
<td>1.5</td>
</tr>
<tr>
<td>Germany</td>
<td>1.4</td>
</tr>
<tr>
<td>Greece</td>
<td>1.3</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1.2</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1.0</td>
</tr>
<tr>
<td>Poland</td>
<td>0.9</td>
</tr>
<tr>
<td>China (excludes SARs and Taiwan)</td>
<td>0.8</td>
</tr>
<tr>
<td>Ireland</td>
<td>0.6</td>
</tr>
<tr>
<td>India</td>
<td>0.6</td>
</tr>
<tr>
<td>Croatia</td>
<td>0.6</td>
</tr>
<tr>
<td>Malta</td>
<td>0.5</td>
</tr>
</tbody>
</table>
English-speaking countries of birth

80%

20%
ACFI ADLs \((X^2 = 342.34, p < 0.001)\)
ACFI Complex care needs ($X^2 = 274.251, p < 0.001$)
ACFI Behaviour needs \( (X^2 = 1606.045, p < 0.001) \)

Differences remain significant after controlling for age, gender, remoteness and facility size
Number of RACFs

Series 1

- Ethno-specific
- Multicultural
- All

Series 1
### # of ethno-specific facilities for top 10 NES COB

<table>
<thead>
<tr>
<th>Country</th>
<th># ethno-specific facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>11</td>
</tr>
<tr>
<td>Germany</td>
<td>0</td>
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<tr>
<td>Greece</td>
<td>9</td>
</tr>
<tr>
<td>Netherlands</td>
<td>4</td>
</tr>
<tr>
<td>Poland</td>
<td>3</td>
</tr>
<tr>
<td>China (excludes SARs and Taiwan)</td>
<td>10</td>
</tr>
<tr>
<td>India</td>
<td>0</td>
</tr>
<tr>
<td>Croatia</td>
<td>1</td>
</tr>
<tr>
<td>Malta</td>
<td>0</td>
</tr>
<tr>
<td>Hungary</td>
<td>1</td>
</tr>
</tbody>
</table>
ACFI ADLs \( (X^2 = 15.386, \ p < 0.001) \)
ACFI Complex Care needs ($X^2 = 27.978$, $p < 0.001$)

English speaking COB in Mainstream

Dominant COB in Ethno-specific

- Nil
- Low
- Medium
- High
ACFI Behaviour needs ($\chi^2 = 130.715$, $p < 0.001$)
Discussion

- Residents from NESB had slightly higher levels of activity of daily living, behavior and complex care needs compared to ESB
- NESB are reluctant to or have difficulty accessing residential aged care, and therefore enter care later in the progression of disease or frailty
Discussion

- residents from NESB in ethno-specific facilities had higher levels of behavioural needs than residents from ESB in mainstream facilities
- Despite assumed culturally and language-appropriate care in ethno-specific facilities
- Behavioural needs are higher on entering the facility, consistent with their higher levels of ADL and complex care needs
- Ethno-specific care does not result in a reduction in behavioural symptoms
Limitations

– Arbitrary definition of multicultural and ethno-specific
– Analysis does not consider language or culture, just COB
– ACFI tool has limited variance, may not be accurate (e.g. could NESB be harder to care for because of communication issues, however are scored higher on care needs?)
Your thoughts on implications?

– Need to consider needs of NESB in mainstream care
– If NESB delaying RACF admission, why?
  – Do we need more ethno-specific facilities?
  – Do NESB need help to access residential care?
– Are we providing sufficient support to NESB living at home?
Indians show respect for their Elders by touching their feet