Tip Sheet 1 - Assessment and People from Culturally and Linguistically Diverse (CALD) Backgrounds

Assessment

Assessment is a broad term that applies to the collection of information that allows for the identification of risks and diagnoses. A comprehensive assessment integrates details on all relevant issues, including function and medical history of an individual. Comprehensive assessments take a multidimensional, interdisciplinary approach to understanding a client and their family and carer's needs (Department of Health Victoria, 2010).

> For many older people, an ACAS professional is the first step to an official diagnosis of dementia or other aged care conditions, and entry into the service system. The use of standardised and validated assessment tools allow assessors to evaluate client abilities and help identify which services best meet their needs.

Person centred care and assessment

At all times during assessment, it is essential that a person-centred approach is used (*The Best care for older people everywhere: the toolkit,* Department of Health Victoria, 2010). Person centred care is important for all assessments, not just those with people from a CALD background.

Person centred care is also known as:

- Client-centred care
- Client-focused practice
- Patient-centred care
- Person-centred health care
- Person-centred practice.

Person centred care involves a "collaborative and respectful partnership" where "the service provider respects the contribution the service user can make to their own health, such as their values, goals, past experience, and knowledge of their own health needs, and the service user respects the contribution the service provider can make, including their professional expertise and knowledge, information about the options available to the service user, and their values and experience" (Dow et al., 2006, pg. 1).

Person Centred Care involves:

- Getting to **know the client**
- **Empowering** the client by allowing them to make decisions which will affect their life and sharing power and responsibility over these decisions.
- Providing **accessible and flexible** services which respond to the changing needs of clients.
- **Coordinating and integrating** service provision to maximise outcomes.
- Providing an **environment** that is conducive to person-centred care when assessing clients (Dow et al., 2006).

Communication

A key aspect of effective assessment is communication.

Good communication involves:

- Using positive communication, for example active listening and allowing clients the time to express their needs.

- Reducing negative expectations by assuming capacity rather than incapacity.

- Trying to learn a few basic words in the language of your CALD clients.

- Checking your understanding of what the client has said.

(Tinney, 2006)

Good Practice/CALD clients

During all assessments – consider the following:

- Respect older people.

- Take a positive approach to care and promoting the client's strengths.

- Help to maintain independence, if the client desires it.

- Ensure there are no distractions (e.g. avoid unnecessary noise, heat or glare).

- Help to maintain client privacy.

- Always use a qualified interpreter to conduct a cognitive assessment. However, consider client and family wishes if there is a preference not to use an interpreter.

- Consider referring clients to bilingual clinicians/services who speak the client's language.

- Use culturally appropriate assessment tools (refer to Tip Sheet 3).

- Source information and advice from ethnic specific organisations.

- Be informed and seek advice and training in assessing people from different backgrounds.

- Provide written information in the client's main language (sheets on depression and dementia can be found in a variety of languages from Alzheimer's Australia www.alzheimers.org.au/ and *beyondblue* www.beyondblue.org.au/ websites).

Cognitive Assessment

Consider the following when undertaking a cognitive assessment:

- Scores in screening tools may not accurately reflect cognitive functioning. Age, language, culture and education can influence scores (See Tip sheets 3, 4, 5).

- Observation and clinical judgement are important when interpreting the scores. This is especially true for people of a CALD background due to cultural biases in assessment tools that have been primarily developed in Western countries and cut off scores that may not have been adequately validated in multicultural samples in an Australian setting.

- Record answers to questions rather than just if the answer was correct or not.

- Score with and without extra time or prompts.

- Examine where points have been lost and consider potential biases in these questions.

- Use multiple assessment tools to determine cognitive functioning (e.g.

functional and cognitive tools), supplemented by informant information).

- Record on the tool if it was interpreted informally (on the spot or without a physically translated tool) by an interpreter as each interpreter may interpret (say) a question slightly differently to another interpreter.

- Seek advice from bi-lingual colleagues or bi-lingual staff from organisations that specialise in working with people from CALD backgrounds.

(Source- refer to reference list below).

Things to be aware of

- It may take more time to complete cognitive assessments with people from a CALD background.

- Be aware of limitations of screening tools for people of CALD backgrounds.

- In some cultures there is stigma around dementia and depression; this can lead to uncomfortableness or unwillingness to discuss some topics. Be aware of this and be sensitive when discussing issues that may have cultural significance to your client.

- The RUDAS is the cognitive assessment tool recommended to use when assessing clients from CALD backgrounds (see Tip sheet 3). This tool has been developed to be "culture fair" and easily translated into other languages, and has been validated in multicultural samples in Australia.

Tips for bilingual assessors

- If you are not completely fluent in all the medical terms required for an assessment, you must use an interpreter.

- It may be appropriate for you to interpret basic information for clients if an interpreter cannot be accessed immediately.

- Consider becoming accredited with NAATI. For staff classified under the Victoria Public Service (VPS) you may be entitled to the VPS Language Allowance.

- Only interpret when you feel comfortable doing so.

Further Resources and References

Services

- Alzheimer's Australia: www.alzheimers.org.au/
- *beyondblue:* www.beyondblue.org.au/
- Victorian Transcultural Psychiatry Unit: http://www.vtpu.org.au Useful webpage for resources, programs, research and links. This page also contains a directory of bilingual mental health professionals.
- Centre for Culture, Diversity and Ageing http://www.culturaldiversity.com.au
- Centre for Culture, Ethnicity and Health: http://www.ceh.org.au/ 81-85 Barry Street, Carlton VIC 3053 Ph: +61 3 9342 9700; Fax +61 3 9342 9799 Email: enquiries@ceh.org.au
- Migrant Resource Centre (South Eastern Region) http://www.sermrc.org.au/ Dandenong Office Level 1, 314 Thomas Street Dandenong 3175

Ph: (03) 9706 8933; F: (03) 9706 8830
E: sermrc@sermrc.org.au
Narre Warren Office
60 Webb Street, Narre Warren 3805
Ph: (03) 9705 6966; F: (03) 9705 6977
E: sermrc@sermrc.org.au

- Ethnic Communities' Council of Victoria
http://www.eccv.org.au/
Level 2, 150 Palmerston Street
Carlton VIC 3053
Ph: +61 3 9349 4122; Fax: +61 3 9349 4967
Email: eccv@eccv.org.au

Web resources

- Dementia Resource Guide:
http://www.health.gov.au/dementia

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