

Our Stories, Our Voices

Culturally diverse consumer perspectives on
the role of accredited interpreters in
Victoria's health services

Discussion Paper



This discussion paper provides an overview about the use of accredited interpreters by people with low English proficiency accessing health care services and information in Victoria.

Ethnic Communities' Council of Victoria Inc. (ECCV) is the voice of multicultural Victoria. As the peak policy advocacy 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 we have been the link between multicultural communities, government and the wider community.

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Ethnic Communities' Council of Victoria Inc.
Suite 101, 398 Sydney Road
Coburg VIC 3058

T: 03 9354 9555

F: 03 9350 2694

E: eccv@eccv.org.au

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- ❖ Northern Health
- ❖ Peter MacCallum Cancer Centre
- ❖ Cancer Council Victoria
- ❖ Heart Foundation
- ❖ North Western Melbourne PHN

Abbreviations

ABS	-	Australian Bureau of Statistics
DHHS	-	Department of Health and Human Services
ECCV	-	Ethnic Communities' Council of Victoria
GP	-	General Practitioner
LEP	-	Low English Proficiency
MR	-	Media Release
NES	-	Non-English Speaking
PACHW	-	Policy Advisory Committee on Health and Wellbeing
SBS	-	Special Broadcasting Service
VAGO	-	Victorian Auditor-General's Office
VMC	-	Victorian Multicultural Commission

1. Foreword

"I DON'T KNOW WHERE WE WOULD BE WITHOUT INTERPRETERS. MY KIDS ARE ALWAYS BUSY WORKING AND IT'S NOT THE SAME THING."

Health consumer

The ability to access health services and information is vital for culturally diverse consumers to live a high quality of life. However, low English proficiency, and lower levels of health literacy within multicultural communities lead to poorer health outcomes, more hospitalisations and other inequalities.

Many migrants, refugees and asylum seekers do not have the English language skills to understand what information is required by health professionals and clearly communicate their needs. This is compounded by health services which are often uninformed or unresponsive to the way culture impacts on health communication.

In 2012, the Ethnic Communities' Council of Victoria (ECCV) published a report *An Investment Not an Expense: Enhancing Health Literacy in Culturally and Linguistically Diverse Communities* to highlight the importance of identifying barriers to improving health literacy and enhancing access to language services, particularly accredited interpreters. Importantly, the use of accredited interpreters was found to decrease the risk of miscommunication between health practitioners and consumers and medication errors.

This discussion paper *Our Stories, Our Voices* provides a fuller picture through direct community consultations and focuses on the use of accredited interpreters by people with low English proficiency accessing health services in Victoria. It seeks to understand the role accredited interpreters play in Victoria's healthcare system and whether consumers are sufficiently aware of, and request, qualified interpreters when using health services.

I would like to commend this report to policy makers and anyone working in the transcultural health sector seeking to better understand the use of interpreter services in Victoria's health system to make a real difference to the health outcomes of our multicultural communities.



Eddie Micallef
Chairperson

2. Executive Summary

In 2016, the Ethnic Communities' Council of Victoria (ECCV) Policy Advisory Committee on Health and Wellbeing (PACHW) discussed increasing concerns by health services and multicultural advocates regarding the low levels of awareness among culturally diverse communities about the role and engagement of accredited interpreters.

ECCV decided to prioritise this important issue, especially in light of the Victorian Government's current review of the language services sector. A *Consumer Perspectives on Accredited Interpreters in Victoria's Healthcare* working group was formed to plan and undertake consultations which culminated in the release of this discussion paper.

Our Stories, Our Voices assesses the current understanding within culturally diverse communities of the role of accredited interpreters within Victoria's health care system. In particular, the paper examines whether culturally diverse consumers are aware of, know how to access and recognise the importance of interpreting services when using health services.

To better understand the issues, ECCV in partnership with a number of member organisations undertook extensive community consultations with culturally and linguistically diverse health consumers. These consultations comprised a questionnaire used at two large public health services, an online survey and a focus group conducted by ECCV.

The consultation findings show that although a majority of respondents found it hard to communicate with health professionals in English, many are still unaware of the role and importance of using accredited interpreters. Some said they preferred a family member to interpret for them, seemingly unaware of the associated risks of miscommunication and adverse health outcomes. A substantial number of participants did not know there was a service available or believed they would have to pay for it. Many were equally unaware about their right to access an accredited interpreter and that interpreters are bound by a Code of Ethics. Worryingly, the results also suggest that not all health services offer interpreters to all consumers who need one and that some providers still lack the knowledge of how to book them. Consultation findings also highlight the importance of interpreters having sufficient medical knowledge and being appropriately qualified for working in health settings.

The report concludes that a number of gaps and barriers to equitable health care for culturally diverse consumers remain unaddressed. Further improvements to the availability, accessibility and quality of interpreting services will be paramount to achieve culturally responsive, person-centred and consumer-directed health care services.

Recommendations in this report include the development of an awareness-raising campaign to promote the role and engagement of accredited interpreters. This includes supporting culturally diverse consumers and their families and carers and service providers to become more knowledgeable about how to access and engage interpreting services and to understand their importance in reaching better health outcomes.


