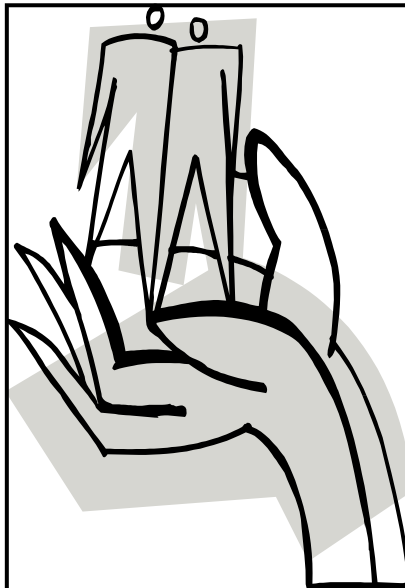


# 12 Monthly Report

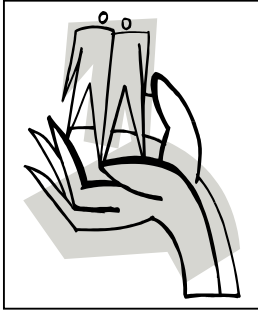
## CALD Respite Information Project

Jan - Dec 2006



Prepared by Jill Exon  
Dec 2006





# 12 Monthly Project Report

## CALD Respite Information Project

Jan - Dec 2006

*A joint initiative between the MIC and Yooralla*

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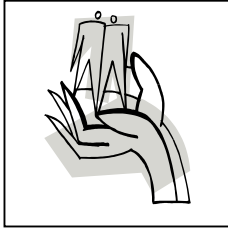
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## **Steering Committee Members**

Gillian Dingli	Department of Human Services (EMR)
Janine Brooks	Department of Human Services (EMR)
Jill Exon	Migrant Information Centre (Eastern Melbourne)
Kathy O'Keefe	Department of Human Services (EMR)
Megan Kearney	Department of Human Services (EMR)
Michele Sproule	Yooralla Society of Victoria
Michele Werner	Department of Human Services (EMR)
Rayce Coyte	Yooralla Society of Victoria
Sandra Wood	Yooralla Society of Victoria
Stephanie Worsteling	Metro Access (City of Whitehorse)
Thurza Sullivan	Department of Human Services (EMR)
Tracy Germain	Yooralla Society of Victoria
Wina Kung	Migrant Information Centre (Eastern Melbourne)

A special thanks is extended to volunteers, steering committee members and the organisations who participated in this project. I would also like to acknowledge and thank Wina Kung for her continual support and supervision of this project.



# **12 Monthly Project Report CALD Respite Information Project**

## **1. Introduction**

The Culturally and Linguistically Diverse (CALD) Respite Information Project commenced in January 2006 as a joint initiative of the Migrant Information Centre (Eastern Melbourne) and Yooralla Society of Victoria. The key objective of the project was to “increase access to and use of respite services by CALD communities in the Eastern Metropolitan Region (EMR)”.

While the project sought to raise the profile of respite among targeted CALD communities, the project also incorporated an element of research. This included consultations with key stakeholders including; respite service providers and targeted CALD community groups in the EMR. A summary of these findings are included in this report. This report will provide a brief overview of the extent to which the project has met its aims over its 12 month contract, while also proposing a number of future recommendations.

### Target Groups

The selected target groups for Jan 06 – Jan 07 included:

- Chinese Community (one of the larger CALD group in the EMR)
- Indian and Sri Lankan Communities (smaller emerging communities)

Based on local demographics and service providers’ feedback relating to who accesses disability support services in the EMR, three target groups were selected: Chinese, Sri Lankan and Indian communities. It was decided among the steering committee to target one of the larger CALD groups in the EMR (Chinese), and two smaller emerging groups (Indian and Sri Lankan communities).

In addition to this, local data from Centrelink found that of the CALD communities who accessed the disability support pension or carer allowance, Greek and Italian clients utilised services more frequently, while people from the Chinese community – despite being one of the largest CALD communities in the EMR - were largely underrepresented.

## 2. A Review of Project Outcomes

This section addresses the nine project outcomes, as set out by the steering committee, and the extent to which they have been addressed.

