



## Introduction to Aged Care Webinar Questions – 27 January 2021

**1. What will be our role when doing telephone interpreting and the service recipient has hearing problem? The professional asking us to be louder and louder but still doesn't work.**

As interpreters we are responsible for conveying the speakers' utterances in a way that can be heard and understood. If a client has hearing issues and the interpreter is already speaking as loud and clear as they can, there is not much more s/he can do. We must work with the professional client and the NES client for optimum outcome, and thus having a debrief with the professional client and informing them about such issues will help address similar problems for future assignments.

**2. Who can people contact regarding support services?**

My Aged Care is the first contact point for all inquiries regarding support services for people 65+. The service provider cannot provide government subsidised services if the client is not registered with My Aged Care and have an appropriate assessment.

**3. Do nurses take translated forms to their interview appointments?**

It is good practice and supported by the Aged Care Diversity framework for all health care professionals to consider the cultural and language needs of their clients

**4. With the Aged Pension eligibility age increasing, will the eligibility age for My Aged Care increase as well?**

People must be 65 years old or older to access My Aged Care. There are no official announcements to increase that age limit.

**5. Is there a call centre for non-English speakers to make complaints about or give feedback about the services they are getting?**

They can make a complaint to their provider, or the aged care quality and safety commission and they have the right to ask for an interpreter.

**6. Is there any specific advice you have for interpreters dealing with an aged population?**

- Treat clients with respect and establish trust.
- Consider the client's individual circumstances and support needs
- Inform yourself for the support available for seniors
- Undertake appropriate training (working with seniors/vulnerable groups etc.)
- Abide by the AUSIT Code of Ethics
- Develop and update your knowledge through continuous Professional Development

- 7. One of the biggest problems with MAC interpreting is that it is so formula and script-driven. Greek clients really do not get the script-driven approach. Why can't MAC workers actually "talk" to their clients? MAC workers don't 'talk' they read scripts!**

As an Access and Support worker I have come across the same. I understand the point made and encourage interpreters to provide direct (formal) feedback to MAC.

- 8. Why can't you translate some of these valuable documents in to different languages. It will be very useful for translators & interpreters?**

There are many translated documents in many languages on the CCDA website: <http://www.culturaldiversity.com.au/service-providers/multilingual-resources/multilingual-health-and-aged-care-information>

- 9. Is there an Aged Care glossary?**

The Centre is in the process of compiling an aged care glossary of terms to support interpreters to understand the aged care vocabulary

- 10. Is the Age care Act varied from state to state?**

The Aged Care Act 1997 is a Federal Law and applies to all states and territories.

- 11. If during the course of interpreting, interpreter has learned of the neglect from service provider, as such will interpreter has a duty to report?**

Like all professionals, interpreters have a duty of care to report such issues. This should be done professionally via appropriate systems. If, you are an agency interpreter, you should report via your agency, if in-house, you should report via your manager.

- 12. How does the system look after those homeless Australians whom we sometimes encounter sleeping on the park benches?**

At the moment, the aged care system has navigators to help with the homeless older people. The organisation in Victoria which as aged care navigators is launch housing. More information about homeless and aged care can be found at: <https://www.myagedcare.gov.au/support-people-facing-homelessness>

- 13. In the event that homeless people are accommodated in a residential aged care institution, are they housed and homed together with others who were not subsidised 100% by government?**

More information on residential care services is available on MAC website: <https://www.myagedcare.gov.au/aged-care-homes>

- 14. Some age care assessment staff speak quite poor English and with very strong accents, making it really difficult for interpreter to understand and interpret, will that be changed?**

Bi-lingual and multilingual workforce is highly appreciated in diverse and multicultural societies like ours. Experience shows that a bi-lingual and multilingual workforce is a great asset and provides appropriate support for people/seniors for CALD backgrounds.

In order to interpret accurately, where circumstances permit, interpreters ask for repetition, rephrasing or explanation if anything is unclear. (AUSIT Code of Ethics)

**15. Socially alienated old person with no family, no close friends, no computer knowledge and language difficulty - how can they access services?**

Please refer this type of clients to a local service provider who have access programs like the specialised support services (Access and Support, The Navigators etc.)

**16. Are we allowed to ask if people are filming us?**

Yes, it is good practice to ask for your consent before filming

**17. We need programs to educate families in their own roles in providing moral support and other kinds of assistance to their elderly in aged care homes. I have seen a number of seniors in care homes who are hardly ever visited by their “loved ones”...**

Social isolation is a big challenge that seniors are facing. In the instance where seniors in residential care facilities are socially isolated due to lack of support networks in place I do encourage referrals to the Community Visitors Scheme (CVS) program. As part of the program volunteers provide regular visits to isolated seniors in residential care.

**18. Would be great if you could increase more resources in Nepali language? There are not many in Nepali. Especially Bhutanese Nepalese population all around Australia has difficulty accessing to available services due to language barrier. More resources would be helpful**

If you wish to request for translated information in Nepali you can give feedback to the Dept of Health on <https://www.health.gov.au/about-us/contact-us>

There are resources translated in Nepali on the health translations website.  
<https://www.healthtranslations.vic.gov.au/bhcv2/bhcht.nsf/PresentMultilingualResourceByTopic?Open&x=&s=Nepali>

**19. Is the interpreters cost included in the package as some support worker refuses to engage an interpreter**

TIS interpreters are Government funded and free of charge for clients and providers.

**20. Can family members who care for the individual client can speak on their behalf?**

Only people who are client's representatives with MAC (formal) and Power of Attorney can talk of the clients' behalf. Additionally, if the client has capacity and provides consent for someone to speak on their behalf their involvement can be accepted.

**21. How long is the waiting list for the different levels of care?**

The waiting time for services/different levels of care depends on the service type and service availability.

**22. Are there communication cards and/or other resources to aid with the communication needs of aged non-English speakers?**

The Centre for Cultural Diversity in Ageing has communication cards in 55 languages and can be accessed via: <http://www.culturaldiversity.com.au/service-providers/multilingual-resources/communication-cards>

You can also download the CALDAssist app which is a free app with translated phrases and words.