



**Consultation Report**  
**On**  
**Access of older people from non-English speaking backgrounds to**  
**language services in Victoria**  
**By the**  
**ECCV Aged Care Policy Sub-committee**  
November 2014

**About ECCV**

Ethnic Communities' Council of Victoria Inc. (ECCV) is the voice of Multicultural Victoria. As the peak body for ethnic and multicultural organisations in Victoria, we are proud to have been the key advocate for culturally diverse communities in Victoria since 1974. For 40 years we have been the link between multicultural communities, government and the wider community.

**Key message**

ECCV is concerned that limited access to some language services lead to social isolation and adversely impact on health conditions of older migrants from multicultural backgrounds. ECCV recommends developing innovative strategies to ensure that services are more linguistically responsive and reflect the increasing cultural diversity of our community. ECCV believes that better access to language services will strengthen community health and will lead to more effective utilisation of aged care services in Victoria.

**Introduction**

This is a summary of pertinent issues in relation to language services that have been identified by ECCV. The findings are based on community consultations conducted with Victorian managers and stakeholders in multicultural aged care and in particular with the assistance of the ECCV Aged Care Policy Sub-committee of the ECCV Board.

The Aged Care Policy Sub-committee consists of representatives from ethno-specific, multicultural and mainstream aged care providers, ethnic community organisations, stakeholders and peak bodies with an interest in equitable access to ageing and aged services as they relate to Victoria's multicultural population.

In the context of this document, language services refer to interpreting and translating services.

## **Human rights**

ECCV highlights that equitable access to interpreting services is a basic human right.

Almost a third of Victorians aged 65 and over are migrants from multicultural backgrounds and they deserve the right to age well.

Language barriers impact particularly on older people from non-English speaking backgrounds and lead to social isolation. Migrants encounter language barriers due to issues such as:

- Varying levels of schooling in their preferred language and varying levels of English language proficiency;
- Many older post-war migrants did not have the opportunity to formally learn English;
- Reverting to their mother tongue as they get older.

An essential component of high quality care for older people from non-English speaking backgrounds is easy access to information in their own language, including qualified/accredited face to face and telephone interpreters and high-quality translations.

ECCV highlights that particularly in more complex situations clients need to have access to on-site interpreting services.

## **Home care packages and interpreting services**

There is uncertainty whether aged care providers can utilise government funded interpreting services free of charge for the ongoing care and care co-ordination of their clients who require language services. A number of issues have been identified by ECCV:

- Aged care service providers are concerned that clients from non-English speaking backgrounds are significantly disadvantaged when funds from their package would need to be used for interpreters and translations;
- Aged care providers are supposed to ensure that information is presented in a way that promotes understanding by the client at every point of service delivery. Therefore, it is fundamental that clients from non-English speaking backgrounds have ongoing access to interpreting services and high quality translations;
- There is no specifically allocated supplement under Home Care Packages for interpreting or translation services.

The Australian Government policy is moving towards aged and disability care packages that are designed and managed by the recipient. ECCV is concerned that in the design of Home Care Packages under the *Consumer Directed Care* (CDC) model, not adequate attention has been given to those clients whose first language is not English. The following concerns have been raised:

- One of the key principles of CDC is the notion of self-management of the package by the client; for a person from a non-English speaking background, access to same language information is essential in order to make informed decisions;
- Without the fundamental right to access interpreters and translations as required to navigate the service system and 'act independently', a person who does not speak English well is disadvantaged from the outset in qualifying for the higher levels of self-direction under CDC;
- Providers are not adequately resourced to cater for language needs of clients.

### **Translations into languages other than English**

Information in languages other than English is essential to ensure equitable access of older migrants to ageing and aged care services and enhance their health literacy. ECCV acknowledges the excellent work that has been done by health and aged care providers across Victoria on issues of health literacy amongst older people from multicultural communities.

ECCV highlights that resources need to be allocated for translations in areas such as:

- Health education;
- Promotional materials of available services;
- Assessments and referrals;
- Consent forms/ service agreements;
- Rights and responsibilities of the client.

ECCV emphasises that due to varying levels of schooling in their preferred language and varying levels of English language proficiency, a significant number of people have a preference for audio-visual materials in their first language.

### **Translations standards**

ECCV received feedback that a number of translations in health and aged care have been difficult to understand for the target group. Best practice translation standards, *such as the RDNS Translation Standards*, are important in ensuring that translations are of high quality and are easily understandable for older migrants.

Key elements of good practice in translating aged care and health related information include:

- Producing source materials in plain English to enhance better understanding;
- Undertaking an assessment by an aged care professional of the English text;
- Utilising information that is culturally appropriate and relevant;
- Engaging with community members, such as through focus groups, before and during the translation process. This is important to enable effective community input and to ensure that translations are tested by ethnic community members.

### **CHSP and HACC language services credit line**

The Home and Community Care (HACC) Languages Services Credit Line has worked well in Victoria. It has significantly facilitated access of seniors from a non-English speaking background to HACC services. The following concerns have been raised in relation to potentially losing the HACC Languages Services Credit in light of the transition towards the Commonwealth Home Support Programme (CHSP) in Victoria:

- Agencies that work with clients from a non-English speaking background have expressed concerns that they might not be able to access the Victorian HACC Language Services Credit Line via the current service agreement holder VITS in the future;
- There are discussions at Commonwealth level that TIS National replaces the Victorian HACC Language Services Credit Line. This could mean that TIS National becomes the single provider of interpreter services for aged care across Australia and specifically in Victoria.

Aged care providers have expressed their concerns about the availability of a single provider and they include:

- Service issues in unforeseen circumstances, e.g. high demand, workforce issues;
- Inability to service particular languages;
- Lack of choice for providers;

- Lack of competition and therefore potentially higher cost.

### **Access to interpreting services for new and emerging communities and in regional Victoria**

ECCV identified that there is a shortage of professional interpreters for languages spoken by new and emerging communities. Also, there are very limited face to face interpreting services available in regional, rural and remoter areas of Victoria.

### **Additional issues**

Further issues that were identified by ECCV include:

- People from non-English speaking backgrounds often have a preference for face to face interpreting services;
- There is a need to review regulations, laws and guidelines, and competencies for interpreters and translators, as well as ongoing training and support for these groups.

### **Recommendations**

The ECCV recommends that

- The Commonwealth government introduces a language supplement, similar to the *Dementia and Severe Behaviours Supplement*, directed at clients from non-English speaking backgrounds in Home Care Packages, in residential care and for services under the Commonwealth Home Support Programme (CHSP) to ensure equitable access to ageing and aged services.
- That information on ageing and aged care is produced in plain English and in a variety of formats, including audio-visual materials. Information should have minimal jargon and include diagrams, pictures and symbols wherever possible.
- That aged care providers and funding bodies allocate appropriate resources to ensure that the source material used for translations is of supreme quality. This is required to ensure that there is greater parity in the quality of information provided to both English speaking and non-English speaking Australians.
- That aged care and health providers work collaboratively with multicultural communities to ensure that translated material is culturally relevant and appropriate.
- That the Commonwealth works closely together with industry bodies representing interpreters and peak bodies representing multicultural communities and aged care services to develop clear guidelines for interpreters in an aged care setting.
- That the Commonwealth government introduces a scholarship program to train and educate interpreters particularly for languages that are in high need in the community.

### **Sources**

The findings from this report are based on consultations with members of the ECCV Aged Care Policy Sub-committee in October/November 2014. It also draws on relevant insights from the ECCV Health Literacy Paper of 2012 'An Investment not an Expense: Enhancing health literacy in culturally and linguistically diverse communities'.

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