3. Summary of recommendations

The Ethnic Communities' Council of Victoria (ECCV) recommends:

1. That the Victorian Government considers funding ECCV and/or a large language service provider to jointly develop an awareness-raising campaign, promotional material and advertisements to promote the role and engagement of interpreters.
2. That the Victorian Government ensures the consistent messaging on all government websites on the role and importance of interpreters.
3. That Victorian public health service providers have and follow explicit policies and procedures which ensure their culturally diverse consumers and their families and carers are aware of, know how to access and understand the importance of interpreting services when accessing health services.
4. That Victorian public health service providers ensure culturally diverse Victorians who access health services know their rights to access accredited interpreters, clear communication, safety, respect, privacy and confidentiality and the right to give feedback and have their concerns addressed.
5. That the Victorian Government ensures its latest review of language services considers the current and expected supply and demand of qualified interpreters in the public healthcare system, particularly to ensure supply of interpreters to new and emerging communities.
6. That Victorian public healthcare providers collect, analyse and report on their language services data to measure and identify gaps in language services (interpreters) to health consumers to assist in managing current and expected demand.
7. That the Victorian Government provides adequate funding to increase the supply and quality of accredited interpreters to meet growing demand (via the methods identified by the Victorian Foundation for Survivors of Torture¹).
8. That the Victorian Government delivers financial incentives to language services to provide interpreters with professional pathways in medical interpreting and further education and training options to regularly upgrade their medical knowledge.

¹ Foundation House, 2013, *Promoting the engagement of interpreters in Victorian health services*.

4. Introduction



I CAN'T TELL THEM WHAT MY PROBLEM IS. IMAGINE YOURSELF IN A FOREIGN COUNTRY AND YOU NEED HELP BUT YOU CAN'T SPEAK THE LANGUAGE. I GET STRESSED AND WORRIED.

Health consumer

English language proficiency impacts on a person's ability to understand information and use a range of social services, including health services. Many health consumers are not proficient in English, or may not be proficient enough in medical terminology or concepts in English to allow for clear communication and understanding in health consults. Professional language services can help to overcome their language and service barriers. Indeed, the importance of quality interpreting services in a medical environment has been well established.² Previous studies have shown that not using professional, accredited interpreters can seriously compromise health outcomes for people with low English proficiency.³

Traditionally, difficulties to accessing services were generally addressed through⁴:

- Improving the supply of interpreters to people with low English proficiency (LEP);
- Providing more flexible opportunities to acquire proficiency in English;
- Delivering services through ethno-specific and multicultural organisations, where appropriate, and
- Enhancing the cultural sensitivity and competency of mainstream service providers.

However, anecdotal evidence has shown that many culturally diverse health consumers are still not sufficiently informed about when to engage an accredited interpreter and how to use one, often meaning they still can't access interpreters when they need them.⁵

The role of interpreters in the health services system is not well understood not only by consumers, their families and the wider community but also healthcare providers. Previous consultations suggest, for example, that many consumers from non-English speaking (NES) backgrounds are reluctant to ask for an accredited interpreter and that not all health services provide accredited interpreters to all consumers who require one.⁶ A previous analysis found that less than 1 per cent of

² E.g., see: FECCA, 2016, *Australia's Growing Linguistic Diversity: An opportunity for a strategic approach to language services policy and practice*, p. 21-22..

³ For an overview of papers discussing the importance of health literacy and language services to health care, see: ECCV, 2012, *An Investment Not an Expense. Enhancing health literacy in culturally and linguistically diverse communities*, p. 30.

⁴ Victorian Multicultural Commission, 2008, *All of Us. Victoria's Multicultural Policy*, p. 18.

⁵ For example, see: Foundation House, 2013, *Promoting the engagement of interpreters in Victorian health services*, p. 53.

⁶ Foundation House, 2012, *Exploring barriers and facilitators to the use of qualified interpreters in health. Discussion Paper*, p. 5.

eligible general practitioners (GPs) and private specialists used the national fee-free interpreter service in Medicare-funded consultations when treating consumers with low English proficiency.⁷

It is in this context that ECCV decided to undertake community consultations directly with consumers from culturally diverse backgrounds to understand if the issues identified above continue to inhibit their access in the health services system. In particular, ECCV wanted to find out more about:

- The health consumers' understanding of the role of accredited interpreters;
- The particular barriers and issues facing consumers accessing interpreters;
- What consumers think about the professionalism and quality of interpreters;
- The approach of providers to working with interpreters and whether interpreters are supplied to every consumer who needs one; and
- Whether the standard of interpreting is conducive to improving the outcome of health consultations.

To discuss these issues in a broader context and allow ECCV to draw research implications, this discussion paper will be structured as follows:

- *Section 5* provides an overview of cultural diversity in Victoria and notes the Victorian Government's current review of its interpreters and translators.
- *Section 6* assesses the current legislative and policy context that protects culturally diverse communities and the right to equal access to services (including in healthcare).
- *Section 7* summarises ECCV's research into the use of interpreter services by culturally diverse health consumers.
- *Section 8* provides policy recommendations to address identified issues and challenges.

5. Background

Overview about cultural diversity in Victoria

Victoria has a growing culturally and linguistically diverse population with more than one in four people being born overseas.⁸ These diverse communities come from more than 200 countries and speak over 260 languages, with 23 per cent of Victorians speaking a language other than English at home.⁹ About 47 per cent of all Victorians were either born overseas or have a parent who was born overseas.¹⁰ Adding to this cultural and linguistic diversity are the 4,000 refugees who settle in Victoria annually, in addition to asylum seekers on bridging visas, estimated at around 10,000 people.¹¹

Interpreting services in Victoria

Health care providers and practitioners commonly experience challenges in their communication with people from NES backgrounds and in providing appropriate and accessible services to this

⁷ Phillips, C; Travaglia, J, 2011, 'Low levels of uptake of free interpreters by Australian doctors in private practice: Secondary analysis of national data', *Australian Health Review*, vol. 35, no. 4, pp. 475-479.

