

# RECAP

## RELATIONAL COMMUNICATION IN DEMENTIA CARE

### **Relational communication in dementia care: Supporting identity, autonomy and inclusion for culturally and linguistically diverse (CALD) older adults**

Communication in dementia care is often framed as a technical challenge – solved through interpreter access or translated materials. Yet for older adults from ethnically diverse communities, language barriers are deeply relational, affecting trust, autonomy, and emotional wellbeing. This presentation introduces a relational model of communication that reframes communication difficulties, language reversion and care navigation as identity-affirming processes requiring continuity, empathy, and cultural understanding.

Drawing on a qualitative systematic review of 51 international studies and early findings from a PhD study on older Polish Australians living with dementia, the presentation explores how evolving care needs intersect with ageing in place. It highlights the role of family and chosen support networks in bridging communication gaps and co-creating culturally safe care environments. The RECAP framework (Relationships, Empathy, and Cultural understanding through Access and Participation) is proposed as a practical model for embedding relational communication into dementia care.

The presentation will share lived experience insights, policy implications, and practice recommendations for workforce development, service design, and community engagement. It contributes to the broader conversation on personhood, dignity, and inclusion in dementia care – moving beyond compliance to connection.

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A practical, rights-based framework to support identity, autonomy and inclusion for older adults from culturally and linguistically diverse (CALD) backgrounds.

### **Communication is for everyone. CALD makes the system more fragile**

Communication matters for everyone. In dementia care efficient communication shapes trust, autonomy, consent, safety, belonging and quality of life. CALD contexts function as a quality “stress test”: when services reliably support diverse languages and cultural frames (including in-language support and interpreter engagement), communication pathways become clearer, safer, and more inclusive for everyone. When we get communication right for people living with dementia across languages and cultures, we improve quality, dignity and inclusion for everyone, not only for those who need in-language support.

In **CALD contexts** (Culturally and Linguistically Diverse communities in Australia), the **system fragility** is caused by practice gaps around: language mismatch, interpreter-mediated encounters, different norms around consent and decision-making, stigma, and reliance on informal networks to navigate services.

**RECAP** offers a practical way to meet the ‘stress test’: turning language access into relational safety, autonomy and inclusion.

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**Key sector term: in-language support:** a whole-of-pathway approach that enables understanding and participation communicating in the person's preferred language. In-language support requires: bilingual capacity and interpreter engagement and providing in-language information\* and culturally grounded navigation\* and community-connected support\*).

\* in a co-designed person-tailored user-friendly format

### Two Pathways in Aged Care Communication Reform



#### Transactional Communication

- ✘ - Interpreter-only model
- ✘ - Compliance-based training
- ✘ - One-off interactions
- ✘ - Limited cultural understanding
- ✘ - Low trust and continuity



#### Relational Communication (RECAP Model)

- R** | Relational trust and continuity
- E** | Empathetic listening and cultural brokerage
- C** | Co-design with CALD communities
- A** | Access: multilingual and inclusive tools
- P** | Participation and empowerment

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### **Rights-based anchor: Communication is not a “nice-to-have**

Australia’s **Aged Care Act 2024 (Cth)** establishes a **Statement of Rights** (Part 3), including rights linked to autonomy, privacy, connection to significant persons, and **person-centred communication**.

Government guidance on the new rights-based Act explicitly links quality care to respecting identity and communicating in preferred language (including interpreters where needed).

**Policy alignment:** The **National Dementia Action Plan 2024–2034** centres equity, human rights, inclusion, workforce capability and carer support – creating a strong policy context for operationalising relational communication.

### **What RECAP is (take-home)**

**RECAP** = **R**elationships, **E**mpathy, **C**ultural understanding through **A**ccess and **P**articipation.

**Take-home line:** *Interpreter access is necessary, but not sufficient. RECAP is how we turn access into dignity, autonomy and inclusion.*

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### RECAP Model – Pillar Explanations

The RECAP model outlines five key pillars that guide effective communication reform in aged care, grounded in trust, cultural safety, accessibility and empowerment.



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### RECAP unpacked (R, E, C)

#### **R – Relationships (continuity beats speed)**

**Aim:** Build a trusted relational base so communication doesn't collapse under stress, progression, or language shifts.

#### **In practice (what you can do):**

- Prioritise **continuity** (known staff / trusted contact).
- Use a **relational handover** (what matters, what works, what escalates, what calms).
- Treat communication as a **care intervention**, not a task add-on.

#### **E – Empathy (listen beyond words – including body language)**

**Aim:** Hear meaning, emotion and needs even when words reduce or change.

#### **In practice:**

- Slow down; validate; reflect meaning back.
- **Flag:** Actively attend to **body language** (gaze, posture, gesture, pacing, tension, withdrawal, agitation), especially when language is limited or interpreter-mediated.
- When distress escalates, assume a **communication need** before assuming "behaviour".

#### **Bridge sentence:**

"Help me understand what feels hard right now."

#### **C – Cultural understanding (meaning, not stereotypes)**

**Aim:** Understand identity continuity: migration story, values, family roles, stigma, norms of respect, and what "good care" means in that person's world.

*(continue reading...)*

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### In practice:

- Ask about **life story** and what “matters most”.
- Recognise cultural norms shaping consent, privacy, who speaks, and how distress is shown.
- Use cultural understanding to **adapt care**, not label people.