### 1. Establish a steering committee to oversee the project.

A steering committee was established with representatives from the Migrant Information Centre (Eastern Melbourne), Yooralla Society of Victoria, the Department of Human Services, and Metro Access (City of Whitehorse). The committee comprises 8 members. The project officially commenced in January 2006.

### 2. Quantitative and qualitative data is available on the capacity of respite providers to offer services that meet the respite needs of CALD communities in the EMR.

In March 2006, a questionnaire and covering letter were sent to all respite service providers in the EMR. This survey looked at the common strategies employed by respite service providers in catering for the needs of CALD clients, and any perceived service gaps. Additional information that was collected from this survey included service providers' knowledge of their bilingual workforce and CALD clientele.

Surveys were forwarded to 43 organisations and 24 completed surveys were received (56% response rate). Qualitative and quantitative data was collated and key findings distributed to the steering committee (see Ch 3.1: Overview of Survey Findings).

### 3. Develop and translate a respite care information sheet, including 3-4 targeted languages for the first year.

Based on feedback from the target community groups and from steering committee members the 'Caring for Carers' Respite Information Brochure was compiled, translated and then distributed among the selected target groups in the respective languages: Chinese, Sinhalese, Hindi and Tamil. Brochures were disseminated at the Respite Information Forums in September and October 2006.

### 4. Hold 2-3 focus groups with the targeted communities to understand the issues about accessing/using respite care.

Three focus groups were held with Chinese, Indian and Sri Lankan communities. Details are outlined in the table below:

Target Group	Date	No. of People
Chinese focus group	31 <sup>st</sup> Mar 2006	17 people
Indian focus group	13 <sup>th</sup> May 2006	5 people
Sri Lankan focus group	2 <sup>nd</sup> Jun 2006	4 people

Refer to Chapter 3 'Overview of Project Findings' for a brief description of the methodology and a summary of key findings from these focus groups.

### 5. Participate on local and regional relevant networks and present about accessing/using respite care.

Over the 12 months, the project worker participated on a number of networks including the HACC CALD Network and the EMR Disability Respite Network. Updates were provided at these networks around the progress of the project and also to promote knowledge of the upcoming Respite Forums.

**6. Visit 3-4 clubs/groups to deliver information sessions to the group members on respite services.**

Three presentations were delivered to local clubs in the EMR including: the Eastern Region Chinese Social Club (17 members attended), the Indian Senior Citizens Association of Victoria (100 members attended), and the Tamil Senior Citizens Fellowship of Victoria (90 members attended). At each presentation, information on respite care was distributed, including translated information for the Chinese community.

**7. Hold 1-2 training sessions on cultural awareness and communicating with CALD clients for respite workers in the EMR.**

Two separate training sessions were held in July and August 2006. Training was provided free of charge to respite workers in the EMR, covering topics such as cultural awareness and communication with CALD clients. Details for both sessions are shown below:

Training 1: Understanding Culture and Cultural Differences

Date: Thursday 13 July 2006  
Time: 9.30am – 12.30pm  
Venue: Ground Floor Conference Room  
Department of Human Services,  
883 Whitehorse Rd, Box Hill  
Trainers: Jill Exon and Wina Kung from the Migrant Information  
Centre (Eastern Melbourne) together with guest speaker  
Krishna Arora

Key areas addressed:

- Overview of demographic information for the Eastern Region
- Exploring 'What is Culture' – common myths and misconceptions
- Guest speaker Krishna Arora, President of Indian Senior Citizens Association of Victoria, to share information about Indian culture and traditions
- Wina Kung to share information about Chinese culture and traditions

Training 2: Introduction to Communication with CALD Clients

Date: Wednesday 30 August 2006  
Time: 9.30am – 12.30pm  
Venue: Ground Floor Conference Room,  
Department of Human Services,  
883 Whitehorse Rd, Box Hill  
Trainers: Jill Exon and Wina Kung from the Migrant Information  
Centre (Eastern Melbourne)

Key areas explored:

- Cultural sensitivity
- Common communication difficulties (verbal and non-verbal communication)
- Using interpreters (telephone and on-site interpreters)
- Preparing translations

(See Attachment 1 for staff feedback on training sessions)

**8. Organise 2 Expo/Forums for targeted communities**

Two forums, one targeting the Chinese and the second targeting the Indian and Sri Lankan communities were held in September and October 2006. Details of both forums are shown below.

Forum 1: Targeting the Indian & Sri Lankan Communities

Date: Saturday 30 September 2006

Venue: Mount Waverley Community Centre

Attendees: 30 people attended

\*Hindi, Tamil and Sinhalese interpreters were present on the day

Forum 2: Targeting the Chinese Community

Date: Wednesday 4 October 2006

Venue: Box Hill Community Arts Centre

Attendees: 65 people attended

\* Cantonese and Mandarin interpreters were utilised on the day, along with the assistance of a volunteer Mandarin-speaking student

Both forums comprised 3 speakers including Yooralla, a Carer and Centrelink. Speakers covered a wide range of the areas relating to respite. This included; an overview of respite options, a carers personal perspective on the rewards and challenges of caring, and the different support options available to people with a disability and carers. The forum was also accompanied by a number of respite service providers who set up displays and distributed information about their services. Other features of the forum included: door prizes, cultural dancing and entertainment, and a free luncheon.

Feedback from both forums were positive - highlighting that participants' had a positive experience and were generally pleased with the different aspects of the day, including the information covered by guest speakers and the materials distributed (See Attachment 2 for client feedback).

**9. Identify and document service gaps and feedback from communities. Documentations will be included in the progress report.**

One aspect of the respite service provider questionnaire (distributed in March) was to identify any perceived service gaps. A summary of feedback regarding perceived service gaps are discussed in Chapter 3, 'Overview of Project Findings'.

In addition to this, information that was collected through CALD community focus groups has also been documented (see Ch 3.2: Summary of Findings from Community Focus Groups).

### 3. Overview of Project Findings

The research component of the project largely consisted of surveys among EMR respite service providers, and focus group sessions among CALD community groups. Information was gathered through these avenues and helped to shape a greater understanding of respite services and community perceptions of respite. The latter was instrumental in designing the two Respite Information Forums and the 'Caring for Carers' Brochure (translated into four languages). This is explained in greater detail below and a summary of findings presented in Chapter 3.1 and 3.2.

#### Surveys

A questionnaire was sent to all respite service providers in the EMR in March 2006. This survey looked at the common strategies employed by respite service providers in catering for the needs of CALD clients and any perceived service gaps. Additional information that was collected from this survey included service providers' knowledge of their bilingual workforce and CALD clientele.

Surveys were forwarded to 43 organisations and 24 completed surveys were received (56% response rate). Qualitative and quantitative data were collated.

#### Focus Groups

In addition to this, focus group sessions were held with targeted CALD communities: Chinese, Indian and Sri Lankan. Each session comprised a small number of community members who participated in a relaxed discussed group. The assistance of an interpreter was required for the Chinese session.

The main aim of the focus group sessions was:

- To gauge the level of knowledge of respite care among specific target groups.
- To increase understanding of the perceptions of disability and respite care among target groups.
- To assess the perceived level of cultural appropriateness of the various respite options, including which services people feel most / least comfortable in using.

\* It is important to note that while the findings provide useful insights into the different cultural perceptions of respite care, these findings cannot be generalised to fit whole communities.

### 3.1 Overview of Survey Findings

24 surveys were received out of 43 organisations (56% response rate)

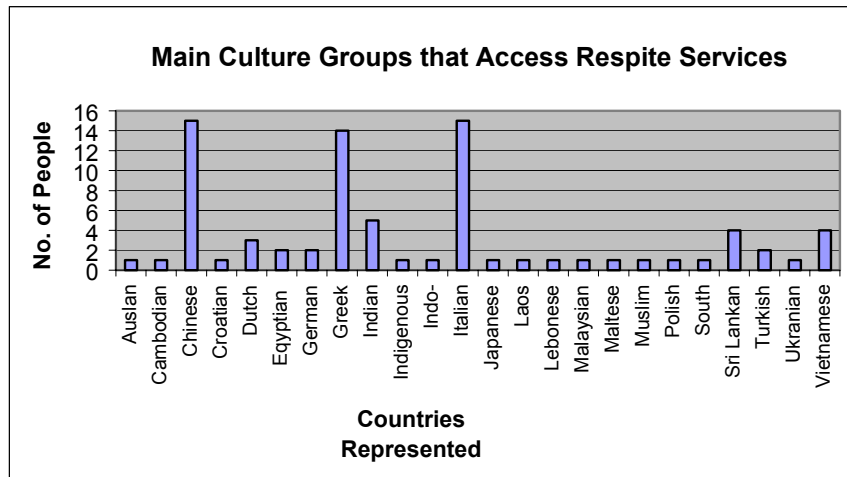


Figure 1. Main culture groups that access respite care services in the EMR

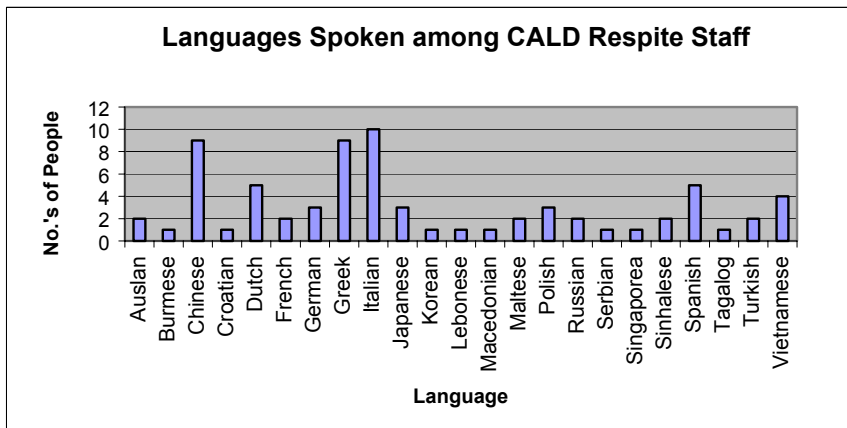


Figure 2. Languages spoken among respite care staff in the EMR

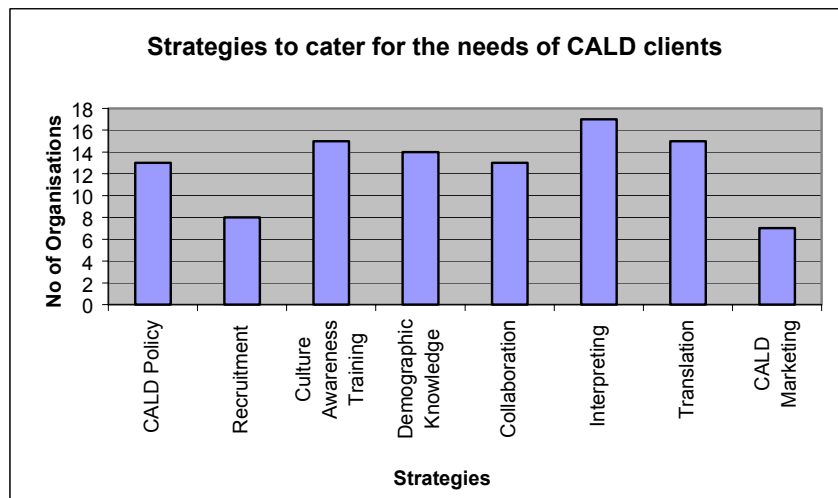


Figure 3. Strategies employed to cater for the needs of CALD clients

## Quantitative Data

- Of the organisations that responded to the survey, an average of 16% of their clients were from CALD backgrounds. The most common languages and cultural backgrounds included Italian, Greek and Chinese-speaking clients. Following this were some smaller communities such as Indian, Vietnamese and Sri Lankan.
- While 71% of organisations were aware of the different languages spoken among their staff, only 33% maintained any formal documentation of this information.
- The most common strategies in place for catering for the needs of CALD clients included: Use of interpreting services (17 Organisations), followed by translating (15) and cultural awareness training (15). The least common strategies included: CALD marketing (7) and CALD recruitment (8).

## Qualitative Data

- Perceived Barriers for CALD Clients
  - Not knowing about services.
  - Respite is not always culturally appropriate.
  - Language barriers.
  - Cultural barriers (special food/religious requirements).
  - Organisations lack of links with CALD community groups / leaders.
  - Insufficient / lack of bilingual staff.
- Use of Interpreters and External Workers

One quarter of respondents utilised external workers including the use of interpreters. Few specified the use of qualified bilingual carers as opposed to the use of interpreters. The most common agencies listed were: Fronditha, Italcare and the Australian Greek Welfare Association. Others included: VITS, Tempstar, Dasi, Diversecare, and the Multicultural Resource Centre in Richmond.
- Support

Of the different ways that organisations felt they could be better supported to cater for the needs of CALD clients, the most common response was the desire for affordable and effective service promotion to CALD communities (6 agencies). Following this was increased access to funds, recruitment of bilingual staff, and cultural awareness training (3 respectively). Other factors that were raised include; dealing with cultural barriers, appropriate referral, collaboration with CALD and multicultural agencies and access to CALD resources/information. These included; translated information, regional demographics and a framework for how to write a CALD policy.
- Perceived Service Gaps

Service gaps that were highlighted from the survey included insufficient funding and/or budget allocation for language services. Organisations were aware that some CALD groups were simply unaware of their organisation and the services available. Some felt that these barriers were linked to language barriers, lack of targeted CALD marketing and bilingual staff.

## 3.2 Key Findings from Community Focus Groups

### A) Chinese Focus Group

**Attendance:** 17 people

#### Experience / Knowledge of Respite Services

- Most members stated that they had never heard of respite prior to the presentation.
- While everyone agreed this was a foreign concept, over the time of the focus group members were able to recall past experience or knowledge of some form of respite care (through friends or relatives). It seems that some were in fact familiar with respite however never knew what this service was called.
- The Chinese translation of “respite” is difficult to understand, even though we provided 3 different translations of respite care. The term needs further explanations to capture the concept of respite services.

#### Thoughts on Respite

- One person commented that they felt respite was a positive service.
- Another person felt it was a family responsibility to look after each other. Caring was considered “A family responsibility not a social responsibility”. This person felt that the Australian government was interfering in the caring process.
- Most agreed that of the different respite options ‘in-home’ was the best option for both parties, however, it really depends on the situation.
- Most people agreed that they would recommend this service to a friend or relative.
- People felt that when they used general health services, language was the greatest barrier in accessing services. Waiting time was another barrier.

#### Respite Information Forum

The following points were suggested in regards to a Disability Respite Forum targeting the Chinese community. It was suggested:

- NOT to use the term ‘disability’ in the title. This is most likely to attract a negative response and people are less likely to attend.
- Possible titles: ‘How to help the carer solve temporary problems in the home’
  - The best suggested title was ‘Caring for the Carer’ or ‘Caring for Carers’.
- People wanted to hear a range of speakers from different service providers, including a speaker from a respite organisation and Centrelink.
- People also wanted to hear personal stories from a carer’s perspective – what are some of the problems they have faced.
- Day / Time preference – weekday in the morning.

## **B) Indian Focus Group**

**Attendance:** 5 people

### Cultural Perceptions on Disability

- The group felt that generally there was no stigma attached to disability among the Indian community.
- If there are services offered and the community is aware of them, they will most likely access the services.
- Members felt that they would like to be more informed about what services are available to them.
- Family is very important to the Indian community, but they also recognise that dynamics are changing in Australia. Where both men and women are working and their lives are busy with less time for younger people to care for other family members in their homes.
- Generally it was considered that it was the family's responsibility to care for a family member with a disability or when people become frail due to old age.

### Thoughts on Respite

- Of the different respite options, members felt they would be most comfortable using recreational or community-based respite. They felt that this was the best option for the individual with a disability as they could engage in a fun, recreational activity.
- Members felt that residential care was not an option for the Indian community. It would be like "sending them away".

### Barriers to Using Respite

- Key barriers to accessing residential respite were concerns around what other people in the community would say or think about them.
- One person felt that people in the Indian community feel that they have to keep up an image of things being OK even if they are not.
- To use a service like residential respite it would appear as though "they can't cope".

### Respite Information Forum

- There would be no problem to market the forum using the word 'Disability' in the title.
- The issue around financial independence for aged people was raised. Participants felt that it would be good to have a speaker from Centrelink talk about what kind of financial support is available to carers e.g. carer support allowance.
- Best time for the forum - Saturday morning.

## C) Sri Lankan Focus Group

**Attendance:** 4 people

- Most people said that they had heard of respite before but did not know what it meant.

### Cultural Perceptions on Disability

- They felt that generally there was no stigma attached to disability but recognised that some people might feel ashamed.
- In the discussion people recognised that society is changing - Perhaps there was some shame attached to disability among older people, however this is less so among the younger generation.
- They also felt that people in the community were not very open about issues such as mental illness or depression – if anyone suffered from this no-one would know (as they are concerned about what other people would think).

### Respite options that people were most comfortable to use

- Most agreed that it would depend on the situation, but they were most inclined to use recreation/community based respite. They felt this was best for the client because they could enjoy an outing.
- They also suggested that you should ask the person with a disability what they would prefer. A carer would be most happy if they knew that their family member was also happy.
- All members felt that they were least likely to use residential care. Some of key the reasons for this were as follows:
  - Connotations of a hospital being for the mentally ill.
  - Not culturally appropriate (care is a family's responsibility).
  - The community perception would be that you have “dumped them”, and that you have no time for your parents/family member.
  - Community perception of being selfish (absorbed in your own interests) and that people would look down on you.

### Barriers to using respite

- There was a strong sense of caring about what other people will think.
- In-home care: This is OK only if it was recommended or referred by a professional or a doctor. “If I was to seek it out myself, I’d feel sneaky, like I’m doing something behind their backs” (regarding frail aged parents).

## 4. Project Reflections

Over the twelve-month duration of the CALD Respite Information Project a number of achievements were made. Some of these are outlined below.

### CALD Community

- Directing culturally relevant and translated information (verbal and written) to targeted CALD communities in a simple, easy to understand format.
- Raising the profile and awareness of respite among target communities.
- Increasing access to respite care services. While this outcome is difficult to measure, RIDE reported that a number of referrals were made to Yooralla as a direct outcome of the Chinese 'Caring for Carers' Forum. It should be noted however that the impact of these forums on communities is difficult to measure.

### Respite Staff

- Developing a greater understanding of the perceived barriers to CALD clients accessing respite services in the EMR.
- Contributing to a greater level of cultural awareness among respite workers in the EMR through the relevant training.
- Equipping staff with the tools for improved communicating with CALD clients including the use of interpreters, translators, verbal and non-verbal communication.
- Facilitating an informal networking process between respite organisations and CALD community leaders in the EMR.

In addition to this, a number of opportunities were noted. Some including:

- CALD community groups expressed a desire in continuing to foster networks formed between respite organisations and ethno-specific clubs in the EMR, in particular from the Indian Senior Citizens Association of Victoria and the Chinese Special Parenting Network.
- Respite staff wanted to see regular opportunities for cultural awareness training. In particular training on specific cultures and emerging community groups.
- Community members also expressed a desire for forums such as the 'Caring for Carers' Forum to be held on a regular basis in order that people from a CALD background are able to access information about the services that are available.

## 5. Future Directions

While the project successfully met its expected outcomes over its twelve month period, future directions are suggested for the continuation of the CALD Respite Information Project (Stage 2). These suggestions are based on feedback from the CALD community, respite staff and steering committee members.

It was suggested:

- That key stakeholders continue to strengthen and build on the relationships / progress established within the first 12 months of the project in order to further promote greater equity and access to respite care services for people of CALD background.
- That funding is sought to continue and expand on the project outcomes in order that the immediate target groups continue to be supported, and that networks are broadened to include additional CALD target groups.

It is suggested that stage two of the project would build on the progress made in stage one of the project by:

- Continuing to work with the Chinese community, especially in linking with the Chinese Parenting Special Network. Stage 2 could explore how the project could better support and meet the Chinese community's needs.
- Broadening the identified target groups to include two additional CALD communities.
- Continuing to deliver respite information to CALD clubs/groups in the EMR.
- Conducting additional respite forums for the new targeted communities in the EMR.
- Providing more opportunities for staff training on areas of cultural awareness and, as suggested in previous staff feedback forms, culture-specific training components.
- Further to this, the project should continue to identify and document service gaps and feedback from the community.

In addition to this, further discussion of the steering committee highlighted the need for a state-wide/regional response to address inconsistencies in the way respite organisations address the needs of CALD clients. It was therefore suggested:

- That options for the development of a state-wide/regional strategy be explored to strengthen the capacity of individual services to meet the needs of CALD clients. For example:
  - Establishment of a regional disability CALD working group to take a lead role in a coordinated approach to develop and implement disability services to CALD communities.
  - In working with interpreters effectively.
  - Developing cultural awareness and understanding in services.
  - Sharing information between service providers on best practice strategies.

# Attachment 1. Training Evaluation

## A) Understanding Culture & Cultural Differences

Trainer: Jill Exon & Wina Kung Date: 13 / 07 / 06

Total no. of attendees: 20 people

1. Coverage of the topic:

0	1	2	3	4 (1)	5 (9)	6 (4)	7 (4)
<b>Inadequate</b>			<b>Adequate</b>			<b>Complete</b>	

2. Quality of the Presentation:

0	1	2	3	4 (1)	5 (5)	6 (8)	7 (5)
<b>Poor</b>			<b>Good</b>			<b>Excellent</b>	

3. What were the best features of the course and why?

- Found presentations enjoyable, speakers were interesting
- Interesting information, well presented examples
- Specific culture
- Presentation re: Chinese culture & Indian culture very interesting
- Great to hear personal stories of how they relate to our services
- Activities were great because it made us think about the way are influenced by our own cultural experiences
- Speakers from specific backgrounds, Krishna and Wina were great!
- Chinese information
- Listening to Krishna and seeing and hearing about her country
- Topics interesting, course leaders informative
- Krishna's presentation – bright and interesting
- Personal accounts of different cultures
- I found this session very valuable. Hearing from Krishna and Wina was just so great! I feel I understand so much about these cultures
- Presentation style was excellent, enjoyed the visuals and having a speaker who was delightful to listen to, also enjoyed the activity in the start – it got people thinking
- Guest speakers
- Presentation by Krishna
- Information supplied about a couple of different cultural background and understanding the different needs

4. How could the course be improved?

- Focus more on resources available etc. Maybe focus on other cultures as well. Should be longer for more in-depth coverage
- More practical activities that help us as workers know how our own personal culture can be reflected onto others
- Last session felt like it dragged, maybe a longer break or change presentation format
- Indian info was great but would like more focus on Indian attitudes to disability
- Roles play that demonstrated practical cultural consideration in interactions with CALD families when providing service eg. Respite in the home
- More cultural background to increase awareness of needs of clients
- I found it all very informative and interesting
- More discussion time, possibly handing in questions prior to the sessions
  - More sessions/more cultures/more often

- These sessions need to be run regularly throughout the year and revisited often
- More discussion time
- Excellent!! Interesting topics and an open discussions about a range of topics, only keeping to time would improve the course

5. Would you be interested in attending any further training in the area of Ethnicity and Disability?

**YES** (15)                      **NO**    If yes, what topics would you like to have

included?

- Cultural respect – ie what to observe when visiting people of CALD backgrounds, what not to discuss etc
  - Non-verbal/body language communication with different culture
  - Discussion about cultural values in relation to disability
- Again more cultures/overviews, African/Sudanese, Expansion upon differences between Asian cultures
- Appropriate/acceptable gestures and modes of personal care
  - Different ways to interact with families of CALD background when providing services
  - Cultural perceptions of disability

6. Overall Rating of the Course:

**0**      **1**      **2**      **3**      **4 (1)**      **5 (3)**      **6 (9)**      **7 (4)**

**Waste of time**

**Valuable**

**Extremely valuable**

7. General Comments:

- Well presented, good venue, would be interesting to see demographic specific compared to other regions of Melbourne/Victoria
- Very well presented
- Thank you –very enjoyable
- Great introduction to cultural differences with the Chinese and Indian differences – given me lots to think about in relation to my work and home-life
- Really great! Thankyou
- It would be valuable to provide a forum for workers to express concerns difficulties, challenges with examples of their work with CALD clients and families. Having opportunity to talk with cultural representatives about values/perspectives on disability and how families deal with dependence and independence issues

## B) Introduction to Communication with CALD Clients

Trainer: Jill Exon & Wina Kung

Date: 30 / 08 / 06

Number of people attended: 23

No of evaluation form received: 20

1. Coverage of the topic:

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5(6)</b>	<b>6(6)</b>	<b>7(7)</b>
<b>Inadequate</b>			<b>Adequate</b>			<b>Complete</b>	

2. Quality of the Presentation:

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4(1)</b>	<b>5(4)</b>	<b>6(3)</b>	<b>7(11)</b>
<b>Poor</b>			<b>Good</b>			<b>Excellent</b>	

3. What were the best features of the course and why?

- Great training model
- Good breaks
- PowerPoint didn't dominate
- Good activities
- Reiterating importance of open
- Concise communication
- Information directly relating to how to engage interpreting services funded by DHS
- Valuable knowledge
- Style of presenters is very capturing
- Knowledge of presenters of a high standard
- Presentation well done and very informative
- Active learning: role play, fill in form, using relevant examples
- Regularly asking audience questions
- Comprehensive overview
- Information provided to share with our service
- Break well timed
- Good length
- Role play and exercise helped demonstrate difficulties in interpreting
- The examples from own experience are great
- Running through 'how to use' things: Interpreters over phone and in person
- Translation exercise are great, example encourage thinking for ourselves
- Handout are helpful
- "Home and personal Care Kit" looks excellent, will download it and share.
- Left feeling well informed
- Would like to actually have an interpreter to talk about experiences working with services

4. How could the course be improved?

- Flow chart, how to engage DHS funded translation, what on call can/can't do and who to contact if they are unable to assist
- More exercise
- Training offered more frequently
- More role plays



## Attachment 2. 'Caring for Carers' Forum – Client feedback

### A) Chinese Forum

(65 people attended / 46 responses)

**Q1** Please circle the picture that best represents your overall impression of the Expo.



Pleased



Neither pleased nor disappointed



Disappointed

**Q2** Please circle the picture that best represents your overall impression of the speakers.



Pleased



Neither pleased nor disappointed



Disappointed

**Q3** Please circle the picture that best represents your overall impression of the materials distributed today.



Pleased



Neither pleased nor disappointed



Disappointed

**Q4** Please circle the answer that indicates how you found out about the Expo:

Friends	(22)
Services	(19)
Newspaper	(2)
Other:	Chinese Parent's Special Net

**Q5** Any further comments?

- Hope to be informed when there are similar forums, trips, and information
- Do not know why you play the video
- Not enough parking spaces in the venue
- Need more information and forums from Centrelink
- Thanks for this forum and your care as well. We are aged parents that paid to come to Australia.
- Thank you for holding this forum. It is of significant help for us old people
- Hope to have more forums. It was very good
- It's a nice forum
- Very good and hope to see you again
- More information
- Thanks for providing such services and activities

## B) Indian / Sri Lankan Forum

(30 People attended / 19 Responses)

**Q1 Please circle the picture that best represents your overall impression of the Expo.**



Pleased



Neither pleased nor disappointed



Disappointed

**Q2 Please circle the picture that best represents your overall impression of the speakers.**



Pleased



Neither pleased nor disappointed



Disappointed

**Q3 Please circle the picture that best represents your overall impression of the materials distributed today.**



Pleased



Neither pleased nor disappointed



Disappointed

**Q4 Please circle the answer that indicates how you found out about the Expo:**

- Friends (1)
- Services (includes mail out) (16)
- Newspaper
- Other: Senior Citizen group (4)

**Q5 Any further comments?**

- Thank you for inviting me. It was fantastic. I thought it was great and should be done for all communities
- Extremely good. Keep up the good work. Also I would like to congratulate the dancers, very well performed
- Well Informed. Dance group fantastic also
- Excellent - Dance, Information & stalls
- Very informative and entertaining
- Thanks Wina and Jill for holding this forum
- Excellent
- Request for annual repetition with wider representation of seniors
- Excellent speakers. Very useful information provided
- Very informative. I have requested Wina to organise a similar workshop for the Indian Senior Citizens Association