⁸ Victorian Multicultural Commission, *2011 Census: A snapshot of our diversity*.

⁹ Department of Premier and Cabinet (Victoria), 2013, *Victoria's Diverse Population 2011 Census*.

¹⁰ Department of Health and Human Services (Victoria), 2015, *Victorian public health and wellbeing plan 2015–2019*.

¹¹ Department of Health and Human Services (Victoria), *Refugee and asylum seeker health and wellbeing. Key messages*.

group. As a common practice, interpreting services are engaged to ensure effective and accurate communication between consumers, their families, carers and providers. By national and international comparison, Victoria is advanced in providing community language services.¹² However, Victoria's Department of Health and Human Services (DHHS) acknowledges that health information and concepts in health literacy continue to presume sufficient English language proficiency and that these models need to change to embed appropriate cultural and linguistic considerations.¹³

A program review in 2013 identified a number of issues, such as low remuneration and inadequate job security, making it difficult to attract and retain interpreters.¹⁴ Other issues mentioned include a lack of focus on improving the supply of interpreters in established languages and the need for better compliance in policies and guidelines to increase accountability for providing interpreters. Concerns were also raised with the reporting mechanism which didn't identify whether services were 'accessible, available, or meeting consumer demand'. In 2014, a Victorian Auditor-General's Office (VAGO) report found that there is a growing need for accredited interpreters in new and emerging languages, as well as in established languages. It also cited studies showing that there is limited access to interpreters in rural and regional areas and in specialised areas such as legal and health interpreting.¹⁵

Victorian Government's current review

In response to longstanding concerns about the language services industry, the Victorian Government announced an 'independent review of its interpreters and translators' in June 2016.¹⁶ The *Independent Review of Victorian Government Procurement of Language Services* will consider how the state government 'can best ensure access to the necessary volume and quality of language services (interpreters) to meet the current and future needs'.¹⁷ More specifically, the review will examine the current state of the interpreting sector, including the supply and demand for and quality of interpreters. This includes a situation review, interpreter workforce options and future procurement options.

ECCV believes that it is therefore an opportune time to examine what Victorian health consumers from diverse linguistic backgrounds think about the state of interpreting service provision. Their experiences with interpreters in healthcare settings are vital to understand what the current and future needs are and how to meet them.

¹² Ethnic Communities' Council of Victoria, 2012, *An Investment Not an Expense. Enhancing health literacy in culturally and linguistically diverse communities*.

¹³ Victorian Department of Health, 2013, *Health literacy: enabling communication and participation in health*. Background Paper.

¹⁴ Review mentioned in: The Victorian Auditor-General's Office, 2014, *Access to Services for Migrants, Refugees and Asylum Seekers*, p. 21.

¹⁵ *Ibid*, p. 20.

¹⁶ Minister for Multicultural Affairs, Media release, 16.06.2016, *Boosting language services for all Victorians*.

¹⁷ Aspex Consulting, 2016, *Independent Review of Victorian Government Procurement of Language Services*. Stakeholder Discussion Guide.

6. Current policy context for culturally appropriate health services

Laws and policies ensuring equal rights and access for culturally diverse communities

The protection of rights and freedoms of culturally diverse communities is well established in international¹⁸, national and Victorian law and policies. In Victoria, both government and non-government services are required to respect human rights, and be culturally, religiously and linguistically appropriate. This extends to ensuring equal access to health and other human services.

Realising this need for equal access, the *Multicultural Victoria Act 2004*¹⁹ was passed to 'promote access by Victoria's culturally and linguistically diverse communities to services made available by governments and other agencies' through the Victorian Multicultural Commission (VMC). Each government department is required to report on its progress in providing culturally sensitive services to Victoria's communities.

The full participation of all Victorians in social, cultural, economic and political life, equal access to social services are promoted in numerous laws, policies and guidelines, including:

- The *Victorian Equal Opportunity Act 2010* which recognises that achieving 'substantive equality requires reasonable adjustments and accommodation of an individual's needs and the provision of special measures to progressively move toward equality'.
- The *Victorian Charter of Human Rights and Responsibilities Act 2006* which recognises the human rights, freedoms and responsibilities of all Victorians, including the freedom to maintain one's own language and freedom from discrimination based on cultural or linguistic background.²⁰
- The *Racial and Religious Tolerance Act 2001*²¹ which emphasises 'equal participation of every person in a society that values freedom of expression in an open and multicultural democracy'.
- *Victorian. And proud of it. Victoria's Multicultural Policy Statement*²² which seeks to enable all Victorians to have 'equitable access to health and human services' and commits to ensure services are culturally responsive and 'meet the needs of diverse communities'.
- *A Fairer Victoria*²³ which identified 'improving language interpreter services as a longstanding policy and strategy priority'. With this policy, the Victorian Government committed to improve access to services for culturally diverse communities, including language and health services. Substantial funding was directed to improving language services, including the supply and capacity of interpreters and training, testing and accreditation.
- *Delivering for All: the Department of Human Services Access and Equity Framework 2013-17* which commits the department to equitable and responsive human services.²⁴

¹⁸ For example, see United Nations, 25 November 1981, Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief.

¹⁹ Victorian Government, 2004, *Multicultural Victoria Act 2004*, p. 5. VMC is now operates under the *Multicultural Victoria Act 2011* that came into effect in September 2011. [Both documents accessed 10 January 2017].

²⁰ Victorian Government, 2006, *Victorian Charter of Human Rights and Responsibilities Act 2006*.

²¹ Victorian Government, 2001, *Racial and Religious Tolerance Act 2001*, p. 2.

²² Victorian Government, 2017, *Victorian. And proud of it. Victoria's Multicultural Policy Statement*, p. 28.

²³ Victorian Government, 2006, *A Fairer Victoria. Progress and Next Steps*.

²⁴ Department of Health and Human Services (Victoria), 2013, *Delivering for All: the Department of Human Services Access and Equity Framework 2013-17*.

Victorian laws and policies ensuring culturally appropriate health services

Improving and maintaining high-quality health care is well supported by a number of Victorian legislation, policies and strategic frameworks. A number of state policies and strategies focus on improving the quality and accessibility of its health and community services and emphasise the right to language services, where required.

The *Victorian Health Services Act 1988*, for example, seeks to ensure that ‘health services provided by health care agencies are of a high quality’ and that ‘health services users are provided with sufficient information in appropriate forms and languages to make informed decisions about their health care’.²⁵ Similarly, DHHS’s *Language Services Policy* aims to assist departmental staff and funded agencies to ‘identify critical points for language service provision to ensure people with low English proficiency can participate in decision-making processes’.²⁶

The foundation of the Victorian Government’s Health Plan is the *Victorian Health Priorities Framework 2012–2022*.²⁷ It states that ‘ensuring support services, such as interpreters, are available where needed’ will be essential to improving the health status and literacy of all Victorians. Having and maintaining an equitable and responsive health system is also supported by other state legislation and policies, including the *Public Health and Wellbeing Act 2008*²⁸ and the *Victorian public health and wellbeing plan 2015–2019*.²⁹

The *Using Interpreting Services and Effective Translations* guideline³⁰ requires from all departments and funded agencies to provide information to communities in their language and provide interpreters and translators in delivering services. Further, DHHS’s *Cultural responsiveness framework for Victorian health services*³¹ outlines six standards for culturally responsive practice. The framework includes Standard 3 which states the importance of ‘providing accredited interpreters to patients who require one’. To manage potential risks to providers and cultural diverse consumers, the guideline deems it ‘critical that health services accurately document and track the provision of language services’. The framework highlights that culturally responsive health care approaches are demonstrated through best practice measures, such as the monitoring of changing community demographics or the employment of relevant in-house interpreters.

Finally, the *Australian Charter of Healthcare Rights in Victoria*³² states the health consumer’s right to ‘effective and open two-way communication’. This means that a consumer can communicate their information to providers, and staff communicate to consumers everything they need to know to make considered decisions. The Charter also explicitly states the consumer’s ‘right to an accredited interpreter if required when using a publicly-funded healthcare service, such as a hospital or community health centre’. ‘Interpreters should be provided at important points during care... and when informed consent is needed.’

²⁵ *Health Services Act 1988* (Vic), Section 9: Objectives..

²⁶ Department of Health and Human Services (Victoria), 2017, *Language Services Policy*.

²⁷ Department of Health (Victoria), 2011, *Victorian Health Priorities Framework 2012–2022*.

²⁸ Victorian Government, 2008, *Public Health and Wellbeing Act*.

²⁹ Department of Health and Human Services (Victoria), 2015, *Victorian public health and wellbeing plan 2015–2019*.

³⁰ Victorian Government, 2014, *Using Interpreting Services and Effective Translations*.

³¹ Department of Health (Victoria), 2009, *Cultural responsiveness framework. Guidelines for Victorian health services*.

³² Victorian Government, 2016, *The Australian Charter of Healthcare Rights in Victoria*.

7. ECCV community consultation and findings

“INTERPRETERS ARE PROFESSIONAL AND THEY HELP ME TO UNDERSTAND THINGS MORE CLEARLY THAN MY FAMILY MEMBERS DO. MY CHILDREN DON’T SPEAK VIETNAMESE VERY WELL.”

Health consumer

To better understand the issues consumers face when using accredited interpreters in Victoria’s health system, ECCV in partnership with members of its Policy Advisory Committee on Health and Wellbeing (PACHW) undertook consultations with culturally and linguistically diverse consumers. The PACHW consists of representatives of ECCV member organisations, key health services providers, local governments, non-government organisations and individuals with specialist expertise and/or interest in the health of culturally diverse communities.

These community consultations comprised:

- i. A questionnaire used at two large public health services;
- ii. An online survey conducted by ECCV;
- iii. A focus group run by ECCV.

Findings from health services questionnaire

Consultations were undertaken at two big public health service providers³³ based on a printed questionnaire. Emphasis will be placed on these findings as they represent the large majority of health consumers that participated in our consultations.

Consultation method

Language services staff and bilingual healthcare workers asked health consumers questions about the use of interpreters in their respective community language using the printed questionnaire. The responses were translated into English and staff filled in the printed questionnaire. The questionnaires were put into a database and stored for further analysis.

Demographic data

There were a total of 321 responses from both public health providers. The majority of respondents were living in Australia for more than 10 years. About one in four respondents lived in Australia for less than five years. They spoke a large range of different languages which mainly covered Arabic, Assyrian/ Chaldean, Cantonese/Mandarin, Croatian, Greek, Italian, Macedonian, Persian, Serbian, Turkish and Vietnamese.

The following section includes themes emerging from these consultations. These are:

- General comments on professional, accredited interpreting services;
- Communication with health professionals;

³³ The consultations were conducted between September and December 2016 at *Northern Health* and the *Peter MacCallum Cancer Centre*.

- Involvement of family members;
- Knowledge about rights and options;
- Main facilitators and enablers; and
- Main barriers and challenges.

General comments

The vast majority (95 per cent) of respondents used interpreters in the past when accessing health services and found them to be useful. Respondents particularly appreciated the use of interpreters to understand their medical conditions and terminology. One respondent said: *'Very helpful, without an interpreter I wouldn't understand anything.'* However, a number of respondents seemed to be unaware of the importance of using an accredited interpreter when accessing a health service. Several respondents also did not know there was a service available or believed they would have to pay for it. Some also said that they preferred to have a family member interpret for them. *'Never asked, don't need one. I have my daughter.'* A few participants also indicated their strong preference for female interpreters when discussing sensitive issues.

In the majority of cases, health services staff booked the interpreter. About 40 per cent of respondents requested the interpreter to be booked (or with the help of family members, carers or friends). At one of the two services surveyed, only on four occasions did a family doctor seem to have requested an interpreter when referring consumers to hospital.

Most respondents were very interested in using interpreters again in the future. More than 90 per cent of them indicated that they will ask for an interpreter again. A number also mentioned that their health outcomes were negatively impacted in the past when they didn't use an interpreter. *"I once had a very bad experience – I had a problem with my kidneys and the absence of an interpreter made the situation very difficult."* A small number of respondents (11 or about 3.5 per cent) indicated that they don't want to use an interpreter again as they wanted to learn and practice their English. A few also considered their English language skills to be sufficient to manage without interpreters.³⁴

Communication with health professionals

More than two thirds of respondents found it hard to communicate with health professionals in English. More than one in four participants said that they 'sometimes' experience communication issues. Only a very small number (2 per cent) experienced no problems communicating in English when visiting a health service. However, consumers were very aware of the potential implications of not clearly understanding what health professionals are saying about their health condition and what their best treatment options are. Many emphasised their difficulty understanding doctors and the medical terminology used by health staff. As one respondent put it: *'You need to know 100 per cent of what's being said'*.

³⁴ Anecdotal evidence by health services staff suggests that this often results in consultations having to be rescheduled as the patient's English in fact is not at all sufficient for medical interactions.

Involvement of family members

About half of all survey respondents used a family member, carer or friend to interpret for them when they visited a health service in the past. One respondent said: *'Because I don't clearly understand exactly what's being said and I can't express myself the way I would like to.'* Others point to their communication difficulties when not being assisted by a family member or accredited interpreter. *'I always get a friend or family member to communicate on my behalf which is frustrating.'*

While most survey participants had a high appreciation of interpreters and stressed their usefulness, some thought they have no choice other than asking for family assistance. Many were acutely aware of the difficulties caused by relying on non-professional interpreters. *'Because I can't communicate with doctors, but they [family members] are not good enough.'*

Other reasons for using family members included that they feel comfortable having a support person around, being reliant on family for transport, and concerns with accredited interpreters not being available. Several respondents stated that GPs were particularly reluctant to engage interpreters, despite the health consumer's low proficiency in English being evident.

Knowledge about rights and options

Most respondents (about nine out of ten) knew that they had a right to access professional interpreters free of charge when using a health service in Victoria. This still leaves about 10 per cent who didn't know that they have this right.³⁵ A large number of respondents didn't know that interpreters are bound by a Code of Ethics. For example, more than half of the respondents at one provider had no knowledge about this code. The Code of Ethics ensures interpreters are competent, impartial and accurate, respect a customer's privacy and keep their information confidential. Staff conducting the consultations reported that several respondents seemed reassured by hearing about Code of Ethics.

Main facilitators and enablers

Almost all respondents who used an interpreter expressed positive opinions. Apart from the experiences described above, other positives identified were:

- *Improved communication:* Most felt that they could express themselves more accurately and confidently and generally communicate more effectively with the health provider.
- *Improved knowledge and health literacy:* Interpreters were particularly considered beneficial when they correctly explained medical terminology, the diagnosis and treatment options.
- *Improved privacy and confidentiality:* A number of respondents also mentioned that they appreciated not having to involve family members, with some feeling that family may at times withhold information and not tell them 'what the real problem is'.


³⁵ It is likely that this number is higher with culturally diverse people who have not yet accessed (or been in frequent contact with) the public health services system or have ever engaged with an accredited interpreter. It can also be assumed that specific communities, for example, new and emerging communities, have less knowledge about their rights.

Main barriers and challenges

Most respondents felt in the majority of cases that there was nothing ‘bad or unhelpful’ about using interpreters. However, a number of challenges and barriers were commented on:

- *Professionalism:* A number of respondents commented critically on interpreter’s behaviour and conduct when interpreting for them. Some also felt that they ‘sometimes do not turn up’ leaving the health consumer being unable to appropriately communicate their needs.
- *Remaining barriers to communication:* Several respondents also reported on communication difficulties due to interpreter’s insufficient language skills, inappropriate use of dialects or speaking in strong accents.
- *Interpreting quality:* For example, interpretation is incorrect, not clear enough or seems to miss information. Also, phone interpreters were considered, at times, to be ‘hard to understand’.
- *Interpreter availability and waiting times:* Not everyone who requires interpreters seems to be able to access interpreters *when* and *where* needed. A number of respondents had the perception that prolonged waiting times for health appointments were caused by interpreters running late for the appointments.³⁶
- *Gender of the interpreter:* A number of patients mentioned that they preferred female interpreters when discussing sensitive issues. Some reported that this preference couldn’t be accommodated in all occasions.
- *Privacy and confidentiality:* Several participants felt that they often don’t feel comfortable to share sensitive details or private information outside their next of kin and family circle.

Findings from ECCV online survey



“THEY ALL BEHAVE AS IF I SHOULD BE ABLE TO SPEAK ENGLISH BY NOW. THEY DO NOT REALISE HOW HARD IT IS. I WOULD LIKE TO SEE IF THEY AT MY AGE WOULD BE ABLE TO LEARN MY LANGUAGE AND BE CONFIDENT TO USE [IT] WHEN VISITING DOCTORS.”

Health consumer

In addition to the consultations above, 32 valid responses were collected via a SurveyMonkey online questionnaire. These responses largely confirmed the questionnaire results above.

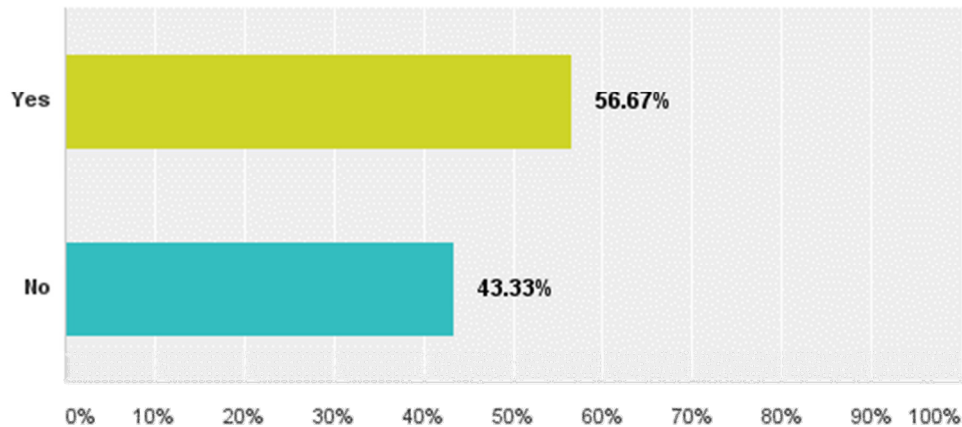
General comments

A majority of respondents found it hard to communicate in English with health practitioners. Poor language skills and the difficulties to understand medical terminology were considered to be major barriers.

³⁶ However, there have been anecdotal reports that clinics often attribute long wait times to interpreters, when in fact clinics may be running late for a variety of reasons.

More than one in two also used relatives to interpret for them when visiting health services. The major reason given was their low proficiency in English. However, only a small number of respondents stated they preferred their family members to assist them. Other reasons given were the general lack of availability, with some health services refusing to engage interpreters (even when requested) and the services lack of knowledge about how to book them.

Figure 1: Consultation Question 3 - *Do you use a family member to interpret for you when visiting a health service?*



The majority of respondents also used interpreters in the past when accessing health services. About one in two requested interpreters themselves or through a family member or carer. Only about 60 per cent of respondents knew about their right to accredited interpreters free of charge when using a public health service and that interpreters are bound by a Code of Ethics.

Main facilitators and enablers

The majority of survey respondents were happy with their experiences of using of interpreters, found the service very helpful and 'would request one again' (72 per cent). Benefits cited of using accredited interpreters were similar to the questionnaire results and included:

- *Improved communication* between health consumers and health professionals;
- *An 'independent voice'* involved that offers a non-emotional, impartial and objective approach;
- *Improved confidentiality and privacy* by having the option not to involve or rely on relatives when discussing sensitive issues; and
- *Higher levels of transparency, quality and trust* offered by qualified, professional interpreters.

Main barriers and challenges

Concerns raised also had a large overlap with the health services questionnaire results and included:

- *Low levels of professionalism* with some interpreters offering unsolicited advice, acting authoritarian, appearing inexperienced, being complacent or acting otherwise unprofessionally;
- *Limited interpreter availability*, either caused by providers not engaging interpreters or a lack of qualified interpreters for certain community languages;
- *Inflexible bookings* with interpreters having to leave consultations early and unexpectedly;
- *Lack of time* caused by either practitioners or interpreters running late for appointments;
- *Low quality of interpreting* causing preventable communication barriers;
- *Privacy and confidentiality concerns* about sharing sensitive information outside their family.

Focus group results

"I THINK I SHOULD BE HAPPY THAT THE DOCTORS AND NURSES HELP ME. I DON'T SHOW MY UNHAPPINESS WHEN THERE IS NO INTERPRETER AVAILABLE."

Health consumer

In addition to the printed questionnaire and online survey, a focus group with eight Chinese-speaking participants (Mandarin and Cantonese) was conducted to explore some of the key enablers and barriers in more depth.³⁷ This group represented the views of an established migrant group, with most having lived in Australia between 25-40 years. Much of the experiences discussed relate to past health consultations at a local hospital.³⁸

General comments

The main themes discussed largely confirm the results of the consultations discussed above. The participants discussed the difficulties they had understanding what health professionals said to them, particularly medical terminology. As a result, they always ask for an interpreter when visiting their local hospital.

The group particularly emphasised the importance of interpreters having sufficient medical knowledge. In cases where they relied on family member in the past, 'they didn't understand the medical terms used by health staff'. However, the group still stressed the importance of having family members being present at medical appointments. Most of the focus group member were aware of the right to an interpreter but again, didn't know about the interpreter code of ethics.

Main facilitators and enablers

Similar to the questionnaire and survey responses, the focus group felt that interpreters do mostly follow their professional ethics and that they generally didn't have strong concerns around trust or privacy issues. Again, the advantages cited of using accredited interpreters included:

- *Improved general communication* with doctors and other medical staff;
- *Improved knowledge and health literacy* through having access to 'language technicians'; and
- *Higher standards offered by professional interpreting.*

Main barriers and challenges

The challenges and barriers discussed by the focus group also confirm several concerns raised by the health services/ online questionnaire survey participants. This included:

- *Lack of medical knowledge and skills for medical interpreting:* some interpreters previously engaged in health consultations didn't seem to know 'what was going on' and struggled to clearly communicate with the client and to appropriately interpret medical terms.

