SUMMARY REPORT

Improving support for caregivers of people with dementia from culturally and linguistically diverse backgrounds by strengthening community care services: a randomised controlled trial

Dementia Collaborative Research Centre

Assessment and Better Care

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Disclaimer:

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Background

In Australia approximately a quarter (or 24%) of people with dementia are born in non-English speaking countries and most of them are cared for by family caregivers. However, most caregiver interventions in a multicultural society are designed to target caregivers from the mainstream culture and exclude those who are unable to speak English.

Objectives

This study addressed the gap by testing the hypotheses that personalized caregiver support provided by a team led by a care coordinator of the person with dementia would improve culturally and linguistically diverse family caregivers’ competence in managing dementia and quality of life.

Methods

A randomised controlled trial was utilised to test the hypothesis. Culturally and linguistically diverse family caregivers, who cared for the person with dementia and were users of community aged care services, were recruited in the trial. Outcome variables were measured prior to the intervention, at 6 months and 12 months post intervention. Repeated ANOVA measures were used to estimate the effectiveness of the intervention.

Results

In total 72 caregivers from 10 culturally and linguistically diverse groups were recruited in the trial and 61 of them completed the trial. The intervention group showed a significant increase in the caregivers’ sense of competence ($F=15.76; P=0.0005$), mental components of quality of life ($F=29.72; P=0.0005$), satisfaction with care services ($F=12.56; P=0.001$) and the usage of respite care ($F=10.53; P=0.0005$). There were no significant differences in the caregivers’ physical components of quality of life, severity of care recipients' behavioural and psychological symptoms, caregivers’ distress and the usage of higher levels of aged care packages and dementia care services.

Conclusion

The personalized caregiver support for culturally and linguistically diverse family caregivers demonstrated improved caregivers’ sense of competence in managing dementia and their mental wellbeing. Future interventions need to focus on tailored coaching for caregivers to manage behavioural and psychological symptoms of dementia and to utilise aged care and dementia care services to improve the caregivers’ physical wellbeing.

Implications for practice

Based on findings, we strongly recommend that personalized caregiver support using the Caregiver Diary, Inventory of Caregiver Needs and Personalized Caregiving Support Plan can be applied to caregivers who experience higher levels of care burden due to lack of abilities to manage dementia at home regardless of their cultural backgrounds.