

Tips for working with families from culturally and linguistically diverse backgrounds

This factsheet is for anyone supporting a seriously ill person or their family, as part of their work role. It provides suggestions for working with and supporting families from culturally and linguistically diverse backgrounds, including people who may not speak English.



Australia's multicultural society includes people from many different cultures, with diverse values, beliefs, faith traditions, languages, experiences, literacy levels, individual lived experience, perspectives, approaches, and viewpoints.

Organise interpreter services if required

If the person you are supporting is not proficient in English, you may be required to work with an interpreter. Check if an interpreter is needed – and in which language and dialect. When working through an interpreter, ensure you brief the interpreter properly, direct your conversation to your client, keep your sentences brief, avoid using slang - and ensure medical terminology and concepts can be explained in plain language.

Ask if the person would prefer to have someone from their family or community to be with them

A person from a culturally diverse background may feel more comfortable if there is someone from their own family or community present at appointments and at times you provide care.

Consider if you have someone from your own organisation who is from the person's culture or speaks the person's language?

Can you connect with a cultural broker - such as a trusted community representative - to provide additional information and assistance?

Deliver information verbally and provide written information - in both the preferred language and English

Due to varying levels of literacy and health literacy, key information is best provided during a conversation and may also need to be offered as written information. Ask the person what language they would like the written information to be provided. Ensure this information is simple, straight forward and with no medical jargon or abbreviations.

Some people may not be confident reading written information, even in their own language. You may need to provide information in both English and in the persons preferred language.

Assess the family's support needs and link in with existing supports

Many older people can be carers and be patients. That is, in addition to caring for someone, they may also be seriously ill or have a chronic condition. Assess their support network, their health and ability to care. Older people may need more support, particularly if their support network is overseas and they are not connected to a community group in Australia.

The person you are caring for may already have a General Practitioner (GP) involved who has an established relationship. It is likely to be beneficial to work jointly with that GP to find the best ways to support the person and family.

Explore the person's health views and beliefs

Sometimes care discussions will need to include more in-depth understanding of cross-cultural health views and beliefs. Explore the person's beliefs and knowledge with them.

Health views, beliefs and cultural considerations about end of life care vary. On occasion you may find that cultural beliefs, on the need to maintain hope and protect the patient from bad news, mean important information about diagnosis and prognosis is something that is not shared with the patient or within the family.

For cultural or religious reasons, there may be a preference to talk to or receive care from someone of the same gender. Ask the person if they have a preference. If you are unable to provide a worker of the preferred gender, ask if having a third person in the room is an acceptable compromise - either a relative or preferred gender staff member.

Notice and mirror cultural communications

Different cultures have different ways of communication, both verbally and non-verbally. For example, whilst in some cultures directness of speech is preferred, in other cultures directness can come across as too blunt. Similarly, in some cultures, non-verbal behaviour like direct eye contact may mean honesty and openness, in other cultures this is understood as being highly disrespectful.

There may also be differences in how people express or offer information about the severity of their symptoms or suffering. This may be a desire not to want to be a burden to either the family or the health worker. It may also be a desire to live with any pain experienced, due to religious reasons or cultural beliefs, where the acceptance of certain symptoms or conditions are seen as normal.

Asking clients on more than one occasion about their symptoms, to understand if there are different health beliefs, or offering treatment options multiple times can help. Reminding the client that it is your role to offer support, comfort, and advice – and that you have plenty of time to do so.

Help people to navigate the system

Families who have recently migrated to Australia may have limited understanding of the health system. They will need information about the services that are available and the cost of those services. Many services offered for free in Australia may not be free in other countries.

Many people will not be aware of the financial payments, in their role as a carer, for which they may be eligible. They may require assistance to complete the necessary application forms.

Build trust, rapport and respect

It is not uncommon for people of refugee or migrant backgrounds to have experienced trauma or have prior negative experiences of government health systems.

Allow time to build trust and rapport. Be open to varying health beliefs and cultural ways of coping and managing health. Be respectful and polite, being mindful of cross-cultural ways of showing respect to build rapport. This can be done by introducing yourself, talking about where you come from, and why you are there, asking open-ended questions and engaging in informal conversation.

Useful links

The [ELDAC website](#) has a great summary of culturally and linguistically diverse groups in Australia within aged care.

View the Australian Government Department of Health booklet for [Actions to support older Culturally and Linguistically Diverse people](#).

For resources on a range of topics in multiple languages, visit the [Health Translations Directory](#).

FECCA is the peak national organisation that represents culturally and linguistically diverse people in Australia. The [FECCA website](#) has many good resources and you can also find CALD groups at a state and local level.

[Palliative Care Victoria](#) has several useful resources including a report on ten cultural groups in relation to end of life.

The Centre for Health and Ethnicity has a useful [Cultural Considerations in Health Assessment Tip Sheet](#) for working with migrant and refugee populations to conduct health assessments.

The [SBS Cultural Atlas](#) allows you to search by country. It provides large amounts of useful information about the culture, history, do's and don'ts, etc.

Visit the [National Interpreting and Translation Service website](#) to book an interpreter online or phone 131 450.

PalliAGED has a [Culturally Responsive Care Tip Sheet for Careworkers](#).