³⁷ An accredited interpreter was employed by ECCV to conduct this focus group together with ECCV staff.

³⁸ Most of them stated that they don't require interpreters when visiting GPs or having health appointments with specialist doctors as they only go to health practitioners who speak their language.

- *Lack of time and inflexible bookings:* participants also raised timing issues with interpreter often appearing to 'be in a rush'. They expressed their strong wish for interpreters 'to be on time' and to allow the time required for the appointment. Several focus group participants also stated how practitioners who are running late to their past appointments made difficult for interpreters to provide an uncompromised and professional service.
- *Professional standards of health services and interpreters:* the group also raised the importance of health practitioners and interpreters to be engaged, patient and respectful toward the client. Several group members discussed past experiences when they felt treated disrespectfully either by health professionals or the interpreter. Giving feedback to medical staff through interpreters was considered to be challenging at times.
- *Feedback policies and procedures:* participants also stated that they want to be provided with appropriate feedback mechanisms (*after* their appointment) which allows for anonymous feedback on their experience.

8. Findings analysis and recommendations

“EVEN THOUGH I HAD A FAMILY MEMBER TO EXPLAIN TO ME, THE INTERPRETER WAS ABLE TO HELP ME UNDERSTAND MORE ABOUT MY ILLNESS.”

Health consumer

As outlined earlier, the Victorian public health sector is committed to providing high-quality accessible and responsive health services that support all Victorians equally. For example, government health information states that for hospitals users who ‘prefer to speak a language other than English, interpreters are available free of charge in all health services in Victoria’.³⁹ Policies and guidelines, like the *Victorian Health Priorities Framework 2012-2022* emphasise the importance of ‘support services, such as interpreters, being available where needed’.⁴⁰

The consultations show that a majority of culturally and linguistically diverse community members also recognise the importance of being health literate and having a clear understanding about their health conditions. Positively, many who have used interpreters in the past recognise and appreciate the engagement of accredited interpreters for healthcare appointments.

Regrettably, the consultations also confirm a number of the challenges that need to be addressed if the Victorian Government’s commitment is to be realised. For example, a considerable number of culturally diverse health consumers and their families are still not sufficiently aware of the role accredited interpreters play in healthcare settings. Not all health consumers who need interpreters feel empowered and comfortable to request one. Many didn’t know that they have the right to an interpreter free of charge and that interpreters are bound by a Code of Ethics. They also didn’t understand that not using an interpreter during health consultations (or using a family member for interpreting purposes instead) is breaching their rights and can increase the risk of adverse health outcomes.

More awareness is therefore needed about the positive impact interpreters have on the health outcomes of culturally diverse consumers. In particular, community members with low English literacy, and who often also have low health literacy, need to be aware of the existence and relevance of engaging these services. The current situation requires a cultural change so that people with insufficient English language skills actively request interpreters when visiting health services.

In addition, interpreters were not always available in a timely manner for health consultations, with either health staff or interpreters running late. This points to interpreter capacity not being used effectively.

³⁹ For example, Victorian Government, 1999/2016, Better Health Channel info sheet, *Cultural and linguistic diversity and hospital*

⁴⁰ Department of Health and Human Services (Vic), 2015, *Victorian Health Priorities Framework 2012–2022: Metropolitan Health Plan* p. 54.

There is also a need for greater awareness-raising to increase the understanding about the role and engagement of accredited interpreters in health care settings. This includes promoting consumer rights and responsibilities with regard to language services, ideally via media campaigns in partnership with large media organisations accessed by culturally diverse communities, such as the Special Broadcasting Service (SBS). Resources need to be made available in print and online; these could include posters, and information brochures in multiple languages, clearly displayed in the waiting rooms of hospitals and GP premises. Resources in audio-visual forms could include educational video messages on screen at medical centres. Information about the importance of using accredited interpreters should also be promoted through ethnic media to reach a diversity of multicultural communities, including on community radio and printed ethnic media. Importantly, these initiatives should also have a focus on new and emerging community members who are less familiar with the Victorian health system.

Recommendation 1:

That the Victorian Government considers funding ECCV and/or a large language service provider to jointly develop an awareness-raising campaign, promotional material and advertisements to promote the role and engagement of interpreters.

Recommendation 2:

That the Victorian Government ensures the consistent messaging on all government websites on the role and importance of interpreters.

Health providers play a critical role in providing accredited interpreters to every consumer who may need one. The consultations, however, confirmed long-held concerns that not all health services always offer interpreters to consumers who need one. While progress has been made by health services identifying patients who require interpreters, there is a concern that large numbers are still left without an interpreter at critical stages of care.

Recommendation 3:

That Victorian public health service providers have and follow explicit policies and procedures which ensure their culturally diverse consumers and their families and carers are aware of, know how to access and understand the importance of interpreting services when accessing health services.

Recommendation 4:

That Victorian public health service providers ensure culturally diverse Victorians who access health services know their rights to access accredited interpreters, clear communication, safety, respect, privacy and confidentiality and the right to give feedback and have their concerns

The projected annual growth in demand for language services in Victoria is estimated to be between seven to eleven per cent. In Victoria, the state government is the largest purchaser of translation and interpreting services (80 per cent).⁴¹ The government therefore needs to build its capacity to enable

⁴¹ The Victorian Auditor-General's Office, 2014, *Access to Services for Migrants, Refugees and Asylum Seekers*, p. 20.

the provision of appropriately qualified interpreters in all requisite languages at the time and place required. To make this happen, the shortage of accredited interpreters in certain community languages needs to be addressed.

ECCV congratulates the government on its current language services review and fully supports its objective to 'ensure access to the necessary volume and quality of language services, particularly interpreters, to meet the current and future needs of all Victorians requiring such services.

Our community consultations confirm the many benefits of using accredited interpreters in healthcare settings. Language services must continue to be funded adequately and the Victorian Government needs to continue to improve the supply of interpreters to key health care services.

Recommendation 5:
That the Victorian Government ensures its latest review of language services considers the current and expected supply and demand of qualified interpreters in the public healthcare system, particularly to ensure supply of interpreters to new and emerging communities.

Recommendation 6:
That public healthcare providers collect, analyse and report on their language services data to measure and identify gaps in language services (interpreters) to health consumers to assist in managing current and expected demand.

Recommendations 7:
That the Victorian Government provides adequate funding to increase the supply and quality of accredited interpreters to meet growing demand (via the methods identified by the Victorian Foundation for Survivors of Torture).

Unfortunately, community consultations have shown that in some circumstances, interpreting quality within complex environments, such as health care settings, is not always up to professional standards. In particular, the consultation findings discussed above identified the need to introduce and/or further develop training so that all interpreters working in such settings have the required medical knowledge, e.g. through medical interpreting courses. Interpreter training should be developed and/ or expanded to provide interpreters with up-to-date health and medical knowledge. This could either become an established part of an interpreter's continuous professional development pathway or an additional option for people interested to be more specialised in this field.

Recommendation 8:
That the Victorian Government delivers financial incentives to language services to provide interpreters with professional pathways in medical interpreting and further education and training options to regularly upgrade their medical knowledge.

Given the potential adverse implications of inadequate interpreting within health care settings, consideration should also be given to mandatory minimum experience levels.

9. Conclusion



*“KNOWING NOW THAT THERE IS A CODE OF ETHICS, I FEEL MORE COMFORTABLE TO
HAVE AN INTERPRETER IN THE FUTURE.”*

Health consumer

Our community consultations have identified a number of remaining gaps and barriers to equitable health care for culturally and linguistically diverse consumers that need to be addressed in the coming years. In light of our findings, ECCV agrees with the Victorian General Auditor that ensuring the *availability* and *accessibility* of interpreting services will be paramount to achieve culturally responsive, consumer-centred and user-friendly health services.

Language services, in particular accredited interpreters, need the capacity to be responsive to the demographic and cultural diversity of service users which are likely to change over time.⁴² Culturally diverse health consumers also need to be encouraged and enabled to engage accredited interpreters when they need them. As recommended above, a good start to achieving this goal is to ensure all culturally diverse Victorians who access health services know their rights to service access, communication, safety, respect, privacy and confidentiality and the right to give feedback on their experience and have their concerns addressed.

Health professionals and supporting staff also need to be encouraged to act on their responsibility to proactively provide accredited interpreters, where required, to ensure consumers' needs and rights are met. The further enhancement of cultural sensitivity and competency of service providers will be equally important. Efforts focused on the awareness of and collaboration between health providers should complement the above-mentioned public awareness-raising campaigns to educate, inform and empower culturally diverse consumers and their communities.

Attracting and maintaining a highly trained, motivated language services workforce and developing additional professional standards for health interpreting will also be key factors to ensuring a fairer, more equitable and effective Victorian public health care system.

⁴² The Victorian Auditor-General's Office, 2014, *Access to Services for Migrants, Refugees and Asylum Seekers*, p. 12.

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11. Appendix

LANGUAGE SERVICES IN HEALTH CARE PROJECT - The Role of Professional Interpreters
What is this project all about?
<p>This project aims to explore the consumer's experience accessing language services in Victorian health services, and better understand how consumer needs can be better met.</p> <p>This survey is confidential and will not collect any personally identifying information about you. The results will be used to evaluate and improve health care services.</p> <p>The survey will not take longer than a couple of minutes. Thank you for your participation!</p>
<p>1. How long have you been in Australia?</p> <p><input type="radio"/> Less than five years</p> <p><input type="radio"/> Between five and ten years</p> <p><input type="radio"/> Over ten years</p>
<p>Main language spoken at home (other than English). Please state here:</p> <input type="text"/>
<p>2. Do you find it hard to communicate with doctors, nurses or other health workers in English?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Sometimes</p>
<p>Additional comments:</p> <input type="text"/>
<p>3. Do you use a family member to interpret for you when visiting health services, for example a GP or hospital?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>If 'yes', why?</p> <input type="text"/>
<p>4. Have you used an interpreter when visiting a health service in the past?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>If 'Yes', did you find it helpful? If 'No', why not?</p> <input type="text"/>

5. Who requested the interpreter for you?

- Health service staff
- Myself/ a family member/ carer
- Other

If you ticked 'Other' above, please provide more detail:

6. Do you think you will ask for an interpreter again?

- Yes
- No
- If 'No', why not?

7. If you used an interpreter before, what do you think has been good about using one?

8. What do you think is bad or not helpful about using an interpreter?

9. Do you know it is your right to access professional interpreters free of charge when using a health service?

- Yes
- No

10. Did you know interpreters are bound by a Code of Ethics?

(The code ensures interpreters are competent, impartial and accurate, respect your privacy and keep your information confidential.)

- Yes
- No



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