### RECAP unpacked (A, P)

#### **A - Access (normalise interpreter engaged + in-language support)**

**Aim:** Ensure language support is usable, timely and embedded—not merely “available”.

#### **In practice:**

- Record preferred language early, visibly, and **re-check over time**.
- **Normalise interpreter engaged** as a routine pathway (not a special request).
- Track **uptake**, note **refusal**, and **repeat the offer later** (needs/ preferences change).
- Brief and debrief with interpreters; avoid shifting interpreter labour onto families.

#### **TIS National (Australia) – two useful links:**

- Immigration/ Home Affairs TIS page:  
<https://immi.homeaffairs.gov.au/settlement-services-subsite/Pages/tis-national.aspx>
- Health.gov.au contact page for TIS National:  
<https://www.health.gov.au/contacts/translating-and-interpreting-service-tis-national>

*(continue reading...)*

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### **P – Participation (make needs visible early)**

**Aim:** Services can only address communication needs if the system makes them visible and legitimate.

#### **In practice:**

- Include the person with dementia in decisions in the way that works for them (supported decision-making).
- Build feedback loops and co-design with CALD communities (participation beyond tokenism).

### **Operationalising RECAP: indicators that “force” inclusion**

NDAP progress is tracked through indicators. This logic can be applied to relational communication to make it non-optional.

#### **Starter indicator set (adapt locally):**

- Preferred language recorded **and reviewed**.
- Professional **interpreter engaged**: uptake tracked; refusal noted; repeat offer later.
- Continuity metric (trusted contact/ relational handover).
- Carer consent documented and revisited.
- Evidence of CALD participation/ co-design feedback loops.

#### **Quick-start RECAP (2 minutes):**

- 1.**R:** “Who do you trust most in your care team?”
- 2.**E:** “What feels hard today? What would help?” AND observe body language.
- 3.**C:** “What should I understand about what matters to you?”
- 4.**A:** Confirm preferred language AND interpreter engaged plan; repeat offers.
- 5.**P:** “Who do you want involved in decisions? And how?”

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### In-Language support across the pathway

#### **In-language support across the dementia care pathway (Use this as a template)**

A pathway view makes in-language support **predictable** and **resourced**, rather than crisis-driven.

#### **Diagnosis & assessment**

- Preferred language check and interpreter engaged plan; dementia-aware briefing/ debriefing.

#### **Post-diagnosis support and navigation**

- In-language information; culturally safe explanation; link to community supports.

#### **Care planning**

- Include chosen supports; document consent and boundaries; revisit over time.

#### **Coordination and ongoing care**

- Continuity and relational handover; interpreter engaged when needed; repeat language preference checks.

#### **Review and changes (including crisis)**

- Repeat interpreter engagement offer (uptake/ refusal may change); capture feedback loops.

#### **Evidence example (best practice): MINDSET**

The **MINDSET Study** (NARI) describes co-design, trial and national implementation of dementia-specific interpreter training, including dementia knowledge and briefing/debriefing. A peer-reviewed implementation paper reports national rollout of interpreter training for dementia assessments.

*(Disclosure: Presenter references MINDSET as an external best-practice example, not as a project member.)*

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### Carers, Bridge People, indicators and references

#### **Carers and consent: Stop assuming, start asking**

Rights-based aged care emphasises autonomy, person-centred communication and connection to significant persons. This requires explicit, ongoing consent and support planning with carers.

#### **Use these prompts in care planning:**

- “Do you consent to being involved in communication support? In what way?”
- “What boundaries should we protect (privacy, emotional load, time)?”
- **“What would most help you in your caregiving role?”**
- **“What is your #1 priority right now?”**
- “Would engaging a professional interpreter reduce pressure or risk?”

#### **The intergenerational language gap (repeat the question over time)**

Preferences and capacity shift across dementia progression; repeat these questions in reviews, not only at intake.

- “What language do you feel safest in when tired, stressed or unwell?”
- “Who communicates best with you in that language?”

#### **“Bridge People”: Recognise the real connectors (reference included) (best practice)**

“Bridge People” are trusted bilingual/ bicultural supporters who help older migrants navigate services; attributes include bilinguality, biculturality, multifunctionality and accessibility.

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### Key References/resources

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- Liu, X., Cook, G., & Cattan, M. (2017). Support networks for Chinese older immigrants accessing English health and social care services: the concept of Bridge People. *Health & Social Care in the Community*, 25(2), 667–677. <https://doi.org/10.1111/hsc.12357>
- Translating and Interpreting Service (TIS National). Department of Home Affairs. (n.d.). About the service. <https://immi.homeaffairs.gov.au/settlement-services-subsite/Pages/tis-national.aspx>

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### Recommended/Further reading

- Australian Government Department of Health, Disability and Ageing. (2025, December 22). National Dementia Action Plan overview. <https://www.health.gov.au/resources/publications/national-dementia-action-plan-overview>
- Australian Government Department of Health, Disability and Ageing. (2026, February). National Dementia Action Plan collective priority framework 2025–2027. <https://www.health.gov.au/sites/default/files/2026-02/collective-priority-framework-2025-2027.pdf>
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- Translating and Interpreting Service (TIS National), Department of Home Affairs. (n.d.). About us. <https://www.tisnational.gov.au/en/Who/About-us>

### Key References (for teams/policy briefs)

Chudecka, A. (2026). RECAP: Relational communication in dementia care. Supporting identity, autonomy and inclusion for CALD older adults. Handout, International Dementia Conference (IDC), Sydney, Australia.

Access the full suite of links and resources on our website, scan the QR Code:

